



DISABLED AMERICAN VETERANS

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LEGISLATIVE BULLETIN

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Advance Appropriations Legislation Signed into Law

On October 22, 2009, President Obama signed the Veterans Health Care Budget Reform and Transparency Act, which became Public Law 111-081. The passage and approval of this legislation is one of the most significant legislative victories for veterans since World War II.

Under this landmark legislation, Congress is now authorized to improve funding one year in advance for Department of Veterans Affairs (VA) medical care accounts and the Government Accountability Office is required to audit the budget development process. It will bring transparency to the budget process and provide sufficient, timely and predictable funding for the VA so veterans can access quality health care in a timely manner. This is definitely a great victory for all veterans, especially disabled veterans who rely on VA for their care.

Thanks to the efforts of our members, advance appropriations is finally a reality. Now we must remain vigilant in our oversight of the process to ensure transparency and reform are realized.

Senate Passes Major Veterans Legislation to Aid Caregivers, Women Veterans

On November 17, 2009, the Senate unanimously approved S. 1963, "The Caregiver and Veterans Omnibus Health Services Act of 2009."

As passed, S. 1963 creates a comprehensive new program to support family caregivers of severely disabled veterans, and strengthens VA health care programs for women veterans, homeless veterans, veterans with mental health needs, and veterans suffering from traumatic brain injury.

S. 1963 combines the content of two measures previously approved by the Senate Veterans' Affairs Committee, S. 252 and S. 801, into a single VA health care omnibus bill. Since the House of Representatives has already passed similar, but separate veterans health bills, the two bodies must now conference and reach an agreement on identical legislation before it can be sent to the President for his approval.

Both chambers' bills include health care benefits, including mental health counseling, increased access to respite care and a stipend to the caregiver. There are differences in the caregiver provisions of these bills, such as who would be eligible, what training and certification would be required, what type of support services will be available, and who would be covered.

DAV supported a comprehensive package of services with wider eligibility to basic services for caregivers of veterans of all eras. Depending on how the conference proceeds and what provisions in the omnibus bill are agreed to, we will update our website and alert our Commander's Action Network (CAN) accordingly. Please check in periodically and be ready to take action on this important measure.

VA Appropriations Near Approval for Fiscal Year 2010

On December 9, 2009, the House and Senate conferees agreed to a Fiscal Year 2010 Consolidated Appropriations Bill, which includes \$109.6 billion for programs crucial for our nation's veterans and their families, plus \$48.2 billion in advance appropriations for veterans medical care during fiscal year 2011. On December 10, the House passed the measure and sent it to the Senate. The Senate passed the bill on Sunday night, December 13, 2009. It will now go to the President for his signature.

The conference report provides the vital funding needed to care for our nation's veterans in 2010 and 2011. The importance of this funding cannot be overstated as thousands of our nation's service members are being deployed to Afghanistan beginning this month.

It is regrettable that it took Congress 10 weeks into the new fiscal year to pass the 2010 Consolidated Appropriations Bill. However, the conferees displayed a bipartisan commitment to America's veterans by approving \$747 million more than the administration requested for VA funding. The funding includes \$56.6 billion for mandatory veterans benefits programs and \$53 billion for discretionary funding, primarily VA health care. The total discretionary funding is \$5.4 billion above 2009 funding. As the wars in Iraq and Afghanistan continue, the VA health care system will be stressed to meet the needs of sick and disabled veterans returning home.

The Consolidated Appropriations Bill authorizes funding for several new programs designed to support our nation's veterans, including renovating surplus VA buildings for use as housing for homeless veterans, increasing the number of VA outpatient clinics in rural areas where veterans do not have ready access to VA hospitals and funding to treat more than 6.1 million patients in 2010, including veterans of Iraq and Afghanistan. It is estimated that next year, compared to 2008, VA medical centers will see a 61 percent increase in patients who served in Iraq and Afghanistan.

