DEPARTMENT OF VETERANS AFFAIRS (VA)

Statement of Regulatory Priorities

The Department of Veterans Affairs (VA) administers benefit programs that recognize the important public obligations to those who served this Nation. VA's regulatory responsibility is almost solely confined to carrying out mandates of the laws enacted by Congress relating to programs for veterans and their beneficiaries. VA's major regulatory objective is to implement these laws with fairness, justice, and efficiency.

Most of the regulations issued by VA involve at least one of three VA components: The Veterans Benefits Administration, the Veterans Health Administration, and the National Cemetery Administration. The primary mission of the Veterans Benefits Administration is to provide high-quality and timely nonmedical benefits to eligible veterans and their beneficiaries. The primary mission of the Veterans Health Administration is to provide high-quality health care on a timely basis to eligible veterans through its system of medical centers, nursing homes, domiciliaries, and outpatient medical and dental facilities. The primary mission of the National Cemetery Administration is to bury eligible veterans, members of the Reserve components, and their dependents in VA National Cemeteries and to maintain those cemeteries as national shrines in perpetuity as a final tribute of a grateful Nation to honor the memory and service of those who served in the Armed Forces.

VA Regulatory Priorities

VA's regulatory priorities include a special project to undertake a comprehensive review and improvement of its existing regulations. The first portion of this project is devoted to reviewing, reorganizing, and rewriting the VA's compensation and pension regulations found in 38 CFR part 3. The goal of the Regulation Rewrite Project is to improve the clarity and logical consistency of these regulations in order to better inform veterans and their family members of their entitlements.

A second VA regulatory priority includes a new caregiver benefits program provided by VA. This rule implements title I of the Caregivers and Veterans Omnibus Health Services Act of 2010, which was signed into law on May 5, 2010. The purpose of the new caregiver benefits program is to provide certain medical, travel, training, and financial benefits to caregivers of certain veterans and servicemembers who

were seriously injured in the line of duty on or after September 11, 2001.

Retrospective Review of Existing Regulations

Pursuant to section 6 of Executive Order 13563 "Improving Regulation and Regulatory Review" (Jan. 18, 2011), the following Regulatory Identifier Numbers (RINs) have been identified as associated with retrospective review and analysis in the Department's final retrospective review of regulations plan. Some of these entries on this list may be completed actions, which do not appear in The Regulatory Plan. However, more information can be found about these completed rulemakings in past publications of the Unified Agenda on Reginfo.gov in the Completed Actions section for that agency. These rulemakings can also be found on Regulations.gov. The final agency plans can be found at: http://www.va.gov/ORPM/docs/RegMgmt_VA_EO13563_RegRevPlan20110810.docx.

RIN	**Title**	**Significantly reduce burdens on small businesses**
2900-AO13*	VA Compensation and Pension Regulation Rewrite Project	No

*Consolidating Proposed Rules: 2900-AL67, AL70, AL71, AL72, AL74, AL76, AL82, AL83, AL84, AL87, AL88, AL89, AL94, AL95, AM01, AM04, AM05, AM06, AM07, AM16.

The 1 Actions Described in the Regulatory Plan

Title	Regulation Identifier Number	Rulemaking Stage
Accessibility Standards for Medical Diagnostic Equipment	3014-AA40	Proposed Rule Stage

Architectural and Transportation Barriers Compliance Board (ATBCB) **RIN:** 3014-AA40

View Related Documents

Title: Accessibility Standards for Medical Diagnostic Equipment

Abstract: This regulation will establish minimum technical criteria to ensure that medical equipment used for diagnostic purposes by health professionals in (or in conjunction with) physician's offices, clinics, emergency rooms, hospitals, and other medical settings is accessible to and usable by individuals with disabilities.

Priority: Other Significant **Agenda Stage of Rulemaking:** Proposed Rule

Major: No **Unfunded Mandates:** No

CFR Citation: 30 CFR 1197 (New) (To search for a specific CFR, visit the Code of Federal Regulations)

Legal Authority: 29 USC 794(f)

Legal Deadline:

Action	Source	Description	Date
Other	Statutory	29 USC 794(f)	03/22/2012

Regulatory Plan:

Statement of Need: The Access Board is required to issue accessibility standards for medical diagnostic equipment by section 510 of the Rehabilitation Act. The standards will reduce health and safety risks to individuals with disabilities by making medical diagnostic equipment accessible.

