

**Committee on Veterans' Affairs**  
**U.S. House of Representatives**  
**115<sup>th</sup> Congress – Oversight Plan**

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

**Subcommittee on Disability and Memorial Affairs**

- ***Appeals Reform*** - The Board of Veterans Appeals (BVA) reviews benefits claims submitted by veterans who disagree with the decision made on their claim by a VA Regional Office. It currently takes almost three years for BVA to reach a decision due to the backlog of claims. The process often involves a remand by BVA to the Regional Office for additional information which further lengthens the time to a final decision. As VA has reduced the claims backlog, the number of appeals has skyrocketed. Committee staff will continue to pursue options for appeals reform, such as the proposal developed by VA in 2016. That proposal would reform the appeals process by allowing veterans to choose an expedited process in certain circumstances. Under the 2016 proposal, veterans could waive the right to offer additional evidence and have a hearing in exchange for an expedited decision on his or her appeal. However, the proposal noted that those veterans who wish to retain the right to have a hearing or submit supplemental evidence may still do so if the appropriate elections are made within the process.
- ***VBA Quality Review*** - VA employs a variety of mechanisms to review the quality of initial claims decisions. One of Veterans Benefits Administration's (VBA) main tools to review the accuracy of claim decisions is the Systematic Technical Accuracy Review (STAR) checklist. The checklist has a very restrictive category of what constitutes as an "error," and a more expansive category of what would be considered a "comment," which is why the VA claims a 98% accuracy rating despite many complaints by veterans and Congress as to the quality of decisions. Moreover, by allowing quality reviewers to simply comment on many errors, VA can sidestep actually holding employees accountable for inaccuracies. The Committee will investigate how VBA has designed its quality review measures and to what extent that design yields accurate results.
- ***VBA Training*** - Veterans Benefits Administration's (VBA) training is generally ineffective, resulting in many errors. VBA's challenge training is poor quality and does not adequately prepare examiners to process claims. Furthermore, the VBA manual is frequently updated and employees are not required to undergo new training or even open the email that explains the changes. The Committee will conduct oversight into to how VBA implements training and look for ways to improve training to ensure veterans receive the benefits to which they are entitled.

- **Information Technology** - VBA has mismanaged IT development, particularly the development and implementation of Veterans Benefits Management System (VBMS). The cost of VBMS has doubled from the original estimate (\$560 million to \$1.3 billion), yet VBMS is still unable to handle appeals or non-rating claims. VA also has not established a timeline to complete implementation of VBMS. This is particularly troubling as the effective functioning of NWQ is premised on the assumption that VBMS is operating properly. VA continues to develop IT systems intended to help improve quality and consistency, however, without proper training, the technology often becomes a crutch, encouraging employees to rely on the system rather than their own knowledge. The Committee will continue to receive briefings and updates on the implementation, usage, and costs of VBA IT systems.
- **National Work Queue (NWQ)** - NWQ is a new process of distributing workload and assigning claims to whichever Regional Office has the capacity to handle it first, rather than the more traditional model of having the Regional Office in a veteran's home state handle the claim. However, VA employees have expressed frustration with how the process is being implemented, and it further obscures the true quality of a given Regional Office. The Committee will conduct rigorous oversight to ensure NWQ improves time of adjudication, accuracy, and transparency.
- **Fiduciary Reform** - The Committee will review the performance of the VBA Fiduciary Program. The program is designed to provide financial security to veterans who have been determined unable to manage their VA benefit payments. Fiduciaries are designated by VA and can be a family member, a close friend, or a professional fiduciary. The review will include oversight of how fiduciaries are appointed, the Department's compliance with provisions in the Brady Handgun Violence Prevention Act (Pub.L. 103–159, 107 Stat. 1536, enacted November 30, 1993) that can effectively deny veterans in the fiduciary program of the Second Amendment rights as well as fraud associated with the program. Moreover, in January 2014, the Department issued a proposed rule to provide more oversight of fiduciaries; however, three years later, VA has not yet finalized the rule. Even as VA fails to act to protect veterans, the Office of Inspector General continues to investigate additional cases of fiduciary abuse, such as a fiduciary who served 80 veterans and was indicted for criminal mistreatment and theft of \$211,000. The Committee will review legislation that would better enable VBA to protect and serve veterans in need of fiduciary and ensure their rights of appeal in cases where they have been declared mentally incompetent.
- **National Cemeteries** – The Subcommittee will continue oversight over the National Cemetery Administration (NCA), Arlington National Cemetery (ANC), the American Battle Monuments Commission (ABMC), to include each organization's mission, operations, and inquiries into matters of unclaimed remains, access, and the methodology for determining veteran satisfaction. Each of the above organizations provides a hallowed resting place for veterans. VA alone operates over 150 National Cemeteries to provide an honorable resting place for veterans and certain dependents. The Committee will look into a number of issues including poor cemetery maintenance, destruction of and misplaced grave markers, and overall management issues.

