2016 Mid-Winter Conference

BENEFITS PROTECTION TEAM WORKSHOP

February 21, 2016
Welcome!

Benefits Protection Team Workshop

DAV
FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED
Benefits Protection Team Workshop

DAV Interim Legislative Committee
The Year Ahead

- DAV Key Legislative Priorities for 2016
  - Reform the VA Health Care System
  - Comprehensive Caregiver Support for Veterans of All Eras
  - Fully Developed Appeals Pilot Program
  - Enhance Services for Women Veterans
  - Adequate Funding for VA Services
114th Congress - 2nd Session

- 110 Congressional Working Days
- Presidential Election Year
- Highly Politicized Time
- Increased Attention on VA
- Bad Proposals for VA Health Care Reform

OVERVIEW

DAV
FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED
Ideas to Reform the VA System

- MyVA
  - Veteran-Centric Care – Improve Veteran Experience and Access

- Choice Act Independent Assessment

- Commission on Care
  - June 2016 Report to President

- DAV and IB Reform Plan

- Bad Proposals and Setting the Record Straight
New Grassroots Initiative

Join the Team
Preserving Our Benefits Begins with YOU!
Benefit Protection Team Leaders

- New Grassroots Initiative
- Every Department Appoints a BPTL
- Goal: Energize & Engage Local Member Base
- Make Our Voices Heard Nationwide!
Benefit Protection Team Leaders

- No Prior Legislative Experience Needed
- Develop a Local Network/Team Members
- Share DAV’s Message with Elected Officials and the Public
- **Top Priority:** Protect, Reform and Strengthen the VA Health Care System
How to Get Information on the Program
Access Toolkit: www.dav.org/grassroots
Join Your Local Benefit Protection Team

- We Need Your Help

Join the GRASSROOTS Movement

- https://www.dav.org/can/
Setting the Record Straight on Veterans Health Care Reform

Peter Dickinson
Senior Executive Advisor
Dramatic Years for VA Health Care

2014
• Waiting List Scandal & Access Crisis
• Changes in VA Leadership
• Congress Passes “Choice” Act

2015
• Implementation & Problems with “Choice”
• VA Health Care Reform Debate Begins

2016
• New “Choice” or VA Reform Legislation???
What Caused Access Crisis

You can't know where you're going, until you know where you've been.

-- Old English Proverb
2003 “Mismatch” of Funding

Presidential Task Force (PTF)

• “As of January 2003, at least 236,000 veterans were on a waiting list of six months or more for a first appointment or an initial follow-up – a clear indication of lack of sufficient capacity or, at a minimum, a lack of adequate resources to provide required care.”

• PTF concluded that there was a “mismatch in VA between demand for access and available funding...”
2015 “Misalignment” of Funding

Independent Assessment Findings

• “misalignment of demand with available resources” (page xiii, Integrated Report)

• “...increases in both resources and the productivity of resources will be necessary to meet increases in demand for health care over the next five years” page B-3)

• “....barriers which limit provider productivity... include: A shortage of examination rooms and poor configuration of space... [and]... insufficient clinical and administrative support staff ratios...” (page G-2)
VA Infrastructure Badly Underfunded

• “The capital requirement for VHA to maintain facilities and meet projected growth needs over the next decade is two to three times higher than anticipated funding levels, and the gap between capital need and resources could continue to widen.” (page K-1, Integrated Report)

• Estimated gap is $26 to $36 billion over the next decade
Problem is Access, Not Quality

- The independent assessment done by RAND Corp. confirmed what we and independent experts have said for years: when veterans get access to VA care, the quality is high.

- According to RAND, VA health care performed the same or significantly better than private care on 12 of 14 measures.

