



A word cloud of healthcare-related terms is centered over a background image of a doctor in a white coat with a stethoscope, hands open. The words include: global, competence, standard, human, diagnosis, classification, nursing, ethics, system, clinical, terms, healthcare, industry, insurance, team, services, clinics, staff, medicine, diagnostic, doctor, interdisciplinary, nurse, social, individuals, organization, treatment, diseases, safety, fields, professional, department, and pharmaceutical. The words 'Health' and 'hospital care' are the largest and most prominent.



# Building a healthier AMERICA

From mental health to medical coverage

# Building a healthier America

## From mental health to medical coverage

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OFFICIAL WHITE HOUSE PHOTO BY DANIEL TOROK

President Donald Trump attends a signing ceremony for the HALT Fentanyl Act, Wednesday, July 16, 2025, in the East Room of the White House.

# With President Trump's signature, my HALT Fentanyl Act will save lives



**By U.S. Sen. Bill Cassidy, R-La.**

"One of the more important things that we will ever sign." Those are the words that President Donald Trump said as I joined him on stage for the signing of my Halt All Lethal Trafficking (HALT) Fentanyl Act. He is absolutely right. Together, President Trump and I are saving American lives by giving law enforcement another tool to crack down on fentanyl dealers.

Drug overdoses are the leading cause of death for Americans between the ages of 18 and 45, and synthetic

**Together, President Trump and I are saving American lives by giving law enforcement another tool to crack down on fentanyl dealers.**

opioids, like fentanyl, account for 68 percent of total overdoses. According to the National Institute on Drug Abuse, more than 70,000 people died in 2023 from fentanyl overdoses, and over 107,000 Americans lost their lives to drug overdoses the year before that.

These statistics represent real stories. At the bill signing event, a mother shared that her son was peer-pressured into trying fentanyl, and because of one pill, the child died.

Roughly 150 mothers, fathers, students, and neighbors will lose their lives to an opioid overdose every day. My goal is to bring that number down to zero.

Republicans are wasting no time doing so. In his first thirty days back in office, President Trump curbed the flow of fentanyl into our country by securing the southern border. I voted to pass the One Big, Beautiful Bill to make this progress permanent. The HALT Fentanyl Act complements that success. He then got the Mexican president

to go after the cartels. He then also threatened China with tariffs to have them crack down on the shipment of fentanyl-related chemicals to Mexico.

In addition to strengthening penalties for fentanyl dealers, the bill permanently schedules fentanyl-related substances as Schedule I under the Controlled Substances Act. This gives law enforcement the tools they need to prevent criminals from gaming the system by creating new substances to avoid the law. Now, when the cartels smuggle in a fentanyl knockoff, if it addicts and kills like fentanyl, then they go to jail like they're pushing fentanyl.

President Trump signing the HALT Fentanyl Act into law is one more step in combating the illegal fentanyl epidemic, an epidemic reflected among those diagnosed with both mental illness and addiction. Patients who have both diagnoses need specialized support.

As chairman of the Senate Health, Education, Labor, and Pensions Committee, I am leading the charge in Congress to reauthorize and strengthen the

SUPPORT for Patients and Communities Act, which President Trump signed into law in 2018.

The SUPPORT Act is about preventing, treating, and delivering recovery services for Americans diagnosed with both addiction and mental illness. Therefore, we must extend a hand to the Americans who need it most. The House passed the SUPPORT Act, and I anticipate it will pass the Senate soon. We need to get it to President Trump's desk as soon as possible.

When you decide you want to decrease the number of people dying from fentanyl, you want to start decreasing that number as soon as possible. The HALT Fentanyl Act goes after those poisoning our communities. Let's add the SUPPORT Act to help those who are being poisoned.

*Dr. Bill Cassidy, Louisiana Republican, is the state's senior United States senator. He is the chairman of the Senate Health, Education, Labor, & Pensions (HELP) Committee. He also serves on the Senate Energy and Natural Resources Committee, Finance Committee and Veterans Affairs committees. Prior to the U.S. Senate, he served in the U.S. House, State Senate and taught LSU medical students and residents at Earl K. Long, a hospital for the uninsured.*



# Medtech is vital to a healthier America



By Scott Whitaker

America's chronic disease epidemic is rightly getting attention at the highest levels of our government. The Trump administration's "Make America Healthy Again" initiative is multi-faceted and spans the full spectrum of healthy living, and we commend this critical effort. From almost every angle, medical technology is the foundation of making and keeping Americans healthy — and it always has been.

U.S. Health and Human Services Secretary Robert F. Kennedy Jr. recently illustrated this point with his vision that all Americans will have a health-and-fitness indicator — a "wearable" — within the next four years. It is a bold vision, and medical technology, or medtech, is already leading to achieve it.

Putting patients in the driver's seat with clear, instant, actionable information on their own vital signs? That's game-changing and lifesaving. I've seen this firsthand with our daughter who has Type 1 diabetes and has gone from requiring multiple painful finger sticks and insulin injections every day to wearing a continuous glucose monitor (CGM) with integrated insulin dispensing and alerts on her and her parents' phones of anything amiss.

From firsthand experience, the health benefits, convenience, cost-effectiveness — and incalculable peace of mind — of wearable medtech are remarkable.

Americans can now buy FDA-cleared CGMs over the counter to track their blood glucose levels and help them make necessary lifestyle changes to improve their metabolic health, all without the need for a prescription medication.

