



## Federal Update for March 23 - 27, 2015



### ***Works to Expand Choice Program Eligibility***

Washington -- In order to expand eligibility for the Veterans Choice Program, the Department of Veterans Affairs (VA) today announced that it will change the calculation used to determine the distance between a Veteran's residence and the nearest VA medical facility from a straight line distance to driving distance. The policy change will be made through regulatory action in the coming weeks. The Veterans Choice Program was authorized by the Veterans Access, Choice, and Accountability Act of 2014 (VACAA).

"VA has worked very quickly to implement the Veterans Choice Program and we appreciate the constructive feedback shared by Veterans and our partners to help us improve service to Veterans," said Secretary Robert McDonald. "We've determined that changing the distance calculation will help ensure more Veterans have access to care when and where they want it. VA looks forward to the ongoing support of our partners as we continue to make improvements to this new program."

The method of determining driving distance will be through distance as calculated by using a commercial product. The change is expected to roughly double the number of eligible Veterans. The Veterans Choice Program is a new, temporary benefit that allows eligible Veterans to receive health care in their communities rather than waiting for a VA appointment or traveling to a VA facility. Veterans seeking to use the Veterans Choice Program should call 1-866-606-8198 to confirm their eligibility and to schedule an appointment. Since the Choice Program went into effect on November 5, 2014, more than 45,000 medical appointments have been scheduled.

Using expanded authorities from VACAA, VA continues to expand access to care through increased staffing and enhanced collaboration with both the Indian Health Service and Native Hawaiian Health Care Systems.

VA is enhancing its health care system and improving service delivery to better serve Veterans and set the course for long-term excellence and reform. VA has made significant progress in various areas of the legislation, such as extending the Assisted Living/Traumatic Brain Injury Pilot program and Project Arch, to expand timely access to high-quality health care for Veterans.

For more details about the department's progress and related information, see [www.va.gov/opa/choiceact/factsheets\\_and\\_details.asp](http://www.va.gov/opa/choiceact/factsheets_and_details.asp) and [www.va.gov/opa/choiceact/documents/FactSheets/Progress-Report-March-2015-Fact-Sheet.pdf](http://www.va.gov/opa/choiceact/documents/FactSheets/Progress-Report-March-2015-Fact-Sheet.pdf).

A fact sheet on the 40-mile-rule change can be found at [www.va.gov/opa/choiceact/documents/FactSheets/March-2015-40-mile-rule-change-factsheet.pdf](http://www.va.gov/opa/choiceact/documents/FactSheets/March-2015-40-mile-rule-change-factsheet.pdf)

## ***VA Medical Marijuana Update ► Push for Nationwide Legalization***

A trio of senators pushing for nationwide legalization of medical marijuana are putting veterans at the center of that effort, saying the law today prevents war heroes from getting all the care they need. The measure, which would reclassify marijuana to allow more medical use and research, is a long shot to pass the Republican-controlled House and Senate. But supporters — Sens. Rand Paul (R-KY), Kirsten Gillibrand (D-NY), and Cory Booker (D-NJ) — called the idea overdue and sorely needed, given the potential medical benefits. "Right now, veterans are prevented from getting the treatments they need to get relief from their suffering because of (federal marijuana) laws," Booker said at a press conference 10 MAR. "Enough is enough."

Medical marijuana is legal in 23 states and the District of Columbia, and 12 additional states have laws regulating oils made from marijuana plants. But federal law still treats use and possession as a crime. Even in states where use is permitted, Veterans Affairs Department physicians are prohibited from discussing its use with patients, or from studying its potential benefits in treating problems such as depression and posttraumatic stress disorder. Reclassifying marijuana as a Schedule II drug — the same as medications such as methadone or oxycodone — would allow more of that scientific research, especially among universities that currently won't consider experimenting with the illegal substance, Paul said.

