

THE SERGEANT FIRST CLASS HEATH ROBINSON HONORING OUR PROMISE TO ADDRESS COMPREHENSIVE TOXICS (PACT) ACT OF 2022

- Title I – Expansion of Health Care Eligibility
- Title II – Toxic Exposure Presumption Process
- Title III – Improving the Establishment of Service Connection Process for Toxic Exposure Veterans
- Title IV – Presumptions of Service Connection
- Title V – Research Matters
- Title VI – Improvement of Resources and Training Regarding Toxic-Exposed Veterans
- Title VII – Resourcing
- Title VIII – Records and Other Matters
- Title IX – Improvement of Workforce of Department of Veterans Affairs

TITLE I - Expansion of Health Care Eligibility

Section 1: Short Title; references to title 39, United States Code, Table of Contents

- This Act may be cited as the “Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2002” or the “SFC Heath Robinson PACT Act of 2022”

Subtitle A – Toxic-exposed Veterans

Section 101: Short Title

- This title may be cited as the “Conceding Our Veterans’ Exposures Now And Necessitating Training Act” or the “COVENANT Act”.

Section 102: Definitions Relating to Toxic-Exposed Veterans

- This section defines “toxic exposure” and defines “toxic-exposed veterans” as a veteran described in section 1710(e)(1) of title 38 United States Code.
- This section defines “toxic exposure risk activity” and includes any risk of exposure recorded in an exposure tracking record system, which documents exposures to toxic substances.
- Additionally, the Secretary of VA has the authority to determination that a veteran participated in a toxic exposure risk activity when an exposure tracking record system does not contain the appropriate data.

Section 103: Expansion of health care for specific categories of Toxic-Exposed veterans and Veterans supporting certain overseas contingency operations.

- Expands access to healthcare (hospital care, medical services and nursing home care) under Priority Group 6 for three categories of veterans:

Who is responsible for proving this? The SM and Veteran? What documentation is required? SF600?

- Those who participated in a toxic exposure risk activity while serving on active duty, active duty for training, or inactive duty for training;
- Those who served in certain locations during specific periods of time (listed in Sec 302 of the text); or
- Those who were deployed in support of a specific contingency operation

- Enrollment for care under categories 1 or 2 will occur in a phased manner:
 - Beginning October 1, 2024, for veterans who were discharged or release during the period beginning on August 2, 1990 to September 11, 2001.
 - Beginning October 1, 2026, for veterans who were discharged or release during the period beginning on September 12, 2001 to December 31, 2006.
 - Beginning October 1, 2028, for veterans who were discharged or release during the period beginning on January 1, 2007 to December 31, 2012.
 - Beginning October 1, 2030, for veterans who were discharged or release during the period beginning on January 1, 2013 to December 31, 2018.
- **Enrollment for care under the third category will not begin until October 1, 2032.**
- In all instances, the Secretary has the authority to modify the start date for any phase so long as VA has the resources to do so. If VA seeks to move up any timeline, it must first notify Congress of its intent and publish the new date in the Federal Register.
- Calls on VA to develop a plan to conduct outreach to newly eligible veterans under each phase of enrollment.

Section 104: Assessment of Implementation and Operation

- Under this provision, VA must provide Congress an assessment within 180 days of enactment outlining the personnel and material resources needed to implement Section 103.
- In addition, VA will need to establish information systems not later than October 1, 2024, to assess the implementation of Section 103. Said information collected will be provided to Congress in an annual report.

Subtitle B – Certain Veterans of Combat Service and Other Matters

Section 111: Expansion of Period of Eligibility for Health Care for Certain Veterans of Combat Service.