Wearables are proliferating across the range medical needs: A T-shirt with sensors that provide heart rate, breathing rate, and other data, with real-time AI analytics sent to a

patient's doctor; a patch to monitor breathing in chronic obstructive pulmonary disease and asthma patients, alerting their care teams in real time of any concerns; and lightweight wear-

imaging powered by AI, producing accurate results in minutes rather than days or weeks; technologies that deliver accurate, detailed mammogram results in under an hour. And so much more.



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ables, to treat chronic vertigo, warn of epileptic seizures, diagnose postpartum hemorrhaging, control essential tremors, and much more.

As impressive as that is, wearables are only a sliver of the medtech that serves as the backbone of patient care in America.

Consider these real-life examples: A heart transplant performed via surgical robot with minimal incisions, no chest opening or breastbone breaking necessary; a prostate cancer surgery performed robotically, with the patient and doctor 7,000 miles apart; catheters to correct an irregular heartbeat in a minimally invasive procedure that only recently would have required open-heart surgery; a blood test to diagnose Alzheimer's disease; a smart mat used at home for 20 seconds daily to help diabetic veterans avoid leg amputations; a focused ultrasound to destroy cancer cells without chemotherapy; sound waves to liquefy liver cancer tumors; bone regeneration; a pacemaker smaller than a grain of rice; diagnostic

- Medtech has helped reduce fatalities from heart disease and stroke by 49% since 1990.
- Screenings due to improved medtech, including advanced imaging, have helped reduce deaths from breast cancer by 43% since their peak in 1989; prostate cancer deaths by 53% since their peak in 1993; and cancer deaths overall by 32% since 1990.

Name any condition, and you will find medtech scientists and engineers developing a solution for it all over the U.S. to save and improve lives.

These are all compelling reasons to support this industry. But there are even more.

The vast majority of medtech companies are small businesses, often started by a doctor or nurse with a new idea to serve patients.

**Putting patients in the driver's seat with clear, instant, actionable information on their own vital signs? That's game-changing and lifesaving.**

Medtech supports 3 million jobs in all 50 states, with 95% of medtech R&D occurring right here at home. America leads the world in medtech manufacturing and innovation, and our technologies are in demand globally because of FDA's reputation worldwide as the global gold standard for safety and efficacy.

That medtech is getting faster and more efficient and less expensive all the time is vastly improving patient access. Policies that would improve Medicare coverage and reimbursement decisions would help. Flexibility with tariffs would recognize the essential humanitarian purpose of medtech and the complex supply chains necessary to stock all health care settings with everything needed to care for patients around the clock.

As the Trump administration works to "Make America Healthy Again," medtech has been and continues to be a proven part of the solution. Our industry looks forward to working with the administration to achieve our shared goal of making sure America is as healthy as it can possibly be.

.....  
Scott Whitaker is President and CEO of AdvaMed, the Medtech Association, the world's largest trade organization for medical technology companies.

Speaking of AI, its impact on patients today, with the promise of much more to come, is already tremendous: A recent study showed a 29% increase in breast cancer detection when AI is incorporated into screening. These AI-supported screenings clearly detected more invasive cancers at an earlier stage — all without increasing false positives.

The list goes on. The point is: Medtech innovations enable longer, healthier lives, providing patients with better health and mobility to work, exercise, play sports, and live their lives to the fullest, at a much lower cost than other types of medical interventions.

## A few key facts:

- Medical advancements, including medtech-enabled diagnoses and treatments, have increased life expectancy by more than five years from 1980 to 2019.
- Medtech has helped reduce the duration of hospital stays by 38% since 1980.

# Medtech: Making Americans Healthy Again

**The medtech industry is redefining health care to help Americans live healthier lives**



**PREVENTING**



**DIAGNOSING**



**EMPOWERING**

**Medtech is a powerful American success story.**

The U.S. medical technology industry supports **3 million jobs across 17,000 manufacturing facilities in all 50 states**. U.S. medtech is the global leader in innovation, delivering advancements that transform lives and drive costs down for patients and our health care system.

**Learn how medtech is making America healthy while fueling U.S. manufacturing and innovation.**

[www.advamed.org/MedtechSaves](http://www.advamed.org/MedtechSaves)





# Reflecting on the anniversary of Medicare and Medicaid



By U.S. Rep. Greg Murphy, R-N.C.

**O**n July 30, 1965, the Social Security Amendments, a bill establishing health care coverage for the elderly and poor, was signed into law by President Lyndon B. Johnson. Today, what we now call Medicare and Medicaid have grown to represent 39% of total national health expenditures, consume almost a third of our federal budget, and provide coverage to over 138 million Americans.

This 60th anniversary of their creation serves as a timely reminder that Congress must act decisively to preserve their viability for another 60 years. Although Medicare and Medicaid were created together, and fall under mandatory spending, they have primarily distinct patient populations, different funding mechanisms, and face unique challenges.

Despite their differences, both have become fiscal behemoths with unsustainable growth trajectories. The ratio of the number of individuals paying into Medicare relative to beneficiaries continues to shrink, and according to the latest Medicare Trustees Report, the program will reach insolvency in 2033. Prior to the passage of H.R. 1, the One Big Beautiful Bill Act (OBBA), Medicaid expenditures were projected to grow approximately 5% annually through 2032. The reconciliation bill curbed this growth with modest and reasonable eligibility requirements designed to encourage work for able-bodied adults and protect benefits for vulnerable Americans rather than illegal immigrants and those who are not actually eligible for the program.

Against the backdrop of this financial predicament are soaring health care expenditures driven by a sick and aging population. Roughly 129 million Americans suffer from at least one



**Reflecting upon the legacy of Medicare and Medicaid in America, we must be clear about the intent of the programs, whom they are designed to serve, and how we ensure they retain value for generations to come.**

chronic disease, a number that has risen consistently over the last two decades. In fact, 90% of the \$4.1 trillion spent on health care each year is attributable to chronic disease. Meanwhile, the proportion of individuals 65 years and older continues to increase, while those under the age of 18 is declining. We face a funding math problem.

