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## OVERSIGHT PLAN FOR THE 106TH CONGRESS

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In accordance with clause 2(d)(1) of Rule X of the House of Representatives, the Committee on Veterans' Affairs has adopted by resolution of February 3, 1999, its oversight plan for the 106<sup>th</sup> Congress.

This oversight plan is directed at those matters most in need of oversight within the next two years. The Committee is cognizant of the requirement that it conduct oversight on all significant laws, programs, or agencies within its jurisdiction at least every ten years. To ensure coordination and cooperation with the other House committees having jurisdiction over the same or related laws affecting veterans, the Committee will consult as necessary with the Committee on Armed Services, the Committee on Education and the Workforce, and the Committee on Government Reform.

Oversight will be accomplished through Committee and subcommittee hearings, field and site visits by members and staff, and meetings and correspondence with interested parties. Methods of oversight will include existing and requested reports, studies, estimates, investigations and audits by the Congressional Research Service, the Congressional Budget Office, the General Accounting Office, and the Offices of the Inspectors General of the Departments of Veterans Affairs and Labor.

The Committee will seek the views of veterans' service organizations, military associations, other interest groups and private citizens. The Committee also welcomes communications from any individuals and organizations desiring to bring matters to its attention. A series of joint hearings is scheduled with the Senate Committee on Veterans' Affairs at which veterans' service organizations and military associations will present to the committees their national resolutions and agendas for veterans.

While this oversight plan describes the foreseeable areas in which the Committee expects to conduct oversight during the 106<sup>th</sup> Congress, the Committee and its subcommittees will undertake additional oversight activities as the need arises. Because the Committee generally conducts oversight through its subcommittees, the plan is organized by subcommittee.

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### Subcommittee on Health

- 1. Veterans Health Administration (VHA) Budget.** The operation of the VA health care system, the largest integrated health care provider in the country, represents

the most visible expression of the nation's commitment to America's veterans. With a medical care budget exceeding \$17 billion, VA provides care to some three million veterans annually. Through focused analyses and hearings, VHA spending choices will undergo careful scrutiny. Winter 1999 and Winter 2000.

2. **Capital Asset Planning.** The VA health care system encompasses an extensive facility infrastructure including thousands of buildings, some over 100 years old. Its extensive complex infrastructure requires substantial maintenance and repair. Its need for major and minor construction and renovation has outstripped available funding. The subcommittee will examine the adequacy of VA's capital asset planning and the manner in which the Department establishes its construction priorities and associated funding plans. Winter 1999.
3. **Hospital Consolidation and Missions Changes.** Sweeping changes in health care delivery practice and hospital utilization have led hospitals in the private and public sectors to close beds and in some instances to cease operating. The VA health care system has closed thousands of operating beds and reduced its hospital workforce while increasing its ambulatory care capacity. As a decentralized system, the VA has employed different strategies across the country to improve operating efficiency. While hospital "merger" has been a widely used strategy, there exists no apparent national strategy to align infrastructure with patient need. In this seeming vacuum, a few networks have initiated more far-reaching steps, to include major medical center mission changes which range from ceasing to provide inpatient surgery programs to ceasing to provide acute hospital care directly. The subcommittee will review management "solutions" and the need for a national policy and appropriate realignment mechanisms. Spring 1999 and Spring 2000.
4. **Eligibility Reform Implementation.** Congress enacted an "eligibility reform" law (Public Law 104-262) to eliminate statutory barriers in VA to providing veterans needed ambulatory care. In expanding access to medical care, the law called for the establishment of an enrollment system to ensure that veterans with a high priority to care would be afforded treatment. The law left VA with discretion as to the categories of veterans to be served and the specific benefits to be furnished. The subcommittee will review the VA's decisions in implementing that law. Spring and Summer 1999.
5. **Resource Allocation.** VA has implemented, and subsequently refined, a methodology for distributing funds so as to provide veterans similar access to care regardless of the region in which they live. The subcommittee will continue to review the extent to which the methodology meets its stated objectives. Summer 1999 and Spring 2000.
6. **Quality Management.** "Quality of Care" has long been invoked as central to VA's obligation and commitment to veterans' care. Medicine, however, has yet to develop and refine reliable, comprehensive indicators for assessing the quality of care-delivery. While VA has long had organizational structures, process requirements, and policies in place designed to assure good quality care, quality management remains an ongoing challenge for any institution. The subcommittee will continue to review the record of compliance with such policies, and the risk that budget-driven decision-making could compromise quality management efforts. Summer 1999 and Summer 2000.
7. **VA Role in Long-term Care.** The VA, in response to longstanding concerns about the manner in which it would meet the needs of aging veterans, established an advisory committee on long-term care. That committee's report calls on VA to maintain, invigorate and reengineer VA-provided long-term care while expanding noninstitutional community-based care services. Through focused analysis and a hearing, the subcommittee will review the status of VA's nursing home and long-term care programs, and will study the advisory committee's findings and recommendations, as well as the many important questions its report raises. The subcommittee will also review the state home program, the role that program can play in meeting veterans' long-term care needs, and the need for any legislative changes to the program. Spring 1999 and Summer 2000.
8. **VA Specialized Medical Programs.** Public Law 104-262 requires VA to maintain its capacity to provide for the specialized needs of disabled veterans through such

