

**STATEMENT OF
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BEFORE THE
HOUSE COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS**

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Good afternoon, Chairwoman Luria, Ranking Member Nehls and Members of the Subcommittee: thank you for inviting us here today to present our views on bills affecting VA's programs and Veterans' benefits. Joining me today is Ray Tellez, Executive Director, Office of Business Integration, for the Veterans Benefits Administration's (VBA) Automated Benefits Delivery.

H.R. 1182 Veteran Deportation Prevention and Reform Act

This bill would reform various immigration and deportation protocols for noncitizen Veterans and Service members.

VA offers no objections to the bill. However, VA defers to the other government agencies named in the bill, such as the Department of Defense and Department of Homeland Security, who have primary jurisdiction over these matters. VA notes that, under existing laws and regulations, it provides the same Veterans' benefits to such Veterans as similarly situated U.S. citizen Veterans. No VA costs are associated with this bill.

H.R. 1183 Honoring the Oath Act of 2021

This bill, among other things, would establish a "Military Family Immigration Advisory Committee" to provide recommendations to the Secretary of Homeland Security and the Attorney General on the exercise of prosecutorial discretion in cases involving removal proceedings of Service members, Veterans and covered family members.

VA offers no objections to the bill. However, VA defers to the other government agencies named in the bill, such as the Department of Defense and Department of Homeland Security, who have primary jurisdiction over these matters. Similar to H.R. 1182, VA provides the same Veterans' benefits to noncitizen Veterans as similarly situated U.S. citizen Veterans. No VA costs are associated with this bill.

H.R. 5916 Wounded Warrior Access Act

This bill would require VA to establish, not later than 180 days after the date of enactment of this legislation, an online interface to request certain records that VA is required to disclose under 38 U.S.C. §§ 5701 and 5702.

VA supports this bill, if amended, and subject to the availability of appropriations. VA appreciates that the bill may reduce Freedom of Information Act requests, Privacy Act requests, and, potentially, appeals. However, VA has concerns regarding the protection of private information on certain documents found in the Veteran's file and how those documents would be redacted and/or securely delivered. For instance, certain records in a Veteran's file may contain sensitive or protected information about other Veterans.

Moreover, it will take more than 180 days to develop and execute this online interface. For instance, anyone performing a digital records request will need to have an identity-proofed login credential; claimant representatives will need a mechanism to upload or otherwise provide proof of their authorization; privacy and records offices will need a system to collect, track, review, and respond to requests; and usability research will be needed to ensure a proper workflow for all involved.

VA also recommends that the bill use the term "tool" or "service" instead of "website," to clarify that VA need not create a new, stand-alone website, but could include this tool as part of an existing digital workflow.

This interface would also require new funds to execute. Discretionary costs are anticipated but have not been estimated at this time. No mandatory costs are associated with this bill.

H.R. 6064 Unnamed Bill Introduced by Rep. Nehls

This bill would order the National Academies of Sciences, Engineering, and Medicine (National Academies) to conduct a comprehensive, independent review of medical examinations furnished by VA for individuals who submit claims for mental and physical conditions linked to military sexual trauma (MST).

The review would consider the adequacy of existing VA tools and protocols to provide examinations, including Disability Benefits Questionnaires (DBQs) and the VA Schedule for Rating Disabilities (VASRD), whether certain conditions linked to MST should require referral for both a mental health examination and a physical health examination, and the necessity of internal pelvic examinations to diagnose certain conditions linked to MST and whether alternatives to such examinations could be considered if an individual objects to or cannot complete such examination.

The review would determine what credentials and training are necessary for a health care provider to perform such examinations related to physical conditions linked

to MST, for men and for women, including sexual dysfunction, pelvic pain, pelvic dysfunction, musculoskeletal disabilities and cardiovascular conditions (including stroke); determine what credentials and training are necessary for a health care provider to perform such examinations related to mental conditions linked to MST, for men and for women; and assess the quality of MST training for individuals who perform such examinations, including recommendations for improvements to such training.

