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WOUNDED WARRIOR PROJECT®

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Statement of:
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Submitted for the Legislative Hearing:

H.R.2283, Recognizing Community Organizations for Veteran Engagement and Recovery Act (Rep. Bost); H.R.2426, Veterans Mental Health and Addiction Therapy Quality of Care Act (Rep. Fallon); Discussion draft, Veterans TBI Breakthrough Exploration of Adaptive Care Opportunities Nationwide Act of 2025 (Rep. Bergman); H.R.6444, Blast Overpressure Research and Mitigation Task Force Act (Rep. Jackson); Discussion draft, Data Driven Suicide Prevention and Outreach Act of 2025 (Rep. Mackenzie); Discussion draft, Veterans Health Desert Reform Act of 2025 (Rep. Miller-Meeks); H.R. 6526, Clarity on Care Options Act (Rep. Kiggans); Discussion draft, U.S. Vets of the FAS Act (Del. King Hinds); H.R. 4509, NOPAIN for Veterans Act; H.R. 5999, to direct the Secretary of Veterans Affairs to furnish an opioid antagonist to a veteran without requiring a prescription or copayment; H.R. 6001, Veterans with ALS Reporting Act; Discussion draft, Whole Health for Veterans Act

SUBCOMMITTEE ON HEALTH
COMMITTEE ON VETERANS' AFFAIRS
U.S. HOUSE OF REPRESENTATIVES

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Chairman Miller-Meeks, Ranking Member Brownley, and distinguished members of the House Committee on Veterans' Affairs, Subcommittee on Health – thank you for the opportunity to submit Wounded Warrior Project's views on pending legislation.

Wounded Warrior Project (WWP) was founded to connect, serve, and empower our nation's wounded, ill, and injured veterans, Service members, and their families and caregivers. We are fulfilling this mission by providing life-changing programs and services to more than 255,000 registered post-9/11 warriors and 60,000 of their family support members, continually engaging with those we serve, and capturing an informed assessment of the challenges this community faces. Rooted in this experience, we are pleased to provide our perspective on pending legislation that would likely have a direct impact on many we serve.

H.R. 2283: ***Recognizing Community Organizations for Veteran Engagement and Recovery Act (RECOVER) Act***

In response to WWP's most recent Warrior Survey, 76 percent of warriors reported having (or experiencing) post-traumatic stress disorder (PTSD), with nearly half presenting moderate to severe symptoms. PTSD, anxiety, and depression have continually ranked among the top mental health issues among warriors. Mental health and suicide prevention continue to be a top priorities for WWP, and we support an approach that integrates both government as well as non-profit and private organizations to help increase access to timely mental health care that addresses these health challenges.

The *RECOVER Act* would authorize grant funding for non-profit organizations that provide evidence-based mental health treatment services to veterans in outpatient facilities. Funding would aim to ensure that programs serve all interested veterans with care, at no cost. Communities that are medically underserved, have large veteran populations, or have large numbers of veterans at high risk of suicide would be key recipients. Grantees would be required to educate care recipients about eligibility for Department of Veterans Affairs (VA) healthcare and encourage enrollment.

While WWP appreciates the need to keep VA as a coordinator of unfragmented clinical care, we believe that it should embrace grants to direct care programs. According to VA's 2024 National Veteran Suicide Prevention Annual Report, an average of 17.6 veterans died by suicide each day in 2022, and less than half (40 percent) of those had used VHA services in the two years prior to their death. These grants may help connect those unconnected veterans to available and VA supported mental health resources within their communities. Additionally, this approach is particularly important given the unfortunate reality that there is some skepticism towards VA within parts of the veteran community and best reflects a commitment with putting veteran's needs first.

These figures indicate that a vast majority of veterans who die by suicide are not receiving mental health treatment from VA. Whether due to appointment hours, bad prior experiences, perceived stigma, or the thought that receiving care may take away an opportunity from someone who needs it more, many still choose not to pursue mental health care at VA or forego seeking help entirely. Mental health treatment works, but every individual has unique needs, and there is no one-size-fits-all solution.

