
LEGISLATIVE AND OVERSIGHT ACTIVITIES DURING THE
114TH CONGRESS BY THE SENATE COMMITTEE ON
VETERANS' AFFAIRS

MARCH 30, 2017.—Ordered to be printed

Mr. ISAKSON, from the Committee on Veterans' Affairs,
submitted the following

R E P O R T

Pursuant to paragraph 8 of rule XXVI of the Standing Rules of the Senate, the Committee on Veterans' Affairs (hereinafter, "Committee") submits its report on legislative and oversight activities during the 114th Congress.

I. HEARINGS AND MEETINGS

A. First Session (2015)

During the First Session of the 114th Congress, the Committee held 29 hearings, including four field hearings. At those events, the Committee heard testimony from 143 witnesses.

Six hearings (May 13, June 3, June 24, September 16, October 6, and November 18) focused exclusively on legislation pending before the Committee. Testimony offered at these hearings covered 46 bills.

The Committee held five business meetings.

On January 21, one measure was ordered favorably reported out of the Committee; on July 22, five measures were ordered favorably reported out of the Committee; and on December 9, two measures were ordered favorably reported out of the Committee. The Committee held two meetings to discharge nominations.

The Committee held five joint hearings with the House Committee on Veterans' Affairs in order to receive legislative presentations from veterans service organizations. These hearings were held on February 24, February 25, March 4, March 18, and May 20.

The Committee held four field hearings during the First Session. These hearings were held on April 24 in Denver, Colorado; August 21 in Atlanta, Georgia; August 25 in Anchorage, Alaska; and December 14 in Gilbert, Arizona.

B. Second Session (2016)

During the Second Session of the 114th Congress, the Committee held 14 hearings. At the hearings, the Committee heard testimony from 55 witnesses.

Three hearings (March 15, May 24, and June 29) focused exclusively on legislation pending before the Committee. Testimony offered at these hearings covered 35 bills.

The Committee held two business meetings.

On May 12, one measure was ordered favorably reported out of the Committee. The Committee held one business meeting to discharge a nomination.

The Committee held five joint hearings with the House Committee on Veterans' Affairs in order to receive legislative presentations from veterans service organizations. These hearings were held on February 23, February 24, March 2, March 3, and March 16.

C. List of Hearings and Meetings Held in the 114th Congress

(1) Wednesday, January 21, 2015

Business Meeting: Meeting to Consider the Rules of the Veterans' Affairs Committee for the 114th Congress, a Resolution Authorizing the Expenditures of the Committee for the 114th Congress, and Pending Legislation before the Committee

Markup of Pending Legislation

- H.R. 203, Clay Hunt Suicide Prevention for American Veterans Act or the Clay Hunt SAV Act, a bill to direct the Secretary of Veterans Affairs to provide for the conduct of annual evaluations of mental health care and suicide prevention programs of the Department of Veterans Affairs, to require a pilot program on loan repayment for psychiatrists who agree to serve in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes.

(2) Tuesday, February 24, 2015

Joint Hearing with the House of Representatives to receive the Legislative Presentation of Disabled American Veterans

(3) Wednesday, February 25, 2015

Joint Hearing with the House of Representatives to receive the Legislative Presentation of The American Legion

(4) Thursday, February 26, 2015

Hearing: Fiscal Year 2016 Budget for Veterans' Programs and Fiscal Year 2017 Advance Appropriations Request

(5) Wednesday, March 4, 2015

Joint Hearing with the House of Representatives to receive the Legislative Presentation of Veterans of Foreign Wars

(6) Wednesday, March 18, 2015

Joint Hearing with the House of Representatives to receive the Legislative Presentation of Multiple Veterans Service Organizations (Jewish War Veterans, Air Force Sergeants Association, The Retired Enlisted Association, Fleet Reserve Association, National Association of State Directors of Veterans Affairs, National Guard Association of the United States, American Ex-Prisoners of War, Gold Star Wives of America, and Wounded Warrior Project)

- (7) Tuesday, March 24, 2015
Hearing: The Veterans Choice Act—Exploring the Distance Criteria
- (8) Thursday, March 26, 2015
Hearing: VA Opioid Prescription Policy, Practice and Procedures
- (9) Tuesday, April 21, 2015
Hearing: Fulfilling the Promise to Women Veterans
- (10) Friday, April 24, 2015
Field Hearing: Denver Replacement Medical Center
- (11) Wednesday, April 29, 2015
Hearing: GAO's High Risk List and the Veterans Health Administration
- (12) Tuesday, May 5, 2015
Nomination Hearing: Pending Nominations of David J. Shulkin and LaVerne H. Council:
- Dr. David J. Shulkin, Nominee to be Under Secretary for Health, U.S. Department of Veterans Affairs
 - LaVerne H. Council, Nominee to be Assistant Secretary of Veterans Affairs for Information and Technology, U.S. Department of Veterans Affairs
- (13) Tuesday, May 12, 2015
Hearing: Exploring the Implementation and Future of the Veterans Choice Program
- (14) Wednesday, May 13, 2015
Legislative Hearing: Pending Benefits Legislation:
- S. 270, Charlie Morgan Military Spouses Equal Treatment Act of 2015
 - S. 602, GI Bill Fairness Act of 2015
 - S. 627, to require the Secretary of Veterans Affairs to revoke bonuses paid to employees involved in electronic wait list manipulations, and for other purposes
 - S. 681, Blue Water Navy Vietnam Veterans Act of 2015
 - S. 1203, 21st Century Veterans Benefits Delivery Act
 - S. 1493, Veterans' Compensation Cost-of-Living-Adjustment Act of 2015
- Military Compensation and Retirement Modernization Commission Legislative Proposals—Regarding Commission Recommendations 11 and 12 (sections 1101–1204)
- Department of Defense Legislative Proposals—Regarding Education Benefits, Transition Assistance Program, and Advisory Board on Dose Reconstruction (sections 514, 522, 542, 545, and 1041)
- Discussion Draft including provisions derived from S. 151, S. 241, S. 296, S. 666, S. 695, S. 743, S. 865
- (15) Wednesday, May 20, 2015
Joint Hearing with the House of Representatives to receive the Legislative Presentation of the Paralyzed Veterans of America, AMVETS, Military Officers Association of America, Military Order of the Purple Heart, Vietnam Veterans of America, Blinded Veterans Association, Iraq and Afghanistan Veterans of America, and Non Commissioned Officers Association
- (16) Wednesday, June 3, 2015
Legislative Hearing: Pending Health Care Legislation:
- S. 297, Frontlines to Lifelines Act of 2015

S. 425, Homeless Veterans Reintegration Programs Reauthorization Act of 2015

S. 471, Women Veterans Access to Quality Care Act of 2015

S. 684, Homeless Veterans Prevention Act of 2015

Discussion draft to include provisions from S. 114; S. 172; S. 398; and S. 603

Discussion draft on provider agreements language

S. ___, Joint VA-DOD formulary for pain and psychiatric medications

(17) Tuesday, June 9, 2015

Business Meeting: Meeting to Consider Pending Nominations:

- Nomination of Dr. David J. Shulkin to be Under Secretary for Health, U.S. Department of Veterans Affairs
- Nomination of LaVerne H. Council to be Assistant Secretary of Veterans Affairs for Information and Technology, U.S. Department of Veterans Affairs

(18) Wednesday, June 24, 2015

Legislative Hearing: Pending Health Care and Benefits Legislation:

S. 469, Women Veterans and Families Health Services Act of 2015

S. 901, Toxic Exposure Research Act of 2015

S. 1082, Department of Veterans Affairs Accountability Act of 2015

S. 1085, Military and Veteran Caregiver Services Improvement Act of 2015

S. 1117, Ensuring Veteran Safety Through Accountability Act of 2015

H.R. 91, Veteran's I.D. Card Act

Discussion Draft, including provisions derived from S. 1021, S. 1358

S. ___, Jason Simcakoski Memorial Opioid Safety Act

S. ___, Biological Implant Tracking and Veteran Safety Act

(19) Wednesday, July 22, 2015

Business Meeting: Markup of Pending Legislation:

- S. 1493, Veterans' Compensation Cost-of-Living Adjustment Act of 2015
- S. 1203 (Committee Print), 21st Century Veterans Benefits Delivery and Other Improvements Act
- S. 1082 (Committee Print), Department of Veterans Affairs Accountability Act of 2015
- S. 833 (Committee Print), Department of Veterans Affairs Medical Facility Earthquake Protection and Improvement Act
- S. 627 (Committee Print), a bill to prohibit the Secretary of Veterans Affairs from awarding bonuses to employees of the Department of Veterans Affairs with respect to whom an adverse finding has been made by the Secretary, and for other purposes

(20) Wednesday, July 29, 2015

Hearing: Ending Veteran Homelessness

(21) Friday, August 21, 2015

Field Hearing: The Veterans Choice Program: Are Problems in Georgia Indicative of a National Problem?