Legal Basis: Section 4203 of the Patient Protection and Affordable Care Act (Pub. L. 111-148, 124 Stat. 570) amended title V of the Rehabilitation Act, which establishes rights and protections for individuals with disabilities by adding section 510. Section 510 of the Rehabilitation Act (29 U.S.C. 794f) requires the Access Board, in consultation with the Commissioner of the Food and Drug Administration, to issue standards that contain minimum technical criteria to ensure that medical diagnostic equipment used in or in conjunction with medical settings such as physicians' offices, clinics, emergency rooms, and hospitals are accessible to and usable by individuals with disabilities. The statute provides that the standards must allow for independent access to and use of the equipment by individuals with disabilities to the maximum extent possible. The statute lists examination tables, examination chairs, weight scales, mammography equipment, and other imaging equipment as examples of equipment to which the standards will apply. However, this list is not exclusive and the statute covers any equipment commonly used by health professionals for diagnostic purposes. The statute does not cover medical devices used for monitoring or treating medical conditions such as glucometers and infusion pumps.

Alternatives: The Access Board has considered alternatives proposed by stakeholders at public hearings and identified in research. In addition, the Access Board has consulted closely with the Department of Justice and the Food and Drug Administration in the development of these draft standards. The Access Board has also considered approaches contained in the Association for the Advancement of Medical Instrumentation's ANSI/AAMI HE 75:2009, "Human factors engineering--Design of medical devices" in developing the proposed standards. ANSI/AAMI HE 75 is a recommended practice that provides guidance on human factors design principles for medical devices. Chapter 16 of ANSI/AAMI HE 75 provides guidance on accessibility for patients and health care professionals with disabilities. Chapter 16 of ANSI/AAMI HE 75 is available at: http://www.aami.org/he75/. The proposed standards do not reference the guidance in chapter 16 of ANSI/AAMI HE 75 because the guidance is not mandatory. The Access Board seeks to promote harmonization of its standards and guidelines with voluntary consensus standards and plans to participate in future revisions to ANSI/AAMI HE 75.

Costs and Benefits: The Access Board is seeking input from the public on costs and benefits associated with these

standards. Section 510 of the Rehabilitation Act does not address who is required to comply with the standards. Compliance with the standards is not mandatory unless other agencies adopt the standards as mandatory requirements for entities under their jurisdiction. In July 2010, the Department of Justice issued an advance notice of proposed rulemaking (ANPRM) announcing that it was considering amending its ADA regulations to ensure that equipment and furniture are accessible to individuals with disabilities. See 75 FR 43452 (Jul. 26, 2010). The ANPRM noted that the ADA has always required the provision of accessible equipment and furniture, and that the Department has entered into settlement agreements with medical care providers requiring them to provide accessible medical equipment. The ANPRM stated that when the Access Board has issued accessibility standards for medical diagnostic equipment, the Department would consider adopting the standards in its ADA regulations. The ANPRM also stated that, if the Department adopts the Access Board's accessibility standards for medical diagnostic equipment, it would develop scoping requirements that specify the minimum number of accessible types of equipment required for different medical settings.

Risks: The rule is intended to reduce health and safety risks to individuals with disabilities by making medical diagnostic equipment accessible.

Timetable:

Action	Date	FR Cite
Notice of Public Information Meeting	06/22/2010	75 FR 35439
NPRM	02/00/2012	
NPRM Comment Period End	04/00/2012	

Regulatory Flexibility Analysis Required: Undetermined

Federalism: Undetermined

RIN Information URL: www.access-board.gov/medical-equipment.htm

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Government Levels Affected: Undetermined

Public Comment URL: www.regulations.gov

The 2 Actions Described in the Regulatory Plan

Title	Regulation Identifier Number	Rulemaking Stage
VA Compensation and Pension Regulation Rewrite Project	2900-AO13	Proposed Rule Stage
Caregivers Program	2900-AN94	Final Rule Stage

Department of Veterans Affairs (VA) RIN: 2900-AO13

View Related Documents

Title: VA Compensation and Pension Regulation Rewrite Project

Abstract: Since 2004, the Department of Veterans Affairs (V) has published 20 Notices of Proposed Rulemaking to reorganize and rewrite its compensation and pension regulations in a logical, claimant-focused, and user-friendly format. The intended effect of the proposed revisions was to assist claimants, beneficiaries, and VA personnel in locating and understanding these regulations. Several veterans service organizations have requested that VA republish all these regulations together to allow the public another opportunity to comment. This proposed rule would provide that opportunity.

