Advisory Committee on Disability Compensation (ACDC/the Committee) Meeting

September 20-21, 2022

9AM - 12PM

EXECUTIVE SUMMARY

Meeting Minutes

Purpose: The purpose of the ACDC is to provide advice to the Secretary of Veterans Affairs on establishing and supervising a schedule to conduct periodic reviews of the VA Schedule for Rating Disabilities (VASRD).

The purpose of the meeting is for the Committee to receive presentations on various topics relating to their job as a committee, as well as discuss the submitted biennial report and future meetings.

Rules of Engagement: Sian Roussel, Designated Federal Officer (DFO) for the Advisory Committee on Disability Compensation, conducted the rules of engagement. Also indicated that the meeting is open to the public and being recorded.

Transcription Services: Provided by Jamison Professional Services

Staff Present:

- Sian Roussel, DFO for the ACDC and Program Analyst, Veterans Benefits Administration (VBA)
- Claire Starke, Alternate DFO, ACDC; Program Analyst, VBA
- Marquette Tinsley, Program Analyst, Budget Office, Compensation Service, VBA.

ACDC Members Present:

- Evelyn Lewis, Chair
- Bradley Hazell, Alternate Chair
- Joyce Johnson
- Michael Maciosek
- James Lorraine
- Patt Maney
- Eloisa Taméz
- Frank LoGalbo

- Kimberly Adams
- John Shaver
- Steven Wolf

The committee met in an open, public session on September 20 and September 21, 2022.

September 20, 2022

Opening Remarks

Ms. Starke called the Committee to order at 9:00 a.m. Role was called, and ten (10) members were present. She noted the requirements were met for quorum and turned the floor over to Sian Roussel.

Ms. Roussel, DFO for the ACDC, welcomed the Committee to the meeting and reviewed the rules of engagement for speaking. She then turned the meeting over to the Committee's Chair, Dr. Evelyn Lewis.

Chair Lewis thanked the Committee for attending the meeting as they review their agenda to better help Veterans get the care they need. She shared that Brad Hazell, Alternate Chair, would be doing much of the speaking on her behalf as she was ill. Chair Lewis requested Mr. Hazell greet the Committee and begin the meeting.

Public Comments

Mr. Hazell introduced himself and shared that he had two public comments to read for the record. He noted both comments are from Mr. Robert Cosal (phonetic spelling) and are pertaining to the VA Schedule for Rating Disabilities (VASRD) pertaining to the eyes. The first comment is a recommendation for a change in the visual field ratings under 38 CFR (Code of Federal Regulations) part 4.79. The definition of legal blindness is best corrected vision of 20/200 or less bilaterally or a 20 degree, or less, field of vision in both eyes. The Social Security Agency defines legal blindness by either field loss or acuity and awards the same benefits.

Mr. Cosal felt this is not followed by the VASRD, as a 20/200 bilateral vision rating equals 70 percent for service connection, while a bilateral 20-degree field of vision equals 50 percent service connection. The VA only allows the Veteran to be rated either 70 percent for acuity loss or 50 percent for visual field loss, which he also feels is inconsistent. Mr. Cosal also feels this rating is important for schedular individual unemployability considerations. His recommended change is that with a remaining field of 60 to 20 degrees bilaterally should be 70 percent, or unilaterally 20 percent, or evaluate each effected eye as 20/200 and then, with remaining field of 20 to 30 degrees bilateral, would be 50 percent or unilateral would be 10 percent.

Mr. Cosal's second comment proposes a change for rating the dominant eye, stating that currently in 38 CFR 4.79, a loss of either eye is considered equal for rating purposes. He stated that research on the neural function of the dominant eye versus the non-dominant eye shows a significant difference between the structure and function of the two eyes. Mr. Cosal shared that the notion that loss of the dominant eye is an inconvenience for tasks such as shooting a rifle, sharing the link to a National Institutes of Health article along with an excerpt from the article. He went on to recommend that VA currently assigns a higher rating for loss of use involving the dominant eye, recommending that 38 CFR 4.79 be rewritten to reflect this type of approach to the less dominant eye. Mr. Cosal then thanked the Committee for their time and consideration.

Stating that those were the only two public comments to share, Mr. Hazell then requested the Committee members each introduce themselves.

Member Introductions

After self-introductions by members, Ms. Roussel introduced Marquette Tinsley. She explained he is a Program Analyst with the Budget Staff for Compensation Service, part of the VBA.

Invitation Letter

Mr. Tinsley reviewed the invitation letter sent to Committee members. He requested each member sign and date the letter in the space provided in order to facilitate payment, and to return the letter to the e-mail listed on the letter as soon as possible but no later than five days following the meeting. He reminded the Committee that if there has been any change to their mail or banking information, they should notify himself or Tonita Cannon as soon as possible. He then turned the floor back to Ms. Roussel.

VASRD & Earnings-and-Loss Study (ELS) Updates

Ms. Roussel introduced Olumayowa Famakinwa, the Acting Assistant Director for the VASRD Staff with Compensation Service also part of the VBA.

Mr. Famakinwa thanked Ms. Roussel and the Committee, as well as noting the public comments regarding eye conditions. He shared that his presentation would be covering the status of the remaining rules in Iteration 1, as well as a brief discussion on ELS. He noted that Iteration 1 consisted of 14 rule makings which updated 15 body systems. The two most recent rules to be finalized are the genitourinary and cardiology body systems, made effective in November 2021, leaving only four rules to finalize which are all currently in the concurrence process. He shared that in January 2022, the digestive portion published its proposed rule, and in February 2022, respiratory and mental disorders also published their proposed rules and have received a number of public comments for each. The fourth and final rule in Iteration 1 is the neurological rule, currently in the proposed rule stage and not yet published as it is still currently undergoing internal review.

