

**STATEMENT OF THE HONORABLE ROBERT L. WILKIE
SECRETARY OF VETERANS AFFAIRS**

**FOR PRESENTATION BEFORE THE
SENATE COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON MILITARY CONSTRUCTION, VETERANS AFFAIRS,
AND RELATED AGENCIES**

**BUDGET REQUEST FOR FISCAL YEAR 2020
APRIL 30, 2019**

Good afternoon, Chairman Boozman, Senator Schatz, and distinguished Members of the Subcommittee. Thank you for the opportunity to testify today in support of the President's Fiscal Year (FY) 2020 Budget for the Department of Veterans Affairs (VA), including the FY 2021 Advance Appropriation (AA) request. I am accompanied today by Dr. Richard Stone, Executive in Charge, Veterans Health Administration (VHA), Dr. Paul Lawrence, Under Secretary for Benefits, Randy Reeves, Under Secretary for Memorial Affairs, and Jon Rychalski, Assistant Secretary for Management and Chief Financial Officer.

I begin by thanking Congress and this Subcommittee for your continued strong support and shared commitment to our Nation's Veterans VA. In my estimation, two Federal Government departments must rise above partisan politics—the Department of Defense (DoD) and VA. The bipartisan support this Subcommittee provides sustains that proposition. To continue VA's momentum, the FY 2020 budget request fulfills the President's strong commitment to Veterans by providing the resources necessary to improve the care and support our Veterans have earned through sacrifice and service to our country.

Fiscal Year (FY) 2020 Budget Request

The President's FY 2020 Budget requests \$220.2 billion for VA — \$97.0 billion in discretionary funding (including medical care collections). The discretionary request is an increase of \$6.8 billion, or 7.5 percent, over the enacted FY 2019 budget. It will sustain the progress we have made and provide additional resources to improve patient access and timeliness of medical care services for the approximately 9 million enrolled Veterans eligible for VA health care, while improving benefits delivery for our Veterans and their beneficiaries. The President's FY 2020 budget also requests \$123.2 billion in mandatory funding, \$12.3 billion or 11.1 percent above 2019.

For the FY 2021 AA, the budget requests \$91.8 billion in discretionary funding including medical care collections for Medical Care and \$129.5 billion in mandatory advance appropriations for Compensation and Pensions, Readjustment Benefits, and Veterans Insurance and Indemnities benefits programs in the Veterans Benefits Administration (VBA).

For VA Medical Care, VA is requesting \$84.1 billion (including collections) in FY 2020, a 9.6 percent increase over the 2019 level, and a \$4.6 billion increase over the 2020 AA, primarily for community care and to transition the Choice Program workload to VA's discretionary Medical Community Care account. This Budget will provide funding for treating 7.1 million patients in 2020.

This is a strong budget request that fulfills the President's commitment to Veterans by ensuring that they receive high-quality health care and timely access to benefits and services while concurrently improving productivity and fiscal responsibility. I urge Congress to support and fully fund our FY 2020 and FY 2021 AA budget requests – these resources are critical to enabling the Department to meet the evolving needs of our Veterans and successfully execute my top priorities.

Customer Service

It is the responsibility of all VA employees to provide an excellent customer service experience (CX) to Veterans, Servicemembers, their families, caregivers, and survivors when we deliver care, benefits, and memorial services. I am privileged to champion this effort.

Our National Cemetery Administration has long been recognized as the organization with the highest customer satisfaction score in the Nation. That's according to the American Customer Satisfaction Index (ACSI). And that's across all sectors of industry and government. We need to work to scope that kind of success across all benefits and services.

That's why I incorporated CX into the FY 2018-2024 VA Strategic Plan. Last year, I issued VA's first customer service policy. That policy outlines how VA will achieve excellent customer service along three key pillars: CX Capabilities, CX Governance, and CX Accountability. I am holding all VA executives, managers, supervisors, and employees accountable to foster a climate of customer service excellence. We will be guided by our core VA Values of Integrity, Commitment, Advocacy, Respect, and Excellence (I-CARE). These values define our culture of customer service and help shape our standards of behavior.

Because of VA's leadership in customer experience, our Veterans Experience Office has been designated Lead Agency Partner for the President's Management Agenda (PMA) Cross-Agency Priority (CAP) Goal on Improving Customer Experience across government.

Our goal is to lead the President's work of improving customer experience across Federal agencies and deliver customer service to Veterans we serve that is on par with top private sector companies.

This is not business as usual at VA. We are changing our culture and putting our Veteran customers at the center of our process. To accomplish this goal, we are making investments in Customer Service, and we are making bold moves in training and implementing customer experience best practices.

Veterans Experience Office. The Veterans Experience Office (VEO) is my lead organization for achieving our customer service priority and providing the Department a core customer experience capability. VEO offers four core customer experience capabilities, including real-time customer experience data, tangible customer experience tools, modern technology, and targeted engagement. For FY 2020, VEO is shifting from a full reimbursable authority (RA) funding model to a hybrid of a RA and budget authority (BA) model. The FY 2020 request of \$69.4 million for the VEO (\$8.6 million in BA and \$60.6 million in RA) is \$8.1 million above the FY 2019 enacted budget. The budget increase and the transition to a BA highlights VA's commitment to customer service and the institutionalization of CX capabilities within the Department to improve care, benefits and service to Veterans, their families, caregivers and survivors.

