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DEPARTMENT OF VETERANS AFFAIRS (VA)
BEFORE THE
COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES HOUSE
ON
HONORING OUR PACT ACT IMPLEMENTATION
DECEMBER 7, 2022**

Chairman Takano, Ranking Member Bost, and Members of the Committee, thank you for the opportunity to appear before you today to discuss the Department of Veterans Affairs (VA) implementation of the Sergeant First Class (SFC) Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022.

The PACT Act, which was signed into law on August 10th, marked the largest and most significant expansion of Veteran care and benefits in decades, empowering VA to deliver additional care and benefits to millions of Veterans and their survivors. We are grateful for this opportunity, and now that the bill has become law, it is our job to implement it in a way that is seamless, efficient, and timely for the Veterans we serve—and most importantly, ensures that eligible Veterans can receive the care and benefits they deserve.

Our guiding question in implementing the PACT Act is, “Are we putting the Veteran at the center of everything we do?” This means that we are not thinking about “what would be best for VA”; instead, we are thinking about “what would be best for the Veterans we serve.” This requires that all parts of VA must work together jointly and seamlessly to make sure that Veterans and their survivors are:

1. Hearing about the PACT Act via targeted outreach;
2. Understanding what the PACT Act means for them and their families; and
3. Accessing PACT Act-related care and benefits as quickly as possible.

To deliver on these priorities, we are incorporating key insights from Veterans and their supporters to create a VA-wide implementation plan to guide communications and execution from the Veteran’s perspective. Veterans tell us that VA can be difficult and confusing to navigate, and through our implementation strategy we are working to ensure that there is no “wrong door” at VA for accessing PACT Act-related care and benefits. Whether a Veteran or survivor comes to VA through a medical center, a benefits office, our website, our call center, an advertisement, or any other medium, we are working to ensure that all VA doors provide a seamless experience that accomplishes one goal: getting eligible Veterans and survivors the care and benefits they have earned in a timely manner.

We began implementation immediately when the legislation became law. To expedite Veterans' access to PACT Act-related benefits, we made all 23 presumptive conditions in the PACT Act applicable on August 10, 2022—the day the bill was signed into law—rather than following the phased-in approach allowed by the Act. We also launched [VA.gov/PACT](https://www.va.gov/PACT)—a one-stop-shop website for understanding the PACT Act and applying for benefits—as soon as the Senate sent the bill to President Biden's desk for signing. We also have enhanced 1-800-MyVA411—an easy-to-remember telephonic front door for Veterans and their supporters—to include self-service PACT Act Frequently Asked Questions and seamless navigation to 24/7 live agents to address Veteran concerns. We also immediately began executing a comprehensive, targeted outreach effort to encourage Veterans and survivors to apply now for PACT Act-related care and benefits.

These efforts have already generated enthusiasm among Veterans and survivors. On August 11, 2022, the day after the bill was signed into law, [VA.gov/PACT](https://www.va.gov/PACT) has garnered more than 3.3 million views; Veterans have filed more than 606,963 total disability benefits claims—an 18.6% increase over last year's record pace; and Veterans have filed over 164,774 PACT Act-specific claims between August 10, 2022, and November 26, 2022. This is in addition to 65,000 related to PACT Act conditions since August 1, 2021, through August 9, 2022, that were submitted prior to the law being signed. The Veterans Health Administration (VHA) also executed a successful pilot of the new toxic exposure screening under Section 603—VHA screened 13,380 Veterans for military toxic exposures across 13 medical centers over a 2-week period and found that 39% of Veterans reported a potential toxic exposure. The toxic exposure screening was rolled out nationwide on November 8th and VA has screened over 350,000 Veterans as of November 28, 2022.

While these early successes are important, there is still a long way to go in making sure that all eligible Veterans and their survivors get access to the PACT Act-related care and benefits they earned. Today, we will outline the path forward for implementing the PACT Act across VA and across the country on January 1, 2023—including the steps we are taking to keep the Veteran at the center of all we do.

VA's Office of Enterprise Integration (OEI) is leading agency-level collaboration efforts as the PACT Act includes issues relevant across the Administrations and staff offices, as well as interagency partners. VBA has been working closely with OEI and partners across VA and the Federal government for more than a year leading up to enactment of the PACT Act and continuing through to implementation. This collaboration has been key to ensuring all sections of the PACT Act have an identified owner and addressing dependencies between Administrations and staff offices to enable an integrated Veteran experience.

As Secretary McDonough often says, our mission at VA is to serve Veterans, their family members, caregivers, and survivors as well as they have served our country. This law empowers us to do exactly that by delivering more health care and benefits to millions of Veterans and their survivors. We will stop at nothing to get this

implementation right, and we will not rest until every eligible Veteran and survivor gets the PACT Act-related care and benefits they have earned and deserve.

Title-by-Title Discussion

Title I: Expansion of Health Care Eligibility

VHA is honored to provide Veterans with personalized, patient-driven, compassionate, state-of-the-art care. Our goal is to make the Veteran experience as positive and comprehensive as possible. Veterans fought for us, and VA will fight for them. Title I of the PACT Act expands eligibility in critical way over the next 10 years. The PACT Act provides VA the ability to expand and enhance health care services to Veterans and their survivors. For some Veterans, who may have already been eligible under other authorities, the PACT Act provides an avenue for them to be placed in a higher priority group. This, on its own, expands Veterans' access to services by reducing their copayment liabilities. Additionally, VHA and the Veterans Benefits Administration (VBA) are working in lockstep with the Department of Defense (DoD) to implement the changes in eligibility made by title I of the PACT Act.

Pursuant to section 104 of the PACT Act, VA is actively undertaking a personnel and material resources assessment to determine necessary resources needed to implement the expanded eligibility resulting from section 103 of the PACT Act.

We are also diligently making updates to our Veteran Enrollment System (VES) and other information technology systems to ensure requests for toxic exposure registry exams and clinical evaluations are appropriately recorded to support determinations regarding eligibility, enrollment and claims. These system enhancements will facilitate the appropriate provisioning for VHA health care to ensure Veterans receive the maximum VHA health care benefits that their service affords.

To optimize Veteran's experience in navigating eligibility decisions, we are also making an historic investment in hiring additional enrollment specialists to ensure we continue processing enrollments in record time. After evaluating the total projected Veteran population increase, VHA plans to hire an additional 315 full-time employee equivalents (FTEE) throughout the country to support increased health care applications and expanded eligibility. To date, 230 positions have been posted. We are prepared to onboard all of these new staff expeditiously. VA is also ensuring our enrollment specialists are highly trained in these new eligibility authorities, so they can make timely and accurate eligibility decisions. As of November 30, 2022, more than 3,900 VHA staff across the nation have been trained to determine eligibility based on the amendments made by the PACT Act.