Mr. Famakinwa noted that they have begun drafting final rules to respond to public comments, for respiratory and mental health and have started the process of getting the digestive rule into concurrence. The next slide showed the Concurrence Dashboard, which indicates the different levels needed to publish a rule.

He then shared the release schedule for the final four rules, with the digestive body system having a targeted effective date of 9/10/23; respiratory, ear/nose/throat and auditory targeted with an effective date of 12/17/23; mental health with an effective date of 12/17/23; and neurological with effective date of 3/17/24.

Mr. Famakinwa paused for questions. Patt Maney asked why it takes two years for a proposed rule to get through the process of being developed, suggesting there is a lack of sense of urgency in finalizing the rules. Mr. Famakinwa shared that it's not simply a matter of the rule itself that has caused delays, but that many of the same individuals reviewing one body system such as neurological are also reviewing the significant legislation and other regulatory amendments that have come out more recently such as the PACT Act and the introduction of the respiratory conditions based on exposure to particulate matter. This, coupled with the fact that there may be legal risks associated with the proposal, can cause a significant hurdle and more time needed.

Kimberly Adams asked, during the comment period, how long does it take, and what is the process to assess the comments and determine whether the comments have bearing on the proposal for rating schedule changes? Mr. Famakinwa answered that they try to work as expeditiously as possible and spoke to how public comments work in a more general way. He shared that they generally get notification of a new comment within a day, where they then typically review the comment and analyze and assess it for its impact and how they can respond to it as they come in. The assessment itself depends on the amount of comments as well as the depth of the comments, taking anywhere from a few minutes to a few days to review.

Chair Lewis brought up the delay to the process, comparing when it was supposed to be ready to when it is now stated that it will be completed. She asked, what is being done about the whole process piece, other than adding more people to review comments? What is the office learning about what to do with this process as they move forward? She suggested this is a review that needs to be a continuous process and should not have to wait as long as it has in the past for a review.

Mr. Famakinwa agreed with Chair Lewis and shared a brief history of the process. In 2003, GAO (U.S. Government Accountability Office) listed VASRD as a high-risk federal benefit program because it was not modernized, which they tried to address for several years with no success. In 2009, they received the USB (VA Under Secretary for Benefits) mandate to modernize the entire rating schedule, including every body system, in hopes of addressing the GAO high-risk list. He shared how they began with a very small staff in the beginning, and VASRD updates were only one of many responsibilities of that team. He acknowledged

that many of the rules that they started were in the 2009 to 2011 timeframe and that the first body system to actually be updated was dental in 2017.

He also shared that they broke into two separate groups with different goals for each, as well as creating the Program Management Office which he is acting assistant director of, which allowed them to significantly increase their FTE (full-time employee) ceiling. This has increased their employees from 5 to over 20, allowing them to work on continuously updating rules.

Mr. Hazell asked if there is a standard operating procedure (SOP) or manual that goes through the different steps that are taken to identify when and how to make changes? Mr. Famakinwa answered that they do not currently have an SOP, but they do have a plan for how they are going to organize Iteration 2, though it has not yet been approved.

Ms. Adams shared that she has a concern about transparency of process, as the Committee is not hearing about delays as they happen. She stated that it would be good for the Committee to have those details shared with them so they can help the process to move forward.

Ms. Roussel noted that for anything going into publication for the Federal Register, a communications plan has to accompany those actions such as a press release or social media communications. She shared that there will be a future speaker from the VA Office of Strategic Engagement who will speak about that.

Mr. Logalbo shared that in VBA or in general when working at high-risk areas, there were documents provided to the GAO. He feels that's where the Committee is trying to highlight the high-risk areas being addressed and requested that documents provided to GAO also be provided to the Committee so the high-risk areas can be reviewed to identify specific areas that have been addressed to help them understand the larger picture.

With no further questions, Mr. Famakinwa continued with his presentation which covered a summary of the two significant proposals published previously, mental health and respiratory. He shared that the last major revision to the mental-health body system occurred after the DSM-4 (Diagnostic and Statistical Manual) was published, and the DSM-5 was published in 2013. One of the main purposes of modernizing that body system was to bring it in line with DSM-5, as well as incorporate other medical advances that have occurred since the last substantive revision which was in 1996. He noted that, historically speaking, the mental-disorders body system seemed to under-evaluate disabilities compared to other body systems, and so they also sought to address that issue by finding a mechanism to ensure that evaluations can be more akin to evaluations for a similar disability.

Mr. Famakinwa continued, sharing that their proposal was to revise how all mental disorders are rated. The proposal incorporates current reviews and assessments of functional impairment that are associated with or resulting from mental disorders, such as basing evaluations on functional impairment rather than currently symptom-based

impairment. The proposal suggests the evaluations be based on how impactful the disability is to cognition, interpersonal relationships, task completion, lifestyle activities, and self-care. This would allow the Veteran to get a higher rating if they are totally disabled in any one of the categories, or partially disabled in multiple.

It also addresses shortcomings in VASRD evaluative criteria that were found to historically under-evaluate all mental disorders. He also shared that there are two separate rating formulas, one for mental disorders and one for eating disorders. However, because the proposed general rating formula addresses the person from a domain standpoint, he believes it can be used to address eating disorders as well so those disorders can also be evaluated under this one general rating formula.