In this context, we must do everything we can to ensure that there is no wrong door to seeking mental health care, even if the first step is taken in the community. This approach has been embraced within the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP), which has been a cornerstone of VA's community-based suicide prevention strategy since its launch. While "Fox Grants" can be used to provide baseline mental health screenings among many other upstream suicide prevention services, grants cannot be used for direct mental health care under current law. WWP supports reauthorization of the SSG Fox SPGP, and we encourage consideration to adopt the *RECOVER Act* into this system and build upon a program already committed to improving mental health and preventing veteran suicide through early community-based intervention and support.

H.R. 2426: ***Veterans Mental Health and Addiction Therapy Quality of Care Act***

Comparative studies of VA and community-based care have drawn several conclusions that can inform public policy. Most recently, a 2025 Government Accountability Office (GAO) report, *Veterans' Community Care: VA Needs Improved Oversight of Behavioral Health Medical Records and Provider Training*, highlighted systemic oversight gaps in the Veterans Community Care Program (VCCP). Nearly 225,000 veterans used more than 357,000 behavioral health referrals between FY 2021 and FY 2023, yet 33% of referrals lacked initial medical reporting, and VA did not track final documentation, posing risks when veterans return for follow-up care. GAO also found that only two percent of community providers completed any of VA's eight core trainings, including opioid safety, suicide prevention, and military cultural competency. These gaps can weaken care coordination and quality assurance.

Unfortunately, these findings are not dissimilar to VA Office of Inspector General (OIG's) 2025 inspection of the Martinsburg VA Medical Center, which revealed fundamental breakdowns in leadership communication, lack of recovery-oriented programming, unclear discharge instructions, and non-compliance with suicide prevention and other trainings. These observations highlight systemic challenges in care coordination and lack of adherence to safety standards.

To address key quality gaps which exist in both VA direct care, as well as the Community Care Network (CCN), WWP supports the *Veterans Mental Health and Addiction Therapy Quality of Care Act*. This bill takes a critical next step by mandating an independent, outcome-based study comparing VA and non-VA mental health and addiction treatment using metrics such as symptom improvement, suicide risk reduction, and adherence to evidence-based practices. The bill seeks external benchmarking of care quality, including assessments of military cultural competency, integrated care coordination, and success of record-sharing and outcome monitoring. This approach prioritizes comparative value and quality assurance, ensuring veterans receive the best possible care, wherever they seek it.

Wounded Warrior Project is pleased to support this legislation.

Discussion Draft: ***Veterans TBI Breakthrough Exploration of Adaptive Care Opportunities Nationwide Act of 2025 (BEACON Act of 2025)***

By fostering creativity and innovation in neurorehabilitation and treatment methodologies for TBI, VA can close critical gaps in evidence and practice. For example, military-related TBI significantly increases the risk of developing new mental health conditions and, both directly and indirectly, raises suicide risk. Research also consistently shows that TBI is a major risk factor for suicide among veterans.[1] Findings like these underscore the urgent need for sustained investment in TBI research and care. By identifying mechanisms behind these risks and developing evidence-based interventions, we can improve mental health outcomes, accelerate

[1] *See, e.g.,* Lisa A. Brenner et al., *Associations of Military-Related Traumatic Brain Injury With New-Onset Mental Health Conditions and Suicide Risk*, JAMA NETWORK (July 2023), *available at* https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2807787; Rajeev Ramchand & Tahina Montoya, RAND, SUICIDE AMONG VETERANS (May 2025), *available at* https://www.rand.org/pubs/perspectives/PEA1363-1-v2.html.

recovery, and ultimately reduce suicide among veterans living with the long-term effects of brain injury.

