COMMITTEE ON VETERANS' AFFAIRS
OVERSIGHT PLAN for the 117th CONGRESS

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 subcommittees.

SUBCOMMITTEE ON DISABILITY ASSISTANCE AND MEMORIAL AFFAIRS

Compensation and Pension Exams. To assess a veterans' claimed disability and determine the level of disability, the Department of Veterans Affairs (VA) Veterans Benefits Administration (VBA) provides a medical disability examination for Compensation and Pension (C&P) purposes. During a September 29, 2019, Subcommittee hearing, VBA reported that it requested about 35% of C&P exams from the Veterans Health Administration's (VHA) Office of Disability and Medical Assessment. Additionally, 65% of disability exams were performed by contract physicians. In previous Congresses, Congress expanded the law authorizing VA to use private contract vendors to provide C&P exams. This authority provided necessary relief to VHA, which struggled to provide timely exams under growing demands. During the September 2019 Subcommittee hearing, the Subcommittee assessed concerns raised in a 2018 Government Accountability Office (GAO) report outlining deficiencies in VA's oversight of the contract vendors, including lack of compliance with its own contract terms for quality and timeliness. VBA also testified that contracted disability exams were intended to supplement the VHA C&P program, not replace it.

At the onset of the Novel Coronavirus 2019 (COVID-19) pandemic in March 2020, VA decided to suspend all in-person C&P exams. VHA stated all its C&P examiners would either be redirected to clinical care during the crisis, or would provide tele-C&P exams and medical opinions without a physical exam. VBA and VHA jointly decided VHA would not attempt to resume any C&P exams post-pandemic and would phase out all activity. The temporary shutdown of in-person C&P exams left a massive pending exam backlog of more than 350,000, as of January 2021, which has not improved since the summer of 2020 despite resumption of most face-to-face exams. VBA's Medical Disability Exam Office hopes to have this backlog resolved by summer of 2021 but has not provided specific information or plans. Despite the lingering backlog, VBA insists it will shutter its VHA C&P program and migrate almost entirely to contract examiners, except where legally required. The Committee will closely monitor VBA's progress toward eliminating the backlog and addressing public concerns about VA's near-exclusive reliance on non-VA employees and physicians to conduct C&P exams.

COVID-19 Claims Backlog. Amidst the pandemic, VA's backlog of claims has grown significantly, creating delays in adjudication of benefits decisions. At the beginning of 2020, only 17.3% of claims waited longer than 125 days for a decision. At the beginning of 2021,

44.8% of claims wait more than 125 days for a decision. This increase is partly due to the delays caused by the temporary stoppage of in-person C&P exams, partly due to an influx of Blue Water Navy Vietnam claims that were all added into the inventory when the law became effective in January 2020, and partly due to delays in personnel records requests from the National Archive and Records Administration, which has experienced a large backlog as a result of pandemic-related shut downs. The Committee will continue to monitor VBA's growing backlog.

Deported Veterans. VBA typically processes roughly one-million disability claims a year, including claims from veterans living outside of the United States. While some veterans living abroad are expatriates, some were deported by the U.S. after serving in the armed forces. Regardless of deportation, veterans living abroad are eligible for the same disability compensation benefits as domestic veterans. A 2020 GAO report found that while VBA improved processing times and access for veterans living abroad, it recommended ways for VBA to improve efficiency and quality, as well as how to better compensate veterans for travel costs. The Committee intends to monitor VA's progress toward implementing these recommendations, as well as look for ways VBA can take a larger role in providing information and support for deported veterans.

VBA Training. The VA Office of Inspector General (OIG) consistently finds that VA employees have had inadequate guidance and training, particularly claims developers and raters. For instance, a recent OIG report from December 2020 found that a sample of post-traumatic stress disorder (PTSD) claims (unrelated to Military Sexual Trauma) determined between October 1, 2018, and September 30, 2019, showed that roughly 16% were inaccurate because the processors either did not verify an in-service stressor or did not obtain a C&P exam. Additional OIG reports showed improper claims processing for heart diseases and disability ratings and found that the quality review team failed to identify 35% of errors in reviewed decisions. VBA has poorly trained new raters through its Challenge Training, leaving raters unprepared for the job. Further, the VA Adjudication Manual is frequently updated without sufficient guidance to raters on implementation of new procedures or policies. The Committee will conduct oversight of the quality of current VBA training, implementation of new training, and consider potential improvements.