As the PACT Act expands VA's reach to Veterans who may not have been eligible for health care prior to its enactment. VHA will continue to focus on reaching out to any Veteran, caregiver, or survivor to educate them on the benefits of choosing VA. We are laser focused on encouraging Veterans to apply for enrollment in VA health care,

particularly those combat Veterans who did not previously enroll but are now eligible during the one-year window that began October 1, 2022. VA developed the “PACT Act 2022 Outreach Plan” to provide a unified experience for all Veterans, family members, survivors, and caregivers in enterprise-wide coordinated outreach to Veterans who would become eligible for healthcare enrollment and other benefits. VA will provide a report to Congress with the details, as required by section 111, but have already achieved several notable accomplishments in our outreach efforts, including:

- Developed a comprehensive communications toolkit for internal and external communications, Veterans Service Organizations (VSO) and other Veteran support organizations, and hosted a PACT Act Day of Learning with national, State, and local military and Veteran stakeholders on November 1, 2022.
- Preparing a targeted e-mail campaign to both enrolled and non-enrolled eligible Veterans and survivors using VA customer data and DoD servicemember data. This outreach will be speaking directly to customer personas rather than a one size fit all communications approach. For example, Vietnam Veterans will receive information on benefits and services specific to their service and eligibility. An early pilot supporting the Salisbury, North Carolina VA Medical Center was opened by 33K Veterans with PACT Act enhanced benefits information paired with local VA points of contact.
- Leveraged the #VetResources newsletter to approximately 10 million Veterans, its Caregiver Program newsletter reaching 300,000 people, and outreach to 550,000 family members participating in the Civilian Health and Medical Program of VA (CHAMPVA). In addition, VA will use ongoing caregiver support team check-ins to communicate about the expanded eligibility and toxic exposure screenings.
- Publicly posted PACT Act fact sheets on VA.gov in English, Tagalog and Spanish.

Title II: Toxic Exposure Presumption Process

The process VA historically used to determine presumptive conditions often took decades to complete. It was often frustrating for Veterans, their families and caregivers, as well as their clinical teams, and led to delays in Veterans receiving the health care and benefits they earned and needed. The new provisions under Title II establish a process by which VA may streamline presumptions of service connection based on toxic exposure in a clear and transparent manner. Under the new authorities, VA will share and seek public input on our plans for formal evaluation, work closely with our valued VSO partners, and increase our partnership with the National Academies of Sciences, Engineering, and Medicine (NASEM).

When the most recent NASEM report found evidence of an association between particulate matter and three respiratory symptoms, VHA examined recent surveillance data from VHA health care records and then partnered with VBA to obtain claims data. VA conducted additional analysis focused on scientific reviews of recently published studies. This led to the addition of these three respiratory conditions i.e., asthma, rhinitis, and sinusitis, to VA’s current list of presumptive conditions in fiscal year

(FY) 2021. This experience led VA to recognize that it could improve its presumptive decision-making process to be more proactive and transparent.

Soon after Secretary McDonough was confirmed, he stood up a working group within VA with VHA and VBA participation to advise him on toxic and military environmental exposures. This working group is the Military Environmental Exposures Sub-Council. This group will take on the duties and responsibilities of the working group established in 38 U.S.C. § 1172(b) as created by section 202 of the PACT Act. Subsequently, and as a result of the NASEM report relating particulate matter and the three respiratory symptoms, Secretary McDonough directed VA to update the Presumptive Decision Process (PDP) to assess the available scientific data in as timely a fashion as possible, consider the addition of other relevant information, including VBA claims data, and enhance the transparency of the process.

Under the new provisions created under this Act, VA will use several factors to develop a list of medical conditions to be considered for potential future presumptive status. These factors include, but are not limited to, the number of Veterans potentially affected, severity of the condition, amount of scientific literature available, and VHA or VBA data trends. VA will solicit input for conditions to be reviewed from external stakeholders, including Veterans and their families and caregivers, VSOs, Congress, and the public at large. This will keep VA aligned with recommendations in the NASEM 2008 report on improving the presumptive decision-making process, the PACT Act, and VA's overall commitment to addressing the health effects of harmful environmental exposures that occurred during military service.

While VA will still rely on NASEM and other outside agencies for large scale consensus reviews of the science, VA will continuously review:

- a) **Health Care Data:** VHA data in the form of epidemiological research studies and ongoing health care and population surveillance.
 - i) **Scientific Literature:** Relevant medical and scientific literature to be evaluated for the strength of the science based on study design, size, sources, reproducibility, or number of papers with similar findings, existence of conflicting studies, whether the study was peer-reviewed, whether there are limitations or flaws noted in the study, and whether there are any criticisms of a study and for what issues. VA is also studying the use of machine learning algorithms and text-mining tools for continuous review of scientific literature.
- b) **VBA Claims Data:** VBA claims data for trends, such as claim rate, rate grant, and service connection prevalence, analysis of differences in deployed and non-deployed or other cohort characteristics.
- c) **Other Factors:** Additional factors will be reviewed, and include, but are not limited to, deployments to combat zones, morbidity, mortality and prognosis

associated with the medical condition, rarity of the condition, quantity/quality of available science and data, and feasibility of producing future, methodologically sound scientific studies.

Once the review panel completes its work, it will summarize its findings and conclusions as to the strength of the evidence and whether an association exists between a medical condition and an environmental exposure. The report will be reviewed by VA's established governance bodies which will submit recommendations to the Secretary for internal final determination or decision.

VA contacted NASEM on August 11, 2022, the day after the PACT Act was signed into law, to begin the process as directed by Congress to enter into an agreement with NASEM, within 90 days of enactment, to conduct an assessment of VA's implementation of the new subchapter VII of chapter 11 of title 38, U.S.C. (section 202(b)(1)(A) of the PACT Act).

VA is also developing the Congressionally directed contract for a five-year agreement with NASEM to review and evaluate the available scientific evidence regarding associations between diseases and exposures. VA thanks Congress for this support as this will replace the prior five-year agreement that ended this year.

Military Exposures Team

VBA has established a new Military Exposures Team (MET) that will be composed of primarily management and program analysts with various skillsets and will provide dedicated focus and resources to issues related to military environmental exposures. MET includes 4 sub-staffs with different functional areas such as qualitative analysis and studies, policy and program review, data analysis, and regulations/implementation. This is in support of implementation of section 202 of the PACT Act and the Secretary's commitment to Veterans and partners to expedite review and analysis on the types of conditions potentially eligible to meet the statutory threshold to pursue rulemaking as a presumptive disability. The MET is working closely with VHA to execute the Secretary's vision in studying additional conditions that could be presumptive based trends found in the claims process combined with scientific literature and military records. In addition, the MET will have program oversight and management responsibilities to address all disability compensation benefit claims-related program research and supporting data analysis for making recommendations for service-connected conditions deemed presumptive due to military exposure, as well as supporting claims research and data analysis necessary to address evidence-based policy determinations for compensation benefits.