One pathway to continued brain health innovation is through the *Veterans TBI Breakthrough Exploration of Adaptive Care Opportunities Nationwide Act of 2025 (BEACON Act of 2025),* which establishes two major initiatives to improve care for veterans with chronic mild traumatic brain injury (mTBI), a condition affecting over 400,000 veterans since 2000.[2] First, it establishes the TBI Innovation Grant Program, a three-year, $30 million initiative that authorizes VA to award individual grants of up to $5 million to nonprofits, academic institutions, and non-VA providers. These grants would support the design and testing of innovative, patient-centered neurorehabilitation treatments, prioritizing non-pharmacological approaches. Grants would also fund clinical studies to measure the effectiveness of these approaches in improving mental health outcomes and reducing suicide risk. VA would be required to align the program with the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP), issue regulations within 180 days, and require annual reports and evaluations.

Second, the bill would authorize a three-year, $10 million research grant program to fund collaborative studies to pioneer new TBI treatment methodologies, including randomized controlled trials. The program would be overseen by an independent third party to ensure thorough evaluation and identification of evidence-based practices. It would also require annual reporting to VA and would be reviewed after the three-year pilot to determine whether it should be reauthorized and/or expanded.

Wounded Warrior Project is pleased to support this legislation; however, we believe that more clarity on funding – which current bill language allows to be drawn from "amounts available […] for general mental health care programs" – would help ensure that resources will not be diverted away from mental health services that veterans rely on.

H.R. 6444: ***Blast Overpressure Research and Mitigation Task Force Act***

Blast overpressure, a sudden spike in air pressure caused by an explosion or blast wave that exceeds normal atmospheric pressure, has been linked to cumulative neurological effects, including cognitive decline, neuroinflammation, and increased risk of traumatic brain injury (TBI) and psychiatric conditions, such as PTSD and depression. Studies have demonstrated that exposure to blast overpressure is linked to measurable brain changes, cognitive and gait deficits, and higher rates of TBI and mental health conditions among service members and veterans.[3] These findings were highlighted during a February 28, 2024, Senate Committee on Armed Services, Subcommittee on Personnel hearing where Dr. Lester Martínez-López, Assistant Secretary of Defense for Health Affairs, emphasized the need for comprehensive research and insight to better understand risks, protect Service members, and improve brain injury treatment.

[2] DEF. HEALTH AGENCY, U.S. DEP'T OF DEF., https://www.health.mil/Military-Health-Topics/Centers-of-Excellence/Traumatic-Brain-Injury-Center-of-Excellence/DOD-TBI-Worldwide-Numbers (last visited Jan. 9, 2026).

[3] *See, e.g.*, Andrea Diociasi et al., *Distinct Functional MRI Connectivity Patterns and Cortical Volume Variations Associated with Repetitive Blast Exposure in Special Operations Forces Members*, RADIOLOGY (Apr. 2025), *available at* https://pubmed.ncbi.nlm.nih.gov/40167438/; Kyle Bourassa et al., *Traumatic Brain Injury and Accelerated Epigenetic Aging Among Post-9/11 Members*, J. HEAD TRAUMA REHAB. (Aug. 2025), *availble at* https://pubmed.ncbi.nlm.nih.gov/40828005/.

In this context, more comprehensive coordination between the Department of War (DoW) and VA can help drive progress to support Service members and veterans throughout and beyond the military lifecycle.

Currently, VA and DoW collaborate on TBI and blast injury research through the Traumatic Brain Injury Center of Excellence (TBICoE). However, gaps remain in integrating longitudinal data, coordinating research infrastructure, and conducting comprehensive long-term studies. Ultimately, these knowledge deficits limit the provision of premium care for those exposed to blast overpressure, particularly as Service members transition from active duty to veteran status.