MISSION Act Implementation

The VA MISSION Act of 2018 (the MISSION Act) will fundamentally transform elements of VA's health care system, fulfilling the President's commitment to help Veterans live a healthy and fulfilling life. It is critical that we deliver a transformed 21st century VA health care system that puts Veterans at the center of everything we do. The FY 2020 budget requests \$8.9 billion in the VA Medical Care program for implementation of key provisions of the MISSION Act: \$5.5 billion for continued care of the Choice Program population; \$2.9 billion for expanded access for care based on average drive time and wait time standards and expanded transplant care; \$272 million for the Urgent Care benefit, and \$150 million to expand the Program of Comprehensive Assistance for Family Caregivers.

Access to Care. Over the past few years, VA has invested heavily in our direct delivery system, leading to reduced wait times for care in VA facilities that currently meet or exceed the quality and timeliness of care provided by the private sector. And VA is improving access across its more than 1,200 facilities even as Veteran participation in VA health care continues to increase.

From FY 2014 through FY 2018, VA saw an increase of 226,000 unique patients for outpatient appointments (a four percent increase). Since FY 2014, the number of annual appointments for VA care is up by 3.4 million. There were over 58 million appointments in VA facilities in FY 2018—620,000 more than the prior fiscal year. We have significantly reduced the time to complete an urgent referral to a specialist. In FY 2014, it took an average of 19.3 days to complete an urgent referral and in FY 2018 it took 2.1 days, an 89 percent decrease. As of December 2018, that time was down to about 1.6 days.

Still, our patchwork of multiple separate community care programs is a bureaucratic maze that is difficult for Veterans, their families, and VA employees to navigate.

The MISSION Act empowers VA to deliver the quality care and timely service Veterans deserve so we will remain at the center of Veterans' care. Further, the MISSION Act strengthens VA's internal network and infrastructure so VA can provide Veterans more health care access more efficiently.

Transition to the New Community Care Program. We are building an integrated, holistic system of care that combines the best of VA, our Federal partners, academic affiliates, and the private sector.

The Veterans Community Care Program consolidates VA's separate community care programs and will put care in the hands of Veterans and get them the right care at the right time from the right provider. On January 30, 2019, we announced proposed access standards that would determine if Veterans are eligible for community care under the access standard eligibility criterion in the MISSION Act to supplement care they are provided in the VA health care system. The proposed regulation for the program (RIN 2900-AQ46) was published in the Federal Register on February 22, 2019, and was open for comments through March 25, 2019.

New Veterans Community Care Program Eligibility Criteria

1. VA does not offer the care or services the Veteran requires;
2. VA does not operate a full-service medical facility in the State in which the Veteran resides;
3. The Veteran was eligible to receive care under the Veterans Choice Program and is eligible to receive care under certain grandfathering provisions;
4. VA is not able to furnish care or services to a Veteran in a manner that complies with VA's designated access standards;
5. The Veteran and the Veteran's referring clinician determine it is in the best medical interest of the Veteran to receive care or services from an eligible entity or provider based on consideration of certain criteria that VA would establish; or
6. The Veteran is seeking care or services from a VA medical service line that VA has determined is not providing care that complies with VA's standards for quality.

Proposed Access Standards. VA's proposed access standards—proposed for implementation in June 2019—best meet the medical needs of Veterans and will complement existing VA facilities with community providers to give Veterans access to health care.

1. **For primary care**, mental health, and non-institutional extended care services VA is proposing a 30-minute average drive time from the Veteran's residence.

2. **For specialty care**, VA is proposing a 60-minute average drive time from the Veteran’s residence.
3. VA is proposing **appointment wait-time standards** of 20 days for primary care, mental health care, and non-institutional extended care services and 28 days for specialty care from the date of request, unless a later date has been agreed to by the Veteran in consultation with the VA health care provider.

	Primary/Mental Health/Non-institutional Extended Care	Specialty Care
Appointment Wait Time	Within 20 Days	Within 28 Days
Average Drive Time	Within 30 Min	Within 60 Min

VA remains committed to providing care through VA facilities as the primary means for Veterans to receive health care, and it will remain the focus of VA’s efforts. As a complement to VA’s facilities eligible Veterans who cannot receive care within the requirements of these proposed access standards would be offered community care. When Veterans are eligible for community care, they may choose to receive care with an eligible community provider, or they may continue to choose to get the care at their VA medical facility.

The proposed access standards are based on analysis of practices and our consultations with Federal agencies—including the DoD, the Department of Health and Human Services, and the Centers for Medicare & Medicaid Services—private sector organizations, and other non-governmental commercial entities. Practices in both the private and public sector formulated our proposed access standards to include appointment wait-time standards and average drive time standards.

VA also published a Notice in the Federal Register seeking public comments, and in July 2018, VA held a public meeting to provide an additional opportunity for public comment.

With VA’s proposed access standards, the future of VA’s health care system will lie in the hands of Veterans—exactly where it should be.

Urgent Care. This budget will also invest \$272 million in implementing the new urgent (walk-in care) benefit included in the VA MISSION Act. On January 31, 2019, VA published a proposed rule that would guide the provision of this benefit using the provider network available through national contracts. Under the new urgent care authority, we will be able to offer eligible Veterans convenient care for certain, limited, non-emergent health care needs.