Mr. Famakinwa moved on to the proposed updates for the respiratory body system. He noted that there are two body systems combined into one, for one rule making instead of two. These are respiratory and ear, nose, and throat, as well as audiological combined into one rule making and they address all disabilities that rest with those three body systems.

He shared that the proposal includes incorporating medical advancements for treating certain disabilities and modern medical knowledge to more accurately compensate Veterans. Most notably, it proposes changes to the following conditions. Sleep apnea: this rule would bring the rating criteria for sleep apnea in line with the stated purpose of the rating schedule, to evaluate disabilities in relation to the average impairments of earning capacity. The rule for tinnitus would evaluate tinnitus as a symptom of an underlying disease which causes it, rather than as currently rated as a stand-alone disability.

He continued with Asthma, sharing that the revision slightly increased the FEV-1 level to attain 100 percent evaluation, making it easier for Veterans to obtain this evaluation. Next is sinusitis, with the proposal suggesting an update to the nomenclature from sinusitis to rhinosinusitis, as well as revising the General Rating Formula (GRF) to evaluate based on the length of treatment in the preceding 12 months as opposed to the number of incapacitating episodes in the preceding 12 months, also making it easier for Veterans to document and obtain. Finally, for sinusitis, it is proposed that treatment requiring more than four weeks in the preceding 12 months of antibiotic treatment results in 10 to 30 percent evaluations.

Mr. Famakinwa also shared that they are proposing a GRF for respiratory conditions, expanding the list of tests used to evaluate respiratory conditions, slightly increasing the FEV-1 level necessary to attain 100 percent evaluation, and adding a 10 percent evaluation level to some diagnostic codes when certain medications are prescribed. He asked if any Committee members had questions for him at this point in his presentation.

Mr. Maney asked if, when a new rating formula is adopted, the VA goes back and re-evaluates Veterans who have already been evaluated for conditions pertaining to the new rating formula. Mr. Famakinwa shared that it is not a typical practice to do so, but when changes are made to VASRD, they try to do as much communications as possible to let

people know so that if the Veteran believes their disability can result in a higher evaluation, based on the changes, they would be encouraged to file a claim for an increase. He further stated that it is the introduction of evidence that shows the current evaluation may not be warranted or needs to be changed that allows the VA to re-evaluate that condition and the Veteran's benefits for that condition.

Dr. Johnson shared that as a psychiatrist, she believes some of the criteria in the proposed mental health update can be somewhat subjective to evaluate, while others have objective criteria. She asked if there are objective criteria by which one would or would not meet each of the proposed impairments, where it would be clear to the psychiatrist how they are to evaluate the Veteran?

Mr. Famakinwa felt that question was outside of his expertise, so he was unsure, though he shared that the proposal was strongly inspired by the World Health Organization Disability Assessment Schedule (WHODAS) 2.0 assessments. Ms. Roussel asked Dr. Johnson to write down her concerns so they could be submitted, as Dr. Johnson felt there needs to be more concrete criteria put into place for psychiatrists conducting evaluations. Chair Lewis concurred and shared that she felt there needs to be more in-depth discussion around the criteria of some of the revisions.

Mr. Shaver pointed out that with the mental health piece, as of March of 2022 the DSM-5 is obsolete and is now the DSM-5-TR. He asked if that would be taken into consideration with the finalized rules. Mr. Famakinwa shared that they are aware of DSM-5-TR, and that any update related to that would most likely occur in Iteration 2.

Mr. Hazell asked if there is any concern with adding METs to respiratory that it will create pyramiding issues with cardio, which also uses METs to evaluate disabilities? Mr. Famakinwa answered no, because part of the proposal for using METs is that they stipulate that METs can only be used for one or the other, respiratory, or cardio.

Mr. LoGalbo shared that he had read in the American Journal of Psychiatry in 2014 regarding the WHODAS 2.0 model and difficulties emerging when interpreting scores based on life activity domains and other domains. He asked if Mr. Famakinwa could outline more how they are looking at WHODAS 2.0 and how the mental health section will be integrated, or, going forward, what are some of the areas that will be addressed and updated with the rating schedule disabilities to include some of those challenges outlined in the American Journal of Psychiatry? Mr. Famakinwa shared that he was unfamiliar with that information, and that it is not being mimicked verbatim, only taking inspiration from WHODAS 2.0.

Mr. Famakinwa continued his presentation with an overview of the ELS. He shared that in 38 USC 1155, their statutory mandate is to base evaluations on the average loss of earning capacity in occupations due to injuries and diseases being evaluated. The ELS is an economic analysis to try to determine what that dollar amount is. ELS started around the time the VASRD updates were started, with contractors doing the work. In 2019, the VA decided to take control of the contract and do it themselves.

He shared that they have been updating the ELS in phases, and are currently working on ELS 3.0 - 3.4, which is a 5-year project to create an ELS tool to estimate earnings loss at the evaluation level criteria within a diagnostic code. Mr. Famakinwa noted that the base-year contract was signed in September 2020 along with 4 option years immediately afterwards; at least 100 diagnostic codes are estimated during the base and each option year prioritized by sample size; and the base year and each option year produces 5 unique detailed analysis plans (DAPs) in order to further refine the estimation process as well as detect important patterns.

Mr. Famakinwa stated that ELS 3.1 will end at the end of Fiscal Year 2022, and then ELS 3.2 will begin, while they continue to further refine their estimation process which includes dispersion estimations and rater instrumental variable validity testing. He also shared that they are working to pilot the use of ELS data for VASRD revisions to test validity of economic results at the compensable evaluation level for an individual DC. That being the end of his presentation, Mr. Famakinwa opened the floor for questions.