VA has concerns with this bill. VBA is currently working in conjunction with VA's Office of Inspector General (OIG) who, in 2021, reviewed the efficacy of improvements implemented for processing MST-related claims since OIG's August 2018 report. The OIG found that VBA claims processors did not always follow the policies and procedures for processing MST-related claims. VBA has since instituted an Executive Leadership Triad to ensure awareness governance of MST-related activities and designated a Senior Executive Service leader to maintain oversight and promote compliance in MST-related claims processing VBA also has several completed and in-progress initiatives, specific to MST claims process improvement. These include, but are not limited to, the following: VBA MST Symposium, MST Integrated Project Team Playbook, MST exam Special Focused Reviews, and contract examiner supplemental training. These initiatives address the OIG's recommendations to establish formal procedures to ensure all processing errors are corrected, develop a written plan to address MST-related claims processing deficiencies, strengthen controls to promote compliance, and develop a plan to strengthen communication, oversight, and accountability of MST-related claims.

VA Medical Disability Exams require that the examiner, regardless of clinical specialty, be VA-trained and certified in VA disability compensation examinations. VA cites concerns with utilizing the National Academies, or any independent reviewer, for review of VA disability compensation exams by clinicians who are not VA-trained and certified to fully understand the intricacies of these examinations. More specifically, VA cites concerns with how the National Academies would make determinations on the adequacy of VA tools and protocols without such training, certification, and internal working knowledge of these disability specific tools and processes. Furthermore, such determinations would appear to be beyond the scope of the National Academies' expertise, as the protocols are based on regulatory guidance in conjunction with VA-specific expertise and training in the subject matter area of VA disability benefits programs. Thus, an independent review could lead to interpretations, findings, and recommendations that are not consistent with VA regulatory or clinical expertise and exam practices.

H.R. 6131 Veterans Disability Claims Notification Improvement Act of 2021

This bill would authorize VA to transmit benefits correspondence electronically if a claimant or the claimant's appointed representative elects to receive such notice electronically.

VA supports the bill, if amended, and subject to the availability of appropriations. VA appreciates the bill's "opt-in" approach to electronic notification initially; but limiting electronic notice to "opt-in" situations may become a hindrance over the long-term as technology develops and electronic forms of communication become the more prominent practice. VA recommends broader legislative language to allow it the flexibility to institute regulations for providing electronic notification in the future, without the need for additional statutory amendments. This could be accomplished by maintaining the bill's proposal for 38 U.S.C. § 5100 but making no change to 38 U.S.C. § 5104.

VA also recommends changes to 38 U.S.C. §§ 5112 and 7105A to effectuate this bill's intent. These statutes refer to an individual's "last address" or "last known address" and could cause confusion between physical and electronic addresses.

Finally, VA recommends that the bill's changes to section 7104 be clarified to reflect that the requirements of section 5104(b) do not apply to Board of Veterans' Appeals (Board) decisions. Absent that clarification, the bill's cross-reference in section 7104 may further misperceptions regarding the notice requirements for Board decisions.

Discretionary costs are anticipated for this bill. The General Operating Expenses estimate for Fiscal Year (FY) 2022 is \$7.5 million and includes salary, benefits, rent, travel, supplies, other services and equipment. Five-year costs are estimated at \$37.7 million and 10-year costs are estimated to be \$75.5 million. Additionally, information technology costs are estimated at roughly \$5 million to support multiple teams required to develop the overarching modernization and decommission plan requested as part of the legislation. The planning efforts will articulate sufficient requirements to produce additional requested funding to execute the plan. No mandatory costs are associated with this bill.

