

**DELEGATION OF AUTHORITY FOR SIGNATURE, OVERSIGHT, AND
MANAGEMENT OF VHA NATIONAL POLICY**

- 1. SUMMARY OF MAJOR CHANGES:** This directive updates the delegation from the Under Secretary for Health to Veterans Health Administration (VHA) upper-level leadership, of signature, oversight and management of VHA national policy documents. This directive also updates all relevant references to align with VHA Central Office's (VHACO's) October 2020 redesigned organizational structure.
- 2. RELATED ISSUES:** VHA Directive 0999, VHA Policy Management, dated March 29, 2022.
- 3. POLICY OWNER:** The Office of the Under Secretary for Health is responsible for the content of this directive. Questions may be addressed to the Office of Regulations, Appeals and Policy (10BRAP) at VHA10BRAPPolicy@va.gov.
- 4. RESCISSIONS:** VHA Directive 0000, Delegation of Authority, dated January 3, 2019, is rescinded.
- 5. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of October 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.
- 6. IMPLEMENTATION SCHEDULE:** This directive is effective upon publication.

/s/ Shereef Elnahal, M.D., MBA
Under Secretary for Health

NOTE: All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

DISTRIBUTION: Emailed to the VHA Publication Distribution List on DATE.

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1. POLICY

This Veterans Health Administration (VHA) directive delegates authority for signature, oversight, and management for VHA national policy to VHA upper-level leadership (ULL). **AUTHORITY:** 38 U.S.C. § 512, 38 C.F.R. § 2.6(a)(1).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Secretary of Veterans Affairs has delegated the authority to approve and issue VHA national policy to the Under Secretary for Health.

NOTE: *This delegation functionally complies with VHA Directive 0999 that all VHA national policy be issued under the authority of the Under Secretary for Health. The Under Secretary for Health is responsible for:*

(1) Delegating signature, oversight and management authority for VHA national policy to VHA ULL.

(2) Ensuring that VHA ULL complies with this directive. **NOTE:** *VHA ULL is defined in VHA 1217, VHA Central Office Operating Units, dated September 10, 2021.*

b. **VHA Upper-Level Leadership.** VHA ULL consists of the Deputy Under Secretary for Health, VHA Chief of Staff, each Assistant Under Secretary for Health and the Associate Deputy Under Secretary for Health. **NOTE:** *See VHA Directive 0999, VHA Policy Management, dated March 29, 2022, for responsibilities of the Executive Policy Committee and for the development and recertification of VHA policy. VHA ULL is responsible for:*

(1) Providing final certification for VHA national policy with responsibility and oversight for the subject matter of such policy.

(2) Collaborating with other VA stakeholders when establishing responsibilities in national policy to offices organized under another VHA ULL (i.e., outside of the office of the VHA Chief of Staff).

c. **VHA Executive Director, Office of Regulations, Appeals and Policy.** The VHA Executive Director, Office of Regulations, Appeals and Policy (RAP) is responsible for managing the overall VHA national policy program.

3. BACKGROUND

a. This directive increases transparency and accountability and decreases inefficiency and redundancy in VHA policy process by removing the requirement that the Under Secretary for Health sign all VHA national policy documents. On November 21, 2018, the Executive-In-Charge issued the direction to delegate the signature, oversight and decisional authority for VHA national policy to VHA ULL. With this

delegation authority, the Under Secretary for Health retains overall responsibility but empowers VHA ULL to effectively manage the standards that govern their programs and removes an essentially redundant layer from the concurrence process. This delegated authority creates efficiencies and allows the organization to act swiftly and with integrity.

b. In March 2019, the Government Accountability Office (GAO) confirmed VHA's continued placement on the High-Risk List, highlighting variation in local policies across VA medical facilities and, by consequence, the inconsistent implementation of national policies as intended. **NOTE:** *More information on VHA's placement on the GAO High Risk List is available at: <https://files.gao.gov/reports/GAO-23-106203/index.html#appendix40>. The full GAO High Risk report is available at: <https://www.gao.gov/products/GAO-19-157sp>.* This delegation is responsive to GAO's recommendations to VHA.

4. TRAINING

There are no formal training requirements associated with this directive.

5. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

6. REFERENCES

- a. 38 U.S.C § 512.
- b. 38 C.F.R. § 2.6(a)(1).
- c. VHA Directive 0999, VHA Policy Management, dated March 29, 2022.
- d. VHA Directive 1217, VHA Central Office Operating Units, dated September 10, 2021.
- e. GAO Report: Managing Risks and Improving VA Health Care – Why It's High Risk: <https://www.gao.gov/highrisk/managing-risks-and-improving-va-health-care>.
- f. GAO Report: High Risk Series: Substantial Efforts Needed to Achieve Greater Progress on High-Risk Areas, March 6, 2019: <https://www.gao.gov/products/gao-19-157sp>.