(22) Tuesday, August 25, 2015
 Field Hearing: Exploring the Veterans Choice Program Problems
 in Alaska

(23) Wednesday, September 16, 2015
 Legislative Hearing: Pending Health and Benefits Legislation:
 S. 290, Increasing the Department of Veterans Affairs Accountability to Veterans Act of 2015
 S. 563, Physician Ambassadors Helping Veterans Act
 S. 564, Veterans Hearing Aid Access and Assistance Act
 S. 1450, Department of Veterans Affairs Emergency Medical Staffing Recruitment and Retention Act
 S. 1451, Veterans' Survivors Claims Processing Automation Act of 2015
 S. 1460, Fry Scholarship Enhancement Act of 2015
 S. 1693, a bill to expand eligibility for reimbursement for emergency medical treatment to certain veterans that were unable to receive care from the Department of Veterans Affairs in the 24-month period preceding the furnishing of such emergency treatment, and for other purposes
 S. 1856, a bill to provide for suspension and removal of employees of the Department of Veterans Affairs for performance or misconduct that is a threat to public health or safety and to improve accountability of employees of the Department, and for other purposes
 S. 1938, Career Ready Student Veterans Act
 Discussion Draft, a bill to make improvements in the laws administered by the Secretary of Veterans Affairs relating to educational assistance, and for other purposes

(24) Tuesday, September 29, 2015
 Hearing: Examining the Impact of Exposure to Toxic Chemicals on Veterans and the VA's Response

(25) Wednesday, September 30, 2015
 Nomination Hearing: Pending Nomination of Michael H. Michaud, Nominee to be Assistant Secretary of Labor for Veterans' Employment and Training

(26) Tuesday, October 6, 2015
 Legislative Hearing: Pending Health Care and Benefits Legislation:

S. 717, to designate certain non-Department mental health care providers who treat members of the Armed Forces and veterans as providers who have particular knowledge relating to the provision of mental health care to members of the Armed Forces and veterans, and for other purposes

S. 1676, to increase the number of graduate medical education positions treating veterans, to improve the compensation of health care providers, medical directors, and directors of Veterans Integrated Service Networks of the Department of Veterans Affairs, and for other purposes

S. 1754, to make permanent the temporary increase in number of judges presiding over the United States Court of Appeals for Veterans Claims, and for other purposes

S. 1885, to improve the provision of assistance and benefits to veterans who are homeless, at risk of becoming homeless, or occupying temporary housing, and for other purposes

S. 2013, to authorize the Secretary of Veterans Affairs to enter into certain leases at the Department of Veterans Affairs West Los Angeles Campus in Los Angeles, California, and for other purposes

S. 2022, to increase the amount of special pension for Medal of Honor recipients, and for other purposes

(27) Tuesday, October 6, 2015

Business Meeting: Meeting to Consider the Pending Nomination of Michael H. Michaud

- Nomination of Michael H. Michaud, Nominee to be Assistant Secretary of Labor for Veterans' Employment and Training

(28) Wednesday, October 28, 2015

Hearing: VA Mental Health: Ensuring Access to Care

(29) Tuesday, November 17, 2015

Nomination Hearing: Pending Nomination of Michael J. Missal

- Michael J. Missal, Nominee to be Inspector General, U.S. Department of Veterans Affairs

(30) Wednesday, November 18, 2015

Legislative Hearing: Pending Health and Benefits Legislation:

S. 2106, a bill to require the Secretary of Veterans Affairs to develop and publish an action plan for improving the vocational rehabilitation services and assistance provided by the Department of Veterans Affairs, and for other purposes

S. 2134, Grow Our Own Directive: Physician Assistant Employment and Education Act of 2015

S. 2170, a bill to improve the ability of health care professionals to treat veterans through the use of telemedicine, and for other purposes

S. 2253, a bill to provide veterans impacted by closures of educational institutions certain relief and restoration of education benefits, and for other purposes

S. 2291, VA Patient Protection Act

(31) Wednesday, December 2, 2015

Hearing: Consolidating Non-VA Care Programs

(32) Wednesday, December 9, 2015

Business Meeting: Markup of Pending Legislation:

- S. 290 (Committee Print), Increasing the Department of Veterans Affairs Accountability to Veterans Act of 2015

- S. 425 (Committee Print), Veterans Homeless Programs, Care-giver Services, and Other Improvements Act of 2015

(33) Monday, December 14, 2015

Field Hearing: Keeping the Promise for Arizona Veterans: The VA Choice Card, Management Accountability and Phoenix VA Medical Center

(34) Tuesday, December 15, 2015

Hearing: Is Transition Assistance on Track?

(35) Tuesday, January 12, 2016

Business Meeting: Meeting to Consider Pending Nomination

- Nomination of Michael J. Missal, Nominee to be Inspector General, U.S. Department of Veterans Affairs

(36) Thursday, January 21, 2016

Hearing: VA's Transformation Strategy: Examining the Plan to Modernize VA

- (37) Tuesday, February 23, 2016
Hearing: Fiscal Year 2017 Budget for Veterans' Programs and Fiscal Year 2018 Advance Appropriations Request
- (38) Tuesday, February 23, 2016
Joint Hearing with the House of Representatives on the Legislative Presentation of the Disabled American Veterans
- (39) Wednesday, February 24, 2016
Joint Hearing with the House of Representatives on the Legislative Presentation of The American Legion
- (40) Wednesday, March 2, 2016
Joint Hearing with the House of Representatives on the Legislative Presentation of the Veterans of Foreign Wars
- (41) Thursday, March 3, 2016
Joint Hearing with the House of Representatives on the Legislative Presentation of Multiple Veterans Service Organizations (Blinded Veterans Association, Gold Star Wives of America, Vietnam Veterans of America, Military Order of the Purple Heart, Wounded Warrior Project, National Guard Association of the United States, AMVETS, and Paralyzed Veterans of America)
- (42) Tuesday, March 15, 2016
Legislative Hearing: Pending Legislation:
S. 2646, Veterans Choice Improvement Act of 2016
S. 2633, Improving Veterans Access to Care in the Community Act
S. 2473, Express Appeals Act of 2016
Discussion Draft on title 38, United States Code, appointment, compensation, performance management, and accountability system for senior executive leaders in the Department of Veterans Affairs
- (43) Wednesday, March 16, 2016
Joint Hearing with the House of Representatives on the Legislative Presentation of Multiple Veterans Service Organizations (Fleet Reserve Association, The Retired Enlisted Association, National Association of State Directors of Veterans Affairs, Military Officers Association of America, Air Force Sergeants Association, American Ex-Prisoners of War, Non Commissioned Officers Association, Jewish War Veterans, and Iraq and Afghanistan Veterans of America)
- (44) Thursday, May 12, 2016
Business Meeting: Markup of Pending Legislation:
• S. 2921, Veterans First Act, a bill to improve the accountability of employees of the Department of Veterans Affairs, to improve health care and benefits for veterans, and for other purposes
- (45) Tuesday, May 24, 2016
Legislative Hearing: Pending Legislation:
S. 2919, State Outreach for Local Veterans Employment (SOLVE) Act of 2016
S. 2896, Care Veterans Deserve Act of 2016
S. 2888, Janey Ensminger Act of 2016
S. 2883, Appropriate Care for Disabled Veterans Act of 2016
S. 2679, Helping Veterans Exposed to Burn Pits Act
S. 2520, Newborn Care Improvement Act
S. 2487, Female Veteran Suicide Prevention Act
S. 2049, a bill to establish in the Department of Veterans Affairs a continuing medical education program for non-Department med-

ical professionals who treat veterans and family members of veterans to increase knowledge and recognition of medical conditions common to veterans and family members of veterans

S. ___, a bill to reform the rights and processes relating to appeals of decisions regarding claims for benefits under the laws administered by the Secretary of Veterans Affairs

S. ___, Veterans Mobility Safety Act of 2016

S. ___, a bill to expand eligibility for hospital care and medical services under section 101 of the Veterans Access, Choice, and Accountability Act of 2014 to include veterans in receipt of health services under the pilot program of the Department of Veterans Affairs for rural veterans

Discussion draft, including provisions from the Construction Reform Act of 2016, a bill to make certain improvements in the administration of Department medical facility construction projects

Discussion draft, including the Department of Veterans Affairs proposal to modify requirements under which the Department is required to provide compensation and pension examinations to veterans seeking disability benefits

(46) Tuesday, June 21, 2016

Nomination Hearing: Pending Nomination of Christopher E. O'Connor

- Christopher E. O'Connor, Nominee to be Assistant Secretary for Congressional and Legislative Affairs, U.S. Department of Veterans Affairs

(47) Wednesday, June 22, 2016

Hearing: Examining the Progress and Challenges in Modernizing Information Technology at the Department of Veterans Affairs

(48) Wednesday, June 29, 2016

Legislative Hearing: Pending Legislation:

S. 244, a bill to require an independent comprehensive review of the process by which the Department of Veterans Affairs assesses cognitive impairments that result from traumatic brain injury for purposes of awarding disability compensation, and for other purposes

S. 603, Rural Veterans Travel Enhancement Act of 2015

S. 2210, Veteran PEER Act

S. 2279, Veterans Health Care Staffing Improvement Act

S. 2316, a bill to expand the requirements for reissuance of veterans benefits in cases of misuse of benefits by certain fiduciaries to include misuse by all fiduciaries, to improve oversight of fiduciaries, and for other purposes

S. 2791, Atomic Veterans Healthcare Parity Act

S. 2958, a bill to establish a pilot program on partnership agreements to construct new facilities for the Department of Veterans Affairs

S. 3021, a bill to authorize the use of Post-9/11 Educational Assistance to pursue independent study programs at certain educational institutions that are not institutions of higher learning

S. 3023, Arla Harrell Act

S. 3032, Veterans' Compensation Cost-of-Living Adjustment Act of 2016

S. 3035, Maximizing Efficiency and Improving Access to Providers at the Department of Veterans Affairs Act of 2016

S. 3055, Department of Veterans Affairs Dental Insurance Reauthorization Act of 2016

S. 3076, Charles Duncan Buried with Honor Act of 2016

S. 3081, Working to Integrate Networks Guaranteeing Member Access Now Act

S. ___, a bill to clarify the scope of procedural rights of members of the uniformed services with respect to their employment and re-employment rights, to improve the enforcement of such employment and reemployment rights, and for other purposes

S. ___, a bill to expand eligibility for readjustment counseling to certain members of the Selected Reserve of the Armed Forces

S. ___, a bill to authorize payment by the Department of Veterans Affairs for the costs associated with service by medical residents and interns at facilities operated by Indian tribes and tribal organizations, to require the Secretary of Veterans Affairs to carry out a pilot program to expand medical residencies and internships at such facilities, and for other purposes

Discussion Draft to authorize the American Battle Monuments Commission to acquire, operate, and maintain the Lafayette Escadrille Memorial in Marnes-la-Coquette, France

(49) Wednesday, September 7, 2016

Hearing: VHA Best Practices: Exploring the Diffusion of Excellence Initiative

(50) Wednesday, September 14, 2016

Hearing: The Future of the VA: Examining the Commission on Care Report and VA's Response

II. LEGISLATION

A. *First Session (2015)*

In the First Session, the Committee met in open session on January 21, 2015, and ordered favorably reported one piece of legislation to the full Senate.

- H.R. 203, Clay Hunt SAV Act, a bill to direct the Secretary of Veterans Affairs to provide for the conduct of annual evaluations of mental health care and suicide prevention programs of the Department of Veterans Affairs, to require a pilot program on loan repayment for psychiatrists who agree to serve in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes. This measure was introduced in the House on January 7, 2015, and passed the House on January 12, 2015. The Committee ordered it to be reported favorably without amendment on January 21, 2015. It passed the Senate on February 3, 2015, without amendment and was signed into law as Public Law 114–2 on February 12, 2015. On April 23, 2015, the Committee filed a written report, Senate Report 114–34.

