



# OPERATION: **KEEP THE PROMISE**

**DAV** | 2017

## **DAV's Critical Policy Goals for 2017**

1. Support Sufficient Funding for Veterans Benefits and Health Care
2. Strengthen, Reform and Sustain the VA Health Care System
3. Enact Legislation to Reform the Department of Veterans Affairs Appeals Process - **Passed by Congress August 11, 2017**
4. Enact Legislation to Ensure Support for Caregivers of Veterans of All Eras
5. Women Veterans Deserve Improved Services and Recognition of Their Military Service

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DAV empowers veterans to lead high-quality lives with respect and dignity. It is dedicated to a single purpose: fulfilling our promises to the men and women who served. DAV does this by ensuring that veterans and their families can access the full range of benefits available to them; assisting them with employment; fighting for the interests of America's injured heroes on Capitol Hill; and educating the public about the great sacrifices and needs of veterans transitioning back to civilian life. DAV, a non-profit organization with 1.3 million members, was founded in 1920 and chartered by the U.S. Congress in 1932.

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## Support Sufficient Funding for Veterans Benefits and Health Care

The Administration delivered a budget plan for fiscal year (FY) 2018 (which begins October 1, 2017) and FY 2019 advanced appropriations that was below the levels proposed by DAV and the co-authors of the Independent Budget (IB) group (VFW and PVA) for most of the major accounts funding Department of Veterans Affairs (VA) programs.

For **medical care** the Administration proposed \$75.8 billion while the IB estimated that approximately \$76.9 billion would be necessary—a shortfall of \$1.1 billion.

For FY 19 **advanced appropriations for medical care**, the IB recommended \$82.8 billion compared to the Administration's proposal of \$77.5 billion—a \$5.3 billion shortfall.

For **medical and prosthetic research** the IB recommended \$778 million for FY 2018, \$138 million more than the Administration proposal. The IB's recommendation included \$65 million for the critical Million Veteran Program, a genetic repository research program focused on veterans' health.

To maintain VA's physical infrastructure, the IB recommended an investment of \$2.5 billion for **construction programs** in FY 18, more than doubling the \$990 million request of the Administration. The IB recommendation would allow VA to fund its top five major construction projects, update its aging research infrastructure and put VA on track to close all identified minor construction gaps within the next decade. The Administration also failed to provide adequate funding for 27 major leases which will impact veterans' access to care.

For the **Veterans Benefits Administration (VBA)**, the IB recommended \$3.1 billion for FY 18, which would support 1750 new employees to address appeals processing and further reduce the claims backlog. In addition, the IB recommended that VA's Vocational Rehabilitation and Employment (VR&E) service add an additional 266 new employees to achieve the 1:125 counselor-to-client ratio goal that was established last year as part of Public Law 114-223.

The Administration's budget plan also included two highly controversial proposals that would negatively impact service disabled veterans and their families. The first proposal would eliminate eligibility for Individual Unemployability benefits for service-connected veterans at age 62 or older. The second proposal calls for rounding down cost-of-living (COLA) increases for veterans' disability compensation payments over the next ten years. The DAV strongly opposed both of these proposals.

Additionally, VA acknowledged that the current year FY 2017 budget does not have sufficient funds to pay for care that will be provided under the Choice program through the end of this fiscal year (October 1st) and has requested \$4.3 billion in emergency funding to pay for the program this year and through the end for FY 2018. While we support funding to continue the temporary Choice program, Congress must provide an equal funding investment to modernize the veterans' health care system and expand capacity at the VA so that veterans who choose to use VA have that option. Congress must address these gaps to ensure that all enrolled veterans have timely access to health care.

- **Congress must provide sufficient funding to meet the significantly increased demand for care in VA and through the Choice program**

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## Strengthen, Reform and Sustain the VA Health Care System

Over the past three years, there has been a vigorous national debate about how best to provide timely, high-quality, comprehensive and veteran-focused health care to our nation's veterans. There have been dozens of Congressional hearings, multiple internal reviews, numerous media investigations, enactment of the temporary "choice" program, an independent assessment, and finally, a comprehensive report with recommendations from the Congressionally-mandated Commission on Care.

Despite myriad perspectives from the individuals and organizations engaged in this debate, by the end of 2016, virtually all the major stakeholders had coalesced around a common long-term solution. All agreed that the best way to transform veterans' health care is by creating a high-performing, integrated health care network comprised of VA, military, and other federally funded providers, and highly qualified community providers, with VA serving as the coordinator and primary provider of care.

This approach was proposed by DAV and the co-authors of *The Independent Budget* (VFW and PVA) as part of our Framework for Veterans Health Care Reform; by VA in its plan to consolidate a variety of convoluted and burdensome non-VA care programs, including the "choice" program; and by the Congressionally mandated and independent Commission on Care in its final report and recommendations.

However, despite remarkably broad agreement, some politicians and political organizations continue to promote proposals offering veterans an unlimited private sector "choice" option, regardless of the costs or potential consequences. Unfortunately, the frequent use of the term "choice"—without any clear definition or specifics—has added to the complexity and confusion of this debate.

