



Talking Points 2015 Mid-Winter Conference

- 1. Women Veterans**
- 2. Comprehensive Caregiver Support**
- 3. Fiscal Year 2016 VA Budget**
- 4. Fully Developed Appeals**



TALKING POINT: WOMEN VETERANS

The Situation

- Today, women are a significant force in the U.S. military. They make up 20% of new recruits, are 15% of the 1.4 million personnel serving on active duty, and 18% of the National Guard and reserve forces.
- The roles of women in the military have changed; they routinely serve in occupations that put them in harm's way and combat—resulting in trauma, injury, and war-related environmental exposures.
- The number of women using VA health care services nearly doubled in the past decade (an 80 percent increase) and VA has struggled to provide consistent access to the full range of gender-sensitive benefits and services to meet their needs.
- In late 2014, DAV released a comprehensive report, *Women Veterans: The Long Journey Home*, which examined existing federal programs versus the transition needs of women service members and veterans.

The Challenge

- Current wartime deployments have resulted in unique transition and reintegration challenges for women.
- Gaps in federal services exist for women across the landscape of current federal programs including health care, mental health readjustment services for combat related trauma and sexual assault, homeless services, housing options, employment opportunities and community support services.
- Existing programs are not sensitive to the needs of women veterans or equal in performance and outcomes to the services furnished to men.
- The military and veterans' culture is not perceived by women as welcoming and does not afford them equal consideration.

The Solution

- Congress and VA should support the recommendations in DAV's report—*Women Veterans: The Long Journey Home*.
- Gaps in federal programs must be evaluated and appropriately modified to ensure they meet the unique needs of women veterans and promote their successful transition to civilian life.
- Congress should conduct oversight, hold hearings and provide the necessary resources to improve programs and services for women service members and veterans.
- Congress should enact S. 471, the Women Veterans Access to Quality Care Act, introduced by Senators Heller and Murray.

TALKING POINT: COMPREHENSIVE CAREGIVER SUPPORT

The Situation

- In 2010, Congress enacted Public Law 111-163, requiring the Department of Veterans Affairs (VA) to provide comprehensive caregiver support to family caregivers of veterans severely injured on or after September 11, 2001.
- Access to VA's comprehensive caregiver support program is being denied to severely disabled veterans injured before September 11, 2001, irrespective of when their illnesses occurred.
- Without comprehensive caregiver support, many family caregivers of severely disabled veterans are unable to continue in their role. Although most family caregivers continue to willingly dedicate themselves to this role, to sustain their efforts they need the comprehensive support provided in VA's comprehensive program.
- Wounded, ill and injured veterans of all eras of service have made incredible sacrifices, and all family members who care for them are equally deserving of our recognition and support.

The Challenge

- There is a cost to providing access to VA's Caregiver Support Program. However, it costs less to provide comprehensive caregiver support than it does to provide nursing home or other institutional care.
- According a VA report to Congress, the average cost per veteran per year in the comprehensive program is \$36,770. However, this costs far less than the \$332,756 VA spent on average per veteran per year in a VA nursing home; the \$88,571 spent on average in a community nursing home, or the \$45,085 in VA per diem payments in a State Veterans Home.
- In addition to preventing unwanted and more costly nursing home admissions, caregivers reduce overall health care costs by minimizing medical complications and lowering the number of hospital admissions.
- Fixing the access problem would give severely ill and injured veterans a choice they earned and deserve to remain in their own homes, rather than in institutions, and preserve their quality of life at lower cost to taxpayers.

The Solution

- Congress must enact legislation to provide all severely ill and injured veterans access to comprehensive VA caregiver support services.

