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REPORT

TO THE

COMMITTEE ON THE BUDGET

FROM THE

COMMITTEE ON VETERANS' AFFAIRS

SUBMITTED PURSUANT TO SECTION 301 OF THE CONGRESSIONAL BUDGET ACT OF 1974

ON THE

BUDGET PROPOSED FOR FISCAL YEAR 2012

MARCH 18, 2011.—Printed for the use of the Committee on Veterans' Affairs of the House of Representatives

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Committee on Veterans' Affairs
U.S. House of Representatives

112th Congress—Views and Estimates
FY 2012—March 18, 2011

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC, March 18, 2011.

Hon. PAUL RYAN, *Chairman*
Hon. CHRIS VAN HOLLEN, *Ranking Democratic Member*
Committee on the Budget
U.S. House of Representatives, Washington, DC.

DEAR CHAIRMAN RYAN AND RANKING MEMBER VAN HOLLEN: Pursuant to section 301(d) of the Congressional Budget Act of 1974 and House Rule X, clause 4(f), and with the approval of the undersigned Members of the Committee on Veterans' Affairs (Committee), we write to provide our Views and Estimates on the fiscal year (FY) 2012 budget for veterans' programs within the Committee's jurisdiction. Our comments will focus on programs and services administered by the U.S. Department of Veterans Affairs (VA) and the Administration's Fiscal Year 2012 budget request for VA.

General Comments

In preparing the Committee Views and Estimates, we are mindful of the enormous challenges threatening our Nation's security. Deficits and resulting debt of staggering proportions have hastened the need for difficult choices to be made across Government. As was stated in the final report of the President's National Commission on Fiscal Responsibility and Reform, "[t]he problem is real. The solution will be painful. There is no easy way out. Everything must be on the table. And Washington *must* lead."

We are also mindful of our obligation to those who continue to defend America against her enemies. For nearly a decade, we have remained a Nation at war, a war fought by less than one percent of our citizenry. The demands placed on those serving in our Armed Forces—multiple deployments, the stress of extended separation from loved ones, the physical and psychological wounds of war, and the often painful readjustment to civilian life in the midst of economic uncertainty—have never been greater. Our Nation's servicemembers continue to do what their country asks of them, enduring hardships that few of us could fathom. They are the reason this Committee exists; it is now our privilege and duty to serve them and all who have gone before them.

These challenges—fulfilling our commitments to veterans and getting our fiscal house in order—need not be opposed to each

other. We must never balance the budget on the backs of veterans, but we also cannot allow limited resources to be used ineffectively. Veterans are not only beneficiaries of VA's health and benefits programs, they are also taxpayers. They want meaningful employment for themselves and their loved ones. Like all of us, they, too, have a tremendous stake in America's economic prosperity, a stake they have invested in up front through their honorable service. We believe no constituency is better suited to help guide us through these turbulent times.

Overall Spending Projections

Discretionary Spending

The President's fiscal year (FY) 2012 VA budget request for discretionary programs is $61.9 billion, including an estimated $3.1 billion in estimated medical collections (receipts from billing insurance companies and collecting copayments for care associated with non-service-related disabilities). Consistent with Public Law 111–81, the Administration has also requested a $55.832 billion advance appropriation for VA medical care for fiscal year 2013, including an estimated $3.291 billion in medical collections.

VA's discretionary budget from FY 2003 through FY 2011 (assuming enactment of full-year appropriations for remaining VA accounts as outlined in H.R. 1) has increased approximately 115 percent, with annual percentage increases frequently exceeding double digits. Thus, given that the President's request for FY 2012 represents, roughly, a 3.5 percent annual increase, it can certainly be characterized as a more modest blueprint than we have seen in recent years. During the Committee's hearing in February on VA's budget request, VA Secretary Shinseki assured the Committee that the Administration's budget request was sufficient to meet VA's obligations. The Committee accepts VA's characterization of its request but will be carefully monitoring VA's fiscal condition over the course of the upcoming fiscal year.