Toxic Exposure. For many decades, Congress has created and expanded coverage of benefits for veterans with illnesses as a result of toxic exposure. Typically, the law establishes a presumption of service connection which allows a veteran or survivor to easily establish eligibility to service connection. As more veterans come forward publicly to speak about their exposures during deployment, federal and private entities have openly investigated various circumstances of deployment and toxic exposures. Reporting has not always drawn clear conclusions, and research has relied on variable data and methods. With a mounting body of evidence, sometimes anecdotal, suggesting illness and disease in veteran populations and subpopulations, the Committee will examine how to best provide benefits to these veterans. In particular, the Committee will look at ways to establish a consistent standard for assessment, consistent solicitation of research, and transparency in the decision-making process.

Military Sexual Trauma. Concerns raised nearly four years ago in a 2018 VA OIG report are unresolved. The OIG found that nearly half of claims for Military Sexual Trauma (MST) were not processed according to VBA policy, resulting in some erroneous denials. While VA sought to improve its training for VA raters responsible for developing claims for MST, and improved grant rates for MST claims, VA has not implemented all of the OIG's recommendations. Further, VA's rules currently provide relaxed evidentiary standards for veterans with PTSD resulting from MST. These same relaxed standards are not, however, available to veterans with any other mental health diagnosis resulting from MST. In addition, many parts of the MST claims process are unnecessarily retraumatizing to survivors. The process could benefit from bureaucratic changes and incorporation of best practices from VHA. The Committee will review implementation of methods to achieve equitable application of law amongst all veterans who have suffered MST.

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. During the COVID-19 pandemic, NCA temporarily suspended interments at some national cemeteries. At cemeteries authorized to conduct burials, VA imposed crowd limitations and social distancing measures, including the suspension of military funeral honors. This caused some families to delay interment until normal operations resumed or opt for a ceremony without military honors. The Committee will continue to monitor NCA's progress conducting burial services during the pandemic. The Committee will also examine implementation of newly created burial benefits. At the end of the 116th Congress, H.R. 7105 was signed into law, greatly expanding veterans' burial benefits and eligibility for state veterans cemeteries. The Committee will oversee VA's implementation of eligibility and these benefit programs.

SUBCOMMITTEE ON ECONOMIC OPPORTUNITY

Effectiveness of the Transition Assistance Program (TAP). The Committee continues to be concerned about the effectiveness of TAP which is intended to prepare servicemembers for their return to civilian life. The Department 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 servicemembers from VA and DoL. The Committee will conduct oversight regarding the implementation of the recent changes made to TAP in the *Fiscal Year 2021 National Defense Authorization Act* and the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act*, and discuss how TAP can continue to be enhanced for transitioning servicemembers and their families.

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 $24,476 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. The Committee will continue oversight of the implementation of *Harry W. Colmery Veterans Educational Assistance Act of 2017*, and the *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020*. Further, as avenues for learning and training continue to evolve and modernize, the Committee will examine these new programs and 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 to ensure the effectiveness of taxpayers' investment in our veterans' education benefits and identify predatory institutions targeting servicemembers, veterans, and survivors. The Committee will continue to examine how the COVID-19 pandemic has impacted student's ability to successfully use their Post-9/11 GI Bill benefits.

Vocational Readiness and Employment (VR&E) program. VA's VR&E program provides education and training benefits for service-connected disabled veterans with barriers to employment. The program funds 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 disabled veterans to live as independently as possible and the Veteran Success on Campus program, which currently stations VR&E staff at institutions of higher learning. The Committee will monitor 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 the management and overall effectiveness of the VR&E program as well as the recently introduced "eVA" IT system and how it will affect outcomes for veterans.

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, and often without requiring a down payment. This benefit is highly beneficial to veterans, servicemembers, and their families, and therefore, the Committee plans to continue oversight of the numerous improvements to the home loan program that have been enacted in previous Congresses. 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 severe service-connected disabilities, provide the funding to adapt their home or construct a new home so they are able 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 improvements made by the *Ryan Kules and Paul Benne Specially Adaptive Housing Improvement Act of 2019* that increased overall grant amounts and the number of times a veteran can use the grant. Finally, the Committee intends to evaluate the impact COVID-19 had on homeowners and prospective home buyers.

Adaptive Sports Program. This VA-administered program 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 $16 million. The authorization for the Adaptive Sports Program expires on December 31, 2022. 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 promoting small business contracting in the Department. OSDBU is also responsible for overseeing the Center for Verification and Evaluation (CVE) that adjudicates the applications of veteran and service-disabled veteran owned small businesses wanting to participate in the Veterans First Contracting program. The Veterans First Contracting program is designed to increase the amount of procurement dollars spent with veteran and service-connected disabled veteran-owned small businesses. The Committee will review OSDBU's performance and coordinate with the Committee on Small Business for the planned transfer of CVE to the Small Business Administration in two years.