- **Expands the period of enhanced eligibility for VHA care for combat veterans, who served after November 1998 and with a discharge date after September 11, 2001, from five years following discharge to 10 years following discharge.**
 - Enhanced eligibility is currently a 5-year period of free VA health care (Priority Group 6 unless a veteran qualifies for a higher priority group), starting at the date of their discharge, available to combat veterans ~~for any condition that may be related to their combat service.~~ At the end of this enhanced eligibility period veterans are reassigned to the highest priority group for which they qualify.
- **Creates a one-year open enrollment period for Post-9/11 combat veterans who did not enroll during the initial five years following discharge.**
 - **The open enrollment period covers combat veterans discharged between 9/11/01 and the date 8 years prior to the date of enactment.**
 - **The open enrollment period will be for one year, effective 180 days following the date of enactment.**
- *** Requires a report within two years of enactment of the Act on the number of veterans who enrolled in healthcare under the new provisions, and of those veterans, the number who reported a health concern related to toxic exposure.**

What deployment locations does this cover? Or is it all active duty?

What is classified as combat veteran in terms of nations / countries deployed to?

May 24, 2022

- Requires VA to develop an outreach plan within 30 days of enactment of the Act to notify eligible Post-9/11 veterans regarding potential eligibility under the new healthcare eligibility provisions.
- Clarifies that any recipient of a medal from the following categories is considered a combat veteran for the purpose of healthcare eligibility:
 - The Armed Forces Expeditionary Medal discontinued after 2003, replaced with GWOT SM, EM
 - Service Specific Expeditionary Medal, Is this GWOT? NATO? ISAF?
 - Combat Era Specific Expeditionary Medal
 - Campaign Specific Medal or other combat theater awards established by public law or executive order
- Calls on VA to develop a plan to conduct outreach to newly eligible veterans under this section.
- Requires VA to submit a report not later than January 30, 2024, regarding the number of veterans who enrolled during the one-year open enrollment period. See (*) above - same exact thing.
- This section becomes effective October 1, 2022.

What is the difference between "combat" era, and EM medals? Does this remove the specific countries clause?

Title II - Toxic Exposure Presumption Process

Section 201: Short Title

- This title may be cited as the “Toxic Exposure in the American Military Act of 2022” or the “TEAM Act of 2022”.

Section 202: Improvements to ability of Department of Veterans Affairs to establish presumptions of service connection based on toxic exposure.

- Establishes a framework for the establishment of future presumptions of service connection related to toxic exposure.
- This framework is comprised of an Annual Notice in the Federal Register, a VA working group on presumption of service connection, and a formal review of all working group recommendations by the Secretary.
- **Annual Notice and Opportunity for Public Comment:**
 - The VA Secretary is required annually submit to the Federal Register their plan for formally evaluating toxic exposures.
 - The public can comment on their plan and advise the Secretary on exposures that should be added to the exposure records and conditions that should be evaluated.
 - VA will hold open meetings to voice their comments to VA’s plan, along with quarterly meetings with VSOs for them to offer VA feedback on toxic exposures.
- **Agreement with National Academies of Sciences, Engineering, and Medicine concerning the exposure of humans to toxic substances**
 - Directs the Secretary of VA to enter into a five-year agreement with the academies to provide a review of the current scientific evidence and the strength of association between military toxic exposures and adverse health conditions
 - Reviews conducted by the National Academies must be taken into account by VA when conducting formal evaluations of working group recommendations.
- **Working Group on Presumptions of Service Connection:**
 - Secretary shall establish a standing VA working group comprised of VHA and VBA employees to assess known and suspected toxic exposures

Always necessary to further research through private and govt (NIH) funding.

Great idea, allows for those affected to speak up.

May 24, 2022

- The Working Group will then nominate presumptions of exposure and service connection to the VA Secretary
- The Working Group must also report their work to Congress on an annual basis
- Assess evidence strength is based on four categories: sufficient, equipoise and above, below equipoise, and against.

This is a great process, allows stakeholders to speak up and bring forth evidence based concerns.

- **Formal Evaluation of Recommendations:**

- The secretary shall establish a process to conduct a formal evaluation of each recommendation submitted by the working group.
- Formal evaluations must begin within 30 days of receiving a report from the Working Group.
- 120 days after a formal evaluation commences, a recommendation must be submitted to the VA Secretary with respect to establishing a presumption of service connection or modifying an existing presumption of service connection.