Title III: Improving the Establishment of Service Connection Process for Toxic-Exposed Veterans

Benefits Claims Processing

VA has been readying for PACT Act implementation since last year by hiring more than 2,000 employees and training nearly 4,000 claims processors. We continue to actively

hire and train employees while also in the process of upgrading information technology systems to prepare for VBA to start processing PACT Act disability benefits on January 1, 2023. Right now, VA is delivering more benefits, more quickly, to more Veterans than ever before.

Last fiscal year, VBA set a record for the highest claims production year ever with more than 1.7 million claims completed. As of November 26, 2022, VBA already has completed 274,618 claims, which is 14.2% more claims than last year at this time. These achievements are in part attributable to the hiring of over 2,000 new employees in fiscal year 2022.

To enable identification of a “covered Veteran” defined in section 302, VBA, in collaboration with DoD’s Defense Manpower Data Center (DMDC) and VHA, improved the quality of the available PACT Act Veteran data. Specifically, a total of 1.6 million new deployment records and 29 million rows of medal data were identified by DoD and shared with VA, which substantially improved the precision of VBA’s source data. VBA and DMDC continue to collaborate and review additional data sources to increase the quality and accuracy of deployment data. Confirming deployment to a specific area is the first step in being able to grant a new presumptive condition and can be sufficient on its own to establish eligibility for health care in certain situations.

Technology and Automated Decision Support

VBA is undergoing business modernization efforts designed to leverage technology by automating administrative tasks and workflows, known as Automated Decision Support technology. Claims processing tasks supported by automation include data extraction from Veterans’ electronic health records, verification of military service eligibility, expediting claims that can be decided based on the evidence of record, ordering examinations when required and the intelligent indexing of the relevant adjudicative information as part of the Automated Review Summary Document (ARSD), a tool that efficiently outlines key and relevant information in the Veterans eFolder. This new technology will assist claims processors in making fast, consistent, and equitable claim decisions for Veterans.

VBA’s rules-based technology is coded to follow statutes and regulation, and the automation logic is reviewed and approved by VBA’s policy officials prior to implementation. VBA has already coded the decision logic for many PACT presumptive conditions, and all will be complete prior to January 1. The automation logic for a presumptive condition confirms exposure using VA and currently available DoD authoritative data, extracts medical information from examinations or private medical records, and pre-populates the VBMS evaluation calculator. The supporting data, recorded on the ARSD in an intuitive manner, plus entries into the calculator, are then reviewed by a claims processor, who has full adjudicative discretion to accept or modify the results of the automation process. The reduced time to gather information in various documents in a Veteran’s e-file supports accurate, fast, and reliable decisions. The generated information is also stored as part of the Veteran’s official record so it is

reviewable for independent verification and validation for quality reviews, further process improvements, and appellate reviews.

Employee involvement and input have been instrumental in identifying, implementing, and refining all automated decision- support efforts. Currently, there are four VBA RO prototype sites (Boise, Idaho; Des Moines, Iowa; Pittsburgh, Pennsylvania; and Montgomery, Alabama), where initial automated efforts have been deployed. Feedback from subject matter experts at the four prototype sites ensures the system meets the needs of all employees and drives the development of training tools and materials for further expansion. As of December 1, 2022, VBA added four additional RO prototype sites: New York, New York; New Orleans, Louisiana; Detroit, Michigan; and St. Petersburg, Florida (for Blue Water Navy claims).

Hypertension, supplemental claims for increase were the first type of claims included in VBA's automation initiative. The limited-release testing has shown promising results, and we look forward to full scale deployment following training for all employees.

Development of Comprehensive Policies

VBA is drafting formal regulations to implement certain sections of the PACT Act. Meanwhile, VBA has prepared sub-regulatory guidance in the form of a policy letter to more quickly implement VA's ability to begin processing claims, in the same way as when new law expanded herbicide presumptions for Blue Water Navy Veterans in 2019. As this policy letter includes substantive guidance, VA is publishing it in the Federal Register as required by Federal statutes. Publishing the guidance in a policy letter will enable VBA to begin claims processing faster rather than waiting to publish formal regulations, which typically take 18-24 months. Additionally, as part of this effort, VBA will be updating the Adjudication Procedures Manual (M21-1), VA's nationwide procedural guidance for all ROs and existing training courses with PACT Act-related changes.

Toxic Exposure Risk Activity and Exams

Section 1710(e)(4)(C) of title 38, U.S.C., as added by section 102 of the PACT Act, defines the term "toxic exposure risk activity" (TERA) "as any activity— "(i) that requires a corresponding entry in an exposure tracking record system (as defined in section 1119(c) of this title) for the veteran who carried out the activity; or '(ii) that the Secretary determines qualifies for purposes of this subsection when taking into account what is reasonably prudent to protect the health of veterans." Veterans who participated in a TERA are eligible for health care under 38 U.S.C. § 1710(e)(1)(G) and the definition of TERA is also relevant to requesting a disability examination with medical opinion under 38 U.S.C. § 1168, as added by section 303 of the PACT Act for VBA.

The term "exposure tracking record system", defined in 38 U.S.C. § 1119(c)(2), as added by section 302 of the PACT Act, means "any system, program, or pilot program used by the Secretary of Veterans Affairs or the Secretary of Defense to track how Veterans or members of the Armed Forces have been exposed to various occupational

or environmental hazards, and...includes the Individual Longitudinal Exposure Record (ILER), or successor system.”

Section 303 of the PACT Act, codified at 38 U.S.C. § 1168, generally requires that if a Veteran submits a claim for compensation for a service-connected disability with evidence of a disability and evidence of participation in a TERA during active service, and such evidence is insufficient to establish service connection for the disability, then VA will provide the Veteran with a disability examination and obtain a medical opinion about the nexus between the disability and in-service TERAs.

Together, these two sections of the law modify the exam threshold for certain claims related to TERAs. The new statutory language requires an exam when a claim cannot be *granted* versus when a decision cannot be made (which could be a grant or denial). The statute creates an exception to this exam opinion, however, that applies where VA determines there is no indication of an association between the claimed disability and the TERA for which the Veteran submitted evidence.

VBA is actively engaged with all contract medical examination vendors to ensure proper preparation, to undertake any increase in volume of PACT Act-related examinations. VBA has contracted with a fourth contract exam vendor, in the western region of the United States. The new exam vendor is expected to complete all ramp-up activities prior to January 2023. Simultaneously, VBA is working with VHA, specifically the War-Related Illness and Injury Study Center (WRIISC) and Health Outcomes Military Exposures (HOME) staff, to ensure VBA contract examiners are trained in assessing deployment-related environmental exposures.

