

# COMMITTEE ON VETERANS' AFFAIRS

## OVERSIGHT PLAN

Pursuant to Rule X of the House of Representatives, the Committee on Veterans' Affairs is responsible for determining whether laws and programs within its jurisdiction are being implemented according to Congressional intent. The Committee on Veterans' Affairs 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 both the full Committee and the appropriate subcommittees.

### SUBCOMMITTEE ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS

***Appeals Reform.*** – The Veterans Benefits Administration (VBA) and the Board of Veterans Appeals (BVA) are responsible for reviewing a veterans' appeal when they disagree with the decision made by a Department of Veterans Affairs (VA) Regional Office (RO) on their initial benefits claim. In August of 2017, the Appeals Improvement and Modernization Act was signed into law (P.L. 115-55) in an attempt to reduce the growing number of appeals, to reduce the time veterans waited for a decision, and to streamline the process. After 18 months of planning and preparation, the Secretary of VA must "certify" that the necessary procedures, regulations, staff, and IT are in place for successful implementation by February 15, 2019. As a first order of business, the Committee will assess whether this timeline has been met and whether impediments exist to a successful and timely roll out of this long-awaited reform. The Committee also intends to continue the pattern of holding status hearings at regular intervals so that VA leadership is held publicly accountable for meeting the goals clearly stated in the statute to provide fairer, more timely, and more accurate appeals decisions for veterans, and for soliciting and incorporating input from veterans service organizations in every aspect of this effort. The Committee intends to continue past efforts to ensure that all veteran-facing communications such as decision letters and informational websites use plain – focus-group-tested -- English designed to provide veterans with a clear understanding of their rights and the next steps available to them.

***VBA Training.*** – A consistent finding by the VA Office of the Inspector General (IG) across a wide variety of programs is that Veterans Benefits Administration's (VBA) training is generally ineffective and results in many errors. In the past, VBA's challenge training was poor and did not adequately prepare examiners to process claims. The VBA manual is frequently updated, and employees are not required to undergo new training or open email notifications explaining the changes. The Committee will conduct oversight of the quality of current VBA training and how VBA implements new training. If necessary, it will recommend steps necessary to improve training, so veterans receive the benefits to which they are entitled. VA employees who are evaluated through work credits earned for accuracy and speed -- often without adequate training or time to understand process changes -- will be asked directly for their recommendations for how to improve the training they receive with the goal of ensuring that the veterans receive full and fair consideration of the evidence in their claims so decisions are not rushed through with

only a cursory look. The Committee will ask VBA to describe ways employee input is incorporated in the planning and implementation of program training throughout VBA on an ongoing basis.

***Military Sexual Trauma.*** – The VBA reported that it processed approximately 12,000 veterans’ claims per year for post-traumatic stress disorder (PTSD) related to military sexual trauma (MST) over the last three years. A number of years ago, VA relaxed the evidentiary requirements and directed claims processors to look for “markers” (i.e., signs, events, or circumstances) that provide some indication that the traumatic event happened. In FY 2017, VBA denied about 5,500 or 46 percent of those claims. A review by the IG determined that nearly half of those were not properly processed in accordance with VBA policy which may have resulted in the denial of benefits to victims of MST who may have been entitled to receive them. Almost immediately after the release of the report, the Under Secretary for Benefits responded by requiring enhanced training for clinicians conducting disability exams for MST-related PTSD claims, for all newly-hired claims processors, and for Women Veterans Coordinators and MST Coordinators. The Under Secretary also announced his intention to revisit whether separate lanes in only a few ROs should be established so these complicated claims could be processed by specialized employees. The Committee intends to closely monitor all aspects of these and other process changes VA will be using to adjudicate claims for PTSD as a result of MST. The Committee will also provide vigorous oversight of the promised reconsideration of many of the denied claims described in the IG report. The Committee will also consider whether codification of the current evidentiary standard might lead to greater consistency and improved quality for veterans filing MST related claims.

***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 hallowed resting place for veterans. VA alone operates over 150 National Cemeteries to provide an honorable resting place for veterans and certain dependents. While customer service surveys continue to give the NCA high marks for the services they provide veterans and their survivors, the Committee intends to conduct oversight of the relatively new Legacy Program to ensure the curricula and instructional materials produced through NCA contracts with institutions of higher education are following and meeting the goals of the program. The Committee will consider proposals to convert from a Federal contract program to a grant program. The Committee will also oversee whether there is significant backlog in the Pre-Need program designed to provide veterans with the assurance before death of their eligibility for burial benefits. If a significant backlog exists the Committee will work with the NCA until it is eliminated, ensuring a timely and streamlined funeral process for family members making final arrangements.