- Now we need to build upon VA’s strengths, including unparalleled expertise treating the unique conditions of ill and injured veterans, while working to fix systemic problems hindering the delivery of timely care.
Current “Choice” Program

• Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146) (“Choice Act”)

• Choice Program Authorized for 3 years, Appropriated $10 billion
  - Choice program expires when funds run out

• Generally for veterans who live 40+ miles or who would have to wait 30+ days for appointments
  - All veterans issued “choice” cards

• “Third Party Administrators” (TPAs)
  - TriWest & Health Net
Problems with “Choice” Program

- Law provided short implementation timeframe
- Confusion about who is eligible and how to refer
- Veterans billed by private providers
- Breakdown in coordination of care
- Delays in scheduling
Commission on Care was created by VACAA to examine strategically how best to:

- Organize Veterans Health Administration (VHA)
- Locate health care resources
- Deliver health care to veterans next 20 years

- 15 members appointed by President and Leaders of Senate and House
- Recommendations due June 30, 2016
DAV Plan to Reform VA Health Care

National Obligation and Principles

• Our Nation has a sacred obligation to make whole the men and women injured or made ill as a result of their military service to the United States.

• It’s the federal government’s responsibility to ensure veterans have access to a full array of benefits, services and supports promised to them by a grateful Nation.

• America’s veterans have earned & deserve High-Quality, Accessible, Comprehensive, and Veteran-Centric health care to meet their unique circumstances and needs.
DAV Plan to Reform VA Health Care

Critical Attributes of a Veterans Health Care System

**High-Quality** - World Class, State-of-the-Art, Safe, Effective, Coordinated Care, Patient-Centered

**Accessible** - Clinically-Indicated Timeframes, Reasonable Travel Distances, Convenient and Appropriate Locations

**Comprehensive** - Full Continuum of Care (Primary, Specialty, Urgent, Emergency), Preventative, Holistic (Physical-Mental-Emotional-Social)

**Veteran-Centric** - Foremost expertise military/veterans health, accommodating veterans culture, connected to other services and supports, and aligns with the interests and desires of veterans
Pillars of Veterans Health Care Reform

I. **RESTRUCTURE**, consolidate and integrate non-VA community care programs

II. **REALIGN** VA’s health care services to increase access to care for all enrolled veterans

III. **REBUILD** VA’s internal capacity to provide timely, comprehensive, high-quality care

IV. **REFORM** VA’s management and culture with transparency and real accountability
I. RESTRUCTURE

VA needs to **restructure** & consolidate non-VA care programs then fully integrate them into VA health care system to create seamless **local networks** of care for veterans.

- **Ensure that VA remains accountable for the health care of all enrolled veterans, whether delivered by VA or non-VA providers in the network.**

- **Sustain VA as the primary provider of care for core competencies, such as primary and mental health care, and specialized services, such as prosthetics, TBI, blindness and spinal cord injury.**

- **Non-VA community care in the network must be coordinated by VA to ensure the best possible health outcomes for veterans.**
II. REALIGN

VA needs to **realign** its health care services to increase access to care for all enrolled veterans.

- **Add Urgent Care services to expand access to immediate care whenever needed**

- **Expand web-based and tele-medicine options**

- **Give veterans the ability to self-schedule appointments through web and app-based programs**

- **Eliminate barriers and expand services for women veterans**
III. REBUILD

VA needs to rebuild its internal capacity to provide timely, comprehensive, high-quality care

- *Hire enough doctors, nurses and specialists to meet demand for services*

- *Maintain, expand and locate medical facilities to serve veterans where they live, increasing the use of public-private partnerships to finance future infrastructure*

- *Strengthen VA research programs to prepare for veterans’ future health care needs.*
IV. REFORM

VA needs to **reform** its management and culture with transparency and real accountability

- **Implement new strategic planning and budgeting processes that tie future plans and programs to multi-year funding requirements, and then tracks outcomes.**

- **Establish new accountability standards for VA leaders and employees that are focused on veteran-centric outcomes, not management inputs.**

- **Modernize and streamline VA’s hiring and human resources policies to more effectively compete with the private sector in hiring and retention of the best employees**
As required by Public Law 114-41, VA proposed its plan to consolidate purchased care programs:

**New Veterans Choice Plan**

- Consolidates 7 existing non-VA care programs
- Creates a high-performing network comprised of:
  - VA health care
  - Other federal providers (DOD, IHS, HHS)
  - Academic affiliates
  - Best private providers
VA’s Proposes New Reform Plan