- ***Contract Physicians*** - Some veterans require a VA medical examination as a part of the adjudication of a claim for disability benefits. Unfortunately, there are not enough VA examiners to perform these evaluations in a timely manner, and some veterans experience lengthy delays before VA is able to schedule such examinations. It may be especially difficult for VA to timely schedule these examinations if the veteran needs to see a specialist, such as a cardiologist or orthopedic surgeon. Moreover, veterans who live in rural areas may have to travel many miles to a VA facility in order to see a VA examiner for a disability examination. To provide veterans with more timely examinations, VA has authority to contract with independent physicians to conduct disability examinations. However, such authority expires on December 31, 2017. The Committee will look into whether this program is functioning as intended.
- ***Equitable Relief for Administrative Errors*** - The Secretary has the authority to provide equitable relief in cases when a veteran has been harmed by a mistake made by VA. For example, a veteran may be asked by the Department to reimburse VA for an overpayment even when the overpayment is due to an error made by the Department. In such cases, the Secretary may exercise equitable relief and cancel some or all of the veteran's debt. The law that requires VA to submit an annual report to Congress regarding cases where the Secretary has exercised equitable relief will expire on December 31, 2017. The Committee plans to assess whether such reports assist Congress in overseeing the Department.
- ***Effects of Agent Orange*** - VA's authority to contract with the Health and Medicine Division (HMD) (formally known as the Institute of Medicine) of the National Academy of Sciences, Engineering, and Medicine, a non-governmental organization, to scientifically review evidence on the long-term health effects of Agent Orange expires on December 31, 2017. The Committee will review this authority for this and other VA programs to ensure that veterans who were exposed to Agent Orange receive all the benefits they have earned.
- ***Manila Regional Office*** - The authorization for the Manila Regional Office expires on September 30, 2017. The Committee will look at whether the Manila Regional Office is providing effective, efficient services to World War II veterans who reside in the Philippines.
- ***The Advisory Committee on Minority Veterans*** - The Advisory Committee on Minority Veterans provides advice to the Secretary on the administration of VA benefits for veterans who are minority group members on the topics of health care, compensation, and other services. The authorization for the Advisory Committee on Minority Veterans expires on December 31, 2017. The Committee will conduct oversight to ensure that this program is ensuring that all veterans receive the respect and services to which they are entitled.