Some veterans advocates have pushed for wider research of marijuana use, given past studies on its effects in preventing seizures and pain. T.J Thompson, a disabled Navy veteran and member of Veterans For Medical Cannabis Access, said federal rules preventing VA doctors from discussing the drug hurt both veterans and the department, since it forces patients out of the system in order to understand all their options. Passing this bill, he said, could help close that gap. Gillibrand said she is hopeful other lawmakers will be persuaded to make the changes by stories of families who have seen medical improvement because of marijuana use, and start to think of the drug more like a heavily-regulated opiate than an illegal substance. The proposal would not change any rules regarding non-medical marijuana use. [Source: MiiitaryTimes | Leo Shane | Mar. 10, 2015 ++]

## **Medicare Reimbursement Rates 2015 ► 21% Cut Scheduled in APR**

As Congress moves from crisis to crisis, a major threat to veteran health care goes unnoticed. Unless Congress changes current law, Medicare and TRICARE will have to cut payments to doctors by 21 percent as of April 1, 2015. This huge cut would deter many doctors from continuing to see Medicare and TRICARE patients. This problem has existed since 2004 and Congress has chosen to deal with it by extending the current payments for one year and allowing the statutory payment formula to remain resulting in ever-larger annual cuts rather than to pass a new law that eliminates the annual cuts.

There are reports that momentum is building in Congress for a proposal that would abolish Medicare cuts, despite an emerging battle over the \$174 billion price tag. Optimism has been growing this week that Congress could finally reach its long-sought goal of ending the automatic cuts to doctors under Medicare, which come through what is known as the Sustainable Growth Rate (SGR). The solutions being discussed by House leaders in both parties would partially pay for the cost of the \$174 billion fix. The legislation got a lift 12 MAR from Senate Finance Committee Chairman Orrin Hatch (R-UT). Asked if the measure needed to be fully paid for, Sen. Hatch said, "I'd do it no matter what it takes." "It's kind of a phony, bookkeeping thing anyway," Hatch said of Congress's ritual of putting off the cuts through what is known as a "doc fix."

Veterans are encouraged to urge their legislators to reverse this draconian cut and protect beneficiary health care access. Towards this MOAA and NAUS have provided on their Legislative Action Center a preformatted editable message and the means to send it to your legislator. All you have to do is go to either MOAA's CapWiz Action Alert website <http://capwiz.com/moaa/issues/alert/?alertid=62956216> or NAUS's CapWiz Action Alert website <http://capwiz.com/naus/issues/alert/?alertid=63155901>, edit the message as you desire, complete the sender information and hit the 'SEND' tab . [Source: MOAA Legislative Update |Mar 06, 2015 ++]

## **VA Bonuses Update ► 2nd Bill to Recoup from Wait-time Manipulators**

The House passed H.R.280 on 2 MAR which would allow the Department of Veterans Affairs secretary to recoup bonuses from senior executives implicated in manipulating patient wait-time data last year and other wrongdoing. The vote rekindles debate on Capitol Hill over accountability in the VA following the worst scandal in its history and moves the focus to the Senate, where a similar bill was introduced last year but failed to pass. News that the senior federal executives were potentially paid more performance bonuses based on falsified data angered many lawmakers, including Rep. Jeff Miller (R-FL), who sponsored the bill. Last year, federal audits found that at least 70 percent of VA hospitals and clinics across the country

doctored appointment records to mask veterans' long waits for health care. "No business in America would allow employees to not only stay at work but to hold on to bonuses while they cooked the books," said Rep. Dan Benishek (D-MI), who sits on the House Veterans Affairs Committee and voted for the bill.

Rep. Ryan Costello (R-PA) said about \$380,000 in cash bonuses was paid out at 38 of the VA hospitals under investigation for falsifying patient wait times. Department managers were rewarded if they kept veteran wait times under 14 days. After the scandal broke, a June VA inspector general audit revealed that 57,000 vets had been waiting longer than 90 days for health care. "It is disgraceful that employees would be benefiting while so many veterans are suffering," Costello said. However, the bill, which passed by an untallied voice vote, did raise some concerns among supporters. Rep. Corrine Brown (D-FL), the new ranking member on the Veterans Affairs Committee, said recouping bonuses retroactively once the bill is passed could trigger a constitutional challenge from senior executive employees in court. Those federal managers are employed under a specific set of rules that guarantee appeals and other rights, and advocates have warned that changes such as dramatically shortening appeal times for firings could be unconstitutional.