H.R. 6165 Department of Veterans Affairs Post-Traumatic Stress Disorder Processing Claims Improvement Act of 2021

This bill would require VA to take certain actions to improve the processing of disability compensation claims for posttraumatic stress disorder (PTSD). The bill would require the following:

1. An updated, ongoing, national training program for claims processors who review PTSD claims;
2. Participation in training at least once each year for claims processors (beginning in the second year of their duties);
3. Training to include instruction on stressor development and verification;
4. Standardization of training provided at regional offices;
5. Establishment of a formal process to analyze, on an annual basis, training needs based on identified processing error trends;
6. Establishment of a formal process to conduct, on an annual basis, studies to help guide the national training program; and

7. Evaluation of the procedural guidance relating to PTSD, to determine if updates are warranted to provide claims processors with better resources regarding best practices for claims processing, including specific guidance regarding development of PTSD claims.

VA has no objection to this bill. VA appreciates Congressional interest in ensuring that adequate training on PTSD is provided for claims processors. While VA does not object to this bill, VA notes that a comprehensive training curriculum already exists and is part of the annual training requirement for claims processors. Annual training compliance for FY 2021 was 100% for both VIP (introduction) and National Training Curriculum (experienced); FY 2022 is still ongoing. The current VBA training curriculum contains 8 different training modules pertaining to PTSD. These training modules cover areas such as: general development and evidence gathering, submitting examination requests, applying guidance to sympathetic reading of mental disorder claims, development for stressors related to personal trauma, evaluating evidence, deciding a claim for service connection for PTSD, and more.

In addition to training, this bill would have VA analyze error trends and provide an annual report on the metrics for PTSD claims. VA already has a robust quality review process and regularly publishes reports on both overall quality and quality of PTSD claims. For FY 2022 through the end of February, VA provided ratings on nearly 47,500 claims involving PTSD, with an overall grant rate of 70%. In January of 2021, the PTSD grant rate was 67%, and it has been steadily climbing since that time. These metrics reflect the increased measures VBA has taken over the years by providing additional training and quality reviews for claims for PTSD. Therefore, the requirements in this bill may not be necessary.

There are no mandatory or discretionary costs associated with this bill.

H.R. XXXX DIC Modernization Act

This bill would extend Dependency and Indemnity Compensation (DIC) to Veterans' surviving spouses who remarry, if they were entitled to DIC, (regardless of receipt of DIC) for a period of at least 10 consecutive years. The amount of DIC would depend on whether the duration of the period was less or more than 20 consecutive years. The bill would require VA to resume payment of DIC to those whose remarriage occurred within 30 years preceding the date of enactment of the legislation.

VA does not support this bill. Initially, we note that the reference to surviving spouses who were "entitled[d]" to DIC but may not have received it is ambiguous as to whether it refers to persons who applied for DIC and were found by VA to be entitled to DIC but did not receive payments due to required offsets or other factors or, alternatively, refers to persons who satisfied the basic statutory eligibility criteria but did not actually apply for benefits. If the latter is intended, implementing the language of the bill would be operationally difficult, as VA would be required to review and determine when the claimant was "entitled" to DIC, even though date of entitlement cannot be determined without a date of receipt of the claim. 38 U.S.C. § 5110(a)(1), (d) (effective

dates of awards). It is unclear how VA would determine entitlement irrespective of when a claim was received.

VA further notes that the bill's novel payment scheme for DIC when the period of entitlement is less than 20 consecutive years would be operationally difficult and appears to preclude automation, at least initially. By way of comparison, VA currently is able to automate, and therefore expedite, provision of DIC benefits pursuant to section 1318 because VA knows exactly how long a Veteran has received a total disability rating. The bill would require VA personnel to conduct additional evidentiary research to determine basic entitlement and to assess whether a standard DIC payment must be reduced due to the number of consecutive years after remarriage, thereby diminishing VA's ability to timely process DIC claims. VA does not currently reduce DIC benefits in any scenario along the lines it would be required to under the bill.

VA also notes that the bill is silent as to the effective date of its DIC extension. VA would likely interpret any new benefit eligibility to be effective based on the date of enactment of the bill, but this outcome is complicated by the timeline for applying to receive DIC benefits. An application received more than a year after death cannot provide benefits retroactive to the date of death but will qualify for DIC benefits from the date of application moving forward, per 38 U.S.C. § 5110(d).