The more important question is whether the President's request is sufficient to meet our obligations to veterans. On the whole, we believe it is. We support the President's request for overall discretionary spending for FY 2012 and the FY 2013 advance for medical care, although we do recommend shifting resources among certain accounts as we will outline below. We also have serious concerns with new accounting mechanisms in the President's budget that makes it difficult to adequately judge the actual resource needs of VA's health care system. We will discuss those concerns below.

Mandatory Spending

The President requests $70.312 billion for VA mandatory spending programs, an increase of 5.5 percent over FY 2011 levels. VA mandatory spending has increased 105 percent from FY 2003 through FY 2011, an increase largely attributable to growth in the overall disability compensation rolls and rising average disability levels, as well as the creation of the Post-9/11 GI Bill education benefit. The Committee notes that for FY 2012, 83 percent of the amount requested for mandatory spending is attributable to compensation and pension payments.

Although we must be sensitive to the constituency that VA mandatory spending programs serve, we feel compelled to highlight that both Republican and Democratic Administrations and Congresses have, in the past, joined in calling for restraint in the growth of VA entitlement spending in an overall effort to reduce Federal budget deficits. In the same spirit, and with a sober understanding of the fiscal crisis our country is facing, we believe the time is right to look at past reconciliation measures reported from the House and Senate Veterans' Affairs Committees to serve as guides for any future mandatory spending restraint measures the Budget Committee may require. In past years, veterans' organizations only supported these restraint efforts to the extent they were extraordinarily sensitive to the veterans who would be affected by them and packaged as part of an overall, concerted effort to control entitlement growth across the Federal Government. We believe veterans will, as they have in the past, rise to the task if such an undertaking is again asked of them.

Veterans' Medical Care

For FY 2012, the President's budget requests $50.851 billion (exclusive of estimated medical collections) for the three VA medical care appropriation accounts. The request is $240 million higher than what the Administration requested one year ago, when it submitted its FY 2012 advance appropriation request for VA medical care, and is the same amount for FY 2012 VA medical care contained in H.R. 1, legislation passed by the House of Representatives on February 19, 2011. The Administration also requests an FY 2013 advance appropriation of $52.541 billion (exclusive of estimated medical collections).

The Administration's revised request for FY 2012 is explained by factoring in a $713 million rescission due to the cumulative impact of the statutory freeze on pay raises for Federal employees in 2011 and 2012, and a $953 million increase attributable to potential increased reliance on the VA health care system due to economic employment conditions. Because the Administration is not convinced whether the $953 million will, in fact, be needed to meet health care needs of the system, it has labeled the $953 million as a "contingency fund," i.e., to be appropriated, but only released for obligation if events dictate.

The Administration has requested the ability to carry over, from one year to the next, money it claims is associated with certain management savings. It asserts that, contrary to recent budget submissions (which assumed no carryover of unobligated balances from one year to the next), the ability to carryover savings is critical in a multi-year planning process where one year's request builds upon another.

Finally, the Administration assumes the availability of $3.078 billion in medical collections (receipts from copayments and insurance billings associated with care provided for non-service-connected conditions) in FY 2012. This estimate is a downward revision of the original FY 2012 advance request collections assumption of $3.679 billion. The VA has also decreased its collections estimate for FY 2011 by $473 million to an amount that is $34 million higher than the amount collected in FY 2010.

We applaud the goals outlined in the President's request. Those goals include eliminating veteran homelessness; increasing accessibility for veterans whose access to care may be limited by geography, disability, or other complications; overcoming barriers and other factors associated with health care quality for women veterans; implementing the mental health strategic plan to provide appropriate mental health services system-wide; and preventing suicide among our veterans.

We are encouraged by VA's intent to increase resources for prosthetics by 39 percent. However, we are concerned about the ability of VA to meet the needs of the younger and more active amputees with the latest technology and provide consistent and coordinated care throughout the system. We intend to aggressively oversee this program to ensure funds are effectively utilized to provide state-of-the-art prosthetic care for both recently combat-injured veterans and veteran amputees from all eras.