TALKING POINT: FISCAL YEAR 2016 VA BUDGET

The Situation

- The Department of Veterans Affairs (VA) delivers benefits and services to over 10 million veterans, their dependents and survivors.
- VA programs have been underfunded for decades. Underfunding has led to unmet demands and lowered expectations by those that rely on timely and efficient delivery of services for their benefits or care.
- The Veterans Health Care Administration budget request seeks to hire over 10,000 new staff, the Veterans Benefits Administration budget request seeks to hire an additional 770 new staff, well short of the *Independent Budget* recommendation and fails to request staffing increases for the Board of Veterans Appeals and Vocational Rehabilitation and Employment services.
- The drawdown of forces due to Department of Defense sequestration, coupled with the end of the wars in Iraq and Afghanistan will result in approximately one million service members separating from the military over the next few years.
- Demand for VA benefits and services is growing. As more service members leave the military and transition to civilian life, VA expects these veterans, dependents and survivors will also seek to utilize VA services and benefits.

The Challenge

- With increased demand placed upon the entire VA system, the budget must be sufficient to enable VA to keep pace with current and future demand.
- DAV and our *Independent Budget* partners recognize that hiring additional staff is not the only way to fix the problem. However, personnel do in fact play a big part in the overall solution. A reliable staffing model is needed to anticipate what the true needs are now and in the future, including reasonable efficiencies that can be gained through information technology.

The Solution

For FY 2016, DAV calls for the following:

- **Medical Care:** \$63.3 billion for FY 2016
- **Benefits processing:** \$2.8 billion—approximately \$300 million more than the FY 2015 appropriated level;
- **Board of Veterans Appeals:** \$118 million—\$19 million more than appropriated for FY 2015 and \$10 million more than the FY 2016 budget request;
- **Major and Minor Construction:** \$2.5 billion for construction, \$1 billion more than requested by the Administration and \$1.5 billion more than the FY 2015 appropriation; and

TALKING POINT: FULLY DEVELOPED APPEALS

The Situation

- For the past four years, the Department of Veterans Affairs (VA) has focused on a 2015 target goal of zero claims pending more than 125 days at 98 percent accuracy. With such emphasis placed on eliminating the backlog, work on processing appeals at VA's Regional Offices (ROs) has been a lower priority, leading to a growing backlog of appeals.
- As of January 22, 2015, over 350,000 appeals were pending before the VA; the vast majority of these are at various processing stages with the ROs and roughly 65,000 of these appeals are within the jurisdiction of the Board of Veterans Appeals (Board).
- The average time for processing an appeal from when a veteran files a Notice of Disagreement to the time a decision is received from the Board can now require from two to five years; multiple remands can require years before resolution.

The Challenge

- Historically, about 11 percent of all VA rating decisions are appealed. If this trend continues, based on VBA's projection to produce over 1.4 million rating decisions annually, 150,000 or more appeals could be filed this year and more in future years.
- About half of all appeals go to the Board for review; some are considered and allowed within local ROs by Decision Review Officers (DROs) who conduct *de novo* reviews and are authorized to overturn rating decisions when warranted by the facts and evidence. However, if a DRO decision is not favorable, claimants may continue appealing to the Board.
- Veterans should gain additional options to speed their appeals to the Board without waiting years for VBA to prepare and process their appeals. However, any new approaches must carefully balance and protect the due process rights of veterans and ensure accurate decisions.

The Solution

- DAV and other VSOs worked with VBA and the Board to develop a proposed Fully Developed Appeal (FDA) pilot program to allow veterans to bypass several preparation and processing steps in exchange for faster appeals decisions. Veterans would retain the ability to submit additional evidence, along with any arguments in support of their appeals, at the time they voluntarily elected to enter the FDA program.
- Veterans who make the voluntary decision to enter the FDA program would retain the right to opt out of the selection at any time, thereby preserving their rights under the standard appeal method.
- The FDA is modeled on the existing and highly successful Fully Developed Claims program that allows veterans to take on the responsibility for gathering their private evidence in exchange for faster rating decisions.
- Congress should pass new legislation that authorizes an FDA pilot program. H.R. 800, the Express Appeals Act, was introduced in the House and embodies much of this proposal.