The bill would also make the VA the only agency with the power to reclaim bonus money, which creates the potential for abuse by secretaries, Brown said. "I hope the secretary and those who follow the secretary will use the authority with caution," she said. The measure's chances in the Senate are still unclear. That chamber is already considering legislation sponsored by Sen. Jerry Moran (R-KS), that would reduce the pensions of executives convicted of felonies related to their work, matching a House proposal. Last summer, Senators Kelly Ayotte (R-NH) and Claire McCaskill (D-MO) introduced a bill to recoup the bonuses and it failed — along with Miller's initial 2014 version of the legislation. [Source: Stars and Stripes | Travis Tritten | Mar. 02, 2015 ++]

## ***SBA Vet Issues Update ► Credit Union Business Loan Cap | H.R.1133***

A bill introduced into the U.S. House of Representatives could make it easier for veterans who have served on active duty to get business loans. Authored by Rep. Jeff Miller (R-FL-01) H.R.1133 would exempt loans to veterans from counting against a credit union's member business loans cap. The cap prevents the credit unions from making loans in excess of 12.25 percent of their total assets and applies to all business loans above \$50,000. "This bill would make the decision to offer military veterans access to capital much easier," Miller said in an emailed statement. "It will enable many more veterans an opportunity."

The member business loan cap became law in 1998 with the passing of the Credit Union Membership Access Act. The reasoning is that a credit union is member-owned and member-financed. Banks, on the other hand, tend to be bigger and have access to greater assets. "At the end of the day, this is not a credit union issue," said Jared Ross, senior vice president of

association services for the League of Southeastern Credit Unions & Affiliates. "It is an issue to help veterans. ... It just makes sense to give them every opportunity to get access to this capital."

Miller's bill is identical to a bill he introduced in July and late in the previous Congressional session, which ended in August. The current bill, which has nine sponsors, has been referred to the House Finance Services Committee where it could be eventually voted on before potentially going before a full House vote. "Credit unions would love to do more to help veterans and their small business needs," said Stu Ramsey, president and CEO of Pen Air Federal Credit Union in a statement. "This legislation is well thought out and should help our returning servicemen and women further their dreams." Another current piece of legislation, H.R.1188, or the Credit Union Small Business Jobs Creation Act, was introduced 2 MAR and would raise the cap to 27.5 percent. Banks are not held to a cap. "Ideally, we'd like to see the entire cap raised," Ross said. [Source: Pensacola News Journal | Carlos Gieseken | Mar. 03, 2015 ++]

## ***Following is a Summary of Veteran Related Legislation Introduced in the House and Senate since the Last Bulletin was Published***

- H.R.1127: VA Vet Nursing Home Grants. A bill to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to make certain grants to assist nursing homes for veterans located on tribal lands. Sponsor: Rep Kirkpatrick, Ann [AZ-1] (introduced 2/26/2015)
- H.R.1128: Department of Veterans Affairs Cyber Security Protection Act. A bill to amend title 38, United States Code, to make certain improvements in the information security of the Department of Veterans Affairs, and for other purposes. Sponsor: Rep Kirkpatrick, Ann [AZ-1] (introduced 2/26/2015)
- H.R.1129: Veterans' Whistleblower and Patient Protection Act of 2015. A bill to amend title 38, United States Code, to establish within the Department of Veterans Affairs an Office of Whistleblower and Patient Protection. Sponsor: Rep Kirkpatrick, Ann [AZ-1] (introduced 2/26/2015)
- H.R.1133: FCU Vet Business Loans. To amend the Federal Credit Union Act to exclude extensions of credit made to veterans from the definition of a member business loan. Sponsor: Rep Miller, Jeff [FL-1] (introduced 2/26/2015)
- H.R.1134: Access to Timely Information Act. A bill to amend title 38, United States Code, to improve the submission of information by the Secretary of Veterans Affairs to Congress. Sponsor: Rep Miller, Jeff [FL-1] (introduced 2/26/2015)
- H.R.1141: GI Bill Fairness Act of 2015. A bill to amend title 38, United States Code, to consider certain time spent by members of reserve components of the Armed Forces while receiving medical care from the Secretary of Defense as active duty for purposes of eligibility for Post-9/11 Educational Assistance, and for other purposes. Sponsor: Rep Takano, Mark [CA-41] (introduced 2/26/2015)