Family caregivers are often at the core of what sustains the treatment and recovery of a wounded, ill, or injured servicemember. However, when a family member assumes this role, there are many challenges they themselves may face including lost income, travel and relocation costs, child care concerns, exhaustion, and emotional or psychological stress. Recognizing the commitment and struggles of family caregivers, Congress enacted Public Law 111–163, the Caregivers and Veterans Omnibus Health Services Act. This law requires VA to establish a comprehensive program of assistance for family caregivers. We are disappointed with VA's delay in implementing this important program and the initial implementation plan submitted to Congress, which fails to meet Congressional intent. Further, we are deeply troubled with the FY 2012 budget submission that allocates only $66 million to implement the enhanced programs for caregivers under sections 101 through 104 of Public Law 111–163. The Committee is committed to getting this right for veterans and their caregivers and intends to ensure that the program is implemented expeditiously, fully meets Congressional intent, and is appropriately funded.

Contingency Fund

Each of the last three budget cycles occurred in the heart of the economic recession, but the budget requests and actual appropriation levels during that three-year period (FY 2009, FY 2010, and FY 2011) relied on health care utilization data that predated the recession. Unlike the request for FY 2012, the budget requests for those years did *not* incorporate an "unemployment economic variable" when projecting what resources would be necessary to sustain the medical care system. It is reasonable to assume that if an unanticipated surge in demand because of declining economic conditions was to occur and have an impact on VA resources, one might have expected it to occur already.

In fiscal years 2009, 2010, and 2011, VA assumed no carryover of unobligated balances from one year to the next. However, actual medical care carryover from FY 2009 to FY 2010 was well over $1 billion; actual carryover from FY 2010 to FY 2011 was nearly $1.5 billion; and there is now an assumed carryover of $1.1 billion from FY 2011 to FY 2012. Thus, it is reasonable to conclude that *even*

in the absence of current data on the effects of the recession on veterans' reliance on VA's health care system, VA received sufficient resources to meet the health care needs of America's veterans. Not only did VA have unanticipated unobligated balances to carry over, it also improved on its key quality measures (another indicator of whether resources provided were sufficient). Although we are sensitive to the abundance of caution the Administration wishes to take by requesting a contingency fund in the event it is needed, we believe there are other means available to monitor and meet the needs of the system that do not require providing what amounts to a $953 million advance supplemental.

We also have institutional concerns regarding the feasibility of advocating that an appropriation be provided that is expended solely at the discretion of the Executive Branch. When Congress appropriates resources, it is with the full expectation that those resources be expended. If the Executive Branch believes that it has been provided with too many resources, then it can request that Congress rescind those funds.

Carryover and Management Savings

In past Administrations' budget submissions, no carryover of funds for medical care was assumed for fiscal years 2009, 2010, and 2011. With this year's request, the Administration does assume a carryover from FY 2011 into FY 2012, and from FY 2012 into FY 2013, but the Administration characterizes the carryover as evidence of savings realized from certain management actions it has undertaken or will soon undertake.

Although we agree that carryover of funds from one year to the next is a prudent use of taxpayer dollars and must absolutely be built into a subsequent year's budget request, we disagree with characterizing such carryover as evidence of savings achieved due to management actions. To the extent VA is able to account for specific savings associated with planned management actions, we would expect those savings to already be reflected in VA's current resource request. For example, it is reasonable to assume that as VA becomes more efficient in purchasing goods and services for use in its health care system, that those savings will be built into the Enrollee Health Care Projection Model VA uses to justify its appropriation request. To ask Congress to appropriate the full amount VA assumes it can save by being more efficient strikes us as antithetical to how a business or family would budget. Again, we agree that permitting VA to carry money over into a subsequent fiscal year is, and always has been, an important aspect of how VA manages its resources effectively. We do not agree with VA's new attempt to characterize such carryover as evidence of savings. We intend to follow up with the Government Accountability Office to determine whether the management savings VA claims it can achieve are, in fact, directly or indirectly factored into its Enrollee Health Care Projection Model forecasting of resource needs.

Medical Collections

As noted previously, the Administration has revised its estimate for FY 2012 medical collections downward, from $3.679 billion to $3.078 billion. We are concerned with such a large re-estimate

given that VA's collections efforts have generally exceeded original budget estimates. Further, it is our understanding that as VA expands the number of Congressionally-directed Consolidated Patient Accounting Centers nationwide, it will become more efficient in its medical collections efforts. Notwithstanding all of the above, VA relied on its Enrollee Health Care Projection Model estimates of total resource need when it revised its collections estimates for FY 2012. We, therefore, will accept the revised estimate but keep a watchful eye on this critical source of revenue going forward.