H.R. 6444, the *Blast Overpressure Research and Mitigation Task Force Act*, aims to close these critical gaps through the VA–DoW Joint Executive Committee (JEC) and a new Blast Overpressure Task Force at VA. The Task Force would be required to establish physiological and cognitive baselines, align research agenda and acquisition strategies for blast-related care, and prioritize translational studies in areas such as cumulative mild TBI, vestibular dysfunction, autonomic dysregulation, as well as neuroinflammation, conditions that map directly onto documented blast sequelae and operational exposures in special-operations and weapons training cohorts.[4]

By mandating annual reports, cross-agency coordination, and integration of mobile, longitudinal diagnostics, H.R. 6444 would create the infrastructure needed to translate emerging evidence into standardized screening, targeted mitigation strategies, and benefits adjudication for blast-exposed veterans. Further, the inclusion of Task Force recommendations related to VA claims processing and disability evaluations hold the promise of ensuring that veterans affected by blast overpressure injuries are connected to the care and support they have earned with their service. WWP supports H.R. 6444 and the objectives of the proposed Task Force. We believe the data currently being collected and assessed across systems represents an invaluable resource. Findings should be fully leveraged for robust analysis and research to drive evidence-based improvements.

Discussion Draft: *Data Driven Suicide Prevention and Outreach Act of 2025*

Veterans continue to face very high risks of suicide, and current screening methods, rooted in self-reporting and periodic assessments, often fail to detect early warning signs.[5] According to VA's 2024 National Veteran Suicide Prevention Annual Report, more than half of veterans lost to suicide had not accessed VA healthcare in over two years at the time of their death. This underscores the urgent need for innovative approaches that integrate complex datasets and proactively identify risk factors before a crisis occurs.

[4] *See, e.g.*, Hadiyah Brendel, UNIFORMED SERVICES UNIVERSITY, INVICTA Study: Uncovering Blast Exposure's Impact on Special Operations Forces (Apr. 2025), *available at* https://www.dvidshub.net/news/555517/invicta-study-uncovering-blast-exposures-impact-special-operations-forces.

[5] *See, e.g.*, OFF. OF INSP. GEN., U.S. DEP'T OF VET. AFFAIRS, INADEQUATE STAFF TRAINING AND LACK OF OVERSIGHT CONTRIBUTE TO THE VETERANS HEALTH ADMINISTRATION'S SUICIDE RISK SCREENING AND EVALUATION DEFICIENCIES (Dec. 2024).

The *Data Driven Suicide Prevention and Outreach Act of 2025* would direct VA to establish a pilot program awarding grants to organizations with expertise in AI and predictive analytics to develop models that evaluate suicide risk among veterans. These models could help clinicians prioritize interventions and tailor care, improving outcomes and saving lives.

This pilot program would not be VA's first attempt to incorporate predictive models into its suicide prevention efforts. REACH VET (Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment) is a VA initiative that uses predictive analytics to identify veterans at the highest statistical risk for suicide and proactively connect them with tailored care and outreach. Research on VA's REACH VET program has found that veterans flagged by REACH VET received more proactive care, such as safety planning and outpatient visits, and experienced a modest reduction in nonfatal suicide attempts.[6]

While predictive analytics can improve engagement and care processes, they will not guarantee reductions in veteran suicide. As Congress considers new AI-driven initiatives like the *Data Driven Suicide Prevention and Outreach Act*, it is critical to build on these lessons, ensuring integration with existing VA models, transparency in algorithms, and commitment to making system improvements based on evidence-informed research. We also believe that innovation should complement, rather than replace, proven strategies for veteran suicide prevention.

Wounded Warrior Project is pleased to support this legislation.

Discussion Draft: *Veterans Health Desert Reform Act of 2025*

Veterans living in rural communities encounter persistent obstacles to care, from long travel times and limited specialty services to transportation challenges that often delay treatment. While VA Community Care was designed to bridge these gaps, provider shortages and hospital closures in rural areas can leave veterans with few practical options, even when referrals are approved.

Under Community Care, VA generally contracts with individual providers and facilities rather than enrolling an entire hospital as a blanket participant, though care often occurs in hospitals. Individual providers join VA's Community Care Network and may practice within hospitals, and facilities can also participate through contracts or agreements. However, participation is service- and provider-specific, not automatic for all hospital services. This structure means not every department or provider within a participating hospital is available to VA patients, and access depends on network status, contracted services, and referral authorization. Ultimately, Community Care operates through networked providers and contracted facilities, not universal hospital participation, which can lead to variability in access even within the same hospital.