As a physician of over 30 years, who continues to serve a rural 29-county referral area made up predominantly of Medicare, Medicaid, and uninsured patients, I intimately understand the challenges Washington must grapple with. These are the patients I see in my doctor's office.

Reflecting upon the legacy of Medicare and Medicaid in America, we must be clear about the intent of the programs, whom they are designed to serve, and how we ensure they retain value for generations to come. The status quo is not sustainable, but a slash-and-burn approach is not the answer either.

During the bill-making process for OBBA, I had the opportunity to tell the story of Eastern North Carolina and share how our work reforming Medicaid could impact people's lives. Throughout the process, I worked alongside my GOP Doctors Caucus colleagues to call balls and strikes objectively on the provisions under consideration. In the end, we delivered meaningful improvements

that protect benefits for Americans in need. The government simply cannot be everything for everybody.

While Medicare's patient population is clear – older Americans – the program's complexity is more opaque. With over a decade since the last major reform, efforts to root out waste, fraud, and abuse at a program-wide level are overdue. Much of this waste, fraud and abuse stems from business decisions that put the bottom line of insurers ahead of patients and their doctors last.

Since coming to Congress, I have championed numerous Medicare reforms to improve the affordability and access of high-quality care, including eliminating improper payments, taking on health care monopolies, and cutting out greedy pharmacy benefit managers responsible for inflating drug prices. However, there is no issue I have been more vocal about than achieving a permanent update to the Medicare

Physician Fee Schedule (PFS).

Doctors who see Medicare patients do so out of the goodness of their hearts, not because it makes financial sense. Unfortunately, due to persistent cuts to the PFS, amounting to an inflation-adjusted 33% decline since 2001, private practice physicians are at risk of extinction. The consequences of forcing these doctors out of business would be devastating for rural and underserved communities. As evidenced by MedPAC, the independent advisory commission to Congress on Medicare payment issues, supporting inflationary updates to the physician fee schedule should not be a partisan issue.

As we approach the 60th anniversary of Medicare and Medicaid, I am fighting in Congress to protect these vital programs with sincerity and objectivity. Neither inaction, nor political brinksmanship, are the answer to the very complex and personal policy landscape ahead of us. We must be thoughtful in our approaches to deliver durable solutions that can withstand the test of time.

*Rep. Greg Murphy, M.D., represents North Carolina's 3rd Congressional District. He serves on the Health subcommittees of both the Ways and Means and Veterans' Affairs Committees, and co-chairs the House GOP Doctors' Caucus.*



# I saw mental illness up close. We can't keep ignoring it



By U.S. Rep. Don Bacon, R-Neb.

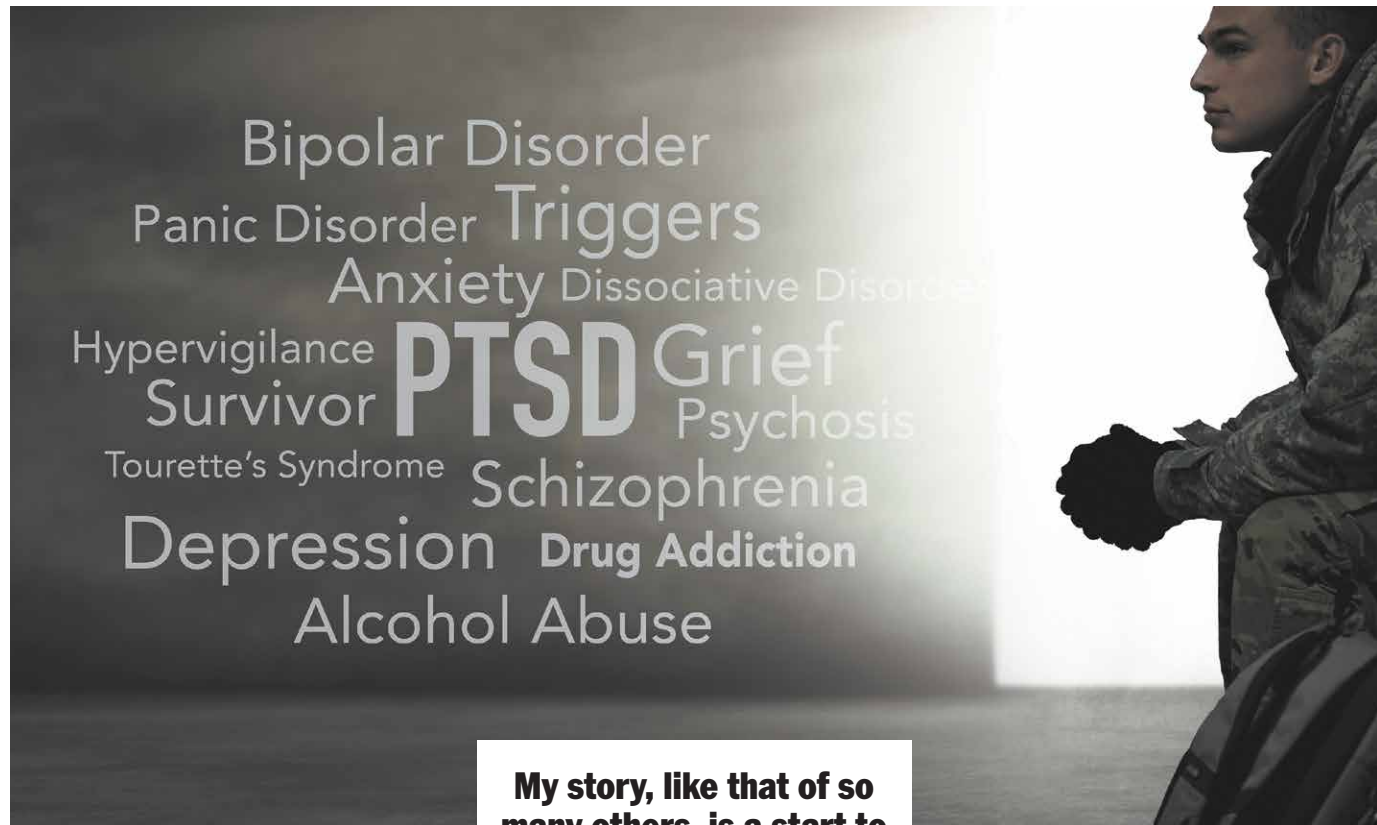
**F**rom my nearly three decades in the Air Force, I carry many memories of people and places, and all the lessons that come along with them. Closest to my heart, I hold a simple, yet hard-learned precept: the first step to solving any problem is to identify the core issue and take action.