In the First Session, the Committee met in open session on July 22, 2015, and ordered favorably reported five pieces of legislation to the full Senate.

- S. 1493, Veterans' Compensation Cost-of-Living Adjustment Act of 2015, a bill to provide for an increase, effective December 1, 2015, in the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for

other purposes. This measure was introduced in the Senate on June 3, 2015. The Committee ordered it to be reported favorably without amendment on July 22, 2015. On August 28, 2015, the Committee reported the bill out of Committee with a written report, Senate Report 114–122. The measure passed the Senate on October 22, 2015.

- S. 1203 (Committee Print), 21st Century Veterans Benefits Delivery and Other Improvements Act, a bill to amend title 38, United States Code, to improve the furnishing of health care to veterans by the Department of Veterans Affairs, to improve the processing by the Department of claims for disability compensation, and for other purposes. This measure was introduced in the Senate on May 6, 2015. On July 22, 2015, the Committee ordered it reported favorably with an amendment in the nature of a substitute and as further amended at the Committee meeting. On October 19, 2015, the Committee reported the bill out of Committee with a written report, Senate Report 114–153. It passed the Senate on November 10, 2015.

- S. 1082 (Committee Print), Department of Veterans Affairs Accountability Act of 2015, a bill to amend title 38, United States Code, to provide for the removal or demotion of employees of the Department of Veterans Affairs based on performance or misconduct, and for other purposes. This measure was introduced in the Senate on April 23, 2015. On July 22, 2015, the Committee ordered it reported favorably with amendments. On October 19, 2015, the Committee reported the bill out of Committee without written report. The Committee filed a written report on November 3, 2015, Senate Report 114–163.

- S. 833 (Committee Print), Department of Veterans Affairs Medical Facility Earthquake Protection and Improvement Act, a bill to authorize the Secretary of Veterans Affairs to carry out certain major medical facility projects for which appropriations were made for fiscal year 2015, and for other purposes. This measure was introduced in the Senate on March 23, 2015. The Committee ordered it reported favorably with amendments on July 22, 2015. On August 6, 2015, the Committee reported the bill out of Committee without written report.

- S. 627 (Committee Print), a bill to prohibit the Secretary of Veterans Affairs from awarding bonuses to employees of the Department of Veterans Affairs with respect to whom an adverse finding has been made by the Secretary, and for other purposes. This measure was introduced in the Senate on March 3, 2015. On July 22, 2015, the Committee ordered it reported favorably with an amendment in the nature of a substitute. On September 28, 2015, the Committee reported the bill out of Committee with a written report, Senate Report 114–148.

The Committee met in open session on December 9, 2015, and ordered favorably reported two pieces of legislation to the full Senate.

- S. 290 (Committee Print), Increasing the Department of Veterans Affairs Accountability to Veterans Act of 2015, a bill to amend title 38, United States Code, to improve the accountability of employees of the Department of Veterans Affairs, and for other purposes. This measure was introduced in the Senate on January 28, 2015. On December 9, 2015, the Committee ordered it reported

favorably with an amendment and reported the bill out of Committee without written report on December 9, 2016. The bill passed the Senate with an amendment on December 10, 2016, by unanimous consent.

- S. 425 (Committee Print), Veterans Homeless Programs, Caregiver Services, and Other Improvements Act of 2015, a bill to amend title 38, United States Code, to improve the benefits and health care provided by the Department of Veterans Affairs, and for other purposes. This measure was introduced on February 10, 2015. On December 9, 2015, the Committee ordered it reported favorably with an amendment in the nature of a substitute and additional amendments adopted at the Committee meeting. On December 7, 2016, the Committee reported the bill out of Committee with a written report, Senate Report 114–395.

In addition, during the First Session, the Committee discharged by unanimous consent several pieces of legislation, as follows:

- H.R. 91, Veterans Identification Card Act 2015, a bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to issue, upon request, veteran identification cards to certain veterans, was discharged from Committee on June 22, 2015, and passed the Senate by unanimous consent with an amendment the same day. The House passed the bill as amended on July 7, 2015, and the bill was signed into law as Public Law 114–31 on July 20, 2015.

- S. 1731, a bill to amend title 38, United States Code, to waive the minimum period of continuous active duty in the Armed Forces for receipt of certain benefits for homeless veterans, to authorize the Secretary of Veterans Affairs to furnish such benefits to homeless veterans with discharges or releases from service in the Armed Forces with other than dishonorable conditions, and for other purposes, was discharged from the Committee on October 29, 2015, by unanimous consent and passed the Senate the same day with an amendment.

- H.R. 2693, a bill to designate the arboretum at the Hunter Holmes McGuire VA Medical Center in Richmond, Virginia, as the Phyllis E. Galanti Arboretum, passed the House December 8, 2015. It was discharged from the Committee on December 10, 2015, by unanimous consent and passed the Senate the same day without amendment. It was signed into law as Public Law 114–103 on December 18, 2015.

During the First Session, the Committee also advanced the following bills without having the bills referred to Committee:

- S. 1568, a bill to extend the authorization to carry out the replacement of the existing medical center of the Department of Veterans Affairs in Denver, Colorado, to authorize transfers of amounts to carry out the replacement of such medical center, and for other purposes, was introduced in the Senate on June 11, 2015, and passed the Senate the same day by unanimous consent without amendment. It passed the House on June 12, 2015, without amendment and was signed into law as Public Law 114–25 on June 15, 2015.

- S. 2082, Department of Veterans Affairs Expiring Authorities Act of 2015, a bill to amend title 38, United States Code, to extend certain expiring provisions of law administered by the Secretary of

Veterans Affairs, and for other purposes, was introduced in the Senate on September 25, 2015, and passed the Senate the same day by unanimous consent without amendment. It passed the House on September 30, 2015, and was signed into law as Public Law 114–58 on September 30, 2015.

- S. 2393, Foreclosure Relief and Extension for Servicemembers Act of 2015, a bill to extend temporarily the extended period of protection for members of uniformed services relating to mortgages, mortgage foreclosure, and eviction, and for other purposes, was introduced in the Senate on December 10, 2015, and passed the Senate the same day by unanimous consent without amendment. It passed the House on March 21, 2016, without amendment and was signed into law as Public Law 114–142 on March 31, 2016.

During the First Session, the Committee also incorporated provisions within the Committee’s jurisdiction into broader legislation.

- Title IV of H.R. 3236, VA Budget and Choice Improvement Act, passed the House on July 29, 2015, and passed the Senate on July 30, 2015. It was signed into law as Public Law 114–41 on July 31, 2015.

B. Second Session (2016)

In the Second Session, the Committee met in open session on May 12, 2016, and ordered favorably reported one piece of legislation to the full Senate.

- S. 2921, the Veterans First Act, to amend title 38, United States Code, to improve the accountability of employees of the Department of Veterans Affairs, to improve health care and benefits for veterans, and for other purposes, was introduced on May 11, 2016, and ordered favorably reported by the Committee on May 12, 2016. It was reported out of Committee without written report on May 16, 2016.

During the Second Session, the Committee also discharged numerous bills by unanimous consent, as follows:

- S. 2422, a bill to authorize the Secretary of Veterans Affairs to carry out certain major medical facility projects for which appropriations are being made for fiscal year 2016, was discharged from the Committee on January 20, 2016, by unanimous consent and passed the Senate the same day without amendment.

- H.R. 4437, a bill to extend the deadline for the submittal of the final report required by the Commission on Care, passed the House on February 9, 2016. It was discharged from the Committee on February 22, 2016, by unanimous consent and passed the Senate the same day without amendment. It was signed into law as Public Law 114–131 on February 29, 2016.

- H.R. 4056, a bill to direct the Secretary of Veterans Affairs to convey to the Florida Department of Veterans Affairs all right, title, and interest of the United States to the property known as “The Community Living Center” at the Lake Baldwin Veterans Affairs Outpatient Clinic, Orlando, Florida, passed the House February 9, 2016. It was discharged from the Committee on February 22, 2016, by unanimous consent and passed the Senate the same day. It was signed into law as Public Law 114–130 on February 29, 2016.

- H.R. 3262, a bill to provide for the conveyance of land of the Illiana Health Care System of the Department of Veterans Affairs in Danville, Illinois, passed the House on February 9, 2016. It was discharged by the Committee on February 22, 2016, by unanimous consent and passed the Senate the same day. It was signed into law as Public Law 114–129 on February 29, 2016.

- H.R. 4336, a bill to amend title 38, United States Code, to provide for the inurnment in Arlington National Cemetery of the cremated remains of certain persons whose service has been determined to be active service, passed the House with amendment on March 22, 2016. It was discharged from the Committee on May 10, 2016, by unanimous consent and passed the Senate the same day with amendment. It passed the House as amended by the Senate on May 11, 2016, and was signed into law as Public Law 114–158 on May 20, 2016.

- H.R. 2814, a bill to name the Department of Veterans Affairs community-based outpatient clinic in Sevierville, Tennessee, the Dannie A. Carr Veterans Outpatient Clinic, passed the House on March 1, 2016. It was discharged from the Committee on May 18, 2016, by unanimous consent and passed the Senate the same day without amendment. It was signed into law as Public Law 114–164 on June 3, 2016.

- S. 2487, a bill to direct the Secretary of Veterans Affairs to identify mental health care and suicide prevention programs and metrics that are effective in treating women veterans as part of the evaluation of such programs by the Secretary, and for other purposes, was discharged by the Committee on June 7, 2016, by unanimous consent and passed the Senate the same day without amendment. It passed the House on June 21, 2016, and was signed into law as Public Law 114–188 on June 30, 2016.

- H.R. 1762, a bill to name the Department of Veterans Affairs community-based outpatient clinic in The Dalles, Oregon, as the Loren R. Kaufman VA Clinic, passed the House on May 23, 2016. It was discharged from Committee on June 10, 2016, and passed the Senate without amendment the same day. It was signed into law as Public Law 114–179 on June 22, 2016.