Mr. Hazell asked if the ELS results will be presented to the Committee, as their charge is oversight of the VASRD, and the ELS will be used for future versions of the VASRD. Mr. Famakinwa said he would look into if and when that can be shared. Chair Lewis also expressed her interest in the study results, but also the design of the study in terms of how they chose the questions to ask, and if the answers ultimately address the issues at hand. Mr. Famakinwa felt that the economists on the contract would be able to more directly answer the questions, though he does not know when he would have the opportunity to have the presentation or provide the documents to the Committee.

With the presentation and questions finished, Ms. Roussel called for a five-minute break.

VA's Underlying Architecture as it Relates to Rating Activity

Ms. Roussel introduced Michael Taylor, Director of Benefit Systems Management, Office of Business Integration (OBI), Automatic Benefits Delivery (ABD), with the VBA.

Mr. Taylor thanked Ms. Roussel and greeted the Committee. He explained that he would be spending time sharing with the Committee an overview and depiction of the architecture in terms of systems architecture used to process ratings day to day. He noted there have been no new changes, he just wanted to explain how it works from system to system. He introduced Dean Christopher, his Chief of Architecture and former Rater, who would be giving the presentation along with him.

Mr. Taylor then shared his screen, which depicted the main systems architecture viewpoint that they use to document the set of systems that their employees are using at any given time. He pointed out four systems that were highlighted in yellow, stating they are the key systems involved with architecture, but that there were a lot of other supporting systems and applications. He explained how a claim or work item is assigned by the National Work Queue over to a Rating Veterans Service Representative (RVSR) using a combination of different systems.

He shared how they no longer reference or use paper claims folders at all at the regional offices, and that all documents are scanned into the Veterans Benefits Claim System (VBMS). The RVSR then develops the claim and reviews existing records as well as any exams requested through the VBMS exam management. They then switch over to the VBMS ratings application (VBMS-R). Once the ratings are completed, they then move over to the VBMS awards application, and once the award is finalized, they will promulgate the rating and the awards VSRs or senior VSRs will review and authorize the award and generate the correspondence that is sent out through a separate module in VBMS called package manager.

Mr. Taylor then turned the floor over for Mr. Christopher and his other colleague, Renford Patch, to give more details as needed, as well as for any questions the Committee members had. Mr. Christopher and Mr. Patch both agreed that no other details were needed for the high-level review Mr. Taylor had given and were ready for questions.

Chair Lewis thanked Mr. Taylor for the overview and shared that her questions are related to backlogs and the addition of the passage of the PACT Act into becoming law. She noted the backlog of claims that are around or more than 30,000 claims, and that with the passage of the PACT Act, they had the highest number of claims filed in any one day in the history of the VA. She asked what the amount of claims does to the process that Mr. Taylor shared, if they are even further behind than before the PACT Act became law?

Mr. Taylor began by setting the expectation that he is able to only give high-level information on her question, but that he is unable to give an authoritative presentation on the PACT Act. He was unaware if such a presentation is currently planned. He shared that in terms of the systems, each of the components in each of the systems scales very well from an IT context, as they are all hosted in the cloud and the resources available to the applications are designed and equipped to scale. Mr. Taylor pointed out that section 701 in the PACT Act has a modernization plan that covers handling a large amount of pending claims. He also shared that there are automation aspects being looked at to not only expedite but also ensure no steps are missed for the claim, though the claims process would still be conducted by an RVSR. He noted that they are also looking at hiring more raters and claims developers.

Chair Lewis stated that from her perspective, it seems that there is little, or no forethought put into processes, such as waiting until after the PACT Act passed to start implementing changes such as hiring more raters or having automated systems put into place. Mr. Taylor noted that many of the items he's talked about have been worked on for over a year. He felt what has changed post-passage of the PACT Act is not the intention or plan of attack, but the degree to which they can attack it and the degree of work that can be done.

Mr. LoGalbo asked if Mr. Taylor could talk a little bit about the integration of the Share application into VBMS and what it's going to look like. Mr. Taylor stated that Share shares the same VBA corporate database as VBMS, so when a claim is established in Share, it automatically exists in VBMS as well.

Mr. Taylor shared that the flowchart he had shared from his screen was emailed to the Committee previously and that they are welcome to contact him or his team with questions.

Sergeant First Class Heath Robinson Honoring our Promise to Address PACT Act Overview

Ms. Roussel introduced the next presenter, Jacqueline Imboden, Special Advisor for Military Exposures with Compensation Service under the VBA, who will be speaking about the PACT Act.

Ms. Imboden shared that she would be covering the PACT Act, some of the key highlights, the impacts to VBA, and things that are currently being done to tackle the PACT Act. She asked the Committee members to think about what Ms. Imboden and her team should make sure to consider as they move through the implementation process, as well as identifying some areas of opportunity that could also assist them. She then gave a brief overview of the PACT Act, how the law was signed on August 10, 2022 and outlines very specific responsibilities that VA is responsible for with regards to healthcare and benefits for Veterans exposed to burn pits and other toxic exposure substances. She noted that for today's presentation, she will focus more on the benefits piece.

Ms. Imboden went on to explain that the impact of the PACT Act to VBA would be to empower VBA to deliver benefits to Veterans suffering from more than 20 toxic exposure-related conditions and to their survivors, as well as solidifying the process for establishing presumptions of service connection of toxic-exposure related conditions. She shared an overview of the different presumptive conditions, including cancers and other related toxic-exposure conditions. She also shared a list of locations and periods of time that a Veteran would need to have served, including airspace above any of the locations.