## **Subcommittee on Economic Opportunity**

- ***Effectiveness of the Transition Assistance Program (TAP)*** - The Committee continues to be concerned about the effectiveness of the TAP program which is intended to prepare servicemembers for their return to civilian life. The Departments of Defense (DoD), Veterans Affairs (VA), and Labor (DoL) jointly manage and provide content to the five-day course that focuses on skills needed to obtain gainful employment as well as an understanding of the benefits that are available to them from VA and DoL. The U.S. Government Accountability Office is currently undergoing a review of the most recent iteration of TAP, at the request of this Committee, which will be complete by this summer. The Committee will conduct an oversight hearing with GAO, DoD, VA, and DoL to discuss the outcomes of the review, as well as discuss how TAP can be enhanced for transitioning servicemembers and their families. Further, the Committee plans to attend TAP classes to review the curriculum that TAP counselors are teaching at the local levels. Finally, the Committee will work with the Committees on Armed Services and Education and the Workforce to address cross-jurisdictional issues as we make improvements to the TAP program.
- ***Accountability and Civil Service Reform*** – The Committee will continue to look for ways to increase the number of veterans employed at VA and will examine ways to streamline the hiring process for all VA employees. In addition, the Committee will continue its oversight of disciplinary actions taken against VA employees. Further, the Committee will continue its existing efforts to reform VA’s antiquated civil service system. Recent reports from the Government Accountability Office (GAO) have found that it can take six months to a year (and sometimes significantly longer) to dismiss an employee. This system while well intended, is clearly broken and not serving veterans. The Committee will continue its oversight of disciplinary actions at VA and will examine ways to provide true accountability to poor performing employees.
- ***Effectiveness and outcomes of Education and Training Programs for Returning Veterans*** – The Post-9/11 GI bill, which is administered by VA, is the most generous education program for veterans since the original WWII GI Bill. Based on the length of service, the program funds up to full tuition and fees at public institutions of higher learning and about \$22,000 per year at private institutions as well as a monthly living stipend based on the housing allowance paid to servicemembers at the rank of E-5 (with dependents) and the zip code of the institution. Recent changes to the program have expanded eligibility for surviving dependents and the Committee intends to determine how VA is implementing those changes as well as the performance and value of the Veteran Success on Campus program, which currently stations VA Vocational Rehabilitation staff on 94 campuses. Further, as avenues for learning and training continue to evolve and modernize, the Committee will examine these new programs and how they may fit into the construct and requirements of the Post 9/11 G.I. Bill program. In addition, the Committee will examine outcome measures for users of the Post-9/11 GI Bill, including graduation rates and job placement data, to ensure the effectiveness of taxpayers’ investment in our veterans’ education benefits. Finally, the Committee will work with the State Approving Agencies to put in place policies that protect student

veterans against predatory or deceitful recruiting practices of some schools, such as providing misinformation about student outcomes or encouraging veterans to take out unnecessary private student loans.

- ***Vocational Rehabilitation and Employment (VR&E) program*** – VA’s VR&E program provides education and training benefits for disabled veterans with barriers to employment. The program will fund all costs related to long and short-term education and training as well as immediate job placement services. VR&E also manages the Independent Living (IL) program designed to enable the most severely injured veterans to live as independently as possible. The Committee continues to be concerned about counselor caseloads and outcomes of VR&E programs as well as the administration of the self-employment track of the VR&E program, which can often result in high costs. The Committee will also conduct oversight over management and overall effectiveness of the VR&E program.
- ***Loan Guaranty Service*** – VA’s Loan Guaranty Service provides a loan guaranty benefit to eligible veterans and servicemembers, which enables them to purchase a home at a competitive interest rate often without requiring a down payment or private mortgage insurance. This benefit is highly beneficial to veterans, servicemembers, and their families, therefore the Committee plans to conduct oversight of the home loan program with a focus on their appraisal process as well as a continued focus on the need for an increased, or eliminated, cap on the loan limits for a VA-backed loan. The Loan Guaranty Service also administers grants under the Specially Adapted Housing (SAH) program and the Special Housing Adaptation (SHA) program. These grants, provided to eligible veterans with permanent and total service-connected disabilities, enables the veteran to adapt their home or construct a new home that allows them to live in a home that is not obstructive to them due to their disabilities. Grants under SAH and SHA for FY 17 may not be more than \$77,307 and \$15,462, respectively. These grants are beneficial for the most severely injured veterans, and the Committee intends to examine if it would be best for veterans to consolidate these two different grants into a single grant, as well as evaluate the overall grant amounts and what is needed to adapt a home. The Committee will also examine whether VA can better interact with and track the contractors that veterans use to make adaptations to their homes. There is also a smaller grant under the SAH program, the SAH Assistive Technology (SAHAT) grant program, which is authorized to award grants up to \$200,000 per fiscal year per grantee to make certain technical adaptations to the veteran’s home, such as voice recognition operations and adaptive feeding equipment. SAHAT is authorized \$1 million and the authorization expires on September 30, 2017. The Committee will examine the SAHAT program and how it is administered.
- ***Adaptive Sports Program*** – This is a program administered by VA, which provides grants to qualifying organizations who provide adaptive sports activities and opportunities at the local, regional and national levels, including Paralympic activities, to disabled veterans and servicemembers. This program is authorized at \$8 million. The authorization for the Adaptive Sports Program expires on September 30, 2017. The Committee will continue to examine how VA awards grants under this program and the

organizations who are receiving funding, as well as how VA is working with local communities and the Paralympic community to promote and enhance adaptive sports programs for disabled veterans and servicemembers.