The facts:

- Some argue that "choice" would allow veterans to select their own doctors, but since many doctors don't accept "choice" payment rates, it could leave many veterans without any qualified physicians.
- Others claim "choice" will lead to better quality health care; however, independent studies by Rand Corporation and other experts have consistently shown that VA already provides equal or better care than the private sector and that "choice" actually leads to more fragmented care, which correlates with worse health outcomes.
- Some say that "choice" will increase access, but for millions of veterans the opposite would be true. If "choice" were significantly expanded, moving more veterans out to the private sector, VA would likely be forced to close a significant number of facilities and curtail medical services—resulting in less access and less "choice" for millions of veterans who rely on VA.

Economists from the Commission on Care estimated that among its recommended options, a plan for a limited expansion of "choice" would increase VA spending by a least \$5 billion in the first year and as high as \$35 billion each year. An unfettered open "choice" plan could cost up to \$2 trillion above baseline projections over ten years. Clearly, this kind of "choice" would have enormous costs and consequences for veterans and the VA health care system.

- **Congress and the new Administration, working closely with VSO stakeholders, should move forward with developing a high performing VA health care network comprised of both VA, other federal and community providers to create seamless health care access for enrolled veterans with VA as the guarantor, coordinator and primary provider of care for ill and injured veterans.**

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## **Enact Legislation to Reform the Department of Veterans Affairs Appeals Process**

Over the past few years, the Department of Veterans Affairs (VA) Veterans Benefits Administration (VBA) has undergone significant transformation to modernize the benefit claims process. In March of 2013 there was a backlog of 611,000 claims pending more than 125 days; today that backlog has been reduced to less than 100,000.

However, due to VBA's concentrated efforts to reduce the disability compensation claims backlog, the processing of appeals of claims was considered a lesser priority, resulting in a growing backlog of pending appeals. As of June 30, 2017, there were over 470,000 appeals pending, roughly 320,000 within VBA's jurisdiction and approximately 150,000 within the jurisdiction of the Board of Veterans' Appeals (Board). An appeal to the Board today takes almost six years on average for final resolution.

Without commensurate resources, emphasis and urgency directed toward appeals processing at both VBA and the Board, veterans will continue to experience excessive delays for decisions while the appeals backlog continues to grow. Currently, veterans who choose to appeal VBA decisions must follow a process that begins at the local VA regional offices, where most of the processing delays take place. Further resolution can be pursued before the Board when a local VA regional office decision remains unfavorable; however, the Board also faces serious processing delays due to its workload and resource mismatch.

In 2016, DAV joined with VBA, the Board and other stakeholders to develop a new framework to reform and modernize how VA processes appeals. The key to the new appeals system is that claimants would have the opportunity to select one of several appeal options at VBA and the Board, including filing supplemental claims, seeking higher level review of VBA claims decisions and filing formal appeals directly to the Board. Throughout this process, claimants would have the ability to request hearings and submit evidence, protect their earliest effective dates, and have all of their due process rights protected.

Legislation was drafted and introduced in the 114<sup>th</sup> Congress to reflect this framework; however, it did not receive final approval prior to adjournment at the end of last year. Bipartisan legislation was reintroduced in both the House and the Senate in the 115<sup>th</sup> Congress and is now moving its way through both bodies. In addition to gaining final approval for appeals modernization legislation, Congress must ensure that adequate resources are provided throughout the implementation and operation of this new system, particularly to resolve the backlog of legacy appeals, as well as provide regular oversight to monitor and measure VA's progress so these reforms achieve their intended purpose.

**We urge Congress to enact legislation this year that would modernize the Department of Veterans Affairs' appeals process.**

- **H.R. 2288, the Veterans Appeals Improvement and Modernization Act of 2017**
- **S. 1024, Veterans Appeals Improvement and Modernization Act of 2017**

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## Enact Legislation to Ensure Support for Caregivers of Veterans of All Eras

Congress enacted the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111-163) in recognition of family caregivers who sacrifice their own personal health and well-being caring for and improving the lives of severely ill and injured veterans. Caregivers help reduce hospital readmissions and significantly delay institutionalization for many veterans, all of which decreases overall health care costs that would otherwise be borne by the government.

Public Law 111-163 requires the Department of Veterans Affairs (VA) to provide comprehensive caregiver assistance and services to family caregivers of severely injured veterans. DAV was instrumental in ensuring caregiver support services include education and training, respite care, mental health services, a monthly stipend, and access to health care coverage through CHAMPVA. However; due to cost, Congress limited participation in VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) to veterans injured on or after September 11, 2001 with the promise to expand eligibility to other seriously disabled veterans in the future.

Preliminary findings from a comprehensive evaluation of PCAFC suggest caregivers in the program are more confident and better prepared in their role and note that the stipend helps to reduce the financial strain of caregiving. Equally important, the evaluation indicates increased use of health care services by veterans participating in PCAFC, which could lead to better health outcomes.