clinical programs as post-traumatic stress disorder care, prosthetics, and spinal cord injury care and rehabilitation. As a follow-up to the subcommittee's oversight into VA's adherence to this provision, Congress in Public Law 105-368 required VA to institute performance requirements for network directors to ensure compliance with the specialized program capacity law. The subcommittee will carry out further oversight regarding these programs, VA's establishment of such performance requirements, and their impact. Fall 1999 and Fall 2000.

9. **VA Pharmaceutical Procurement and Management.** With growing drug utilization in the VA, increasing numbers of VA patients, and high-cost breakthrough drugs coming to market, the Department's pharmaceutical spending is estimated to increase to \$2 billion this fiscal year. As such, pharmaceuticals represent VA's largest single cost item other than personnel. Accordingly, the subcommittee will review issues associated with pharmaceutical procurement and benefits management. This will include the role of VA's pharmacy benefit in VA health care utilization, VA's drug formulary, opportunities for joint procurement with the Department of Defense, and VA's vulnerability to further price increases through efforts to expand access to the Federal Supply Schedule. Summer 1999 and Summer 2000.
10. **Infectious Disease Programs.** By virtue of its size and the number of at-risk patients who rely on VA medical care services, the VA has become an important source of care for some of the major infectious disease problems affecting the nation, including AIDS and tuberculosis. Based on prevalence studies at selected VA medical centers, Department officials have cited Hepatitis C as also having particular importance for the VA health care system. The subcommittee will assess what is known about the incidence and prevalence of this disease among VA patients, likely medical consequences, the Department's response, research efforts underway on this disease, and emerging treatments. Fall 1999.
11. **Effectiveness of VA Health Care Delivery for Persian Gulf Veterans.** In response to statute, VA is conducting two important clinical trials to determine effective health care treatments for the symptoms many Persian Gulf veterans have manifested that appear to be similar to chronic fatigue syndrome or fibromyalgia which occur in the general population. The first is assessing the benefits of antibiotic therapy; the second will determine the beneficial effects of exercise and cognitive behavioral therapy for this population. The subcommittee will review the results of these trials and ensure VA continues to identify effective strategies for improving health care delivery to Persian Gulf veterans. Summer 2000.
12. **Contracting for Medical Services.** With VA's downsizing of its hospital bed capacity and ongoing efforts to establish new points of health care access, the system has increased its reliance on contracting as a means of service-delivery. The subcommittee will review the extent of such contracting, the extent to which such arrangements employ good business practices and sound quality controls, and the impact of contracting-out care. Summer 2000.
13. **Status of VA/DoD Sharing of Health Resources.** Although provisions of law specifically encourage coordination and sharing of health care resources between VA and DoD health care facilities, there appear to be opportunities for greater collaboration, including those identified by the Report of the Congressional Commission on Servicemembers and Veterans Transition Assistance. The subcommittee will review the extent of VA/DoD sharing, opportunities for further expansion, and factors that have encouraged or impeded such initiatives. Summer 1999.
14. **VA Research Program.** The VA research program complements the Department's medical care mission. As a national research program aimed at improving the medical care and health of veterans, the program supports medical research, outcomes and health systems research, and prosthetics research and development. The subcommittee will review the program's contributions and goals, examine the appropriateness and balance among its component elements, assess the effectiveness of its peer review and patient safety mechanisms, and review the role of VA research corporations to enhance the program. Summer 2000.