• VA provides coordination of care for veterans
• VA provides direct care in core competencies
  ▪ Primary care
  ▪ Mental health care
  ▪ Many specialty care areas, including
    ▪ Polytrauma
    ▪ PTSD & TBI
    ▪ Amputations & Prosthetics
    ▪ Vision and Hearing Loss
    ▪ Burns and other combat injuries
• Create a new urgent care benefit for veterans
Misinformation and False Narratives

- VA’s quality is worse than the private sector
- The private sector has more than enough capacity and expertise to treat all veterans
- The private sector is less expensive
- Choice will eliminate red tape and bureaucracy
Private sector health care is NOT better

"Your x-ray showed a broken rib, but we fixed it with Photoshop."
Private doctors and hospitals make as many or more errors

"It's just a precaution, there were a lot of fiddly bits left over at the end of the operation."
NOT enough capacity in the private sector to solve access problems

“This is the pre-pre-pre-waiting room, sir. You have 3 other waiting rooms to wait in before you see the doctor...if it isn’t too late in the day.”
Private sector health care also has physician and nursing shortages
Making VA an insurance program will require new and complex rules.

“Alternative operation method adequate to my health insurance...” What exactly does that mean?
Forcing veterans into the private sector will increase costs on many veterans.

“If it’s an expensive surgery, we now implant a GPS tracking device for the hospital’s collections department.”
Private sector centered around maximizing revenues and profits
For every complex problem there is an answer that is clear, simple, and wrong.

H. L. Mencken
On Veterans Health Care
Setting the Record Straight

Why is reducing the VA to “Centers of Excellence” a bad idea?
Reducing VA to just “Centers of Excellence” will shrink the number of VA medical centers and clinics, putting them farther apart and primarily in urban areas. That means hundreds of thousands of disabled veterans who rely on the VA for their care would be forced to travel farther or wait longer for care.

• Instead of downsizing VA’s mission to address access problems, expand access and improve timeliness by creating a nationwide system of urgent care for veterans and expanding telemedicine and web-based health services.
Setting the Record Straight

WHY IS JUST GIVING VETERANS HEALTH CARE VOUCHERS A BAD IDEA?

SETTING THE RECORD STRAIGHT
Setting the Record Straight

Giving veterans **Plastic Cards or Vouchers** to go buy health care in the private sector assumes that private providers are both able to absorb, and have the expertise to take on the care of millions of veterans. They don’t.

- **Calling this proposal “choice” may make for a nice sound-bite, but too often this will leave veterans on their own without any real options to receive timely, quality care, particularly for rural veterans.**

- **The better way to empower veterans is by eliminating arbitrary access standards (30-day / 40-mile) and allow veterans and their doctors to decide when and where to get care, without bureaucrats in the middle.**
Setting the Record Straight

WHY IS HAVING THE VA TREAT ONLY SERVICE-RELATED OR COMBAT INJURIES A BAD IDEA?

SETTING THE RECORD STRAIGHT
Setting the Record Straight

**Only Treating Combat or Service-Related Injuries** to reduce the demand for care is completely contrary to best practices in medicine – treating the whole patient, not one illness at one clinic, another condition at another clinic. This will also fracture their care between VA and private providers, leading to less coordinated and lower quality care.

• *Don’t try to slash the number of veterans who can receive care from VA in order to lower costs*—instead ensure that VA resources are properly aligned with demand for necessary medical services, and are available whenever and wherever veterans need them.
Setting the Record Straight

Why is turning the VA into an insurance program a bad idea?
Setting the Record Straight

Turning the VA into an **Insurance Program** to pay for private sector care will just give veterans a new government bureaucracy to deal with, and get rid of all the expertise VA medical staff have regarding the unique needs of veterans.

• Better solution is to seamlessly integrate community care into the VA system to create veterans health care networks in every local market to provide a full continuum of care and create new, high-quality options for them to access their care.
Setting the Record Straight

WHY IS PRIVATIZING VA HEALTH CARE A BAD IDEA?