- **Regulations regarding Presumptions of Service connection based on toxic exposure:**

- 160 days after receiving a recommendation, the VA Secretary must either decide to establish or modify a presumption, or publicly comment in the Federal Register why a condition is not warranted with the supporting rationale.
- The Secretary may also publish recommendations to remove a presumption of service connection for presumptive conditions established by this bill if the condition has been run through the process outlined by this section and there is determined to be sufficient evidence of no association between an exposure and a condition.

"Grandfathered in", this is important.

- In the event that a condition is removed from the list of conditions considered presumptive no veterans or survivor shall have their compensation reduced solely on the basis of the removal

- **Authority to modify process; congressional oversight**

- The secretary has the authority to modify the process established under this section, but must notify and justify the proposed changes to Congress.
- The Secretary shall enter into an agreement with an independent entity to provide a review and report on VA's implementation of this section.

Section 203: Outreach to claimants for disability compensation pursuant to changes in presumptions of service connection.

- This section requires that when a regulation, law, or Federal court decision establishes or modifies a presumption of service connection, the Secretary must identify all claims for compensation that were previously received and denied.

This is done currently, VBA, VHA reaches out weekly (sometimes more) with news and updates

The Secretary must conduct outreach to this group of individuals by publishing public notice on the internet website of the Department, notifying veteran's service organizations, and directly notifying affected veterans that they may submit a new claim.

Section 204: Reevaluation of claims for dependency and indemnity compensation involving presumptions of service connection.

- This section requires that when a regulation, law, or Federal court decision establishes or modifies a presumption of service connection, the Secretary must identify all claims for compensation that were previously received and denied.

Very important, currently done. In the process of doing this for asthma, sinusitis, rhinitis.

May 24, 2022

This is done via email, concerned about those who aren't in comms with VA.

- The Secretary must conduct outreach to this group of individuals by publishing public notice on the internet website of the Department, notifying veteran's service organizations, and directly notifying claimants, that they may elect to have their claim reevaluated
- If the claim is then granted, the Secretary must establish an effective date as if the new presumption was in effect at the time of the prior claim.

Title III - Improving the Establishment of Service Connection Process for Toxic Exposure Veterans

Section 301: Short Title

- This title may be cited as the "Veterans Burn Pits Exposure Recognition Act of 2022".

Section 302: Presumptions of toxic exposure.

- This section directs the Secretary to consider any entry in an exposure tracking record system, to include the Individual Longitudinal Exposure Record (ILER), that qualifies as a toxic exposure risk activity as a presumption of exposure for a claim for service connection. If the exposure tracking record system does not contain the necessary information, the VA should consider the totality of the circumstances of the veteran's service before making a decision.
- This section also establishes a presumption of exposure to substances, chemicals and airborne hazards the Secretary may determine appropriate, for veterans who served in certain locations. Where / What are these locations? If it isn't listed then it isn't included.
- The Secretary of VA may add or remove substances in collaboration with DOD.

Section 303: Medical nexus examinations for toxic exposure risk activities.

- This section requires VA provide medical examinations and/or medical nexus opinions for any veteran who submits a claim for a service-connected disability relating to toxic exposure with evidence of a disability and participation in a toxic exposure risk activity.

This is done via DBQ? Or C&P Exam? Or an actual letter stating medical belief? What if it goes against veteran?

Title IV - Presumptions of Service Connection

Section 401: Treatment of veterans who participated in cleanup of Enewetak Atoll as radiation-exposed veterans for purposes of presumption of service connection of certain disabilities by Department of Veterans Affairs.

- This section may be cited as the "Mark Takai Atomic Veterans Healthcare Parity Act of 2022"
- Establishes the cleanup of Enewetak Atoll from January 1, 1977 through December 31, 1980 as a "radiation-risk activity" for the purpose of the presumption of service connections.
- *This provision is drawn from the Smith-Tillis "Mark Takai Atomic Veterans Healthcare Parity Act".*

Section 402: Treatment of veterans who participated in nuclear response near Palomares, Spain, as radiation-exposed veterans for purposes of presumption of service-connection of certain disabilities by Department of Veterans Affairs.