Title IV: Presumptions of Service Connection

The PACT Act contained phased-in effective dates for the presumptive conditions, which VA believes were well intended and designed to help manage the significant increase in claims inventory and backlog. However, following an in-depth operational analysis, VA determined that the phased-in and criteria-based applicability dates would result in significant claims processing complexities and workload challenges, including increased claims processing errors. The Secretary considered the serious nature of exposure to environmental hazards in combat zones such as in Vietnam and the Gulf War region, the associated health effects from such exposure, and the inherent delays over several decades that have prevented Veterans from receiving the benefits they have earned, and he directed that all presumptive conditions in the PACT Act be applicable the date the bill was signed into law, August 10, 2022. This decision was made through the exercise of his statutory authority in sections in sections 403(e)(1)(E), 404(d)(1)(A)(i)(V) and (d)(2)(A)(i)(V), and 406(d)(1)(E) of the PACT Act. This approach represents a simple, streamlined policy that is easier to implement with consistency. Making all new PACT Act presumptions applicable from the date of enactment will allow VA to process claims more quickly, resulting in fewer Veterans waiting in the backlog than through phased implementation.

While the entire PACT Act is critical to the support of our Nation's Veterans, VA appreciates the statutory presumptions that it establishes. VA is now able to recognize those Veterans who served in the radiation cleanup missions at Enewetak Atoll, Palomares Spain, or Thule Greenland, as qualifying service for presumption of service connection to the list of diseases already present in 38 CFR 3.309(d); these Veterans are also eligible to enroll in VA health care. VHA's HOME office has completed morbidity and mortality analyses for these three Veteran cohorts and will continue the surveillance for health outcomes such as cancers.

Regarding the statutory presumptive conditions related to airborne hazards in 38 U.S.C. § 1120, as added by section 406 of the PACT Act, the list is comprehensive, and VA appreciates the ability to support these Veterans with medical care and other benefits. VA has recommended to Congress a technical change to remove the reference to "lymphomatic cancer of any type" in 38 U.S.C. § 1120(b)(2)(G), as this is not a known disease entry and subparagraph (F), "lymphoma cancer of any type" is the correct terminology and covers everything that "lymphomatic cancer of any type" would have addressed.

These presumptions will affect Veterans immediately. VA still owes Veterans answers as to how to combat these conditions and when possible, how to prevent them. In this effort, VA has a strong partner in DoD with data sharing, development of the electronic health record and ILER.

An example of the continued integration among VBA and VHA is shown through the development of a list of common diagnoses found within the new PACT Act presumptive cancer categories. This list is significant as it will help claims processors identify PACT Act related cancers and will be used in the outreach products for Veterans and survivors.

Additional improvements VBA has made to the claims process include the development of the algorithmic logic rules for over 40 PACT Act eligible diagnostic codes to utilize automated decision support technology. VBA will update these logic rules over time to make them effective and efficient. While these improvements are in the early stages, this will enable the automated evaluation for review of the medical evidence submitted and/or of record. This medical data is run through a rules-engine to determine whether sufficient medical evidence is available to decide the claim. If sufficient medical evidence is of record, the claim is routed to the rating board for a determination. If sufficient medical evidence is not of record, the automation service submits an exam request.

VBA has also accelerated the process for digitalizing Service member and Veteran records for use in determining a claimant's eligibility for VA benefits. Working with the National Archives and Records Administration (NARA), VBA is proactively scanning over 170,000 Official Military Personnel Files and Service Treatment records for Veterans who may file an initial claim for benefits under the PACT Act. Once scanned,

these records are available to our claims processors on the same day as the corresponding Veteran's claim is received. This allows for faster, more accurate decisions improving benefit claims processing for Veterans, Service members, their family members and survivors.

Title V: Research Matters

VA has a strong tradition of research that has improved Veterans lives. VA has an important role in understanding the health effects of military environmental exposures (MEE) through research and surveillance to enumerate diseases and advance discovery regarding health effects resulting from military service. This foundation in research supports evidence-based decision-making. Advancing MEE evidence-based research can be achieved through a collaborative approach to science that brings together scientists, clinicians, Veterans, caregivers, and other Federal groups with shared interests in improving health and healthcare. To satisfy requirements in the PACT Act VA is actively developing and strengthening collaborations with technical and thought leaders in other Federal agencies that have relevant aligned missions in exposure research and identifying academic partners whose work demonstrates excellence in answering questions relevant to Veterans' health and health care.

Title V of the PACT Act elevates the timely progress of exposure science through a whole-of-government approach. Within VHA, HOME and the Office of Research and Development (ORD) serve as the two key lead groups for carrying out research elements included in the PACT Act.

ORD will lead efforts to create an interagency, mission-aligned toxic exposure research working group with the goal of collaboratively developing and executing a 5-year strategic research plan on the health consequences of toxic exposures experienced during active military, naval, air, or space service, as required by section 501. HOME will carry out specific research activities required in the PACT Act while also coordinating with ORD as it puts forth a longer-term vision for future needs.

VA will continue to leverage Federal government-supported infrastructure, resources, and tools together with the diversity of disciplines across a spectrum of state-of-the-art technologies and repositories will create rigor and strengthen evidence-based science collection for toxic exposures as a cost of war, decision-making care and policy.

Consistent with section 501 of the PACT Act, VHA anticipates establishing the toxic exposure research working group and developing a 5-year strategic plan, which will be complete and reported no later than one and two years from the enactment of the PACT Act respectively. VHA is undertaking preliminary actions to ensure efficient and collaborative establishment of this work group, including identifying subject matter experts across Federal Agencies and developing a charter to establish the charge, governance, operations, communications and timelines for the workgroup.

Consistent with section 509 of the PACT Act, VA will establish a publicly accessible internet website to serve as a clearinghouse for the publication of Federally funded toxic exposure research for health care providers, clinician and non-clinician scientists, and public communities.

VA is in the process of hiring librarians to assist with this important function, which will make this information readily available to the public. The Federal agencies' archivists for research will be integral to this effort. The WRIISC, the Airborne Hazards Burn Pit Center of Excellence (AHBPCE), Complex Emerging Threats Center (CETC), Women's Operational Military Exposure Network (WOMEN) Center and the VA/DoD Deployment Health Working Group will also be involved in the selection and curation of the scientific literature. VA is especially excited about the future possibilities to use emerging machine learning/artificial intelligence emerging technologies to effectively evaluate the massive amounts of toxic exposure-related literature effectively. VA believes these efforts will not only serve Veterans, inform policy, improve care and find gaps in knowledge, but also serve the Nation.

The research required in the PACT Act is wide-ranging and critical to our understanding of MEEs and may, in the future, deliver better options for protecting our Service members. Many of the required research studies are occurring now, such as the research on the health effects of jet fuels (as required by section 510 of the PACT Act) and health outcomes associated with service in the Armed Forces after September 11, 2001 (as required by section 504 of the PACT Act), but Congress also increased the span of research to be performed by VA, and this will allow VA to expand its epidemiology staff to meet these expanded PACT Act requirements.

An example of this expansion in VA research is using biomarker studies that will validate jet fuel exposure in Service members using serum samples banked in the DoD Serum Repository; allow for surveillance of exposure over time; and facilitate investigating mechanisms of certain types of disease related to jet fuel exposure. Again, VA expects that these research efforts and findings may also inform future policies at both VA and DoD in terms of preventive measures, health care guidance, and disability compensation.