- ***Center for Veterans Enterprise (CVE)*** – VA’s CVE is responsible for vetting the applications of veteran and service-disabled veteran-owned small businesses wanting to participate in the program designed to increase the amount of procurement dollars spent with veteran and disabled veteran-owned small businesses. CVE’s vetting program continues to approve companies that are not qualified for multiple reasons as well as disapprove qualified companies. The Committee will hold an oversight hearing to review CVE’s performance and coordinate with the Small Business Committee to determine appropriate alternatives.
- ***Licensing and Credentialing Issues*** – DoD spends billions of tax dollars to provide servicemembers with the skills needed to complete DoD’s mission. The vast majority of those skills translate well to civilian jobs. Unfortunately, few states recognize and give credit for military training to qualify for state-licensed positions and therefore, the training provided by DoD is essentially wasted. The Committee will review efforts by states and other entities to provide appropriate licenses and credentials to qualified veterans whose military training make them eligible for such credentials or licenses, as well as the progress that states are making to make certain licenses and credentials transferrable across state lines.
- ***Homeless Veteran Reintegration Program (HVRP)*** – HVRP is a program administered by DoL’s Veteran Employment and Training Service (VETS), which provides grants to state and local workforce investment boards, local public agencies and nonprofit organizations, and tribal governments, including faith-based and community organizations. The organizations that compete and receive these grants provide homeless veterans with occupational, classroom and on-the-job training as well as job search and placement assistance. The authorization for HVRP expires on September 30, 2017. The Committee will conduct an oversight hearing to examine the organizations that are receiving these grants as well as conduct oversight of VETS awarding of these grants, and how the program can be enhanced at the federal and state levels to place more homeless veterans in careers. Further, the Committee will evaluate whether any duplication exists among homeless programs both at the Department of Veterans Affairs and the Department of Labor. The Committee will also work with the Committee on Education and Workforce to examine how HVRP harmonizes with other areas of the Department of Labor, including the Employment and Training Administration, and the legislative changes made in the Workforce Innovation and Opportunity Act
- ***Performance of the VETS State Grant program including performance of the Disabled Veterans Outreach Program Specialist/Local Veterans Employment Representative (DVOPS and LVERs) use of employment outcome measures*** – The DVOPS/LVER program is administered by DoL VETS and funds state employment service staffs who are dedicated to placing veterans in good-paying jobs. There are significant issues surrounding the inconsistent performance of this program across the states and the

outcome measures used to determine performance continue to be inadequate. The Committee will continue to review this program and the performance outcomes of DVOPS and LVERs as well as conduct oversight of the National Veterans' Training Institute (NVTI), which trains DVOPS and LVERs on job placement and training skills for veterans.

- ***Veterans' Advisory Committee on Education*** – The Veterans' Advisory Committee on Education provides advice to the VA Secretary on the administration of education and training programs for veterans, servicemembers, reservists, and dependents of veterans under Chapters 30, 32, 35, and 36 of title 38, and Chapter 1606 of title 10. The authorization for the Veterans' Advisory Committee on Education expires on September 30, 2017. The Committee will examine the effectiveness of this advisory Committee and the advice it provides to the Secretary to better the administration and effectiveness of these education programs.

### **Subcommittee on Health**

- ***Choice, Community Care Consolidation, and Health Care Reform*** - The Committee will consider needed actions to improve the Choice program, consolidate the Department of Veterans Affairs' (VA's) disparate community care programs and authorities, and reform the VA healthcare system to ensure the timely, efficient delivery of high-quality care to veteran patients both inside VA medical facilities and in the community. Community care is a critical component of the VA health care system as, without effective partnerships with community providers, VA would be unable to provide timely, accessible care to veteran patients. As part of this effort, the Committee will examine how to organize a high-performing network of primary care providers in the community, per the recommendation of the Commission on Care, as well as other means of empowering veteran patients to control their own care. The Committee will also examine how to modernize VA's claims processing system to ensure that community providers receive prompt, accurate reimbursement for the services they provide to veteran patients on VA's behalf.
- ***Capital Asset Review*** - The Committee will continue aggressive oversight of VA's major medical facility construction and leasing program and consider needed actions to address VA's vast and aging capital asset portfolio. It has been well-established that VA major medical facility construction projects are consistently over-budget and behind schedule. The Committee will also address ways to move forward with VA major medical facility lease authorizations, which have been prevented from moving forward due to Congressional budgeting rules.
- ***Mental Health and Suicide Prevention*** – The Committee will continue to closely oversee VA's mental health and suicide prevention efforts. In 2016, VA released the most comprehensive analysis of veteran suicide data to date. That report found that the suicide rate among veterans is approximately twenty percent higher than the rate among civilians and that about two-thirds of veterans who commit suicide do not use VA services. In light of these findings, the Committee will continue aggressive oversight of

