

TMC Veterans Committee Goals

Legislative Goals for 2017

The primary focus of these goals is veterans' benefits authorized under Title 38 of the U.S. Code.

GUIDING PRINCIPLES FOR VETERANS' HEALTH CARE AND BENEFITS

- Promote public and political recognition that veterans' benefits are earned through service and sacrifice in defense of the Nation and are qualitatively different from those normally described as "entitlement" or "social welfare" programs.
- Oppose deficit-driven or political decisions that would privatize the Department of Veterans Affairs (VA) health system or lump earned veterans' benefits with unrelated federal or civilian benefit programs.
- Oppose proposals that would eliminate or diminish veteran benefits to overcome national economic woes.

HEALTH CARE

- **Commission on Care.** Support the following 2016 VA Commission on Care Report recommendations:
 - Establish a five-year term for the Under Secretary of VA Health Administration (VHA) to provide greater continuity in health care operations.
 - VA should provide overall health care coordination and navigation support for veterans.
 - Further study and evaluation of VA's current process for adjudicating Other-Than-Honorable (OTH) Discharges is needed to provide more information on the current scope of the problem, potential costs and the impact on the VHA before implementing the Commission's recommendation to provide a streamlined path to eligibility for health care for those veterans with OTH Discharge who have substantial honorable service.
 - Establish an enterprise-wide strategy and budget for reforming VA IT, human capital and financial systems, investing necessary resources to innovate, recruit, retain, train, develop, and sustain a viable workforce.
 - Require VA to implement robust leadership and management plans to meet evolving health care system requirements.
- **Community Care.** Reform and consolidate Community Care Programs, implementing a new strategy to replace the Veterans' Choice Program to streamline and integrate non-VA care into the broader VA health system, enhancing timely access to quality care, and focusing on a system that is easy to understand, simple to administer and meets the needs of veterans, community providers and VA staff. Improve collaboration and integration of Department of Defense (DoD)-VA-Community health care systems as part of a comprehensive, high-performing network of care.

- ***Traumatic Injuries and Suicide Prevention.*** Implement and sustain an integrated, multidisciplinary, comprehensive behavioral health system to address the rising rates of veterans suffering from traumatic injuries such as posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), and military sexual trauma (MST). Specifically:
 - Invest in programs and research to identify at-risk populations, expand evidence-based treatment, and improve delivery of care and rehabilitative and preventive services.
 - Monitor the new VA Suicide Prevention Office efforts to increase behavioral health staff, resources, and crisis line capacity, ensuring outreach efforts are expanded and synchronized with the DoD Suicide Prevention Office to address the high rates of suicide among service members and veterans, assuring every call to the VA and military crisis lines are promptly answered.
- ***Enrollment for Combat Theatre Veterans.*** Make permanent VA health care enrollment eligibility for all veterans who served in a combat theatre.
- ***Women Veterans.*** Aggressively invest and implement VA’s Strategic Priorities to provide comprehensive primary care, health education, reproductive health services, improve communication and partnerships and increase access to gender-specific medical and mental health care to meet the unique needs of women service members and transitioning women veterans. Ensure emphasis on programs for women veterans with special needs, including rural, homebound, and aging veterans as well as women who have lost limbs.
- ***Rural Veterans.*** Increase funding for the VA Office of Rural Health and ensure mandated outreach efforts in rural and remote areas are implemented as required by Public Law 109-461.
- ***Caregivers.*** Ensure full implementation of all VA Caregivers Law (P.L. 111-163) provisions. Extend the VA Caregivers Act to full-time caregivers of catastrophically disabled veterans of conflicts before Sept. 11, 2001. Align the DoD and VA definitions for caregiver support and services, to include qualifying “illnesses.”
- ***Deployment-Related Illnesses and Toxic Exposures Research.*** Support research on the impact of service members exposed to environmental toxins or hazardous substances, and/or deployment illnesses resulting from their military service (e.g., burn pit exposure in Iraq and Afghanistan and Camp Lejeune contaminated water). Specifically:
 - Ensure health care and benefits are established to appropriately compensate and support veterans, family members and survivors, particularly veterans who experience catastrophic and devastating cancers, diseases, other health conditions, or death.
 - Implement GAO’s September 2016 Report (GAO-16-781) recommendation for DoD and VA to examine the relationship between direct, individual, burn pit exposure and potential long-term health-related issues as well as the National Academies of Sciences, Engineering, and Medicine’s Report of 2011, which suggested the need to evaluate the health status of service members from their time of deployment over many years.

- **Preventive Health.** Eliminate cost share requirements for VA preventive health and medical services to provide equity between VA, DoD TRICARE, and private health insurance providers.
- **CHAMPVA Young Adult.** Expand CHAMPVA to adult children of eligible veterans, family members and survivors until age 26 to align eligibility with TRICARE Young Adult and private sector health insurance.
- **VHA Access and Fees.** Oppose enrollment or access fees for current and future veterans enrolled in VA health care in all priority group categories. Preserve integrity and access to both VA and DoD health systems for dually eligible members.
- **VHA Health Care Workforce.** Continue to pursue improvements to VA health system access and quality of care for veterans by:
 - Establishing a pilot project to create a minimum of 100 billets within VHA for experienced U.S. Public Service (USPHS) clinicians;
 - Establishing an MOU between VHA and USPHS to create and fund 10 slots per year at Uniformed Services University of the Health Sciences for medical students who agree to join USPHS and then serve in VHA clinics and hospitals to repay the government for their medical education;
 - Implementing the VA proposed rule to permit independent practice authority for advance practice nurses (APRNs).
 - Recruiting VHA health care professionals, especially in high shortage areas such as physicians, physician assistants, mental health providers, and nurses, from other government and civilian sectors.

