

**House Committee on Veterans' Affairs**  
**114<sup>th</sup> Congress – Oversight Plan**

The Committee on Veterans' Affairs conducts its oversight with the help of four Subcommittees: Oversight and Investigations; Economic Opportunity; Disability Assistance and Memorial Affairs; and Health. It is expected that oversight of the issues outlined below will be a shared responsibility of both the full Committee and the appropriate subcommittees.

**Subcommittee on Disability and Memorial Affairs**

- Appeals reform – The Board of Veterans Appeals (BVA) reviews benefits claims submitted by veterans who disagree with the decision made on their claim by a VA Regional Office. It currently takes over two years for BVA to reach a decision due to the backlog of claims. The process often involves a remand by BVA to the Regional Office for additional information which further lengthens the time to a final decision. The Committee will explore alternative processes and initiatives to the current system.
  
- VBA Training – The Veterans Benefits Administration's (VBA) overall training strategy continues to result in questionable outcomes. VBA recently spent about \$10 million to upgrade the skills of claims examiners. However, Committee staff attended several training sessions and spoke with participants to determine the quality of the training. Participants were nearly unanimous in their judgment that the training was of poor quality, hastily organized and inadequate in nearly all phases. The Committee will review VBA's training program beginning with initial skills training through advanced and recurrent training.
  
- Court of Appeals for Veterans Claims – The Court of Appeals for Veterans Claims (CAVC) was established in 1988 and has exclusive jurisdiction over decisions made by the BVA. The Committee will conduct oversight over the operation of the Court, including the current, jurisdiction, and compensation and benefits of CAVC judges sitting on the Court compared to other Article III courts and the Federal judiciary. The Committee will make the comparison to determine whether CAVC judges are adequately compensated relative to their workloads and scope of work.
  
- VBMS and VBA IT Systems – The Committee will review the Veterans Benefits Management System (VBMS) and other VBA IT systems, to include inquiry into claims, future capabilities and efficiencies, prevention of government waste due to erroneous automatic payments or other system failures, and strategic planning for the paperless environment. VA has spent hundreds of millions of tax dollars to develop an information technology system to process disability benefit claims. To date, the Committee continues to receive information that the system is frequently inoperative thereby forcing claims processors to use inefficient systems designed decades ago.

- VBA Fiduciary Program – The Committee will review the performance of the VBA Fiduciary Program. The program is designed to provide financial security to veterans who have been determined unable to manage their VA benefit payments. Fiduciaries are designated by VA and can be a family member, a close friend, or a professional fiduciary. The review will include oversight of how fiduciaries are appointed, the Department’s compliance with provisions in the Brady Handgun Violence Prevention Act (Public Law 103–159, 107 Stat. 1536) that can effectively deny veterans in the fiduciary program of the Second Amendment rights as well as fraud associated with the program.
- Discharge and Benefits Eligibility – The Subcommittee will review the treatment of character of discharge and subsequent effect on benefits and healthcare. The Committee is aware that many veterans receive types of discharges that deprive them of their VA benefits as well as affect their ability to hold many types of employment. These discharges are sometimes awarded due to a servicemember’s performance under the stresses of PTSD and other mental health-related issues.
- IDES Program – the Subcommittee will conduct oversight over the Integrated Disability Examination System (IDES) program collaboration of DoD and VA, to include outcomes and timeliness. IDES is intended to begin the disability claims process while a servicemember is on active duty. The goal is to completely reach a decision on the claim by the time the servicemember is discharged or shortly thereafter.
- National Cemeteries – The Subcommittee will continue oversight over National Cemetery Administration (NCA), Arlington National Cemetery (ANC), American Battle Monuments Commission (ABMC), to include each organization’s mission and operation. to include inquiry into matters of unclaimed remains, access, and the methodology for determining veteran satisfaction. Each of the above organizations provides a hallowed resting place for veterans. VA alone operates over 150 National Cemeteries to provide an honorable resting place for veterans and certain dependents. The Committee will look into a number of issues including poor cemetery maintenance, destruction of and misplaced grave markers, and overall management issues.