Finally, due to the extensive information system updates that would be required to implement the bill, and the need to conduct oversight on said implementation, the effective date for resuming payment should not be earlier than 1 year after the date of the enactment of the Act. VA recommends that the effective date for the DIC extension also be 1 year after the date of the enactment of the legislation.

Although VA does not support this bill as currently written, it would welcome the opportunity to discuss with the Committee other opportunities to modernize VA's DIC program.

H.R. XXXX Unnamed Bill Introduced by Rep. Newman

This bill would amend 38 U.S.C § 101(3) and (31) to eliminate marriage terminology that is not inclusive of same-sex marriages. Specifically, the bill would delete any requirement in those paragraphs indicating that a spouse or surviving spouse must be "of the opposite sex" of a Veteran. The bill would also remove statutory language that precludes individuals who cohabit with another person after the death of the Veteran and hold themselves out to be the spouse of such other person, from being considered a "surviving spouse" for purposes of VA benefits.

While VA supports the elimination of statutory language in title 38 that is not inclusive of same-sex marriages, we do have concerns with the impact of certain provisions of this bill. VA supports Congress amending the language of 38 U.S.C. § 101(3) and (31) to be inclusive of same-sex marriages. Following the Supreme Court's 2015 decision in *Obergefell v. Hodges*, VA amended its policies and practices to

recognize all same-sex marriages. VA also developed guidance to process cases involving same-sex spousal benefits, and to implement necessary changes swiftly and smoothly to deliver the best services to all the Nation's Veterans. In sum, VA has taken a number of steps to ensure that all spouses of Veterans are treated equally, and VA supports legislation that would bring the language of 38 U.S.C § 101(3) and (31) into conformity with the law and VA practice. In fact, one of VA's legislative proposals for Fiscal Year 2023 specifically proposes such a change.

However, eliminating the current requirements of cohabitation and holding oneself out openly to the public to be the spouse of another person from the statutory definition of "surviving spouse" could create disparity, impacting surviving spouses who remarry. If 38 U.S.C § 101 is amended as proposed, surviving spouses who choose to remarry could be ineligible to receive VA benefits, while those who do not remarry but cohabit with and hold themselves out publicly as the spouse of another would retain eligibility for VA benefits. Hence, the proposed amendment to 38 U.S.C § 101 appears to favor surviving spouses who hold themselves out as the spouse of another without remarrying, over those who actually remarry.

Additionally, if 38 U.S.C. § 103 is amended as proposed, 38 U.S.C. § 103(d)(3) would read: "If the surviving spouse of a veteran ceases living with another person the bar to granting that person benefits as the surviving spouse of the veteran shall not apply in the case of the benefits specified in paragraph (5)." The proposed amendment could be read as appearing to bar a surviving spouse from living with their children, grandchildren, siblings, parents or friends in order to maintain eligibility for the specified benefits.

Therefore, VA cannot support the bill unless it is amended to retain the language that precludes from "surviving spouse" status individuals who cohabit with another person after the death of the Veteran and hold themselves out to be the spouse of such other person. Although VA does not support this bill as written, VA welcomes any opportunity to collaborate with the Committee and its Members to eliminate statutory language that is not inclusive of same-sex marriages, as well to discuss other opportunities to modernize VA's DIC program.

H.R. XXXX Honoring Our Promise: Ensuring Equity in Accessing Military and Veteran Survivors Benefits Act

The bill would require the collection of demographic data of certain survivor beneficiaries. The collection of demographic data would pertain to covered survivors who receive "disability and indemnity compensation" (sic), pension, or increased pension due to need for regular aid and attendance or by reason of being permanently housebound. The collection of demographic data would include race, ethnicity, tribal affiliation (if any), LGBTQIA+ status, and geographic location.