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### Subcommittee on Benefits

- 1. Veterans Benefits Administration Services to Veterans.** The Veterans Benefits Administration (VBA) administers programs for compensation and pension, vocational rehabilitation, education and training, home loan, survivors, and life insurance. About 3 million veterans and dependents actively use these programs annually. Funding for such programs and administration comprises over one-half of VA's total budget. Myriad challenges exist with respect to poor quality of claims decisions, a declining workforce, a declining workforce skill level, and an outdated benefits delivery process. A hearing will examine progress in addressing such challenges. Winter 1999 and Winter 2000.
- 2. Veterans Employment: Military Occupational Specialties Requiring Civilian Licensing, Certification or Apprenticeship.** The civilian employment sector increasingly relies on various forms of credentialing to regulate entry into an occupation and to promote accountability for performance and public safety. More than one-third of enlisted military separablees work in military occupations that have civilian equivalents with credentialing requirements. A hearing will examine the role of the Departments of Veterans Affairs, Labor, and Defense in helping separating servicemembers and veterans meet credentialing requirements. Spring 1999.
- 3. Veterans' Claims Adjudication Commission and National Academy of Public Administration Reports.** The Commission's December 1996 and the Academy's April 1997 reports to Congress made recommendations for improving veterans' benefits claims processing. A hearing will review VA's implementation of Commission and Academy recommendations through testimony from VA, veterans' service organizations, and other interested parties. Summer 1999.
- 4. Veterans' Appeals of Benefit Claims.** The Board of Veterans' Appeals is the first forum for a veteran to appeal a VA decision on a claim for benefits. Although the Board is making demonstrable progress in its productivity, major issues still exist with respect to applying U.S. Court of Appeals for Veterans Claims precedents, current law, and VA regulations in appellate decisions. In addition, on average VA regional offices require 558 days to act on BVA-remanded cases. The subcommittee will review Board and regional office appellate operations, as informed by Government Performance and Results Act principles and customer service standards. Fall 1999.
- 5. Memorial Affairs.** VA's department-wide strategic plan covers only a 5-year period – through the year 2003. The National Cemetery Administration (NCA) projects annual interments will increase over 40 percent between 1995 and 2010, and VA has not clearly articulated how it will meet the demand for burials through 2010. The subcommittee will review NCA plans to ensure that the Department is well prepared to meet the increasing workload which will result from the declining veteran population. Summer 1999.
- 6. Veterans Entrepreneurship Opportunities.** Veterans should be accorded a full opportunity to participate in the economic system that their service sustains. The November 1998 report of the SBA Veterans' Affairs Task Force for Entrepreneurship and the Congressional Commission on Servicemembers and Veterans Transition Assistance each made numerous recommendations for improvements in both SBA and VA services to current and prospective veteran small business owners. The subcommittee will review SBA and VA implementations of Task Force and Commission recommendations. Spring 2000.
- 7. Long-Term Residuals of Mustard Gas and Lewisite Exposure.** During World War II, the U.S. government used 60,000 U.S. servicemen as human subjects in secret tests to develop better methods of protecting U.S. forces against the use of mustard gas by our adversaries. Some testing was conducted in full-body gas chambers and focused on the development of protective clothing, which could prevent or lessen the severe blistering effects of mustard agents and Lewisite (an arsenic-containing agent). The subcommittee will examine implementation of

Department of Defense and VA policy to identify such individuals. It will further examine implementation of VA policy to assess their health status and award them disability compensation for long-term residuals on VA's presumptive list. Summer 2000.

8. **Ionizing Radiation.** VA provides medical treatment and compensation benefits to veterans suffering from exposure to ionizing radiation. The subcommittee plans to review the problems facing this category of veterans. Summer 2000.
9. **Persian Gulf War Veterans Benefits.** In the 105<sup>th</sup> Congress, two public laws identified plans to determine conditions and diseases that should be presumed service-connected for purposes of compensation. Some provisions of the two laws are contradictory and the bills have been referred to the Department of Justice for resolution. The subcommittee will monitor the Department of Justice guidance to the VA, the VA's external study into conditions for which service-connected compensation for veterans may be warranted, and how VA addresses other matters described in these laws. Winter 2000.
10. **Commission on Servicemembers and Veterans Transition Assistance.** In January 1999, the Commission released its findings and recommendations on the adequacy and effectiveness of benefits and programs for servicemembers and veterans in their transition and adjustment to civilian life. The Commission's review of benefits and services is the most comprehensive since the Omar Bradley Commission in 1955. A hearing will review implementation of Commission recommendations by the Departments of Veterans Affairs, Labor, and Defense, Small Business Administration, Office of Personnel Management, and state approving agencies. Summer 2000.
11. **Air Force Health Study (Ranch Hand).** The study is a 20-year prospective epidemiological study of veterans of Operation Ranch Hand, the unit responsible for the aerial spraying of Agent Orange and other herbicides in Vietnam from 1961 to 1971. Study investigators report their progress and results annually to Congress and results are further reviewed and summarized bi-annually by the National Academy of Sciences. Congress has used previous study findings as a basis to provide compensation for spina bifida in children of Vietnam veterans. A hearing will review the study's annual submission and results to date, as presented by AFHS epidemiologists. Fall 1999.
12. **"Roadmap to Excellence".** This May 1998 document is the Veterans Benefits Administration's plan for reforming itself, so as to regain its focus and accomplish its mission. The plan expresses VBA's commitment to important changes in its organizational structure, workflow, job design, and relationship with veterans and their representatives. The subcommittee will determine VBA's progress, as measured against VBA's published activities and milestones. Summer 2000.