VA's mental health programming and outreach efforts, to include the Readjustment Counseling Service. As part of this effort, the Committee will address a number of recent concerns that have arisen around the operations of the Veterans Crisis Line and evaluate the effectiveness of actions VA has taken to rectify those concerns. The Committee will also continue overseeing VA's implementation of Public Law 114-2, the Clay Hunt Suicide Prevention for American Veterans Act, which - among other things - requires VA to partner with community organizations to improve the transition process for veterans.

- ***Organizational and Management Structure*** – The Committee will closely examine the organizational and management structure of the Veterans Health Administration (VHA), which manages the VA healthcare system. Several recent analyses of the VA healthcare system have found fault with VHA's current governance structure. For example, the Commission on Care found weak governance on the part of VHA to be a contributing factor of recent VA health care scandals, including the 2014 access and accountability crisis. According to the Commission on Care, "VHA currently lacks effective national policies, a rational organizational structure, and clear role definitions that would support effective leadership of the organization." This sentiment was echoed in a 2016 Government Accountability Office report on VHA's organizational structure, which recommended significant restructuring of VHA. Accordingly, the Committee will thoroughly evaluate any and all organizational impediments to care throughout VHA and assess structural changes needed to improve the provision of timely, quality care to veteran patients.
- ***Staffing, Recruitment, and Retention*** - The Committee will closely examine VA's staffing, recruitment, and retention programs and take action to correct deficiencies within VA's overly bureaucratic and lengthy hiring processes that hinder VA's ability to efficiently and effectively recruit and retain high-quality employees to treat veteran patients. A 2016 Government Accountability Office report on VA's human capital management found that VHA suffers from limited human resources capacity and weak internal control practices, both of which have undermined VA's ability to improve the delivery of care to veteran patients. As part of this effort, the Committee will assess how VA identifies staffing needs at the local level, prioritizes recruitment and retention in high-need areas, and addresses existing staffing shortages as well as if and how the significant increase in the total number of VA employees over the last several years has led to improvements in care and benefits for the veterans VA serves.
- ***Pain and Medication Management and Complementary and Integrative Health*** - The Committee will examine the increasing use of prescription medications to treat veterans experiencing acute and chronic pain. The effective management of pain is a critical issue for the veteran population as data suggests that veterans are a particularly high-risk population for prescription misuse, substance use disorder, accidental overdose, accidents, and/or self-inflicted injury and recent studies have shown that those veterans with the highest-risk conditions are also the most likely to receive the highest-dose, highest-risk opioid therapies. Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016, makes a number of changes to VA pain management programs and protocols. Accordingly, the Committee will examine VA's implementation of P.L.



114-198 and evaluate further actions needed to improve pain and medication management for veteran patients. The Committee will also assess the use and efficacy of complementary and integrative health treatments and techniques for veterans with pain or other conditions.