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 and institutions of higher learning recognize and give credit for military training to qualify for state-licensed positions and therefore, the training provided by DoD is essentially wasted for veterans looking for employment in the same field. 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, 2022. 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's oversight of these programs is especially important to address the economic impact of COVID-19.

VETS Jobs for Veterans State Grant Program - Disabled Veterans Outreach Program Specialists (DVOPS)/ Local Veterans Employment Representatives (LVER). The DVOPS/LVER program is administered by DoL VETS and funds state employment service staff who are dedicated to placing veterans in well-paying jobs. There are significant issues regarding the inconsistent performance of this program 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. The performance of these programs will be especially important to veterans who are under employed and unemployed as a result of the COVID-19 pandemic.

Homeless Veterans. The Committee will examine the actions VA has taken to help reduce homelessness among veterans 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 VA's progress toward reducing veteran homelessness, as well as addressing the myriad factors that underlie veteran homelessness, rather than just increasing housing opportunities. 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 evaluate temporary measures passed in response to the pandemic to support employment and homelessness programs at VA that are serving more individuals due to COVID-19. This also includes overseeing the National Personnel Records Center recovery from delays caused by COVID-19 which has created a significant backlog of veteran requests.

SUBCOMMITTEE ON HEALTH

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 its involvement with the ongoing work of the White House PREVENTS Task Force. 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 rigorous oversight. The Committee will also 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. VA must ensure that such providers and organizations deliver culturally competent, evidence-based treatment. The Committee will also examine how women veterans are impacted by this issue, including access to residential treatment programs, differences in suicide risk, and connections with experiences affecting the women veteran population such as military sexual trauma and intimate partner violence. 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 will also examine VA's substance use and addiction treatment capacity and programming, with a focus on the overlapping mental health issues.

VA Medical Research. The Committee will oversee VA's medical and prosthetic research program, including its broad portfolio of veteran-centric research and its partnerships developed in 2020 to include veterans in clinical trials for COVID-19. VA's Office of Research and Development (ORD) 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 will examine how VA supports research into those 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, service-connected infertility among women veterans, and efficacy of medicinal cannabis to treat medical conditions specific and non-specific to the veteran population. In addition, the Committee will review whether ORD has the appropriate infrastructure and

technology to support world-class research to include genetic approaches to disease treatment and the ability to utilize the wealth of genetic data presented through the Million Veteran Program. The Committee also will conduct oversight of ORD's new authorities enacted through the *Commander John Scott Hannon Veteran Mental Health Care Improvement Act*, including a new precision medicine brain research program, the use of commercial institutional review boards, and improved data security requirements.

Community Care. Eligibility for care in the community was significantly expanded through VA regulations designating access standards for the Veterans Community Care Program (VCCP), as mandated by the *VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018*. As we have learned from VA's transitions between previous iterations of community care programs, including the Veterans Choice Program, roughly 18 months are needed to fully understand utilization and costs associated with that care. While VCCP has now been in place for more than 18 months, there are several factors that suggest the program is still maturing, and we still may not have a comprehensive picture of utilization or costs to date. The COVID-19 pandemic affected VA's referral patterns and veterans' utilization of community care. Therefore, it will take additional time for VCCP to stabilize. Aside from the financial implications, the Committee remains broadly focused on oversight regarding VA's increasing reliance on care in the community, which was trending upward year after year, even before the pandemic.

As VA completes the transition from its Veterans Choice Program contracts to the Community Care Network contracts it is using to administer VCCP, concerns have arisen about network adequacy and continuity of care. The Committee will continue to monitor the extent to which veterans' access to care has been affected by the transition to these new contracts. In addition, the Committee will examine VA's processes for monitoring the performance of the third-party administrators it has contracted with to build networks of community providers and process payments to these providers. VA's administratively burdensome appointment scheduling process for VCCP also needs reform, and the Committee will continue to conduct oversight to ensure VA improves its administrative efficiency and adequacy in the U.S. territories, with particular emphasis on the highly remote islands within the Pacific region. Finally, the Committee will monitor VA's efforts to provide veterans greater insight into community care appointment wait times, so veterans can make informed decisions about whether to seek care in the community.

