

**U.S. House of Representatives
Committee on Veterans' Affairs
118th Congress – Authorization and Oversight Plan**

In accordance with clause 2 of Rule X, the Committee on Veterans' Affairs submits its Authorization and Oversight Plan for the 118th Congress. The Committee conducts its oversight with the help of five Subcommittees: the Subcommittee on Disability Assistance and Memorial Affairs, the Subcommittee on Economic Opportunity, the Subcommittee on Health, the Subcommittee on Oversight and Investigations, and the Subcommittee on Technology Modernization. It is expected that oversight of the issues outlined below will be a shared responsibility of the full Committee and the appropriate subcommittees.

While the Department of Veterans Affairs (VA) carries out many of its functions and programs under the authority of broad, organic statutes pertaining to health care, benefits, or the organization of the Department, some programs operate under specific authorizations. These are indicated in the applicable subcommittee sections. Programs whose authorizations soon expire are emphasized. The Committee plans to devote particular attention to major VA information technology (IT) programs and projects, all of which have yet to be authorized. This Congress, the Committee will individually consider whether to authorize each such program or project.

Subcommittee on Disability Assistance and Memorial Affairs

- ***Authorizations of Disability Assistance and Memorial Affairs Programs*** – Each Congress, the Committee authorizes or reauthorizes VA programs in the jurisdiction of the Subcommittee on Disability Assistance and Memorial Affairs. The Committee will continue to authorize on a case-by-case basis for new legislation and will review and determine reauthorizations for existing programs. During the 117th Congress, Titles II, III, and IV of P.L. 117-168, *the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 (PACT Act)* authorized disability compensation and dependency indemnity compensation benefits for toxic-exposed veterans and their survivors and established a program to determine if additional veterans are suffering from conditions that may be linked to military toxic exposures. This legislation also requires VA to report on the implementation of those provisions. The Committee will work with VA to ensure authorized programs are implemented as Congress intended and review older programs to ensure they are funded appropriately.
- ***Toxic Exposures*** – The Veterans Benefits Administration (VBA) is implementing provisions related to delivering compensation benefits for toxic-exposed veterans within *the PACT Act*. VBA began processing PACT Act-related claims on January 1st, 2023, including claims for 24 presumptive conditions. VBA did not have implementation regulations in place before it went live on January 1st. Instead, VBA published a training policy letter, which was provided to claims processors, on Regulations.gov on December 22nd, 2022. The Committee will conduct rigorous oversight of VBA's implementation of *the PACT Act* to ensure success. This will include evaluating the effectiveness of training and guidance, information technology updates, hiring procedures, outreach materials and methods, quality review, and overall veteran satisfaction.

- VBA Quality Review*** – VBA employs a variety of mechanisms to review the quality of initial claims decisions. The Compensation Service and the Office of Field Operations (OFO) are responsible for administering quality assurance of compensation claims. In 2020 and 2021, the Office of Inspector General (OIG) released four reports which found deficiencies in VBA’s four quality review programs. OIG reviewed VBA’s Site Visit program, Systematic Technical Accuracy Review (STAR) program, Quality Review Team program, and Consistency Study program. OIG also assessed the effectiveness of coordination between the Compensation Service and OFO and identified areas of improvement. The Committee will investigate the efficacy of VBA’s quality assurance procedures and VBA’s progress in addressing the gaps in the above programs. Additionally, the Committee will continue to explore how VBA has designed its quality review measures, and to what extent that design yields accurate results.
- VBA Training*** – A June 2021 Government Accountability Office (GAO) report found that VBA could improve its design, implementation, and evaluation of its training programs. VBA employees have also reported that VBA’s Virtual and In-Person Progression (VIP) training program is of poor quality and does not adequately prepare examiners to process claims. Furthermore, the VBA manual is frequently updated, and employees are not always required to undergo new training that explains the changes. The Committee will conduct oversight into how VBA implements training and seek methods to improve training to ensure veterans receive the benefits to which they are entitled.
- Reducing and Preventing Compensation and Pension Backlog by Modernizing VA Claims*** – Veterans are experiencing longer wait times for a decision on their claim due to processing delays resulting from the pandemic. Further, the VA’s inventory of pending claims has risen due to the extension of presumptive benefits to toxic-exposed veterans. As of February 4th, 2023, VA’s compensation and pension inventory totaled 742,149 claims, including a backlog of 197,353 claims. The Committee will conduct oversight into how VBA reduces its claims backlog to its target of reaching a functional zero of 100,000 claims, prioritizes the oldest and most emergent claims (such as those for homeless or critically ill veterans), and provides timely and accurate decisions. Additionally, the Committee will explore how VA can further utilize technology to assist with claims processing and reduce the pending claims inventory. For example, VA is piloting the use of automation in the claims process. The Committee will assess the accuracy and timeliness of claims developed using automation.
- Fiduciary Reform*** - The Committee will review the performance of the VBA Fiduciary Program. The program is designed to provide financial security to veterans and other beneficiaries who have been determined unable to manage their VA benefit payments. In FY 2022, VA fiduciaries managed over 108,000 VA beneficiaries’ benefits. Fiduciaries are designated by VA and can be a family member, close friends, or professional fiduciary. The review will include oversight of how fiduciaries are appointed; the Department’s compliance with provisions in the Brady Handgun Violence Prevention Act (P.L. 103–159), which can potentially prevent beneficiaries in the fiduciary program from

purchasing firearms; and fraud associated with the program. Moreover, in July 2021, OIG continued to identify deficiencies in the Fiduciary Program, such as significant wait times for misuse and negligence determinations and the reimbursement of misused funds. The Committee will review how VBA can better protect and serve beneficiaries needing a fiduciary.

