



House Committee on Veterans' Affairs
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U.S. HOUSE OF REPRESENTATIVES

Committee on Veterans' Affairs

OVERSIGHT PLAN FOR 108th CONGRESS

In accordance with clause 2(d)(1) of Rule X of the House of Representatives, the Committee on Veterans' Affairs on February 11, 2003, adopted its oversight plan for the 108th 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 108th Congress, the Committee and its subcommittees will undertake additional oversight activities as the need arises.

1. VA-administered Insurance Program. The Department of Veterans Affairs (VA) administers six life insurance programs under which two million policies with a value of \$20 billion remained in force at the end of fiscal year 2002. The committee will examine policy and operational issues VA faces in operating the seventh largest insurance program in the United States.

2. Non-Service-Connected Pension Program. The non-service-connected disability pension program provides financial assistance to more than 348,000 low-income veterans. Veterans must have at least 90 days of military service, including at least one day of wartime service, and be totally and permanently disabled for employment purposes as a result of disability not related to their military service, or over age 65. The committee will examine the administration of this program.

3. Improvements in Timeliness of Claims Processing. VA provides over \$22 billion a year in disability compensation and pension benefits to more than 2.4 million veterans. The Veterans Benefits Administration (VBA) has made many improvements to its operations, including realigning its field offices to improve control of claims and shifting its focus

from resource management to workload management. The committee will focus on the General Accounting Office's December 2002 report, *Veterans Benefits: Claims Processing Timeliness Performance Measure Could be Improved* (GAO-03-282).

4. *State of Veterans' Employment and Training*. From May 1997 to June 2001, the General Accounting Office (GAO) issued eight reports criticizing the Veterans' Employment and Training Service, Department of Labor, for deficiencies in performance, management, and strategic planning. Public Law 107-288, the Jobs for Veterans Act, reformed the nationwide veterans' employment and training delivery system, focusing on accountability, flexibility, incentives, and results. Further, Public Law 106-50, the Veterans Entrepreneurship and Small Business Development Act of 1999, increased small business opportunities for veterans and disabled veterans by improving their access to capital, information, and markets. The committee will examine implementation of these two laws.

5. *Troops-To-Teachers*. The Troops-To-Teachers program services as an alternative route to teacher certification for military servicemembers and retirees who seek a second career as a public school teacher. The program is funded by the Department of Education. The committee plans a joint hearing with the Committee on Education and the Workforce. The committees expect to examine the skills and experience that veterans bring to teaching, as well as the administration of the program.

6. *Role of the Board of Veterans' Appeals in the 21st Century*. The Board of Veterans' Appeals (BVA) is the component of the VA responsible for making the final Departmental decision on behalf of the Secretary in appeals of veterans' benefits claims. Since the advent of judicial review of appeals of veterans' claims in 1988, the essential mission of BVA has remained relatively unchanged. The committee will examine how to most effectively use the Board's expertise and resources in serving veterans.

7. *Quality Assurance for Disability Claims at the Board of Veterans' Appeals*. Veterans who are dissatisfied with a decision made by a VA regional office may appeal that decision to BVA. During fiscal years 1999 and 2000, BVA decided an average of 35,000 appeals per year. GAO reviewed the quality assurance program at the Board and the Board's collection of data to improve the quality and consistency of its decisions on veterans' claims. The committee will focus on the GAO's August 2002 report, *Veterans' Benefits: Quality Assurance for Disability Claims and Appeals Processing Can Be Further Improved*. (GAO-02-806).

8. *Vocational Rehabilitation and Employment*. VA's Vocational Rehabilitation and Employment (VR&E) program provides services and assistance to enable veterans with service-connected disabilities to obtain and maintain suitable employment, and to enable certain other disabled veterans to achieve independence in daily living. The committee will examine VR&E's focus on suitable employment, assistance to the most seriously disabled veterans, succession planning, contracted services, claims processing, employer outreach and quality assurance.

