

## **House Committee on Veterans' Affairs 113<sup>th</sup> Congress – Oversight Agenda**

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

### **Jobs and Economic Opportunity**

1. ***Licensing and Certification Barriers*** – The inability of servicemembers to quickly translate skills learned in the military to post-service employment remains a serious impediment to getting qualified workers into civilian-equivalent jobs. The Committee will continue to oversee the efforts of the Departments of Labor and Defense in working with States and credentialing bodies to break down these barriers.
2. ***Department of Labor's Veterans' Employment and Training Service (VETS)*** – In evaluating VETS' programs, the Committee will focus on interagency cooperation between VETS and the Department of Veterans Affairs' Vocational Rehabilitation and Employment (VRE) program to assess the effectiveness of combined efforts to place disabled veterans into jobs. We will also take a detailed look at the performance of the State Grant Program with an emphasis on promoting more consistent results. The Committee will also look into the overall effectiveness and timeliness of the information provided by employment assistance programs to veterans.

The Committee will oversee the redesign of the Transition Assistance Program (TAP) for those leaving military service. Specifically, we intend to conduct a continuing review of the content of TAP provided under the mandatory attendance provisions of the VOW to Hire Heroes Act of 2011. The Committee will continue to conduct on-site visits to observe TAP classes and to gauge revision and deployment of the TAP curriculum.

3. ***Vocational Rehabilitation and Employment*** – VA's Vocational Rehabilitation and Employment (VRE) program provides veterans with service-connected disabilities the ability to obtain and maintain suitable employment, and enables certain other disabled veterans to achieve independence in daily living. The Committee will examine VRE's recent efforts to implement its 5-track program throughout the 57 regional offices. We will also focus on VRE's referral of rehabilitated veterans to the state employment services for job placement.
4. ***Employment of National Guard and Reserve Members*** – The Committee will review the efforts of the Department of Labor and VA in facilitating employment opportunities to veterans, with a focus on recently separated service members returning from Iraq and Afghanistan, including demobilizing Reserve and National Guard personnel.
5. ***Servicemembers Civil Relief Act (SCRA)*** – The Committee will continue to provide oversight of SCRA compliance, with emphasis upon violations by financial institutions overcharging on

mortgages, improperly foreclosing, and depriving military families of the protections afforded under SCRA.

6. **GI Bill** – The Committee will continue monitoring VA’s efforts to implement the Post-9/11 Veterans Educational Assistance with an emphasis on simplifying administration of the benefit. We will also examine ways to improve the delivery of all veterans’ and survivors’ education benefits. The Committee will also explore efforts to track long-term outcomes as well as compile data regarding the transferability of benefits.
7. **Veterans Retraining Assistance Program (VRAP)**- Under the VOW to Hire Heroes Act of 2011, VRAP offers up to 12 months of training for in-demand occupations to 99,000 unemployed veterans between 35 and 60 years old. The Committee will conduct continuing oversight of the roles of the state employment agencies, the Department of Labor, and VA in the application, approval and enrollment, and training of participants. Most importantly, we will monitor whether veterans who have been trained through VRAP actually receive employment in the high-demand jobs for which they’ve been trained.
8. **Reserve Component Transition Assistance and the Uniformed Services Employment and Reemployment Rights Act (USERRA)** – USERRA ensures that Guard and Reserve members are able to return to their civilian jobs following deployment. The Committee will assess the effectiveness of USERRA with special emphasis on employers’ willingness to hire National Guard and Reserve members and employment-related issues related to returning to the workforce following activation, as well as issues related enforcement.
9. **State Approving Agencies (SAA)** – SAAs approve educational programs to ensure that veterans’ GI Bill resources are used only for legitimate purposes. The Committee will examine the SAAs performance in ensuring compliance with VA policies and procedures, as well as educating school personnel, preventing fraud, and discovering questionable recruiting practices. We will examine how SAAs can become more accountable for the funding they receive from VA.
10. **Small Business Contracting Goals for Veteran and Service-Connected Disabled Business Owners** – Overall, the Federal government continues to fall short in meeting the three percent procurement goal for service disabled veteran-owned small businesses (SDVOSB). In 2006, Congress passed Public Law 109-461 which provided SDVOSB and veteran-owned small businesses (VOSB) several advantages in contracting with VA as well as additional tools for VA to contract with SDVOSB and VOSB. The Committee will continue its oversight of VA’s progress implementing the small business provisions of P.L. 109-461.
11. **VA Loan Guaranty Program** – The Committee will review veterans’ loan programs to determine whether existing laws, regulations and VA initiatives are sufficient to reduce foreclosures on veteran-owned homes. The Committee will include the views of the mortgage industry and other real estate experts to see if improvements can be made to the existing system including additional protections for mortgagors. We will also review VA operations in the secondary market, to include VA’s Vendee Loan program.