She noted that the PACT Act added two new Agent Orange presumptive conditions, including monoclonal gammopathy of undetermined significance (MGUS) and high blood pressure or hypertension. She also noted five new Agent Orange presumptive exposure locations and the dates that the Veteran would need to have served at those locations that were added to the presumptive list. She further explained how the PACT Act added three new response efforts to the list of radiation-exposure presumptive locations, including two cleanup areas and those who responded to the fire onboard an Air Force B-52 bomber carrying nuclear weapons near Thule Air Force Base in Greenland.

Ms. Imboden then explained how a Veteran can get benefits stemming from the PACT Act, including either filing a new claim or supplemental claim. She noted that if the VA denied one of the new presumptive conditions in the past, but the Veteran may now be eligible for benefits, the VA would contact them. She also shared that VA is prioritizing claims of Veterans with cancer to make sure they get timely access to the care and benefits needed.

She reviewed the applicable timelines, stating that VA is considering all presumptive conditions established by the PACT Act as of the date the bill was signed into law, that potentially eligible Veterans and survivors are encouraged to apply now, and that VA will

begin processing PACT Act claims in January 2023. She also noted the VA is proactively scanning federal records to reduce time required to gather evidence in support of all claims, that VA has grown its examination capability to meet demand associated with PACT claims while continuing to use ACE and telehealth exams, that VA is expanding its automation capabilities to streamline human review of evidence, and that in 2022, VA hired 2,000 new claims processors and is working with Congress to hire additional staff for PACT Act.

Ms. Imboden opened the floor to questions. Ms. Adams shared that she has concerns about outreach regarding the PACT Act, and how many Veterans don't have access to many of the social media and internet-related applications used for outreach. She asked what the VA is doing to address the equity issues and gave the example of individuals at clinics who could be utilized as well as briefings in the clinics. Ms. Imboden shared that in addition to letters being sent to Veterans or their survivors, they have also been giving briefings to Veteran Service Officers (VSOs) and the VSO communicators in order to get the word out to applicable Veterans. She welcomed further information that Ms. Adams or other Committee members may have pertaining to how to better ensure the information is reaching the right audience, and requested they send that information to Ms. Roussel or Ms. Starke to be forwarded to herself.

Chair Lewis asked what has been put into place to address all of the new claims coming in, mentioning Mr. Taylor's response to the same question and asking what information Ms. Imboden can offer the Committee. She also asked if the ability to get new physicians trained for examinations has been looked at in order to ensure the physicians giving compensation and pension examinations fully understand what the issues are that they are giving an examination for, and how to assess the injury, illness, or disease.

Ms. Imboden noted a specific office in VBA called the Medical Disability Examinations Office (MDEO) which has oversight of the contract examiners. She shared that there is a plan in place to ensure the examiners are trained and have the information they need but could not provide further details. Chair Lewis requested that Ms. Roussel make a note to reach out to MDEO in order to get information on what they are doing to not only train new examiners but also existing examiners.

With no further questions, Ms. Roussel thanked Ms. Imboden for her presentation.

Transitioning Service Members & the BDD (Benefits Delivery at Discharge) Claim Process

Ms. Roussel introduced Donald Snider, Chief with the Pre-Discharge Staff, whose presentation involves transitioning service members and the BDD claim process.

Mr. Snider noted that he would also be speaking about the Integrated Disability Evaluation System (IDES), sharing that both programs are vital to service members as they transition from the service to being a civilian. He shared how the IDES is a joint Department of Defense (DoD)/VA program for service members being evaluated for medical separation from military service and is initiated by DoD when a service member who is ill or injured

may not be fit for continued military service and is referred to a Medical Evaluation Board (MEB). He noted that IDES participants undergo only one examination, and if they are found unfit for duty, VA then prepares a rating decision to determine the amount of VA benefits, if entitled. If found fit for duty, the service member is returned to duty.

Mr. Snider went on the explain that the BDD program affords separating service members the opportunity to submit a claim for VA disability compensation prior to their separation from service and allows VA to develop the claim and conduct physical examinations for military personnel prior to their discharge, reducing the number of days necessary to process a claim. He also noted that VA's BDD examination, the Separation Health Assessment (SHA), serves both as VA's disability exam and can also serve as the service member's mandatory exit examination.

He shared some program enhancements that have been implemented, including electronically transferring the digital portion of Service Treatment Record (STR) within a 15-day minimum target. In addition, VA and DoD have developed a common exam template of the SHA, scheduled to begin execution in October 2022, IDES referral packages are electronically transferred once claim is established, and they have onboard three additional vendors in the last six months to help support the extra workload.

Mr. Snider then opened the floor for questions. Mr. LoGalbo asked if Mr. Snider had the percentage of people utilizing IDES or electing to stick with the Legacy system. Mr. Snider did not have that information but told Mr. LoGalbo he would get that information for him. With no further questions, Ms. Roussel thanked Mr. Snider for his presentation.

External Communication With Veterans

Ms. Roussel shared that one of the presenters originally scheduled for the next day's meeting would be presenting today, and introduced Jeku Royce Arce, Chief of Digital Media and Design with the Office of Strategic Engagement with the Office of Outreach, Transition, & Economic Development (OTED). She also introduced Richard Grogan, a Program Analyst also with OTED. She suggested they begin with the presentation for strategic engagement.