***Deported Veterans.*** –VBA has processed roughly one-million disability claims a year for the past five years. A sub-set of these claims are from veterans who live outside of the United States. Veterans living abroad are eligible for the same disability compensation benefits as domestic veterans. VBA primarily relies on a specialized team in a Veterans Service Center to process claims for veterans living abroad, including obtaining and translating medical evidence

and examinations for these veterans. On average, VBA takes longer to make a disability determination on claims filed by veterans living abroad, which is not unexpected given the need to translate medical information. However, questions have been raised about whether some veterans living abroad are inappropriately being denied claims or given lower disability ratings. The Committee will assess the outcomes of claims for veterans living abroad and factors that contribute to these outcomes. The Committee will also determine whether the Secretary should conduct a review of deported veterans' claims to determine if claims have been unduly denied because of a misunderstanding of the regulations as they pertain to deportation. The Committee will consider a recommendation that the Secretary establish a full-time position within the VA to provide information and support to deported veterans and guide them through the appropriate steps in the benefits process. The liaison would also serve as the point of contact at VA for the Departments of Defense and Justice on deported veteran policy.

***Fiduciary Reform.*** – The Committee will review the performance of the VBA Fiduciary Program. The program is designed to provide financial security to veterans who have been determined unable to manage their VA benefit payments. Fiduciaries are designated by VA and can be a family member, a close friend, or a professional fiduciary. IG reviewed VA's Fiduciary Program to determine whether VBA finalized proposed incompetency determinations in a timely manner. IG found delays in final competency determinations completed in the latter part of 2017. These delays can result in incompetent beneficiaries receiving ongoing benefits payments without protection of a VA appointed fiduciary and in beneficiaries waiting longer for withheld retroactive benefits. The Committee will review legislation that would better enable VBA to protect and serve veterans in need of fiduciary support, taking particular interest in a proposal that currently required site inspections be replaced in some cases by phone call reviews.

***Contract Physicians.*** – Some veterans require a VA medical examination as a part of the adjudication of a claim for disability benefits. Unfortunately, there are not enough VA examiners to perform these evaluations in a timely manner, and some veterans experience lengthy delays before VA is able to schedule such examinations. It may be especially difficult for VA to timely schedule these examinations if the veteran needs to see a specialist, such as a cardiologist or orthopedic surgeon. Moreover, veterans who live in rural areas may have to travel many miles to a VA facility in order to see a VA examiner for a disability examination. To provide veterans with more timely examinations, VA has authority to contract with independent physicians to conduct disability examinations. The Committee will look into whether this program is functioning as intended.

***Manila Regional Office.*** – The authorization for the Manila Regional Office expires on September 30, 2019. The Committee will look at whether the Manila Regional Office is providing effective and efficient services to World War II veterans who reside in the Philippines.

***The Advisory Committee on Minority Veterans.*** – The Advisory Committee on Minority Veterans provides advice to the Secretary on the administration of VA benefits for veterans who are minority group members on the topics of health care, compensation, and other services. The authorization for the Advisory Committee on Minority Veterans expires on December 31, 2019. The Committee will conduct oversight to make sure that this program is ensuring that all veterans receive the respect and services to which they are entitled.

***Department of Veterans Affairs Debt Collection Activities.*** – Section 504 of the Veterans Benefits and Transition Act of 2018 mandates that VA work with VSOs to develop a new standard format for notification letters that, in plain language, clearly explain why such alleged debt was created, and the steps the veteran can take to dispute or mitigate the debt. VA is required to notify Congress when the development of such letter is complete. If such letter is not complete within 90 days of the date of enactment, VA shall notify Congress and detail the progress of developing the letter and explain why such letter is not complete. Furthermore, VA shall submit a report to Congress every 30 days thereafter, until development of such letter is complete.

This section would also require the Secretary to develop an option for individual to choose to receive notice of a debt by electronic means. Those individuals who do not elect to receive electronic notification will receive their letter by standard mail. Sec. 504 would also require the Secretary to coordinate with the Secretary of the Treasury to research the number of veterans who do not receive debt notification letters and provide a report to Congress detailing the steps VA (working with the Treasury) can adopt to reduce the number of notices sent to incorrect addresses and provide a timeline for adopting such options. The report would also include an estimated cost of sending debt collection letters via certified mail, and an analysis of the effectiveness of sending notices by certified mail, among other considerations.

