DAV’s Critical Policy Goals for 2017

1. Sufficient Funding for Veterans Benefits and Health Care
2. Strengthen, Reform and Sustain the VA Health Care System
3. Enact Legislation to Reform the Claims and Appeals Process
4. Comprehensive Support for Caregivers of Veterans of All Eras
5. Women Veterans Deserve Improved Services and Recognition

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.
Sufficient Funding for Veterans Benefits and Health Care

The new Administration has not delivered its budget proposal to Congress which generally comes out the first week in February. While this is typical for new incoming Administrations, it is impacting the ability of the Department of Veterans Affairs (VA) to deliver needed benefits and services to veterans, their dependents and survivors.

Significant VA reform efforts are underway for which Congress will need to ensure VA’s budget for fiscal year (FY) 2018 and FY 2019 advance appropriations will be sufficient to meet any new requirements it imposes on the Department, make needed system upgrades and meet existing demand for care and the specialized needs of ill and injured veterans.

DAV and The Independent Budget (IB) recommendations include funding for all VA discretionary programs for FY 2018 as well as advance appropriations recommendations for medical care accounts for FY 2019. For veterans’ health care for FY 2018, DAV and the IB recommends an increase of $5.9 billion over the current FY 2017 funding level. The total medical care funding of $76.9 billion includes funding for the newly created Medical Community Care account. For FY 2019 advance appropriations, the IB recommends about $82.8 billion for medical care.

Our recommended $5.9 billion increase for VA medical care for FY 2018 is intended to bridge the funding shortfall the former Secretary of Veterans Affairs openly admitted last year. The funding gap is due to the adjustment in discretionary appropriations that Congress provided for VA medical care in FY 2017, which assumed the agency would spend $5.7 billion in mandatory funds through the Choice program. The FY 2018 and FY 2019 IB recommendation uses more recent estimates from VA indicating they will only spend about $2.9 billion in the Choice program for FY 2017.

For Medical and Prosthetic Research, DAV and the IB propose $775 million, which includes an additional $65 million of dedicated funding for the Million Veteran Program, a DNA repository research program focused on veterans’ health.

To maintain VA’s health care system, we recommend $2.2 billion for major and minor construction for FY 2018, an increase of over $1.3 billion from FY 2017. This will fund the completion of VA’s top five major construction projects, update aging research infrastructure and put VA on track to close all identified minor construction gaps within 10 years.

For the Veterans Benefits Administration (VBA), we recommend $3.1 billion to keep pace with incoming, existing and projected workload, which we estimate will require VBA to hire 1,700 additional employees: 1,000 for processing the backlog of appeals, 350 for non-rating related work such as dependency claims, 300 to work the claims inventory and backlog, and 100 for the fiduciary program. Last year, Congress passed Public Law 114-223, recognizing the need for a more balanced counselor-to-client ratio of 1:125 in the Vocational Rehabilitation and Education program. We therefore recommend an additional 266 new vocational rehabilitation staff, for a total workforce of 1,550.

- **Congress must address VA’s unfunded mandates in the current fiscal year and the shortfall in the VA’s FY 2018 medical care advance appropriation.**
- **As reform of VA’s health care system moves forward, Congress must provide appropriate funding to make needed system upgrades and ensure timely access to care for all enrolled veterans.**
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 last fall, 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, 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 our partners in 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 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.

For example, some have said 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 physician. Some claim “choice” will lead to better quality health care; however, independent studies by Rand Corp. and others 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 facilities and curtail medical services, meaning 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 at least $5 billion in the first year and as high as $35 billion per 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 veterans.
Enact Legislation to Reform the Claims and Appeals Process

Over the past few years, the Veterans Benefits Administration (VBA) has undergone significant transformation to modernize the claims process. The claims backlog peaked in March of 2013, and stood at 611,000 claims; today close to 100,000 claims are considered backlogged. VA defines a backlogged disability claim as one pending over 125 days.

Given VBA’s concentrated efforts to reduce the disability compensation claims backlog, appeals were considered a lesser priority, which resulted in a growing volume of pending appeals. Today, there are over 450,000 appeals pending, roughly 370,000 within VBA’s jurisdiction and another 80,000 within the jurisdiction of the Board of Veterans’ Appeals (Board). On average, an appeal can now take upward of three years or longer to complete.