- H.R.1170: Chiropractic Care Available to All Veterans Act. A bill to amend the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 and title 38, United States Code, to require the provision of chiropractic care and services to veterans at all Department of Veterans Affairs medical centers and to expand access to such care and services. Sponsor: Rep Grayson, Alan [FL-9] (introduced 2/27/2015)
- H.R.1183: Veterans Cemetery Benefit Correction Act. A bill to amend title 38, United States Code, to extend certain burial benefits administered by the Secretary of Veterans Affairs. Sponsor: Rep Scott, Austin [GA-8] (introduced 2/27/2015)
- H.R.1187: VA Home Loan Limits. A bill to amend title 38, United States Code, to adjust certain limits on the guaranteed amount of a home loan under the home loan program of the Department of Veterans Affairs. Sponsor: Rep Zeldin, Lee M. [NY-1] (introduced 2/27/2015)
- H.R.1227: DoD Guard/Vet Job Placement Assistance Pilot Program. A bill to authorize a pilot program in the Department of Defense to enhance efforts to provide job placement assistance and related employment services directly to members of the National Guard and Reserves and veterans of the Armed Forces. Sponsor: Rep Takano, Mark [CA-41] (introduced 3/3/2015)
- H.R.1292: Commissary/Exchange Privileges for non-Retiree Disabled Vets. A bill to amend title 10, United States Code, to extend military commissary and exchange store privileges to veterans with a compensable service-connected disability and to their dependents. Sponsor: Rep Fortenberry, Jeff [NE-1] (introduced 3/4/2015)
- H.R.1302: VARO Deadlines for Certification of Certain Forms. A bill to direct the Secretary of Veterans Affairs to establish a deadline for the certification of certain forms by regional offices of the Department of Veterans Affairs. Sponsor: Rep Latta, Robert E. [OH-5] (introduced 3/4/2015)
- H.R.1313: DVA Small Business Contracting Goals and Preferences. A bill to amend title 38, United States Code, to enhance the treatment of certain small business concerns for purposes of Department of Veterans Affairs contracting goals and preferences. Sponsor: Rep McNerney, Jerry [CA-9] (introduced 3/4/2015)
- H.R.1319: VA Annual Survey of Vet Health Care Experiences. A bill to direct the Secretary of Veterans Affairs to conduct annual surveys of veterans on experiences obtaining hospital care and medical services from medical facilities of the Department of Veterans Affairs, and for other purposes. Sponsor: Rep O'Rourke, Beto [TX-16] (introduced 3/4/2015)
- H.R.1331: Improve Treatment of non-VA Medical Evidence for Claims. A bill to amend title 38, United States Code, to improve the treatment of medical evidence provided by non-Department of Veterans Affairs medical professionals in support of claims for disability compensation under the laws administered by the Secretary of Veterans Affairs, and for other purposes. Sponsor: Rep Walz, Timothy J. [MN-1] (introduced 3/4/2015)
- H.R.1338: VA Study on Unclaimed Vet Remains. A bill to require the Secretary of Veterans Affairs to conduct a study on matters relating to the burial of unclaimed

remains of veterans in national cemeteries, and for other purposes. Sponsor: Rep Shuster, Bill [PA-9] (introduced 3/6/2015)