#### SUBCOMMITTEE ON ECONOMIC OPPORTUNITY

***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. The Departments of Defense (DoD), VA, and Department of Labor (DoL) jointly manage and provide content to the five-day course that focuses on skills needed to obtain gainful employment as well as an understanding of the benefits that are available to them from VA and DoL. The Committee will conduct an oversight hearing with GAO, DoD, VA, and DoL to discuss the recent changes made in the Fiscal Year 2019 National Defense Authorization Act, implementation of those changes, and discuss how TAP can continue to be enhanced for transitioning servicemembers and their families. The Committee will work with the Committees on Armed Services and Education and Labor to address cross-jurisdictional issues to improve the TAP program.

***Effectiveness and Outcomes of Education and Training Programs for Returning Veterans.*** — The Post-9/11 GI bill, which is administered by VA, is the most generous education program for veterans since the original World War II GI Bill. Based on the length of service, the program funds up to full tuition and fees at public institutions of higher learning and about \$23,600 per year at private institutions as well as a monthly living stipend based on the housing allowance paid to servicemembers at the rank of E-5 (with dependents) and the zip code of the location where the veteran is taking the majority of their classes. Recent changes to the program have increased the benefit tiers for servicemembers that serve less than three years on active duty, restored benefit eligibility for individuals who attended an institution of higher learning that closed mid-semester, and expanded eligibility for National Guard and Reserve Component servicemembers mobilized under certain orders. The Committee intends to determine how VA is

implementing those changes, as well as others included in the Harry W. Colmery Veterans Educational Assistance Act of 2017. Further, as avenues for learning and training continue to evolve and modernize, the Committee will examine these new programs and examine the effectiveness of institutions of higher learning in providing quality education to servicemembers, veterans, and survivors. In addition, the Committee will examine outcome measures for users of the Post-9/11 GI Bill, including graduation rates and job placement data, to ensure the effectiveness of taxpayers' investment in veterans' education benefits and identify predatory institutions targeting servicemembers, veterans, and survivors. 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 schools, such as providing misinformation about student outcomes or encouraging veterans to take out unnecessary private student loans.

***Vocational Rehabilitation and Employment (VR&E) program.*** — VA's VR&E program provides education and training benefits for disabled veterans with barriers to employment. The program will fund all costs related to long and short-term education and training as well as 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 and the Veteran Success on Campus program, which currently stations VA Vocational Rehabilitation staff at institutions of higher learning. The Committee continues to be concerned about counselor caseloads 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.

***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 often without requiring a down payment or private mortgage insurance. This benefit is highly beneficial to veterans, servicemembers, and their families. Therefore, the Committee plans to conduct oversight of the home loan program with a focus on the appraisal process as well as a continued focus on the need for an increased, or eliminated, cap on the loan limits for a VA-backed loan. The Loan Guaranty Service also administers grants under the Specially Adapted Housing (SAH) program and the Special Housing Adaptation (SHA) program. These grants, provided to eligible veterans with permanent and total service-connected disabilities, enables the veteran to adapt their home or construct a new home that allows them to live in a home that is not obstructive to them due to their disabilities. These grants are beneficial for the most severely injured veterans, and the Committee intends to evaluate the overall grant amounts and what is needed to adapt a home. The Committee will also examine whether VA can better interact with and track the contractors that veterans use to make adaptations to their homes. There is also a smaller grant under the SAH program, the SAH Assistive Technology (SAHAT) grant program, which is authorized to award grants up to \$200,000 per fiscal year per grantee to make certain technical adaptations to the veteran's home, such as voice recognition operations and adaptive feeding equipment. SAHAT is authorized \$1 million and the authorization expires on September 30, 2020. The Committee will examine the SAHAT program and how it is administered.

***Adaptive Sports Program.*** — This program is administered by VA, which provides grants to qualifying organizations who provide adaptive sports activities and opportunities at the local,

regional and national levels, including Paralympic activities, to disabled veterans and servicemembers. This program is authorized at \$8 million. The authorization for the Adaptive Sports Program expires on September 30, 2020. The Committee will continue to examine how VA awards grants under this program and the organizations who are receiving funding, as well as how VA is working with local communities and the Paralympic community to promote and enhance adaptive sports programs for disabled veterans and servicemembers.