Mr. Arce introduced himself, explaining that he handles digital distribution for items from VBA, including e-mail, social media, and the website benefits.va.gov. He shared that he would be giving an organizational brief of what his office does and how it is broken down. He noted that his organization is broken down into four sections: communications and marketing, media relations, digital communications, and executive assistance.

He then reviewed a brief oversight of their administrative support, including the task areas and typical products for each area. He also shared a table detailing the communications and media support task areas and typical products, explaining that these tasks deal with planning between sister administrations and working groups to ensure VBA is pushing out the latest information. Mr. Arce then showed a table detailing the digital communications support task areas, dealing with getting information out digitally to applicable Veterans.

Mr. Arce opened the floor to questions. With none, Mr. Grogan proceeded with his presentation. He introduced himself and touched on boots on the ground outreach with Veterans, which is what his outreach team is responsible for. He explained that they represent VBA at national events such as VSO and military conferences, as well as working with external and non-governmental organizations. He also shared that most of their outreach is carried out by their 56 VBA regional offices across the country, whose outreach is tracked, and they work with the Veterans Health Administration as well has having an overseas military services coordinator program that provides outreach to Veterans and their dependents who are living overseas.

Mr. Grogan went on to explain that his outreach team is responsible for several special emphasis programs, such as homeless injustice programs, military sexual trauma, suicide prevention, elderly Veterans, faith based, and LGBTQ, as examples. These are designed to target outreach for specific groups of Veterans, with each program having a unique set of internal and external stakeholders. He shared that they assign each of their outreach program analysts to one or more of the special emphasis programs, who serve as the point of contact for the stakeholders. He noted that they also represent VBA on a number of advisory committees to help with outreach and represent the Secretary on the advisory committee of Foreign Prisoners of War. Having finished his presentation, he opened the floor for questions.

Ms. Adams thanked Mr. Grogan for the information and asked if the data would be available about the outreach as far as who is being reached. She emphasized wanting to have further information about how they are working to reach minority Veterans. Mr. Grogan assured Ms. Adams that they do have a minority program manager, so there are many special emphasis programs available. He requested she e-mail him in order to be given access to the data requested.

With no other questions, Ms. Roussel thanked Mr. Grogan and Mr. Arce for their presentations and noted that if any other questions come up, she will forward the questions to them.

Meeting Wrap-Up

Ms. Roussel advised the Committee that she re-sent all of the invitation letters because some of the e-mails were sent back as undeliverable and reminded them to get the letter back to Ms. Starke or herself as quickly as possible so it can be forwarded for processing. She reviewed the schedule for the next day's meeting, sharing that they would be hearing from the Chief of Staff of VA, Tanya Bradsher; Debra Walker, Acting Deputy Director Committee on Minority Veterans; and Steven Cogburn, Lead Program Analyst on the Policy Staff, who will be speaking about the Individual Longitudinal Exposure Record (ILER) application that they VHA has been using and VBA is going to begin to use to find records more easily from DoD.

Ms. Roussel also reminded the Committee members that if there were any further questions for any of the day's presenters, to forward them to her so she can pass them to the correct people for answering. She turned the floor over to Chair Lewis for any final thoughts.

Final Thoughts and Adjournment

Chair Lewis thanked Ms. Roussel and thanked the presenters for being so thorough with the information provided. She encouraged the Committee members to ask questions in order to ensure they get the information they need, either from presenters at the meeting or for a presentation that may need to be arranged in the future. She thanked the Committee for their attention and engagement and thanked Mr. Hazell for his help.

Ms. Roussel thanked the Committee and adjourned the meeting at 11:41 a.m.

September 21, 2022

Opening Remarks

Ms. Starke called the Committee to order at 9:00 a.m. Role was called, and eleven (11) members were present. Ms. Roussel then welcomed the Committee to the meeting and introduced herself. She reviewed rules of engagement. Ms. Roussel turned the floor over to Chair Lewis for her opening remarks.

Chair Lewis also welcomed the Committee and turned the floor over to Alternate, Mr. Hazell.

Committee Member Introductions

Mr. Hazell introduced himself and requested the Committee members introduce themselves for anyone not present to the previous day's meeting.

Committee Meeting Address

Ms. Roussel welcomed the first presenter, Tanya J. Bradsher, Chief of Staff of the Department of Veterans Affairs.

Ms. Bradsher thanked Ms. Roussel and began her presentation by explaining four fundamental principles of the Secretary's strategic plan: access, advocacy, outcomes, and excellence, which sets the following four strategic goals for VA to achieve by 2028. She explained how VA has consistently communicated with their customers and partners to assess and maximize performance, evaluate needs, build long-term relationships and trust, and VA will deliver timely, accessible, and high-quality benefits, healthcare, and services to meet the unique needs of Veterans and all that they serve.

They build and maintain with Veterans, their families, caregivers, and survivors, as well as their employees and partners through growth, stewardship, transparency, and accountability, as well as working to improve experiences, satisfaction rates, accountability,

and security for Veterans. She noted that the Committee can assist in furthering the achievement of these priorities by continuing to assemble and review relevant information to the needs of Veterans with disabilities. The VA understands and is striving to create new avenues for increased Veteran outreach and external communications to ensure that all Veteran populations understand their compensation and healthcare options. She shared that the department is currently prioritizing upgrades to VA systems through technology, innovation, and migrations in order to maintain system efficiency for all stakeholders.