- ***National Cemeteries*** – The Committee will continue oversight of the National Cemetery Administration (NCA), Arlington National Cemetery (ANC), and the American Battle Monuments Commission (ABMC), to include each organization’s mission, operations, and inquiries into matters of unclaimed remains, access, and the methodology for determining veteran satisfaction. Each of the above organizations provides a sacred, hallowed resting place for veterans. VA alone operates over 150 National Cemeteries to provide an honorable resting place for veterans and certain dependents. The Committee will examine several issues, including cemetery maintenance, access, construction, and overall management issues.
- ***Medical Disability Exam Office (MDEO)*** – Some veterans require a VA medical examination to adjudicate a claim for disability benefits. Unfortunately, there need to be more VA examiners to perform these evaluations on time, and some veterans experience lengthy delays before VA can schedule such examinations. It may be challenging for VA to timely schedule these examinations if the veteran needs to see a specialist, such as a cardiologist or orthopedic surgeon. Moreover, veterans living in rural areas may have to travel many miles to a VA facility to see a VA examiner for a disability examination. To provide veterans with more timely examinations, VA has the authority to contract with independent physicians to conduct disability examinations. The MDEO office within VBA oversees quality, timeliness, and veteran satisfaction with the program. The Committee will evaluate how MDEO plans to address underperforming contractors and ensure that contractors maintain or improve quality services for veterans.
- ***Life Insurance*** – On January 5th, 2021, President Trump signed P.L. 116-315, which required VA to establish a modernized Service-Disabled Veterans Insurance program by January 1st, 2023. VA refers to this program as VA Life Insurance (VALife). The Committee will conduct continuous oversight of the VA’s implementation of VALife to ensure that veterans are timely enrolled into the new program and well served. Additionally, the Committee will continue to review whether all of the VA’s active life insurance programs meet the needs of servicemembers, veterans, and their families.
- ***VBA’s Physical Infrastructure*** – VBA is comprised of a system of 56 Regional Offices (ROs). These ROs have an unnecessarily large infrastructure footprint due to the amount of unused space in the current telework-heavy environment, which increases costs. Additionally, the pandemic accelerated the expansion of telework and remote work within VBA. The Committee will explore VBA’s plans to reduce unnecessary space and associated costs due to its physical infrastructure.
- ***Manila Regional Office*** – The authorization for the Manila RO, the only overseas RO, expires on September 30th, 2024. Initially, the Manila RO was established to better

provide VA services to World War II veterans who resided in the Philippines. Since then, the Manila RO's role in benefits delivery has changed as VBA has modernized the claims process. In 2016, VA deployed the National Work Queue (NWQ), which assigned claims to whichever RO has the capacity to handle it first, rather than the more traditional model of having the Regional Office nearest the veteran handle the claim. As a result, the Manila RO began processing claims for veterans who resided outside of the Philippines. The Committee will examine whether the Manila RO's caseload, output, and quality justify the need for an overseas RO.

Subcommittee on Economic Opportunity

- ***Authorizations of Economic Opportunity Programs*** – Each Congress, the Committee authorizes or reauthorizes VA programs in the jurisdiction of Economic Opportunity. The Committee will continue to authorize on a case-by-case basis for new legislation and will review and determine reauthorizations for previous programs. During the 117th Congress, Sec. 302 and Sec. 303 in the *Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022* authorized homeless veteran programs. Under the G.I. Bill, the Digital G.I. Bill Program will be completed by the end of fiscal year 2024. The Committee will work with VA to ensure authorized programs are implemented as Congress intended and review older programs to ensure they are funded appropriately.
- ***Effectiveness of the Transition Assistance Program (TAP)*** – The Committee continues to be concerned about the effectiveness of the TAP program, which is intended to prepare servicemembers for their return to civilian life following active duty. The Departments of Defense (DoD), Veterans Affairs, and Labor (DoL) jointly manage and provide content to the five-day course that focuses on skills needed to obtain gainful employment and provides an understanding of the benefits that are available to them from the VA and DoL. The Committee will conduct stakeholder roundtables and oversight hearings to discuss how TAP can be enhanced for transitioning servicemembers and their families. Further, the Committee plans to have personnel attend TAP classes to review the curriculum that TAP counselors are teaching at the local levels and ensure changes made to TAP in the *Fiscal Year 2019 National Defense Authorization Act* and the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act* are being implemented appropriately. Finally, the Committee will work with the Committees on Armed Services and Education and the Workforce to address cross-jurisdictional issues as we improve the TAP program.
- ***Effectiveness and Outcomes of Education and Training Programs for Returning Veterans*** – The Post-9/11 G.I. Bill has been veterans' most generous education program since the original WWII G.I. Bill. Based on the length of service, the program funds up to full tuition and fees at public institutions of higher learning and about \$26,381 per year at private institutions, as well as provides a monthly living stipend. This stipend is based on the housing allowance paid to servicemembers at the rank of E-5 (with dependents) and the ZIP Code of the institution where the student attends the majority of their classes. The Committee will continue oversight of the implementation of the *Harry W. Colmery*