9. *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 contracts 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.

10. *Fiduciary Activities*. When a probate court or VA rating board determines an adult VA beneficiary is incompetent, VBA personnel assess the need for a fiduciary, appoint an appropriate person or entity to manage the beneficiary's funds, and monitor the management of those funds. As of December 31, 2002, VBA personnel supervised the management of funds for more than 100,000 incompetent beneficiaries. VA's Inspector General has begun conducting Combined Assessment Program reviews at VBA regional offices. The most recent summary report (Report No. 02-01811-38) indicates that improvement with regard to Fiduciary and Field Examination activities is needed at more than 50 percent of the regional offices reviewed between June 2000 and September

2002. The committee will determine the extent of problems with VBA's fiduciary program and recommendations for improvements.

11. Meeting the Health Care Needs of Veterans. Despite record budget increases, the growing demand for health care is outpacing the resources allotted to VA for veterans' health care. The committee will evaluate factors that contribute to the loss of current services, long waiting times and delayed or denied care. The committee will also review the recommendations of the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans and any plans to implement the Task Force's recommendations.

12. Infrastructure Maintenance in VA Health Care and CARES. The VA health care system capital asset planning process, known as Capital Assets Realignment for Enhanced Services (CARES) II, is underway, with a scheduled date of completion during the 108th Congress. The committee is concerned about the cumulative effects of years of insufficient resources to adequately maintain VA's aging health care facilities. Many need significant maintenance, repair and modernization. The committee will review these needs and the implementation of CARES and its next phases.

13. Veterans Equitable Resource Allocation System. The Veterans Health Administration (VHA) adopted this system of allocating funds to its field health activities in April 1997. During the past year, the allocation model was revised. The committee will review the implementation, operation and effectiveness of the new Veterans Equitable Resource Allocation (VERA) model and its impact on veterans.

14. Management Improvements. The VA's plans in fiscal year 2003 included saving \$298 million by making management improvements, with an additional \$800 million in savings proposed for fiscal year 2004. The committee will review the business practices, scope and success of VA management improvements.

15. VA and DOD Health Resources Sharing. Sections 721 through 726 of Public Law 107-314 provided the most significant changes to VA-DOD sharing authority in its 20-year history. With new opportunities and incentives in place to conserve scarce federal health care resources and improve the delivery of services to the military-veteran community, the committee intends to continue its close oversight of VA-DOD resource sharing, especially implementation of the new legislation.

16. Status of VA Medical, Biological, Chemical and Radiological Research. VA medical research, in affiliation with the nation's leading schools of medicine, has been remarkably successful in curing human disease and advancing biomedicine. The committee has monitored VA research for a number of years and will continue to review it. Public Law 107-287 expanded the VA's role in homeland security and created new research centers to counter biological, chemical, and radiological terrorism and threats against active duty service members, veterans and the general public. Implementation of the new law will be carefully monitored.

17. Mental Health and Substance-Use Disorder Programs. Reported reductions in capacity of VA programs to care for the most seriously mentally ill veterans, especially those with psychoses and with substance-use disorders, continue to be a matter of concern. The committee will explore the state of VA's mental health programs and the effectiveness of chronic mental illness treatment programs in VA's institutional, contract, community-based, case-management and aftercare programs.

18. Follow-up on Millennium Act. Public Law 106-117, the Veterans Millennium Health Care and Benefits Act, was the most significant health care legislation Congress has enacted for veterans in a number of years. Since the law was enacted, VA has implemented many of its provisions. The committee will continue to give attention to the remaining steps VA must take to comply fully with its mandates and will provide oversight to those programs already implemented, including the effectiveness of pilot programs and the maintenance of capacity in VA's long-term care programs.