Ms. Bradsher then moved on to speak about the PACT Act and the one-year deadline to get as many Veterans as possible signed up. She shared that if they sign up within one year, the claim will be backdated to August 10, the date President Biden signed the Act. She acknowledged the concerns from VSOs about filing because of all of the other claims being opened and having to relitigate previous claims. She shared that they are working with VBA to articulate that, only if the claim is related to a previous claim should it be reopened. She then opened the floor to questions from the Committee.

Ms. Adams asked about how they would get access to information and filing for Veterans who self-file, as there are Veterans who do not have access to the VSO process. Ms. Bradsher shared that they utilize the Veteran Experience Office and that there is an e-mail sent out every Wednesday that talks about different specific pieces of PACT Act, so the information is sent out in parts instead of all at once, so it does not overwhelm the Veteran. They are also looking at their FAQs and have asked VBA to look at the same question she received from VSOs about relitigating all of the Veteran's claims if they apply. She acknowledged that the process is not as easy as it could be, and that it is something they are continuing to work on.

Chair Lewis shared a program she put into place when she worked as a director for healthcare policy, where she would have people go into a classroom-type setting after a presentation in order to begin the process of applying for healthcare right then with the help of knowledgeable advocates. She suggested money be invested into similar opportunities, where they can meet with Veterans in person and get them started in the process, so they don't have to do it in the future on their own and not remember what steps were covered. Ms. Bradsher agreed and shared that the goal is to look at partnerships with VSOs so they can get the information and be able to have someone work with them with the claim.

With no further questions, Ms. Bradsher thanked the Committee for their time. Ms. Roussel called for a 15-minute break before the next presentation.

Advisory Committee on Minority Veterans Briefing

After the break, Ms. Roussel introduced the next presenter, Ms. Debra Walker, Acting Deputy Director with the Committee on Minority Veterans, Department of Veterans Affairs Central Office.

Ms. Walker thanked Ms. Roussel and introduced herself along with Mr. Dwayne Campbell from the Center for Minority Veterans. She gave a brief history of the Center for Minority

Veterans (CMV) and the Advisory Committee on Minority Veterans (ACMV). She shared the vision and mission for the CMV, emphasizing ensuring awareness of and equal access to the benefits and services minority Veterans have earned by serving our Nation, with the ultimate goal of enhancing the well-being of Veterans, their families, and survivors. The mission is to advise and make recommendations to the Secretary of VA on the adoption and implementation of policies and programs affecting minority Veterans.

Ms. Walker also noted that the CMV and ACMV both support the administration and the Secretary of VA goals, highlighting Executive Order 13985, On Advancing Racial Equity and Support for Underserved Communities Through the Federal Government. She also pointed out the VA Strategic Objective 2.1, Reaching All Veterans. She continued, sharing some of the ACMV's responsibilities, such as advising the Secretary on VA's administration of benefits and provision of health care and services to minority Veterans. She also shared a number of changes being proposed, with one change including historically underserved Veterans to the group of minority Veterans. Ms. Walker then opened the floor to questions.

Ms. Adams expressed her appreciation of the merger of underrepresented Veterans and minority, because it involves intersectionality, and many Veterans are part of multiple groups and challenges which affect their access.

Chair Lewis asked about a section of the mission and vision that stated, "We champion minority Veterans by ensuring awareness of and equal access to". She pointed out equal access versus equitable access, as equal means everybody gets the same thing, while equity means they are given what they need. She suggested changing the wording from equal to equitable.

Mr. Maciosek asked what extent they are planning to look at equitable access to disability ratings and to the application of those ratings, as the question has come up before in the Committee. Ms. Walker expressed that they are not currently working on that, as it is not in their lane provided to them within the legislation and mission of their office. Mr. Maciosek pointed out that this area is something that should be looked into to make sure there is an office or committee focused on it. Ms. Adams concurred, expressing the importance of outreach and accessibility.

Chair Lewis brought up the plight of the Native American and Alaska Native population of Veterans who have been most lacking in their ability to get some of the things they need. Ms. Walker thanked Chair Lewis and shared how they are developing new relationships and trying to be more intentional with outreach and getting people into the system and enrolled.

Mr. Hazell asked for them to be updated with any Native American outreach in the future. James Lorraine shared that America's Warriors partnerships and supports two programs that are focused on both tribal and native. In response, Ms. Walker shared that there is a new Committee on Tribal Affairs and that she would share information about that with the VBA team when she is able to.

With no further questions, Ms. Walker concluded her presentation and thanked the Committee for their time.

Individual Longitudinal Exposure Record (ILER)

Ms. Roussel introduced Steven Cogburn, Lead Program Analyst on the Policy Staff with Compensation Service under the VBA. She explained that he would be explaining the Individual Longitudinal Exposure Record (ILER) Application.

Mr. Cogburn began with an overview of ILER, giving a brief background, current functionality, future functionality, and access to ILER. He shared that it is a DoD/VA mission. Mr. LoGalbo asked if there is any thought or discussion on if VSOs would be able to have access to the ILER report to help in developing claims for Veterans. Mr. Cogburn answered that there are plans to give access to ILER to Veterans, as well as future plans where the information in ILER would be automatically uploaded into VBMS, but that access for VSOs is a question they will look at in the future through DoD.

Chair Lewis asked if there is a way for Veterans to access the information in ILER through their doctor. Mr. Cogburn said that would be a question for VHA and that he would speak to another team about it and get back to her, as it could get into HIPAA violations since it has to do with medical information. Chair Lewis shared that the vast majority of Veterans don't get their healthcare in the VA, so they may not have access to ILER, which makes it important for a physician treating a Veteran outside of the VA to have access to this information. Mr. Lorraine suggested to make the information available on My eBenefits so when people sign in with a secure login, they will have access to ILER. Mr. Cogburn thanked Mr. Lorraine for the suggestion and made a note of it.