Veterans Educational Assistance Act of 2017, the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act, and the Ensuring the Best Schools for Veterans Act of 2022.

Further, as avenues for learning and training continue to evolve and modernize, the Committee will examine these new programs and how they may fit into the construct and requirements of the Post-9/11 G.I. Bill program in a post-COVID-19 world. The Committee will also conduct oversight on Veteran Success on Campus programs, and on the national education call center to ensure G.I. students are receiving the best possible service. In addition, the Committee will examine outcome measures for users of the Post-9/11 G.I. Bill, including graduation rates and job placement data, to ensure the effectiveness of taxpayers' investment in our veterans' education benefits. Finally, the Committee will work with the State Approving Agencies to put in place policies that protect student veterans against predatory or deceitful recruiting practices of post-secondary institutions, such as providing misinformation about student outcomes or encouraging veterans to take out unnecessary private student loans.

- ***Modernization of G.I. Bill Claims Processing*** – Modernizing the processing of original and supplemental G.I. Bill claims is long overdue. For decades, VA has relied on a myriad of ancient legacy systems to process these claims because previous modernization efforts have failed. The Committee will continue to conduct oversight over the current modernization effort called the Digital G.I. Bill system. An outside contractor is tasked with creating and implementing of this system as a managed service, and VA plans to roll out the bulk of the system by late 2023. This system will automate the process and reduce the caseworker's workload. The Committee will closely watch the rollout of the contractor's new software and work to protect veterans' ability to have a G.I. Bill claim processed accurately and in a timely fashion. The Committee will also hold the contractor and VA accountable if the program experiences difficulties.
- ***Veteran Readiness and Employment (VR&E) Program*** – VA's VR&E program provides education and training benefits for service-connected disabled veterans who face barriers to employment. The program funds all costs related to long and short-term education and training and immediate job placement services. VR&E also manages the Independent Living (IL) program, designed to enable the most severely injured veterans to live as independently as possible, in addition to the Veteran Success on Campus program, which currently stations VR&E staff at institutions of higher learning to assist students with benefits. The Committee continues to be concerned with counselor caseloads, rising job vacancies, and outcomes of VR&E programs, as well as the administration of the self-employment track of the VR&E program, which can often result in high costs. The Committee will also conduct oversight over management and overall effectiveness of the VR&E program, the "eVA" IT system, and VA's failure to provide a case management system that has been delayed after two failed attempts that have effectively wasted \$26 million.
- ***Loan Guaranty Service*** – VA's Loan Guaranty Service provides a loan guaranty benefit to eligible veterans and servicemembers, which enables them to purchase a home at a

competitive interest rate, without private mortgage insurance, often without requiring a down payment. This benefit is highly beneficial to veterans, servicemembers, and their families. The Committee plans to conduct oversight of the home loan program with a focus on their appraisal process as well as a new focus, ensuring that the IT systems in place to process these loans are modernized. Finally, the Committee intends to evaluate the impact of high-interest rates and inflation on the veteran homeowner and prospective home buyers and will examine ways to make the product competitive. The Loan Guaranty Service also administers grants under the Specially Adapted Housing (SAH) and Special Housing Adaptation (SHA) programs. These grants, provided to eligible veterans with permanent and total service-connected disabilities, enable the veteran to adapt their current home or construct a new home that allows them to live in a home that is not obstructive to them due to their disabilities. The Committee will continue to conduct oversight of this program and enhancements that were made to this program by the *Ryan Kules and Paul Benne Specially Adaptive Housing Improvement Act*.

- ***Adaptive Sports Program*** – This is a program administered by VA, which provides grants to qualifying organizations that provide adaptive sports activities and opportunities at the local, regional, and national levels, including Paralympic activities, to disabled veterans and servicemembers. This program awarded \$16 million in 2022. The authorization for the Adaptive Sports Program expires on December 31st, 2024. The Committee will continue to examine how VA awards grants under this program and the organizations receiving funding, as well as how VA works with local communities and the Paralympic community to promote and enhance adaptive sports programs for disabled veterans and servicemembers.
- ***Licensing and Credentialing Issues*** – DoD spends billions of tax dollars to provide servicemembers with the skills needed to complete DoD’s mission. Many of those skills translate well to civilian jobs. Unfortunately, not all states recognize and give credit for military training to qualify for state-licensed positions. Therefore, the training provided by DoD is essentially wasted. The Committee will review efforts by states and other entities to provide appropriate licenses and credentials to qualified veterans whose military training renders them eligible for such credentials or licenses, as well as the progress that states are making to make certain licenses and credentials transferrable across state lines.
- ***Homeless Veteran Reintegration Program (HVRP)*** – HVRP is a program administered by DoL’s Veteran Employment and Training Service (VETS), which provides grants to state and local workforce investment boards, local public agencies and nonprofit organizations, and tribal governments, including faith-based and community organizations. The organizations that compete and receive these grants provide homeless veterans with occupational, classroom, and on-the-job training, as well as job search and placement assistance. The authorization for HVRP expires on September 30th, 2024. The Committee will conduct an oversight hearing to examine the organizations that are receiving these grants, how VETS is awarding these grants, and how the program can be enhanced at the federal and state levels to place more homeless veterans in careers. *The*