Recommendation

We believe the amounts contained in H.R. 1 for VA medical care in FY 2012 are in line with what is required to meet the health care needs of the VA system. We also believe those amounts will provide a reasonable measure of protection should resources be strained by unanticipated demand for care or an unexpected shortfall in revenue from collections. We further believe that careful monitoring by Congress of VA's health care expenditures has been, and will continue to be, accomplished via a diligent examination of quarterly reports submitted to Congress. These reports look at planned versus actual spend-through rates, as well as specific quality measures, to ensure the needs of the health care system are being met. Should data from these quarterly reports suggest additional resources are necessary, the Administration and Congress will work together to bridge any urgent budgetary gap that may arise.

It should be noted that adoption of the medical care funding levels proposed in H.R. 1 would be tantamount to providing nearly all ($713 million out of $953 million) of the Administration's proposed contingency fund. We do not believe, however, that these funds should be held by the Office of Management and Budget as a contingency. Instead, the funds should be released to the field for use in providing medical care to veterans and to supplement resources for implementation of the family caregiver provisions of Public Law 111–163. Should the funds not be needed, we would expect it to be reflected in carryover of unobligated balances and adjustment of appropriation needs going forward or a rescission request from the Administration.

The Committee anticipates that conclusive action will soon be taken on the FY 2011 spending bill, which includes FY 2012 advance appropriations for VA medical care accounts. The Committee believes that the difference between this expected amount and the Administration's revised request, $240 million, should be allocated among other VA accounts to address specific needs outlined below.

Veterans' Medical and Prosthetic Research

For FY 2012, the Administration requests $509 million for medical and prosthetic research, a reduction of $72 million from the expected level of funding for FY 2011 under a continuing resolution. The VA medical and prosthetic research program makes significant contributions to the advancement of medicine, defining new standards of care, and improving the lives of our veterans and all Americans. The program accomplishes this through conducting research focused on injuries, illnesses and conditions related to military

service and by serving as an effective recruitment and retention tool for high quality clinician-investigators who care for our veterans. With the increasing number of veterans with debilitating combat injuries, including post-traumatic stress disorder, incurred in the Global War on Terror, this is not the time to cut this valuable research program dedicated to benefiting the clinical treatment needs of our veterans.

We recommend an additional $72 million to restore the level of funding to FY 2011 levels. However, at the same time, we are disturbed by reports that a substantial portion of the medical and prosthetic research appropriation for FY 2010 was not spent in a timely fashion and was carried over to FY 2011. There are more than a sufficient number of worthy research proposals to justify full funding of the medical and prosthetic research account and we find it unacceptable that research to develop potentially life-saving treatments would be held up by management failures. It is our understanding that the inability to expend all of the research funds in FY 2010 may be attributed in part to failures in hiring, contracting and information technology (IT) procurement necessary for the conduct of VA-funded research projects. We expect VA to immediately conduct a review to identify the reason these funds were not expended and promptly implement a corrective strategy to prevent a future such occurrence.

Information Technology

For FY 2012, the Administration requests $3.161 billion for the Office of Information and Technology (OI&T). Although we generally support the request, concerns remain in several areas. One of these concerns is a lack of a clearly-defined IT strategy, including how VA intends to address previously-identified, current, and future weaknesses in information security. We believe that resolving these security issues and better defining a long-term IT strategy will not only help VA better address the needs of veterans, it will also enable better coordination between VA and the Department of Defense in transitioning servicemembers to veteran status.

We are also concerned about a large influx of human capital specifically under the control of OI&T without a clear definition of what job positions these employees will have or what the long-term plan is for them once IT milestones have been reached and goals accomplished. The Administration's FY 2012 budget request supports a staffing level of 7,345 full time equivalents (FTE) and another 182 reimbursable FTE under OI&T, an increase of 674 FTE, or nearly 10 percent, over FY 2010 staffing levels. A clearer definition of the job roles, titles, and locations of both existing employees as well as the significant number of new employees would greatly increase transparency and accountability for VA's IT performance and accomplishments.