SETTING THE RECORD STRAIGHT
Setting the Record Straight

**Privatizing VA** will put management in the hands of an independent and unaccountable entity driven by corporate financial considerations, with little oversight by Congress or veterans themselves.

- **Instead, transfer VA’s nonmedical support services, like construction & facility maintenance, to the private sector.**

- **Allow VA to focus on its core mission of providing high-quality, accessible, comprehensive & veteran-centric care**

- **DAV’s Pulse Survey found that 87 percent of veterans believe the federal government should provide a health system dedicated to the needs of ill and injured veterans.**
What’s Ahead for 2016 and Beyond
Path for VA Reform Legislation

• VA working to develop and implement its new veterans choice plan

• Commission on Care report due June 30

• Congress working to develop legislation that would extend & modify current “choice” program

• Presidential candidates offering VA reform plans

• Some political groups pushing privatization
More Partisan Battles
More Gridlock

The only time Congress bothers to lift a finger...

It's all their fault!

It's all their fault!

Dave Granlund © www.davegranlund.com
Shortened Election Calendar

The only time Congress moves quickly...

Dave Granlund © www.davegranlund.com
2016 Election Campaigns
What's the difference between Congress and Hollywood?
What’s the difference between Congress and Hollywood?

Hollywood only had three stooges.
Setting the Record Straight on Veterans Health Care Reform
DAV Campaign: Equal Access to Comprehensive Caregiver Supports

2016 Mid-Winter Conference

Legislative Workshop
February 21, 2016
The Caregivers and Veterans Omnibus Health Services Act of 2010 is inequitable, restricts choice, and has higher cost.
Restricts choice and cost more

- Caregiver Program: $36,770/yr.
- State Veterans Home: $51,640/yr.
- Community Nursing Home: $103,656/yr.
- VA Nursing Home: $366,040/yr.
Key Legislative Priority

• Strong VSO Coalition includes: DAV, VFW, PVA, the American Legion, IAVA, VVA, BVA, ...

• DAV Caregiver Campaign Website

• Legislation Introduced
www.dav.org/caregiver/
Caregivers of Veterans

By the Numbers

Medical conditions of veterans with caregivers

<table>
<thead>
<tr>
<th>Condition</th>
<th>Pre-9/11</th>
<th>Post-9/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic condition</td>
<td>56%</td>
<td>63%</td>
</tr>
<tr>
<td>Neurological condition</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>Hearing/voice problem</td>
<td>14%</td>
<td>19%</td>
</tr>
<tr>
<td>Memory/learning disability</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>Traumatic brain injury</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Mental health/substance abuse</td>
<td>3%</td>
<td>2%</td>
</tr>
</tbody>
</table>

Activities of daily living performed by caregivers

<table>
<thead>
<tr>
<th>Activity</th>
<th>Pre-9/11</th>
<th>Post-9/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting into/out of chair</td>
<td>35%</td>
<td>38%</td>
</tr>
<tr>
<td>Dressing</td>
<td>65%</td>
<td>67%</td>
</tr>
<tr>
<td>Personal hygiene</td>
<td>76%</td>
<td>78%</td>
</tr>
<tr>
<td>Meal preparation</td>
<td>71%</td>
<td>73%</td>
</tr>
<tr>
<td>Shopping</td>
<td>72%</td>
<td>74%</td>
</tr>
<tr>
<td>Housework</td>
<td>96%</td>
<td>97%</td>
</tr>
<tr>
<td>Traveling</td>
<td>50%</td>
<td>53%</td>
</tr>
<tr>
<td>Handling money/finances</td>
<td>52%</td>
<td>55%</td>
</tr>
<tr>
<td>Transferring</td>
<td>75%</td>
<td>77%</td>
</tr>
<tr>
<td>Administering medications</td>
<td>52%</td>
<td>55%</td>
</tr>
<tr>
<td>Providing medical therapies</td>
<td>69%</td>
<td>71%</td>
</tr>
<tr>
<td>Any IADL</td>
<td>44%</td>
<td>46%</td>
</tr>
</tbody>
</table>