12. ***Paralympics*** – To foster the use of sports as part of rehabilitation, Public Law 110-389 authorized VA to provide a grant to the US Paralympic program to promote development of adaptive sports programs for disabled veterans from the grassroots to elite, competitive levels. The Committee will review VA’s Paralympics grant program with an emphasis on the results of grassroots adaptive sports programs.
13. ***Office of Federal Contract Compliance Programs*** -- The Office of Federal Contract Compliance Programs (OFCCP) is an enforcement agency within the Department of Labor. In addition to other equal employment laws, OFCCP enforces the Vietnam Era Veterans’ Readjustment Assistance Act of 1974 (VEVRAA). The law requires that employers with Federal contracts of \$100,000 or more provide equal opportunity and affirmative action for certain veterans. The Federal government awards prime contractors worth approximately \$200 billion per year. The Committee will examine OFCCP’s recent investigatory and enforcement actions related to VEVRAA, staffing matters, and the general complaint process.

### **Health Care**

1. ***Veterans Choice and Access to Fee Care*** - The Committee will examine the availability and means through which the Veterans Health Administration provides care to eligible veterans whose access to traditional medical services is limited by geography, disability, or other challenges. Specifically, the Committee is concerned about the implementation of two new national initiatives– the Patient Centered Community Care (PCCC) and Non-VA Care Coordination (NVCC) programs – both of which would make significant changes to VA’s fee care program. Serious issues have been raised about the validity and accuracy of the business case and cost-benefit analysis VA used to develop PCCC and NVCC and whether their implementation will perpetuate the current broken fee care system. The Committee will also conduct oversight of the provision of dialysis services in regard to a May 2012 Government Accountability Office report that found substantial weaknesses in the execution of the planning and early implementation phases of the ongoing VA Dialysis Pilot Program.
2. ***Mental Health Care Quality, Access, and Staffing*** - The Committee will conduct rigorous oversight of the provision of mental health care to veteran patients. Serious questions have been raised about VA’s ability to provide timely, effective, and accessible mental health care and benefits to veterans especially those struggling with Post-Traumatic Stress (PTS). An April 2012 VA Inspector General (IG) report exposed serious deficiencies with the accuracy and reliability of VA to determine whether or not VA’s mental health care access goals are being met and are appropriate measures of quality care. Among the issues we will explore are: VA’s efforts to establish usable data to assess patient demand, patient waiting times, appropriate staffing levels, and clinic capacity; VA’s progress in hiring additional mental health staff; the usability and effectiveness of mental health provider performance and productivity measures; partnerships and collaborations with community providers to address service gaps; and, systematic issues impeding patient wellness.
3. ***Beneficiary Travel*** – The Committee will evaluate the administration of VA’s beneficiary travel program to include overall program accountability, the management of funds, and the manner of

payments to eligible veterans. We will also oversee the implementation of section 104 of Public Law 112-154, which directs VA to conduct a three-year pilot program to assess the feasibility and advisability of extending beneficiary travel for veterans obtaining care at Vet Centers.

