

REPUBLICANS

DAVID P. ROE, TENNESSEE, CHAIRMAN

GUS M. BILIRAKIS, FLORIDA
 MIKE COFFMAN, COLORADO
 BRAD WENSTRUP, OHIO
 AMATA RADEWAGEN, AMERICAN SAMOA
 MIKE BOST, ILLINOIS
 BRUCE POLIQUIN, MAINE
 NEAL DUNN, FLORIDA
 JODEY ARRINGTON, TEXAS
 JOHN RUTHERFORD, FLORIDA
 CLAY HIGGINS, LOUISIANA
 JACK BERGMAN, MICHIGAN
 JIM BANKS, INDIANA
 JENNIFFER GONZALEZ-COLON, PUERTO RICO

JON TOWERS, STAFF DIRECTOR

DEMOCRATS

TIM WALZ, MINNESOTA, RANKING

MARK TAKANO, CALIFORNIA
 JULIA BROWNLEY, CALIFORNIA
 ANN KUSTER, NEW HAMPSHIRE
 BETO O'ROURKE, TEXAS
 KATHLEEN RICE, NEW YORK
 J. LUIS CORREA, CALIFORNIA
 KILILI SABLAN, NORTHERN MARIANA ISLANDS
 ELIZABETH ESTY, CONNECTICUT
 SCOTT PETERS, CALIFORNIA

RAY KELLEY
 DEMOCRATIC STAFF DIRECTOR

U.S. House of Representatives

COMMITTEE ON VETERANS' AFFAIRS

ONE HUNDRED FIFTEENTH CONGRESS

335 CANNON HOUSE OFFICE BUILDING

WASHINGTON, DC 20515

<http://veterans.house.gov>

October 30, 2017

Joy Ilem
 National Legislative Director
 Disabled American Veterans
 807 Maine Avenue SW
 Washington, D.C. 20024

Louis J. Celli Jr.
 Director, Veterans Affairs and Rehabilitation Division
 The American Legion
 1608 K Street N.W.
 Washington, D.C. 20006

Carl Blake
 Associate Executive Director for Government Relations
 Paralyzed Veterans of America
 801 18th Street NW
 Washington, D.C. 20006

Carlos Fuentes
 Director, National Legislative Service
 Veterans of Foreign Wars
 200 Maryland Avenue N.E.
 Washington, D.C. 20002

Dear Veteran Service Organization Partners:

I am writing to thank you for your continued support and assistance as we work together to ensure that veterans receive the timely, high-quality care, benefits, and services that they deserve from the Department of Veterans Affairs (VA). I believe that addressing the serious and well-documented deficiencies in VA's capital asset portfolio and realigning VA medical facilities in light of significant shifts in both the veteran patient population and the delivery of medical care are vital to us achieving that goal.

To that end, I am grateful for the critical commentary and thoughtful suggestions that you and your colleagues have provided over the last three and a half months regarding my legislation, the VA Asset and Infrastructure Review (AIR) Act. As you know, the need for this legislation has been discussed during a July 12th Full Committee oversight hearing, a September 7th Full Committee roundtable, and an October 12th Full Committee legislative hearing.

Based on the feedback you provided during those Committee meetings as well as in numerous meetings and conversations with me and my staff since, I have made a number of changes to the AIR Act to make it stronger, more transparent, and more veteran-centric. For example, at your request, the revised AIR Act would:

- Greatly expand the entire AIR Act timeline to allow VA sufficient time to gather needed data, complete local capacity and commercial market assessments, and stabilize community care efforts;
- Reduce the number of Commissioners from 11 to 9 with 3 Commissioners coming from congressionally-chartered, membership-based veterans service organizations (VSOs);
- Require the Commission to be reflective of the current demographics of veterans enrolled in the VA healthcare system;
- Require VA to consult with VSOs prior to the publication of VA's criteria for modernization/realignment and extend the public comment period for those criteria from 30 days to 90 days;
- Require VA to consult with VSOs and local veterans when conducting the local capacity and commercial market assessments and when making recommendations regarding the modernization/realignment of VA medical facilities;
- Require the local capacity and commercial market assessments to consider the unique ability of federal health care to retain a presence in rural areas where commercial providers may not exist or are at risk of leaving and how deficiencies may be filled by expanding VA's internal capacity to provide care (including but not limited to extending hours of operation, increasing VA personnel, or expanding space through the construction, leasing or sharing of health care facilities);
- Require the Commission to conduct public hearings in each region where VA has recommended a facility be closed and, to the extent practicable, in regions impacted by other VA recommended actions;
- Require that all proceedings, information, and deliberations of the Commission be available for review by the public;
- Require Commissioners to serve without compensation;
- Require that information transmitted or received by VA, the Commission, or the President regarding the Commission or Commission-related activities be made publically available online within 24 hours;
- Remove the requirement for witnesses at Commission hearings to testify under oath;
- Amend the definition of "modernization" to include "the construction, lease, or sharing of facilities";
- Prohibit VA from pausing major or minor construction while the Commission is ongoing;

- Specify that unless Congress acts within the stated timeframe to disapprove the Commission's recommendations, any major medical facility project or lease recommended by the Commission shall be considered to be Congressionally authorized; and,

- Authorize VA – after consulting with VSOs – to include in future budget submissions following the termination of the Commission a recommendation for future Commissions or other capital asset realignment/management processes.

Attached you will find revised AIR Act text as well as a detailed section-by-section summary and one-page timeline of key milestones. I hope that, upon review, you will find the revised AIR Act worthy of your support. I understand that this legislation is bold and politically sensitive and my door remains open to you for further discussion.

I look forward to continuing to work hand-in-hand with you for the benefit of our nation's veterans and I thank you for your leadership.

Sincerely,



David P. Roe, M.D.
Chairman

CC: The Honorable Tim Walz, Ranking Member
The Honorable David J. Shulkin M.D, Secretary of Veterans Affairs