We know mental illness is a real problem, and that we've dangerously underfunded mental healthcare for decades. Like many Americans, I have personally seen the devastating impacts of mental illness, particularly when left untreated.

I saw mental illness firsthand. When I was 15, my father married my stepmother, who struggled with bipolar disorder. We saw no evidence of her symptoms while they were dating until she turned violent the day we returned home from their wedding. From heaven to hell every week, she would be wonderful for two days, then display that same violence on the third. She had four children of her own, all of whom suffered from similar mental health issues. One of my brothers died from a drug overdose, one from alcohol abuse and one from suicide. They were all younger than me.

During my time in the Air Force, I saw mental illness up close as a five-time commander. I once worked with a woman whose untreated mental illness led her to live in a world of deception. She made troubling claims; first of sexual assault, then of having cancer. At first, we believed her. But over time, it became clear that none of it was real.

I also saw fellow airmen struggling silently. Some were consumed by delusions caused by untreated illness. Others, great men and women, suffered from post-traumatic stress after returning from Iraq and Afghanistan.



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**My story, like that of so many others, is a start to identifying the problem of untreated and neglected mental healthcare in our nation. The issue is rooted not just in stigma, but in partisan complexities, political gridlock, a lack of funding and waning initiative from the highest offices in the country.**

My story, like that of so many others, is a start to identifying the problem of untreated and neglected mental healthcare in our nation. The issue is rooted not just in stigma, but in partisan complexities, political gridlock, a lack of funding and waning initiative from the highest offices in the country.

To begin to solve such an important and prevalent issue across our country, I, along with my fellow representatives Jennifer McClellan, R-Va., Jeff Merkley, D-Oregon, and Cindy Hyde-Smith, R-Miss., introduced the Mental Health Infrastructure Improvement Act.

This bipartisan legislation seeks to address mental health and substance use disorder facility shortages. The bill establishes a new loan and loan guarantee program within the Department of Health and Human Services to build and renovate mental health and substance use disorder treatment facilities, while reserving at least a quarter of the funding for pediatric and adolescent-serving facilities and prioritizing facilities located in high-need and rural areas to provide integrated care for patients with complex needs.

Currently, approximately one in five adults in the United States lives with some form of mental illness, with data suggesting that almost half of American teenagers are affected. Meanwhile, 17% of Americans above the age of 12 struggle with some form of substance abuse and nearly half of the adults who

sought substance abuse treatment in the past year were unable to receive their much-needed care.

Due to the burdens that underfunded and overwhelmed facilities face, many patients are left without care, placed in holding rooms or left to wait in emergency departments until the proper psychiatric care beds become available. Such a delay in care can have disastrous impacts on the patient in crisis. That's why a key goal of our legislation is to ensure that alongside providing quality mental healthcare, the weight and cost of treatment for hospitals and law enforcement are mitigated.

We've also learned that many who incarcerated in our prisons and jails are there because of mental illness. If given access to care, many would not be imprisoned. Those who suffer from mental health illness in our prisons are often

given better care and regain their health. When released, most lose that health-care access, relapse and then end back in prison. This is why I support putting those who are being released from jail on Medicaid so they can continue to have access to needed medicines.

As we strive to improve our country's future quality of life and health standards, investment in mental healthcare should focus squarely on bridging the gaps in treatment options and improving accessibility for patients.

Mental health is not a partisan issue, and mental illness does not discriminate in selecting its victims. Its devastating effects have spread across our communities, reaching millions of Americans everywhere, and requiring a united and multi-perspective approach in resolving it. Mental illness can only be remedied when a united, bipartisan coalition of caring Americans stand together to defeat it through cooperation and strong legislation.

We know the problem. Now it's time to act.