- S. 3055, Department of Veterans Affairs Dental Insurance Reauthorization Act of 2016, a bill to amend title 38, United States Code, to provide a dental insurance plan to veterans and survivors and dependents of veterans, was discharged by the Committee on July 13, 2016, by unanimous consent and passed the Senate the same day. It passed the House on July 14, 2016, without amendment and was signed into law as Public Law 114–218 on July 29, 2016.

- H.R. 3969, a bill to designate the Department of Veterans Affairs community-based outpatient clinic in Laughlin, Nevada, as the Master Chief Petty Officer Jesse Dean VA Clinic, passed the House on May 23, 2016. It was discharged by the Committee on September 8, 2016, and passed the Senate the same day. It was signed into law as Public Law 114–220 on September 23, 2016.

- S. 3076, Charles Duncan Buried with Honor Act of 2016, a bill to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to furnish caskets and urns for burial in cemeteries of States and tribal organizations of veterans without next of kin or sufficient resources to provide for caskets or urns, and for

other purposes, was discharged by the Committee on September 20, 2016, by unanimous consent and passed the Senate the same day with an amendment. It passed the House on December 6, 2016, and was signed into law as Public Law 114–273 on December 14, 2016.

- S. 3438, a bill to authorize the Secretary of Veterans Affairs to carry out a major medical facility project in Reno, Nevada, was discharged by the Committee on November 29, 2016, by unanimous consent and passed the Senate the same day with an amendment.

- S. 3112, the Department of Veterans Affairs Bonus Transparency Act of 2016, a bill to amend title 38, United States Code, to require the Secretary of Veterans Affairs to submit an annual report regarding performance awards and bonuses awarded to certain high-level employees of the Department of Veterans Affairs, was discharged by the Committee on December 10, 2016, by unanimous consent and passed the Senate the same day.

- S. 3021, Veterans Education Improvement Act of 2016 or the VEI Act of 2016, a bill to amend title 38, United States Code, to authorize the use of Post-9/11 Educational Assistance to pursue independent study programs at certain educational institutions that are not institutions of higher learning, was discharged by the Committee on December 10, 2016, by unanimous consent and passed the Senate the same day with an amendment.

- H.R. 3471, Veterans Mobility Safety Act of 2016, a bill to amend title 38, United States Code, to make certain improvements in the provision of automobiles and adaptive equipment by the Department of Veterans Affairs, was discharged by the Committee on November 17, 2016, by unanimous consent and passed the Senate the same day with an amendment. It passed the House on November 29, 2016, and was signed into law as Public Law 114–256 on December 14, 2016.

- H.R. 5509, a bill to name the Department of Veterans Affairs temporary lodging facility in Indianapolis, Indiana, as the Dr. Otis Bowen Veteran House, was discharged by the Committee on November 30, 2016, by unanimous consent and passed the Senate the same day. It was signed into law as Public Law 114–259 on December 14, 2016.

- H.R. 960, a bill to designate the Department of Veterans Affairs community-based outpatient clinic in Newark, Ohio, as the Daniel L. Kinnard VA Clinic, was discharged by the Committee on December 10, 2016, by unanimous consent and passed the Senate the same day. It was signed into law as Public Law 114–280 on December 16, 2016.

During the Second Session, the Committee also advanced the following bills without having the bills referred to Committee:

- H.R. 5936, West Los Angeles Leasing Act of 2016, a bill to authorize the Secretary of Veterans Affairs to enter into certain leases at the Department of Veterans Affairs West Los Angeles Campus in Los Angeles, California, to make certain improvements to the enhanced-use lease authority of the Department, and for other purposes, was passed by the Senate on September 19, 2016, by voice vote and was signed into law as Public Law 114–226 on September 29, 2016.

- H.R. 5937, a bill to amend title 36, United States Code, to authorize the American Battle Monuments Commission to acquire,

operate, and maintain the Lafayette Escadrille Memorial in Marnes-la-Coquette, France, and for other purposes, was passed by the Senate on September 20, 2016, by unanimous consent and was signed into law as Public Law 114–227 on September 29, 2016.

- H.R. 5985, Department of Veterans Affairs Expiring Authorities Act of 2016, a bill to amend title 38, United States Code, to extend certain expiring provisions of law administered by the Secretary of Veterans Affairs, and for other purposes, was passed by the Senate on September 19, 2016, by a vote of 89 to 0 and was signed into law as Public Law 114–228 on September 29, 2016.

- S. 3283, a bill to designate the community-based outpatient clinic of the Department of Veterans Affairs in Pueblo, Colorado, as the PFC James Dunn VA Clinic, was passed by the Senate on July 14, 2016, by unanimous consent and passed the House on September 28, 2016. It was signed into law as Public Law 114–243 on October 7, 2016.

- H.R. 5392, No Veterans Crisis Line Call Should Go Unanswered Act, a bill to direct the Secretary of Veterans Affairs to improve the Veterans Crisis Line, was passed by the Senate on November 16, 2016, and was signed into law as Public Law 114–247 on November 28, 2016.

- S. 3492, a bill to designate the Traverse City VA Community-Based Outpatient Clinic of the Department of Veterans Affairs in Traverse City, Michigan, as the Colonel Demas T. Craw VA Clinic, was passed by the Senate on December 1, 2016, by unanimous consent and was passed by the House on December 6, 2016. It was signed into law as Public Law 114–276 on December 14, 2016.

- H.R. 5099, Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016 or the CHIP IN for Vets Act of 2016, a bill to establish a pilot program on partnership agreements to construct new facilities for the Department of Veterans Affairs, was passed by the Senate on December 10, 2016, by voice vote and was signed into law as Public Law 114–294 on December 16, 2016.

- H.R. 6323, a bill to name the Department of Veterans Affairs health care system in Long Beach, California, the Tibor Rubin VA Medical Center, was passed by the Senate on December 10, 2016, by voice vote and was signed into law as Public Law 114–313 on December 16, 2016.

- H.R. 6416, Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016, a bill to amend title 38, United States Code, to make certain improvements in the laws administered by the Secretary of Veterans Affairs, and for other purposes, was passed by the Senate on December 10, 2016, by voice vote and was signed into law as Public Law 114–315 on December 16, 2016.

During the Second Session, the Committee also incorporated provisions within the Committee’s jurisdiction into broader legislation.

- The Conference report for Title IX of S. 524, Jason Simcakoski Memorial and Promise Act, was passed by the House on July 8, 2016, and was passed by the Senate on July 13, 2016. It was signed into law as Public Law 114–198 on July 22, 2016.

C. Reports

H.R. 203, the Clay Hunt Suicide Prevention for American Veterans Act. Senate Report 114–34.

S. 1493, Veterans' Compensation Cost-of-Living Adjustment Act of 2015. Senate Report 114–122.

S. 627, to require the Secretary of Veterans Affairs to revoke bonuses paid to employees involved in electronic wait list manipulations, and for other purposes. Senate Report 114–148.

S. 1203, 21st Century Veterans Benefits Delivery and Other Improvements Act. Senate Report 114–153.

S. 1082, Department of Veterans Affairs Accountability Act of 2015. Senate Report 114–163.

S. 425, Veterans Homeless Programs, Caregiver Services, and Other Improvements Act of 2015. Senate Report 114–395.

D. Public Laws

Senate Vehicle

Title IX of S. 524, Jason Simcakoski Memorial and Promise Act, is included in Public Law 114–198.

S. 1568, a bill to extend the authorization to carry out the replacement of the existing medical center of the Department of Veterans Affairs in Denver, Colorado, to authorize transfers of amounts to carry out the replacement of such medical center, and for other purposes, is Public Law 114–25.

S. 2082, Department of Veterans Affairs Expiring Authorities Act of 2015, is Public Law 114–58.

S. 2393, Foreclosure Relief and Extension for Servicemembers Act of 2015, is Public Law 114–142.

S. 2487, Female Veteran Suicide Prevention Act, is Public Law 114–188.

S. 3076, Charles Duncan Buried with Honor Act of 2016, is Public Law 114–273.

S. 3055, Department of Veterans Affairs Dental Insurance Reauthorization Act of 2016, is Public Law 114–218.

S. 3283, a bill to designate the community-based outpatient clinic of the Department of Veterans Affairs in Pueblo, Colorado, as the PFC James Dunn VA Clinic, is Public Law 114–243.

S. 3492, a bill to designate the Traverse City VA Community-Based Outpatient Clinic of the Department of Veterans Affairs in Traverse City, Michigan, as the Colonel Demas T. Craw VA Clinic, is Public Law 114–276.

House Vehicle

H.R. 91, Veterans Identification Card Act 2015, is Public Law 114–31.

H.R. 203, the Clay Hunt Suicide Prevention for American Veterans Act, is Public Law 114–2.

H.R. 960, a bill to designate the Department of Veterans Affairs community-based outpatient clinic in Newark, Ohio, as the Daniel L. Kinnard VA Clinic, is Public Law 114–280.

H.R. 1762, a bill to name the Department of Veterans Affairs community-based outpatient clinic in The Dalles, Oregon, as the Loren R. Kaufman VA Clinic, is Public Law 114–179.

H.R. 2496, Construction Authorization and Choice Improvement Act, is Public Law 114–19.

H.R. 2693, a bill to designate the arboretum at the Hunter Holmes McGuire VA Medical Center in Richmond, Virginia, as the Phyllis E. Galanti Arboretum, is Public Law 114–103.

H.R. 2814, a bill to name the Department of Veterans Affairs community-based outpatient clinic in Sevierville, Tennessee, the Dannie A. Carr Veterans Outpatient Clinic, is Public Law 114–164.

Title IV of H.R. 3236, VA Budget and Choice Improvement Act, is included in Public Law 114–41.

H.R. 3262, a bill to provide for the conveyance of land of the Illiana Health Care System of the Department of Veterans Affairs in Danville, Illinois, is Public Law 114–129.

H.R. 3471, Veterans Mobility Safety Act of 2016, is Public Law 114–256.

H.R. 3969, a bill to designate the Department of Veterans Affairs community-based outpatient clinic in Laughlin, Nevada, as the Master Chief Petty Officer Jesse Dean VA Clinic, is Public Law 114–220.

H.R. 4056, a bill to direct the Secretary of Veterans Affairs to convey to the Florida Department of Veterans Affairs all right, title, and interest of the United States to the property known as “The Community Living Center” at the Lake Baldwin Veterans Affairs Outpatient Clinic, Orlando, Florida, is Public Law 114–130.