Caregivers. The MISSION Act expands eligibility for VA's Program of Comprehensive Assistance for Family Caregivers (PCAFC) under the Caregiver Support Program, establishes new benefits for designated primary family caregivers of eligible Veterans, and makes other changes affecting program eligibility and VA's evaluation of PCAFC applications. Currently, the Program of Comprehensive Assistance for Family Caregivers is only available to eligible family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or after September 11, 2001. Implementation of the MISSION Act will expand eligibility to eligible family caregivers of eligible Veterans from all eras.

Under the law, expansion will begin when VA certifies to Congress that VA has fully implemented a required information technology system. The expansion will occur in two phases beginning with eligible family caregivers of eligible Veterans who incurred or aggravated a serious injury in the line of duty on or before May 7, 1975, with further expansion beginning two years after that.

Over the course of the next year, VA will be establishing systems and regulations necessary to expand this program. Caregivers and Veterans can learn about the full range of available support and programs through the Caregivers website, www.caregiver.va.gov, or by contacting the Caregiver Support Line toll-free at 1-855-260-3274.

The FY 2020 Budget for the Caregivers Support Program is \$720 million, \$150 million of which is specifically requested to implement the program's expansion because of the MISSION Act.

Telehealth. VA is a leader in providing telehealth services. VA leverages telehealth technologies to enhance the accessibility, capacity, and quality of VA health care for Veterans, their families, and their caregivers anywhere in the country. VA achieved more than one million video telehealth visits in FY 2018, a 19 percent increase in video telehealth visits over the prior year. Telehealth is a critical tool to ensure Veterans, especially rural Veterans, can access health care when and where they need it. With the support of Congress, VA has an opportunity to continue shaping the future of health care with cutting-edge technology providing convenient, accessible, high-quality care to Veterans. The FY 2020 Budget includes \$1.1 billion for telehealth services, a \$105 million or 10.5 percent increase over the 2019 current estimate.

Section 151 of the MISSION Act strengthens VA's ability to provide even more telehealth services because it statutorily authorizes VA providers to practice telehealth at any location in any State, regardless of where the provider is licensed. VA's telehealth program enhances customer service by increasing Veterans' access to VA care, while lessening travel burdens.

In FY 2018, more than 782,000 Veterans (or 13 percent of Veterans obtaining care at VA) had one or more telehealth episodes of care, totaling 2.29 million telehealth episodes of care. Of these 782,000 Veterans using telehealth, 45 percent live in rural areas. VA's major expansion for telehealth and telemental health over the next five

years, for both urban and rural Veterans, will focus on care in or near the Veteran's home. VA's target is to increase Veterans receiving some care through telehealth from 13 percent to 20 percent using telehealth innovations like the VA Video Connect (VVC) application, which enables private encrypted video telehealth services from almost any mobile device or computer. VVC will be integrated into VA clinicians' routine operations to provide Veterans another option for connecting with their care teams.

Strengthening VA's Workforce. Recruitment and retention are critical to ensuring that VA has the right doctors, nurses, clinicians, specialists and technicians to provide the care that Veterans need. The FY 2020 Budget strengthens VHA's workforce by providing funding for 342,647 FTE, an increase of 13,066 over 2019. VA is also actively implementing MISSION Act authorities that increased VA's ability to recruit and retain the best medical providers by expanding existing loan repayment and clinical scholarship programs; it also established the authority to create several new programs focused on medical school students and recent graduates. VA is also implementing additional initiatives to enhance VA's workforce, such as the expanded utilization of peer specialists and medical scribes.

Business Transformation

Business transformation is essential if we are to move beyond compartmentalization of the past and empower our employees serving Veterans in the field to provide world-class customer service. This means reforming the systems responsible for claims and appeals, GI Bill benefits, human resources, financial and acquisition management, supply chain management, and construction. The Office of Enterprise Integration (OEI) is charged with coordination for these efforts.

Office of Enterprise Integration. The scale and criticality of the initiatives underway at VA require management discipline and strong governance. As part of OEI's coordination role in VA's business transformation efforts, we have implemented a consistent governance process to review progress against anticipated milestones, timelines, and budget. This process supports continuous alignment with objectives and identifies risks and impediments prior to their realization.

For example, our VA Modernization Board recently initiated a leadership integration forum to synchronize deployment schedules across three major enterprise initiatives: adoption of Defense Medical Logistics Standard Support (DMLSS), financial management business transformation, and our new electronic health record. This forum allowed us to assess the feasibility of a concurrent deployment and identify an alternate course of action. By implementing strong governance and oversight, we are increasing accountability and transparency of our most critical initiatives.

Appeals Modernization. The Veterans Appeals Improvement and Modernization Act of 2017 (AMA) was signed into law on August 23, 2017 and took effect on February 19, 2019. The Appeals Modernization Act transforms VA's complex and lengthy appeals process into one that is simple, timely, and fair to Veterans and ultimately gives Veterans choice and control over how to handle their claims and appeals.

The FY 2020 request of \$182 million for the Board of Veterans' Appeals (the Board) is \$7.3 million above the FY 2019 enacted budget and will sustain the 1,125 FTE who will adjudicate and process legacy appeals while implementing the Appeals Improvement and Modernization Act. The Board continues to demonstrate its commitment to reducing legacy appeals and decided a historic number of appeals – 85,288 -- in FY 2018, the highest number for any fiscal year. The Board is on pace to decide over 90,000 appeals in 2019.