Committee's oversight is crucial as the Committee continues to work with VA and ensure the number of homeless veterans continues to decrease.

- ***Performance of the Jobs for Veterans State Grant Program*** – The Jobs for Veterans State Grant program is administered by VETS and funds the employment of state employees called Disabled Veteran Outreach Program Specialists (DVOP) and Local Veteran Employment Representatives (LVER). This program is dedicated to placing veterans in good-paying jobs. Significant issues surround this program's inconsistent performance across the states, and the outcome measures used to determine performance continue to be inadequate. The Committee will continue to review this program and the performance outcomes of DVOPs and LVERs and conduct oversight of the National Veterans' Training Institute (NVTI), which trains DVOPs and LVERs on job placement and training skills for veterans.
- ***Homeless Veterans*** – The Committee will continue oversight of how COVID-19 has impacted the services and programs that VA grantees provide to homeless veterans and those veterans who are at risk for homelessness. The Committee will also review VA efforts to permanently house homeless veterans and ensure that those veterans are receiving the wrap-around services they need. The Committee will also ensure that if a veteran leaves permanent housing, VA will work with the veteran to address their needs and rehouse them as quickly as possible. In addition, the Committee will ensure that VA is accurately counting those veterans who have been housed and don't leave housing. The Committee will examine the Supportive Services for Veteran Families (SSVF), Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) programs, and VA's progress toward reducing veteran homelessness. The Committee will also address the myriad of factors underlying veteran homelessness. The Committee will continue to oversee VA's integration efforts to support vulnerable veterans by facilitating access to benefits, care, and services. Finally, the Committee will continue to evaluate the effectiveness of temporary measures passed in response to the pandemic to support employment and homelessness programs at the VA that are serving more individuals due to COVID-19.

Subcommittee on Health

- ***Authorizations of Medical Programs*** – The Secretary vests in the Undersecretary for Health the authority and responsibility for medical services, community care, medical support and compliance, and facility maintenance and construction programs under the authority of 38 U.S. Code, chapters 17, 73, 74, 75, 76, 81 and 82. Except for major medical construction projects and certain leases, annual authorization by the Committee is not required. P.L. 117-168, the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022*, Title VII, modified the congressional process by which major medical facility leases are authorized, granted VA authority to enter into agreements with academic affiliates and other entities to acquire space for the purpose of providing healthcare resources to veterans, modified the requirements for VA's enhanced-use lease authority, and provided permanent authority for joint leasing actions between DoD and VA. Additionally, Title 38 includes certain

multiple-year authorizations for specific purposes. The Committee routinely examines the programs that have expiring authorities or sunset dates. As part of P.L. 117-180, the *Continuing Appropriations and Ukraine Supplemental Appropriations Act, 2023*, numerous health programs were reauthorized through FY 2024. In this same legislation, VA and DoD were authorized to continue the joint incentives program related to healthcare resources through FY 2026.

- ***Community Care*** - The Committee remains concerned about inconsistent VA referral practices and veterans' ability to utilize community care when in their best interest. Eligibility for care in the community is determined in part by designated access standards, as mandated by the *VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018*. The Committee will closely monitor any adjustments made to access standard definitions. The Committee will conduct oversight of the VA's reorganized Integrated Veteran Care (IVC) office established to supposedly create a seamless system for coordinating VA's direct and community care delivery systems. Even as the Community Care Networks have stabilized and matured, concerns still remain about network adequacy and continuity of care. The Committee will continue to monitor veterans' access to care and VA's processes for monitoring the performance of the third-party administrators to build networks of community providers and process payments to these providers. VA's administratively burdensome appointment scheduling process needs reform, and the Committee will continue to conduct oversight to ensure VA improves its administrative efficiency and network adequacy in the U.S. territories, with particular emphasis on the highly remote islands within the Pacific region. In addition, the Committee will monitor VA's efforts to provide veterans greater insight into both VA and community care appointment wait times and availability, so veterans can make informed decisions about where best to seek care. Finally, the Committee will continue to monitor the baseline funding to the Medical Community Care account to ensure funds are being used most appropriately.
- ***Market Assessments and Infrastructure Modernization*** - The Committee will continue aggressive oversight of VA's major medical facility construction and leasing program and consider needed actions to address VA's vast and aging capital asset portfolio. The Committee is especially concerned about the continued maintenance requirements of underutilized facilities and the growing need for an expanded footprint in areas of the country experiencing significant veteran population growth. The *MISSION Act* required VA to conduct market assessments, first to inform recommendations for an Asset and Infrastructure Review Commission and subsequently on a continuing basis as a strategic review. As VA seeks to begin the process of updating market assessments for the strategic review, the Committee will conduct oversight of these assessments to ensure concerns about the underlying methodology are addressed and appropriate stakeholder involvement occurs. The Committee will explore mechanisms to best incorporate these assessments into and reform the VA Strategic Capital Investment Planning (SCIP) process to include better systemic metrics that would require realignment or modernization of certain facilities. Furthermore, given the changes made to leasing under