- ***Caregiver Correction, Eligibility, and Expansion*** - The Committee will continue to address issues with the Family Caregiver Program to ensure an efficient delivery of benefits and services to eligible veterans and their caregivers. VA's authority to provide assistance and support to caregivers expires on September 30, 2017. The Committee continues to receive anecdotal reports from veterans, caregivers, VA employees, and veterans service organizations indicating that the Family Caregiver Program is overburdened and not effectively serving those it aims to. As part of this effort, the Committee will also examine eligibility for the Family Caregiver Program and whether and how to expand eligibility to pre-9/11 veterans and caregivers. The Committee has been encouraged by early reports of success with the Veteran-Directed Home and Community Based Services and will continue to examine the availability of geriatric home health programs that rely on and support critical aspects of family caregiver support.
- ***Telehealth*** - The Committee will assess the effectiveness of VA's telehealth programs. Telehealth is an increasingly important tool to increasing access to care for veteran patients. In fiscal year 2015 alone, VA completed two million telehealth appointments, many of those to rural veterans. The Committee will assess the effectiveness of VA's telehealth program as well as VA's response to challenges such as a lack of reimbursement structure for telehealth appointments and ambiguity surrounding VA providers' ability to practice telehealth across state lines and evaluate the need for further actions in those areas.
- ***Long Term Care*** - The Committee will conduct oversight over the myriad of VA long-term care programs. VA's authority to provide nursing home care to certain veterans with service-connected disabilities expires on December 31, 2017. The aging veteran population increasingly requires a plethora of long-term and geriatric care resources and interventions. VA currently provides long-term care through a variety of programs in both institutional and non-institutional settings and the Committee will assess those programs.
- ***Traumatic Brain Injury (TBI) and Long Term Rehabilitation*** – The Committee will continue to examine the treatment provided to veterans with TBI and actions needed to ensure the availability of long-term, age-appropriate rehabilitation for veterans with TBI or other conditions. Identifying and implementing innovative treatments to aid wounded veterans in their recovery and allow them to regain functionality and quality of life has been a long-standing Committee priority and will continue to be. As part of this effort, the Committee will conduct continued oversight regarding the ongoing community-based brain injury residential rehabilitative care pilot program.
- ***Rural Veterans*** – The Committee will assess VA's efforts to provide timely and accessible care to veterans in rural and hard-to-reach areas through tools like telehealth,

community partnerships, and other means. Of the over eight million veterans enrolled in VA healthcare system, more than three million of those veterans live in rural areas and, as such, face unique challenges to accessing VA care.

- ***Homeless Veterans*** - The Committee will thoroughly examine the actions VA has taken to reduce veteran homelessness by providing homeless and at-risk veterans with appropriate housing, healthcare, and supportive services. Since the implementation of the Five-Year Plan to End Veteran Homelessness in 2010, veteran homelessness has decreased by 47 percent and VA funding for homeless veteran programs has grown to over \$1.5 billion. In addition, VA's authority to provide referral and counseling services for veterans at risk of homelessness transitioning from certain institutions, to provide housing assistance to homeless veterans, to provide financial assistance for supportive services for very low income veteran families in permanent housing, to operate a grant program for homeless veterans with special needs, to provide treatment and rehabilitation for seriously mentally ill and homeless veterans, and to operate an Advisory Committee on Homeless Veterans expires in 2017. The Committee will conduct oversight of these authorities and will work to ensure that the progress that VA has made in lessening the number of veterans who are homeless continues to be successful and sustainable and that VA efforts address the myriad factors that underlie veteran homelessness, rather than just increased housing opportunities. The Committee will also continue to oversee VA's efforts to support vulnerable veterans by facilitating access to benefits, care, and services for eligible veterans through the Veterans Justice Outreach program.
- ***Toxic Exposure*** – The Committee will examine VA's efforts to improve research and treatment for veterans who may be experiencing negative health effects due to toxic exposure during military service. Public Law 114-315, the Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016, requires VA to improve research regarding the descendants of individuals with toxic exposure. Subsequently, the Committee will evaluate the implementation of that law as well as further action needed to improve care and services to veterans who may have been impacted by toxic exposure during military service.
- ***Third Party Revenue Collection*** - VA's authority to recover the cost of care and services provided for non-service connected conditions to veterans with health plan contracts from third parties expires on October 1, 2017. The Committee will assess the effectiveness of VA's revenue collection programs and the potential need for an extension of authority.
- ***Child Care Pilot Program*** - VA's authority to carry out a pilot program on child care for certain veterans receiving VA care expires on December 31, 2017. The Committee will assess the effectiveness of this pilot program in increasing access to care for veterans with small children and the potential need for an extension of authority.
- ***Transportation Grants*** - VA's authority to make grants to veteran service organizations for transportation for highly rural veterans expires on September 30, 2017, and VA's authority to transport individuals to and from VA facilities expires on December 31,

2017. The Committee will assess the effectiveness of these authorities in increasing access to care for veteran patients and the potential need for an extension of authority.