***Office of Small and Disadvantaged Business Utilization (OSDBU).*** — VA's OSDBU is responsible for vetting the applications of veteran and service-disabled veteran owned small businesses wanting to participate in the program designed to increase the amount of procurement dollars spent with veteran and disabled veteran-owned small businesses. The Committee will review OSDBU's performance and coordinate with the Small Business Committee to determine appropriate alternatives.

***Licensing and Credentialing Issues.*** — DoD spends billions of tax dollars to provide servicemembers with the skills needed to complete DoD's mission. The vast majority of those skills translate well to civilian jobs. Unfortunately, not all states and institutions of higher learning 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 make them eligible for such credentials or licenses, as well as the progress that states are making to make certain licenses and credentials transferable 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 30, 2020. The Committee will examine the organizations that are receiving these grants as well as conduct oversight of VETS awarding of these grants, and how the program can be enhanced at the federal and state levels to place more homeless veterans in careers. The Committee will also work with the Committee on Education and Labor to examine how HVRP harmonizes with other areas of DoL.

***Performance of the VETS State Grant program including performance of the Disabled Veterans Outreach Program Specialist/ Local Veterans Employment Representative (DVOPS and LVERs) use of Employment Outcome Measures.*** — The DVOPS/LVER program is administered by DoL VETS and funds state employment service staff dedicated to placing veterans in good-paying jobs. There are significant issues surrounding the inconsistent performance of this program 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 as well as 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 thoroughly examine the actions VA has taken to reduce veteran homelessness by providing homeless and at-risk veterans with appropriate housing and supportive services. The Committee will examine the Supportive Services for Veteran Families (SSVF) and Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) programs and will work to ensure that the progress VA has made in lessening the number of veterans who are homeless continues to be successful and sustainable and that VA efforts address the myriad factors that underlie veteran homelessness, rather than just increased housing opportunities. The Committee will also continue to oversee VA’s integration efforts to support vulnerable veterans by facilitating access to benefits, care, and services.

## SUBCOMMITTEE ON HEALTH

***Implementation of VA’s Community Care Networks.*** – The Committee will work with VA to ensure the development of Community Care Networks align with congressional intent behind passage of the VA MISSION Act of 2018 (MISSION Act). The MISSION Act is intended to reform delivery of VA community care and expand the Caregiver Support Program to include veterans of all eras. It is estimated to cost roughly \$47 billion over five years by the Congressional Budget Office. As part of the Committee’s work, it will consider responsible funding mechanisms which failed to be included in the MISSION Act. This would prevent VA from being forced to cut funding to other VA programs—including healthcare provided in VA facilities –to pay for more expensive, lower quality, and less culturally competent services available in the private sector. Multiple studies have found VA to deliver a higher quality of healthcare than its private sector counterparts. The Committee will consider actions to preserve and continually improve veterans’ access to high-quality, VA healthcare. Additionally, the Committee will work more closely with veteran service organizations to ensure VA’s Community Care Networks operate according to the desires of the nation’s approximately 20 million veterans.

***Health Equity.*** – The Committee will consider measures to ensure all eligible veterans, regardless of social or physical disparities, are allowed the opportunity to participate in the nation’s most advanced, qualified, and culturally competent healthcare system designed to serve them: the Veterans Health Administration (VHA). According to multiple authorities such as the Centers for Disease Control and Prevention, health inequities can result in lower life expectancy, lower quality of life, higher rates of disease, disability, death, and other adverse health outcomes. The Committee is committed to ensuring all veterans are allowed the opportunity to access physicians and treatments in environments that are welcoming and safe, regardless of social determinants of health.

***Mental Health and Suicide Prevention.*** – The Committee will continue to closely monitor VA’s mental health and suicide prevention efforts. In 2018, VA was found to have misrepresented the number of veterans included in its annual suicide data report as it apparently included both active duty service members and never-before activated national guardsmen and women. Additionally, the US Government Accountability Office (GAO) found that in 2018, VA’s suicide prevention outreach activities declined significantly after four consecutive years of increases. Due to the critical nature of this issue, the Committee is committed to continuing oversight of VA’s current suicide prevention activities and support VA’s innovative research in this area, such as the

development of the REACHVET technology created in conjunction with the National Institutes of Health.