The bill would also require VA, not later than one year after the date VA commenced the collection of demographic data, to develop an outreach and education

strategy for raising awareness regarding benefits available to covered survivors who belong to an underserved demographic. It would require VA to carry out a program in which VA may award grants to Veterans Service Organizations (VSO) for purposes of assisting with outreach and education efforts pursuant to the developed outreach and education strategy. Further, it would require VA, in coordination with the Social Security Administration (SSA) and Centers for Disease Control and Prevention, to develop a process for distributing, upon receipt of notice of death of a Veteran, information to each covered survivor of the Veteran regarding VA benefits and services to which they may be entitled. It would require the Secretary, not later than 180 days after the date of enactment of the Act, to review each publicly accessible website of the Department and any script or other material developed for use at call centers to ensure such websites and materials are inclusive of the needs of covered survivors and designed to facilitate access to information regarding benefits and services to which covered survivors may be entitled. The bill would also require the Under Secretary for Memorial Affairs (USMA) to carry out education activities to ensure Veterans who belong to an underserved demographic are made aware of any pre-need eligibility for burial in a national cemetery under 38 U.S.C. § 2303.

As a technical comment, we believe the bill contains a typo within lines 15-16 of page 2 referring to “disability” and indemnity compensation rather than “dependency” and indemnity compensation under chapter 13, of title 38, United States Code. We recommend the committee review and make the correction, as applicable.

VA has substantive concerns with this bill, though we suggest the Committee also seek the views of SSA and CDC. First, the deadline to commence the collection of data should be 2 years, rather than 180 days, to afford a more appropriate timeframe for the modification of VA forms to conform with the required elements of this implementation. The concurrence, approval, and implementation process for modifying a form and publishing it to the Federal Register routinely takes approximately 1 year. Further, due to competing priorities VA would require 2 years to alter its information technology (IT) systems to capture and store this newly received data. The bill’s requirement that VA review its website and materials within 180 days should also be amended to 2 years, for consistency, and to afford VA the ability to ensure that any implementation considerations are incorporated.

Second, VA has concerns with the establishment of a grants program. Outreach is an integral part of the VBA’s customer experience framework to engage Veterans, Service members, survivors and caregivers. Under 38 U.S.C. § 7703(5), VBA is charged as the responsible Administration within VA for outreach programs and other Veterans’ services programs. Along with this authority is the responsibility of informing Service members, Veterans, survivors, dependents and other eligible beneficiaries about VA benefits and services for which they may be eligible.

VBA maintains a robust outreach program, reaching millions of Veterans and working with partners, such as VSOs, each year through various forms of customer-focused outreach programs, print and digital communications, and activities. In FY

2021, VBA participated in more than 6,771 outreach events, reaching over 274,000 Veterans, Service members, survivors, dependents and eligible beneficiaries to provide information, benefits and services. Furthermore, in FY 2021, VBA hosted a series of national outreach partnership campaigns with the State Departments of Veteran Affairs (SDVA) and the National Association of State Directors of Veteran Affairs (NASDVA). The national campaigns provided an opportunity to highlight ongoing initiatives within VBA to SDVAs and NASDVA and strengthen VA's partnerships with these organizations. Beginning January 1, 2022, VBA will host a series of National Association of County Veteran Service Officers Partnership meetings as part of VBA's effort to further expand collaborative outreach efforts with internal and external partners. In addition, SDVAs are currently integrated within the VA regional office (RO) outreach framework and representatives of SDVAs often occupy office space within specific ROs.

VA values the partnerships it has with VSOs; however, establishing a grants program would be duplicative in nature. Additionally, VA would have to reallocate resources to stand up a grant program, which requires development of regulations, as well as resources to administer a program. The diversion of resources would diminish VA's ability to continue the current levels of service VA provides to Veterans, Service members and their families. Furthermore, to comply with Public Law 116-315 § 4304 and in accordance with 2 C.F.R. part 200, VA is currently in the process of developing a grants program to provide transition assistance to members of the Armed Forces after separation, retirement, or discharge.

