

**STATEMENT OF
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BEFORE THE
SENATE COMMITTEE ON VETERANS' AFFAIRS**

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Good morning, Mr. Chairman, Ranking Member Tester and other Members of the Committee. I am pleased to be here today to discuss the Department of Veterans Affairs' (VA) response to the Coronavirus Disease 2019 (COVID-19); the pandemic's effects on delivery of Veterans' health care and benefits; and VA's implementation of the various legislative packages passed by Congress to enhance VA's ability to continue supporting Veterans. We will detail our ongoing efforts regarding Personal Protective Equipment (PPE) and supporting the civilian health care system during COVID-19 as part of the Department's Fourth Mission. Accompanying me today is Dr. Richard Stone, Executive in Charge of the Veterans Health Administration (VHA).

Before discussing the actions taken for specific programs, VA wishes to note the support of our Congressional and Veterans Service Organization (VSO) partners to address challenges in these extraordinary times. VA has collaborated closely with VSOs, State Veterans Affairs Offices and Veterans' advocates to ensure continuous service, despite regional office and medical facility closures. VA also wants to recognize the continuing challenges to our Federal partners at the National Personnel Records Center and the National Archives and Records Administration. The impact of the pandemic on their operations had a cascading effect on VA's operations, although we continue to work with them on solutions.

The COVID-19 pandemic brought a health, economic and social crisis to the Nation and required a coordinated response of unprecedented scope and scale. The challenges within the response were extraordinary for every aspect of U.S. society and industry. As the Nation's largest health care system, VA confronted the need for rapid and comprehensive action to protect the health of Veterans and contribute to Federal support to the states. Meeting these challenges mandated that VA act with unity of effort and agility across the Veterans Benefits Administration's (VBA) 4 districts and 56 Regional Offices (RO) and VHA's 18 Veterans Integrated Service Networks (VISN) containing 170 medical centers.

VBA Operations

During the pandemic, VBA maintained all phases of full business operations as the agency maximized telework for its employees at all ROs across the nation. VBA expanded its virtual services to continue supporting Veterans while limiting exposure to the most vulnerable populations such as our older Veterans and those with underlying health conditions. Most in-person services are available by phone or online through www.va.gov or VA Video Connect. Veterans can also continue to get information about

benefits through several methods including online, by mail or through our National Call Center.

Compensation Service

VBA is committed to ensuring that all disability compensation claims received during the pandemic receive fair and equitable treatment. VBA has issued guidance to all RO claims adjudicators that the COVID-19 pandemic is considered a good-cause basis to grant extensions of time limits to submit claims documents, reschedule a hearing or reschedule a Compensation and Pension (C&P) medical examination. VBA has implemented liberal date-of-receipt policies for claimants who might be affected by COVID-19. Accordingly, during the pandemic, VBA will accept the postmark date as the date of receipt by VBA on any correspondence received from any claimant containing claims, information or evidence.

Medical Disability Examinations

VBA suspended all in-person medical examinations effective April 3, 2020, to ensure the safety of Veterans and examination providers. However, VBA contract examiners continued to process examination requests that could be fulfilled by using the Acceptable Clinical Evidence (ACE) and tele-C&P modalities. VBA issued guidance to field claims processors and to contract vendors to expand the use of ACE and increased, from 19 to 34, the types of examinations that are eligible for virtual completion using telehealth technology. These changes allowed VBA contractors to complete 71,406 ACE examinations and 66,387 tele-C&P examinations from April 3, 2020 through November 16, 2020.

On May 28, 2020, VBA implemented its plan to safely resume in-person examinations in phases according to local risk assessments, and by the end of fiscal year (FY) 2020, had resumed these examinations Nationwide. Moreover, despite a 2-month total suspension of in-person examinations and a multi-month phased restart, VBA contractors completed 1,063,587 examinations during FY 2020, surpassing the total number completed the prior year. VBA continues to work closely with its contractors to expand their examination capacity; resolve the excess pandemic-related examination inventory; and return to a normal working inventory of exams by the end of July 2021.

Integrated Disability Evaluation System (IDES) Operations

VBA prioritized and aggressively monitored the IDDES claims process, especially the medical evaluation stage. In-person medical examinations were temporarily halted in April 2020 to ensure the health and safety of both Service members and medical providers during the COVID-19 pandemic. Since then, VBA resumed in-person examinations, with 87% of locations conducting exams allowing for the Service members to remove their PPE when appropriate during examinations as of October 20, 2020.