The research is focused on the healthcare outcomes for Veterans with MEE and the areas in which healthcare policy intersect with science. This is a crucial endeavor and VA must use this opportunity to its greatest effect. Research into the timeline for science to inform medical care and treatment shows that the average time for a new "Best Practice" to make it into the mainstream care is 17 years, or one medical generation. This underscores the importance and timeliness of this work for our Veterans.

VA wants to use this unique opportunity to find answers for Veterans and health care providers, get the research into the mainstream by making it publicly available and readily accessible as appropriate and evaluate the outcomes with longitudinal cohort studies.

The VA electronic health care record shows promise for this effort, as does data sharing with DoD to facilitate reporting on disease morbidity and categorization by period of service to assess the contribution of potential toxic exposures. This effort is being supported by VA's Office of Information and Technology Data and Analytics Team; requirements are in development to create a reporting dashboard that will support reporting to Congress and a publicly available format for Veterans and other stakeholders.

Section 504 of the PACT Act requires VA to conduct an epidemiological study on the health trends of Veterans who served in the Armed Forces after September 11, 2001. This will utilize an existing interagency collaborative relationship with the DoD Millennium Cohort Study (MilCo). MilCo is a well-recognized longitudinal health study established by Congress enrolling Service members for over 20 years and it will go on for another decade, similar to the Framingham Study. MilCo links longitudinal health survey data collected from approximately 260,000 Service members enrolled between 2001 and 2021 with military service data, including DoD administrative and health records. There are currently over 122,000 Veterans among MilCo participants who have accessed and utilized VA for healthcare and other benefits. The merged longitudinal data present a tremendous opportunity to prospectively examine health trends among Veterans.

Cancers are of considerable concern for Veterans. Section 505 of the PACT Act requires VA to conduct a study on the incidence of cancer in Veterans. The VA National Oncology Program has been engaged in efforts to modify the records notice that regulates the use of VA patient data for this purpose. This will enable the exchange of data from the VA central cancer registry and other data sources with State cancer registries and the National Cancer Institute. Records from these data sources could be matched to identify cancer diagnoses for a large population of Veterans. This is an incredible opportunity to perform a comprehensive study of cancer among Veterans receiving care both at VHA facilities and institutions outside of VHA. NASEM will also provide invaluable support to our Nation's Veterans with a review of possible behavioral health outcomes after MEE, pursuant to section 507 of the Pact Act. It will also, pursuant to section 506 of the PACT Act, review the health outcomes of Veterans who participated in activities relating to the Manhattan Project; and this is especially timely given the recent news about the contamination in St. Louis where some of the uranium enrichment occurred.

Title VI: Improvement of Resources and Training Regarding Toxic-Exposed Veterans

Veteran Outreach

We at VA are executing a nationwide PACT Act outreach plan with one goal in mind: ensuring that *every* eligible Veteran and survivor gets the PACT Act-related health care and benefits they have earned. This campaign began the moment the Senate sent the PACT Act to the President's desk, leading VA to launch VA.gov/PACT, ready our call centers to discuss the PACT Act, and begin putting out materials to inform Veterans

about what this law could mean for them. Since that day, the outreach campaign has grown into an all-of-VA effort that incorporates key resources, direct outreach, earned media, paid media, partnerships, and much more.

Our messaging across these mediums has sought to simplify this complex law as much as possible, putting it into the terms that are most useful and understandable for Veterans and survivors. Regardless of medium, the core message has been – and continues to be – that VA wants Veterans and survivors to apply for their PACT Act-related benefits now. We are also continuing to encourage anyone who is interested in learning more about the PACT Act to visit [VA.gov/PACT](https://va.gov/PACT) or call 1-800-MYVA411.

- *Key Resources:*

- [VA.gov/PACT](https://va.gov/PACT): Within one hour of the Senate passage of the PACT Act, VA launched [VA.gov/PACT](https://va.gov/PACT) – a one-stop-shop for Veterans and survivors to learn about and apply for PACT Act-related care and benefits. Since then, the website has garnered over 3.3 million page views from more than 2.2 million unique visitors. The website has also received a 93% “good” feedback rating, and is now available in Spanish and Tagalog.
 - [Call center](#): Within one hour of the Senate passage of the PACT Act, VA call centers (including 1-800-MYVA411) were ready to respond to PACT Act-related inquiries. Since then, call center volume has increased 20% due to PACT Act-related inquiries from Veterans.
 - [Print and digital resources](#): VA has developed dozens of PACT Act flyers and fact sheets to help Veterans understand what this legislation means for them. These resources have been shared directly with Veterans, VA facilities, VSOs, and other partners nationwide. Sample fliers include: [PACT Act Summary and FAQ](#), [PACT Act Survivor Benefits](#), [PACT Act scams information sheet](#).
 - [Video content](#): VA has published a series of videos explaining the PACT Act, garnering hundreds of thousands of views across YouTube, Facebook, and other mediums. One such video is [Be Vigilant of PACT Act Scammers](#).
 - [Social media content](#): VA is laser-focused on meeting Veterans where they are, so we have established a steady drumbeat of PACT Act-specific content across social media—including [Twitter](#), [Facebook](#), and Instagram. We have also published several [blogs](#) informing Veterans about the PACT Act on News.VA.gov, which garners millions of views per month.
- Direct outreach:*
- [Email](#): VA has sent 95M e-mails via [#VetResources Newsletter](#) with PACT Act outreach materials. The e-mails were opened 27.5M times (28% open ratio) and drove 2.7M clicks to resources.
- Earned Media*
- [Total Coverage](#): VA has been executing an aggressive national and local earned media campaign, seeking to inform Veterans and survivors about the PACT Act and encourage them to apply. Between August 15 and October 31, these efforts have helped generate 4.9k news articles and

2.2k broadcast items about the PACT Act – with a total potential reach of 18.8B.