the PACT Act, the Committee is eager for VA to leverage those modifications and see the impact they will have on veterans' access to care closer to home.

- ***Mental Health, Substance Use, and Suicide Prevention*** - The Committee will continue to closely monitor VA's mental health, substance use, and suicide prevention efforts, particularly its new programs and the effectiveness of existing programs. In 2020, two large veterans' mental health and suicide prevention legislative packages became law (the *Commander John Scott Hannon Veterans Mental Health Care Improvement Act* and the *Veterans Comprehensive Prevention, Access to Care, and Treatment (COMPACT) Act*), necessitating continued implementation oversight. This oversight effort will also include the expanded eligibility for and operational capacity of the Readjustment Counseling Service. The Committee will closely monitor and provide recommendations on VA's use of community providers and organizations to deliver mental health, substance use, and suicide prevention services to veterans, when VA cannot provide these services directly and when at-risk veterans are outside VA's reach. Given ongoing issues with timely veteran suicide data collection, analysis, and reporting from VA, the Committee also will work with VA and stakeholders to evaluate VA's use and dissemination of best practices in real-time veteran suicide surveillance. The Committee also will examine VA's substance use and addiction treatment capacity and programming, with a focus on access and complications of overlapping mental health issues.
- ***Staffing, Recruitment, and Retention*** - The Committee will closely examine VA's staffing, recruitment, and retention programs and take action to correct deficiencies within VA's overly bureaucratic and lengthy hiring processes that hinder VA's ability to efficiently and effectively recruit and retain high-quality employees to treat veteran patients. VHA continues to suffer from limited human resources capacity and weak internal control practices, both of which have undermined VA's ability to improve the delivery of care to veteran patients. Recent HR modernization efforts that centralized hiring authority away from the facilities and into the Veterans Integrated Services Networks (VISNs) and Central Office has exacerbated an already burdensome process. The Committee will assess how VA identifies staffing needs at the local level, prioritizes recruitment and retention in high-need areas, and addresses existing staffing shortages. In addition, the Committee will examine if and how the significant increase in the total number of VA employees over the last several years has led to improvements in care and benefits for the veterans VA serves. Finally, as part of the *Honoring our PACT Act of 2022*, Congress provided significant authorities and resources to enhance human resources management. The Committee will closely monitor the implementation as well as the outcomes and impacts of these initiatives.
- ***Pain and Medication Management, Complementary and Integrative Health*** - The Committee will examine the extent to which VA is appropriately using prescription medications to treat veterans experiencing acute and chronic pain, and the extent to which veterans are offered and able to access complimentary and integrative therapies for pain management. The effective management of pain is a critical issue for the veteran population as data suggests that veterans are a particularly high-risk population for prescription misuse, substance use disorder, accidental overdose, accidents, and/or self-

inflicted injury. The Committee will scrutinize VA's opioid safety initiative, substance use treatment programs, and access to alternative chronic and acute pain treatments. The Committee will also review VA's policies concerning veteran access to substance use inpatient treatment programs as well as assess the use and efficacy of complementary and integrative health treatments and techniques for veterans with pain or other conditions.