Third, as to the bill's requirement for education activities associated with pre-need eligibility for burial, the intent of this requirement is unclear. The main purpose of the pre-need eligibility program is to provide a determination of eligibility to individuals who seek to know whether they will be eligible for burial in a national cemetery, which VA will verify at their time of need. To be clear, VA does not oppose the requirement to engage in educational activities to inform specified underserved populations about NCA's pre-need eligibility program and how it can support their end-of-life decisions. VA could leverage existing web resources that explain the pre-need program's purpose and application process and provide any other outreach or informative materials, as needed. However, the bill can be read as requiring that the USMA ensure that every member of an underserved population is aware of their burial eligibility status, whether they seek such knowledge or not, which seems infeasible. VA suggests the language should be clarified to provide education activities regarding the program itself.

Moreover, the USMA portion of the bill would require education activities to ensure veterans who belong to an underserved demographics are made aware of the pre-need eligibility program. If the USMA portion of the bill is to remain, the bill as a whole would need to expand data collection requirements to include not only a "covered survivor" but also a "Veteran". That expansion would require pushing back all reporting dates an additional year to allow VA to also implement a data collection metric for Veterans and survivors and to update its IT systems to capture and store this newly received data.

Finally, the requirement for USMA annual reporting is infeasible. Under this bill, VA is provided 180 days after enactment to develop the methodology and begin collection of data; and then an additional year to report designations of underserved demographics. The USMA would be reliant on VA's designation of underserved demographics before being able to implement/conduct education activities for Veterans who belong to such designations. For that reason, it is infeasible for USMA to provide a report one year after the date of the bill's enactment on the efforts taken to carry out education activities.

Overall, VA has engaged with multiple Committees on multiple data collection bills and would ask that the Committee forego advancing this legislation currently to allow for continued discussion and coordination of effort, and for VA to advance its ongoing data strategy efforts.

H.R. XXXX Unnamed Bill Regarding Benefits Facts Sheets

This bill would direct VA to create fact sheets for Veterans and survivors that compare VA benefits and compensation to SSA benefits and provide such fact sheets to claimants at certain times, including upon receipt of a claim for a benefit and upon the denial of a benefit.

VA has concerns with the bill. VA currently includes information on SSA benefits in some VA decision notices. For example, SSA information is included when a Veteran is determined to be permanently and totally disabled, since SSA procedures allow for expedited processing of Social Security disability benefits applications in such instances.

But providing information on SSA benefits to all individuals who submit an initial claim or claim for increase for a benefit, or who receive notice of a denial or decrease, may give claimants a mistaken impression about VA's role in the administration of SSA benefits. Claimants may become confused, thinking they may be entitled to SSA benefits when that may not be the case. Moreover, the term "benefit or compensation" used in the bill is vague and could include benefits under VA's loan guaranty, insurance, pension and fiduciary, or other programs; VA recommends clarifying this language.

This bill would create additional burdens on existing staff that are beyond VA's current capacity and would require additional resources. For example, it would create a need for additional resources to research, design section 508 compliant materials, and coordinate internal and external Federal partner reviews and approvals—in addition to generation of additional content and HTML code needed for publication on VA.gov in a downloadable PDF format and web-based content.

Additionally, VA has concerns with the 6-month initial timeframe to create these fact sheets (one for Veterans and one for survivors) comparing benefits and compensation (rates) with monthly insurance rates for SSA and Supplemental Security

Income. Collaboration with SSA would be needed to create and obtain concurrence on the fact sheet, and this process would take longer than 6 months.

Finally, VA has concerns with the 3-month implementation timeframe and the requirement to “provide a copy” of the factsheet to claimants at multiple points in a claim stream. The bill is unclear as to whether VA may “provide a copy” of the fact sheet to the claimant through electronic means, as VA is working towards implementing electronic notifications. It is also unclear whether VA could provide this information through a website link.

