SUSPENSION OF IMPLEMENTATION OF LOCAL POLICY MANDATES IN OVERDUE VHA NATIONAL POLICIES

1. PURPOSE

This Veterans Health Administration (VHA) notice establishes an interim policy for the suspension of implementation of local policy mandates in overdue VHA national policies listed in paragraph 4. This notice is critical to VHA’s overall efforts to increase valuable hours dedicated to providing Veteran care due to reduced policy burden.

2. BACKGROUND

a. VHA Directive 0999(1), VHA Policy Management, dated March 30, 2022, requires that all VHA national policies must be relied upon directly and local policies must only be developed by exception. Currently, there are 32 VHA national policies with mandates to develop additional local policy. Of these, 19 are overdue for recertification.

b. In 2015, the Government Accountability Office (GAO) placed VHA on its High-Risk List, citing, among other areas, VHA’s ambiguous policies and inconsistent processes as one of the key areas that places Veterans' safety and delivery of health care at risk.

c. Eliminating one local policy mandate will revert 60 Full Time Employee (FTE) hours to every Department of Veterans Affairs (VA) medical facility subject to the mandate. As a result, suspending the mandates will assist the reduction of unnecessary local policy inventory, alleviate redundant administrative burdens, and reduce variation in the implementation of VHA national policy among VA medical facilities.

d. This notice is a recommendation from the Policy Field Advisory Committee, as presented to and approved by the VHA Executive Policy Committee.

3. VHA POLICY FIELD ADVISORY COMMITTEE

The VHA Policy Field Advisory Committee (PFAC) was created in January 2023 in accordance with VHA Directive 0999(1). The PFAC is a field-driven initiative, and membership in this committee is on a voluntary basis. Members include Veterans Integrated Service Network (VISN) and VA medical facility policy managers, or equivalent. The PFAC members meet, at minimum, twice a year to provide recommendations on policy-related issues for local document and program development.
4. SUSPENSION OF LOCAL POLICY MANDATES

   a. VISNs and VA medical facilities are no longer required to create or maintain VISN policies or Medical Center Policies (MCPs), respectively, as mandated in the VHA directives and handbooks listed below:


      (5) VHA Directive 1108.02(2), Inspection of Controlled Substances, dated November 28, 2016.

      (6) VHA Directive 1162.05(1), Housing and Urban Development Department of Veterans Affairs Supportive Housing Program, dated June 29, 2017.


      (12) VHA Handbook 1400.08, Education of Associated Health Professions, dated February 26, 2016.

   b. VISN Directors and VA medical facility Directors retain the autonomy to create local policy when determined to be necessary. If local policies were created to comply with the mandates in VHA national policies listed in paragraph 4.a., VISN Directors and VA medical facility Directors may rescind or retain those local policies.

   c. The repository for all VHA national policies requiring local policies can be found at: https://dvagov.sharepoint.com/sites/VHARAP/SitePages/VHA-National-Policies-with-Local-Policy-Mandates.aspx. **NOTE:** This is an internal VA website that is not available to the public.
5. RESPONSIBLE OFFICE: All inquiries concerning this action should be addressed to the Office of Governance, Regulations, Appeals, and Policy (10B-GRAP) at VHA10BRAPPOLICY@va.gov.

6. This VHA notice will expire and be archived on June 30, 2025.

BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:

/s/ Ryung Suh, M.D.
VHA Chief of Staff

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