19. Rural Health Care Matters. The committee is concerned about the health of veterans who live in rural and remote regions, particularly whether they have adequate access to VA health care and services. The emergence of VA telemedicine holds promise to extend VA services beyond major VA medical centers. The committee will examine the role of telemedicine in VA's efforts in rural care. Also, VA has promoted improved access

through its community-based clinics, primary care outlets now numbering in the hundreds. The committee will explore geographic distribution of these clinics to determine if VA has adequately responded to rural veterans' needs, including investigation of the availability of mental health services in rural clinics.

20. Women Veterans' Programs. An Advisory Committee on Women Veterans was established in 1983 under Public Law 98-160 to assess the health care, outreach, and benefits needs of women veterans and make recommendations to the Secretary of Veterans Affairs and Congress. VA medical centers have been mandated to designate women veterans' coordinators, in addition to providing specialized health services and outreach. The committee will continue to review VA policies and programs for women veterans.

21. Scarce Medical Specialty Contracting. The committee is concerned about medical specialty services obtained through government contracts. Some of these contracts are expensive compared to average costs for government-employed physicians. The committee will explore options for obtaining such physician specialty services in a cost-effective manner.

22. Personnel Legislation. Congress made significant changes in VA practitioner pay systems in Public Law 106-419, the Veterans Health Care Personnel and Benefits Act of 2000. The committee will examine VA's implementation of these changes and consider the need for additional legislation.

23. Prescription Drugs. The committee will examine VA's pharmaceutical program, including practices, costs and copayments for veterans, in order to assess the pharmaceutical services veterans receive.

24. Force Protection. The committee will continue to actively monitor DOD force protection practices and policies (especially those actions being taken by DOD in advance of military deployments overseas), and review measures taken by DOD to ensure VA will be able to appropriately identify and care for service-connected conditions of returning veterans in the event of war with Iraq. In addition, VA has announced it will double its research investment for Persian Gulf War Illnesses. The committee will continue to investigate issues linked to war-related illnesses and injuries.

25. The Deseret Test Center Project 112 and Shipboard Hazards and Defense Program. In the last session of the 107th Congress, the committee held a hearing to investigate potential health consequences to veterans involved in tests conducted through DOD's Deseret Test Center, known as Project 112, and Shipboard Hazards and Defense (SHAD). The committee will continue to monitor information from DOD and review whether active duty forces are being adequately protected and appropriately informed regarding their potential exposures.

26. Hepatitis C Programs. The committee will examine VA's response to the incidence of hepatitis C virus (HCV) infection among its patient population and the methods by which VA allocates and monitors funding for education, screening and treatment of HCV.

27. Medical Care Collection Fund/Medicare Remittance Advice. VA collects over \$680 million per year from third party insurers for medical care provided to veterans with health care insurance. The committee will examine what progress has been made by the VA since the September 20, 2001, hearing on this issue. The committee will review improvements in collection procedures, cost of collections, cost of care provided to veterans, and outsourcing initiatives.

28. Fugitive Felon Program. Prior to 2002, veterans and dependents wanted by United States law enforcement authorities for committing felony criminal acts were eligible to receive VA benefits while fleeing from justice. Based on a legislative proposal presented by the VA Inspector General, the 107th Congress enacted Public Law 107-103, prohibiting specified VA benefits to be paid or provided to fugitive felons and dependents. The committee will review the implementation of this program.

29. Cemetery Standards of Appearance. The committee will examine what steps the National Cemetery Administration should take to ensure the appearance of the cemeteries it maintains meets the standards defined in the Logistics Management

Institute's 2002 report, Cemetery Standards of Appearance.

30. National Personnel Records Center. The National Personnel Records Center (NPRC) is responsible for maintaining the official military personnel records of discharged members of the Armed Forces. The committee will examine NPRC's external role in VBA's processing of veterans claims and what improvements are needed to ensure timely retrieval of records.

31. Hearing on VA's Biomedical Research Program. The committee will review VA research developments, with a particular focus on Parkinson's disease, Alzheimer's disease and diabetes research.