VA receives close to 120,000 appeals annually, half of which continue on to the Board. Without commensurate resources, emphasis and urgency directed toward appeals, 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 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.

Claims and appeals reform legislation was introduced in the 114th Congress, but was not approved. This legislation reflected significant efforts and consensus of a working group formed in March 2016 that consisted of the DAV, other VSO stakeholders, and leaders within VBA and the Board.

DAV believes Congress must quickly enact legislation to create a new framework that would reform the way VA processes claims and appeals. Within this reform framework, claimants would have the opportunity to select one of several options. These options include supplemental filings, seeking higher level review and filing formal appeals directly to the Board.

Congress must ensure any legislative reforms enacted preserve effective dates, and current due process and duty-to-assist rights. Adequate resources must also be provided to address the backlog of appeals, with regular oversight to monitor and measure VA’s progress so these reforms achieve their intended purpose.

- Congress should enact legislation this year that would modernize the appeals process, such as H.R. 457, the VA Appeals Modernization Act of 2017, or other legislation based on the appeals framework developed by stakeholders last year.
Comprehensive Support for Caregivers of Veterans of All Eras

Studies show caregivers improve our veteran patients' health, reduce hospital readmissions, and delay institutionalization, decreasing overall health care costs. However, caregivers often make personal sacrifices in terms of their own health and well-being by serving in this role.

A National Alliance for Caregiving study found the vast majority of caregivers of disabled veterans from all war eras reported increased stress or anxiety and sleep deprivation. The report shows declines in healthy behaviors of caregivers—such as exercising, eating habits and keeping their own medical appointments. Over half of the caregivers in the study had cut back their number of work hours and almost half stopped working or took early retirement, resulting in financial hardship.

Congress enacted Public Law 111-163, requiring 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 support services include caregiver education and training, respite care, mental health services, a monthly stipend, and enrollment in CHAMPVA for health care coverage. However, due to cost concerns, Congress limited participation in the program to veterans injured on or after September 11, 2001.

VA’s Program of Comprehensive Assistance for Family Caregivers (PCAFC) was established and preliminary findings from a comprehensive evaluation suggest caregivers in the program are more confident and better prepared in their role and that the stipend is reducing 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 veterans are still not eligible to participate because of an arbitrary delimiting date. 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, they require and deserve supports and services to mitigate the negative physical, emotional, and financial consequences of caregiving.

- Congress should enact legislation to authorize comprehensive supports, benefits, and services to family caregivers of severely ill and injured veterans of all eras.
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. The roles of women in the military have 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, serious injuries such as limb loss, traumatic brain injury, war-related environmental exposures as well as the consequent risks of developing post-traumatic stress or other post-deployment behavioral health issues. Over 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 population.

In 2014, DAV released a report that examined the evolving transition needs of women veterans. This special 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. The report makes 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 many feel isolated and felt their wartime experience was not acknowledged or understood by family members or the public. It also noted significant differences in the way women and men experience post-deployment reintegration challenges. Women veterans with families often noted difficulty in reconnecting with their children and returning to the role of mother and family caretaker following deployment.

Following military service, women veterans are turning to VA for health care in record numbers. From FY 2003 to FY 2012, the number of women using VA health care services saw an 80% increase, an upward trend that continues today. VA research indicates there are higher rates of homelessness and suicide among women veterans relative to non-veteran women and that women veterans are high users of VA mental health services. According to VA, 57% of women veteran patients in the Veterans Health Administration (VHA) have a service-connected disability, and are eligible for a lifetime of treatment, compensation, education and other VA benefits.

This 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 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. GAO also found that VHA is not accurately documenting compliance with mandated environment of care standards that assure women’s privacy, safety and dignity in VA health care treatment settings. VA must request and dedicate the necessary resources to fix existing privacy and safety deficiencies and to recruit and train providers that have expertise in women’s health and providing comprehensive sex-specific care.

- 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

Congress should enact legislation 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 needs.
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