- S.563: Physician Ambassadors Helping Veterans Act. A bill to amend title 38, United States Code, to establish the Physician Ambassadors Helping Veterans program to seek to employ physicians at the Department of Veterans Affairs on a without compensation basis in practice areas and specialties with staffing shortages and long appointment waiting times. Sponsor: Sen Moran, Jerry [KS] (introduced 2/25/2015)
- S.564: Veterans Hearing Aid Access and Assistance Act. A bill to amend title 38, United States Code, to include licensed hearing aid specialists as eligible for appointment in the Veterans Health Administration of the Department of Veterans Affairs, and for other purposes. Sponsor: Sen Moran, Jerry [KS] (introduced 2/25/2015)
- S.602: GI Bill Fairness Act of 2015. A bill to amend title 38, United States Code, to consider certain time spent by members of reserve components of the Armed Forces while receiving medical care from the Secretary of Defense as active duty for purposes of eligibility for Post-9/11 Educational Assistance, and for other purposes. Sponsor: Sen Wyden, Ron [OR] (introduced 2/26/2015)
- S.603: Rural Veterans Travel Enhancement Act of 2015. A bill to amend title 38, United States Code, to make permanent the authority of the Secretary of Veterans Affairs to transport individuals to and from facilities of the Department of Veterans Affairs in connection with rehabilitation, counseling, examination, treatment, and care, and for other purposes. Sponsor: Sen Tester, Jon [MT] (introduced 2/26/2015)
- S.604: Veteran Education Empowerment Act. A bill to reauthorize and improve a grant program to assist institutions of higher education in establishing, maintaining, improving, and operating Veteran Student Centers. Sponsor: Sen Tester, Jon [MT] (introduced 2/26/2015)
- S.627: Revoke VA Wait List Manipulator's Bonus. A bill to require the Secretary of Veterans Affairs to revoke bonuses paid to employees involved in electronic wait list manipulations, and for other purposes. Sponsor: Sen Ayotte, Kelly [NH] (introduced 3/3/2015)
- S.670: Vet Firearm Registration Amnesty Period. A bill to provide an amnesty period during which veterans and their family members can register certain firearms in the National Firearms Registration and Transfer Record, and for other purposes. Sponsor: Sen Cotton, Tom [AR] (introduced 3/4/2015)
- S.681: Clarify Presumptions of Nam AO Exposure for Certain Vets. A bill to amend title 38, United States Code, to clarify presumptions relating to the exposure of certain veterans who served in the vicinity of the Republic of Vietnam, and for other purposes.
- S.684: Improve Homeless Vet Services. A bill to amend title 38, United States Code, to improve the provision of services for homeless veterans, and for other purposes. Sponsor: Sen Burr, Richard [NC] (introduced 3/10/2015)
- S.695: VA Study on Unclaimed Vet Remains. A bill to require the Secretary of Veterans Affairs to conduct a study on matters relating to the burial of unclaimed remains of

veterans in national cemeteries, and for other purposes. Sponsor: Sen Toomey, Pat [PA] (introduced 3/10/2015) Related Bills: H.R.1338

- S.714: Dod/VA Expanded Use of Psychiatric Medicine PHs. A bill to require the Secretary of Defense and the Secretary of Veterans Affairs to jointly conduct a pilot program to assess the feasibility and advisability of expanding the use by the Department of Defense and the Department of Veterans Affairs of physician assistants specializing in psychiatric medicine, and for other purposes. Sponsor: Sen Donnelly, Joe [IN] (introduced 3/11/2015)
- S.715: DoD/VA Mental Health Care Improvement. A bill to improve the provision of mental health care to members of the Armed Forces and veterans from the Department of Defense and the Department of Veterans Affairs, and for other purposes. Sponsor: Sen Donnelly, Joe [IN] (introduced 3/11/2015)
- S.717: Non-VA/DoD Mental Health Care Providers. A bill to designate certain non-Department mental health care providers who treat members of the Armed Forces and veterans as providers who have particular knowledge relating to the provision of mental health care to members of the Armed Forces and veterans, and for other purposes. Sponsor: Sen Donnelly, Joe [IN] (introduced 3/11/2015)
- S.733: Exempt WWII Filipino Vet Children from Visa Limits. A bill to exempt children of certain Filipino World War II veterans from the numerical limitations on immigrant visas and for other purposes. Sponsor: Sen Hirono, Mazie K. [HI] (introduced 3/12/2015)

[Source: <https://beta.congress.gov> & <http://www.govtrack.us/congress/bills> Feb. 27, 2015 ++]

## **Mental Health Discharge ► GAO Unable to Validate**

The Army, Navy and Marine Corps do not know how many enlisted troops they have separated for mental conditions that don't merit disability pay — a failing that prevents Pentagon officials from knowing whether troops with combat-related disorders were wrongly discharged, a new government report says. When discharging service members for nondisability mental conditions, the three services separated most under the label "condition, not a disability," instead of using one of five separation codes specifically designated for mental conditions, according to the Government Accountability Office. Defense Department policy requires the services to use specific codes, but Army and Marine Corps officials told GAO they didn't use the codes because they did not want separating troops to be stigmatized by a diagnosis when seeking future employment. The Navy did not give a reason for why it preferred using the broad code.