H.R. 4336, a bill to amend title 38, United States Code, to provide for the inurnment in Arlington National Cemetery of the cremated remains of certain persons whose service has been determined to be active service, is Public Law 114–158.

H.R. 4352, Faster Care for Veterans Act of 2016, is Public Law 114–286.

H.R. 4437, a bill to extend the deadline for the submittal of the final report required by the Commission on Care, is Public Law 114–131.

H.R. 5099, Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016, is Public Law 114–294.

H.R. 5392, No Veterans Crisis Line Call Should Go Unanswered Act, is Public Law 114–247.

H.R. 5509, a bill to name the Department of Veterans Affairs temporary lodging facility in Indianapolis, Indiana, as the Dr. Otis Bowen Veterans House, is Public Law 114–259.

H.R. 5588, a bill to increase, effective as of December 1, 2016, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes, is Public Law 114–197.

H.R. 5936, West Los Angeles Leasing Act of 2016, is Public Law 114–226.

H.R. 5937, a bill to amend title 36, United States Code, to authorize the American Battle Monuments Commission to acquire, operate, and maintain the Lafayette Escadrille Memorial in Marnes-la-Coquette, France, and for other purposes, is Public Law 114–227.

H.R. 5985, Department of Veterans Affairs Expiring Authorities Act of 2016, is Public Law 114–228.

H.R. 6323, a bill to name the Department of Veterans Affairs health care system in Long Beach, California, as the Tibor Rubin VA Medical Center, is Public Law 114–313.

H.R. 6416, Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016, is Public Law 114–315.

III. OVERSIGHT

In accordance with its mandate, the Committee engaged in oversight of VA health care facilities, VA regional offices, VA construction sites, homeless program facilities, educational institutions, military facilities, employment program facilities, other entities within the Committee’s jurisdiction, and entities that coordinate with VA in serving veterans. Summaries of various oversight activities follow.

A. First Session (2015)

On March 30–April 1, 2015, Committee Majority and Minority staff traveled to the Soldier For Life Transition Assistance Program (hereinafter, “SFL-TAP”) Training Symposium in Louisville, Kentucky. Committee staff received briefings on the development of new transition assistance policies and implementation of career readiness standards, learned about the soldier lifecycle model, received feedback from transition assistance program managers, and observed breakout training sessions for the transition assistance program managers. Committee staff also met with SFL-TAP Director Walter Herd to discuss challenges in implementing the program.

On April 7, 2015, Committee Majority staff visited the VA Medical Center in Atlanta, Georgia, and toured the facility. The visit included a briefing on non-VA care, a meeting with Atlanta VA Medical Center Veteran Advisory Committee members, and a presentation on the Trinka Davis Veterans Village in Carrollton, Georgia. The visit to Atlanta also included a tour and briefing on the Fort McPherson/East Point Community Based Outpatient Clinic with an emphasis on the Women’s Clinic and the facilities and programs intended to serve homeless veterans, such as Domiciliary Care for Homeless Veterans and Health Care for Homeless Veterans. Majority staff also visited two organizations that receive Supportive Services for Veteran Families grants from VA.

On April 23–25, 2015, Committee Majority staff visited the Eastern Colorado VA Health Care System. Staff received a briefing by the executive leadership team on the Veterans Choice Program implementation and challenges. Staff also visited the VA regional office in Denver, Colorado, and received a briefing on the claims backlog and procedures being used to address the problem. Staff met independently with line staff for their assessment and opinions for process improvements. Staff visited the Veterans Health Administration’s Chief Business Office’s Office of Purchased Care, which is responsible for non-VA care billing and processing; staff received a briefing on procedures and challenges.

On May 8, 2015, Committee Majority and Minority staff visited Montgomery Works, an American Job Center in Wheaton, Maryland, to learn about the services provided under the Jobs for Veterans State Grant program administered by Department of Labor’s

Veterans' Employment and Training Service. Committee staff met with the center's director, the Director of Veterans Employment and Training for Maryland, a disabled veterans' outreach program specialist, and a local veterans' employment representative. Committee staff learned about the roles of the center staff and how the Federally funded positions work with the rest of the center to serve veterans with significant barriers to employment.

On May 22, 2015, Majority and Minority staff visited Walter Reed National Military Medical Center, specifically the Military Advanced Training Center, to learn about adaptive sports programs provided through VA's adaptive sports grants. Committee staff met with Walter Reed staff and received a briefing on adaptive sports programs offered to veterans and servicemembers with disabilities.

On June 28–29, 2015, Committee Majority staff visited the Veterans Integrated Service Network 1 Headquarters in Boston, Massachusetts, for an executive briefing by the Veterans Integrated Service Network director and leadership team on overall implementation and challenges surrounding the Veterans Choice Program. Staff also visited the VA regional office in Boston for an executive briefing and tour of the facility.

On August 5–11, 2015, Committee Majority staff visited the Veterans Integrated Service Network Headquarters in Phoenix, Arizona, for an executive briefing by the Veterans Integrated Service Network director and leadership staff on overall implementation and challenges confronting the Veterans Choice Program, especially at the Phoenix VA Health Care System. Staff also toured the facility and attended a briefing by the acting director on overall operations of the Phoenix VA Health Care System. Staff visited one of the Phoenix VA Health Care System's Community-Based Out-patient Clinics. Staff also toured the VA regional office in Phoenix and received a briefing by the director and leadership team. Staff visited the New Mexico VA Health Care System and received an executive briefing by the director and leadership team on the implementation and challenges of the Veterans Choice Program.

On August 10–12, 2015, Committee Majority and Minority staff visited the VA Medical Center in Atlanta, Georgia, specifically VA's lead research site for its study to determine if service dogs are effective therapy for post traumatic stress disorder. Committee staff met with members of the research team and received a briefing on the study. Staff also visited VA's Health Eligibility Center. This visit included a tour and overview of the facility and its functions, as well as meetings with leadership and staff. Committee staff subsequently traveled to the Central Alabama Veterans Health Care System's Montgomery campus. This visit included meetings with leadership and clinicians, as well as an update on non-VA care.

On August 18–24, 2015, Committee Majority staff visited the James A. Haley Veterans Hospital, Bay Pines VA Health Care System, and Orlando VA Medical Center. At each location, staff was provided an executive briefing and tour of the facility. The briefings focused on the status of construction initiatives and the Veterans Choice Program implementation and challenges. At the Bay Pines VA Health Care System, staff was provided a separate briefing on the Military Sexual Trauma in-residence and out-patient programs.

On August 19, 2015, Committee Majority staff visited the James A. Haley Veterans' Hospital and Clinics in Tampa, Florida. Staff met with facility leadership and received briefings on the Veterans Choice Program, Care in the Community programs, staff vacancies, policies in support of women veterans, and the Veterans' Justice Outreach Program.

On August 20–21, 2015, Committee Majority and Minority staff visited the VA Medical Center in Louisville, Kentucky, during a joint visit that included House Committee on Veterans' Affairs Majority and Minority staff. The visit included a facility overview briefing and tour. Staff also received an update on the replacement VA Medical Center and toured the future construction site. The visit to Louisville included briefings on the Veterans Choice Program implementation, telehealth initiatives, women veterans program, and other unique programs at the Louisville VA Medical Center, to include arts in healing, peer support, and homelessness initiatives. Staff also visited with VA scheduling clerks, the human resources department, and the pain clinic.

On August 24, 2015, Committee Majority and Minority staff visited the Anchorage VA Healthcare System. The visit included a facility overview and tour. Staff also visited the South Central Foundation to discuss Care in the Community programs in Alaska.

On August 26, 2015, Committee Majority and Minority staff visited the Bristol Bay Native Association (hereinafter, "BBNA") in Dillingham, Alaska, and Manokotak, Alaska, to discuss veterans issues with BBNA and local veterans.

On August 27, 2015, Committee Majority staff visited a facility of the North Florida/South Georgia Veterans Health System in Gainesville, Florida. Staff toured the facility and received briefings on the Veterans Choice Program, Care in the Community programs, the Veterans' Justice Outreach Program, women veteran programs, staff vacancies, and transcatheter aortic valve replacements—a minimally invasive heart valve replacement procedure.

On October 13, 2015, Committee Majority and Minority staff visited VA's Chief Business Office in Denver, Colorado, to discuss Care in the Community programs with the Purchased Care staff and have a tour of the facility.

On November 20, 2015, Committee Majority and Minority staff visited a VA facility in Washington, DC. Staff received a briefing on VA's Live Manual initiative and observed a demonstration of the technology. Staff also toured the National Work Queue command center in the same facility.

B. Second Session (2016)

On January 6, 2016, Committee Majority staff visited the VA regional office and Insurance center in Philadelphia, Pennsylvania. The areas of focus included briefings on the general state of the office following a number of Inspector General reports regarding that office; the Veterans Benefits Management System; the centralized mail portals for two scanning contractors; the exception processing portal and fax process used by the Pension Management Center; the National Call Center; the National Pension Call Center; and the VA Insurance service. The oversight visit included demonstrations of the Veterans Benefits Management System, the mail portals, the fax system, the mail intake process for the Insurance serv-

ice, and the Veterans Insurance Claims Tracking and Response System. The oversight visit included touring the call centers and observing calls in progress.

On January 6–8, 2016, Committee Majority and Minority staff visited the VA Medical Center campus in West Los Angeles, California. Staff visited an organization that receives Supportive Services for Veteran Families grants from VA. The visit also included a tour of the West Los Angeles VA campus and an update on VA's master plan for the campus, which is being developed in response to a January 2015 legal settlement and includes housing for homeless veterans. The update on the master plan also included meetings with VA staff and stakeholders.

On January 29, 2016, Committee Majority and Minority staff visited a VA facility in Washington, DC. Staff received a briefing on VA's Stakeholder Enterprise Portal and observed a demonstration of that technology.

On February 4, 2016, Committee Majority and Minority staff visited the National Capital Region Business Office in Washington, DC, to observe functions of the Vocational Rehabilitation and Employment program. Committee staff observed the orientation briefing provided to applicants and observed an intake evaluation of an applicant conducted by a vocational rehabilitation counselor. The Director of Vocational Rehabilitation and Employment Services discussed challenges related to staffing and information technology experienced across the program and some of the unique solutions the Washington, DC, office was pursuing to address those issues.