Market Assessments and Asset and Infrastructure Review. Following the wait-time crisis in 2014, it became clear that VA needed to establish a continuous review process to help inform its make-versus-buy decisions related to health care delivery. A subsequent review by the Commission on Care, issued in 2016, found that an independent commission could be a useful mechanism for assessing and making recommendations related to VHA's infrastructure needs. Within the *MISSION Act*, Congress established mandates to carry out those two objectives, both of which have pending deadlines. The Committee is especially concerned with the status of Section 106 of the *MISSION Act*, which calls for VA to conduct market assessments. These assessments have largely occurred behind closed doors. The Committee is deeply concerned that the underlying methodology being used may no longer be appropriate, especially given how the COVID-19 pandemic has made lasting changes to the delivery of care and reshaped the healthcare delivery infrastructure across the country. These assessments are meant to feed into

the Asset and Infrastructure Review Commission required under Title II of the *MISSION Act.* The Committee will examine VA's assessments and their methodology.

Caregivers. Following the expansion of the Program of Comprehensive Assistance for Family Caregivers (PCAFC) in October 2020 to the first cohort of pre-9/11 veterans and their caregivers, VA has indicated this program may not be adequately funded. The Committee has long been skeptical of VA's budgetary assumptions around expansion of this program and preliminary data regarding new applicants seem to bear out those concerns. Without proper funding, pre-9/11 veterans and their caregivers may once again face exclusion. Aside from these budgetary concerns, the Committee will also closely monitor VA's implementation of the numerous changes it made to the program through regulation, as VA attempts to standardize the program and expand it to the second cohort of pre-9/11 veterans and their caregivers.

Long-Term Services and Supports. The Committee will 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. Over the years, VA has 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 for non-institutional care among its aging veteran population. The Committee will monitor VA's progress in this area. Moreover, given the impact COVID-19 has had on long-term care facilities nationwide, serious re-evaluations of this industry and the extent to which these facilities offer high-quality, safe care to residents need to occur. While many of these re-evaluations are outside the Committee's immediate jurisdiction, lessons can be learned from VA's CLCs. As of early 2021, there have been no widespread outbreaks of COVID-19 in any of VA's 134 CLCs, largely because of VA's extensive expertise in geriatrics, infection control, and emergency response. The Committee will work to identify VA's best practices and ensure they help inform the discussions had by the committees of jurisdiction as they undertake the much-needed review of the long-term care in America. 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. The COVID-19 pandemic and the comparatively higher incidence of COVID-19 outbreaks at SVHs, as compared to VA's CLCs, suggests the need for the Committee to reexamine the existing scope of VA's oversight authority over these state facilities, and re-evaluate the nature of VA's financial relationship with SVHs.

Provider Clinical Competence. In recent years, VA OIG, GAO, and media reports documented a string of incidents of patient harm within VHA medical facilities. These have called into question whether VHA medical facilities are carrying out all of their credentialing, privileging, and quality management responsibilities. Specifically, the Committee is concerned about whether VHA and its Veterans Integrated Service Networks (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 will evaluate gaps in VHA policy and processes for continuously monitoring

provider clinical competence and consider measures to improve these policies and processes. The Committee is also concerned about VA's implementation of Section 108 of the *MISSION Act* which would exclude from participation in the VCCP networks those providers who have lost medical licenses in any state due to concerns about poor quality of care, or who were removed or suspended from VA employment for quality of care concerns. The Committee will monitor VA's progress in addressing weaknesses in VCCP credentialing and monitoring policies.

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 agency participation in states' prescription drug monitoring programs. The Committee will also continue its oversight work to prevent drug diversion within medical facilities, including reviewing policies for tracking and managing controlled substances and compliance with inspection requirements.

COVID-19 Response. VHA was able to use its experience in healthcare and emergency management in its response to the pandemic. The Department quickly mobilized to expand inpatient beds and laboratory testing capacity; expanded the delivery of services via telehealth wherever possible; obtained temporary authorities that helped expedite hiring of medical personnel; restricted access to CLCs and spinal cord injury units (which serve medically vulnerable veterans); and established veteran, employee, and visitor screening processes at the entrances of all facilities. However, there were also missteps with acquiring personal protective equipment (PPE), and VA's overall management of telework for non-medical staff was haphazard and may have unnecessarily exposed staff to COVID-19. The response is by no means complete, and as the virus continues to present nationwide challenges, the Committee is monitoring VHA's efforts to ramp up vaccination of veterans, their caregivers, and staff. The Committee will continue to closely monitor VHA's response, including certain vulnerabilities that have been exposed by the pandemic, the long-term health of veterans who were diagnosed with COVID-19, and potential ongoing impacts of delays in care, and mental strain due to the increased stress and isolation caused by the COVID-19 pandemic.