***Pain and Medication Management and Complementary and Integrative Health.*** – The Committee will continue to examine the increased use of prescription medications to treat veterans experiencing acute and chronic pain. Effective pain management is a critical issue for the veteran population as data suggests veterans are a particularly high-risk population for prescription misuse, substance use disorder, accidental overdose, accidents, and/or self-inflicted injury. Recent studies have shown that veterans with the highest-risk conditions are also the most likely to receive the highest-dose, highest-risk opioid therapies. By working with the medical community and veterans, the Committee will pursue reasonable alternatives to opioid usage that promote healing, reduce negative side effects associated with opioid usage, and allow veterans to understand and determine the best method of pain management that works for them. Additionally, the Committee will encourage access to integrative healthcare to ensure veterans treatment options are not limited to pharmacological interventions.

***Expansion of the Program for Comprehensive Assistance for Family Caregivers.*** – As part of the MISSION Act, Congress authorized, but did not fund, an expansion of the Program for Comprehensive Assistance for Family Caregivers (“Caregiver Program”) so that family caregivers for veterans of all eras could access the increased support formerly available only to veterans who served after September 11, 2001. The Committee will consider measures to ensure implementation and expansion of the Caregiver Program aligns with congressional intent that current eligibility requirements be preserved and expanded to all eras. The Committee will also oversee the implementation of the IT system for the Caregiver Program which was originally mandated as part of the Caregivers and Veterans Omnibus Health Services Act of 2010, and again mandated as part of the VA MISSION Act of 2018. The Committee will consider measures to increase both Congressional support for the program and accountability measures related to implementation and expansion of the Caregiver Program.

***Anywhere to Anywhere Telehealth Services.*** – The Committee will consider measures to support and advance VA’s 2018 ‘Anywhere to Anywhere’ initiative. The initiative is an effort by VA to expand access to healthcare through virtual technologies such as Real-Time and Store-and-Forward Telehealth, as well as services to allow veterans to access telehealth technologies from their homes. As part of the Committee’s work, it will focus on the accessibility and usability of these services by both rural providers and veteran-patients.

***Long Term Support and Services.*** – The Committee will assess VA’s broad array of Long Term Support and Services (LTSS) to ensure eligible veterans have access to the most up-to-date methods of care delivery. It is projected that by 2030, one in five Americans will be a senior citizen. VA’s VetPop 2016 Projection Model indicates that while the entire veteran population is expected to decrease from 20 million in 2017 to 13.6 million in 2037, the baby boomer generation (born 1946-1964), will continue to be a substantial percentage of the total population. Within VA, LTSS refers to both home and community-based services (HCBS) as well as institution-based services. While VA has developed a network of institution-based services consisting of VA Community Living Centers, State Veterans Homes, and contracted nursing homes, VA must now work to develop a network of HCBS. The Committee will consider measures that promote a balance of institutional and non-institutional based services able to support the growing aging-veteran population.



***Healthcare for Homeless Veterans.*** – The Committee will continue to combat veteran homelessness by considering measures that increase homeless and at-risk veterans’ access to healthcare and services provided by both VA and its community partners. As part of this work, the Committee looks to empower and support each Veterans Integrated Service Network’s (VISN) Homeless Coordinator to conduct aggressive outreach and develop strong community partnerships within each VISN’s catchment area.

***VA Research.*** – The Committee will oversee VA’s medical and prosthetic research program to identify and eliminate redundancies and ensure the dissemination of best practices and a focus on veteran-centric research. VA’s Office of Research and Development was established in 1925 to fulfill VA’s mission to “to discover knowledge and create innovations that advance healthcare for veterans and the Nation.” The Committee intends to promote this goal by supporting research into the areas most likely to enhance the quality and delivery of healthcare to veterans, such as the effects of hazardous exposures on veterans and their families and efficacy of medicinal cannabis to treat medical conditions specific and non-specific to the veteran population.

***Enhanced Efficiency through Predictability.*** – Although the Committee understands that some programs, during their infancy, should not be made permanent, many temporarily authorized VA programs have proven essential to improving veterans’ health and should be made permanent. Permanent authority for programs such as the Child Care Pilot Program and Transportation Grants for Veteran Service Organization (both expected to expire September 30, 2019) would likely increase veterans’ confidence that these services will be available as needed and would also increase the efficiency of these programs by allowing for long term planning and permanent funding. The Committee plans to assess temporary programs and determine whether they should be made permanent.

## SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

***VA Inspector General Budget and Performance.*** — The Committee will review the budget of the VA Inspector General (IG) and review how VA uses the recommendations of the IG to increase efficiency and effectiveness in providing services to veterans. The Committee will also examine the IG’s current resources versus workload to confirm that IG has the resources to investigate hotline complaints, congressional requests, and conduct routine inspections and audits. The Committee will also closely monitor whether IG is granted access to VA documents, information, and employees when requested, and act to ensure IG has the access and authority to conduct its investigations, inspections, and audits.

***Improper Influence by Non-Government Actors and Government Transparency.*** — The Committee will investigate instances of non-government actors attempting to improperly influence the execution of VA’s mission. It will also examine VA’s adherence to federal laws preventing corruption, political influence, private entities’ improper influence on the VA, and government transparency, including the Federal Advisory Committee Act, the Hatch Act, and the Freedom of Information Act.

**Whistleblowers.** — Whistleblowers continue to be a vital source of accurate and timely information. Protecting an employee’s legal right to communicate with Congress, and report to the IG alleged violations of laws, rules or regulations, waste, abuse, mismanagement, and safety issues is essential for investigations and effective oversight of the executive branch. Despite passage of the Accountability and Whistleblower Protection Act of 2017 (Accountability Act), the Office of Special Counsel (OSC) reports that over 40 percent of its whistleblower retaliation complaints originate from VA, and the Committee has observed an increase in the number of whistleblower complaints to Congress. The Committee will examine the implementation of the Accountability Act, including the implementation and operations of the Office of Accountability and Whistleblower Protection, and its effectiveness at assisting whistleblowers and investigating complaints.

**Mental Health and Suicide Prevention.** — The Committee will continue to closely monitor VA’s mental health and suicide prevention efforts. In December 2018, the Government Accountability Office (GAO) found that the Veterans Health Administration’s (VHA) suicide prevention outreach declined significantly since 2016 due to lack of leadership and significant turnover. Of the \$6.2 million obligated for suicide prevention paid media, VHA had spent only \$57,000 of its paid media budget as of September 2018. Furthermore, a September 2018 IG report found that a veteran who committed suicide in the parking lot of a VA medical facility had not received coordination of treatment during discharge, including adequate documentation of access to firearms. As veteran suicides in VA medical facility parking lots increase,, the Committee will examine VA’s top clinical priority and its efforts to provide mental and behavioral health treatment to veterans in crisis, including VA’s decision to stop publishing the statistic that 20 veterans and military servicemembers commit suicide every day, stalled implementation of the President’s January 2018 Executive Order, “Supporting our Veterans During their Transition from Uniformed Service to Civilian Life,” and its failure to effectively notify veterans of the mental health services it offers.

**Government Accountability Office High Risk List.** — The VHA has been on the High Risk List (HRL) since 2015. The five areas of concern GAO identified when it decided to place VHA on the HRL are: (1) ambiguous policies and inconsistent processes; (2) inadequate oversight and accountability; (3) information technology (IT) challenges; (4) inadequate training for VA staff; and (5) unclear resource needs and allocation priorities. According to GAO, VHA has not made demonstrable progress towards removal from the HRL. GAO has five criteria for removal: (1) leadership commitment, (2) capacity, (3) action plan, (4) monitoring, and (5) demonstrated progress. The Committee is concerned that root causes have yet to be identified and appropriately analyzed, plans to remove VHA have not been sufficiently developed, and actions have not been taken according to plans. VHA has been without an Under Secretary for Health since January 2017, demonstrating a lack of senior leadership commitment towards VHA’s removal.

**VA’s Acquisition Process.** — VA continues to spend more than \$20 billion annually for the procurement of pharmaceuticals, medical and surgical supplies, prosthetic devices, information technology, construction, and services. VA faces significant organizational and workforce challenges, so it is capable of implementing a more efficient, effective, and coordinated acquisition function. The Committee will continue to scrutinize and pursue possible legislative remedies to address VA’s procurement practices and functions that place the program at risk,

including: lack of inventory controls at VA medical centers, over-reliance on and misuse of purchase cards, failure to include clinicians and end-users in the procurement process, failure to notify and train the VA contracting workforce on changes to policies, directives, and regulations, and failure to comply with the Veterans First Contracting Program.