- This section may be cited as the “Palomares or Thule Veterans Act of 2022”
- Creates a presumption of service connection based on radiation exposure for veterans who participated in the cleanup of the Air Force B-52 carrying nuclear weapons off the coast of Palomares, Spain from January 17, 1966 through March 31, 1967.
- *This provision is partially drawn from the Blumenthal “Palomares Veterans Act”.*

Section 403: Presumptions of service connection for diseases associated with exposures to certain herbicide agents for veterans who served in certain locations.

- This section may be cited as the “Veterans Agent Orange Exposure Equity Act of 2022”
- Expands the presumption of exposure to herbicide agents, and eligibility for priority group 6 healthcare, for veterans who meet the following criteria:
 - Service in Thailand at any United States or Royal Thai base during the period beginning on January 9, 1962, and ending on June 30, 1976, without regard to where on the base the veteran was located or what military job specialty the veteran performed;
 - Service in Laos during the period beginning on December 1, 1965, and ending on September 30, 1969;
 - Service in Cambodia at Mimot or Krek, Kompon Cham Province during the period beginning on April 16, 1969, and ending on April 30, 1969; or
 - Service in Guam or American Samoa, or in the territorial waters thereof, during the period beginning on January 9, 1962, and ending on July 31, 1980, or service on Johnston Atoll or on a ship that called at Johnston Atoll during the period beginning on January 1, 1972, and ending on September 30, 1977.”
- This section will go into effect immediately for eligible veterans who are terminally ill, homeless, under extreme financial hardship, or are over 85 years old, and for dependency and indemnity compensation claimants.
- For all other eligible veterans, this section will take effect on October 1, 2022.
- *This provision is partially drawn from the Boozman/Tester “Thailand Veterans Toxic Exposure Act.”*

Section 404: Addition of additional diseases associated with exposure to certain herbicide agents for which there is a presumption of service connection for veterans who served in the certain locations.

- This section may be cited as the “Fair Care for Vietnam Veterans Act of 2022”
- **Creates a presumption of service connection related to exposure to herbicide agents for the following conditions:**
 - **Hypertension**
 - **Monoclonal gammopathy of undetermined significance (MGUS)**
- This section will go into effect upon enactment for eligible veterans with MGUS.
- This section will go into effect upon enactment for eligible veterans with Hypertension who are terminally ill, homeless, under extreme financial hardship, or are over 85 years old, and for dependency and indemnity compensation claimants.

May 24, 2022

- For all other eligible veterans with Hypertension, this section will take effect on October 1, 2026.
- *This provision is drawn from the Tester "Fair Care for Vietnam Veterans Act".*

Section 405: Improving compensation for disabilities occurring in Persian Gulf War veterans.

Agree with this.
Very individualized

- Permanently extends the period of eligibility for compensation based on Gulf War Illness.
- **Removes the manifestation period requirement related to Gulf War Illness.**
- Requires VA to create a DBQ specific to Gulf War Illness and veterans are screened for Gulf War Illness.
- Requires VA to provide training to carry out this section.
- Requires VA to provide an annual report to Congress on this implementation.
- *This provision is drawn from the Menendez "Improving Benefits for Gulf War Veterans Act".*

Section 406: Presumption of service connection for certain diseases associated with exposure to burn pits and other toxins.

No mention if this is "primary site" cancers only or secondary and malignant sites too. This may be an issue for many veterans.

- This section may be cited as the "Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act of 2022"
- Creates a presumption of service connection for veterans who met the criteria for the presumption of exposure to airborne hazards in Section 302 for **13 conditions (11 lung conditions, 2 cancers):**

- **Asthma that was diagnosed after service** have already been enacted
- Head cancer of any type
- Neck cancer of any type
- Respiratory cancer of any type
- Gastrointestinal cancer of any type
- Reproductive cancer of any type
- ~~Lymphoma~~ cancer of any type
- ~~Lymphomatic~~ cancer of any type
- Kidney cancer
- Brain cancer
- Melanoma
- Pancreatic cancer
- Chronic bronchitis
- Chronic obstructive pulmonary disease (COPD)
- Constrictive bronchiolitis or obliterative bronchiolitis
- Emphysema
- ~~Granulomatous disease~~ ?
- Interstitial lung disease →
- Pleuritis
- Pulmonary fibrosis
- Sarcoidosis
- **Chronic sinusitis**
- **Chronic rhinitis** have already been enacted

Not sure they understand that there isn't a difference between "lymphoma" and "lymphomatic" based cancers - I don't think Lymphomatic is even a term.