### **Subcommittee on Economic Opportunity**

- Effectiveness of the Transition Assistance Program (TAP) – The Committee continues to be concerned about the effectiveness of the TAP program which is intended to prepare servicemembers for their return to civilian life. The Departments of Defense, Veterans Affairs, and Labor jointly manage and provide content to the five-day course that focuses on skills needed to obtain gainful employment as well as an understanding of the benefits that are available to them from VA and DoL.
- Performance of the Veterans Employment and Training Service’s State Grant program including performance of the Disabled Veterans Outreach Program Specialist/Local Veterans Employment Representative (DVOPS and LVERs) use of employment outcome

measures – The DVOPS/LVER program funds state employment service staffs who are dedicated to placing veterans in good-paying jobs. There are significant issues surrounding the inconsistent performance of this program across the states and the outcome measures used to determine performance continue to be inadequate.

- Effectiveness and outcomes of Education and Training Programs for Returning Veterans with a focus in GI Bill processing, implementing the in-state and Frye scholarship provisions in the Choice Act, and the VetSuccess on Campus program – The Post-9/11 GI bill is the most generous education program for veterans since the original WWII 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 \$19,000 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 and the zip code of the institution. Recent changes to the program have expanded eligibility for surviving dependents and the Committee intends to determine how VA is implementing those changes as well as the performance and value of the success-on-Campus program that stations VA Vocational Rehabilitation staff on approximately 95 campuses.
- Vocational Rehabilitation and Employment (VR&E) program– The VR&E program provides education and training benefits for disabled veterans with barriers to employment. The program will fund all costs related to long and short-term education and training as well as immediate job placement services. VRE also manages the Independent Living (IL) program designed to enable the most severely injured veterans to live as independently as possible. The Committee continues to be concerned about counselor caseloads and outcomes of VRE programs. The Committee will also conduct oversight over management and overall effectiveness of the VR&E program.
- Center for Veterans Enterprise (CVE) – CVE is responsible for vetting the applications of veteran and service-disabled veteran-owned small businesses wanting to participate in the program designed to increase the amount of procurement dollars spent with veteran and disabled veteran-owned small businesses. CVE's vetting program continues to approve companies that are not qualified for multiple reasons as well as disapprove qualified companies. The Committee will review CVE's performance and coordinate with the Small Business Committee to determine appropriate alternatives.
- Licensing and Credentialing Issues – The Subcommittee plans to look into 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. The Department of Defense spends billions of tax dollars to provide servicemembers with the skills needed to complete DoD's mission. The vast majority of those skills translate well to civilian jobs. Unfortunately, few states recognize and give credit for military training to qualify for state-licensed positions and therefore, the training provided by DoD is essentially wasted. The Committee will review states' progress toward awarding credit for military training.