32. VA Research. The committee will examine the relationship between the Office of Research Compliance and Assurance (ORCA) and the Office of Research and Development. The committee will also conduct a follow-up review of ORCA's report on the accreditation of human subject protections, and related issues including the indirect costs associated with the National Institute of Health (NIH) research at VA. The committee will examine the impact of VA coverage of all indirect costs associated with research on VA healthcare.

33. VA Information Technology Programs. The committee will continue its oversight of VA's IT programs to review progress being made with implementation of its integrated enterprise architecture plan and efforts to improve its internal and external cyber security.

34. Nursing Shortages. VA continues to have a difficult time retaining and recruiting registered nurses. The committee will examine short-term and long-term implications of this nationwide problem and what actions VA should take to address this nursing shortage.

35. VHA's 4th Mission, Preparedness and Capacity. The events of September 11th, 2001, raised the national awareness of the role of the Federal Government in times of emergency or disaster. The committee will review VA's role and responsibilities in emergency and disaster response.

36. VA Contract Nursing Home Safety. The various states have differing standards for inspecting nursing homes. The committee will review VA's role in oversight of nursing homes with VA contracts.

37. Prioritization of Veterans Health Care. VA has established a new "Category 8" classification for veterans who have higher incomes and do not suffer from military service related disabilities or health problems. In 2002, over half the 830,000 veterans who enrolled for VA health care were classified as Category 8. The committee will examine the effect that Category 8 veterans have on VA's budget and health care delivery.

38. VA Physicians' Duty Assignments and Timekeeping. The VA Inspector General's Combined Assessment Program Reviews have cited the need for VA medical centers to do a better job of monitoring their part-time physicians who hold a joint appointment with the VA and an affiliated university. The committee will examine VHA physician accountability.

39. VA Senior Executive Service Bonuses. The committee will examine VA's bonus practices for its Senior Executive Service employees. The committee will review GAO's September 2002 report, Results-Oriented Cultures, Using Balanced Expectations to Manage Senior Executive Performance (GAO-02-966), which used VBA as a case study. The examination will focus on discrepancies between rewards and performance.

40. VA Sourcing Decisions. The President's Management Agenda encourages government agencies to outsource work that can be accomplished commercially. The committee will hold a hearing to examine VA's efforts to comply with this goal.

41. Veterans Preference/VETS-100 Report. The Department of Labor's Office of the Assistant Secretary for Policy (OASP) and Veterans' Employment and Training Service (VETS) developed a system designed to help veterans determine the type of Federal

employment preferences to which they are entitled, the benefits associated with the preferences and the steps necessary to file a complaint due to the failure of a Federal agency to provide those benefits. The committee will review the enforcement of the veterans' preference laws by the Department of Labor. The committee will also review the VETS-100 Report, which companies must file showing the number of targeted veterans in their work force by job category, hiring location and number of new hires. The committee will evaluate the VETS-100 report to determine employer compliance with veterans preference laws.

42. The Civilian Health and Medical Program of the Department of Veterans Affairs. There are approximately 160,000 Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) beneficiaries who generate over 1.7 million medical claims. Annual program expenditures are approximately \$160 million, with claims totaling around \$145 million. The committee will review the effectiveness of program management controls for duplicate claims payments, eligibility verification, and recovery for fraudulent claims payments. The committee will also review how the recently authorized CHAMPVA for Life program is being implemented.

43. Controlled Substances Security. The VA IG's Combined Assessment Program Reviews have consistently cited material weaknesses in VA medical center security for controlled substances. Weak security increases the potential for waste, fraud, abuse, and drug diversion. The committee will examine VA efforts to address this issue.

44. The Uniformed Services Employment and Reemployment Rights Act. Under the Uniformed Services Employment and Reemployment Rights Act (USERRA), reserve component service members called up active duty have the right to return to their employment upon leaving active duty. In light of the current mobilizations of the reserve components, the committee will examine the effectiveness of USERRA for returning service members.

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