Lastly, we remain concerned about a lack of cost-benefit analyses being provided before VA undertakes major IT projects. Given a recent history of several multi-million dollar programs being cancelled after a period of time with no result to show for the expenditure, a cost-benefit analysis provided in advance of undertaking large-scale IT programs would provide better stewardship of taxpayer dollars and clearly identify intended goals and milestones.

Construction Programs

For FY 2012, the Administration requests a total of $1.271 billion for VA's four construction accounts: Major Construction ($590 million); Minor Construction ($550 million); State Extended Care Facility Construction Grants ($85 million); and State Cemetery Construction Grants ($46 million). The total resource request would, assuming amounts for FY 2011 are funded at the President's requested level, translate to a reduction of $478 million, or 37.6 percent. Further, consistent with the requirements of section 905 of Public Law 111–275, the Administration proposes to allocate $136 million in major construction funding derived from bid savings.

VA's new Strategic Capital Investment Planning (SCIP) process is a 10-year plan designed to identify and prioritize specific capital investment options to meet service delivery gaps in the areas of safety, security, utilization, access, seismic protection, facility condition assessments, parking and energy. SCIP projects a 10-year resource need of between $53 and $65 billion.

VA's total capital request (including facility leases, equipment, and non-recurring maintenance needs not covered under the four construction accounts named above) for FY 2012 is $2.876 billion. At the present rate, it would take 20 years to meet the minimum resource need identified in the SCIP 10-year plan. We are, therefore, concerned that the SCIP plan is unrealistic on its face and would like the opportunity to engage the Administration on the plan going forward. Given that the stated needs of the system are vast, we recommend providing resources above the President's request for major and minor construction totaling $168 million.

General Administration

The Administration's FY 2012 request for General Administration is $48.225 million, a 33.5 percent increase over FY 2009 levels. General Administration funding covers certain VA support offices, such as the Office of the Secretary, the Office of Management, the Office of Policy and Planning, and the Office of Congressional and Legislative Affairs, and one office (the Board of Veterans' Appeals) providing direct services to veterans. For your review, below is a chart of expected three-year increases in entities funded under the General Administration account. As you will see, growth in these central office support functions has been substantial:

General Administration Accounts	FY 2009	President's FY 2012 Request	% Increase
Office of the Secretary	$ 7.146 M	$ 10.104 M	+41.2%
Board of Veterans' Appeals	$ 68.582 M	$ 78.006 M	+13.7%
General Counsel's Office	$ 74.343 M	$ 84.073 M	+13.08%
Management Office	$ 37.546 M	$ 46.222 M	+23.1%
Human Resources Office	$ 61.901 M	$ 74.343 M	+20.1%

General Administration Accounts	FY 2009	President's FY 2012 Request	% Increase
Policy and Planning Office	$ 14.602 M	$ 28.647 M	+96.2%
Security and Preparedness Office	$ 12.025 M	$ 19.873 M	+65.26%
Public Affairs Office	$ 10.005 M	$ 23.981 M	+140%
Congressional Affairs Office	$ 4.379 M	$ 6.585 M	+50.37%
Acquisition & Construction Office	$ 45.243 M	$ 76.391 M	+68.85%
Total General Administration	**$335.8 M**	**$448.225 M**	**+33.5%**

Although we do not doubt that many of these support offices serve important oversight, planning, and coordination functions, and even administer some grant programs providing direct assistance to veterans (such as the grant program to support the U.S. Paralympic adapted sports program administered by the Office of Public and Intergovernmental Affairs), we cannot support growth on the order that is proposed in several General Administration accounts, especially during a time of fiscal austerity. Therefore, we recommend realignment of a minimum $17.5 million (excluding any grant program providing direct assistance to veterans) out of General Administration to support programs where those resources could be more effectively used, particularly those providing direct services to veterans.

Veterans Benefits Administration

The Administration proposes $2.019 billion for the Veterans Benefits Administration, a decrease of $130 million compared with the expected full-year FY 2011 appropriation. The decrease in spending is largely attributable to an expected reduction of staffing for education claims filed under the new, Post-9/11 GI Bill. The reduction was anticipated in light of VA's rollout of an information technology tool allowing for automated processing of Post-9/11 GI Bill claims.