## **Subcommittee on Health**

- Implementation of Public Law 113-146, the Veteran Access, Choice, and Accountability Act of 2014 – The Committee will thoroughly examine the actions the Department of Veterans Affairs (VA) has taken to ensure that the law is implemented in accordance with statutorily required timelines and Congressional intent. Last year, Committee oversight and whistleblower revelations exposed systemic access to care delays, widespread data manipulation, and failures of accountability across the VA healthcare system. These issues left some veterans waiting weeks, months, or – in some cases – years for needed VA medical appointments. As such, particular consideration will be given to the status of the Veterans Choice program created by section 101 of the law and other efforts undertaken by VA to ensure veterans receive timely and accessible medical care, whether at VA medical facilities or through non-VA providers. The Committee will begin looking at a longer term solution that fully incorporates non-VA care into the traditional VA care model, either through a restructured PC3 program or other vehicle. The Committee will also closely monitor VA’s efforts to ensure that payments to non-VA providers are both accurate and timely and continue aggressive oversight of VA’s efforts to ensure that all appropriate actions are taken to hold VA leaders and employees accountable for actions that cause harm to veteran patients.
- Mental Health Care Quality, Access, and Staffing - The Committee will continue to conduct rigorous oversight of the provision of mental health care to veteran patients, particularly those at risk of suicide. On average, 22 veterans commit suicide each day - in spite of significant increases in VA’s mental health and suicide prevention budget, staff, and programs over the last several years. In light of this seeming disconnect, the Committee will examine the effectiveness of VA’s mental health and suicide prevention programs in reducing the prevalence of mental health issues and suicide among the veteran population. As part of this effort, the Committee will also examine the quality, availability, and efficacy of the readjustment counseling services provided through VA Vet Centers.
- Women Veterans – The Committee will evaluate actions needed to increase access and overcome barriers to care for women veterans. Women are the fastest growing segment of the veteran population yet research continues to indicate that VA struggles with providing women veterans with appropriate gender-specific and gender-sensitive care in a welcoming environment. In response, the Committee will examine VA’s current practices and actions needed to improve the provision of care to women veterans.
- Medical Recruitment, Retention and Staffing – The Committee will closely examine VA’s staffing, recruitment, and retention plans. VA has identified staffing shortages as a key issue impacting access to care for veteran patients. Recently, VA transmitted a plan to Congress detailing VA’s intent to invest \$2.2 billion to hire approximately 9,600 new permanent medical staff. The Committee will closely monitor the use of these

funds and the impact staffing increases have on access to and quality of care for veteran patients. In light of the long-history of VA Inspector General and Government Accountability Office reports regarding deficiencies in the productivity and staffing measures used by VA medical centers and clinics, the Committee will also assess VA's methodology to identify, prioritize, and correct staffing shortages.

- **Caregiver Support** - The Committee will continue to monitor the implementation of the caregiver assistance programs established in Public Law 111-163, the Caregivers and Veterans Omnibus Health Services Act. The Committee recognizes and respects the valuable services caregivers provide – often to the detriment of their own emotional, physical, and financial health – to veterans in need. As such, the Committee will also continue to examine the findings and recommendation made by the Government Accountability Office and the RAND Corporation, among others, regarding how to improve caregiver programs. Notably, the Committee will also evaluate the feasibility of the expansion of the Family Caregiver Program and the requirements VA must meet to responsibly expand it to family caregivers of pre-9/11 veterans. In addition to evaluating the feasibility of the expansion of the Family Caregiver Program to pre-9/11 veterans, the Committee will also examine the feasibility of including “ill” veterans’ caregivers in the program.
- **Management of Major Medical Facility Projects and Leases** - The Committee will continue its aggressive oversight of VA's major medical facility construction projects and leases. The Committee will also evaluate actions needed to expedite VA's leasing projects in light of recent changes that require VA to work with the General Services Administration to execute major medical facility leases. Particular consideration will be given to the status of ongoing major medical facility construction projects in Orlando, Florida; New Orleans, Louisiana; and Denver, Colorado; and the twenty-seven major medical facility leases authorized in Public Law 113-146.
- **Organizational and Management Structure** – The Committee will closely examine the current Veterans Health Administration organizational and management structure. Last year, the Committee received testimony from the VA Inspector General that, “...there are several organizational issues that impeded the efficient and effective operation of [the Veterans Health Administration] and place patients at-risk of unexpected outcomes.” The Committee will thoroughly evaluate these organizational impediments to care and assess changes that may be needed to improve the provision of timely, quality care to veteran patients. VISN scope, function, and manpower requirements will be examined for possible restructuring. The Committee will also monitor VA's efforts to increase the efficiency of medical facility operations and, ultimately, access to care for veteran patients. In addition, the Committee will also evaluate best practices utilized by private sector health care systems and their applicability to – and inclusion in - the VA healthcare system.