The "condition, not a disability" separation code not only encompasses nondisability mental conditions but nondisability physical conditions as well, such as obesity and travel sickness. The mix further obscures the exact reason a service member may have been dismissed from the military, according to the report. GAO Health Care Director Randall Williamson said that without specific discharge information, DoD cannot know whether the services follow proper procedures for separating troops and ensure that those with combat-related conditions like post-traumatic stress disorder or traumatic brain injury are not discharged improperly. "Absent

an effective process for monitoring and reporting compliance, DoD and the military services cannot assure that the military services are complying with DoD requirements," Williamson wrote.

The fiscal 2014 National Defense Authorization Act directed GAO to evaluate the services' use since 2007 of personality disorder and adjustment disorder diagnoses to discharge personnel. The issue has been a concern since at least 2008, when GAO reported that the services were not properly following separation requirements for personality disorder discharges. Since 2001, the services have discharged at least 31,000 troops for personality or adjustment disorders, a family of mental health diagnoses characterized by inflexible and dysfunctional behaviors that are not considered to be service-related. After the GAO report and revelations in 2012 that the Army downgraded diagnoses for some soldiers at Madigan Army Medical Center, Washington, to personality or adjustment disorder after they had been clinically diagnosed with PTSD, critics and lawmakers pressed for reform.

But problems appear to continue plaguing the system. An investigation last year by the Colorado Springs Gazette found that annual misconduct discharges have increased more than 25 percent since 2009, with an even sharper rise among combat veterans. The review found that some troops were dismissed for offenses that could have resulted from symptoms of traumatic brain injury and PTSD. In its report, GAO made several recommendations, including that DoD and noncompliant military services use the specific separation codes created for nondisability mental conditions. The office also recommended that the Air Force, which was found to be using the full array of separation codes when discharging airmen, extend its processes to ensure that members of the Air National Guard and Air Force Reserve are identified and tracked correctly.

In a written response, DoD officials largely agreed with the recommendations. But they also noted concerns from the Army and other services that disclosure of specific conditions could stigmatize veterans. "There is a need to develop alternative methods to track this information ... and as well, to conduct a comprehensive review of [the] codes and the information portrayed on various copies on a DD-214," wrote Juliet Beyler, director for officer and enlisted personnel management in the Office of Military Personnel Policy. [Source: MilitaryTimes | Patricia Kime | Mar. 02, 2015 ++]

## ***Confidence in Government Survey ► Shrunk to Record Lows***

Given Washington's ongoing political stalemates and scandals, it is perhaps no surprise that Americans' confidence in the three branches of government shrunk to record lows in the latest of a four-decade-old annual survey. The Supreme Court enjoyed confidence of only 23 percent of respondents to the annual Associated Press-NORC General Social Survey just released; the executive branch, 11 percent; and Congress, merely 5 percent. All three of those confidence

levels are at or near record lows. Only the military, at 50 percent, enjoyed “a great deal of confidence,” according to the survey done by the University of Chicago-based Associated Press-NORC Center for Public Affairs Research.

Under President Obama, support for the presidency shrunk to 11 percent in the survey, about where it was in 1996 under President Clinton. The number of respondents who said they had “hardly any confidence” in the executive branch was at a record high of 44 percent, the analysis showed. The breakdown by political party revealed that both Republicans and Democrats have greater confidence in the executive branch when the sitting president is of their own party. Only 3 percent of Republicans said they have a lot of confidence in the presidency, down from a record high of 45 percent who said so in 2002, when President George W. Bush was riding high approval ratings following the 9/11 terrorist attacks. Obama, however, has lost the confidence of some in his own party, with confidence in the presidency dropping from 25 percent in 2010 to 18 percent in 2014.

Though the Supreme Court fared better than the executive branch or Congress, its confidence rate too has fallen to a 40-year low. The poorest institution at inspiring confidence continued to be Congress. More than half of Americans expressed “hardly any confidence at all” in Congress, with only 7 percent of Democrats, 5 percent of independents and 3 percent of Republicans expressing a great deal of confidence in Congress.