To ensure smooth implementation, the Board launched an aggressive workforce plan to recruit, hire, and train new employees in FY 2018. The Board on-boarded approximately 242 new hires, including 217 attorneys/law clerks and approximately 20 administrative personnel.

The new appeals process features three decision-review lanes:

1. **Higher-Level Review Lane:** A senior-level claims processor at a VA regional office will conduct a new look at a previous decision based on the evidence of record. Reviewers can overturn previous decisions based on a difference of opinion or return a decision for correction. VBA has a 125-day average processing goal for decisions issued in this lane.
2. **Supplemental Claim Lane:** Veterans can submit new and relevant evidence to support their claim, and a claims processor at a VA regional office will assist in developing evidence. VBA has a 125-day average processing goal for decisions issued in this lane.
3. **Appeal Lane:** Veterans who choose to appeal a decision directly to the Board of Veterans' Appeals (Board) may request direct review of the evidence the regional office reviewed, submit additional evidence, or have a hearing. The Board has a 365-day average processing time goal for appeals in which the Veteran does not submit evidence or request a hearing.

In addition to focusing on implementation of the Appeals Modernization Act, addressing pending legacy appeals will continue to be a priority for VBA and the Board in FY 2019. VBA's efforts have resulted in appeals actions that have exceeded projections for fiscal year to date 2019. VBA plans to eliminate completely its legacy, non-remand appeals inventory in FY 2020 and significantly reduce its legacy remand inventory in FY 2020.

Finally, VBA is also undertaking a similar, multi-pronged approach to modernize its appeals process through increased resources, technology, process improvements, and increased efficiencies. VBA's compensation and pension appeals program is

supported by 2,100 FTEs. VBA added 605 FTEs in FY 2019 to process legacy appeals and decision reviews in the modernized process. As of October 1, 2018, to best maximize its resources and enable efficiencies, VBA centralized these assets to conduct higher-level reviews at two Decision Review Operation Centers (DROC). VBA will convert the current Appeals Resource Center in Washington, DC, into a third DROC using existing assets.

Forever GI Bill. Since the passage of the Harry W. Colmery Veterans Educational Assistance Act of August 16, 2017, VA has implemented 28 of the law's 34 provisions. Twenty-two of the law's 34 provisions require significant changes to VA information technology systems, and VA has 202 temporary employees in the field to support this additional workload.

Sections 107 and 501 of the law change the way VA pays monthly housing stipends for GI Bill recipients, and VA is committed to providing a solution that is reliable, efficient and effective. Pending the deployment of a technology-based solution, Veterans and schools will continue to receive GI Bill benefit payments as normal. By asking schools to hold fall enrollments through the summer and not meeting the implementation date for the IT solutions of Sections 107 and 501, some beneficiaries experienced delayed and incorrect payments.

In accordance with the Forever GI Bill Housing Payment Fulfillment Act of 2018, VA established a Tiger Team tasked to resolve issues with implementing sections 107 and 501 of the Forever GI Bill. This month we awarded a new contract that we believe will provide the right solution for implementing Sections 107 and 501. By December 2019, we will have Sections 107 and 501 fully implemented. By spring 2020, all enrollments will be processed according to the Colmery Act. We will recalculate benefits based on where Veterans take classes, and we will work with schools to make Sections 107 and 501 payments retroactive to the first day of August 2018, the effective date.

The Department is committed to making sure every Post-9/11 GI Bill beneficiary is made whole based on the rates established under the Forever GI Bill, and we are actively working to make that happen. We got the word out to Veterans, beneficiaries, schools, VSOs, and other stakeholders that any Veteran who is in a financial hardship due to a late or delayed GI Bill payment should contact us immediately.

In December 2018, we updated the housing rates like we normally would have in August. Those rates were effective for all payments after January 1, 2019. Additionally, we processed over 450,000 rate corrections, ensuring that any beneficiary who was underpaid from August through December received a check for the difference. We have completed the spring peak enrollment season without any significant challenges. We worked with schools to get enrollments submitted as quickly as possible.

As VA moves forward with implementation, we will continue to regularly update our Veteran students and their institutions of learning on our progress and what to expect. Already, VA has modified its definition of "campus" to better align itself with

statutory requirements, and in doing so has lessened the administrative burden on schools to report to VA housing data.

Information Technology Modernization. The FY 2020 budget request of \$4.343 billion continues VA's investment in the Office of Information Technology (OIT) modernization effort, enabling VA to streamline efforts to operate more effectively and decrease our spending while increasing the services we provide. The budget allows OIT to deliver available, adaptable, secure, and cost-effective technology services to VA—transforming the Department into an innovative, twenty first century organization—and to act as a steward for all VA's IT assets and resources. OIT delivers the necessary technology and expertise that supports Veterans and their families through effective communication and management of people, technology, business requirements, and financial processes.

The requested \$401 million funds for development will be dedicated to mission critical areas, continued divestiture of legacy systems such as the Benefits Delivery Network and the Burial Operations Support System, and initiatives that are directly Veteran-facing. Funds will continue to support Veteran focused initiatives such as Mental Health, MISSION Act and Community Care, and the continued transition from the legacy Financial Management System (FMS) to the new Integrated Financial and Acquisition Management System (iFAMS). The Budget also invests \$379 million for information security to protect Veterans' information.