***Prescription of Opioids and Treatment for Pain.*** — The Committee will scrutinize VA’s medication prescription program, its opioid safety initiative, substance abuse treatment programs, and access to alternative chronic and acute pain treatments. The Committee will continue to monitor access to medication assisted treatment at VA medical facilities, adherence to the opioid safety initiative and best practices for reducing the prescription of opioids, training of clinicians on safe prescribing practices, and monitor VHA participation in states’ prescription drug monitoring programs. It will also continue its oversight work to prevent drug diversion within VHA facilities including the review of VHA’s policies for tracking and managing controlled substances, and compliance with inspection requirements.

***VHA Police.*** — The Committee will conduct oversight of police at VHA facilities. In 2018, the IG found that governance of the VA police program at VA medical facilities was inadequate. VA lacks central oversight of VA police programs at medical facilities, or mechanisms to prevent or address civil rights violations, abuse, or misconduct caused by VA police. The IG also found significant understaffing and inadequate staffing models at VA medical facilities. The Dr. Chris Kirkpatrick Whistleblower Protection Act of 2017 also mandated a GAO study on staffing accountability, reporting and chain of command structure of VA police at VA medical centers that is expected to be published this Congress. The Committee will determine whether legislative remedies are needed to bring greater accountability to the VA police force, prevent real or perceived conflicts of interest, and provide avenues of redress for those whose rights have been violated by VA police.

***Sexual Harassment at VA.*** — According to a 2018 Merit Systems Protection Board study on sexual harassment in the federal workforce, VA had the second highest rate of employees experiencing sexual harassment in the federal government. However, no significant actions have been taken by VA leaders to address sexual harassment. The Committee will conduct fact finding to examine the high rate of sexual harassment in the VA, develop solutions to prevent and address sexual harassment, facilitate an environment in which victims feel comfortable reporting sexual harassment, empower employees and supervisors to intervene when sexual harassment is witnessed or reported, and hold VA leaders accountable for non-action.

***VA Administration, VA Employee Adverse Actions, and Federal Labor Protections.*** — The Committee will continue its oversight of disciplinary actions taken against VA employees, including the disproportionate removal of lower level VA employees in comparison to supervisors and senior VA employees. The Committee will also review whether VA employees subject to adverse actions receive due process—including access to representation. The Committee will examine whether the Accountability Act has been implemented according to congressional intent and whether it has achieved its desired outcome to address poor employee performance and discipline employees for misconduct, clean up toxic work environments that exist within VA, and hold leaders accountable for non-action or contributing to toxic work environments.

***Chronic Understaffing.*** — According to figures released in February 2019, VA currently has 48,985 staff vacancies throughout the Department. Almost 43,000 of those vacancies are in VHA. The Committee will examine VA's efforts to hire employees to address access to healthcare at VA facilities, and processing of benefits claims and appeals. It will also examine high attrition rates and lack of training for human resources employees, and recruitment, hiring, and onboarding processes for VA employees. Finally, the Committee will also review rates of pay and other recruitment and retention incentives and programs.

***Office of the Medical Inspector.*** — Questionable findings released by the VA Office of the Medical Inspector (OMI) in three separate congressionally-requested reviews or investigations require the Committee to examine the OMI's processes and methods for conducting reviews and inspections at VA medical facilities. The Committee will also examine whether the OMI is resourced appropriately due to significant demands placed on the office from the OSC, the VA IG, and VHA.

***Next Generation-Medical Surgical Prime Vendor Program.*** — NG-MSPV is the largest procurement program in VA. It is an effort to develop a medical-surgical product formulary for use by VHA clinicians and achieve major cost savings by buying in bulk. This program has been hampered by a lack of leadership, resources, clinician involvement, outdated IT systems, and an inability to award the necessary contracts in a timely fashion. The Committee will continue examining VA's implementation effort, including VA's failure to follow the Veterans First Contracting Program during development of the formulary, and other significant challenges faced by the VA contracting organization.

***Construction.*** — The Committee will closely monitor remaining construction projects designed or commenced before the U.S. Army Corps of Engineers' (USACE) involvement through completion. The Committee will also monitor the relationship between the VA and USACE to ensure cooperation and coordination between the agencies and improve VA's activation of newly built hospitals.

***Leasing.*** — Leasing land and buildings for new VHA facilities is fraught with delays and challenges. Leasing is carried out through a complicated interplay of the VA Central Office, the Government Services Administration, local offices, and real estate broker contractors. Jurisdictional battles within VA, poor management of broker contracts, and previous delays in congressional authorization have contributed to inefficiencies and delays in the system. The Committee will work to uncover the root causes of these problems.