Instrumental activities of daily living performed by caregivers

<table>
<thead>
<tr>
<th>Activity</th>
<th>Pre-9/11</th>
<th>Post-9/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administering medications</td>
<td>38%</td>
<td>39%</td>
</tr>
<tr>
<td>Managing finances</td>
<td>55%</td>
<td>61%</td>
</tr>
<tr>
<td>Grocery shopping</td>
<td>52%</td>
<td>57%</td>
</tr>
<tr>
<td>Housework</td>
<td>96%</td>
<td>97%</td>
</tr>
<tr>
<td>Preparing meals</td>
<td>44%</td>
<td>48%</td>
</tr>
<tr>
<td>Transportation</td>
<td>40%</td>
<td>44%</td>
</tr>
<tr>
<td>Arranging/supervising paid services</td>
<td>14%</td>
<td>17%</td>
</tr>
<tr>
<td>Coordinating medical care/rehab</td>
<td>39%</td>
<td>41%</td>
</tr>
<tr>
<td>Administering physical/medical therapies/treatments</td>
<td>33%</td>
<td>36%</td>
</tr>
<tr>
<td>Any IADL</td>
<td>79%</td>
<td>81%</td>
</tr>
</tbody>
</table>
YOU—moved the ball forward!

Nov. 2015 - DAVCAN Alert:

Thousands of emails were sent

Dec. 3, 2015 - House Veterans Affairs Committee hearing:

“‘The V.A.'s Caregiver Program, Assessing Current Prospects and Future Possibilities’”
YOU—moved the ball forward!

Progress in Senate:

- Legislation introduced:
  - S. 1085 (Sen. Patty Murray)
  - S. 657 (Sen. Richard Durbin)

- Dec. 9, 2015 – S. 425 passed by Senate VA Committee

Senate needs to pass S. 425
YOU—moved the ball forward!

Progress in House:

- Legislation introduced:
  - H.R.2894 (Rep. Elizabeth Esty)

**NO BILL** has been passed by the House VA Committee
Next Steps

Senate MUST pass S. 425

House VA Committee takes up S. 425

House VA Committee MUST pass:

- H.R. 2894,
- H.R. 1969, or
- H.R. 1899

House passes:

- H.R. 2894,
- H.R. 1969, or
- H.R. 1899

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TO THE MEN AND WOMEN WHO SERVED
How you can help

Meeting with your elected officials:

- Use your talking points
- Urge Senator to pass S. 425
- Ask Representative to pass bill

“Comprehensive caregiver support for all severely ill and injured veterans”
Introduced
Health Care Legislation

114th Congress
2nd Session

Legislative Workshop
February 21, 2016
114th Congress - Second Session:

- H.R. 3549, the VA Billing Accountability Act
- S. 1641/ H.R.4063, Jason Simcakoski PROMISE Act
- S. 1693, expand eligibility for reimbursement for emergency medical treatment
- S. 1885, to improve the provision of assistance and benefits to veterans who are homeless, at risk of becoming homeless, or occupying temporary housing, and for other purposes.
- S. 2170, the Veterans E-Health and Telemedicine Support Act of 2015, or the “VETS Act of 2015”
Enacted Health Care Legislation

114th Congress 2nd Session

Legislative Workshop
February 21, 2016

- Share information on airborne hazards and open burn pits.

P.L. 114-58, the Department of Veterans Affairs Expiring Authorities Act of 2015

- Extends:
  - Nursing home care for service connected veterans
  - VA Caregiver Support Program
  - Continue studies on effects of Agent Orange
BENEFITS LEGISLATION
TOPICS

DAV Commander’s Action Network

- DAV CAN

- Wounded Warriors Federal Leave Act of 2015

- Concurrent Receipt

- Survivor Benefit Plan (SBP)

- Dependency Indemnity Compensation (DIC)

- Appeals Reform

  - Fully Developed Appeals (FDA)
DAV MISSION STATEMENT

We are dedicated to a single purpose: empowering veterans to lead high-quality lives with respect and dignity. We accomplish this by ensuring that veterans and their families can access the full range of benefits available to them; 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.org
❖ HELP DAV
❖ Advocate
Concurrent Receipt
H.R. 303
S. 271