.....  
*Don Bacon represents the 2nd District of Nebraska in the U.S. House of Representatives. A Member of the Armed Services Committee, he serves as Chairman of the Cyber, Information Technologies and Innovation Subcommittee. He previously spent nearly 30 Years serving in the U.S. Air Force, retiring in 2014 as a Brigadier General.*



# My plan to grow the mental health care workforce



By U.S. Rep. Andrea Salinas,  
D-Oregon

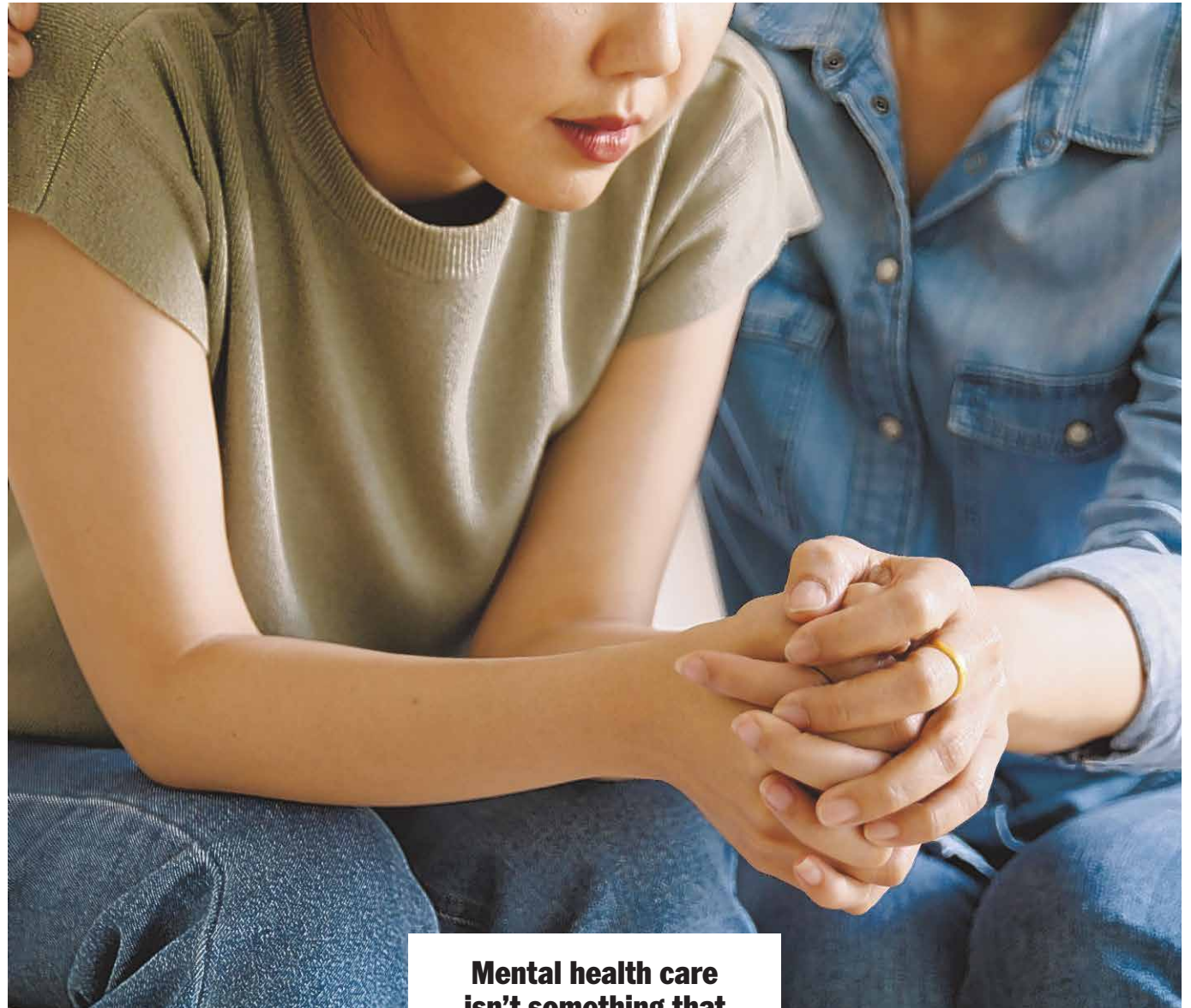
A few months ago, I asked my constituents to share how mental health has impacted their lives. This story jumped out to me: “I struggled [with mental health] throughout my life. I ended up stabilizing and obtaining a master’s in social work through the [Public Service Loan Forgiveness] program. Went on to obtain my clinical license and now work as a Psychiatric Social Worker. I have near-weekly appointments with a psychologist and am able to help others in their own journey as a result of having my mental health needs treated and supported.”

By all accounts, this is an incredible success story. My constituent struggled with their own mental health but was ultimately able to get the help they needed, and as a result went on to help others. Unfortunately, this story isn’t possible everywhere in the U.S., but it should be.

The United States is facing a growing crisis in addiction, mental and behavioral health. In 2023, more than one in five adults experienced a mental illness, equal to 50 million Americans. Of those adults with a mental illness, a majority received no treatment. An additional 15% of adults in the United States in 2023 reported a substance use disorder, and of those, 93% did not receive treatment.

Like many Americans, mental health has impacted my family. Growing up, I saw my sister struggle with her own mental health, and I saw the impact mental health care — or the lack of it — can have on the patient and the family. Unfortunately, too many Americans can’t receive the treatment and support they need. Even as the demand for mental and behavioral health treatments grows, the number of providers hasn’t kept up.

In 2023, an estimated 169 million Americans lived in a mental health



**Mental health care isn’t something that impacts just red or blue Americans. It impacts all Americans.**

workforce shortage area. It’s clear that addressing the growing needs of Americans means that we need to address the addiction, mental and behavioral health care workforce shortage. Thankfully, this is where Congress can help.

One of the key barriers to entry for mental health providers is the cost of school. In 2019, the average graduate with a master’s in social work had \$67,000 in debt. However, students pursuing graduate degrees in psychology take on an average debt load between \$95,000-\$160,000. Without taking steps to address this disparity, we’ll continue to have a shortage of mental health professionals.

That’s why I reintroduced the Substance Use Disorder Treatment and Recovery for (STAR) Behavioral Health Act — also known as the STAR Plus Scholarship Act.