***Payment of Community Providers.*** — VA continues to struggle with its failure to promptly pay community providers. This is caused in part by a failure to implement updates to its software, reliance on dozens of decentralized claims processing centers, and inefficient manual adjudication processes. The Committee will continue to evaluate the root causes of VA's payment deficiencies and consider remedial actions to improve efficiency.

***Improper and Over-Payments for Care in the Community.*** — In 2017 and 2018, IG audits determined that VA was overcharged \$140 million from November 2014 to March 2017 by third

party community care contract administrators. These third-party administrators are under civil and criminal investigation for excessive, duplicative, or improper claims, and wire fraud and misused government funds. The Committee will conduct fact-finding into whether VA was overcharged and oversee VA's efforts to recoup any improperly paid claims.

***Unauthorized or Expiring Authorities.*** — The Committee will conduct oversight regarding unauthorized appropriations and expiring authorizations under the Committee's jurisdiction to identify those in need of authorization.

## SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION

***Electronic Health Record Modernization (EHRM).*** — The VA signed a contract in May 2018 to procure the Cerner Millennium EHR system. The implementation is expected to take at least ten years, cost over \$16 billion, and be interoperable with the Department of Defense (DoD) MHS Genesis system and community providers' systems. The initial implementation of the system is scheduled for March 2020 in VISN 20 (Washington State). The Committee will monitor all aspects of implementation of the EHRM, including governance and accountability, cost, schedule, clinical impact, testing and evaluation, and interoperability, among other areas.

***VistA Sustainment.*** — Because the EHRM is expected to take over a decade to implement, the VA will need to sustain the existing VistA system at a projected cost of nearly \$20 billion for ten years. Future implementation sites will need a functioning VistA system throughout the implementation period. The VA is expected to develop a sustainment plan but has not yet done so and is continuing to implement changes (or "builds") to VistA as needed. The Committee will monitor efforts to create the sustainment plan and will review how the VA manages VistA during EHRM implementation.

***Financial Management System Modernization*** — The VA continues to move forward with the Financial Management Business Transformation (FMBT) project, although significant work remains to be done. The project will replace a 30-year-old COBOL-based system and is estimated to cost \$2.3 billion over ten years. The Committee will monitor the program as it moves through the analysis and requirements development phase and will review the VA's acquisition plans.

***Enterprise Investments.*** — VA information technology (IT) has been on GAO's High Risk List since 2015, and modernization plans are currently in development are part of VA's effort to be removed from the list. The Committee will evaluate the final modernization plans to assess how they address GAO's concerns, as well as gauging whether VA's modernization efforts address enterprise-wide technology deficits instead of leading to further siloing of investments.

***IT Workforce Investments.*** — The VA has lost internal capacity to develop and manage its technology portfolio and has become heavily reliant on contractor support. VA officials have plans to staff up program offices to address some of this deficit, but it is not clear that there is a comprehensive workforce plan or whether future budget submissions will address this shortfall.

The Committee will monitor VA's efforts to rebuild its technology expertise and assess whether workforce staffing plans will meet technology implementation needs and modernization plans.

***Scheduling System Acquisition.*** – In January 2019, VA announced a decision to not move forward with its scheduling system pilot – described as very successful – and will instead acquire a Cerner scheduling system that will be implemented over a two-year period. VA officials have provided little information about the decision and how it will impact EHRM implementation. The Committee will assess the VA's decision-making process on the pilot project and will assess the implementation across the enterprise and its impacts on the EHRM program.

***Cybersecurity, Data Management, and Privacy.*** – The acquisition of new IT systems by VA will prompt many questions about cybersecurity and data management. In addition, the implementation of EHRM will have implications for the protection of veteran health information and will need further assessment for cyber risks due to the interoperable environment for the system. VA has yet to deliver a cybersecurity strategy for EHRM to the Committee. The Committee will monitor and review the development of strategies and governance plans related to cybersecurity. The Committee will also assess how modernization efforts comply with other statutory requirements, such as the annual FISMA audit.

***Healthcare Innovation through Technology Modernization.*** – The VA has often led in healthcare innovation and the modernization projects present opportunities to engage in more innovation. The Committee will assess how innovation is being built into technology acquisitions and whether it is being executed in meaningful ways across the VA enterprise.