DAV
FULFILLING OUR PROMISES
TO THE MEN AND WOMEN WHO SERVED
Eliminate Offsets

➢ H.R. 1594
➢ S. 979
Appeals Reform
Fully Developed Appeals

FDA
FDA information on-line

www.DAV.org/fully-developed-appeals/
FDA

➢ H.R. 677

➢ S. 2473
H.R. 313
Wounded Warriors Federal Leave Act of 2015

Entitles any federal employee who is a veteran with a service-connected disability rated at 30% or more, during the 12-month period beginning on the first day of employment, to up to 104 hours of leave, without loss or reduction in pay, for purposes of undergoing medical treatment for such disability for which sick leave could regularly be used. Requires the forfeiture of any such leave that is not used during such 12-month period.

Signed by the President November 5, 2015 Became Public Law No. 114-75.
Conclusion
Thank You
Key Recommendations

In 2014 DAV released the report: *Women Veterans: The Long Journey Home*

27 key policy recommendations to close gaps in federal services.

Currently, there are 10 Women veterans bills pending, listed in the bills section of the DAV website.

- H.R. 1575 would make permanent the pilot for counseling in retreat settings
- H.R. 1948/H.R. 1496 Veterans Access to Child Care Act
- H.R. 2054 Increased access to VA Medical care for women veterans
Pending Legislation

- S. 2487/H.R. 2915 Female Veteran Suicide Prevention Act
- S. 469/H.R. 3365 Women Veterans and Families Health Act of 2015
How Can You Help?

Meet with your elected officials now and at home.

- Print the report, provide the website link to those with whom you are meeting.
- Use your talking points
- Support passage of the bills currently listed on the DAV website
- Be active—spread the word
- Social Media DAV Tweets
  - @DAVSLove
  - @DAVHQ
  - #KeepThePromise
  - #DAVWomenVeterans
Hot Topics:

- Women Veteran Suicide Prevention
H. R. 2915/S. 2487 Female Veteran Suicide Prevention Act

Urge Congress to take action now, before another veteran decides there is no hope

One suicide is too many

Women Veterans commit suicide at 6 times the rate of non-veterans. Ages 18-29 with the highest percentage
Women Veteran Homelessness:

Currently there are no bills aimed specifically at women veterans. However, there are four bills pending, and listed on our website.

S. 425/H.R. 474 Homeless Veterans Reintegration Programs Reauthorization Act of 2015
S. 223 A bill to require the Secretary to establish a pilot program on awarding grants for provision of furniture ....
S. 684 Homeless Veteran Prevention Act of 2015
Gender-Specific Care

Comprehensive care for women requires availability of gender-specific health treatment options, including gynecologic care.
Hot Topics:

[Image of two female soldiers with weapons]
Military service is associated with unique risks to women’s reproductive health. As increasing numbers of women are serving in the military, and a greater proportion of veterans are women, it is essential that OBGYNs are aware of and well-prepared to address the unique needs of this demographic.
I’m One: I’m a Veteran.”

Women have proudly served and taken part in every major conflict since the American Revolution. Yet after service, they do not self-identify as veterans.
Toolkit for Department Women Veterans Advisory Committee Chairs

VA's Center for Women Veterans
The Center for Women Veterans (CWV) is your gateway for information related to women veterans using VA for health care, benefits and claims.

The Center for Women Veterans was established by Congress in November 1994 by Public Law (P.L.) 103-446.
DAV is working for equal access to benefits and quality health care.

Women transitioning from military to civilian life have different needs, face different challenges than their male counterparts. They have, for example, higher rates of unemployment and PTSD symptoms and, of course, very different physical health needs than men. Yet, as DAV documented in its landmark report, *The Long Journey Home*, the system that exists there is a disjointed patchwork of programs marked by various gaps in health care, housing, other community support services, employment and efforts to eradicate sexual assault. They are being put at risk by a system designed for and dominated by male veterans.