Congress fared only slightly better among younger respondents, with 10 percent of those under 35 saying they have a lot of confidence in the legislative branch. Employees in all three branches might take heart in the fact that similar low confidence levels were expressed in regard to the media, business and labor. The survey was conducted from March 31-Oct. 11, 2014, among 2,538 American adults. [Source: GovExec.com | Charles S. Clark | Mar. 12, 2015 ++]

## ***Requirement of Standardized Claim, Appeal Forms Simplifies Application Process for Veterans***

Washington – With the goal of making the application process easier and more efficient for our Veterans, the Department of Veterans Affairs (VA) now requires Veterans seeking disability benefits to use standardized claim and appeal forms. These standardized forms guide Veterans to clearly state the symptoms or conditions for which they are seeking benefits and provide the information necessary for VA to start processing their claims and appeals.

“This change will help VA provide faster and more accurate decisions to our Veterans, their families and survivors,” said Under Secretary for Benefits Allison A. Hickey. “Standard forms are essential to better serve Veterans, build more efficiency into VA’s processes and bring us in line with other government agencies such as the Social Security Administration.”

The easiest and fastest way for a Veteran to submit an application for compensation is online through the eBenefits ([www.ebenefits.va.gov](http://www.ebenefits.va.gov)) portal. VA encourages Veterans to work with representatives of Veterans Service Organization (VSO), or their state or county representatives, who can assist with filing electronically or in paper form. Standardized forms are a key component of VA's transformation, which will help achieve the Department's goal to eliminate the backlog by the end of this year.

**There are two claim actions that now require standardized forms:**

**1. Veterans' or Survivors' applications for disability compensation or pension** – Specific forms are designed to capture information necessary to identify and support benefit claims.

Veterans filing for disability benefits must now use [VA Form 21-526EZ](#), *Application for Disability Compensation and Related Compensation Benefits*.

Wartime Veterans filing for needs-based pension must use [VA Form 21-527EZ](#), *Application for Pension*.

Survivors filing a claim for dependency and indemnity compensation (DIC), survivor's pension, and accrued benefits must complete [VA Form 21-534EZ](#), *Application for DIC, Death Pension, and/or Accrued Benefits*.

**2. Notices of Disagreement with any aspect of VA's decision on a disability claim** – The standardized Notice of Disagreement form is used when a claimant wishes to initiate an appeal. Veterans disagreeing with a VA compensation decision should use [VA Form 21-0958](#), *Notice of Disagreement*.

Veterans and survivors will not be required to use a standardized notice of disagreement form to initiate appeals of pension or survivors benefit decisions at this time.

VA recognizes that some Veterans may need additional time to gather all of the information and evidence needed to support their claim and therefore established a new *intent to file* a claim process. Applicants may notify VA of their *intent to file* a claim in order to establish the earliest possible effective date for benefits if they are determined eligible. An *intent to file* a claim may be submitted in one of three ways:

Electronically via [eBenefits](#) or with the support of a Veterans Service Organization (VSO) through the Stakeholder Enterprise Portal.

Completing and mailing a paper VA Form 21-0966, *Intent to File a Claim for Compensation and/or Pension, or Survivors Pension and/or DIC* over the phone with a VA call center or in person with a public contact representative.

Veterans may appoint a duly authorized representative, such as a VSO, who can notify VA of a claimant's intent to file using any of the methods listed above. VA will provide an individual up to one year from the date they submit their *intent to file* a claim to complete the required application form. Veterans may wish to use this one-year period to gather evidence necessary to support the claim so that evidence can be submitted along with the application form.

VA's move to standardized claim and appeal forms will make the process easier and more efficient for both VA and the Veterans, and allow VA to establish a quicker, more streamlined benefits delivery system.

## ***VA Works to Expand Choice Program Eligibility***

Washington, DC – In order to expand eligibility for the Veterans Choice Program, the Department of Veterans Affairs (VA) today announced that it will change the calculation used to determine the distance between a Veteran's residence and the nearest VA medical facility from a straight line distance to driving distance. The policy change will be made through regulatory action in the coming weeks. The Veterans Choice Program was authorized by the Veterans Access, Choice, and Accountability Act of 2014 (VACAA).