4. ***Caring for Veterans with Amputations*** – The Committee will continue to closely monitor and assess the provision of care to veterans with amputations. VA faces documented challenges in meeting the needs of younger and more active veterans with amputations with the latest technology and providing a strong system-wide prosthetic limb program that is consistent and coordinated. In the 112<sup>th</sup> Congress, the Committee held several hearings that exposed troubling concerns among veterans with amputations and community-based clinicians about the impact new VA policies on the approval of advanced technologies and the veteran’s choice to utilize a community-based provider. Among the issues we will assess is the implementation and impact of prosthetic procurement reforms. Serious concerns have been raised by veterans with amputations and other stakeholders that VA’s planned prosthetic procurement reforms will take prosthetic purchasing authority away from prosthetic specialists and transfer it to contracting officers, which would lead to substantial delays in care and clinical judgments regarding veterans needs being overridden by individuals with little to no experience in prosthetic care.
5. ***Guide and Service Dogs*** – The Committee will closely monitor the implementation of section 109 of Public Law 112-154, which prohibits VA from denying the use of service dogs in, or on, any VA facility or property or any facility or property that receives VA funding. Contrary to the intent of Congress, concerns have been raised that this provision could prevent veterans with owner-trained or otherwise “unaccredited” service dogs from accessing VA property. The Committee will also assess the implementation of regulations that provide veterans with visual, hearing, or mobility impairments with benefits to support the use of a service dog as part of the management of such impairments. In particular, we will closely monitor a recently suspended study to assess the benefits of providing service dogs to veterans with PTSD.
6. ***Sexual Assault Prevention and Safety Measures*** – The Committee will closely monitor the implementation of section 106 of Public Law 112-154, which directs VA to develop and implement a comprehensive policy on reporting, tracking, and prevention of sexual assault and other safety incidents at VA medical facilities. In June 2011, the Government Accountability Office issued a report which found 284 allegations of sexual assault in VA facilities between 2007 and 2010 resulting from significant deficiencies in risk assessment, reporting, tracking and oversight by VA leadership. The Committee will ensure that corrective actions are in place to effectively and efficiently respond to any and all unsafe incidents and ensure the safety of VA patients and employees. (Continuation of efforts from the 112<sup>th</sup> Congress.)
7. ***Strategic and Policy Implications of the Affordable Care Act*** – The Committee will examine the impact of Public Law 111-148, the Patient Protection and Affordable Care Act (ACA), on the VA healthcare system. VA healthcare has been deemed to meet “minimum essential coverage” requirements under the law. Nevertheless, the enactment of the ACA carries significant strategic and policy implications for VA, including potential impacts regarding VA enrollment and utilization, information technology and data collection requirements, and workforce recruitment and retention efforts.

8. ***Women Veterans*** – The Committee will evaluate VA’s progress in increasing access and overcoming barriers associated with health care quality and satisfaction for women veterans, the fastest growing segment of the veteran population. Among the many issues the Committee will focus on are the implementation of provisions in Public Law 111-163 aimed to assist women veterans, including readjustment and child care pilot programs and the activities and recommendations of the Advisory Committee on Women Veterans.
9. ***Medical Recruitment, Retention and Staffing*** – VA faces a large nursing shortage in the next several years. The Committee will review efforts being made by the VA to recruit, hire and train medical staff. Of particular interest will be the recent contract to reintegrate and retain veterans at all levels in the VA.
10. ***Support for Families and Caregivers*** - The Committee will continue to monitor the implementation of the caregiver assistance programs established in Public Law 111-163, the Caregivers and Veterans Omnibus Health Services Act. Among the issues are the provision of stipend payments, mental health care services, respite care, and training.
11. ***Management of Major Medical Facility Projects*** -. The Committee will continue its aggressive oversight of VA leadership failures with regard to VA’s capital asset planning, approval, and budgeting process and the execution of major medical facility construction projects. We will also examine the status of ongoing projects, to include Orlando, Florida; New Orleans, Louisiana; and Denver, Colorado; and assess issues with the management and oversight of facility design, construction, and activation which have led to significant cost increases and scheduling delays.
12. ***Recovering Servicemembers and Veterans*** – The Committee will continue to aggressively look at the VA and DOD systematic and persistent leadership, management, and oversight problems affecting the case management and care coordination of wounded warriors.
13. ***Veterans Integrated Service Networks (VISNs) Structure*** – The Committee will examine the current VISN structure and ways to realign the VISNs to better manage performance, promote innovation, and establish uniformity of health care services and practices throughout the system. The VISN system has remained in place for fifteen years, with the only structural change taking place in 2002 when VISN 13 and 14 were integrated and renamed VISN 23. With the rapid application of new information technology that has revolutionized the way we live, interact, and conduct business, the Committee will focus on opportunities to restructure the VISNs toward the goal of more patient-centered care.
14. ***Medical and Prosthetic Research Program*** - The Committee will examine the value of VA research with respect to injuries and illnesses related to military service and the acceleration of discoveries and applications, especially for neurotrauma, sensory loss, amputation, polytrauma, and prosthetic needs. Among the issues we will also focus on are: the adequacy of research space and equipment and the development of a clearinghouse designed to promote VA and DOD researchers awareness collaboration and joint publication of research. – add in infrastructure
15. ***Patient Aligned Care Teams (PACT)*** - The Committee will provide aggressive oversight of the impact and effectiveness of a new initiative VA is implementing referred to as PACT which is