Whether it's testifying on Capitol Hill urging Congress to take action now to ensure women veterans are given every chance to succeed in civilian life, or working directly with them to help get the services and support they need, DAV is a tireless advocate on behalf of women who have served.

*DAV has been leading the way, fighting for women veterans, for decades, including co-convening the first-ever national summit on women veterans, providing specialized training to all of our national service officers on issues unique to women veterans, and hiring unprecedented numbers of female field staff,” said Joy J. Felm, DAV’s deputy national legislative director and a disabled veteran herself.*

https://www.dav.org/women-veterans/
2015-2016 DAV Interim Women Veterans Committee

Idalis Marquez
Chair

JoAnn Martinez
Member

Greg Remus
Member

Evangeline Schultz
Member

No Photo Available

No Photo Available
Get Involved!

WE WANT YOU!

DAV
FULFILLING OUR PROMISES
to the men and women who served
Budget Outlook for Veterans Programs

Welcome to 114th Congress
Final Session

• Budget Statistics and Outlook
• Benefits, Programs and Services
• The Political Composition
Budget Outlook for Veterans Programs

- President’s Budget Request (PBR)
  - Delivered February 9, 2016
  - Due between first Monday in January and first Monday in February of each calendar year

- Congress failed (again!) to pass the budget on time
  - 1998, 18yrs ago, last time VA’s budget was on time
  - VA’s appropriations are due October 1, the beginning of the fiscal year
  - December 2016; Congress passes legislation for FY 2016 funding
  - 3 months late for FY 2016 (but advance appropriations protects disability compensation payments and other payments)

- 2018 Advance Appropriations
  - FY 2018 advance appropriation, $70 billion requested in the budget
Budget Outlook for Veterans Programs

• **Discretionary:**
  • Portion of the budget that can be adjusted, **up or down**, through the annual appropriations process
  • Congress directly sets the level of spending on discretionary programs
  • Examples: VA Health Care, Construction, and VBA

• **Mandatory:**
  • Refers to earned benefits and entitlements
  • Eligibility determined by law, rather than appropriations
  • Costs determined by number of those eligible who apply
  • Examples: disability compensation, burial benefits, pensions, education and vocational rehabilitation and employment
Budget Outlook for Veterans Programs

The FY 2017 Independent Budget

• VA’s budget released Feb 9, 2016

• Staffing recommendations for Comp and Pen Services:
  • 1,700 employees for appeals, non-rating, and call centers
    • (300 in PBR budget)
  • 158 for Voc Rehab Services (0 in PBR)
  • 166 for BVA (+242 in PBR)

• $84.4 billion in total discretionary funding
  • Increase of $4 billion over FY 2016 (+5%)

• $74.8 billion for VA health care
  • Increase of $4 billion over FY 2016 (+5.5%)
Budget Outlook for Veterans Programs

Independent Budget (cont.)

• $2.5 billion for all construction programs
  • $1.6 billion enacted for FY 2016
  • $900 million PBR for FY 2017
    • $1.3 billion less than IB recommendation
  • IB recommends $2.2 billion for FY 2017

• $665 million for Medical and Prosthetic Research
  • $630.7 million enacted for FY 2016
  • $663 million PBR for FY 2017
  • IB recommends $740 million for FY 2017 (incl. $75M for MVP)

• $3.5 billion for VBA (Claims, Appeals, Voc Rehab)
  • $3.1 billion enacted for FY 2016
  • $3.4 billion PBR for FY 2017
  • IB recommends $3.5 billion for FY 2017
Budget Outlook for Veterans Programs

FY 2017 VA Discretionary & Mandatory (in billions)

- $78.7, 43% Discretionary
- $103.6, 57% Mandatory

$167.4 FY 2016
$182.3 FY 2017 (+8.7%)
## Budget Outlook for Veterans Programs

*(in billions)*

<table>
<thead>
<tr>
<th></th>
<th>FY 15 Actual</th>
<th>FY 16 Enacted</th>
<th>FY 17 PBR</th>
<th>FY 18 Advance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total VA Budget</td>
<td>$163.9</td>
<td>$167.4</td>
<td>$182.3</td>
<td>$170.3</td>
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<tr>
<td>Total Mandatory</td>
<td>$95.4</td>
<td>$92.3</td>
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<td>Total Discretionary</td>
<td>$68.5</td>
<td>$75</td>
<td>$78.7</td>
<td>$70</td>
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FY 18: $5 billion in choice funding not included.