By doing this, they completely left out Leukemias which is unfortunate. Instead of Lymphoma, it should have been "Hematologic cancers" - which would have made it all-inclusive to blood-related malignancies.

Odd that this was added, as CGD is a rare autosomal-recessive genetic disease (x-linked). They should have made this broader: "autoimmune diseases" after service. Unfortunately, this won't really help anyone.

ILD is an umbrella term, it could go either way. Lots of autoimmune and idiopathic pneumonias and scarring are hopefully classified under this. But it also leaves way for a lot of misinterpretation and gaps in who and what is qualified.

What isn't noted is what is included under these broad categories. Breast cancer, leukemia, sarcomas, myelomas, skin (outside of melanoma), esophageal, throat, oral, colon, rectal.

May 24, 2022

- Glioblastoma
- This section will go into effect immediately for all eligible veterans who are terminally ill, homeless, under extreme financial hardship, or are over 85 years old, and for dependency and indemnity compensation claimants.
- For all other eligible individuals, this section go into effect on the following dates:
 - Effective on enactment – asthma, that was diagnosed after service, respiratory cancer of any type, brain cancer, Constrictive bronchiolitis or obliterative bronchiolitis, emphysema, granulomatous disease, interstitial lung disease, pleuritis, pulmonary fibrosis, sarcoidosis, chronic rhinitis, chronic sinusitis, and glioblastoma.
 - Oct 1, 2023 - chronic bronchitis, and chronic obstructive pulmonary disease.
 - Oct 1, 2024 - head cancer of any type, neck cancer of any type, gastrointestinal cancer of any type, reproductive cancer of any type, lymphoma cancer of any type, lymphoma cancer of any type, and pancreatic cancer.
 - Oct 1, 2025 – kidney cancer and melanoma.
- *This provision is drawn from the Gillibrand/Rubio “Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act”.*

Glioblastomas are a type of brain cancer - brain cancer was already mentioned, so this raises red flags as whoever wrote this has no medical inkling at all.

This would mean those with terminal cancers wouldn't be prioritized, they'd be backlogged to Oct 2024 while chronic, non-terminal conditions receive priority?

This is insulting to those battling terminal cancers that have gone misdiagnosed / undiagnosed for so long.

Same thing, twice.

Section 407: Rule of construction

- This rule of construction codifies current court decisions that the secretary will not wait to process claims for direct service connection due to a pending effective date of presumption, and that lack of presumption is not grounds for a denial on a claim for direct service connection

Title V – Research Matters

Section 501: Interagency Working Group on Toxic Exposure Research

- Directs the Secretary of VA to convene a Working Group comprised of VA, DOD, HHS, EPA, and other federal entities involved in research on the health consequences of toxic exposures experienced during military service.
- This Working Group shall develop a five-year strategic plan to identify collaborative research activities and available resources within membership entities to carry out such research activities, and provide reports to congress on the development and implementation of this plan.

This overlaps the above mandate for VA working group.

Section 502: Analysis and report on the treatment of veterans for medical conditions related to toxic exposure.

- Requires the Secretary of VA to analyze medical data for veterans receiving health care to further identify potential associations between veteran medical conditions and toxic exposure.
- Mandates an annual report to SVAC/HVAC with VA's findings from this medical data analysis.
- *This provision is drawn from the Tillis-Hassan “Toxic Exposure in the American Military Act.”*

This is great, healthcare is constantly changing, and as healthcare changes, you need to update research. Plus the TERP Program will assist this and cover down.

