



# Dignity Denied: The Case for Reform at State Veterans Homes

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Statement of

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For the Record

United States House Of Representatives  
Committee on Veterans' Affairs  
Subcommittee on Health

With Respect To

## Dignity Denied: The Case for Reform at State Veterans Homes

Washington, D.C.

Chairwoman Miller-Meeks, Ranking Member Brownley, and members of the subcommittee, on behalf of the men and women of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide our comments on this important topic.

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As the United States veteran population ages, the demand for long-term care will increasingly represent a significant portion of the Department of Veterans Affairs (VA) health care. Long-term care includes various services to address a veteran's health or personal care needs when the individual can no longer perform daily activities unassisted. VA offers care through nursing homes, assisted living, home health care, and State Veterans Homes (SVHs). SVHs are nursing facilities, assisted living facilities, or domiciliary care homes operated by state governments specifically for veterans. They provide long-term care services customized to address the unique needs of veterans. There are many benefits to SVHs, such as subsidized care, VA per diem grants that lower out-of-pocket expenses, and a supportive environment to connect with fellow veterans and build camaraderie. VA provides general oversight to all 153 SVHs, which collectively care for approximately 14,500 veterans.

## **Background**

State Veterans Homes trace their origins back to the pre-Civil War era, designed initially to care for injured and aging soldiers. These facilities were commonly referred to as soldiers' homes. In 1888, Congress authorized federal funding to support state-operated veterans' homes, establishing a partnership between state and federal governments that continues today. VA provides per diem payments for each veteran receiving care in these homes. It is another way to assist the veteran in cutting out-of-pocket costs. VA also provides construction grants covering up to 65 percent of building or renovation costs of SVHs. States are required to provide at least 35 percent in matching funds. To qualify for VA funding, SVHs must adhere to VA quality standards in areas such as quality of care, standard of living, infection control, and resident rights.

All 50 states and Puerto Rico either have at least one SVH or have been approved to build one, and some states have multiple homes due to population size or geographic distribution. Examples of state agencies that oversee SVHs include the California Department of Veterans Affairs (CalVet), the Texas Veterans Land Board, the New York State Division of Veterans' Services, and the Florida Department of Veterans Affairs. SVHs typically offer services, including skilled nursing care, assisted living for independent veterans needing support, memory care units, and short-term rehabilitation or post-acute care. Eligibility criteria for SVHs generally require service in the U.S. Armed Forces with an honorable discharge, residency in the state, and medical or personal care needs that align with the services provided.

## **Needs of the Aging Veteran**

Aging veterans are unique individuals shaped by their military experiences, natural aging processes, and socioeconomic circumstances. Many elderly veterans face multiple chronic conditions and may have health issues related to their service, which can lead to the need for assisted living or nursing care. They may encounter various challenges, including limited income, transportation barriers, social isolation, difficulty accessing benefits, and cognitive decline.

Essential services for aging veterans include geriatric primary care, mental health support, neurology and memory care, rehabilitation and physical therapy, and dental and vision care. For veterans who can no longer live independently, a skilled nursing facility may be the best option, particularly if they are unable to perform activities of daily living or require supervision due to vulnerability. Loneliness and a diminished sense of worth often become more pronounced as they age. The camaraderie once enjoyed may be a distant memory, overshadowed by declining health and the loss of family and friends. All of these factors can contribute to higher risks for suicide among aging veterans.

A coordinated, veteran-centered approach is necessary to effectively meet the needs of aging veterans and address their overall well-being. This approach should include medical and mental health care, housing, social connections, and the dignity that should be afforded to them. Delivering comprehensive care including geriatric-specific services, and integrated mental and behavioral health support, is critical for enhancing the quality of life for these individuals.

## **SVH Oversight**

State governments and VA collaborate to provide SVHs as an option for veterans. VA is responsible for providing per diem for eligible veterans, and construction grants for building and renovating facilities. Unfortunately, there is a massive \$1.2 billion backlog in construction needs of SVHs, which potentially places some veterans in unsafe living

conditions and others waiting for available facilities.