Financial Management Business Transformation (FMBT). As mentioned above, a critical system that will touch the delivery of all health and benefits is our new financial and acquisition management system, iFAMS. In support of the Financial Management Business Transformation (FMBT) program, the FY 2020 budget requests \$66 million in IT funds, \$107 million in Franchise Fund Service Level Agreement (SLA) funding from the Administrations and other Staff Offices to be paid to the Financial Services Center (FSC), and General Administration funding of \$11.9 million.

Through the FMBT program, VA is working to implement an enterprise-wide financial and acquisition management system in partnership with our service provider, CGI Federal Inc. VA will utilize a cloud hosted solution, configured for VA, leveraging CGI's Software as a Service (SaaS) model. VA will gain increased operational efficiency, productivity, reporting capability, and flexibility from a modern Enterprise Resource Planning (ERP) cloud solution. The new cloud solution will also provide additional security, storage, and scalability.

Infrastructure Improvements and Streamlining. I want to thank Congress for providing \$2 billion in additional funding for VA infrastructure in 2019. This additional funding for minor construction, seismic corrections, and non-recurring maintenance will enhance our ability to address infrastructure needs. In FY 2020, VA will continue improving its infrastructure while transforming our health care system to an integrated network to serve Veterans. This budget allows for the expansion of health care, burial and benefits services where needed most. The request includes \$1.235 billion in Major Construction funding, as well as \$399 million in Minor Construction to fund VA's highest

priority infrastructure projects. These funding levels are consistent with our requests in recent years.

Major and Minor Construction

This funding supports major medical facility projects including providing the final funding required to complete these projects: New York, NY – Manhattan VAMC Flood Recovery, Bay Pines, FL – Inpatient/Outpatient Improvements, San Juan, PR – Seismic Corrections, Building 1; and Louisville, KY – New Medical Facility. The request also includes continued funding for ongoing major medical projects at San Diego, CA – Spinal Cord Injury and Seismic Corrections, Reno, NV – Correct Seismic Deficiencies and Expand Clinical Services Building, West Los Angeles, CA – Site utilities for Build New Critical Care Center, and Alameda, CA – Outpatient Clinic & National Cemetery.

The 2020 request includes additional funding for the completion of the new cemetery at Western New York Cemetery (Elmira, NY) and the replacement of the cemetery at Bayamon, PR (Morovis), and expansion project at Riverside, CA. The national cemetery expansion and improvement projects at Houston and Dallas, TX and Massachusetts (Bourne, MA) are also provided for. The FY 2020 Budget provides funds for the continued support of major construction program including the seismic initiative that was implemented in 2019 to address VA's highest priority facilities in need of seismic repairs and upgrades.

The request also includes \$399 million in minor construction funds that will be used to expand health care, burial and benefits services for Veterans. The minor construction request includes funding for 131 newly identified projects as well as existing partially funded projects.

Leasing

VA is also requesting authorization of seven major medical leases in 2020 to ensure access to health care is available in those areas. These leases include new leases totaling \$33 million in Columbia, MO and Salt Lake City, UT as well as replacement leases totaling \$104 million in Baltimore, MD; Atlanta, GA; Harlingen, TX; Jacksonville, NC; and Prince George's County, MD. VA is requesting funding of \$919 million to support ongoing leases and delivery of additional leased facilities during the year.

Repurposing or Disposing Vacant Facilities

To maximize resources for Veterans, VA repurposed or disposed of 175 of the 430 vacant or mostly vacant buildings since June 2017. Due diligence efforts (environmental/historic) for the remaining buildings are substantially complete, allowing them to proceed through the final disposal or reuse process.

Suicide Prevention

Suicide is a national public health issue that affects all Americans, and the health and well-being of our nation's Veterans is VA's top priority. Twenty (20) Veterans, active-duty Servicemembers, and non-activated Guard or Reserve members die by suicide on average each day, and of those 20, 14 had not been in our care. That is why we are implementing broad, community-based prevention strategies, driven by data, to connect Veterans outside our system with care and support. The FY 2020 Budget requests \$9.4 billion for mental health services, a \$426 million increase over 2019. The Budget specifically invests \$222 million for suicide prevention programming, a \$15.6 million increase over the 2019 enacted level. The request funds over 15.8 million mental health outpatient visits, an increase of nearly 78,000 visits over the 2019 estimate. This builds on VA's current efforts. VA has hired more than 3,900 new mental health providers yielding a net increase in VA mental health staff of over 1,000 providers since July 2017. Nationally, in the first quarter of 2019, 90 percent of new patients completed an appointment in a mental health clinic within 30 days of scheduling an appointment, and 96.8 percent of established patients completed a mental health appointment within 30 days of the day they requested.

Preventing Veteran suicide requires closer collaboration between VA, DoD, and the Department of Homeland Security (DHS). On January 9, 2018, President Trump signed an Executive Order (13822) titled, "Supporting Our Veterans During Their Transition from Uniformed Service to Civilian Life." This Executive Order directs DoD, VA, and DHS to develop a Joint Action Plan that describes concrete actions to provide access to mental health treatment and suicide prevention resources for transitioning uniformed Servicemembers in the year following their discharge, separation, or retirement. On March 5, 2019, President Trump signed the *National Roadmap to Empower Veterans and End Suicide* Executive Order (13861), which creates a Veteran Wellness, Empowerment, and Suicide Prevention Task Force that is tasked with developing, within 1 year, a road map to empower Veterans to pursue an improved quality of life, prevent suicide, prioritize related research activities, and strengthen collaboration across the public and private sectors. This is an all-hands-on-deck approach to empower Veteran well-being with the goal of ending Veteran suicide.