- **Local media:** Since the passage of the PACT Act, VA’s Secretary, Deputy Secretary, and Chief of Staff have visited TX, GA, FL, AR, HI, IL, WI, VA, IA, TX, CA, WA, WY, OH, KY, MO, CT, Guam, Saipan, Philippines, and American Samoa. During each of these visits, these leaders have been driving media coverage of the PACT Act—garnering stories such as [Des Moines Register: What veterans exposed to toxic burn pits should know about the PACT Act’s new benefits](#) and [Las Vegas Review-Journal: VA secretary encourages Nevada vets to file for ‘burn pit’ benefits](#). VA’s Medical Center Directors and Regional Benefits Directors are also actively doing local media to drive awareness of the PACT Act.
- **Events:** VA’s senior leaders are highlighting the PACT Act across a wide-ranging series of events with Veterans, families, survivors, VSOs, members of Congress, and other key partners. For example, VA recently hosted a Veterans Experience Live (VetXL) Q&A Forum specifically on PACT, where VA reached nearly 110,000 Veterans and addressed nearly 600 questions and answers on burn pits, claims, and survivors assistance. VA has also consistently featured the PACT Act at its monthly press conferences, generating stories like [Military Times: VA to screen all patients for toxic exposure issues](#) and [Military.com: ‘Tens of Thousands’ More Veterans Will Be Eligible for VA Health Care Starting Oct. 1](#).
- **Paid Media:**
 - **Approach:** Paid advertising allows us to reach all Veterans, not just those who are connected with VA or with a VSO. For these “untethered” Veterans and their family members and caregivers, paid advertising gives us a way to touch them directly and encourage them to apply. We are using digital advertising due to its flexibility, targeting, and reach. We are running two sets of creative executions: one set targets Vietnam-era Veterans with three different messages (Agent Orange, conditions, free screening), while the other set targets Gulf War and post-9/11 Veterans (burn pits, conditions, free screening). As we see which are most effective, we will shift more spending to those ads.
 - **Mediums:** Thus far, VA has run advertising on Google, Twitter, Facebook, Military Times, Military.com, and RallyPoint. VA is also working on a Veterans Day Times Square video ad on PACT benefits.
 - **Results:** To date, VA has spent more than \$150,000 on digital advertising, generating more than 19 million impressions and driving more than 200,000 clicks to VA.gov/PACT.

Moving forward, VA will continue to aggressively conduct outreach to meet Veterans where they are, educate them about the PACT Act, and encourage them to apply. As mandated in the PACT Act, VA will create and execute:

- Plans to conduct outreach to Veterans who will become eligible for health care at least 180 days before such Veterans become eligible.

- Not later than October 1, 2024, establish information systems to assess the implementation of section 103 of the bill and use the results of the assessments to inform its annual reports to Congress.
- A plan, not later than December 1, 2022, to conduct outreach to Veterans who will become eligible to enroll during the 1-year period previously described as well as, by January 30, 2024, a report on the number of Veterans who enrolled during this period.
- Publish, and update periodically, a list of resources for toxic-exposed Veterans, Veterans who report toxic exposure, their families and caregivers, and their survivors.

VA is also preparing to launch an outreach campaign utilizing existing customer and potential customer contact information databases (including DoD) to inform Veterans and survivors of their changed eligibility for VA benefits and services. This campaign will begin with e-mail outreach using existing VA resources to contact PACT Act customer cohorts in the following order: Vietnam Era Veterans, Gulf War Era Veterans, Survivors, Post 9/11 Veterans. The phased approach is due to the complexity of the outreach data manipulation in order to send personalized information relevant to each individual customer rather than a one size fits all approach.

VA established the VetResources Community Network (VRCN) Community of Practice with community and strategic partners (includes VSOs) to increase outreach, collaboration, and community-based partnerships to increase trust and access to VA health and benefits services for our Veterans, families, caregivers, and survivors. Over 500+ VRCN partners in the Community of Practice are invited to promote PACT outreach and engagement to reach the widest audience possible. PACT outreach support from our partners is critical and VA is deploying a crowd-sourcing tool called the VetResources Community Idea Lab to identify top challenges and solutions to PACT outreach and reaching underserved communities.

Military Environmental Exposures (MEE) Training

Even prior to the enactment of the PACT Act, VA has long been concerned about the health effects of MEEs and is committed to informing and educating Veterans and VA staff about MEEs. Through a variety of modalities, VHA HOME administers various programs related to environmental and occupational exposures to better meet the needs of Veterans. An annual newsletter to Vietnam War Veterans, a “Military Exposures and Your Health” publication, and an extensive website with an A-Z index are just a few resources available to help Veterans, VA staff, and providers better understand MEEs and the potential impacts to a Veteran’s overall health and well-being. The WRIISC, a subset of the HOME Office, also hosts many webinars each year on topics relating to military exposures, as well as targeted Veteran information sessions on topics such as Gulf War Illness and Agent Orange.

Early in his tenure, Secretary McDonough recognized that care of Veterans needed to include more comprehensive education and training on MEEs. In December 2021, he directed that all providers caring for Veterans could take the WRIISC Module 1, an

overview of MEEs. VA is on track to complete this training by December 31, 2022, and it will be required for all new healthcare providers within 90 days of hiring—ensuring that foundational knowledge about MEEs is established at all touchpoints for VA care. This initiative meets the provisions of Section 604 of the PACT Act.

Training Health Employees and Providers

Equipping employees and providers with the knowledge and resources they need to support Veterans who may have been exposed to MEEs during military service is critical step in ensuring the objectives of the PACT Act are met. Within one week after enactment of the PACT Act, VHA launched a “PACT Act 101 Overview Training” in the Talent Management System (TMS). The goal of this training is to impart a general understanding of the PACT Act and its effects on operations. As of November 28, 2022, over 27,000 employees have completed this training.

In November 2021, the Secretary also directed VHA to pursue a formal relationship with the American College of Preventive Medicine, an established medical professional organization, to create a national certificate program in Military Environmental Medicine in coordination with HOME. This training is available to VA and civilian providers outside VA. VA exposure training has been featured on the Centers for Disease Control and Prevention training website. The availability of this national certificate program will serve to expand knowledge about military exposures within the medical community, leading to improved practices for preventive care and better outcomes for the Veterans we serve.

Claims Processor Training

VBA recognizes that training claims processors is an essential part of preparing the field to implement the PACT Act. VBA has been proactive and already issued several trainings to claims processors on the PACT Act. Immediately after the law was enacted, VBA issued guidance to claims processors announcing the passage of the PACT Act and directed claims processors to hold any claims that could not be granted under any other authority than the PACT Act. This safeguard ensured that Veterans and survivors would not have their claims prematurely denied before VBA issued sub-regulatory guidance on processing PACT Act claims. In September 2022, VBA released a two-hour PACT Act overview training with a 30-day completion deadline. In October 2022, VBA issued guidance and training on the ILER, which includes how to obtain access. Claims processors’ understanding of ILER and its contents will be critical to processing PACT Act-related claims.

VBA is developing a more detailed training on how to process PACT Act claims and will be targeting delivery to claims processors in December 2022. This is to ensure all front-line claims processors who handle claims for disability benefits relating to service-connected disabilities based on toxic exposure are ready to process claims on January 1, 2023, and can accurately apply the provisions of the law.

To ensure all PACT Act information is easily accessible to claims processors, VBA established a comprehensive intranet site that stores all interim guidance documents, FAQs, Quality and Training information, communications, and other important links.

After the field begins to process PACT Act claims on January 1, 2023, VBA Central Office will continue providing support by conducting quality spot checks and relaying feedback to the field, as well as being available to answer questions and troubleshoot issues. If there are any common error trends identified, VBA Central Office will review to assess and determine any additional training needs to include any training necessary to address improvements in the automated decision support tools.

VBA has completed the initial automated decision support training at the 4 prototype offices and 35 other ROs. All 56 ROs will complete training by December 9, 2022. Training provides claim processors with an overview and demonstration of the tool, an in-depth explanation of the ARSD, and detailed procedures to support PACT processing starting on January 1, 2023.