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 continue 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. The COVID-19 pandemic has made clear the current national response structure will not meet the needs of states, localities, tribes, and territories when the next public health emergency or natural disaster occurs. VHA has had to take on a larger role to compensate for DoD's absence by taking on mission assignments from FEMA that DoD has refused. At the same time, the Mission Assignments DoD is accepting are not coordinated with VHA. DoD has

refused to coordinate efforts with VHA even in areas with overlapping Mission Assignments. The Committee will review potential measures that will elevate VHA's role to the one DoD is abdicating. This may require the creation of a dedicated response program, budget, and personnel to make up response teams and a potential restructuring of federal disaster medical response systems, which will need to be discussed and coordinated with other committees of jurisdiction. Additionally, the Committee will review potential partnerships with the Indian Health Service and Public Health Service as well as increases of deployable nursing personnel to staff the mobile medical units VHA already possesses.

Reproductive Health. Providing greater access to reproductive services through VA ensures veterans can have a full quality of life that they may otherwise be denied. The Committee will review proposed measures concerning veterans access to the full spectrum of reproductive healthcare. The Committee will further examine proposed steps to address the needs of women veterans whose conditions prevent a full-term pregnancy as well as increase access to contraception. In addition, the Committee will further examine improving maternal health outcomes, including maternal mental health, and maternal mortality and morbidity.

Health Equity. On almost all available metrics, racial and minority veterans have lower life expectancies and higher prevalence of diseases than white veterans. The impact of COVID-19 on communities of color has exacerbated these existing disparities. In 2020, racial and ethnic minority veterans made up 22% of the total veteran population. VA projects that number to reach 35% by 2040. Furthermore, the lack of data on LGBTQ+ veterans hinders the ability to address their unique health needs. All veterans must have access to culturally competent healthcare from the very system charged with caring for them. The types of services, the competencies VA develops, and the manner of outreach it conducts must meet the unique needs of its patients. This is particularly true as VA works to establish relationships with tribal communities and increase access to care through partnerships with Indian Health Service, Urban Indian Organizations, and Tribal Health Systems. This is crucially important as American Indians and Alaska Natives serve in the military at a higher rate than any other cohort yet are the least likely to use VA healthcare. VA should be the leader in American healthcare that can dynamically meet the needs of an increasingly diverse and intersectional patient population. The Committee is also committed to addressing the data and research gaps that make race health inequities among minority veterans so difficult to address. Furthermore, the pandemic has also illustrated the need to ensure VA is implementing language inclusivity in its written materials and educating personnel on the necessary cultural competencies for working with tribal veteran communities and communities whom VA has historically excluded. The Committee will review proposals to improve the health status of minority veterans. The Committee will examine VA's fulfilling of its role in the federal government's relationships with tribes.

Increasing the Visibility of Women Veterans. The two million women who have served in the U.S. military comprise the fastest growing subpopulation of both the military and veteran populations. In fact, women comprise 10% of the current veteran population and 17% of currently serving military personnel. The women veteran population is also increasingly diverse, and oversight should take an intersectional approach to serve women veterans who are also minority veterans, LGBTQ+ veterans, Native veterans, or otherwise underserved. It is critical that Congress promote inclusivity and equitable access to comprehensive healthcare, benefits,

education and economic opportunity, and other federal resources for women veterans, particularly at VA. In 2020, Congress passed the *Deborah Sampson Act*. The bill was the most comprehensive legislation serving women veterans in more than a decade, and its implementation will require close oversight by the Committee. The Committee's examination of issues impacting women veterans includes, but is not limited to, four key policy priorities areas for VA: 1) Ensuring a welcoming and inclusive VA, including eradicating sexual harassment and assault; 2) Providing equitable access to VA healthcare, including gender-specific care, such as mammography, gynecology and obstetrics; 3) Improving economic opportunities for women veterans and their families; and 4) Guaranteeing that women veterans have equal access to VA benefits, including education, disability, and pension benefits.

Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) Veterans. LGBTQ+ people are represented in a higher proportion in the military than in the general population and have been both historically and systematically discriminated against during their services by policies, including "Don't Ask-Don't Tell" and the prior Administration's transgender service ban. Lesbian and bisexual women are overrepresented among women veterans, and transgender veterans frequently use the women's health services either by choice or to meet specific preventative health needs. However, LGBTQ+ veterans are not mentioned in title 38, and VA has no single entity for addressing their needs. The Committee will examine necessary steps to address inequities for LGBQT+ veterans.

Access to Care for Veterans with Toxic Exposure. Veterans, particularly those of Iraq and Afghanistan, are increasingly reporting serious health conditions that they believe were caused by exposure to burn pits and other airborne hazards in the military. The Committee will work to provide a pathway to care in the VA healthcare system for these and future generations of veterans and improve research into the long-term effects of toxic exposure.