VA's Geriatrics and Extended Care program oversees the per diem funding and ensures compliance with VA standards. These standards include maintaining quality of care, adequate staffing levels, timely recordkeeping, and safe, sanitary living conditions. VA conducts regular inspections, and homes that do not meet these standards are cited for deficiencies. According to a November 2022 Government Accountability Office (GAO) report, *VA Nursing Home Care: Opportunities Exist to Enhance Oversight of State Veterans Homes*, deficiencies increased from 424 in 2019 to 766 in 2021. This included a 12 percent rise in deficiencies that resulted in actual harm or immediate jeopardy. Additionally, data from 2020 was missing from this report as VA suspended inspections during the COVID-19 pandemic, precisely when inspections were most critical. The report also found that an outdated data system led to insufficient analysis of SVH data, and current plans for a replacement data system would not guarantee that VA would have the necessary analytical capabilities to improve efficiency. GAO recommended that VA identify additional enforcement tools and seek legislative authority to strengthen its oversight capabilities.

VA published a policy notice in August 2024 on oversight requirements for SVHs that provide nursing home care, domiciliary care, and adult day health care. This notice detailed the administration, oversight, and certification processes for Recognition, Annual, and For-Cause Surveys of SVHs, explicitly focusing on compliance with federal regulations. Key elements include the survey processes, corrective action plans for addressing noncompliance, and the roles of various VA personnel in managing and overseeing SVH operations. The goal is to ensure eligible veterans receive high-quality care in a safe environment while VA maintains proper oversight of the SVHs.

## **VFW Concerns**

VFW members have raised concerns about long waitlists for admission to SVHs due to the limited number of facilities and available beds. The quality of care at SVHs is generally good, though veterans have had issues with slow communication and responses concerning inquiries about patient care, billing issues, eligibility, and space availability for individuals waiting to be transferred from medical hospitals. These delays create significant stress for veterans and their families.

For example, one Missouri veteran had been waiting so long for placement in an SVH that VA moved him to a nursing home with a low standard of care. He also experienced poor communication from the staff while he waited for a bed to become available at an SVH.

Veterans have told the VFW they have concerns about the lack of clear communication and setting expectations during the eligibility, application, and waitlist processes. The perception exists that if a veteran or that person's caregiver contacts a civilian nursing home, the veteran could likely secure a bed within a few days. However, delays in access and availability are prevalent at SVHs due to the limited number of facilities and a lack of beds required to meet the current demand.

Veterans in Alabama have voiced concerns about obtaining information regarding eligibility criteria for SVHs. They are particularly troubled by the significant variation in eligibility requirements and processes, even among specific facilities within the same state.

Maryland veterans and their families have reported multiple concerns including the lengthy application process and waitlists for admission to SVHs and lack of communication during this time, insufficient communication with survivors regarding billing issues and difficulties obtaining documentation even after payment has been made, and challenges in processing new patients during periods of system upgrades and changes in contracts. When veterans and their families raise concerns about living conditions at SVHs, VA should be responsive and address these issues effectively since it funds a significant portion of these services.

It is time for VA to proactively address the concerns of the aging veteran population. VA can enhance compliance with quality standards by developing a range of enforcement options to correct deficiencies identified during inspections. Additionally, VA needs to establish a process for monitoring the implementation of corrective action plans, enabling it to track how care facilities address noncompliance issues. It is also crucial for VA to improve its ability to set and manage expectations for medical or care facilities that serve our veterans, while communicating those expectations to their families.

The VFW urges Congress to provide full funding for VA to address the backlog of pending State Home Construction Grants. This would address the growing need and ensure these facilities are safe for veterans. We also urge Congress to provide oversight of VA's surveys and monitoring of SVHs to ensure high-quality standards for our nation's veterans.

Chairwoman Miller-Meeks, Ranking Member Brownley, this concludes my statement. Thank you for the opportunity to offer our comments on this important issue.

### **Information Required by Rule XI2(g)(4) of the House of Representatives**

Pursuant to Rule XI2(g)(4) of the House of Representatives, the VFW has not received any federal grants in Fiscal Year 2025, nor has it received any federal grants in the two previous Fiscal Years.

The VFW has not received payments or contracts from any foreign governments in the current year or preceding two calendar years.