- ***Long-Term Services and Supports*** - The Committee will continue to assess VA's broad array of Long-Term Services and Supports (LTSS) to determine whether veterans have access to the methods of care delivery that best suit their needs. VA has historically relied primarily upon a network of institution-based services consisting of VA Community Living Centers (CLCs), State Veterans Homes (SVHs), and contracted community nursing homes; however, VA must do more to develop a robust network of home and community-based services (HCBS) to meet the growing demand, and preference, for non-institutional care among its aging veteran population. The Committee will monitor VA's progress in this area and continue supporting authorities in allowing greater access to HCBS. Given the growing numbers of women veterans utilizing VA services, the Committee will review the availability and adequacy of LTSS specific to this population. The Committee will also examine VA's role in monitoring the quality of care and patient safety at SVHs, and VA's role in supporting the cost of care for veteran residents, along with SVH construction, renovation, and maintenance.
- ***Caregivers*** - Following the expansion of the Program of Comprehensive Assistance for Family Caregivers (PCAFC) in October 2022 to all era veterans and their caregivers, the Committee will closely monitor VA's implementation of the numerous changes made to the program through regulation, as VA attempts to standardize the program. The Committee is concerned about the management of "legacy" program participants and will continue to monitor the evolution of benefits provided to this cohort. The Committee is also concerned about the focus on this program and the lack of coordination in providing access to other, possibly more appropriate, long-term-care options. The Committee has been encouraged by reports of success with the Veteran-Directed Home and Community Based Services and will continue to examine the availability of geriatric home health programs that rely on and support critical aspects of family caregiver support.
- ***Telehealth*** - The Committee will continue to assess the effectiveness of VA's telehealth programs. Telehealth is an increasingly important tool for improving access to care for veteran patients. The Committee is concerned about a potential overreliance on telehealth and potential impact on access metrics and veteran preference. The Committee will assess VA's efforts to provide timely and accessible care to veterans in rural and hard-to-reach areas through tools like telehealth, community partnerships, and other means.
- ***Quality Care*** - OIG, GAO, and media reports continue to document patient harm incidents within VHA medical facilities. These have called into question whether VHA leadership is carrying out all their credentialing, privileging, and quality management responsibilities. Specifically, the Committee is concerned about whether VHA and its VISNs are doing enough to ensure that their medical facilities are appropriately screening clinicians prior to hire, monitoring providers' clinical competence while they are

employed, conducting timely investigations when concerns arise, and reporting serious concerns about provider performance to the National Practitioner Data Bank and state licensing boards, as required by VHA's own policy. The Committee is encouraged by the embrace of High Reliability Organization principles by many VA Medical Centers and are heartened by employee engagement in identifying "near misses" and potential quality of care/patient safety concerns.

- ***Eligibility for Care in the VA Healthcare System*** – In 1996, Congress created the current VA enrollment priority group system. Veteran eligibility for VA care has been minimally changed since then, despite the fact that military service, the veteran population, the delivery of care, and the VA healthcare system have changed significantly. Many of the most pressing issues facing veterans today concern eligibility. The Committee will examine the appropriateness of the current eligibility system for today's veteran population, particularly those with character of discharge concerns, to ensure that all veterans can receive the care that they need.
- ***Continued Support for Women Veterans*** - The over two-million women who have served in the U.S. military comprise the fastest-growing veteran subpopulation within VA. Over 600,000 women veterans are currently enrolled for VA healthcare, and utilization of services continues to expand. In 2020, Congress passed the *Deborah Sampson Act*, a compilation of comprehensive legislation focusing on women veterans. The Committee must continue its close implementation oversight of this Act as well as new or enhanced services recently made available to women veterans. The Committee's examination of issues impacting women veterans will include, but is not limited to: ensuring a welcoming and inclusive VA, free from sexual harassment and assault; providing equitable access to VA healthcare, with well-resourced access to gender-specific care, such as mammography, gynecology, and obstetrics; research into the impacts of military service on women veterans' physical and mental health; and a greater focus on the special needs of aging women veterans, to include unique health conditions, long-term care, and caregiving.
- ***VA Research*** - The Committee will aggressively oversee the totality of VA's medical and prosthetic research program to identify and eliminate redundancies and ensure the dissemination of best practices and a veteran-centric research focus. VA's Office of Research and Development (ORD) conducts an extensive research program that is tasked with conducting research to advance the healthcare provided by VA and to the nation. VA's Health Services Research and Development Service also operates 19 Centers of Innovation (COIN), built off the work of prior Centers of Excellence, that conduct research on specific issues concerning veteran patients. The Committee will continue to oversee opportunities for innovation, cutting-edge technology, veteran participation in clinical trials, and greater use and support of the Million Veteran Program data for public health research. Use of this data will also require continued oversight to ensure that utilization of veterans' data is protected and secure.
- ***Emergency Care*** - In 1999, the *Veterans Millennium Health Care and Benefits Act* (commonly known as the "Mill Bill") established criteria to govern VA's reimbursement

of costs related to emergency care provided to veterans in non-VA facilities for non-service-connected conditions. Those criteria are outdated and increasingly complicated for veterans, VA staff, and emergency care providers outside of the VA healthcare system to understand and administer, which has led to a backlog of emergency care claims and resulted in costly judicial proceedings. The Committee will work to simplify and modernize these criteria to ensure the appropriate provision of care to veterans in crisis and timely and appropriate reimbursements to emergency care providers in the community.

- ***VA's Fourth Mission and Participation in the National Disaster Medical System*** - VA's Fourth Mission, to assist federal and civilian partners in the event of an emergency, received relatively little attention before the pandemic. This role has proven critical as the American healthcare system endured the catastrophic impact of COVID-19, while at the same time, rural hospitals and clinics continued to close at an alarming rate. The current process for VA to pursue a "Fourth Mission" is overly bureaucratic, requiring the approval of multiple federal agencies. Congress must reconsider the current structure of the disaster response framework to reflect the sheer scale of VHA's potential. VA has shown to be a locally based leader in medical support response in the event of natural disasters. The Committee is committed to ensuring this capability remains a VA core competency. Additionally, the Committee will review potential partnerships with the Indian Health Service and Public Health Service, as well as support the recruitment of deployable nursing personnel to staff the mobile medical units VHA already possesses.