### Subcommittee on Oversight and Investigations

1. **Facilities Management.** The VA health care system, with its 172 hospitals, 439 outpatient clinics, 131 nursing homes and 40 domiciliaries, operates a multitude of support services for its facilities and the veterans they serve. The subcommittee will examine how efficiently and effectively the VA provides services, including the following areas: food service, institutional laundries, staff housing, biomedical equipment repair, engineering, energy savings performance contracting, janitorial services, waste management, fire protection, security and training. Summer 2000.
2. **Medical Resources Contracts.** The Veterans Health Administration (VHA) is authorized under Public Law 104-262 to non-competitively contract with affiliated medical schools for medical services such as radiological imaging, laboratory services, nursing support services, scarce medical specialty care, medical examinations and consultations. The subcommittee will review the Department's efforts to ensure that such contracts follow recently adopted pricing guidelines. Summer 1999.
3. **Realignment of the VA Health Care System.** The subcommittee in conjunction

with the Subcommittee on Health will review VA's long-term strategy to reorganize and restructure its health care delivery system. The subcommittee will also examine opportunities for the Departments of Defense and VA to partner in delivering health care to the men and women who serve or have served in uniform. Spring 2000.

4. **Patient Safety.** The VA health care system continues to operate without a centralized or regional reporting system to track "sentinel" events in patient care. Reports of patient deaths and serious lapses in quality health care delivery raise concerns about the adequacy of quality assurance and quality management programs to correct, reduce or prevent potentially serious incidents. The subcommittee will continue its review of the investigation and forensic laboratory work of the Federal Bureau of Investigation concerning the 1992 veteran deaths that occurred at the Harry S Truman VA Medical Center, Columbia, MO. The subcommittee will also review VHA's practices regarding autopsies. Winter 1999.
5. **Information Technology.** VA's information technology programs will spend over \$1 billion on software, hardware and contractor support in 1999. The subcommittee will review VA's information technology programs and VA's progress in its computer-based Decision Support System and Master Veteran Record, VETSNET, Year 2000 preparations and other computer modernization. Summer 1999.
6. **Whistleblowing in the VA.** The subcommittee will examine the VA's policies and protections for employees who have claimed or been granted whistleblower status as well as for employees who have filed various types of complaints or claims against the Department. The subcommittee will investigate allegations of retaliation and violations of confidentiality by the Department. Winter 1999.
7. **Central Alabama Veterans Health Care System and Accountability within VHA.** The subcommittee will continue to follow-up the Department's actions to implement corrections and hold responsible officials accountable regarding the VA Office of Inspector General's findings of serious health care deficiencies, mismanagement, misconduct and prohibited personnel practices in the Central Alabama Veterans Health Care System. The subcommittee will also review accountability of management within VHA generally. The subcommittee will continue to monitor the integration of the Montgomery and Tuskegee VA Medical Centers, and VA medical facility mergers nationwide. Spring 1999 and Fall 1999.
8. **Office of Resolution Management.** The subcommittee will examine the effectiveness of the VA's EEO complaint resolution system administered by the newly established Office of Resolution Management. The subcommittee will review the new system for timeliness, fairness, integrity, trust and independence from VA management in handling claims and appeals. Spring 1999 and Spring 2000.
9. **Civilian Health and Medical Programs of the Department of Veterans Affairs.** There are approximately 80,000 beneficiaries of the CHAMPVA program who generate over 800,000 medical claims. Current annual program expenditures are in excess of \$93 million and claims total \$85.1 million. The subcommittee will review the effectiveness of program management controls for duplicate claims payments, eligibility verification, and recovery of fraudulent claims payments. Spring 1999.
10. **Office of Inspector General.** The subcommittee will review the five-year strategic plan of the Office of the Inspector General (OIG). The review will include organizational structure, staffing, investigative protocols, responsiveness to congressional inquiries and management of hotline inquiries. Summer 1999.
11. **Procurement Management.** The subcommittee will review VA's overall procurement process. The review will include: efficiencies of the National Acquisition Center; initiatives in electronic commerce; centralized acquisitions; pharmaceutical, medical and surgical supply procurement; performance based contracting; and other acquisition streamlining. Further, the subcommittee will review instances of vendor overcharges and contractor fraud, and departmental measures instituted to deter future incidents. The subcommittee will also review the backlog of capital medical equipment and VA's acquisition strategy for reducing the backlog. Winter 2000.