Access to Care for Homeless Veterans. The Committee remains concerned about the health and well-being of veterans who are homeless or insecurely housed. The Committee is also concerned that the economic impacts of the COVID-19 pandemic have caused more veterans to be at-risk of homelessness, which could result in a host of negative physical and mental health impacts. The Committee will conduct oversight to ensure that the VA healthcare system is accessible and responsive to the needs of homeless or at-risk veterans and providing wraparound services and support to address underlying factors that may lead to homelessness.

Telehealth. The VA healthcare system has been a long-time leader with respect to telehealth. That afforded VA a leg up in expanding opportunities for virtual care during the COVID-19 pandemic, which allowed VA to continue providing needed care to veteran patients while reducing exposure concerns and other risks. The Committee will examine the role of telehealth in the VA healthcare system to ensure veterans are given the option to choose the care setting that best meets their needs and that access, outcomes, and satisfaction rates for telehealth services are commensurate with in-person services. The Committee will also work to address connectivity concerns for veterans in rural and remote areas and those who are homebound so that they have the same access to telehealth as other veterans.

Workforce. Ensuring that VA employs a robust workforce of well-qualified and highly trained clinicians and support staff is key to ensuring timely access to high-quality care for veterans. Nevertheless, VA has historically had significant recruitment and retention challenges. Those challenges are exacerbated by multiple, complex hiring authorities that VA uses to staff medical facilities. Despite that, VA has made tremendous progress during the COVID-19 pandemic to shorten the hiring process and on-board needed medical staff. The Committee will evaluate that work to determine how it can be sustained and consider other action to address VA staffing shortages where they may exist.

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.

Foreign Medical Program. The Committee will conduct oversight of VA's Foreign Medical Program to ensure that veterans residing outside of the United States continue to receive needed care for service-connected conditions and that the foreign medical providers treating them receive timely, appropriate reimbursement from VA for their services.

Eligibility for Care in the VA Healthcare System. The current VA enrollment priority group system was created in 1996. 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 and 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 toxic exposure and character of discharge concerns to ensure that all veterans can receive the care that they need.

Construction. The Committee will continue to monitor those 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 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 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 continue to uncover the root causes of these problems and well as explore options that allow for expeditious authorization of new projects.

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS

GAO High Risk List. VA is responsible for addressing three areas on GAO's High Risk List: federal disability programs (added in 2003), VA health care (added in 2015), and VA acquisition management (added in 2019). Within these three issue areas, GAO has further identified weaknesses that include ambiguous policies and inconsistent processes, inadequate oversight and accountability, severe problems with information technology, inadequate training for VA staff, and shortfalls in effective acquisition of medical and surgical supplies. The Committee is concerned that root causes identified by GAO have yet to be appropriately addressed, action plans to address high risk designations are not sufficiently developed, and VA leadership's professed commitment to addressing all three areas on GAO's High Risk List has not been operationalized. Similarly, the Committee will examine agency plans to address the priority recommendations of the VA OIG.

***VA Inspector General Budget and Performance*.** The VA OIG provides vital oversight. However, there are concerns as to how VA uses the recommendations of the OIG to increase efficiency and effectiveness in providing services to veterans. The Committee will examine the OIG's current workload to confirm that the OIG has the resources to investigate hotline complaints, congressional requests, and conduct routine inspections and audits. The Committee will also closely monitor whether OIG is granted access to VA documents, information, and employees when requested, and act to ensure the OIG has the access and authority to conduct its investigations, inspections, and audits.

***Agency Accountability and Transparency*.** Veterans deserve an accountable agency that functions in a transparent manner. However, the agency has seen shortfalls in this area, such as the continuing backlog in fulfilling requests under the Freedom of Information Act. The Committee will examine VA's adherence to federal laws regarding political appointments and vacancy of confirmed positions, government ethics, and the Federal Advisory Committee Act, as well as government transparency laws.

Whistleblowers. Whistleblowers continue to be a vital source of information. Protecting an employee's legal right to communicate with Congress and report alleged violations of laws, rules or regulations, waste, abuse, mismanagement, and safety issues is essential for effective oversight. The Committee will examine the implementation of relevant laws and requirements, including the implementation and operations of the Office of Accountability and Whistleblower Protection.

***Racial Disparities in the Workforce*.** VA has not made enough progress toward reducing racial, gender, and other disparities among the Department's management, as well as addressing challenges faced by many classes of employees protected by law. The Department could bolster diversity and inclusion efforts by supporting the development and implementation of a robust Diversity and Inclusion Strategic Plan, as well as taking other steps to address the challenges

facing protected employee classes. The Committee will examine these plans and progress toward implementation.