[6] Kallisse Dent et al., *The REACH VET Program and Mortality Outcomes Among Veterans at High Risk of Suicide*, JAMA NETWORK (July 2025), *available at* https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2836124.

The *Veterans Health Desert Reform Act of 2025* would create a VA pilot program to improve access to hospital care for veterans living in rural areas. Under this program, VA would enter agreements with at least three hospitals in high-need rural regions to furnish the same hospital care and medical services that veterans are eligible to receive under the Veterans Community Care Program. Participating hospitals would be reimbursed at rates no lower than Medicare. VA would review best practices from Medicare, Medicaid, and TRICARE to inform payment models. Throughout the pilot, VA would monitor access, cost, quality, and veteran satisfaction and submit a report to Congress after the program's authority ends in 2029.

Wounded Warrior Project is pleased to support this legislation; however, we recognize that more development may be needed within the legislative text or Center for Innovation for Care and Payment implementation process to resolve issues such as conflicts with existing hospital-based providers.

H.R. 6526: *Clarity on Care Options Act*

Witness testimony from this Subcommittee's recent hearing, "Strengthening CHAMPVA for Survivors and Dependents," highlighted that caregivers, survivors, and dependents often struggle to find community providers who accept Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) coverage. Currently, there is no central repository for beneficiaries to look up community care network providers who accept CHAMPVA.

The *Clarity on Care Options Act* would improve outcomes for these families by creating a public-facing directory of providers in the CHAMPVA network. The bill directs the VA to mandate Community Care Network (CCN) third party administrators to query their network of providers to confirm whether those providers accept CHAMPVA assignments, and then maintain an accessible, nationwide directory, helping families improve access to timely care. The legislation sets clear and intentional timelines: initial provider queries must be completed within 90 days of enactment, and the first public directory must be published within 180 days. VA would also be required to submit annual reports to Congress for five years, detailing provider participation rates and identifying geographic gaps (broken down by both state and Veteran Integrated Service Network (VISN).

Wounded Warrior Project recognizes the critical importance of this effort. Surviving families, those who have lost loved ones due to military service, often face heightened mental health risks. Spouses, children, and caregivers in these families are vulnerable to trauma and require consistent, comprehensive support. In addition, families of veterans rated 100% permanent and total; families of veterans in receipt of Total Disability based on Individual Unemployability (TDIU) and approved Primary Family Caregivers in VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) depend on reliable access to care. CHAMPVA plays a vital role in meeting these needs, but a lack of clarity on participating providers undermines its promise, and leaves too many without timely, quality care.

We support H.R. 6526 and urge continued efforts to expand access to essential healthcare information. A national CHAMPVA provider registry would ensure caregivers, survivors, and dependents have a powerful tool to secure the care and support they deserve.

H.R. 4509: *NoPAIN for Veterans Act*

While post-9/11 service has become closely associated with invisible wounds like PTSD and TBI, pain management is one of the most critical health issues in the community we serve. Chronic pain can impact an individual's physical and mental well-being and quality of life[7] and there is evidence to suggest veterans have higher prevalence of chronic pain that civilians[8]. Nearly all (95%) respondents to WWP's most recent Warrior Survey reported some pain in the last three months, and 3 in 4 (75.5%) provided responses indicating moderate to severe interference with activities and enjoyment of life. In addition, VA's 2024 National Veteran Suicide Prevention Annual Report indicates that pain in the year prior to death was the most common risk factor (53.8%) among veterans lost to suicide from 2020 to 2022

Medication for pain can be part of the solution, but opioid-based medications carry notable risks. When prescribed after surgery or a severe injury (acute pain) for example, opioid treatment can increase the risk of addiction, especially if opioids are used for prolonged periods, at higher doses, or in individuals with a history of substance use disorders (SUD) – and nearly 14% (2.8 million) veterans struggle with SUDs.[9]