intended to increase access, coordination, communication, and continuity of care by allowing patients to have a dedicated primary care team and a more active role in their health care.

16. ***Pain Management*** - The Committee will examine VHA's pain management strategy. Managing pain is an increasingly significant issue, especially for recently returning combat veterans presenting with a wide range of physical and mental health problems, including musculoskeletal ailments and post traumatic stress. The Committee will focus on: pain awareness, education, intervention; utilization of best practices for the continuum of acute and chronic pain; and the challenge of prescription drug diversion and abuse.
17. ***VA Partnerships With Faith-based and Community Organizations*** - The Committee will continue to examine the role of community providers and faith-based organizations in helping servicemembers transition to civilian life and the need to foster better communication, education, and collaboration between VA and these critical community resources. Specifically, the Committee will focus on VA's relationship with community organizations and actions necessary to establish meaningful and effective partnerships to better support veterans in their home communities. We will also closely monitor the implementation of Section 3 of the Executive Order on Improving Access to Mental Health Services for Veterans, Servicemembers, and Military Families, which directs VA and the Department of Health and Human Services to establish pilot projects to test the effectiveness of community partnerships in helping to meet the mental health needs of veterans.
18. ***Vet Centers*** - The Committee will examine the services provided to servicemembers, veterans, and their families through Vet Centers and evaluate the role of such centers within the larger VA health care system. The Committee will also address the implementation of Section 304 of Public Law 111-163, the Caregiver and Veterans Omnibus Health Services Act of 2010, which requires VA to establish a program to provide mental health services to immediate family members of returning veterans particularly those who served in the National Guard and Reserve, and section 401, which made active-duty servicemembers eligible to receive readjustment counseling at VA Vet Centers.
19. ***Department of Defense (DOD) and Department of Veterans Affairs (VA) Electronic Health Records and Interoperability*** - The Committee has and will continue to devote substantial attention to health information sharing between DOD and VA, understanding the need for this sharing to support the transition from active duty to veterans status. However, VA and DOD face significant challenges in achieving long-term data sharing capability. While the two Departments have developed a strategy at the higher levels, both Departments lack objective, quantifiable, and measurable goals to assess their success in achieving full electronic health record interoperability and VA and DOD lack mechanisms for identifying and implementing efficient and effective information technology solutions to jointly address both Departments' common health care system needs.
20. ***Homeless Veterans Programs*** - The Committee will continue to provide meaningful oversight of VA's plan to end homelessness among the veteran population by 2015 and assure that homeless veterans gain access to the supportive services and meaningful employment they need to reintegrate into stable community environments. In particular, the Committee will work to

ensure that VA's efforts regarding homeless veterans are sustainable and focused on the elimination of the factors underlying homelessness, including the aggressive diagnosis and treatment of mental health issues and substance use disorder. The Committee will also assess the use, effectiveness, and any duplication of the specialized programs to assist homeless veterans and examine ways to strengthen VA's ability to prevent at-risk veterans from becoming homeless.