For Servicemembers and Veterans alike, our collaboration with DoD and DHS is already increasing access to mental health and suicide prevention resources, due in large part to improved integration within VA, especially between the VBA and VHA. VBA and VHA have worked in collaboration with DoD and DHS to engage Servicemembers earlier and more consistently than we have ever done in the past. This engagement includes support to members of the National Guard, Reserves, and Coast Guard.

VA's suicide prevention efforts are guided by our *National Strategy for Preventing Veteran Suicide*, a long-term plan published in the summer of 2018 that provides a framework for identifying priorities, organizing efforts, and focusing national attention and community resources to prevent suicide among Veterans. It also focuses on adopting a broad public health approach to prevention, with an emphasis on comprehensive, community-based engagement.

However, VA cannot do this alone, and suicide is not solely a mental health issue. As a national problem, Veteran suicide can only be reduced and mitigated through a nationwide community-level approach that begins to solve the problems Veterans face, such as loss of belonging, meaningful employment, and engagement with family, friends, and community.

The *National Strategy for Preventing Veteran Suicide* provides a blueprint for how the nation can help to tackle the critical issue of Veteran suicide and outlines strategic directions and goals that involve implementation of programming across the public health spectrum, including, but not limited to:

- Integrating and coordinating Veteran Suicide Prevention across multiple sectors and settings;
- Developing public-private partnerships and enhancing collaborations across Federal agencies;
- Implementing research informed communication efforts to prevent Veteran suicide by changing attitudes knowledge and behaviors;
- Promoting efforts to reduce access to lethal means;
- Implementation of clinical and professional practices for assessing and treating Veterans identified as being at risk for suicidal behaviors; and
- Improvement of the timeliness and usefulness of national surveillance systems relevant to preventing Veteran suicide.

Every day, more than 400 Suicide Prevention Coordinators (SPC) and their teams—located at every VA medical center—connect Veterans with care and educate the community about suicide prevention programs and resources. Through innovative screening and assessment programs such as REACH VET (Recovery Engagement and Coordination for Health—Veterans Enhanced Treatment), VA identifies Veterans who may be at risk for suicide and who may benefit from enhanced care, which can include follow-ups for missed appointments, safety planning, and care plans.

VHA has also expanded its Veterans Crisis Line to three call centers and increased the number of Veterans served by the Readjustment Counseling Service (RCS), which provides services through the 300 Vet Centers, 80 Mobile Vet Centers (MVC), 20 Vet Center Outstations, over 960 Community Access Points and the Vet Center Call Center (877-WAR-VETS). In the last two fiscal years, clients benefiting from RCS services increased by 14 percent, and Vet Center visits for Veterans, Servicemembers, and families increased by 7 percent.

We are committed to advancing our outreach, prevention, and treatment efforts to further restore the trust of our Veterans and continue to improve access to care and support inside and outside VA.

Electronic Health Record Modernization (EHRM)

We made a historic decision to modernize our electronic health record (EHR) system to provide our nation's Veterans with seamless care as they transition from military service to Veteran status. On May 17, 2018, we awarded a ten-year contract to Cerner Government Services, Inc., to acquire the same EHR solution being deployed by DoD that allows patient data to reside in a single hosting site using a single common system to enable sharing of health information, improve care delivery and coordination, and provide clinicians with data and tools that support patient safety. The FY 2020 Budget includes \$1.6 billion to continue to support VA's EHRM effort to create and implement a single longitudinal clinical health record from active duty to Veteran status, and to ensure interoperability with DoD.

The request provides necessary resources for post Go-Live activities completion of Office of Electronic Health Record Modernization's (OEHRM) three Initial Operating Capability (IOC) sites and full deployment of the remaining sites in Veterans Integrated Service Network (VISN) 20, the Pacific Northwest region. Additionally, it funds the concurrent deployment of waves comprised of sites in VISN 21 and VISN 22, the Southwest region. The solution will be deployed at VA medical centers, as well as associated clinics, Veteran centers, mobile units, and other ancillary facilities.

We are working closely with DoD to synchronize efforts as we deploy and test the new health record. We are engaging front-line staff and clinicians to identify efficiencies, hone governance, refine configurations, and standardize processes for future locations. We are committed to a timeline that balances risks, patient safety, and user adoption while also working with DoD in providing a more comprehensive, agile, and coordinated management authority to execute requirements and mitigate potential challenges and obstacles.

Throughout this effort, VA will continue to engage front-line staff and clinicians, as it is a fundamental aspect in ensuring we meet the program's goals. We have begun work with the leadership teams in place in the Pacific Northwest. OEHRM has established clinical councils from the field that will develop National workflows and serve as change agents at the local level.

Supply Chain Transformation

VA has embarked on a supply chain transformation program designed to build a lean, efficient supply chain that provides timely access to meaningful data focused on patient and financial outcomes. We are pursuing a holistic modernization effort which will address people, training, processes, data and automated systems. To achieve greater efficiencies by partnering with other Government agencies, VA will strengthen its long-standing relationships with DoD by leveraging expertise to modernize VA's supply chain operations, while allowing the VA to remain fully committed to providing quality health care and applying resources where they are most needed. The FY 2020 budget includes \$36.8 million in IT funding to support this effort.