Despite these findings, countless caregivers of seriously disabled veterans are still not eligible to participate in VA's programs because of an arbitrary delimiting date. DAV's 2017 report, *Unsung Heroes: Challenges and Inequities Facing Veteran Caregivers*, found that the vast majority of those surveyed were not receiving caregiver support or assistance from VA. Specifically, 88 percent reported they had not received any caregiver education; 93 percent were not provided respite care; nearly 89 percent received no direct financial support from the government, 91 percent reported not receiving home health aide services, and close to 97 percent were not provided any medical training.

After a lifetime of caregiving, many family caregivers are aging and their ability to continue in their role is declining. Though most family caregivers continue to willingly undertake this role, many require supports and services today to mitigate the negative physical, emotional, and financial consequences of caregiving. Legislation is pending in Congress that would expand eligibility for comprehensive caregiver support from VA.

**We urge Congress to enact legislation to authorize comprehensive supports, benefits, and services to family caregivers of severely ill and injured veterans of all eras.**

- **S.591/H.R. 1472, Military and Veteran Caregiver Services Improvement Act of 2017**
- **H.R. 1802, CARE for All Veterans Act**

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## **Women Veterans Deserve Improved Services and Recognition of Their Military Service**

Over the past decade, the number of women serving in the military has continued to rapidly increase and the roles of women in the military have dramatically changed. Women are now eligible to serve in all military occupations, giving way to increased combat exposure and hazardous occupations, which can result in trauma and serious injuries. Over the past decade, 300,000 women veterans have served in Iraq and Afghanistan—166 have made the ultimate sacrifice, and more than a thousand have been wounded in action. Current wartime deployments and the recent integration of women into all military occupations have resulted in new transition and reintegration challenges for this growing population.

To address these challenges, DAV released a special report that examined the evolving transition needs of women veterans. The report—*Women Veterans: The Long Journey Home*, found serious gaps for women in federal programs designed to aid their transition and reintegration back into civilian life and includes comprehensive recommendations to correct long-standing problems beginning with a recommendation for culture change that fully recognizes women’s contributions during military service. The report noted that following deployment many women veterans feel isolated and believed their wartime experience was not acknowledged or understood by family members or the public. The report also found significant differences in the way women and men experience post-deployment reintegration challenges. Women veterans with families reported difficulty in reconnecting with their children and returning to the role of mother and family caretaker following deployment.

Women veterans are also turning to VA for health care in record numbers. Between 2003 and 2012, the number of women enrolling for VA health care services saw an 80 percent increase, an upward trend that continues today. Additionally, according to VA, 57 percent of women veteran patients have a service-connected disability and research indicates there are higher rates of homelessness and suicide among women veterans relative to non-veteran women.

The rapid increase in the number of women, including younger women veterans who are of child-bearing age, has challenged VA in providing timely access to comprehensive sex-specific primary care services at all facilities, further compounded by a shortage of primary care providers with expertise in women’s health. A recent Government Accountability Office report (GAO-17-52) found that about 18 percent of VA facilities providing primary care lacked a women’s health primary care provider—VA acknowledged a shortage of at least 675 women’s primary care health providers nationwide. GAO also found issues with environment of care standards that assure women’s privacy, safety and dignity in VA health care treatment settings.

VA must dedicate the necessary resources to modify existing programs and services to meet the unique needs of women veterans, fix existing privacy and safety deficiencies in VA facilities and recruit or train providers to ensure they have expertise in women’s health.

**Congress should enact legislation to ensure all women veterans coming to VA for care are treated with dignity and respect and have timely access to comprehensive quality health care services and programs that meet their unique health care needs.**

- **H.R. 91, Building Supportive Networks for Women Veterans Act**
- **H.R. 93, A bill to improve access to gender-specific care for women**
- **H.R. 95, Veterans Access to Child Care Act**
- **S. 681/ H.R. 2452, Deborah Sampson Act**
- **S. 804, Women Veterans Access to Quality Care Act of 2017**
- **S. 970/ H.R. 907, Newborn Care Improvement Act of 2017**
- **S. 1111 Violence Against Women Veterans Act**



# BY THE NUMBERS



Nearly 1.3 million members organized into more than 1,200 local chapters and 52 departments, including Puerto Rico



4,200+ total DAV service officers



More than 1 million veterans who trust DAV with their Power of Attorney (POA) to represent them for benefits claims



With the assistance of DAV, service members, veterans and their families received nearly 4.01 billion in retroactive and annual benefits in 2016



More than 11.1 million claims submitted by DAV since being chartered by Congress in 1932, resulting in over \$95.8 billion in benefits for veterans and their survivors



Nearly 13,000 DAV and DAV Auxiliary volunteers in VA hospitals and clinics donating nearly 1.6 million hours to help ill and injured veterans



673,000+ no cost rides for ill and injured veterans to VA medical facilities provided by DAV's Transportation Network of volunteer drivers in 2016



120 vehicles with a value of nearly \$3.5 million donated to VA in 2016 for transporting veterans to appointments



61 veterans job fairs in 2016 hosted by DAV and RecruitMilitary in nearly 40 cities, creating job opportunities for more than 22,000 active duty, Guard and reserve members, veterans and their spouses who attended