21. ***Camp Lejeune Veterans and Family Members*** – The Committee will monitor the implementation of section 102 of Public Law 112-154, which provides hospital care, medical services, and nursing home care through the VA to certain veterans and their eligible family members who were stationed at Camp Lejeune, North Carolina, from January 1, 1957 to December 31, 1987, during which time the well water was contaminated. These veterans are eligible to receive medical care for the following fifteen illnesses or conditions: esophageal cancer; lung cancer; breast cancer; bladder cancer; kidney cancer; leukemia; multiple myeloma; myelodysplastic syndromes; renal toxicity; hepatic steatosis; female infertility; miscarriage; scleroderma; neurobehavioral effects; and non-Hodgkin's lymphoma, although the law acknowledges that there is insufficient medical evidence to conclude that any particular illnesses are attributable to military service during that period. The VA will be the final payer to other third-party health insurance plans for eligible family members.
22. ***Post Traumatic Stress (PTS) and Traumatic Brain Injury (TBI)*** – The subcommittee will continue to investigate the role of post traumatic stress and/or brain injury with veteran suicides, including overmedication (chronic pain management) and other treatment plans. In the 112<sup>th</sup> Congress, O&I identified more than 2000 studies and projects, in both DoD and VA, related to PTS and TBI. Scores of these programs were duplicative.
23. ***Gulf War Illness*** – Early in CY 2013, the Institute of Medicine will publish its latest studies on the relationship between Gulf War service (1990-1991), environmental and chemical exposure, and a host of illnesses that plague veterans from that war. Although service connection has been established for some health issues, VA is not properly utilizing the Gulf War Registry, nor is it connecting veteran reported illnesses to Gulf War service. This lack of attention to detail prevents veterans from receiving medical care for service related issues including sleep disturbances, heart problems, and memory failure.
24. ***Veterans Courts*** – Many states have given veterans with legal troubles the opportunity to have their cases heard and resolved through special courts which liaise with community resources and VA to address the root causes of veterans' legal problems, e.g., substance abuse, PTSD, etc. In return for seeking and sustaining treatment for these issues, veterans are given the ability to keep their record clean and resolve their underlying issues. The Committee will assess VA's role in cooperating with these courts and monitor effectiveness.
25. ***Telehealth and Telemedicine*** – The Committee will assess the VA's ongoing efforts as to provide greater access to telehealth and telemedicine as part of its overall outreach to rural veterans as well as looking into the effectiveness of these programs in providing greater access and quality health care.

## Accountability and Transparency

1. ***VA Budget Transparency*** – The Committee will continue to oversee the sufficiency and transparency of VA’s budget and budgeting process. We will ensure that appropriated dollars are used for their intended purpose and not diverted to other uses without Congressional awareness and assent. This oversight will include every appropriation account and all programs under those accounts. The Committee also plans to explore VA’s planning, programming, budgeting and execution efforts as well as fiscal management and control issues.
2. ***VA’s Acquisition Process*** -- VA continues to spend billions annually for the procurement 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 program. The Committee will review VA’s procurement practices, and discuss possible legislative remedies. In VA construction, the Committee will address the prevalent practice of contractors increasing their profits by submitting change orders through proposed legislation that will stipulate that if the actual contract price (e.g. construction on major medical facility) exceeds x% of authorized amount, contractor must cover difference.
3. ***Competitive Sourcing and Alternative Management Systems*** – The VA is implementing the President’s Management Agenda and Office of Management and Budget Directives through competitive sourcing and alternative management systems. The Committee is interested in the factual basis for the conduct of this program and the organizational benefits yielded.
4. ***Energy Sustainability and Efficiencies*** – The Committee will continue to conduct oversight on VA’s progress with sustainability and energy efficiencies at the various VA locations to include VA health care facilities and National Cemeteries. The examination will include a focused look at how the VA has spent funding authorized to enhance sustainability and efficiency programs and whether the funding is being well spent and the savings touted by VA are quantifiable.
5. ***Fund Programs*** – The Committee will utilize a forensic accountant to conduct a detailed review of VA’s medical care collection fund (including demonstrations, consolidations and outsourcing initiatives), the Supply Fund, the ADVANCE Fund, the VA plus One Fund, the Franchise Fund and others as identified. Of concern is how VA moves money to and from these funds, how they are categorized (whether obligated or unobligated) and whether or not this money is properly revealed to Congress.
6. ***Consolidated Patient Accounting System (CPAC)*** – The Committee will continue to conduct oversight on VA’s consolidation of VHA’s business office functions into seven regional centers. The examination will focus on the transformation of VHA billing and collections activities, and to determine how closely VHA purports to be aligned with industry best practices.
7. ***Evaluating Management Efficiencies*** -- The VA plans to achieve specified savings each fiscal year by implementing various procedures to achieve cost avoidance. The Committee will examine the relationship of projected savings with demonstrated savings and assess the impact on delivery of quality services.