In summary, the FY 2010 Consolidated Appropriations Bill includes:

- **Department of Veterans Affairs: \$109.6 billion**, \$15.3 billion above 2009 and \$747 million above the request. Total discretionary funding is \$5.4 billion above 2009.
 - **Veterans Health Administration: \$45.1 billion**, matching the request and \$4.1 billion above 2009, for veterans medical care. The VHA estimates it will treat more than 6.1 million patients in 2010, including more than 419,000 veterans of Iraq and Afghanistan (56,000 more than 2009).
 - **Assistance for Homeless Veterans: \$3.2 billion**, matching the request and \$421 million above 2009, for health care and support services for homeless veterans. Includes **\$26 million** for a Presidential Initiative to combat homelessness, **\$150 million** for the Homeless Providers Grant and Per Diem Program, **\$20 million** for supportive services for low-income

veterans and families, and **\$21 million** to hire additional personnel for the HUD-VA Supportive Housing program.

- **Rural Health: \$250 million** as requested to continue the Rural Health Initiative and an additional **\$30 million** to increase the number of Community-Based Outpatient Clinics (CBOCs) in rural areas for veterans who do not have ready access to VA hospitals. More than 3.2 million (41 percent) of enrolled veterans live in rural or highly rural areas.
 - **Mental Health: \$4.6 billion**, matching the request and \$300 million above 2009, for mental health care to treat the psychological wounds of returning combat veterans. Includes an additional **\$1 million** to provide education debt relief as a hiring incentive for mental health professionals.
 - **Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) Veterans: \$2.1 billion**, matching the request and \$463 million above 2009, to meet the health care needs of veterans who have served in Iraq and Afghanistan. The VA estimates the number of OEF/OIF veterans in its health care system in 2010 will have increased by 61 percent since 2008.
 - **Women Veterans Programs: \$183 million**, matching the request, to meet the unique needs of women veterans.
 - **Long-term Care: \$5.9 billion**, matching the request, for both institutional and home-based programs for aging veterans as well as severely wounded OEF/OIF veterans.
 - **Medical and Prosthetic Research: \$581 million**, \$71 million above 2009, for research in a number of areas including mental health, traumatic brain injury, spinal cord injury, burn injury, polytrauma injuries and sensory loss. Includes a **\$48 million** increase for research to address the critical needs of OEF/OIF veterans.
 - **Medical Facilities: \$4.9 billion**, \$166 million above the President's Request and \$170 million below 2009. Includes a **\$130 million** increase for non-recurring maintenance at existing facilities, **\$30 million** for additional CBOCs in rural areas, and **\$5 million** for additional contracting personnel.
- **VA Construction Programs: \$1.9 billion**, \$103 million above the request and \$232 million above 2009.
 - **Major Construction: \$1.2 billion** for VA facilities, including hospitals and clinics, to enable the VA to implement the recommendations made by the Capitol Asset Realignment for Enhanced Services (CARES) Commission, which was established to look at facilities and determine

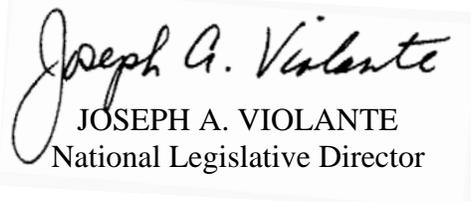
their construction needs.

- **Minor Construction: \$703 million**, \$39 million below 2009 and \$103 million above the President's Request, *including \$50 million for the renovation of vacant buildings on VA campuses to be used as housing with supportive services for homeless veterans*. This program will strengthen the VA's goal of eliminating homelessness among veterans by providing housing and counseling services in settings that are in close proximity for VA hospitals.
- **State Extended Care Facilities: \$100 million**, \$15 million above the request and \$75 million below 2009, for grants to states for construction and renovation of extended care veterans' facilities. States must provide 35 percent of the cost, while the VA pays the other 65 percent.
- **Information Technology: \$3.3 billion**, matching the request, to develop the next generation of electronic health care records, paperless claims systems, and seamless integration of medical and service records with the Department of Defense.
- **VA Benefits Claims Processors: \$1.7 billion**, \$223 million above 2009, in general operating expenses to enable the VA to hire roughly 1,200 additional claims processors to continue to address the backlog of benefits claims and to reduce the time to process new claims. The most recent VA quarterly status report estimates nearly 397,000 claims are pending.

Conclusion

To ensure the successful enactment of veterans' legislation, our DAV and Auxiliary members must be active members of DAV's grassroots – DAV CAN — and we all must do our part to let our elected officials know about our support for legislation that helps to build better lives for our nation's service-disabled veterans, their families, and survivors. Thank you for your continued support.

I hope you all enjoy a safe and happy holiday season.



JOSEPH A. VIOLANTE
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