This legislation tackles the workforce shortage head-on by creating a new federal scholarship program for students pursuing degrees in mental health, behavioral health, and substance use disorder treatment fields. These scholarships

would cover tuition and costs for students seeking degrees like social work, counseling, psychology, psychiatry, or marriage and family therapy.

But this program isn’t just about making schooling more affordable — it’s about delivering care to the communities that need it most. To receive the scholarship, students must commit to working in a mental health professional shortage area or in a community with high overdose death rates after they graduate. These are the very communities where the need for help is greatest, and where support is often hardest to find.

By investing in mental health professionals now, we can save resources in the long run by reducing the number of mental, behavioral, and addiction crises and by cutting back on costly emergency room dependence.

To address the addiction, mental and behavioral crisis in this country, we must reduce barriers to practice for our country’s future mental and behavioral health providers. Mental health care isn’t something that impacts just red or blue Americans. It impacts all Americans. By helping our students to access scholarships to pursue degrees in these fields, we can address the workforce shortage. And as my constituent’s story shows, when one person gets the care they need, they can go on to serve even more people in their community. It’s a win for everyone.

*Rep. Andrea Salinas is a first-generation American and daughter of a Mexican immigrant, proudly representing Oregon’s 6th Congressional District. A former policy advisor and state legislator, she champions mental health access, workers’ rights, and rural communities. In Congress, she serves on the House Agriculture Committee and House Science, Space, and Technology Committee. She is also co-chair of the bipartisan Mental Health Caucus.*



# How to strengthen Medicare and reform mental health

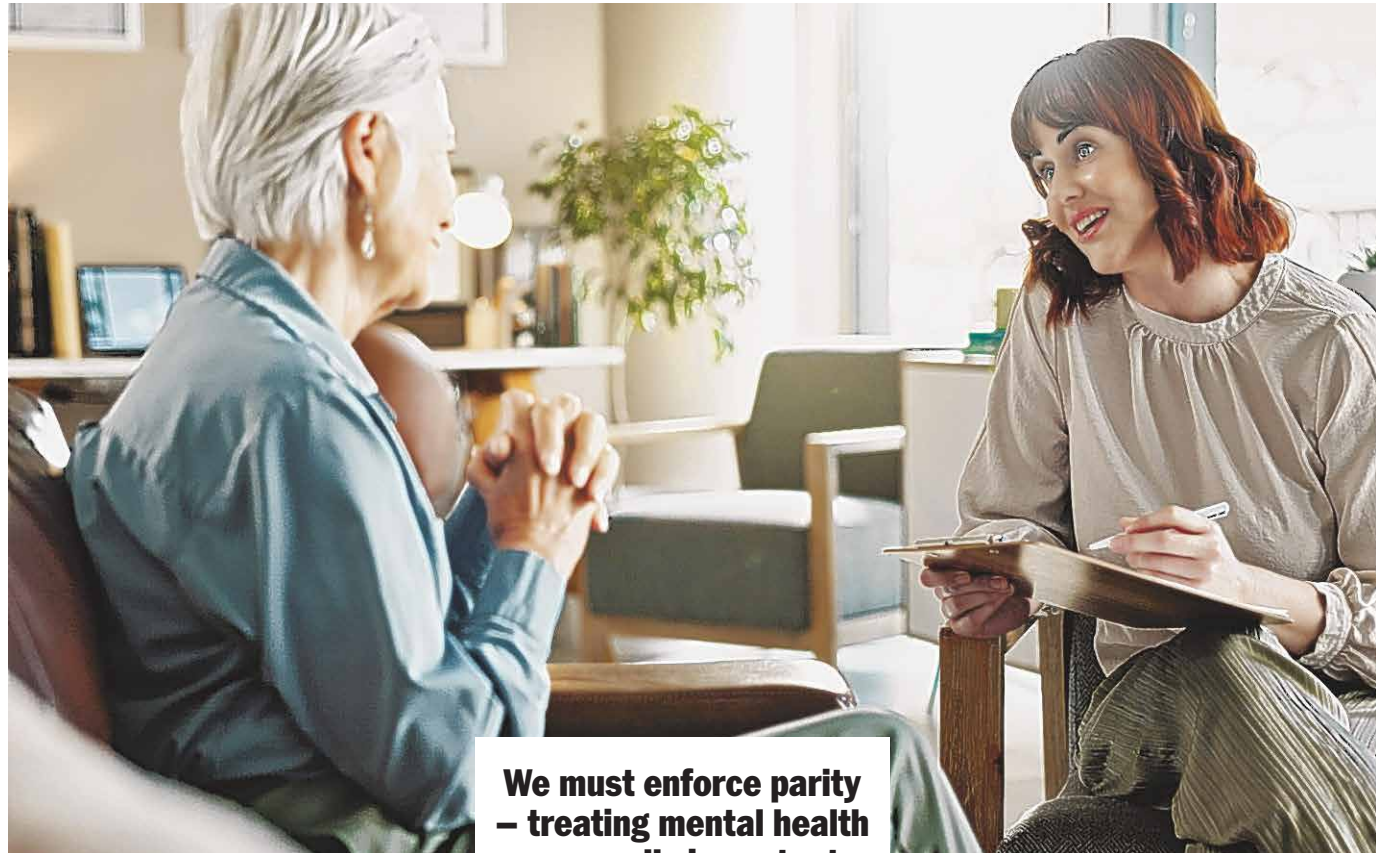


By U.S. Rep. Gus Bilirakis, R-Fla.

**H**ealth care isn't just a policy issue — it's personal. As a member of Congress, I've made it my mission to strengthen Medicare, expand access to care, and fix our nation's broken behavioral health system. That means removing barriers, supporting innovation, and ensuring every American — especially our seniors, Veterans, children, and families in crisis — can get the help they need, when they need it.