8. ***Office of Resolution Management for EEO Complaints*** -- Public Law 105-114, the Veterans Benefits Act of 1997, included a requirement that the Department of Veterans Affairs take actions to improve its equal employment opportunity program and created the Office of Resolution Management. The Committee will review the effectiveness of the Office of Resolution Management, but also notes the large increase in both EEO complaints and the financial burden for VA.
9. ***National Archives and Records Administration*** -- The National Archives and Records Administration (NARA) maintain the military personnel records of discharged members of the Armed Forces. The Committee will examine the security of veteran records maintained at NARA to ascertain the protection of personal identifying information of our nation's veterans, as well as the transmittal of these records to VA in order to assist veterans in the claims process, and to help reduce the claims backlog.
10. ***VA Information Technology Programs*** -- The Committee will continue its oversight of VA's IT programs. We will pay specific attention to the progress of VA's integrated enterprise architecture plan and efforts to improve its internal and external cyber security, as well as review the effectiveness of the VA's Project Management Accountability System (PMAS) and the new T-4 information technology contracting process, which is a five-year Indefinite Delivery/Indefinite Quantity (IDIQ) Multiple Award Task Order contract with a program ceiling of \$12 billion.
11. ***Proprietary and Sensitive Information*** -- Aside from storing personally identifiable information for millions of veterans, VA's IT architecture also stores proprietary information related to VA research on science, health, and IT. VA has made efforts at improving IT security pertaining to PII, but efforts aimed at storing proprietary information have not received the same amount of scrutiny. Additionally, the Committee has tracked VA's underperforming supply chain risk management efforts related to the electronic health record, and this lack of progress has raised concerns in other areas of IT storage. The Committee will continue its oversight work in this area.
12. ***VA's Fourth Mission, Emergency Management Capabilities*** -- The events of September 11, 2001 as well as the Hurricanes in the Gulf Coast region in 2005 raised national awareness of the role of the Federal government in times of emergency or disaster. The Committee will continue its oversight of VA's role and responsibilities as part of the National Response Framework.
13. ***VA Senior Executive Service Bonuses*** -- The Committee will continue its oversight of VA's bonus practices for its Senior Executive Service employees, as well as review performance measures including Office of Personnel Management (OPM) mandates..
14. ***Credentialing and Screening of VA Healthcare Employees*** -- The Committee will examine VA's implementation of Government Accountability Office (GAO) recommendations that indicated serious flaws in screening the professional credentials of VA healthcare practitioners.
15. ***VA/DOD Benefits Delivery at Discharge Program*** -- The Committee will evaluate DOD's utilization of a single examination that meets both military services' separation requirements and

VA's disability compensation criteria. The Committee will also review VA's efforts to co-locate Veterans Benefits Administration and Veterans Health Administration personnel involved in compensation and pension claims processing to provide more efficient one-stop claims processing centers. Further, we will examine the effectiveness of the implementation of the integrated DoD/VA Disability Evaluation System (iDES).