- Medical and Prosthetic Research Program and Centers of Excellence - The Committee will closely examine VA's medical and prosthetic research program. VA's Office of Research and Development (ORD) conducts an extensive research program that is tasked with conducting research to advance the health care provided by VA and to the nation. Outside of ORD, VA also operates a number of Centers of Excellence across the country that conduct research on specific aspects of VA health care. The Committee will aggressively oversee the totality of VA's research programs and ensure that best practices are conducted and disseminated throughout the country.
- Prosthetic Care and Procurement – The Committee will continue to closely monitor and assess the provision of care to veterans requiring prosthetic devices. In 2012, VA undertook an initiative to reform prosthetics procurement practices. Under the new system, purchasing authority for prosthetics equipment above \$3,000 was transferred from prosthetics purchasing agents to contracting specialists. The Committee remains concerned that these reforms have resulted in lengthy and unacceptable delays in care for veterans in need. As such, the Committee will also examine the continuing impacts of prosthetic procurement reform and actions needed to ensure veterans – particularly those requiring high-level prosthetic devices – receive timely and responsive prosthetic care.
- Pain Management - The Committee will examine the increasing use of prescription medications to treat veterans experiencing acute and chronic pain. Data suggests that veterans are a particularly high-risk population for prescription misuse, substance use disorder, accidental overdose, accidents, and/or self-inflicted injury. In particular, questions were raised in the 113th Congress regarding the need for VA to provide a “higher consent” form to veterans regarding medication side effects and offering them alternative therapies to medications in order to manage their pain. Accordingly, the Committee will examine actions needed to improve pain management across the VA health care system.
- VA Partnerships with Community Organizations - The Committee will continue to examine the role of non-profit, faith-based, and community providers in helping veterans transitioning from active duty to civilian life and/or struggling with health or other issues. Operating outside the constraints of a Federal bureaucracy, faith-based, non-profit, community, and other nongovernmental organizations are uniquely situated to assist VA in breaking down identified barriers to care for veterans in need. Indeed, these groups are already playing a pivotal role in caring for the veterans in communities across the country every day, providing a range of services including transportation, housing, mental health counseling, crisis intervention services, scholarships, financial assistance, and workforce reintegration programs. The Committee will focus on VA's relationship with these critical community partners and further actions needed to increase and improve meaningful and effective working relationships between them and VA.

- Homeless Veterans - The Committee will thoroughly examine the actions VA has taken to provide homeless and at-risk veterans with appropriate housing, healthcare, and training and employment opportunities. In November 2009, then-VA Secretary Shinseki announced a Five-Year Plan to End Veteran Homelessness. Since this Plan was implemented in 2010, veteran homelessness has decreased by 33 percent and VA's total medical care obligations for homeless veterans has increased to roughly \$6 billion, more than ten percent of VA's entire medical care budget. In light of the pending conclusion of the Plan and the considerable investments that have been made in support of it, the Committee will closely assess the status and sustainability of the progress made to-date to eradicate veteran homelessness. Importantly, the Committee will also work to ensure that VA's efforts regarding homeless veterans are focused not just on housing but also on the elimination of the factors underlying homelessness.
- Toxic Exposures – The Committee will examine VA's efforts to improve the research and treatment available to veterans who may have been exposed to toxic chemicals during their military service. Negative health effects as a result of exposure to toxic chemicals can have lifelong and generational effects on veterans and their families. In recognition of this, the Committee will assess the actions VA has taken in response to verified or suspected toxic exposure incidents and evaluate actions still needed to improve services to veterans and family members.
- Traumatic Brain Injury (TBI) and Long Term Rehabilitation – The Committee will continue to examine the treatment provided to veterans with TBI. Identifying and implementing innovative treatment techniques to aid these veterans in their recovery has been a long-standing Committee priority. Particular consideration will be provided to overseeing the ongoing community-based brain injury residential rehabilitative care pilot program. Anecdotal evidence seems to indicate that veterans involved in the pilot program are satisfied with it and appear to experience functional gains as a result of the services they receive. In support of these initial findings, the Committee will continue to oversee the pilot as well as assess actions needed to enhance rehabilitation, quality of life, and community integration for veterans with TBI.
- Complementary and Alternative Medicine – The Committee will assess the availability, use, and efficacy of complementary and alternative medicine to treat veterans in need. Anecdotal evidence from veterans in complementary and alternative medicine programs indicates positive health effects and, increasingly, veterans are advocating for a variety of treatment options in addition to traditional medicine. As such, the Committee will examine how VA is incorporating complementary and alternative medicine into VA medical facilities and monitoring the effectiveness of complementary and alternative treatments for veterans with physical and mental health issues.
- Veterans Courts – The Committee will assess VA's Veterans Justice Outreach programs and, in particular, the role of veterans courts. Veterans with mental health, substance use, and other needs that are left untreated can sometimes become involved