One of my top priorities has been protecting Medicare's solvency and improving access for the 65 million Americans who rely on it. That's why I introduced the Promoting Fairness for Medicare Providers Act, which addresses harmful disparities in Medicare reimbursements for high-tech, office-based specialists. These services are often the backbone of local community care for seniors. Pushing patients into hospitals due to cost pressures isn't smart policy — it's a disservice to those we're supposed to protect. We've also seen how critical telehealth can be, especially during and after the COVID-19 pandemic. I co-authored the EASE Behavioral Health Act to make permanent the tele-mental health expansions we introduced during the public health emergency, ensuring seniors, people with disabilities, and children can access behavioral care from wherever they are. But telehealth expansion alone doesn't fix everything. We must enforce parity — treating mental health as equally important as physical health. I helped lead the bipartisan Mental Health Parity Compliance Act, requiring insurers to be held accountable through regular audits. Mental illness should never receive second-class treatment.

I've also worked to ensure that seniors have access to the most advanced



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**We must enforce parity — treating mental health as equally important as physical health. ... Mental illness should never receive second-class treatment.**

diagnostic testing. There have been incredible breakthroughs in scientific advancements that help lead to early diagnosis and intervention. I want to be sure that my constituents have access to these tools. I'm leading efforts to advance the Ensuring Patient Access to Critical Breakthrough Products Act, which supports Medicare coverage for innovative technologies. Additionally, I'm focused on improving the Medicare clinical diagnostic laboratory service payment structure — formerly addressed through the SALSA Act — so that labs can continue offering timely and affordable testing services without facing unsustainable reimbursement cuts. These reforms are essential to catching diseases early and improving outcomes for seniors.

To build out real support systems, I co-sponsored the Helping Families in Mental Health Crisis Act, which passed overwhelmingly in the House and helped create a stronger crisis-care infrastructure. I also championed the Ensuring Access to Quality Sober Living Act to protect people in recovery from exploitation and to establish national standards for sober homes. Through my work on the SUPPORT Act, I've fought to ensure foster children — especially those in trauma-informed residential care — don't lose Medicaid access because of outdated bureaucratic definitions. My bipartisan Ensuring Medicaid

Continuity for Children in Foster Care Act corrects this technical glitch to make sure our most vulnerable kids can continue to heal in the right setting.

We've made real progress. In recent years, my bipartisan legislation has helped standardize suicide screening in emergency rooms, expand electronic prescribing to fight opioid abuse, and bring suicide prevention training into schools through the STANDUP Act. These are tangible steps that save lives. I've also been a strong advocate for improving Veterans' access to alternative and complementary therapies, including treatments like equine therapy, acupuncture, and mindfulness-based stress reduction. These holistic approaches have proven to be effective in addressing PTSD, chronic pain, and other conditions that disproportionately affect our Veterans. I'll continue working to expand access to these therapies through the VA and community-based care options.

But there's more to do. In this term, I am once again pushing my Combating Illicit Xylazine Act, which would help curb a dangerous new street drug

causing fatal overdoses, while still protecting access for legitimate veterinary use. I've also partnered with colleagues to reintroduce the SAFA Act to protect children's access to life-saving medical devices, and I'm working across the aisle to address the mental health crisis tied to social media use among young people. As Chair of the Commerce, Manufacturing and Trade Subcommittee, I'm helping to lead efforts to pass a national data privacy standard — with enhanced protections for kids online and I'm working to reauthorize the Kids Online Safety Act (KOSA). We must empower parents with the tools they need to keep kids safe. This is one of my top personal priorities this term.

Our work is far from over. But I will keep fighting for smart, compassionate, and bipartisan solutions that put patients first. Every American — regardless of age, income, or ZIP code — deserves access to quality health care, including mental health support. I'm committed to building a system that reflects that fundamental truth.

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*Rep. Gus Bilirakis serves Florida's 12th Congressional District. He serves on the Energy and Commerce Committee, where he chairs the Innovation, Data and Commerce Subcommittee and is also a senior member of the Health Subcommittee and the Communications and Technology Subcommittee.*





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# Our veterans deserve health resources they can count on



By U.S. Rep. Nikki Budzinski, D-Ill.

**N**o two veterans have the same experience during service or during their transition to civilian life. But there is one common thread: the duty we have as Americans – and especially as Members of Congress – to support them when they come home.

When I first convened my Women Veterans Advisory Council last year, I was shocked by the members' honesty. We had a raw and difficult conversation about a range of topics including adjusting to civilian life after years of active duty, dealing with PTSD, and living as a survivor of military sexual trauma (MST).

In retrospect, their strength was unsurprising; after all, this was a group of brave, bold women who have dedicated themselves to advocating for the veteran community just as they dedicated

themselves to serving our country. With these women so driven to make their voices heard, the question quickly became: how do we channel their lived experiences into real change?

I had my mission. As a member of the House Veterans' Affairs Committee, my Women Veterans Advisory Council has been invaluable to inform my policy making here in Washington, D.C. Hearing their stories of how navigating the VA can be retraumatizing for veterans who experienced MST, I introduced a bipartisan bill to improve training for VA employees who handle those claims. I also introduced legislation that would require VA to conduct proactive

Investing in resources like the VEO is crucial to make VA work better for our veterans. But right now, so many of these resources are under attack. In June, the Trump Administration announced they would be slashing the VA workforce by nearly 30,000 this year in the name of "efficiency." While this was a U-turn from earlier announcements of cuts of around 80,000 employees, this announcement still has sent shockwaves through the veteran community. People are scared and confused about how their care and their services could be affected. Uncertainty doesn't improve efficiency; rather, it erodes employee morale and veteran trust, and undermines VA's mission of de-

fecting women. That's not about being "woke," it's about making sure every veteran can get the best quality care.