To ensure VA senior leaders are prepared, in September 2022, at VBA's most recent bi-annual Senior Leadership Symposium, implementation of the PACT Act was the sole focus. Attendees of the symposium included VBA's Senior Executive Service (SES) members, including all regional office (RO) directors. In an effort to improve transparency and collaboration, VBA included key internal and external partners at the Senior Leader Symposium, including our Labor partners, Office of Management and Budget (OMB), congressional staff, VA's Office of Information Technology, the Office of the Inspector General, and VSOs.

Screening Veterans

Section 603 of the PACT Act mandates VA incorporate a screening to help determine potential toxic exposures during active service as part of health care furnished by VA.

The development of the toxic exposure screening is a crucial step in implementing the PACT Act and in recognizing toxic exposures as a cost of war for our Veterans. As the screening becomes a routine part of VA health care, it will enhance the Department's understanding of exposure concerns and allow VA to provide Veterans with resources and programs that may be relevant to their experiences during their military service.

We are already seeing the positive effects of the screening on patient care and communication. In September 2022 VA began piloting the toxic exposure screening tool at 13 sites, screening over 19,000 Veterans, yielding an average rate of more than 37% of responding Veterans reporting they believed they experienced a toxic exposure while serving in the Armed Forces. During this time, we also collected valuable feedback from VA screeners to ensure VA was putting forth the best tool possible, while keeping the needs of Veterans front and center. We incorporated lessons learned into a revised tool that provides better accountability for the whole health of the Veteran. As of November 8, 2022, this improved tool is now available at VA medical centers and clinics across the country. All Veterans enrolled in VA health care can begin receiving an initial screening and a follow-up screening at least once every 5 years. Veterans who are not enrolled and who meet eligibility requirements will have an opportunity to enroll and receive the screening. As of November 28, 2022, over 350,000 Veterans have been screened.

In the initial implementation phase, assigned Veterans will receive their toxic exposure screening (TES) at their primary care appointments. By beginning the process in primary care, we are starting with the providers who know Veterans best and building on centralized, team-based care. Veterans who are not assigned to a primary care team or wish to be screened sooner than their next appointment can contact their local facility and ask to be screened by the Toxic Exposure Screening Navigator. Later phases of implementation will expand the screening across the health system, allowing more opportunities for Veterans to be screened.

The screening asks Veterans if they believe they experienced any service related toxic exposures, including:

- open burn pits/airborne hazards
- Gulf War-related exposures
- Agent Orange,
- radiation,
- Camp Lejeune contaminated water exposure,
- other exposures.

Regardless of how the Veteran responds, the key priorities are ensuring any concerns they have are heard, providing them with additional information, and connecting them with resources to address next steps. The processes in place were created, tested, and adjusted to best support and treat not only the current exposure related benefits needs of the Veteran, but also engage with Veterans interested in joining the Registries and addressing any reported exposure related health concerns.

Those who answer “yes” to experiencing a potential toxic exposure and report having health concerns related to potential exposures will receive appropriate clinical assessments and be connected to benefits or registries as needed when agreed upon by the Veteran. A toxic exposure diagnosis code will then be added to their health record, so it will be visible at all Veteran touchpoints within the VA health care system. Some Veterans may respond, “I don’t know” to the question if they experienced any toxic exposures while serving. In this case, Veterans will be offered; the same resources and options as those Veterans who respond, “yes”, however the toxic exposure diagnosis code will not be entered into the medical record; these Veterans will be screened again within 1 year. If Veterans decline to participate in the screening, they too will be screened again in one year. If the Veteran responds “no” to the screening, they are offered a handout of information and will be screened again in five years.

For Veterans with additional questions about their disability claims or benefits, during the toxic exposure screenings, VHA and VBA have partnered to ensure the connection between administrations is established. It is important to us—and critical for our Mission to serve those who have served us—that there is no wrong door for Veterans. If

Veterans come to their local VA medical centers with questions about their benefits, our goal is to get them the information they need before they walk out the door.

Providers and staff members at VA medical centers and clinics have been key to the success we have seen throughout the piloting process and the initial phase of implementation. All facilities have identified at least two Toxic Exposure Screening Navigators to serve as the main points of contact on all details about the screening, as well as to serve as screeners for Veterans wishing to be screened outside of a primary care provider appointment. This has allowed us to meet our requirement that no enrolled Veteran who wants to receive the screening will be turned away.

Incorporating this screening into routine VA health care will enhance longitudinal care that promotes early diagnosis and treatment of health concerns that may arise related to military exposure(s). By including affirmative screening responses and adding a diagnosis code for exposure concerns within the health record, we will ensure that the experiences and concerns of the Veteran are known and prioritized. This will allow for improved communication between Veterans and their providers, building trust and ensuring Veterans receive the care they have earned and deserve.

Title VII- Resourcing

VA appreciates the new authorities provided under the PACT Act related to real property. Infrastructure plays a critical role in how we deliver services to Veterans; these new authorities will allow VA to modernize its infrastructure more efficiently.

Major Medical Leases

The provisions of sections 702 and 703 of the PACT Act are crucial to solving on-going challenges to our major medical lease program. VA is engaging with our Congressional committees and OMB on the new committee resolution process for approval of leases provided by section 703 of the PACT Act, which will further enhance our ability to deliver leased facilities in the future.

VA is working with the General Services Administration (GSA) to obtain a delegation of leasing authority for 30 of the 31 leases authorized in the PACT Act and has asked GSA to execute the one administrative office lease. For 15 of these leases that exceed the GSA prospectus threshold, VA is working in conjunction with GSA and the OMB to finalize prospectus documents to allow the Senate Environment and Public Works (EPW) Committee and the House Transportation and Infrastructure (T&I) Committee to approve a resolution. Once the committees give their approval, GSA can then approve VA's lease delegation requests, which allows VA to publish its lease advertisement for the projects on SAM.gov.

As VA moves forward with the leases authorized by the PACT ACT, we are looking for future opportunities to partner in new ways with our academic affiliates. Pursuant to 704 of the PACT Act, VA is authorized to lease space non-competitively from our academic affiliates or covered entities to meet the health care needs of Veterans. Co-location with our affiliates provides unique opportunities to further collaborate with these

critical partners. We are excited to have this added option to support our Veterans and are seeking opportunities for these new collaborations. The affiliate's space must meet VA's standard lease requirements, including the requirement to obtain a GSA lease delegation. Additionally, if the lease exceeds the GSA prospectus threshold, clearance through OMB and approval by resolution from the Senate EPW and House T&I committees is required.

Enhanced Use

The expanded Enhanced-Use Lease (EUL) authority provided in amendments to 38 U.S.C. §§ 8162 and 8165, and the repeal of section 8169, as made by section 705 of the PACT Act expands potential EUL opportunities and enhances VA's ability to leverage un-utilized real estate to better serve Veterans. VA is implementing this authority to develop services for Veterans beyond supportive housing.