Mr. Cogburn moved on to speaking about the PACT Act and ILER. He shared how Section 302 - Presumption of Toxic Exposure requires consideration of exposure tracking record system, including ILER or its successor, when toxic exposure related claims are received. A biennial briefing in ILER is also required to be submitted by VA to Congress on data, quality, and usefulness of ILER. Section 803 - Correction of Exposure Records states that VA shall coordinate with the Secretary of Defense to provide a means for Veterans to update their records in ILER. Finally, Mr. Cogburn reviewed the National Defense Authorization Act (NDAA) for Fiscal Year 2021, Section 753 - Access of Veterans to ILER, which covers providing Veterans read-only access to the documents of the Veteran contained in the ILER in a printable format through a website of the Department of Veterans Affairs and a website of the Department of Defense.

Mr. Wolf shared how in his experience, it is usually the personnel files of the Veterans and not the service treatment records that contain exposure information. He asked how ILER is going to handle that information, since he has seen Veterans be denied benefits due to exposure information being in personnel files instead of treatment ones. Mr. Cogburn shared that they have made it very clear in any guidance about ILER that if the Veteran's

information is not in ILER, it does not mean the claim should be denied, but rather referred back to normal development procedures.

Mr. Lorraine asked about the number of people mentioned earlier that were in the database being 1.5 million, inquiring if that was the number of unique people. Mr. Cogburn answered that it was unique people and unique events, as one Veteran may have several exposures. Mr. Lorraine asked how many unique Veterans or service members are in the database. Mr. Cogburn did not have the number but shared that his understanding is that it is every single Veteran or service member who has an IDIPI number, so it should be more than 1.5 million. Mr. Lorraine asked if Mr. Cogburn could get back to him on the number when he has that information, and Mr. Cogburn agreed.

With no further questions, Mr. Cogburn thanked the Committee for their time. Ms. Roussel called for a 20-minute break before the Committee's wrap up discussion.

General Committee Discussion

Mr. Hazell welcomed the Committee back to the meeting and commended them for the feedback and participation so far. He shared that he and Chair Lewis had spoken about the biennial report and wanted to review some lessons learned and work on changing the process going forward. He also informed of some issues with the biennial report that needed to be addressed. Mr. Hazell reminded the Committee of their voting for topics and subtopics in their last meeting. He shared that he was unable to incorporate all of the feedback given by Committee members, as there were some items that did not align with the clams process, regulations, or claims concepts.

As a result, he noted that the Committee didn't include anything in the report on the specific VASRD changes that have occurred over the course of the past two years. As a result of that, Mr. Hazell and Chair Lewis requested an interim report to be submitted to augment the biennial report, specifically dealing with the VASRD changes that had occurred. Mr. Hazell motioned for a standing vote or standing rule that, regardless of whatever the subtopics are voted on for the biennial report, that they should always be able to include all the specific changes to the VASRD. Ms. Roussel requested elaboration on his motion.

Mr. Hazell gave the example of Topic 1 not having a subtopic specifically pertaining to VASRD changes for mental health or any of the other topics that had to do with the body system the topics were dealing with. As a result of the Committee having voted on the subtopics previously, Mr. Hazell was unable to add or modify the subtopics to include the VASRD changes. Mr. LoGalbo agreed with the change and seconded the motion.

Mr. Hazell also suggested that the topics and subtopics for the next biennial report be chosen within the next two meetings in order to allow the Committee more time to fully research and flesh out their recommendations.

Ms. Starke called on each member to vote for the interim report. The motion passed unanimously. Ms. Starke then called on each member to vote on the ability of the Chair or

Alternate Chair to add subtopics related to the VASRD in subsequent biennial reports in the event those subtopics are not needed but aren't yet included. The motion passed unanimously.

Mr. Hazell shared that the current VASRD changes currently pending final rule are the mental health, respiratory, and digestive. He asked for volunteers for work groups, beginning with mental health. Mr. LoGalbo, Ms. Adams, Dr. Tamez, and Dr. Johnson volunteered. Mr. Hazell then asked for volunteers for the respiratory and ENT work group for the interim report. Mr. Hazell, Mr. Lorraine, Mr. Wolf, and Mr. Maciosek volunteered. Finally, Mr. Hazell asked for volunteers for the digestive system work group. Mr. Hazell, Ms. Adams, Mr. LoGalbo, and Mr. Wolf volunteered.

Mr. Hazell asked the Committee if they were able to do work between the day's meeting and the next meeting, or if they wanted to schedule time at the end of the next meeting to discuss. Chair Lewis recommended they have at least one interim meeting before the next scheduled meeting to start on the interim report. It was discussed whether the meetings going forward should be all in person, some in person, or a mix of both. Ms. Roussel shared that she would send out an e-mail to the Committee and each member can share their preference that way. It was also noted that past interim reports would be shared in order to plan for their own interim report that the Committee is next working on.

Final Thoughts and Adjournment

Chair Lewis thanked the Committee for their time, energy, and engagement, and adjourned the meeting at 12:11 p.m.

Elizabeth Alice Roy
Jamison Professional Services
Preparer of the Executive Summary

Sian Roussel, DFO, ACDC

Sian M Roussel 289990

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Evelyn Lewis, M.D.
ACDC Chair