VA Procurement and Acquisition. VA continues to spend tens of billions of dollars annually for the procurement of pharmaceuticals, medical and surgical supplies, prosthetic devices, information technology, construction, and services. However, VA faces long-standing and serious organizational and workforce challenges in acquisition and procurement resulting in inefficiencies and shortages. The consequences of the problems have become stark during the COVID-19 pandemic. The Committee will continue to examine these challenges and the agency's plans for improvement to ensure adequate supplies are available during regional and national emergencies.

***Preventing Improper Payments and Ensuring Financial Accountability*.** Independent assessments by the OIG detail specific shortfalls by VA in complying with federal financial management laws. The Department's financial systems remain antiquated. In addition, billions of dollars of agency spending are classified as improper payments, millions of which constitute overpayments and underpayments. The Committee will examine VA financial management, compliance with relevant laws, and its plans for improvement.

VA Police. The OIG found that governance of the VA police program at medical facilities was inadequate. VA lacks central oversight of its police programs and mechanisms to prevent or address civil rights violations, abuse, or misconduct caused by VA police. The OIG also found significant understaffing and inadequate staffing models at VA medical facilities. The Committee will conduct oversight to determine whether remedies are needed to bring greater accountability to the VA police force, prevent conflicts of interest, and ensure existing avenues of redress are functioning appropriately for those whose rights have been violated by VA police.

Sexual Harassment at VA. VA has one of the highest rates of employees experiencing sexual harassment in the federal government. However, agency leadership has not fully addressed this rampant problem. The Department should take action 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. The Committee will continue to oversee VA's actions in this area.

Employee Adverse Actions and Federal Labor Protections. VA's workforce deserves the ability to bring legitimate grievances forward without risk of retaliation, and have the assurance that laws governing federal workers are applied fully and fairly. However, collective bargaining rights for VA employees have been undercut, diminishing these rights. Further, many VA employees, such as registered nurses, physicians, dentists, and physician assistants, fall under an exception to Title 5 collective bargaining rights and therefore do not receive the same workforce protections as other federal employees. The Committee will continue its oversight of the collective bargaining processes that are in place with labor partners. The Committee will also review disciplinary actions taken against VA employees, to ensure they are completed fairly and in accordance with current law. The Committee will also review whether VA employees subject to adverse actions receive due process—including access to representation

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, complicated emergency care procedures and regulations, and inefficient manual adjudication processes. The Committee will continue to evaluate VA's payment deficiencies and oversee actions to improve efficiency.

Reform of Bureaucracy. The Committee will analyze the structure and performance of VA offices based on data and outcomes focusing on management functions (human resources, supply chain, IT, finance) and headquarters staff offices (such as general counsel, enterprise integration, veterans' experience, human resources/administration, public affairs) which have largely escaped scrutiny in the past. The Committee will also consider holding hearings with individual offices to assess performance, and sending recurring, uniform letters to all such offices to collect performance data.

SUBCOMMITTEE ON TECHNOLOGY MODERNIZATION

Electronic Health Record Modernization (EHRM). 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) Military Health System (MHS) Genesis system and community providers' systems. VA deployed the first of at least two capability sets at the Initial Operating Capability sites on October 24, 2020. The Committee will continue to monitor all aspects of implementing EHRM, including governance and accountability, cost, schedule, clinical impact, training, testing and evaluation, and interoperability.

IT Infrastructure/Enterprise Investments. VA information technology (IT) has been on GAO's High Risk List since 2015. Many modernization initiatives are underway but appear to be siloed among individual projects (e.g. Electronic Health Record Modernization (EHRM), Financial Management Business Transformation (FMBT), and Defense Medical Logistics Standard Support (DMLSS)) and not sufficiently coordinated or evaluated on an enterprise-wide level despite dependencies between all programs. The Office of Enterprise Integration is attempting to address these shortcomings but its role is not wholly defined. The Committee will evaluate modernization plans to assess how they address GAO's concerns, as well as gauging whether VA's modernization efforts address enterprise-wide technology deficits. The Committee will also evaluate the presence of "shadow IT," which is the use of systems, devices, software, applications without approval, and VA's plans to address it.