16. ***Electronic Health Records*** -- VA and DOD, through their joint Health Executive Council, have developed a plan to create an interoperable electronic medical record first by 2005, and more recently by 2017. The Committee will review the progress that has been made in interoperability and the timely bi-directional exchange of medical information.
17. ***Human Subjects Protection Program*** -- The Committee will continue to review programs that involve human subjects, including any effort that must be approved by an Independent Review Board, to ensure veterans are properly protected as necessary.
18. ***Controlled Substances Security*** -- The IG's Combined Assessment Program Reviews have repeatedly found material weaknesses in VA medical center security of controlled substances. Poor security or lack of security seriously increases the potential for waste, fraud, abuse, and drug diversion. The Committee will examine how VA is addressing this issue.
19. ***Laboratory and Clinical Select Agent Security*** -- VA Level 3 Laboratories and all VA Medical Centers are host to various chemical, biological and radiological agents. The Subcommittee will review the security of these agents. This is an ongoing Committee interest.
20. ***Workers' Compensation Program*** -- The IG previously reported on VA's poor case management of workers' compensation claims. VA is at risk for program abuse, fraud, and unnecessary costs because it has not fully implemented IG recommendations issued in 1999. The Committee will examine what should be done to improve the Workers Compensation Program.
21. ***Enhanced Land Leases and Divestment of Federal Property*** -- The Committee will review the adequacy of internal controls related to leasing or selling of VA assets and assess the tangible benefit to taxpayers, as well as exploring how VA efforts fit into its overall capital asset strategic plan.
22. ***Historic Properties*** -- The Committee will review the use and condition of historic properties owned and operated by VA, and whether the Department can sustain the costs and maintenance involved with these properties in the future.
23. ***Whistleblower*** -- Whistleblowers continue to be a vital source of accurate and timely information. Protecting an employee's legal right to communicate with Congress is essential to oversight and this subcommittee looks to strengthen whistleblower protections. The Committee will continue to monitor VA's adherence to whistleblower protections.
24. ***Profitability Spectrum*** -- The Committee will continue to review profits acquired by VA for licensing department rooftop space for cell towers (more than \$3 million in FY12), for patents (at

least \$391,894 in FY12), and land leases. We will also review how the money is being accounted for and distributed.

25. ***Financial Management Systems*** – In 2004 VA scrapped its CoreFLS program after spending \$249 million. VA's FLITE program, a replacement for the failed CoreFLS program, was stopped in 2010 after more than \$90.8 million was spent. In February 2011 SAM was also cancelled after more than \$20 million. VA is in dire need of an updated financial management system. The Committee will continue to oversee and investigate any efforts to modernize VA's financial management system.
26. ***VA Office of Congressional and Legislative Affairs (OCLA)*** - Frequently inconsistent, incomplete, and untimely responses to requests for information from the Committee, along with a lack of established procedures within OCLA, warrant further review so the Committee can get the information necessary to perform its oversight.
27. ***Conferences & Training*** – In 2011, VA spent over \$100 million on conferences. Inspector General reports suggest widespread waste in conference spending. The Committee will continue to investigate VA's exorbitant conferences and training costs

### **Benefits and Memorial Affairs**

1. ***Rating Schedule Hearing*** -- The current rating schedule was created after WWII. VA has recently undertaken an effort to comprehensively revise all 15 body systems in the VASRD. In September 2012, GAO issued a report finding that VA was over 12 months behind schedule on this update and lacked a complete plan for the updates. Therefore, the Committee will continue its oversight to keep VA on track in reforming the rating schedule and determine whether a focused study or new legislation (as suggested by GAO) should be introduced.
2. ***Temporary/Total Ratings*** -- A majority of the temporary total ratings handed down by VA Regional Offices have been found to be in error. Although VA initially attributed these errors to a computer glitch, VA OIG regional office audits continue to reveal a high error rate as to these claims. The Committee will oversee how best to address this issue in the interest of saving VA time and money.
3. ***National Cemeteries Hearing*** -- The Committee will examine the immediate and long-term needs of the VA National Cemetery Administration (NCA) and the American Battle Monuments Commission (ABMC) to provide burial or commemoration to America's fallen heroes. Specifically, the Committee will follow up on the NCA audit, as well as the VA OIG's audit of the NCA audit, to determine if all burial errors have been corrected and if NCA has executed proper management controls to prevent such errors in the future.
4. ***VA's Transformation Plan*** -- A Committee hearing was held last June on VA's Transformation Plan. At the hearing, VA did not present a cohesive plan for transforming the agency, but rather listed a conglomerate of loosely tied initiatives. The Committee has made numerous requests

for a copy of the Transformation Plan with no response from VA. Continued oversight of this effort is essential.