FY 18: Some discretionary accounts are not subject to advance appropriations, such as General Operating Expenses.
Budget Outlook for Veterans Programs (in billions)

Total VA Medical Care

- FY15 Enacted: Does not include supplemental and choice funding.
- FY16 Enacted: Does not include choice funding.

<table>
<thead>
<tr>
<th>Year</th>
<th>IB</th>
<th>Actual</th>
<th>IB</th>
<th>Actual</th>
<th>Enacted</th>
<th>IB</th>
<th>Enacted</th>
<th>PBR</th>
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<tbody>
<tr>
<td>FY 13</td>
<td>$57.2</td>
<td>$56.1</td>
<td>$58.8</td>
<td>$58.1</td>
<td>$61.1</td>
<td>$59.7</td>
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<td>$64.6</td>
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<td>FY 14</td>
<td>$57.2</td>
<td>$56.1</td>
<td>$58.8</td>
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<tr>
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<td>$64.6</td>
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<td>$61.1</td>
<td>$59.7</td>
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<td>FY 17</td>
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<td>$59.7</td>
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<td>$64.6</td>
<td>$72.8</td>
<td>$74.2</td>
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- IB Recommendation
- Actuals
- PBR
Budget Outlook for Veterans Programs

Major & Minor Construction Trends

<table>
<thead>
<tr>
<th></th>
<th>FY 13 IB</th>
<th>FY 13 Actual</th>
<th>FY 14 IB</th>
<th>FY 14 Actual</th>
<th>FY 15 IB</th>
<th>FY 15 Actual</th>
<th>FY 16 IB</th>
<th>FY 16 Enacted</th>
<th>FY 16 IB</th>
<th>FY 17 IB</th>
<th>FY 17 PBR</th>
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<td>$100 million</td>
<td>$2.6</td>
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<td>$739</td>
<td>$607</td>
<td>$342</td>
<td>$715</td>
<td>$831</td>
<td>$562</td>
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<td>$2.8</td>
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</tbody>
</table>
Budget Outlook for Veterans Programs

VHA USERS

<table>
<thead>
<tr>
<th>FY</th>
<th>Priority 1 - 6 Users</th>
<th>Priority 7 &amp; 8 Users</th>
<th>Total Veteran Users</th>
<th>CHAMPVA &amp; Non-Veterans</th>
<th>Total Unique Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 Actual</td>
<td>4,524,505</td>
<td>1,279,385</td>
<td>5,803,890</td>
<td>680,774</td>
<td>6,484,664</td>
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<tr>
<td>2014 Actual</td>
<td>4,658,956</td>
<td>1,296,770</td>
<td>5,955,725</td>
<td>677,010</td>
<td>6,632,735</td>
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<tr>
<td>2015 Actual</td>
<td>4,824,325</td>
<td>1,223,425</td>
<td>6,047,750</td>
<td>694,120</td>
<td>6,741,870</td>
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<tr>
<td>2016 Estimate</td>
<td>4,918,891</td>
<td>1,273,263</td>
<td>6,192,154</td>
<td>703,235</td>
<td>6,895,389</td>
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<td>2017 Estimate</td>
<td>5,028,596</td>
<td>1,263,289</td>
<td>6,291,885</td>
<td>715,928</td>
<td>7,007,813</td>
</tr>
</tbody>
</table>
Fulfilling Our Promises to the Men and Women Who Served

A successful 114th Congress Will Depend on You

House Veterans’ Affairs Committee

Jeff Miller
Florida
1st District
Chairman

Corrine Brown
Florida
5th District
Ranking Member

Senate Veterans’ Affairs Committee

Johnny Isakson
Georgia
Chairman

Richard Blumenthal
Connecticut
Ranking Member