Veteran Health Portal. VA has relied on a veteran-facing health portal, called *My HealtheVet*, to connect veterans with their care. The portal enables veterans who receive care at VA facilities to manage appointments, order prescription refills, and communicate with their care team, among other capabilities. VA's transition to Cerner Millennium has brought the future of *My HealtheVet* into question, as Cerner has its own patient portal, branded *MY VAHealth*. The Committee will monitor VA's decision-making processes to ensure, regardless of which product is ultimately selected, that considerations of cost, clinical impact, opportunities to realize improvements, and efficiencies are included, and that veterans' needs are being met.

***Scheduling System Acquisition*.** A new scheduling solution has been touted as crucial to improve VA's wait times. In January 2019, VA announced a decision to not move forward with its Epic Medical Appointment Scheduling System pilot that was described as very successful, and instead acquired a Cerner scheduling system, which was to be implemented on an accelerated schedule independent of EHRM. In August 2020, VA successfully deployed its new Cerner Centralized Scheduling Solution (CSS) in Columbus, OH. Following that implementation, VA halted future deployments of CSS, presumably due to the ongoing COVID-19 pandemic. VA officials have provided little information about any plans for future expedited deployments of CSS. The Committee will assess the VA's decision-making process, plans for CSS implementation across the enterprise, and its impacts on the EHRM program.

Legacy System and VistA Sustainment. VA's significant modernization activities require that it plan for the sustainment and eventual retirement of certain information technology legacy systems, including most elements of the VistA system, which is a backbone system that supports many other systems. Because the EHRM implementation is expected to take over a decade to complete, VA will need to sustain modules of the existing VistA system at a projected cost of nearly $20 billion over ten years. VA has yet to produce a comprehensive plan for the management of VistA and other legacy IT systems. The Committee will monitor efforts to create sustainment plans, particularly how VA manages VistA during EHRM implementation.

Financial Management System Modernization. VA continues to move forward with the FMBT project, although significant work remains. The project, estimated to cost $2.3 billion over ten years, will replace VA's legacy financial management, internal accounting, acquisition management, and related systems. FMBT was deployed at a limited number of NCA sites in 2020. The Committee will continue to monitor the program as it moves through implementation. The Committee prioritizes achieving a successful implementation of the system as quickly as possible to demonstrate its viability.

IT Governance. In 2002, VA IT was centralized under the Chief Information Officer (CIO), and in 2007, the Office of the Assistant Secretary for Information and Technology (OIT) was created. This structure has left various administrations within VA without dedicated IT resources and funding and led to internal lobbying for projects being prioritized. The complicated dynamic between OIT, VA' three administrations, and program offices has created some ambiguity regarding "ownership" of certain IT infrastructure updates/upgrades. The Committee will evaluate the efficiency and efficacy of the centralized IT structure and its resourcing. The Committee will also continue oversight of other governance structures, including the Federal Electronic Health Record Management (FEHRM) program office.

***IT Workforce Investments*.** 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. However, it is not clear if there is a comprehensive workforce plan and whether future budget submissions will address this shortfall. The impact of temporary hiring during the COVID-19 pandemic also needs to be assessed. 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.

***Cybersecurity and Privacy*.** The acquisition of new IT systems by VA, and recent high-profile breaches within the federal government, highlight questions about cybersecurity and data management. VA has also received numerous repeat material weaknesses in Federal Information Security Management Act (FISMA) audits over the last several years. The implementation of EHRM has implications for the protection of veteran health information and will require further assessment for cyber risks due to the system's interoperable environment. 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, especially as the Department expands its work with third party hardware and software vendors.

Data Management. VA has yet to develop a comprehensive data management strategy that will identify gaps in VA's data and data management infrastructure. VA's strategy should include how data is stored, transferred, and accessed by disparate systems, and by specific user roles (e.g. frontline clinicians. researchers, benefit administrators, etc.). There are also considerations regarding what type of data VA collects, including long-standing gaps in VA's demographic data, specifically related to race, ethnicity, and LGBTQ+ identity. This data is crucial in the care and treatment of veterans in these populations and in the evaluation of possible gaps in healthcare and benefits for those veterans. The Committee will conduct oversight of VA's policies and how they are being applied, especially related to what data is, and is not, collected, and how that data is being used to inform VA's policies.

***Technology Equity*.** The COVID-19 pandemic has highlighted, and exacerbated, the digital divide (the gap between those who have access to technology, especially broadband internet, and those who do not). VA has relied heavily on tele-technologies to facilitate services such as primary/specialty care appointments and scheduling appeals hearings during the pandemic. However, those services are limited when veterans do not have regular and reliable access to appropriate hardware and internet resources, including broadband connectivity. The Committee will evaluate VA's plans to address the digital divide, especially as it pertains to racial minority, low income, tribal, and other underserved veteran populations.