Compensation and Pension Service

We are deeply concerned about the growing size of the backlog of claims for VA disability compensation. Since January 2009, the backlog of disability claims has grown by 103 percent, and this budget projects that the average days to complete a claim will rise from 165 days in FY 2010 to 230 days in FY 2012. These numbers grew despite the nearly 4,000 additional employees VA has hired since 2007.

Additionally, VA recently established new regulations to make it easier for Vietnam veterans who were exposed to the Agent Orange herbicide to receive service-connected compensation. This decision has resulted in significant increases in workload for disability compensation as a result of the regulatory change.

We believe a multi-faceted approach is necessary for the Veterans Benefits Administration to overcome the challenges it faces. This approach includes a paradigm shift that involves placing a high level of priority on quality of work as well as quantity. To do so, VA must place greater emphasis on employee training and accountability.

We have long recognized the need for technological improvements to VA's business process, including the development of a paperless, rules-based adjudication system. To accomplish this goal, VA is requesting $148 million to fund the Veterans Benefit Management System. We agree with this request, but will be conducting vigorous oversight during the course of the fiscal year to ensure VA meets the 2012 deadline for implementation.

Vocational Rehabilitation Service

We also draw attention to the needs of veterans being served under the Vocational Rehabilitation and Employment (VR&E) program. Unlike other VA benefit programs, VR&E is a "high touch" program that begins with a detailed evaluation of the impact of a service-connected disability on a veteran's ability to obtain and maintain satisfactory employment. The process consists of formal testing and evaluation by professional counselors who hold advanced degrees in vocational rehabilitation-related fields. Evaluation is followed by development and implementation of a rehabilitation plan focused on maximizing the veteran's employability. Nearly 90 percent of VR&E participants are attending formal training including college degree programs.

The President has requested 1,286 direct FTE to provide vocational rehabilitation services, an increase of 129 FTE above the FY 2011 VR&E direct FTE level, including support staff on board at this time. However, given the caseload increase of roughly 10,000, the FTE increase will do little to reduce the average caseload from the current 135 to 150 veterans per counselor. Therefore, we recommend a reallocation of $5.5 million from the General Administration account to support an additional 50 professional VR&E counselors to shorten both the time needed to begin receiving VR&E services and to increase the quality of those services.

National Cemetery Administration

For FY 2012, the Administration proposes $251 million for the National Cemetery Administration (NCA), which would continue flat-line funding for the second straight year. We generally concur with the President's request for NCA, but recommend an additional $2 million be included to continue the National Shrine Commitment at NCA. This additional funding would ensure the highest possible standards for all of our veterans' final resting places, and would be used for infrastructure projects such as irrigation, renovation of historic structures, headstone cleansing, and road resurfacing.

VA Inspector General

The Administration proposes a second straight year of flat funding for the Office of the Inspector General, proposing $109 million

in funding for FY 2012. The Inspector General's Office provides critical oversight of VA's programs and services to eliminate waste, fraud and abuse. It also conducts periodic reviews of VA health care services to ensure applicable processes governing patient safety are being adhered to. In light of the need to eliminate wasteful spending, the mission of the Inspector General's Office is more important now than ever. Therefore, we recommend a $10 million increase in this account relative to the President's request.

Conclusion

These views reflect the best judgment of the undersigned Members of the Committee as of this date. We have submitted additional questions regarding the Administration's budget proposal and will conduct a series of oversight hearings in the coming months on other facets of the request. If we or the Committee staff can provide assistance regarding the views contained in this letter, please don't hesitate to contact us.

Sincerely,

Jeff Miller, *Chairman*; Bob Filner, *Ranking Democratic Member*; Doug Lamborn; David P. Roe; Gus M. Bilirakis; Jeff Denham; Jon Runyan; Corrine Brown; Silvestre Reyes; Bruce L. Braley; Dan Benishek; Cliff Stearns; Russ Carnahan; Timothy J. Walz; Michael H. Michaud; Joe Donnelly; Jerry McNerney; Linda T Sánchez; John Barrow; Ann Marie Buerkle; Bill Johnson; Bill Flores.

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