As we deploy an integrated health record, we are also collaborating with DoD on an enterprise-wide adoption of the Defense Medical Logistics Standard Support (DMLSS) to replace VA's existing logistics and supply chain solution. VA's current system faces numerous challenges and is not equipped to address the complexity of decision-making and integration required across functions, such as acquisition, logistics and construction. The DMLSS solution will ensure that the right products are delivered to the right places at the right time, while providing the best value to the government and taxpayers.

We are piloting our Supply Chain Modernization program initially at the Captain James A. Lovell Federal Health Care Center (FHCC) and VA initial EHR sites in Spokane and Seattle to analyze VA enterprise-wide application. On March 7th, 2019, we initiated the pilot kickoff at the FHCC for VA's business transformation and supply chain efforts. This decision leverages a proven system that DoD has developed, tested, and implemented. In the future, DMLSS and its technical upgrade LogiCole will better enable whole-of-government sourcing and better facilitate VA's use of DoD Medical Surgical Prime Vendor and other DoD sources, as appropriate, as the source for VA medical materiel.

Veterans Homelessness

The FY 2020 Presidents Budget (PB) continues the Administration's support of VA's Homelessness Programs, with \$1.8 billion in funding, which maintains the 2019 level of funding, including \$380 million for Supportive Services for Veterans Families (SSVF).

Over the past five years, VA and its federal partners have made a concerted effort to collaborate at the federal level to ensure strategic use of resources to end Veteran homelessness. Coordinated entry systems are the actualization of this coordinated effort at the local level. Coordinated entry is seen, and will continue to be seen, as the systematic approach that is needed at the community level to ensure that resources are being utilized in the most effective way possible and that every Veteran in that community is offered the resources he or she needs to end their homelessness. All homeless Veterans in a given community are impacted by the coordinated entry system given that its framework is designed to promote community-wide commitment to the goal of ending homelessness and utilizing community-wide resources (including VA resources) in the most efficient way possible for those Veterans who are in most need. This includes the prioritization of resources for those Veterans experiencing chronic, literal street homelessness. The number of Veterans experiencing homelessness in the United States has declined by nearly half since 2010. On a single night in January 2018, fewer than 40,000 Veterans were experiencing homelessness—5.4 percent fewer than in 2017.

Since 2010, over 700,000 Veterans and their family members have been permanently housed or prevented from becoming homeless. As of December 19, 2018, 69 areas—66 communities and three states—have met the benchmarks and criteria established by the United States Interagency Council on Homelessness, VA, and the

Department of Housing and Urban Development to publicly announced an effective end to Veteran homelessness.

Efforts to end Veteran homelessness have greatly expanded the services available to permanently house homeless Veterans and VA offers a wide array of interventions designed to find homeless Veterans, engage them in services, find pathways to permanent housing, and prevent homelessness from occurring.

Opioid Safety & Reduction Efforts

In October 2017, the President declared the opioid crisis in our country a public health emergency. Opioid safety and reduction efforts are a Department priority, and we have responded with new strategies to rapidly combat this national issue as it affects Veterans. Success requires collaboration among VA leadership and all levels of VA staff—from medical centers to headquarters—Congress, and community partners to ensure we are working with Veterans to achieve positive, life-changing results. The fact that opioid safety, pain care transformation, and treatment of opioid use disorder all contribute to reduction of suicide risk makes these efforts particularly important. The FY 2020 Budget includes \$397 million, a \$15 million increase over 2019, to reduce over-reliance on opioid analgesics for pain management and to provide safe and effective use of opioid therapy when clinically indicated.

VA's Opioid Safety Initiative has greatly reduced reliance on opioid medication for pain management, in part by reducing opioid prescribing by more than 50 percent over the past four years. Most of this progress is attributable to reductions in prescribing long-term opioid therapy by not starting Veterans with chronic, non-cancer pain on opioid therapy and, instead utilizing multimodal strategies that manage Veteran pain more effectively long-term such as acupuncture, behavioral therapy, chiropractic care, yoga, and non-opioid medications.

We are committed to providing Veteran-centric, holistic care for the management of pain and for promoting well-being. We are seeing excellent results as sites across the country deploy this "Whole Health" approach. Non-medication treatments work as well and are often better than opioids at controlling non-cancer pain. We want to assure Congress—and Veterans on opioid therapy—that Veterans' medication will not be - decreased or stopped without their knowledge, engagement, and a thoughtful discussion of accessible alternatives. Our goal is to make sure every Veteran has the best function, quality of life, and pain control.

Women's Health

VA has made significant progress serving women Veterans in recent years. We now provide full services to women Veterans, including comprehensive primary care, gynecology care, maternity care, specialty care, and mental health services. The FY 2020 Budget requests \$547 million for gender specific women Veterans' health care, a \$42 million increase over 2019.