VBA implemented process and policy changes to enhance efficiencies in response to COVID-19. In conjunction with the Department of Defense (DoD), VBA implemented a time saving business process change to process proposed rating decisions in parallel with DoD Medical and Physical Evaluation Board actions. VBA lifted restrictions to allow telehealth examination results to be accepted for a limited number of disability claims, where medically suitable, in response to COVID-19.

In August 2020, VBA delivered Military Service Coordinators (MSC) Virtual Training for the first time because in-person training was cancelled due to the pandemic. This virtual training allowed the Compensation Service IDES Program Office to ensure all new process and policy changes were addressed with the MSCs, who are the first line contact with Service members who are referred into the IDES.

Education

Timely legislation has greatly helped VA ensure Veterans receive the support they need and that maximum protections are in place for Veterans to stay safe while continuing to apply for and receive the benefits to which they may be entitled. On March 21, 2020, the President signed into law S. 3503 (P.L. 116-128), which allows for the continued payment of resident-rate monthly housing allowance benefits for programs converted to online offerings because of the pandemic. To implement this provision, VA created tiger teams across the Nation, swiftly implementing minor system changes and establishing manual workarounds to continue to pay the resident rate to students impacted by COVID-19. On April 28, 2020, the President signed into law H.R. 6322 (P.L. 116-140), the Student Veteran Coronavirus Response Act of 2020, which added additional protections for work-study beneficiaries and those impacted by school closures or work-study shutdown beyond their end date. VA is currently working to update existing IT systems to program in the new COVID-19 legislative changes, but it will not go live until February 2021 due to funding and scheduling constraints.

To raise awareness and encourage school and student utilization of the expanded authorities available to VA to mitigate the financial impact of COVID-19, VA launched a multifaceted communications campaign that featured a significant presence on social media and inclusion in VA's "coronavirus chatbot." Additionally, in support of GI Bill beneficiaries seeking careers in high-demand Science, Technology, Engineering and Mathematics (STEM) and technology fields, VA ensured that those receiving or seeking assistance through the Rogers STEM Scholarship or Veteran Employment Through Technology Education Courses (VET TEC) Pilot Program received award letters and other benefit information electronically to ensure no interruption in their education.

Employment

VBA's Veteran Readiness and Employment (VR&E) program immediately responded to the COVID-19 pandemic by expanding the use of tele-counseling through its VetSuccess on Campus (VSOC) and IDES Counselors. Through tele-counseling, VSOC and IDES Counselors maintain contact and consistency in serving program participants. Additionally, these front-line counselors continue to conduct outreach services by hosting virtual events via video conferencing software such as Zoom, Google Hangouts and others. VR&E Service accelerated an FY 2021 Employment Service Modernization effort to address the challenges of Veteran unemployment due to COVID-19. This effort resulted in VR&E Service deploying eight National Account Managers who developed over 500 new employer relationships and over 800 job referrals to job-ready Veterans.

VA Solid Start (VASS), a collaborative effort among VA, DoD and the Department of Homeland Security, provides early and consistent caring contact to transitioning Service members for 1 year after military separation. In response to COVID-19, VBA tailored VASS content to address employment-related challenges and

provide referral options that include information about unemployment benefits for recently-transitioned Service members. In partnership with State Veterans Affairs Offices, VASS representatives are also able to refer Veterans to state-specific programs and services.

VHA Operations

Once it became evident COVID-19 was not contained in the U.S. and was spreading widely, the national response required greater focus on meeting health care demand. VHA was assertive in making their readiness known to those leading the national response as they recognized the importance of VHA capabilities to the effort.

Prior to the pandemic, VHA was in the midst of a tremendous transformation. With the onset of COVID-19, VHA acted swiftly and decisively to ensure the safety of those in our care while maintaining the same focus on experience. VHA set the example for U.S. health care in our steps to protect our most vulnerable populations and reinventing our methods of providing routine elective care. VHA staff have gone above and beyond to keep Veterans connected with their families and engaged with their care teams.