On February 5, 2016, Committee Majority and Minority staff visited the Washington, DC, VA's Community Resource and Referral Center. Staff received a briefing, providing an overview of the facility and its services for homeless veterans. Staff also toured the facility.

On February 26, 2016, Committee Majority and Minority staff visited Friendship Place, in Washington, DC, which provides services to the homeless, including veterans, and receives VA Supportive Services for Veteran Families grant funding from VA. The visit included a briefing by Friendship Place staff and a tour of their program office.

On April 26, 2016, Committee Majority and Minority staff visited the Perry Point VA Medical Center in Perry Point, Maryland. Staff received a briefing, providing an overview of the VA Maryland Health Care System and the replacement community living center project. Staff toured the existing community living center and received a driving tour of the campus.

On July 20, 2016, Committee Majority and Minority staff visited the Wilmington VA Medical Center in Wilmington, Delaware. The oversight visit included an overview of the facility and a tour. The primary focus of the trip was to engage in a discussion of the facility's human resources challenges and adverse employment actions.

On July 25–29, 2016, Committee Majority staff visited several sites throughout Georgia that provide services to transitioning servicemembers and veterans. Committee staff visited Georgia Southern University and met with student veterans and administrators to discuss the delivery of veterans educational assistance and on-campus support programs. Committee staff also visited Ft. Gordon, Georgia, and observed transition assistance classes on em-

ployment skills and career technical training. Staff also learned about America's Warrior Partnership and the grants they provide to local communities to connect veterans with local resources. Committee staff visited University of Georgia and participated in a round table discussion with student veterans on challenges they faced in using their education benefits. Committee staff also visited Emory University to review their process for certifying veteran enrollment to VA and receive feedback on the benefit programs. Committee staff finished this trip by visiting the Atlanta VA regional office to meet with staff from Education Service and Vocational Rehabilitation and Employment services and conduct a tour of the facility.

On July 26, 2016, Committee Majority and Minority staff, along with House Committee on Veterans' Affairs Majority and Minority staff, visited VA's Appeals Management Center (hereinafter, "AMC") in Washington, DC. The primary focus of the oversight was potential changes in the scope of AMC's work and a general update on AMC's performance. The oversight visit included a tour of the facility and a demonstration of the Veterans Benefits Management System.

On August 2, 2016, Committee Majority and Minority staff visited the VA Medical Center in Richmond, Virginia. Staff received a tour of the Polytrauma Inpatient Unit and the prosthetics department, both located in the main medical center building. The tour also included a tour of an additional building that houses both the Transitional Rehabilitation Center and the Assistive Technology Program. Staff met with leadership to discuss numerous programs at the Richmond VA Medical Center.

On August 3, 2016, Committee Majority and Minority staff visited the VA Medical Center in Washington, DC. Staff received an overview of the Medical Center and a briefing on the War Related Illness and Injury Study Center (hereinafter, "WRIISC"). Staff toured the WRIISC and the Integrative Health and Wellness facilities. The tour also included a visit to the Women's Health Clinic.

On August 9–10, 2016, Committee Majority staff visited the Charlie Norwood VA Medical Center in Augusta, Georgia, the Atlanta VA Medical Center, and the Health Eligibility Center in Atlanta, Georgia. At the Norwood VA Medical Center and the Atlanta VA Medical Center, staff received an overview of the facilities and a tour. At the Health Eligibility Center, staff received an overview of the programs carried out at the Health Eligibility Center and a tour of space that will house the new Veterans Crisis Line back-up call center.

On August 10, 2016, Committee Majority and Minority staff visited the U.S. Court of Appeals for Veterans Claims in Washington, DC. The areas of focus included the Court's facility, information technology solutions, and use of recall judges. The oversight visit included touring the Court's library, Public Office, courtroom, and Chief Judge's chambers. The oversight visit also included a demonstration of the Court's electronic filing system.

On August 15–16, 2016, Committee Majority staff visited the Savannah Veterans Affairs Outpatient Clinic. Staff received a briefing on VA health care and services to veterans in the Savannah area, particularly homeless veterans. Staff also toured the new outpatient clinic. In addition, staff visited the Carl Vinson VA Medical

Center for a tour and briefing, specifically focusing on homeless veterans and caregivers services.

On August 22–23, 2016, Committee Majority and Minority staff visited the Veterans Crisis Line, the Homeless Veterans Call Center, and the Caregivers Support Line, all based out of the Canandaigua VA Medical Center. The visit included briefings and tours of all three call centers.

On August 23, 2016, Committee Majority staff participated in the 2016 National Association of State Approving Agencies Summer Training and Business Meeting to present on legislative topics related to veterans education programs. Committee staff discussed a number of pending legislative provisions as well as several pressing issues related to approval of flight training degrees and online institutions.

On August 24, 2016, Committee Majority and Minority staff visited the Milwaukee VA regional office, the Milwaukee Pension Management Center, the Milwaukee Fiduciary Hub, and a VA scanning contractor (Data Dimensions in Janesville, Wisconsin). The focus was on information technology solutions used by various VA business lines, appeals processing, and scanning and centralized mail services provided by the VA contractor. The oversight visit included demonstrations of the Veterans Benefits Management System, the electronic mail portal, VETSNET, and the Beneficiary Fiduciary Field System. Staff also toured the contractor's scanning facility and were provided with an overview of each aspect of the scanning and centralized mail functions.

On August 25, 2016, Committee Majority and Minority staff visited the St. Paul VA regional office, St. Paul Pension Management Center, and St. Paul Loan Guaranty Center. The focus of the visit was on information technology solutions used by various business lines. The oversight visit included demonstrations of the Veterans Benefits Management System, CAPRI, CAATS, the pension mail portal, VACOLS, WebLGY, Loan Safe Appraisal Manager, SAHSHA, and VALERI.

On August 27, 2016, Committee Majority and Minority staff traveled to Cincinnati, Ohio, to participate in a discussion with The American Legion's National Legislative Commission. Committee staff discussed legislative action and challenges in the 114th Congress along with likely priorities for the 115th Congress. Commission members shared their concerns and priorities with Committee staff.

On August 30–31, 2016, Committee Majority and Minority staff visited Pine Ridge, South Dakota, to learn more about VA homeless programs on the reservation, and specifically, the tribal HUD-VASH demonstration program. The Oglala Sioux Tribe of the Pine Ridge Reservation was the first to house a veteran with HUD-VASH. Staff met with Oglala Sioux Lakota Housing, toured a HUD-VASH home, toured the Lakota Freedom Veterans Cemetery, the Pine Ridge VA Community Based Outpatient Clinic, the Grant and Per Diem program facility on the reservation, and the Indian Health Services facility, which is a VA Compensated Work Therapy job site. Staff received briefings on VA services, specifically homeless services, on the reservation and also participated in a roundtable with local veterans.

On October 10–14, 2016, Committee Majority and Minority staff visited several sites around San Diego, California, related to servicemember transition and veterans benefits. Committee staff participated in a legislative panel at the National Association of Veterans’ Program Administrators 2016 Annual Conference to discuss legislative action related to veterans educational assistance. Committee staff also visited San Diego State University to learn about the services they provide to student veterans and about the VA’s Veterans Success On Campus counselor assigned there. Committee staff also visited Naval Base San Diego to learn about their transition assistance program for separating servicemembers and how they connect them to local resources. Committee staff also visited an American Job Center in San Diego and met with disabled veterans’ outreach program specialists, local veterans’ employment representatives, and staff administering the Jobs for Veterans State Grant program for California.

IV. NOMINATIONS

Name and Position	Date of Nomination	Date of Hearing	Date Reported	Date Confirmed
First Session				
LaVerne H. Council Assistant Secretary of Veterans Affairs for Information and Technology	3/19/2015	5/5/2015	6/9/2015	6/23/2015
David J. Shulkin Under Secretary for Health	3/19/2015	5/5/2015	6/9/2015	6/23/2015
Michael H. Michaud Assistant Secretary of Labor for Veterans’ Employment and Training	7/30/2015	9/30/2015	10/6/2015	11/19/2015
Michael J. Missal Inspector General	10/5/2015	11/17/2015	1/12/2016	4/19/2016
Second Session				
Christopher E. O’Connor Assistant Secretary of Veterans Affairs for Congressional and Legislative Affairs	6/6/2016	6/21/2016	N/A	N/A
Thomas J. Murphy Under Secretary for Benefits	12/6/2016	N/A	N/A	N/A

V. BUDGET FOR VETERANS PROGRAMS

A. *First Session (2015)*

Pursuant to the requirements of section 301(d) of the Congressional Budget Act of 1974, Chairman Isakson of the Committee submitted a letter to the Budget Committee reflecting the Committee’s Views and Estimates on the Administration’s proposed fiscal year 2016 budget for veterans’ programs. The letter submitted is printed below in its entirety:

JOHNNY ISAKSON, GEORGIA
 CHAIRMAN
 JERRY MORAN, KANSAS
 JOHN BOOZMAN, ARKANSAS
 DEAN HELLER, NEVADA
 BILL CASSIDY, LOUISIANA
 MIKE ROLINDS, SOUTH DAKOTA
 THOM TILLIS, NORTH CAROLINA
 DAN SULLIVAN, ALASKA

United States Senate

COMMITTEE ON VETERANS' AFFAIRS
 WASHINGTON, DC 20510

February 27, 2015

RICHARD BLUMENTHAL, CONNECTICUT
 RANKING MEMBER
 PATTY MURRAY, WASHINGTON
 BERNARD SANDERS, VERMONT
 SHERROD BROWN, OHIO
 JONI TESTER, MONTANA
 MAZIE HIRONO, HAWAII
 JOE MANCHIN III, WEST VIRGINIA

The Honorable Michael Enzi
 Chairman
 The Honorable Bernard Sanders
 Ranking Member
 Committee on the Budget
 624 Dirksen Senate Office Building
 United States Senate
 Washington, DC 20510

Dear Chairman Enzi and Ranking Member Sanders:

Pursuant to Section 301(d) of the Congressional Budget Act of 1974, it is my pleasure as the Chairman of the Committee on Veterans' Affairs (hereinafter, "Committee") to submit this letter to the Committee on the Budget on the fiscal year 2016 (hereinafter, "FY16") budget and the fiscal year 2017 (hereinafter, "FY17") advance appropriations budget request for Function 700 (Veterans' Benefits and Services) programs.