In this context, non-opioid medication for pain can and should be more easily accessible for veterans enrolled in Veterans Health Administration (VHA) care. Under current law, VA is not required to include non-opioid pain management drugs in its National Formulary, leaving interested patients – and their providers – to navigate a waiver system that requires increased effort, may result in delayed access, and can ultimately lead to higher costs for the veteran. The *NOPAIN for Veterans Ac*t would require VA to include certain non-opioid pain management drugs as part of the National Formulary to align with Medicare laws that mandate coverage of non-opioid pain drugs, biologics, or devices with an FDA-approved indication to reduce post-operative pain or produce post-surgical or regional analgesia.

Wounded Warrior Project supports the intent of providing faster, easier access to non-opioid pain management drugs to veterans; however, distinctions between Medicare and VHA prescription drug coverage may require different solutions. The most notable distinction in this context is that VHA is a direct purchaser (and distributor) of the drugs included in its National Formulary whereas the Medicare system relies on private insurance plans offering Part D and Medicare Advantage plans to handle drug purchasing and network with pharmacies. Without deeper understanding and knowledge of how previous requests to cover applicable non-opioid alternatives through the VA Pharmacy Benefits Management (PBM) Services and VA Medical

[7] Kosuke Kawai et al., *Adverse Impacts of Chronic Pain on Health-related Quality of Life, Work Productivity, Depression, and Anxiety in a Community-Based Study*, FAMILY PRACTICE (Nov. 2017), *available at* https://pubmed.ncbi.nlm.nih.gov/28444208/.
[8] Kenneth Taylor et al., *Seventeen-year National Pain Prevalence Trends Among U.S. Military Veterans*, J. PAIN (May 2024), *available at* https://pubmed.ncbi.nlm.nih.gov/37952861/.
[9] SUBSTANCE ABUSE AND MENTAL HEALTH SERVS. ADMIN., U.S. DEP'T OF HEALTH & HUMAN SERVS., KEY SUBSTANCE USE AND MENTAL HEALTH INDICATORS IN THE UNITED STATES: RESULTS FROM THE 2023 NATIONAL SURVEY ON DRUG USE AND HEALTH (July 2024), *available at* https://www.samhsa.gov/data/sites/default/files/reports/rpt47095/National%20Report/National%20Report/2023-nsduh-annual-national.pdf.

Advisory Panel-VISN Pharmacist Executives (MAP-VPE) have fared, we encourage this matter to be further explored as part of the recent majority announcement of its VA Reauthorization Series, which features an intent to modernize VA's National Formulary governance.[10]

H.R. 5999: ***To Amend Title 38, United States Code, to Direct the Secretary of Veterans Affairs to furnish an opioid antagonist to a veteran without requiring a prescription or copayment***

Veterans living with chronic pain face a heightened risk of opioid overdose, as symptom management often leads to increased reliance on these medications.[11] While some VA Medical Centers allow veterans to request opioid antagonists directly from the pharmacy, most still require a provider-issued prescription, placing administrative and cost barriers before a vulnerable population.

Many states already allow antagonists, such as naloxone, to be obtained over the counter or through standing orders, yet VA lacks a consistent, system-wide approach to ensure timely access. Standardizing protocols and expanding availability across VA facilities would strengthen overdose prevention and give veterans a critical, potentially life-saving tool.

Providing opioid antagonists, such as naloxone, at no cost to veterans can save lives among a high-risk population. Community-based naloxone distribution programs have consistently demonstrated effectiveness in reversing overdoses and reducing fatalities. Evidence shows that jurisdictions eliminating prescription requirements and copayments achieve higher naloxone uptake and better outcomes in combating overdose deaths. RAND research further indicates that policies offering naloxone free of charge and without prescription substantially increase distribution and have the potential to reduce fatal overdoses. For veterans facing elevated risks due to chronic pain and mental health challenges, removing these barriers – as proposed – would align VA policy with proven public health strategies, ensuring immediate, cost-free access to this lifesaving medication.[12]

Wounded Warrior Project is pleased to support this legislation.