- ***Pilot Program on Counseling in Retreat Settings*** - VA's authority to carry out a pilot program on counseling in retreat setting for women veterans newly separated from service expires on December 31, 2017. The Committee will assess the effectiveness of this pilot program in addressing transition issues among women veterans and the potential need for an extension of authority.
- **VA Research** - The Committee will aggressively oversee the totality of VA's medical and prosthetic research program to identify and eliminate redundancies and ensure the dissemination of best practices and a veteran-centric research focus. VA's Office of Research and Development (ORD) conducts an extensive research program that is tasked with conducting research to advance the health care provided by VA and to the nation. Outside of ORD, VA also operates a number of Centers of Excellence across the country that conduct research on specific issues concerning veteran patients.

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

- ***Whistleblowers*** – Whistleblowers continue to be a vital source of accurate and timely information. Protecting an employee's legal right to communicate with Congress, and report to the Inspector General alleged violations of laws, rules or regulations, waste, abuse, mismanagement, and safety issues is essential for investigations and effective oversight of the executive branch. This Committee looks to protect whistleblowers from reprisal by developing legislation in addition to existing federal whistleblower protections.
- ***Financial Management Systems*** – VA's financial and accounting systems are antiquated, disconnected, reliant on manual processes, and do not meet basic standards. This creates a risk of malfeasance, and contributes to inaccurate budgeting, and emergency appropriations requests. In 2016, VA selected the Department of Agriculture as a Federal Shared Service Provider to implement a replacement IT system to better address VA's financial management needs. Although a replacement IT solution is necessary, concerns exist regarding the concurrent replacement of VA's contract writing system with implementation of the new VA financial management system, and whether adequate planning has occurred to implement both systems and train the VA workforce. In the 115<sup>th</sup> Congress, the Committee will monitor VA's implementation of the financial management IT system and continue to review the level of fiscal responsibility demonstrated by VA.
- ***VistA Replacement*** – The Commission on Care recommended replacing the Veterans Health Information Security and Technology Architecture (VistA), VA's health information system, with commercial software because it is several generations behind the state-of-the-art or industry standard. VA estimates replacement would cost significantly more than carrying out another internal modernization effort that seeks to create a uniform national version of VistA. This VA-developed modernization would add

new functionality, but not substantially transform its capabilities. Due to VA's history of failed internal IT modernizations, the Committee will continue to monitor this effort and seek to prevent additional wastes of taxpayer dollars, and examine whether commercial replacement options would result in cost savings, improved capabilities and functionality, interoperability with Department of Defense electronic health records and community providers, and efficient scheduling for patients. A key decision point comes in 2018 when the current VistA modernization effort is scheduled to be completed, and the Department of Defense reports progress in its effort to replace its own health information system with commercial software.

- ***Fully Interoperable Electronic Personal Health Information between VA & DoD*** – Congress has mandated VA-DoD development of interoperable health records or systems. The Committee will continue to evaluate new initiatives, timelines, costs, and progress in this effort, following numerous failed attempts for the agencies to achieve full interoperability. VA's authority to provide an annual report on the DoD-VA Interagency Program Office expires on December 31, 2017. The Committee will assess this report and the potential need for an extension of authority.
- ***Veterans Benefits Management System (VBMS)*** – VA continues to characterize VBMS as the panacea to solving the claims backlog. This IT and business process redesign project has expended over \$1 billion to date and achieved mixed results, with no clear indication that the system has increased claims processing efficiency or contributed to a reduction in the claims backlog. The Committee will continue to monitor implementation, as VA carries out incremental fixes to problems created by its lack of a sound implementation plan and indefinite project scope.
- ***VA Information Technology Programs and Organization*** – The Committee will continue its oversight of VA's IT programs to review progress being made with implementation of its integrated enterprise architecture plan, a large scale structural reorganization, a new "Buy First" strategy, data center consolidation, and efforts to improve its internal and external cyber security.
- ***VA's Acquisition Process*** – VA continues to spend more than \$20 billion annually for the procurement of pharmaceuticals, medical and surgical supplies, prosthetic devices, information technology, construction, and services. VA still faces major challenges implementing a more efficient, effective, and coordinated acquisition function. The Committee will continue to scrutinize VA's procurement practices and pursue possible legislative remedies. The Committee will give particular scrutiny to recent reorganization efforts that risk entrenching existing problems.
- ***Next Generation-Medical Surgical Prime Vendor Program*** – NG-MSPV is the largest procurement program in VA. It is an effort to reduce and standardize the catalog of medical and surgical products used by VHA clinicians and achieve major cost savings by buying in bulk. This program, which is coming online, has been hampered by a lack of clinician involvement and inability to award the necessary contracts in a timely fashion.