"VA has worked very quickly to implement the Veterans Choice Program and we appreciate the constructive feedback shared by Veterans and our partners to help us improve service to Veterans," said Secretary Robert McDonald. "We've determined that changing the distance calculation will help ensure more Veterans have access to care when and where they want it. VA looks forward to the ongoing support of our partners as we continue to make improvements to this new program."

The method of determining driving distance will be through distance as calculated by using a commercial product. The change is expected to roughly double the number of eligible Veterans. The Veterans Choice Program is a new, temporary benefit that allows eligible Veterans to receive health care in their communities rather than waiting for a VA appointment or traveling to a VA facility. Veterans seeking to use the Veterans Choice Program should call 1-866-606-8198 to confirm their eligibility and to schedule an appointment. Since the Choice Program went into effect on November 5, 2014, more than 45,000 medical appointments have been scheduled.

Using expanded authorities from VACAA, VA continues to expand access to care through increased staffing and enhanced collaboration with both the Indian Health Service and Native Hawaiian Health Care Systems.

VA is enhancing its health care system and improving service delivery to better serve Veterans and set the course for long-term excellence and reform. VA has made significant progress in various areas of the legislation, such as extending the Assisted Living/Traumatic Brain Injury Pilot program and Project Arch, to expand timely access to high-quality health care for Veterans. For more details about the department's progress, visit [http://www.va.gov/opa/choiceact/factsheets\\_and\\_details.asp](http://www.va.gov/opa/choiceact/factsheets_and_details.asp).

## ***VA Works to Expand Choice Program Eligibility Background***

On August 7, 2014, President Obama signed into law the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146) (“VACAA”). Technical revisions to the Choice Act were made on September 26, 2014, when the President signed into law the Department of Veterans Affairs Expiring Authorities Act of 2014 (Public Law 113-175). In March 2015, VA announced the expected expansion for eligibility for the Veterans Choice Program by changing the calculation used to determine the distance between a Veteran’s residence and the nearest VA medical facility from a straight line distance to driving distance.

### **Summary**

One of the current eligibility criteria for the Veterans Choice Program is based on the distance calculation using the *straight line* distance from a Veteran’s home to the nearest VA medical facility. Under VA’s plan for expansion, this criterion will change to the *driving distance* calculation between the Veteran’s home and the nearest VA medical facility.

For example: Under the new distance calculation, a Veteran who lives less than 40 miles, straight line distance, from the nearest VA medical facility, but who needs to physically drive more than 40 miles to get there would be eligible for the Veterans Choice Program. Under the previous straight line distance calculation, this Veteran would not be eligible for the Program unless they were waiting for an appointment longer than 30-days from their preferred date or the date determined to be medically necessary by their physician.

VA is expanding the eligibility determination in order to increase Veterans access to high quality, timely healthcare. VA looks forward to continued collaboration with Veterans and our partners to ensure the success of the Veterans Choice Program.

### **Frequently Asked Questions:**

#### **Q: Why is VA changing this criterion now?**

**A:** The interim final regulation was based on the discussion in the House Conference Report that accompanied the Act. After further review of other information contained in the report, VA believes that revising the calculation will still be in the spirit of the law and allow improved access for Veterans.

#### **Q: What mapping tool is used to calculate the 40 miles?**

**A:** The tool used will be a commercial product that is consistent with VA’s long-established beneficiary travel program. As every commercial product uses priority programming, the results may vary among products.

#### **Q: Is it still 40 miles from any VA medical facility or is it 40 miles from a VA medical facility that actually provides the care needed?**

**A:** This is currently defined as any VA medical facility. Absent a statutory change, VA does not believe that it has the flexibility to adopt an alternative approach.

#### **Q: How does VA plan to notify newly eligible Veterans?**

**A:** Because all potentially eligible Veterans already received their Choice card, VA will send letters notifying Veterans who will soon be eligible under the revised mileage calculation.

**Q: When will this expansion go into effect?**

**A:** VA must publish an interim final rulemaking and this change will be effective upon publication of this rulemaking in the Federal Register.

**Q: Where can I get more information about the program?**

**A:** Please review the VA Choice website at <http://www.va.gov/opa/choiceact/>