VHA's response to COVID-19 demonstrated the strength and agility of an integrated health care system geographically distributed across the U.S. and operating as a single enterprise. As COVID-19 incidences varied by jurisdiction, and despite global shortages of PPE, critical equipment and consumable items, VHA was able to sustain operations in locations experiencing high demand by cross-leveling staff, PPE and ventilators from areas with low levels of disease. Additionally, VA provided critical support in numerous communities for patients who would otherwise not normally be able to receive care through the VA health care system. VA provided long-term care support to State Veterans Homes and other Long-Term Care facilities in the form of PPE and training for PPE use and infection control methods.

This is an unprecedented and transformational time in U.S. health care, and VA is proud to be leading the way forward on behalf of those we serve. While the COVID-19 pandemic continues to cause uncertainty around the globe, VA can and will overcome the challenges before us, and we are unified in our mission to deliver excellence for the more than 9 million Veterans who entrust VA with their care. Through our Fourth Mission, VA has also carried this excellence beyond our organizational boundaries, delivering support in 47 states, the District of Columbia and Tribal communities, where Veterans and their families live and thrive.

Fourth Mission

VA accepted 98 missions from the Federal Emergency Management Agency (FEMA) to protect Veterans and non-Veterans alike. VA deployed thousands of staff members to outside facilities to show them the steps we took to keep patients safe. VA shared medical equipment with health care facilities that were stressed and took hundreds of non-Veteran patients into VA facilities.

VHA entered the response with considerable experience deploying personnel in support of state requests to FEMA. During VHA's response to the COVID-19 pandemic, the Mission Assignments grew to the greatest scale and scope in VA's history. This response required deployment of VHA personnel and equipment to multiple locations simultaneously for sustained periods of time. For example, to support the State of

Hawaii during the crisis, VHA provided 19 nursing staff for support and 25 nursing staff deployed to State Veteran Homes and provided PPE including gowns, gloves, masks and other supplies.

VA has supported states in a number of ways including providing laboratory analysis of COVID-19 samples to Veterans and non-Veterans and providing humanitarian assistance and clinical staff augmentation. In support of the Navajo Nation and Indian Health Service, VHA provided medical/surgical and Intensive Care Unit beds as well as personnel and critical equipment and supplies. VA has admitted 345 U.S. non-Veteran citizens for care at VA medical centers during COVID-19. Additionally, VA is supporting U.S. Territories and continues to provide a myriad of support from equipment to alternate care sites and outreach to homeless Veterans.

VHA Path Forward

Our Moving Forward Plan Key Principles include High Reliability Organization (HRO) principles and values; prioritizing, expanding and maximizing virtual care; gradually expanding capacity with assessment of environment of care and ensuring safety; and Veteran-centric patient flow with physical distancing. As an HRO, VA prioritizes the safety of our Veterans and staff, and their safety will continue to guide our decision making. Before any clinical care is delivered, safe infrastructure and support must be in place. VA will continue to maximize virtual care options to promote physical distancing and provide increased access to care regardless of geographic location. These services have been a valuable link between Veterans and providers during this challenging time and will continue to provide Veterans with high-quality care from the safety and convenience of their homes. VA will further optimize virtual modalities of delivery for specialty care and surgical services, when clinically appropriate, and care is not required face-to-face.

COVID-19 emphasized the need for modern telecommunications systems and virtual care delivery using technology as a tool to improve care delivery. Our vision is to have a Clinical Contact Center (CCC) provide Veterans 24/7 access to virtual care services including clinical triage, pharmacy services, scheduling and administration, clinic appointment scheduling and virtual clinical visits. Every VISN will have a CCC by December 2021, with the exception of the Southeastern States Consortia (VISNs 6, 7, 8, 9 and 16) who will centralize at the consortia level.

The Referral Coordination Initiative (RCI), launched in January 2020 to ensure timely and consistent referral management with an enhanced experience for Veterans across direct and community care, is reaffirmed as a core element of our ongoing modernization. Although COVID-19 unavoidably shifted our RCI implementation timeline, VA is as prepared as any health care system can be for the exigencies of the pandemic, and we intend to continue to drive RCI forward with focus and precision.

Conclusion

COVID-19 has shown the Nation the capabilities of VA. Serving Veterans is our mission. VA is committed to providing high-quality benefits delivery and health care to all Veterans during these unprecedented times. VA continues to monitor conditions to determine the safest and most beneficial actions that we can take to protect both Veterans and our employees while continuing to provide the health care, benefits and services during this pandemic. Your continued support is essential to VA fulfilling this

mission. This concludes my testimony. My colleagues and I are prepared to respond to questions you may have.