The Committee will continue examining this effort as it moves from design to implementation.

- **Construction** – During the last Congress, the Committee led the effort to strip VA of construction management authority, and the U.S. Army Corps of Engineers now performs this function. The Committee will closely monitor remaining construction projects designed or commenced before the Army Corps' involvement through completion. The Committee will also monitor the relationship between the VA and the Army Corps to ensure cooperation and coordination between the agencies, and improve VA's activation of newly built hospitals.
- **Leasing** – Leasing land and buildings for new VHA facilities is fraught with delays and bureaucratic roadblocks. Leasing is carried out through a complicated interplay of the VA Central Office, local offices, and real estate broker contractors. Jurisdictional battles within VA and poor management of broker contracts have contributed to inefficiencies and delays in the system. The Committee will work to uncover the root causes of these problems.
- **Payment of Community Providers** – VA continues to struggle with its failure to promptly pay community providers. This is caused in part by a failure to implement updates to its software and a reliance on dozens of decentralized claims processing centers. VA has similar challenges reimbursing Choice Program Third Party Administrators for claims payments because VA relies on inefficient manual adjudication processes. The Committee will continue to evaluate the root causes of VA's payment deficiencies and consider remedial actions to improve efficiency.
- **Credentialing and Screening of VA Healthcare Employees** -- The Committee will continue to scrutinize VA's implementation of Government Accountability Office (GAO) recommendations that indicated serious flaws in screening the professional credentials of VA health care practitioners. Additionally, the Committee will examine VHA's peer review process and provider competency reviews.
- **Affiliations Agreements** – The Committee will investigate the relationship of VA medical facilities and personnel with affiliated medical institutions, especially academic centers and those involved in research. The Committee will also evaluate the extent to which agreements between these entities promote an efficient allocation of VA resources for the welfare and health care of veterans. Further, the Committee will analyze VA's contracted care with academic affiliates in order to monitor the negotiation of costs for services and payment amounts to affiliates for medical and dental services.
- **Technology Transfer Program (TTP)** – Questions arose during the 114<sup>th</sup> Congress regarding the invention of the Hepatitis-C cure, Sofosbuvir, and whether it was invented in part through the use of (or related to the use of) VA resources. The Committee will continue to monitor VA's assertions of ownership regarding inventions developed by VA employees or with VA resources, and investigate VA's procedures and policies both centrally and locally for disclosing inventions and determining ownership rights.

- ***Medications and Suicide*** – The Committee will scrutinize VA’s medication prescription program to determine what medications are being over-prescribed, what efforts VA is undertaking to reduce the prescription of opioids and other medications, and whether the over-prescription of some medications is related to the veteran suicide epidemic. Further, the Committee will continue to monitor VHA participation in states’ prescription drug monitoring programs and VA’s ongoing policy changes regarding suicide prevention.
- ***VHA Controlled Substance Program*** – Improved oversight to prevent drug diversion within VHA facilities is needed. The Committee will examine VHA’s controlled substance program, including the review of VHA’s policies for tracking and managing controlled substances within inpatient units.
- ***Alternative Treatment*** – The Committee will continue to review VHA options for alternative treatment for substance abuse, pain management, and mental health disorders. This work will also include funding for VHA research into these areas.
- ***Recovery Support Programs*** – The Committee will examine recovery support programs within VHA. Some of these programs are provided via contract by community providers. The Committee will monitor VHA’s oversight of these contracted residential homes for drug and alcohol dependency and abuse.
- ***Vet Center Program*** – The Committee will examine staffing, documentation standards, utilization, and outcome measures for Vet Centers.
- ***VA Inspector General & Budget and Performance*** – The Committee will review the budget of the VA Inspector General (IG) and review how VA uses the recommendations of the IG to increase efficiency and effectiveness in providing services to veterans. The Committee will further scrutinize the annual audit of VA’s financial statements, occurring under IG supervision, which has revealed a degenerating financial state in recent years.
- ***Unauthorized or Expiring Authorities*** - The Committee will conduct oversight regarding unauthorized appropriations and expiring authorizations under the Committee’s jurisdiction to identify those in need of authorization.