This isn't a partisan issue. Alongside my Republican colleague Rep. Young Kim of California, I sent a letter to VA Secretary Doug Collins urging him to continue critical health research focused on women veterans. We were also able to secure a provision in the recent VA appropriations bill that would require VA to report to Congress on how it's addressing the research gap affecting women veterans.

If we want the VA to be efficient, we need to be putting our resources where they are most impactful. That means gathering veterans' feedback through my Women Veterans Advisory Council and the VEO, and it means investing in VA research that leads to more affordable and effective treatments for a range of health issues.

So let's keep listening and working together to find pragmatic solutions to the challenges veterans face every day, from accessing mental health care to filing disability claims. We owe our nation's heroes nothing less.

*Rep. Nikki Budzinski represents Illinois' 13th Congressional District and is a member of the House Agriculture Committee and House Committee on Veterans' Affairs. She was first elected to the House in 2022 and came to Congress to fight for working families. With a background in the labor movement as well as in state and federal government, her mission is to restore the American Dream, rebuild the middle class and deliver results for communities in Central and Southern Illinois.*

## Uncertainty doesn't improve efficiency; rather, it erodes employee morale and veteran trust, and undermines VA's mission of delivering world-class care and benefits to those who served our nation in uniform.

outreach about mental health services, reducing the burden veterans face to seek out support on their own.

These kinds of common-sense policies are possible because of the feedback we get from veterans themselves. The Veterans Experience Office (VEO), created in 2015, gathers feedback directly from veterans, their families, and caregivers on their experience with VA services. It has been instrumental in improving veterans' trust in VA, which reached an all-time high in 2024. It's why I also introduced the Improving Veterans' Experience Act which would codify the VEO as a permanent office at VA.

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Aside from reductions in force for a historically understaffed department, the Administration had previously issued guidance to block certain "trigger words" in VA grants, including "women," "genders," and "female." Women are the fastest growing demographic among the veteran population, and research into their unique needs is already underfunded. We need to be putting more resources – not less – toward understanding how military service affects reproductive health, the risk of breast cancer, and other conditions specifically





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# Better data means justice for America's veterans and survivors



By U.S. Rep. Chuck Edwards,  
R-N.C.

**O**n Memorial Day, alongside Congresswoman Kelly Morrison, D-Minn., I introduced the Justice for America's Veterans and Survivors Act to enhance data collection on the causes of death among veterans with the goal of preventing veteran suicide.

This bill requires the Department of Veterans Affairs (VA) to annually report on the cause of death among veterans with a specific focus on whether suicide was a primary or secondary factor. Requiring an accurate reporting of cause of death allows for more precise solutions for reducing veteran suicides, while also ensuring access to benefits for surviving family members. This bill not only

honors veterans who have fallen, but ensures we care for those who are still with us.

North Carolina is home to 650,000 veterans and the third largest military presence in the country. In the 11th District, there are more than 48,000 veterans who have earned the best care that our nation can provide as they transition to civilian life. Research from America's Warrior Partnership shows that between 40 and 44 veterans lose their life to

physical injuries that further complicate their recovery and reintegration into civilian life.

We cannot intervene or invest properly without understanding the full scope of the crisis, which is why better data matters. Currently, the VA lacks accurate data on the cause of death of deceased veterans, which directly affects our ability to draft policy and create effective interventions. This is a gap we cannot afford to ignore. By

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suicide every day, with nearly 15,000 veteran lives lost every year. Suicide is the second leading cause of death for veterans under the age of 45.

Mental health is a crisis not only experienced by veterans, but by millions of Americans. Mental health struggles often go unnoticed, with individuals bearing the weight of their pain in silence every day. Veterans face unique challenges such as post-traumatic stress disorder (PTSD) that can stem from the intense stress, violence, and loss many have witnessed or endured during their time in service. Additionally, many veterans also face service-connected

prioritizing data reporting, the VA can identify patterns, create effective pathways for healing and prevention, and better serve the families that have been affected by tragedy.

Underreporting and misclassification have in some instances prevented family members from accessing survivor benefits. The VA actively supports 506,000 surviving spouses but does not know the percentage of veteran deaths that are due to suicide, illness, combat, or training accidents. This information is critical to ensure that the VA and other organizations provide the necessary care, benefits, and programs for

surviving family members.

The tragic consequences of untreated mental health conditions in the veteran community are not limited to those who serve; they extend to the family that is left behind. When a veteran is lost to suicide, the emotional and financial toll on loved ones can be devastating. Systemic failures such as underreporting, misclassification, or bureaucratic red tape can prevent families from receiving the benefits and support they are entitled to. Accurate and transparent data collection is not merely a matter of recordkeeping, it is essential for honoring the truth of each veteran's story and in shaping the policies that impact surviving spouses and children.

We owe it to every veteran who has served, and to every veteran still struggling, to act with urgency and compassion. Honoring our heroes means not just remembering their service but caring for their lifelong well-being. It means creating systems that are transparent and accountable. It means improving data accuracy and ensuring family benefits are available and reliable. Most of all, it means living up to the promises made to those who risked everything in defense of our nation.

*Rep. Chuck Edwards has served North Carolina's 11th District since 2023. He serves as vice chairman of the House Appropriations National Security, Department of State, and Related Programs Subcommittee, and also sits on the Financial Services and General Government Subcommittee and House Budget Committee.*

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