H.R. XXXX Department of Veterans Affairs Principles of Benefits Automation Act

This bill is intended to accelerate the development and implementation of automation capabilities through a modernization of VBA’s information technology systems. The purpose of the automation is to increase the speed and accuracy of claims decisions, enhance productivity of employees, achieve greater consistency of claims decisions, and leverage information in the possession of VA, other government agencies, and claimants.

VA supports this bill, subject to the availability of appropriations. The modernization of VBA’s information technology systems will enable it to deliver solutions that provide timely, accurate, consistent, and equitable benefit determinations for Veterans. Additionally, the automation methodology described in the bill would ensure adjudicative discretion and adjudicator involvement in claims decisions by utilizing automation as a decision support capability, rather than an end-to-end automation tool.

Discretionary costs are anticipated but have not been estimated at this time. Additionally, information technology costs are estimated at roughly \$5 million to support multiple teams required to develop the overarching modernization and decommissioning plan requested as part of the legislation. The planning efforts will articulate sufficient requirements to produce additional requested funding to execute the plan. No mandatory costs are associated with this bill.

H.R. XXXX Modernizing Department of Veterans Affairs Disability Benefit Questionnaires (DBQ) Act

This bill is intended to enable the transmission of DBQ results from non-VA clinicians to VA in a machine-readable format.

VA supports this bill, if amended, and subject to the availability of appropriations. The transmission of DBQ information in this type of standard structured format will enable non-VA clinicians to provide complete and thorough DBQs that can be used by VA adjudicators to effectively evaluate the severity of claimed conditions in alignment with the VASRD. The bill would help further VA’s automation initiatives, and it would enable VA to identify instances of fraud and ensure the completeness of DBQs. By enforcing a data-driven approach to non-VA DBQs, VA would be better equipped to

identify trends and associate DBQ submissions with licensed clinicians. This will help to prevent fraud in ways that VA currently cannot accomplish through the manual identification and review of non-VA DBQ submissions.

However, the 180-day timeline for implementation does not seem feasible. Publishing a machine-readable DBQ requires schema definition and integration into Information Exchange Packet Documentation for roughly 40 DBQs that do not currently have defined schemas. Moreover, a process needs to be created to support noncontract-examination, third party medical professionals submitting electronic data.

Information technology costs are estimated at roughly \$4.4 million to cover over two fiscal years (remaining FY 2022 and half of FY 2023) to fully implement this act and publish a machine-readable DBQ which includes creating a submission service, business validation, and finally a DBQ submission portal. This includes roughly \$200,000 annually for future sustainment costs.

H.R. XXXX Expediting Temporary Ratings for Veterans Act

This bill is intended to enable the automatic processing of claims for temporary disability compensation ratings for Veterans with a service-connected disability that requires hospital treatment or observation in a VA or other approved hospital for a period in excess of 21 days.

VA has concerns with this bill. The challenges in automatically processing a decision for temporary disability ratings include the following: (1) the availability of computable medical data from community care providers encompassed within the “approved hospital” designation per 38 U.S.C. § 1156(a)(1)(C); and (2) the programmatic association of treated diagnoses to a Veteran’s current service-connected disability or disabilities. This type of medical association often involves a significant level of human adjudicative discretion. The development of an automatic processing capability would remove human adjudicative discretion and require a technology solution that would most likely be dependent on natural language processing and machine learning capabilities that could incorrectly associate or disassociate treated diagnoses and service-connected conditions, leading to incorrect benefit determinations.

Information technology costs are estimated at roughly \$4 million to cover over two fiscal years (remaining FY 2022 and half of FY 2023) to fully implement this act. Based on initial exploratory work to be done now, this work will enable an integration framework within our current claims processing system to be established. The estimate also includes roughly \$200,000 annually for future sustainment costs. No mandatory costs are associated with this bill. Other discretionary costs are anticipated but have not been estimated at this time.

Conclusion

This concludes my statement. My colleagues and I would be happy to answer any questions you or other Members of the Subcommittee may have.