Subcommittee on Oversight and Investigations

- ***Budget and Waste*** - VA funding has doubled over the last decade, and staffing has increased by over 40 percent. The Committee will conduct oversight of waste, particularly in contracts, redundancies, and offices that produce no value, as part of a broader assessment of whether the VA's rate of growth has exceeded veteran demand, whether new initiatives merit investment, and how to implement a framework for reducing inefficiencies in underperforming areas.
- ***VA Supply Chain*** - During the early days of the COVID-19 pandemic, supply chains around the globe failed. Today, VA's medical supply chain is operational, but VA's efforts to create a more resilient supply chain have been unsuccessful. The Committee will conduct oversight of the Executive Branch's effort to bring medical supply inventory for crisis response under the Department of Health and Human Services and VA's role in that effort. The Committee will also ensure VA is following existing statutory requirements for medical supplies made in America.
- ***Accountable Workforce*** - Holding more than 400,000 staff accountable has proven difficult for VA. VA's Office of Accountability and Whistleblower Protection (OAWP) has failed to deliver robust discipline of senior executives and managers, and rulings by the courts and the Merit Systems Protection Board have limited the Secretary's authority to hold employees accountable for poor performance or misconduct under 38 U.S. Code §714. The Committee will conduct oversight of OAWP, to make sure VA whistleblowers

are protected from retaliation while holding their superiors accountable. The Committee will also determine where laws can be reinforced to manifest a responsible workforce dedicated to VA's mission.

- ***Oversight of Contractors*** - VA's annual contract spending has reached more than \$38 billion, and there are nearly as many VA support contractors as federal employees in many offices. Additionally, VA received billions in COVID-19 emergency appropriations. The Committee believes that a culture of overreliance on contractors, revolving door influence, and failed projects with big paydays has taken hold. The Committee, in concert with budget analysis and bureaucratic reforms, will aggressively investigate the reasons for the proliferation of contractors, the effectiveness of the massive contractor workforce, and whether the value gained matches the dollars spent.
- ***Addressing Violent Crime*** - From fiscal year 2018 to fiscal year 2021, violent crime rates on VA campuses increased significantly. The Committee will continue oversight of the VA Police Force and violent crime rate, to drive process improvements and protect the health and safety of veterans and VA employees.
- ***Department of Defense-VA Agreements*** - DoD (principally the Defense Logistics Agency) and VA have executed numerous agreements, partnerships, and funding arrangements. VA typically pays DoD to utilize its systems, services, or contracts. Our oversight will evaluate the effectiveness and return on investment of these arrangements.
- ***Human Resources*** - VA has centralized its human resources functions at the Central Office and VISNs. In an effort to create uniformity, VA has hamstrung local VA directors trying to fill vacancies, has slowed down the onboarding process significantly, and increased staff frustration with human resources. The Committee will examine this decision and analyze the impacts to local VA facilities and veterans.

Subcommittee on Technology Modernization

- ***Enterprise Technology Modernization Programs*** – The Committee will continue overseeing the effectiveness of VA's major programs and projects to modernize technology and business operations.
 - **Electronic Health Record Modernization** – The Oracle Cerner electronic health record system is now live at five sites, significantly impairing their operations. The 2021 strategic review substantiated the technical flaws but failed to address most of them directly, and VA has again paused additional implementations through June 2023. An independent cost estimate forecasts implementation costs at nearly \$39 billion over 13 years, up from \$16 billion over 10 years. We oppose further implementations until the system is significantly improved and the five sites currently using it have normalized, and we have begun engaging with VA and Oracle Cerner on the status of individual technical improvements.

- Digital G.I. Bill – The Digital G.I. Bill’s initial results are encouraging, and we are closely monitoring how much automation can ultimately be accomplished and how key legacy systems will be phased out.
- VBA Systems and Disability Compensation Automation – VBA has initiated automation pilots at a handful of Regional Offices, targeting a handful of categories of claims. Most are limited to assistive tools or job aids. Our oversight will focus on advancing automation to eliminate repetitive tasks and enhance employees’ effectiveness, while always preserving human decision-making. Relatedly, the Veterans Benefits Management System and other key VBA systems must be modernized in a way that completely eliminates siloed, legacy systems and is compatible with the automation strategy.
- Financial Management Business Transformation – VA has been implementing its new financial system for more than four years and has completed NCA and several components of VBA. The system’s cost estimate is rising and its viability remains unproven until VHA medical centers adopt it. Several hurdles and long overdue decisions threaten the program’s success, particularly which inventory management system to interface with and how to create that interface. The Committee believes the Financial Management Business Transformation program is worthwhile and can succeed, though this is not assured, and our oversight focuses on clearing these roadblocks.
- Human Capital Modernization – VA is preparing to replace its human resources management software, which its publisher will no longer support, and add new capabilities. This project’s scope is uncertain, and its cost and schedule are unknown. The Committee’s oversight aims to clarify these key questions before the VA proceeds and determine whether and how this system’s design will align with the human resources organizational centralization.
- Supply Chain Management Modernization – VA will soon purchase a new supply chain management system after abandoning an effort to implement the Department of Defense’s Defense Medical Logistics Standards Support (DMLSS) system. This project’s scope appears to be excessively large and ambitious, increasing risk. The Committee’s oversight focuses on determining whether VA adequately understands its own requirements and has clearly expressed and prioritized them. This project’s cost and schedule also remain unknown.
- ***Authorizations of Enterprise Technology Modernization Programs*** – Within memory, Congress has not authorized any of VA’s enterprise technology modernization programs, or any other specific IT programs. The Secretary vests in the Assistant Secretary for Information and Technology (Chief Information Officer) with the responsibility for “information management functions” under the authority of 38 U.S. Code 308(b)(5). Additionally, the Chief Information Officer is designated under 38 U.S. Code 310. Both sections reference 44 U.S. Code 3506, which lays out the general Chief Information Officer responsibilities that are common across agencies. VA presumably carries out its

