



DEPARTMENT OF VETERANS AFFAIRS
Inspector General
Washington DC 20420

March 25, 2014

The Honorable Dan Benishek, MD
Chairman
Subcommittee on Health
Committee on Veterans' Affairs
United States House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

This is in response to your March 20, 2014, request for the views of the Office of Inspector General on legislation the Subcommittee will be considering on March 27, 2014. Specifically, we are concerned about the requirements for the Office of Inspector General (OIG) contained in Section 3(d) of H.R. 2661, *The Veterans Access to Timely Medical Appointments Act*, which would require the OIG to submit an annual report on the Secretary's progress in implementing the requirements contained in the bill. We are concerned about the following issues:

- Consultation with veteran service organizations (VSOs) – The bill requires the OIG to consult with Veteran Service Organizations (VSOs) as we prepare the report. The OIG's independence is key to producing reports that are a fair and balanced review of VA programs and operations. We believe that a statutory requirement to consult with and ostensibly gain the consensus of VSOs, or any other stakeholders, in the course of an OIG review can impinge on our independent authority to plan the scope and methodology of our work, and sets a troubling precedent.
- Annual Report – The OIG has a finite capacity to conduct and complete timely and relevant assessments of VA programs and operations. With an already substantial number of mandatory audits such as FISMA and the Consolidated Financial Statements, the addition of another annual reporting requirement on waiting times limits our flexibility to plan other oversight projects on current or emerging areas of concern on VA programs. Since 2001, the OIG has issued eight reports¹ dealing with inaccurate waiting times. While we fully expect to

¹ *Review of Veterans' Access to Mental Health Care* (April 23, 2012); *Veterans Health Administration Review of Alleged Use of Unauthorized Wait Lists at the Portland VA Medical Center* (August 17, 2010); *Review of Alleged Manipulation of Waiting Times, North Florida/South Georgia Veterans Health System* (December 4, 2008); *Audit of Veterans Health Administration's Efforts to Reduce Unused Outpatient Appointments* (December 4, 2008); *Audit of Alleged Manipulation of Waiting Times in Veterans Integrated Service Network 3* (May 19, 2008); *Audit of the Veterans Health Administration's Outpatient Waiting*

follow up on this important issue as the need arises in the future, we do not believe an annual requirement in statute is necessary. Furthermore, an annual reporting requirement may not allow sufficient time to measure the effectiveness of actions taken by VA to implement recommended corrective actions from the OIG's prior year reports.

We would also like to comment on H.R. 2974, "To amend title 38, United States Code, to provide for the eligibility for beneficiary travel for veterans seeking treatment or care for military sexual trauma in specialized outpatient or residential programs at facilities of the Department of Veterans Affairs, and for other purposes," which would address a recommendation we made in our report, *Healthcare Inspection - Inpatient and Residential Programs for Female Veterans with Mental Health Conditions Related to Military Sexual Trauma*. This legislation would allow VA to pay for travel for veterans being treated for mental health issues related to military sexual trauma at any VA facility regardless of the location. We support this legislation.

Thank you for your interest in the Department of Veterans Affairs.

Sincerely,

/s/

RICHARD J. GRIFFIN
Acting Inspector General