5. ***Call Center and eBenefits Issues*** -- The various Call Centers have been a constant area of consternation for veterans who complain about long wait times, no call backs and incorrect information about their claims status from the representatives. Although VA tries to re-direct many of these veterans to eBenefits (an electronic means for veterans to obtain information on their claims), recent briefings from VA reveal that eBenefits is not updated in a timely manner and is not providing veterans with the most up to date casetracking information. Continued oversight of this effort is necessary.
6. ***The Current Appeals Process*** -- The Committee will continue to monitor the compensation and pension claims appeal process at the Board of Veterans Appeals (BVA), the Appeals Management Center (AMC) and the Court of Appeals for Veterans Claims (CAVC). The Committee plans to focus on exploring avenues to simplify the current appeal process, increase accountability and reduce avoidable remands.
7. ***Blue Water Navy*** -- Vietnam veterans who served in the waters offshore Vietnam are ineligible for Agent Orange compensation on a presumptive basis unless VA has registered the ships on which they served as eligible for the presumption of exposure to Agent Orange. Although organizations advocating for these “Blue Water Navy” veterans have been working with VA to add many ships to its registry, many advocates are still pushing for full recognition for this group. The Committee will continue to oversee this issue.
8. ***Filipino Veterans*** -- Recently, the Obama administration indicated that it will undertake a review of denied Filipino veterans’ claims. The Committee will examine this effort as it is unclear exactly what standard will be used to review denied claims.
9. ***VBA Staffing and productivity*** -- Since 2007, VA has consistently requested additional staffing to keep up with the claims backlog, requiring significantly more funding. Although VA has added approximately 3,000 new claims processors in the last five years, the backlog has continued to increase, rather than decrease. Accordingly, the Committee will examine the impact of additional staffing on productivity at VA’s regional offices, as well as other alternatives to addressing the backlog besides additional staffing.
10. ***VA Insurance Programs*** -- The potential for in-service medical conditions may make it difficult or even impossible for servicemembers to obtain private insurance; therefore VA administers a variety of life insurance programs for servicemembers and veterans. The Committee will continue to oversee the effectiveness of these programs, to include the benefits of automatic enrollment, the addition of new conditions covered by traumatic injury protection; and additional coverage options for family members.
11. ***VA Pension Program*** -- In the 112<sup>th</sup> Congress, it was revealed that VA’s pension program was being abused in some instances because veterans were hiding assets in order to qualify for the program. In addition, a whistleblower report showed evidence of problems processing payments, including duplicate payments for some veterans. Therefore, the Committee will

continue to oversee all aspects of the pension program to ensure that pension claims are processed efficiently and that veterans are receiving the proper payment amount.

12. ***Claims Processing Consistency*** -- Recent reports have revealed that timeliness and accuracy statistics for VA claims vary widely with regional offices in major metropolitan areas (such as Oakland, Los Angeles, and New York City) having far lower performance metrics than those in less populated areas (such as Lincoln, NE; Sioux Falls, SD; and Togus, ME). Although VA uses a brokering system to transfer claims from some lower performing regional offices to higher performing offices, rigorous oversight of this aspect of the claims process will ensure that similarly situated veterans are treated equally regardless of their physical location.
13. ***Coordination Between VBA and VHA*** -- Although both VBA and VHA are within VA, veterans often complain that there is little to no communication or meaningful collaboration between the two departments, often causing complications. Oversight of the communication and collaboration process between VBA and VHA will ensure a more effective “big picture” method for treating disabled veterans.