The authority provided through amendments to titles 10 and 38 made in section 706 of the PACT Act will strengthen our ability to work with DoD to construct and lease joint facilities. VA and DoD are developing the initial VA-DoD joint project list and establishing milestones and schedules, including aligned funding year(s), for each initial joint project. This includes several joint leasing opportunities leveraging this new authority.

VA is thankful for approval of FY 2023 major medical leases (section 702), the funding for leases in Section 707, and the other changes for leases in Title VII. These will enable to VA to move forward with planned leases that will expand access for Veteran care and improve our ability to make use of lease authority in the future.

Title VIII: Records and Other Matters

Individual Longitudinal Exposure Repository (ILER)

VA continues to actively partner with DoD towards the common goal of building the ILER, a robust web-based application providing both agencies with the ability to link an individual to potential exposures, in order to improve the efficiency, effectiveness, and quality of health care. Designed to be interoperable with the electronic health record and searchable by individual, location and exposure, this comprehensive platform offers VA healthcare providers, disability claim processors, epidemiologists, and researchers a gateway into the occupational and environmental exposures of military personnel. VA clinicians and benefits personnel have embraced ILER with 611,000 platform hits and counting. In the interim, VA and DoD are collaborating on a mechanism permitting Veterans to update their ILER exposure records consistent with section 803 of the PACT Act.

Airborne Hazards Registry

VHA's HOME office rapidly built the Airborne Hazards and Open Burn Pit Registry (AHOBPR) in 2014. Recommendations from recent NASEM¹ and VA Office of Inspector General² reports, and practical lessons learned provide VA with an opportunity to redesign and deliver a Veteran-centric AHOBPR. Building an improved AHOBPR will allow VA to better utilize the data available to improve care, policy and benefits. Implementation of section 808 (b)(2) of the PACT Act will result in State and congressional district breakouts for all registry participants on the HOME website before the end of calendar year 2022.

Camp Lejeune Justice Act

Section 804 of the PACT Act, also known as the Camp Lejeune Justice Act of 2022 (CLJA), allows new lawsuits for individuals exposed to contaminated water at Camp Lejeune. If Veterans awarded relief by the court in a lawsuit brought under the CLJA, the award must be offset by the amount of any disability award, payment, or benefit VA provided to them or their legal representative relating to exposure to water at Camp Lejeune. This would reduce the amount of the award Veterans or family members receive from the court, but it would not affect their VA benefits. We note that any award must also be offset by benefits provided by Medicare or Medicaid. Additionally, please note that the Department of Justice has created a phone number and email address that anyone can contact to submit questions regarding the status of cases filed in Federal court under the CLJA. The phone number is (202) 353-4426, and the email is camplejeune.pactact@usdoj.gov.

Resources

VA is thankful for the \$500 million appropriated in section 806 of the PACT Act to begin implementing the PACT Act and the swift approval from both the House and Senate of VA's spend plan. With this funding, VA will hire staff to process PACT Act claims at the VBA, implement effective information technology to improve and modernize the disability compensation claims process and Veteran customer experience. VA will also hire staff to process appeals at the Board of Veterans' Appeals. Additionally, funds will support the work of VA staff to publicize the benefits of the PACT Act, implement the new human resources provisions of the PACT Act and provide legal counsel as well as other functions.

Annual Report on Disability Claims

Section 808(a)(1) of the PACT Act requires VBA to provide an annual report on disability claims, beginning not later than 180 days after the date of the enactment on the PACT Act. The focus of the report is on Gulf War era and post-9/11 Veterans. VBA is currently finalizing the required business rules to fulfill this report. VBA anticipates the report will be completed and available within the 180-day timeframe.

Title IX: Investing in our Workforce

¹ [Reassessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry | National Academies](#)

² <https://www.va.gov/oig/pubs/VAOIG-21-02732-153.pdf>

Title IX reflects the investment needed in VA's workforce to successfully implement all other titles in this important law. The Act provides a broad range of flexibilities for recruiting and retaining staff to serve Veterans, their caregivers and survivors. VA is grateful to Congress for including these tools in the PACT Act and for supporting investments in its workforce to address ongoing challenges with recruitment, hiring and retention.

VA has taken steps to implement the priorities within title IX of the PACT Act. VA quickly established an integrated project team (IPT) with internal and external stakeholders to identify the policies, procedures, systems and training required to implement each section of title IX. The IPT meets on a weekly basis to address any issues that arise during implementation and track progress. To date, VA has implemented four sections of title IX (sections 903, 905, 908, and 909), either in whole or part, resulting in several new tools to help with recruitment and retention:

- Removing restrictions on hiring housekeeping aides,
- Removing statutory limitations on awards and bonuses,
- Enhancing systems to improve hiring,
- Increasing limits on expedited hiring of post-secondary students and college graduates,
- Increasing student loan repayment limits,
- Removing the limits for special contribution awards, and
- Increasing the limits for recruitment, relocation, and retention incentives and payment of retention incentives as a lump sum upfront.

VA is on track to complete implementation of other provisions related to special salary rates, critical pay positions and critical skill incentives by the end of the calendar year and we will report to you on steps taken to improve recruitment and retention of human resources staff in 2023. VA expects to further accelerate efforts on the remaining deliverables under title IX of the PACT Act with the influx of new hires expected to support implementation of these technical sections.

While some of these authorities have only been in effect for a few weeks, we are tracking utilization and establishing performance metrics. For example, we are announcing housekeeping aide positions without the preference-eligible restriction VHA and VBA are onboarding post-secondary students and college graduates to assist with research and claims processing using the expedited hiring authority – 15% of all slots have been filled to date.

VA is planning and preparing for the implementation of the remaining five sections (901, 902, 904, 906 and 907) of title IX of the PACT Act. VA expects to begin implementing sections 904, 906 and 907 by the end of December to modify pay caps and conditions of employment, and to waive pay limitations for certain VHA employees. VA will implement section 902, which provides authority to buy out service contracts for physicians, nurse anesthetists, physician assistants and nurse practitioners in exchange

for employment at rural or high rural facilities by the end of March 2023. VA will also finalize VHA's National Rural Recruitment and Hiring Plan at the beginning of 2024.

Ensuring that VA has the appropriate mechanisms in place to track, measure and provide oversight of implementation of title IX of the PACT Act is a key priority for VA. We will continue to develop and refine metrics ensuring we can measure the effectiveness of these authorities and impact on VA's recruitment and retention efforts. VA is tracking progress through recurring reports and dashboards with oversight by VA governance processes. While VA's responsibility is to measure the impact of these granted personnel flexibilities have on its own workforce and mission, this evaluation also will inform broader Federal human capital activity.

Conclusion

Thank you for your time today and for passing this law that will ensure millions of Veterans and their survivors receive the care and services they have earned and deserve. We look forward to continued engagement with you as we implement this law and strive to service with excellence those who have served the Nation.