GENERAL COMMENTS

The principal focus of my letter will be on certain components of Function 700 spending – Department of Veterans Affairs (hereinafter, "VA") programs. Because the Committee has not received answers to all of our inquiries regarding the FY16 and FY17 advance appropriations budget request and, therefore, not being able to properly analyze the request, I will limit my comments to general observations and highlight areas that I believe merit focus by the Budget Committee.

Last year was an historic year for VA, when the nation saw long suspected problems with veterans receiving timely access to care, poorly managed facilities, and an entrenched bureaucracy that realized little consequences for their mismanagement and misconduct. During the spring and summer of 2014, the Committee held several hearings titled "The State of VA Health Care" designed to produce a better understanding of the problems and identify a path forward. Last summer, through the Veterans Access, Choice, and Accountability Act (hereinafter, "the Choice Act"), Congress provided an historic increase in funding of \$15 billion to provide some long-term solutions to the problems. Specifically, the Choice Act provided \$5 billion to increase access and improve VA's aging infrastructure and \$10 billion for the Veterans Choice Program. The Veterans Choice Program, for the first time, puts veterans in control of where they receive their care, with the option to still receive all of their care within VA. Those

veterans who live too far from a VA facility or are waiting more than 30 days for an appointment at VA, can now choose to receive their care from a non-VA provider.

However, according to VA, very little of the \$5 billion for access and infrastructure improvements or the \$10 billion provided for the Veterans Choice Program has been spent. Additionally, the Choice Act requires an independent assessment of the Veterans Health Administration (hereinafter, "VHA"), as well as a Commission on Care to provide necessary recommended changes to improve VHA. Because of this, it is difficult to know the full impact the Choice Act will have on VA's budget for FY16 and beyond.

The Veterans Choice Program is not the only program lacking detailed information in the budget request. Throughout the Administration's request for VA, there is a lack of information on total funding required for certain projects or initiatives, specific outcomes that would be achieved, and timelines or milestones for achieving those outcomes. For example, there is no information on the total cost of the Secretary's MyVA initiative or the additional funding needed to complete the Denver VA medical center.

Because of those and other factors, the budget received from VA requires a great deal more scrutiny than the Committee is able to perform in the time allotted to us and with the information received to date from the Administration. The Committee sees great uncertainty surrounding not only the Veterans Choice Program but also the Secretary's MyVA initiative, VA's construction programs, and the disability claims backlog.

DEPARTMENT OF VETERANS AFFAIRS
The Veterans Choice Program

As noted above, 2014 was a momentous year for VA with the unfolding access to care scandal and the mismanagement that was uncovered at facilities hiding from VA leadership, Congress, and the nation the number of veterans waiting for care. The creation of the Veterans Choice Program provides VA with an historic opportunity to improve how VHA delivers care, particularly the care provided from non-VA providers. This program, for the first time, puts veterans in charge of how and where they receive their care. No longer should they be told they must wait 31, 61, or more days or drive long distances to see a VA provider. For some veterans that live too far from a VA facility or must wait more than 30 days to see a VA provider, the Veterans Choice Program gives the veteran the authority to seek outside care.

The Veterans Choice Program is not only a positive change in how VHA delivers care but a very new program, which is why the Committee was surprised that the FY16 budget indicated the Administration would be sending Congress proposed legislation to reallocate an unknown amount of funding from the Veterans Choice Program to other purposes at VA. According to VA, veterans prefer to receive their care in the VA system, yet there is no data to support this claim. I find it is premature to declare a certain amount of funds will not be utilized when a program is only four months old. At this time, I do not support moving any funding out of the Veterans Choice Program.

Instead, I believe the program needs greater scrutiny. Because the Committee has heard from numerous veterans with problems surrounding the Veterans Choice Program, I now question the training provided not only to VA providers but, more importantly, to VA schedulers. I believe it will likely be through the schedulers that a majority of veterans will request an appointment with a non-VA provider. However, I hear about problems with some schedulers not being aware of the program or telling veterans it has not been “rolled out in this area yet,” or providing erroneous information on how to receive care from a provider of their choice.

Because VA has several methods to provide veterans with care in the community, VHA has created a priority system for referring patients to non-VA care. However, the Committee has also heard of confusion between the contractors administering the Veterans Choice Program and VA as to where the Veterans Choice Program falls within the hierarchy of VA’s many non-VA care programs. The contractors were told that the Veterans Choice Program falls at or near the top; however, some individual VA medical centers believe it is at the bottom of the hierarchy. I believe the law is clear that the Veterans Choice Program is above other non-VA care program.

Because of these concerns with how the Veterans Choice Program has been implemented, the Committee believes the better course of action is to fix the problems to ensure the program will be successful, not ensure the program’s failure by moving funds to other purposes and thereby underfunding it.

MyVA

The Secretary has vowed to change the culture at VA and has developed the initiative, MyVA, to create a veteran-centric organization. While I applaud and support the Secretary’s challenge to change the culture at VA, I am concerned with a couple of aspects of this initiative. First, there is very little information in the budget request or in responses to questions from the Committee on the total amount needed to accomplish his goals and what outcomes would be achieved with those funds.

Second, within the Medical Support and Compliance account, the Administration requests 5,006 new full-time equivalent employees (hereinafter, “FTE”) and \$283.7 million “to support and fulfill the Secretary’s vision of becoming a more Veteran-centric organization.” It is unclear whether VA performed any analysis to determine if new employees are needed or if the functions of these new FTE could be performed as ancillary duties by current employees. I am concerned that, should this budget request be approved, we would be simply adding more bureaucracy to an already heavily bureaucratic agency.

As I noted earlier, I support his initiative to change VA’s culture, which is why the leadership of the Senate and House Veterans’ Affairs Committees have visited VA central office and held a town hall with the employees. In addition, we plan to visit the Phoenix VA medical center (the bellwether of the access scandal). It is my intention that a trip to Phoenix will be the first in a series of visits by the Committee to VA facilities. I believe a cultural change is

desperately needed at VA; however, with the little information the Committee has received on MyVA, I am not convinced that thousands of new FTE is the proper way to accomplish this goal.

Construction

The FY16 Strategic Capital Investment Planning process identified up to \$60 billion in needed capital infrastructure and activation costs over the next decade. While the FY16 budget request is an improvement from past requests, cost overruns and schedule delays on current construction projects highlight serious flaws within VA's construction program.

Costs have substantially increased and schedules were delayed for VA's largest medical facility construction projects, located in Denver, Colorado; Las Vegas, Nevada; New Orleans, Louisiana; and Orlando, Florida. As of January 2015, in comparison with initial estimates, the cost increases for these projects ranged from 66 percent to 144 percent and delays ranged from 14 to 86 months.

The FY16 budget request has TBD or "to be determined" listed for the total estimated cost of the Denver VA Medical Center. Over \$800 million has already been allocated to the project and it is only half complete. VA expects to request authorization for an additional \$300 million for the interim contract and an undetermined amount for final completion of the project. With cost overruns of at least \$300 million for this one project alone, it is clear Congress should be vigilant with our oversight duties to ensure that VA spends the limited amount of construction funding responsibly and implements policies and procedures to prevent waste from occurring in future construction projects.

Claims Processing

For FY16, the budget includes a request for \$85 million to support an additional 770 FTE for the Veterans Benefits Administration (hereinafter, "VBA"), including 200 appeals processors and 320 non-rating processors. Based on current information available to the Committee, it is unclear whether these staffing increases are warranted.

To begin with, it is not clear to what extent VBA lacks the capacity to address its non-rating and appeals workload or, alternatively, to what extent offices have not been providing sufficient focus on that work. For example, the VA Inspector General released numerous reports during 2014 finding that regional office employees had been delaying certain non-rating work because their highest priority was to reduce the backlog of disability rating claims.¹ Further, even assuming that additional staffing may be required, there is no information that would allow the Committee to conclude that this represents an appropriate staffing level. In that regard, the budget request does not outline the size of the workforce now dedicated to non-rating work and appeals, the productivity per employee currently being achieved, or the individual productivity that could be expected if this budget is approved.

¹ See, e.g., VA Office of Inspector General Inspection of VA Regional Office Seattle, Washington, Report No. 14-01502-259 (Sept. 24, 2014).

More generally, funding already has been provided to allow compensation and pension staffing to nearly double since 2005 and Congress has funded a number of initiatives that were meant to improve the overall productivity of the claims processing workforce. That includes the Veterans Benefits Management System; eBenefits; the Stakeholder Enterprise Portal; and Disability Benefits Questionnaires. In addition, the number of claims being filed that are fully-developed has increased from less than 5 percent a few years ago to nearly 30 percent in 2014, which should in part reduce the burden on claims processing staff. VBA also has supplemented its workforce by using contractors to obtain certain evidence needed to adjudicate claims.


Although total production of rating claims has increased, the overall increase is less than what VA had projected² and individual productivity has not yet reached expected levels³. Also, to achieve increased levels of total production, VA has relied heavily on overtime, which may mask other initiatives that are not having the expected impact on productivity. To gauge the efficacy of this staffing request, additional information is required to allow us to assess if and when those on-going initiatives will improve VBA's capacity to handle its overall workload and, more broadly, to ensure that this large infusion of resources into transforming the claims process will produce a commensurate return on investment.

In the coming months, the Committee will endeavor to find answers these questions and provide a more definitive evaluation of this portion of the budget request.

CONCLUDING COMMENTS

Thank you for your consideration of my views on the programs and services for our nation's veterans. VA has numerous challenges which VA leadership must address. I look forward to working with the Committee on the Budget and all of our colleagues to help improve and modernize the system of benefits and services for veterans, their families, and their survivors.

Sincerely,



Johnny Isakson
Chairman

² VA's 2013 Strategic Plan to Eliminate the Compensation Claims Backlog projected VA would complete 1.9 million claims during fiscal year 2015; VA's FY16 budget request projects 1.4 million claims will be completed in fiscal year 2015.