12. **Medical Care Collections Fund.** VA collects over \$500 million per year from third party insurers for medical care provided to veterans with health care insurance. The subcommittee will review the efficiency and effectiveness of the VA's collection process. The review will focus on collection procedures, cost of collections and the adequacy of billing rates based on the quantity and cost of care provided to veterans. Spring 1999.
13. **Workers Compensation Claims by VA Employees.** In 1995, a pilot program was initiated by OIG and VHA to identify VA employees who were fraudulently receiving workers compensation benefits. Because of the success of the pilot program, OIG and VHA expanded their investigative and audit efforts. The subcommittee will review the incidence of such fraudulent claims at VA as well as the efforts to detect and deter their occurrence. Spring 1999.
14. **Inappropriate Benefits Payments.** Based on results of OIG audits, the Veterans Benefits Administration should develop and implement effective methods to identify inappropriate compensation and pension benefit payments. For example, VBA should improve procedures for offsetting disability compensation payments to active military reservists. The subcommittee will review VBA's efforts to implement procedures to timely identify deceased beneficiaries and terminate their compensation and pension benefits in order to reduce overpayments. Spring 1999.
15. **Government Performance and Results Act.** The Government Performance and Results Act (Results Act) requires federal agencies to report performance outcomes annually to Congress. VA has numerous automated data collection systems in order to report the Results Act's objectives. Prior OIG audits have found unreliable data in VA's financial and management systems. The subcommittee will continue its oversight of the VA's compliance with the Results Act, including program evaluations, performance plans and strategic planning department-wide. Fall 1999 and Fall 2000.
16. **Veterans' Vocational Rehabilitation Benefits and Employment.** Subcommittee oversight activity will include review of the following programs: Transition Assistance Programs, Disabled Transition Assistance Programs, vocational rehabilitation programs at VA and veterans' employment and training programs at the Department of Labor. The extent of coordination among these programs will be part of the oversight review. Pertinent recommendations of the Commission on Servicemembers and Veterans Transition Assistance will be considered. Spring 2000.
17. **VBA Business Process Reengineering.** Subcommittee oversight will include review of VBA's business process reengineering efforts for improving claims and appeals processing, and quality management. Government Performance and Results Act requirements, and recommendations of both the National Academy on Public Administration Analysis of Claims Processing and the Veterans' Claims Adjudication Commission will be considered. Winter 2000.
18. **Arlington National Cemetery Burial Waivers.** The subcommittee will complete the investigation of burial waivers for Ambassador M. Larry Lawrence and Dr. C. Everett Koop which were begun in the previous Congress, and will examine administrative and eligibility issues regarding the cemetery. Spring 1999.
19. **Case Narratives on Persian Gulf War Veterans.** The Department of Defense Office of the Special Assistant on Gulf War Illnesses (OSAGWI) has developed a series of case narratives to ascertain the likelihood of certain biochemical and environmental exposures in the Persian Gulf. In only one of the many cases reviewed has the office deemed an exposure "likely." The subcommittee will continue to review the standards and protocols OSAGWI has implemented for these case narratives to ensure that the process is thorough and fair to veterans who may have been exposed to hazardous materials during their service in Southwest Asia. Summer 1999.
20. **Departmental Travel and Videoconferencing.** The subcommittee will review the VA's travel requests and expenditures for recent budget cycles, including whether the VA has adequate internal controls for approval of official travel. The subcommittee will also examine the VA's use of videoconferencing for hearings, conferencing and training. Winter 1999 and Fall 1999.

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