IT programs under these organic authorities. The Committee will individually consider authorizing each new or proposed enterprise technology modernization program. During the 117th Congress, Committee members introduced H.R. 2420, *the Overseeing the GI Bill Act of 2021* to authorize the Digital G.I. Bill program and H.R. 9091, the *VA Supply Chain Management System Authorization Act* to authorize the forthcoming Supply Chain Management Modernization program. Neither bill was enacted. However, last Congress, the *Department of Veterans Affairs Information Technology Reform Act of 2022* (Section 403 of the *Joseph Maxwell Cleland and Robert Joseph Dole Memorial Veterans Benefits and Health Care Improvement Act of 2022*) was enacted. This legislation requires VA to report the estimated costs, schedules, and performance objectives of each major IT project (defined as having life cycle costs exceeding \$1 billion) before commencing them. The Committee intends to use this mechanism to vet each such new project for authorization. Specifically, the Committee will either authorize or reject the Supply Chain Modernization and Human Capital Modernization projects.

- ***Appointment Scheduling Technology*** – The Committee will be closely monitoring VA’s progress in modernizing systems used by appointment schedulers and will ensure VA is providing veterans greater ability to directly self-schedule appointments, as well as view expected wait times for in-house vs. community care appointments.
- ***Information Technology and Office of Information & Technology*** – Sixteen years after VA IT activities were centralized in the Office of Information & Technology (OIT), the office still struggles to meet the Department’s rapidly growing IT needs. After conducting a deep dive into OIT’s budget last Congress, the Committee concluded that it is not structured in a way that accurately represents OIT’s activities or needs. Successive reorganizations have not resolved unclear or overlapping lines of responsibility, persistent customer complaints, and inconsistent management practices. Nonetheless, OIT has made some progress introducing reusable technology platforms, migrating applications to the cloud, and making available low-code/no-code development tools to its customers. The Committee’s oversight of OIT will focus on aligning its structure, budget, and processes to support VA’s needs better.
- ***Cybersecurity*** – VA struggles to clear multiple repeat findings in the annual Federal Information Security Modernization Act audit, the annual financial statement audit, and OIG inspections. OIT’s cybersecurity approach appears to focus on continuous monitoring and detection, but vulnerabilities abound due to inconsistent management and policy implementation. The Committee’s oversight focuses on making cybersecurity practices more consistent across VA, identifying new vulnerabilities caused by digitizing formerly manually processes, integration with other agencies, and keeping unapproved IT and medical devices off VA networks. The Committee will also continue to probe VA’s inability to identify what is on their networks at facilities and push to ensure that shadow IT is identified, and if possible, mitigated with enterprise solutions.
- ***Data Management and Privacy*** – Veterans’ data must be protected from loss, theft, and monetization. The Committee’s oversight will examine the agreements and safeguards VA has in place with its technology vendors and partners, those vendors and partners’

practices, and VA's track record of monitoring their activities and enforcing the safeguards. The Committee will also oversee errors by VA employees that expose veterans' protected data to loss, theft, or monetization.

Mandatory Spending

In accordance with clause 2(d)(2)(E) of Rule X, the Committee will work to limit unintended consequences of the Cost of War Toxic Exposures Fund, section 805 of P.L. 117-168, the *Honoring our PACT Act of 2022*. According to the Congressional Budget Office, the Toxic Exposures Fund now encompasses programs or activities funded by the following accounts: Medical Community Care, Medical Support and Compliance, Medical Services, Medical and Prosthetic Research, Veterans Electronic Health Care Record, General Operating Expenses (VBA), General Administration, Information Technology, and Board of Veterans Appeals. Therefore, portions of these accounts which had been entirely discretionary may now become partially mandatory, and any legislation creating or modifying programs or activities funded by these accounts will receive a mandatory score. The Committee will continue to oversee the use of the Fund by VA to ensure that it supports PACT Act implementation and the care of veterans exposed to toxic substances. The Committee will also continue to engage with the Budget and Appropriations Committees to assess the long-term impacts of the Fund and resolve any impediments to the Committee's ability to carry out its legislative responsibilities.