H.R. 6001: ***Veterans with ALS Reporting Act***

Amyotrophic Lateral Sclerosis (ALS) is a devastating neurodegenerative disease without a cure or effective treatment. It is always fatal, with most individuals tragically living only two to five years after diagnosis. Veterans face an even greater risk, with studies showing they are twice as likely to develop ALS as the general population.[13] VA recognizes ALS as a service-

[10] Press release, House Comm. Vet. Affairs, Chairman Bost, House Republicans Launch a Veteran First Initiative to Modernize VA Healthcare for the 21st Century (Dec. 10, 2025), *available at* https://veterans.house.gov/news/documentsingle.aspx?DocumentID=7810.
[11] *See, e.g.*, OFF. OF RSCH. & DEV., U.S. DEP'T OF VET. AFFAIRS, OPIOID USE DISORDER – FACT SHEET: DATA ON VETERANS USING VA HEALTH CARE (Apr. 2022), *available at* https://www.vacsp.research.va.gov/CSPEC/Studies/CSPEAR/Docs/Opioid-Use-Disorder.pdf.
[12] RAND, STATEWIDE FREE NALOXONE (Dec. 2023), *available at* https://www.rand.org/pubs/research_briefs/RBA3054-15.html.
[13] *See, e.g.*, NAT'L ACADS. OF SCI., ENG., & MED., LIVING WITH ALS 2024, *available at* https://nap.nationalacademies.org/resource/27739/ALS_One_Pager_Veterans.pdf.

connected condition and grants a 100% disability rating upon diagnosis, but we still lack a clear picture of why veterans are disproportionately affected or how to reduce that risk.[14] [15]

The *Veterans with ALS Reporting Act* takes an important step toward answering these questions, requiring VA, in collaboration with the Centers for Disease Control (CDC), to report on ALS incidence and prevalence among veterans, identify gaps in care and support, and outline strategies for risk reduction. This bill also calls for better access to clinical trials, expanded research participation, and continuous tracking through the CDC's ALS registry and biorepository as this younger veteran cohort age. By mandating regular updates to Congress, this legislation ensures accountability and drives progress toward better understanding, prevention, and treatment of ALS in the veteran community.

Wounded Warrior Project is pleased to support this legislation. To strengthen the bill further, we recommend adding provisions that require VA to develop and implement an action plan based on the report's findings related to gaps in care and support, rather than limiting the bill to data collection. Including specific outcome metrics and timelines for improving care access, clinical trial enrollment, and support services would ensure accountability. The bill could also mandate public reporting of corrective actions, require consultation with veteran advocacy and ALS organizations, and authorize dedicated funding for implementation so recommendations lead to real improvements. These enhancements would transform the bill from a reporting requirement into a catalyst for meaningful change in ALS care for veterans.

Agenda items not addressed in this Statement for the Record

- **Discussion Draft:** ***U.S. Vets of the FAS Act***
- **Discussion Draft:** ***Whole Health for Veterans Act***

Concluding Remarks

Wounded Warrior Project once again extends our thanks to the Subcommittee on Health for its continued dedication to our nation's veterans. Our commitment to keeping the promise by rebuilding the lives of warriors impacted by war and military service remains as strong as ever, and we are honored to contribute our voice to your discussion about pending legislation. As your partner in advocating for these and other critical issues, we stand ready to assist and look forward to our continued collaboration.

[14] I AM ALS, UNDERSTANDING VETERANS AT RISK FOR ALS, https://www.iamals.org/understanding-veterans-risk-for-als/ (last visited Jan. 9, 2026).
[15] Hari Krishna Raju Sagiraju et al., *Amyotrophic Lateral Sclerosis Among Veterans Deployed in Support of Post-9/11 U.S. Conflicts*, MILITARY MED. (Mar. 2020), *available at* https://pubmed.ncbi.nlm.nih.gov/31642489/.