CLAIMS PROCESSING AND APPEALS SYSTEMS

- **Integrated Disability Evaluation Benefit Systems.** Improve legacy and integrated disability evaluation systems and Benefits Delivery at Discharge efficiency and effectiveness. Continue to press DoD and VA to achieve true interoperability of electronic medical, personnel and benefit records to improve medical outcomes and delivery of benefits.
- **Claims and Appeals Backlog.** Support initiatives to upgrade the claims processing systems. Support needed investment in software and hardware upgrades for claims management. Preclude ‘unlicensed’ individuals from taking fees for representing veterans’ claims. Work with Congress, VA and VSO partners outside TMC to modernize and develop improved process, procedures and resources to reduce backlog of claims on appeal.
- **Presumptive Service Connection.** Promote dissemination of ‘brown’ and ‘blue’ water Navy ship logs as they become available for veterans to apply for Agent Orange-related diseases. Support legislation to establish eligibility for presumptive service-connection for ‘blue water’ Navy Vietnam War service members. Ensure fair and consistent application of standards and procedures for adjudicating Agent Orange claims. Encourage expansion of Camp Lejeune water contamination conditions to include all those recognized by DoD in 2012 and provide fair effective dates. Promote the inclusion of affected family members.

- **Mental Health Discharge Board of Review.** Support creation of a Mental Health Discharge Board of Review to redress ‘low-ball’ service member ratings for PTSD, TBI, and MST, including Vietnam War and Gulf War I periods. Support efforts to ensure review boards take circumstances of in-service trauma into consideration.
- **VA Schedule of Rating for Disabilities (VASRD).** Continue to support modernization of the VASRD based on current medical science.
- **PTSD, TBI and MST Compensation and Pension (C & P) Exams.** Promote VA’s release of Disability Benefits Questionnaires for PTSD and TBI to allow veterans to obtain C & P exams outside the VA-contract examiners (e.g., from DoD doctors if member is still on active duty or from VA treating physicians).

EMPLOYMENT, EDUCATION AND TRAINING PROGRAMS

- **Veterans Employment.** Support initiatives for employers to recruit, hire and retain veterans, including returning veterans of the Guard and Reserve.
- **Veterans Hiring Incentives.** Re-enact employer tax incentives under the Vow to Hire Heroes Act.
- **Vocational Rehabilitation and Employment (VRE) Benefits.** Establish a cost-of-living stipend for VRE participants.
- **Veteran-Owned and Service Disabled Veteran-Owned Businesses.** Ensure veteran-owned and service-disabled veteran-owned businesses achieve parity with other federal contracting categories and ensure all federal departments at least meet established veteran contracting and hiring goals.
- **Basic Reserve GI Bill Benefits.** Urge proportional upgrades to the Title 10 Montgomery GI Bill program (Chap. 1606, 10 USC) to keep pace with the cost of education.
- **GI Bill Integration for 21st Century Force.** Urge hearings for a unified architecture for all GI Bill programs for active duty, Guard and Reserve service members under the principle of awarding benefits according to the length and type of duty performed.
- **Student Veterans Protections.** Support measures to foster positive student-veteran outcomes including:
 - Restoring certain GI Bill benefits to veterans enrolled in institutions of higher learning that close or lose their accreditation;
 - Aligning VA protections for student-veterans with Departments of Education and DoD protections;
 - Protecting veterans from deceptive student loan practices;
 - Ensuring schools spend VA benefits on serving the veteran;
 - Increasing resources for oversight and compliance via State Approving Agency program upgrades;
 - Extending “90-10” ratio of Federal aid to include GI Bill benefits; and,
- **Survivors’ Educational Assistance.** Raise Dependents Educational Assistance (DEA, Chapter 35) rates for pre-September 11, 2001 survivors to match the Montgomery GI Bill and establish a housing stipend for DEA.

SPECIAL INTEREST ISSUES

- ***Homeless Veterans.*** Support and expand VA initiatives to reduce and eliminate veteran homelessness.
- ***Veterans' Preference.*** Authorize veterans' preference appeal rights for veterans employed by VA or other federal, state, and local government agencies. Oppose legislation restricting preference currently in law.
- ***Financial and Legal Protections.*** Support continuous review and upgrades of the Servicemembers' Civil Relief Act, including elimination of "forced arbitration" clauses in contracts that nullify the Act's protections. Strengthen re-employment rights for Operational Reservists who support military missions on Title 10 orders. Allow military families to break a lease without penalty when on-post housing becomes available. Make mortgage protection coverage permanent.
- ***Veterans Treatment Courts.*** Support the further expansion of these courts to jurisdictions across the country.