with the criminal justice system. The Committee will evaluate the use and effectiveness of veterans courts in assisting veterans with mental health and other needs access treatment and avoid unnecessary criminalization and incarceration.

- Pharmacy Issues – The Committee will examine ongoing issues with VA’s pharmacy practices and formulary. The Committee will also evaluate the process through which veterans are prescribed non-formulary medications, as required, and the process through which new medications are vetted and, ultimately, provided to veteran patients. The Committee will also oversee the use and effectiveness of VA’s consolidated mail outpatient pharmacy.
- Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) - CHAMPVA provides health benefits to spouses and children of veterans who are disabled or who died from a service-connected disability. When the Affordable Care Act (Public Law 111-148) was passed in 2010, children of these veterans were left out of the provisions allowing dependents to stay on their parents’ insurance until age 26. However, within the military health program TRICARE, dependents are allowed to stay until 26, creating a potential inequity for CHAMPVA dependents. The Committee will examine the feasibility and advisability of extending the CHAMPVA program to age 26 for those who are eligible.

### **Subcommittee on Oversight and Investigations**

- VA Procurement and Acquisition – the VA procurement and acquisition process has been a recurring problem area for the VA. The Committee will look into numerous allegations of inappropriate and inefficient procurement practices at the VA and work toward identifying concrete steps that VA can take to improve the procurement and acquisition process.
- VA Major Construction – The Committee will be undertaking a comprehensive investigation and review of VA’s Major Construction program. VA’s current practices may increase costs and delays in constructing facilities, as most recently evidenced at the Denver VA Medical Center project, a project where costs have skyrocketed and estimates regarding completion have stretched into the future.
- VA Claims Process – The Committee will be looking into the VA claims process to ensure that claims are handled quickly and fairly, including claims that are handled under an expedited process that may cut important due process corners.
- VA Health Care Quality and Timeliness – The Committee will continue oversight over VA health care quality concerns and issues involving delays and access. The Committee is especially concerned over staffing shortages and the effects such shortages have on health care access.
- VA Land Use Agreements – The Committee will review allegations of wasteful and improper VA land use lease agreements that may have an effect on health care quality and timeliness and waste taxpayer dollars.

- Whistleblower Retaliation – The Committee is concerned over continued allegations regarding VA retaliation against whistleblowers. The Committee will look closely into whistleblower retaliation and whether recent statements regarding zero tolerance for retaliation are being effectively followed throughout the VA system.
- VA Mental Health Care – The Committee will be reviewing the effectiveness and adequacy of VA’s mental health efforts, including its management of psychiatric medications and suicide prevention efforts that may not provide appropriate access to care to veterans seeking mental health care. The Committee will also review the use and misuse of opioids in the treatment of mental health issues involving PTSD, TBI, and substance use addictions.
- VA Information Technology – The Committee will continue its vigorous oversight over the VA’s information technology program, including the effectiveness of VA’s cybersecurity efforts. The Committee will also look into VA’s efforts to replace the scheduling software currently used by the Veterans Health Administration as well as efforts by VA and the Department of Defense to put into place interoperable and integrated electronic health records.