The number of women Veterans using VHA services has tripled since 2000, growing from nearly 160,000 to over 500,000 today. To accommodate the rapid growth, VHA has expanded services and sites of care across the country. VA now has at least two Women's Health Primary Care Provider (WH-PCP) at all of VA's health care systems. In addition, 91 percent of community-based outpatient clinics (CBOCs) have a WH-PCP in place. VHA now has gynecologists on site at 133 sites and mammography on site at 65 locations. For severely injured Veterans, we also now offer in vitro fertilization services through care in the community and reimbursement of adoption costs.

VHA is in the process of training additional providers so every woman Veteran has an opportunity to receive primary care from a WH-PCP. Since 2008, 5,800 providers have been trained in women's health. In fiscal year 2018, 968 Primary Care and Emergency Care Providers were trained in local and national trainings. VA has also developed a mobile women's health training for rural VA sites to better serve rural women Veterans, who make up 26 percent of women Veterans. This budget will also continue to support a fulltime Women Veterans Program Manager at every VHA health care system who is tasked with advocating for the health care needs of women Veterans.

VA is at the forefront of information technology for women's health and is redesigning its electronic medical record to track breast and reproductive health care. Quality measures show that women Veterans who receive care from VA are more likely to receive breast cancer and cervical cancer screening than women in private sector health care. VA also tracks quality by gender and, unlike some other health care systems, has been able to reduce and eliminate gender disparities in important aspects of health screening, prevention, and chronic disease management. We are also factoring care for women Veterans into the design of new VA facilities and using new technologies, including social media, to reach women Veterans and their families. We are proud of our care for women Veterans and are working to increase the trust and knowledge of VA services of women Veterans, so they choose VA for benefits and services.

National Cemetery Administration (NCA)

The President's FY 2020 budget positions NCA to meet Veterans' emerging burial and memorial needs through the continued implementation of its key priorities: Preserving the Legacy: Ensuring "No Veteran Ever Dies"; Providing Access and Choosing VA; and Partnering to Serve Veterans. The FY 2020 Budget includes \$329 million for NCA's operations and maintenance account, an increase of \$13.2 million (4.2 percent) over the FY 2019 level. This request will fund the 2,008 Full-Time Equivalent (FTE) employees needed to meet NCA's increasing workload and expansion of services, while maintaining our reputation as a world-class service provider. In FY 2020, NCA will inter an estimated 137,000 Veterans and eligible family members and care for over 3.9 million gravesites. NCA will continue to memorialize Veterans by providing 383,570 headstones and markers, distributing 634,000 Presidential Memorial

Certificates, and expanding the Veterans Legacy Program to communities across the country to increase awareness of Veteran service and sacrifice.

VA is committed to investing in NCA's infrastructure, particularly to keep existing national cemeteries open and to construct new cemeteries consistent with burial policies approved by Congress. NCA is amid the largest expansion of the cemetery system since the Civil War. By 2022, NCA will establish 18 new national cemeteries across the country, including rural and urban locations. The FY 2020 request also includes \$172 million in major construction funds for three gravesite expansion projects (Houston and Dallas, TX and Bourne, MA) and additional funding for the replacement cemetery in Bayamon, PR, the gravesite expansion project in Riverside, CA, and the new national cemetery in Western NY. The Budget also includes \$45 million for the Veteran Cemetery Grant Program to continue important partnerships with States and tribal organizations. Upon completion of these expansion projects, and the opening of new national, State and tribal cemeteries, nearly 95 percent of the total Veteran population—about 20 million Veterans—will have access to a burial option in a national or grant-funded Veterans cemetery within 75 miles of their homes.

Accountability

The FY 2020 Budget requests direct appropriations for the Office of Accountability and Whistleblower Protection (OAWP) for the first time since it was established. The total request for OAWP in FY 2020 is \$22.2 million, which is \$4.5 million, or 25 percent higher than the 2019 funding level. This funding level demonstrates VA's commitment to improving the performance and accountability of our senior executives through thorough, timely, and unbiased investigations of all allegations and concerns. This funding level will also enable OAWP to continue to provide protection of valued whistleblowers against retaliation for their disclosures under the whistleblower protections provisions of 38 U.S.C. § 714. In FY 2018, OAWP assessed 2,241 submissions, conducted 133 OAWP investigations, and monitored over 1,000 referred investigations. These efforts are part of VA's effort to build public trust and confidence in the entire VA system and are critical to our transformation.

The FY 2020 budget also requests \$207 million, a \$15 million increase over 2019, and 1,000 FTE for the Office of Inspector General (OIG) to fulfill statutory oversight requirements and sustain the investments made in people, facilities, and technology during the last three years. The 2020 budget supports FTE targets envisioned under a multi-year effort to grow the OIG to a size that is more appropriate for overseeing the Department's steadily rising spending on new complex systems and initiatives. The 2020 budget request will also provide sufficient resources for the OIG to continue to timely and effectively address the increased number of reviews and reports mandated through statute.

Conclusion

Thank you for the opportunity to appear before you today to address our FY 2020 budget and FY 2021 AA budget request. VA has shown demonstrable improvement

over the last several months. The resources requested in this budget will ensure VA remains on track to meet Congressional intent to implement the MISSION Act and continue to optimize care within VHA.

Mr. Chairman, I look forward to working with you and this Subcommittee. I am eager to continue building on the successes we have had so far and to continue to fulfill the President's promise to provide care to Veterans when and where they need it. There is significant work ahead of us and we look forward to building on our reform agenda and delivering an integrated VA that is agile and adaptive and delivers on our promises to America's Veterans.

Thank you.