³ In response to questions about its fiscal year 2012 budget, VA indicated that "productivity due to the impact of the overall transformation plan . . . will rise from 89 annual claims per [compensation and pension] direct labor FTE in 2012 to 129 in 2015." VA's FY16 budget request reflects 93 claims per employee will be completed in fiscal year 2015.

B. Second Session (2016)

Pursuant to the requirements of section 301(d) of the Congressional Budget Act of 1974, Chairman Isakson submitted a letter to the Budget Committee reflecting the Committee's Views and Estimates on the Administration's proposed fiscal year 2017 budget for veterans' programs. The letter submitted is printed below in its entirety:

JOHNNY ISAKSON, GEORGIA,
CHAIRMAN
JERRY MCBRIDE, KANSAS
JOHN BOOZMAN, ARKANSAS
DEAN HELLER, NEVADA
BILL CASSIDY, LOUISIANA
MIKE ROHLING, SOUTH DAKOTA
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United States Senate

COMMITTEE ON VETERANS' AFFAIRS
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February 22, 2016

The Honorable Michael Enzi
Chairman
The Honorable Bernard Sanders
Ranking Member
Committee on the Budget
624 Dirksen Senate Office Building
United States Senate
Washington, DC 20510

Dear Chairman Enzi and Ranking Member Sanders:

Pursuant to section 301(d) of the Congressional Budget Act of 1974, it is my pleasure as the Chairman of the Committee on Veterans' Affairs (hereinafter, "Committee") to submit this letter to the Committee on the Budget on the fiscal year 2017 (hereinafter, "FY17") budget and the fiscal year 2018 (hereinafter, "FY18") advance appropriations budget request for Function 700 (Veterans' Benefits and Services) programs.

The principal focus of my letter will be on the Department of Veterans Affairs (hereinafter, "VA") programs. Because the Committee has not had the opportunity to hold a hearing to examine the FY17 and FY18 advance appropriations budget request and, therefore, not being able to properly analyze the request, I will limit my comments to general observations and highlight areas that I believe merit focus by the Budget Committee.

DEPARTMENT OF VETERANS AFFAIRS **Care in the Community Program**

The budget request proposes spending of \$7.2 billion for FY17 and \$9.4 billion for FY18 to provide veterans with non-VA care. Although I am pleased to see the Veterans Health Administration (hereinafter, "VHA") embrace non-VA care, we owe it to the taxpayers to ensure their tax dollars are spent wisely and with the wishes of veterans first and foremost in mind. If a veteran receives care outside of VHA, it should be his or her choice regarding where he or she receive that care.

Currently, VA has seven separate programs to provide veterans with care in the community, each with different eligibility rules and payment rates. The implementation of the Veterans Choice Program (hereinafter, "the Choice Program") revealed that the non-VA care

programs within VHA were disjointed, competing against each other, and needed reform. Because of this competition, VA's contractors found it difficult to convince non-VA providers to join their networks since the providers knew they could deliver the same care to veterans through a different program at a higher rate.

Problems with the seven programs were amplified last summer when VA indicated its funding would not last until the end of the fiscal year and the Secretary mandated that the Choice Program was the only non-VA care program VHA could use. In order to provide funding for VA and address the problems with non-VA care, Congress authorized the transfer of \$3.5 billion from the Veterans Choice Fund, provided that the Secretary submit by November 1, 2015 a plan to consolidate all seven programs into the Veterans Choice Program.

While the plan VA submitted to the Committee is ambitious, I am concerned with the plan as outlined. VA would like to create a tiered network of providers with their federal partners (the Department of Defense, Indian Health Service, Tribal Health Programs, and Federally Qualified Health Centers) and academic affiliates as the first tier. A veteran would seek non-VA care in this tier before given the opportunity to receive care from a private sector provider. This VA controlled process would provide little actual choice to veterans, which would be contrary to the intent of the Veterans Choice Program – allowing veterans choose their non-VA providers.

MyVA

In a January 21 hearing before our Committee, Secretary McDonald outlined his goals and objectives through MyVA to create a veteran-centric organization. Our Committee stands behind efforts to change the culture at VA, but over a year has passed since VA first requested funding for this initiative. However, the budget is remarkably silent on details, metrics, or funding requests for MyVA. Questions remain on where resources are being diverted to stand up MyVA. How many employees are devoted to this initiative, how many more employees would be needed, and what funding will be repurposed for the transformation?

The American Legion stated in January 21 testimony on MyVA, "It is possible that MyVA may in fact change VA and provide a better experience for veterans. It is also possible that it will only add another layer to an already bloated bureaucracy." I remain concerned, as I was last year, should this budget request be approved, we would be simply adding more bureaucracy to an already heavily bureaucratic agency. A cultural change is desperately needed at VA, but we owe it to the taxpayers to be good stewards of their hard-earned dollars. If MyVA is the answer to transforming VA, the budget should provide far more in terms of specifics on funding, employee requirements, projected outcomes, and timelines for realistically achieving those outcomes.

Financial Stewardship

As we consider the efficacy of VA's request for significant increases in its budget, we should keep in mind recent findings from agency watchdogs reflecting numerous instances of poor financial management at VA that could equate to billions in funds that are no longer available for their intended purposes. For example, VA has experienced cost-overruns in information

technology projects, including an increase from less than \$600 million to \$1.3 billion in the estimated cost for the Veterans Benefits Management System¹; the Veterans Benefits Administration spent millions needlessly moving senior officials around the country²; the Veterans Health Administration mismanaged funds for non-VA medical care³; VA health care facilities improperly approved beneficiary travel reimbursements⁴; the Veterans Benefits Administration has not taken sufficient steps to ensure that individual unemployability benefits are awarded only to eligible veterans⁵; Veterans Health Administration facilities have improperly paid higher than appropriate wages to employees⁶; VA regional offices have not been taking timely action to reduce or discontinue benefits when required to do so by the evidence and the law⁷; and VA has experienced significant cost-overruns and schedule delays on its construction projects, including the increase from \$328 million to \$1.675 billion for the new Denver VA Medical Center.⁸

In terms of financial stewardship, although VA's Information Technology (hereinafter, "IT") department has been prone to mismanagement and cost-overruns, but I have high expectations for the new leadership of that department. Nevertheless, we must view an increase of \$145 million and over 700 FTEs for VA IT through the lens of past performance. The reports and findings above provide a critical reminder that more must be done to focus on financial stewardship in all areas of this vast Department. As part of the budget process, VA leadership must demonstrate an ability and willingness to use the requested funds wisely and for the intended purposes. In the absence of that showing, Congress will have no assurance that provided funds will actually be used to improve the level of service to our nation's veterans and their families.

Appeals

For FY17, the budget request includes funding for 300 additional non-rating staff for the Veterans Benefits Administration, including 100 to handle appeals. In addition, the Board of Veterans' Appeals is requesting \$156 million, which would be a \$46 million increase over the

¹ See, e.g., VA Office of Inspector General Follow-Up Review of the Veterans Benefits Management System, Report No. 13-00690-455 (Sept. 14, 2015).

² VA Inspector General Administrative Investigation: Inappropriate Use of Position and Misuse of Relocation Program and Incentives, Report No. 15-02997-526 (Sept. 28, 2015).

³ VA Inspector General Audit of Non-VA Medical Care Obligations, Report No. 14-02465-47 (Jan. 12, 2016).

⁴ VA Inspector General Review of Alleged Beneficiary Travel Irregularities at Hudson Valley Health Care System, Hampton and Lexington VA Medical Centers, Report No. 15-02400-524 (Dec. 7, 2015).

⁵ Government Accountability Office, Veterans' Disability Benefits: VA Can Better Ensure Unemployability Decisions Are Well Supported, Report No. GAO-15-464 (June 2015).

⁶ VA Inspector General Review of Alleged Improper Pay at Hudson Valley Health Care System, Report No. 15-02053-537 (Sept. 30, 2015).

⁷ See, e.g., VA Inspector General Inspection of VA Regional Office, Honolulu, Hawaii, Report No. 15-01996-503 (Sept. 17, 2015).

⁸ Government Accountability Office, VA Construction: Actions to Address Cost Increases and Schedule Delays at Denver and Other VA Major Medical-Facility Projects, GAO-15-564T (April 24, 2015).

FY16 level and would fund 242 additional employees. VA also is requesting “sweeping legislative reform” of the appeal process, including eliminating numerous steps.

In light of the fact that there are more than 440,000 pending appeals and it takes on average five years to process an appeal, the Committee will soon hold a hearing to explore a range of options for improving the appeals process. In the meantime, here are preliminary observations on VA’s requests.


To start with, it remains unclear to what extent the Veterans Benefits Administration lacks the capacity to address its appeals workload and to what extent this work has not been considered a priority. In that regard, the VA Inspector General’s Office recently testified that, in order to reduce the backlog of disability claims, VA “re-allocat[ed] staff to process only claims that affect the backlog while sacrificing other types of claims such as those on appeal.” In addition, to assess the efficacy of both requests for increased staffing, the Committee requires additional information, such as how many employees at the Veterans Benefits Administration now handle appeals and the potential efficiencies to be gained from on-going and planned initiatives that would also be funded if this budget is adopted.

Regarding VA’s legislative proposals on appeals, the Secretary testified earlier this month that these proposals are a “straw man,” which by definition means they are meant to be defeated. Although I appreciate the Secretary’s strong interest in reforming the appeals process and his assurance that he is willing to consider other ideas, it is not clear how putting forward a straw man proposal advances the ball. In addition, VA officials testified last year in support of creating a fully-developed appeal (hereinafter, “FDA”) pilot program, which would essentially allow certain appellants the option of by-passing numerous steps in the appeals process. VA stated that “[t]he FDA pilot program would allow VA to assess whether Veterans may benefit from a significantly streamlined appeal process.” At this point, it is unclear whether VA now believes that changes to the appeal process – including eliminating numerous steps – should be made without undertaking such an assessment. The bottom line is that the backlog of appeals is a serious problem that needs serious solutions and the Committee will continue to work with stakeholders to find viable options.

CONCLUDING COMMENTS

Thank you for your consideration of my views on the programs and services for our nation’s veterans. VA has numerous challenges which VA leadership must address. I look forward to working with the Committee on the Budget and all of our colleagues to help improve and modernize the system of benefits and services for veterans, their families, and their survivors.

Sincerely,



Johnny Isakson
Chairman

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