Priority: Other Significant
Agenda Stage of Rulemaking: Proposed Rule
Major: Yes
Unfunded Mandates: No
CFR Citation: 38 CFR 3; 38 CFR 5 (To search for a specific CFR, visit the Code of Federal Regulations)
Legal Authority: 38 USC 501
Legal Deadline: None

Regulatory Plan:

Statement of Need: Many current VA regulations on compensation and pension benefits are disorganized and confusing. This rulemaking will make these regulations much easier to find, read, understand, and apply.

Legal Basis: 38 CFR 501(a).

Alternatives: The only alternative would be for VA to amend the regulations in part 3 on a piecemeal basis.

Costs and Benefits: The cost of publishing the new regulations in the Federal Register as a proposed and then as a final rule, plus the cost of publishing the regulations in the Code of Federal Regulations, is anticipated to be $281,316. There will be administrative costs to update VA publications with the new regulation citations, and the cost of a short training program for VA adjudication employees regarding the new regulations. These costs should be more than offset by improved efficiency resulting from the use of part 5 and by the benefits inherent in providing both VA employees and veterans with regulations they can more readily understand.

Risks: Not applicable.

Timetable:

Action	Date	FR Cite
NPRM	10/00/2012	

Regulatory Flexibility Analysis Required: No
Government Levels Affected: No
Small Entities Affected: No
Federalism: No
Energy Affected: No
Public Comment URL: www.regulations.gov
Related RINs: Related to 2900-AL67; Related to 2900-AL70; Related to 2900-AL71; Related to 2900-AL72; Related to 2900-AL74; Related to 2900-AL76; Related to 2900-AL82; Related to 2900-AL83; Related to 2900-AL84; Related to 2900-AL87; Related to 2900-AL88; Related to 2900-AL89; Related to 2900-AL94; Related to 2900-AL95; Related to 2900-AM01; Related to 2900-AM04; Related to 2900-

AM05; Related to 2900-AM06; Related to 2900-AM07; Related to 2900-AM16

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Department of Veterans Affairs (VA) RIN: 2900-AN94

View Related Documents

Title: Caregivers Program

Abstract: This document promulgates Department of Veterans Affairs (VA) interim final regulations concerning a new caregivers benefits program provided by VA. This rule implements title I of the Caregivers and Veterans Omnibus Health Services Act of 2010, Public Law 111-163, which was signed into law on May 5, 2010. The purpose of the caregivers benefits program is to provide certain medical, travel, training, and financial benefits to caregivers of veterans and certain servicemembers who were seriously injured in the line of duty on or after September 11, 2001.

Priority: Economically Significant
Agenda Stage of Rulemaking: Final Rule
Major: Yes
Unfunded Mandates: No
CFR Citation: 38 CFR 17.38; 38 CFR 71 (To search for a specific CFR, visit the Code of Federal Regulations)
Legal Authority: 38 USC 501; 38 USC 1720G
Legal Deadline: None

Regulatory Plan:

Statement of Need: This document adopts as final Department of Veterans Affairs (VA) interim final regulations concerning Caregiver benefits provided by VA. The rule implements title I of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Caregivers Act), which was signed into law on May 5, 2010. The purpose of the Caregiver benefits program is to provide certain medical, travel, training, and financial benefits to Caregivers of certain Veterans and Servicemembers who were seriously injured during service on or after September 11, 2001.

Legal Basis: 38 U.S.C. 111(e) and 1720G.

Alternatives: There is no alternative; VA is required to implement the Caregivers Act.

Costs and Benefits: The costs are described in detail in the Impact Analysis. The estimated costs associated with this regulation are $69,044,469.40 for FY 2011 and $777,060,923.18 over a 5-year period. These include costs associated with the implementation and development of the Caregiver Support Program. The benefit is that by enabling and encouraging family members to serve as Caregivers, we hope to prevent the need to place these Veterans and Servicemembers in higher complexity treatment settings, and instead ensure that those who wish to, may continue to live in their homes with their families and loved ones.

Risks: Not applicable.

Timetable:

Action	Date	FR Cite
Interim Final Rule Effective	05/05/2011	76 FR 26148
Interim Final Rule	05/05/2011	76 FR 26148
Interim Final Rule Comment Period End	07/05/2011	76 FR 26148
Final Action	04/00/2012	

Regulatory Flexibility Analysis Required: No
Government Levels Affected: No
Small Entities Affected: No
Federalism: No
Public Comment URL: www.regulations.gov

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