May 24, 2022

Only 23-27% of post-9/11 veterans use the VA, so concerned how we will get accurate numbers on this?

Section 503: Analysis relating to mortality of veterans who served in Southwest Asia.

- Mandates that VA performs a mortality study on veterans who served in certain locations during the Gulf War period and report these findings back to Congress within 180 days. ?
- *This provision is drawn from the Gillibrand-Rubio “Presumptive Benefits for War Fighters Exposed to Burn Pits and Other Toxins Act.”*

No feasible with mismanaged / poor data collection

Section 504: Study on health trends of post 9/11 veterans.

- Requires an epidemiological study on the health trends of veterans who served in the Armed Forces after September 11, 2001.

Section 505: Study on cancer rates among veterans.

- Requires a study on the incidence of cancers among veterans.

Similar concern as stated above, medical records are not shared / and veteran data isn't enabled for those not enrolled. Data will not be accurate or totally complete.

Section 506: Study on Health Effects of Waste related to Manhattan Project on Certain Veterans

- Directs the Secretary of VA to enter into an agreement with the National Academies to conduct a study on the health trends of veterans who participated in the Manhattan Project, or resided near the Manhattan Project.

Exciting news is that we just completed something similar on this, potential bias and misdiagnoses

Section 507: Study on Toxic Exposure and Mental Health Outcomes

- Directs the Secretary of VA to enter into an agreement with the National Academies to conduct a study on veterans to assess possible relationships between toxic exposure experienced during service and mental health outcomes.

Section 508: Study on Veterans in Territories of the United States

- Directs GAO to conduct a study on access and barriers to VA benefits and services in the territories (American Samoa, Northern Marianas Islands, Guam, Puerto Rico, and the Virgin Islands) and the freely associated states of the US (Federated States of Micronesia, Marshall Islands, and the Republic of Palau).

Section 509: Department of Veterans Affairs Public Website for Toxic Exposure Research

- Directs VA to create and maintain a website to provide the public with information on all toxic exposure research carried out or funded by the government.

Section 510: Report on Health Effects of Jet Fuels used by Armed Forces

- Directs VA to submit a report to Congress on the health effects of jet fuel exposure and gaps in current research on the health effects of jet fuel exposure. ACES Act 2022?

Title VI – Improvement of Resources and Training Regarding Toxic-Exposed Veterans

Section 601: Short Title; Definitions.

- This title may be cited as the “Fairly Assessing Service-related Toxic Exposure Residuals Presumptions Act of 2022” or the “FASTER Presumption Act of 2022”.

Great idea as majority of claims are pushed out to contractors, having an actual scale for service connection should differ from the percentage of disability. One shouldn't rely on the other which often it does.

This is great, hopefully it includes the exposure overall not just from a 'burn pit' perspective

May 24, 2022

- This section states the terms “active military, naval, or air service”, “toxic exposure”, and “toxic-exposed veteran” have the meanings given those terms in section 101 of title 38, United States Code.

Section 602: Publication of list of resources of Department of Veterans Affairs for toxic-exposed veterans and veterans who report toxic exposures and outreach program for such veterans and caregivers and survivors of such veterans.

- Requires VA to publish a list of the benefits and healthcare resources available to toxic exposure veterans, and families and survivors of toxic exposure veterans, within one year after the date of enactment, and to update the list periodically.
- Requires VA to develop an outreach program for veterans regarding benefits and support programs related to toxic exposure.
- *This provision is drawn from the Tillis-Hassan “Toxic Exposure in the American Military Act.”*

Section 603: Incorporation of toxic exposure screening for veterans.

- Directs VA to incorporate a clinical toxic exposure screening to be administered to VHA enrollees not less frequently than every three years, and to all new VHA enrollees starting 90 days after the date of enactment.
- Requires that the questionnaire must include a question about a veteran’s potential exposure to an open burn pit and a question regarding symptoms commonly associated with military environmental exposure.
- Requires VA to consider updates to the content of the screening biennially to ensure it contains the most current information.
- *This provision is drawn from the Tillis-Hassan “Toxic Exposure in the American Military Act.”*

This is critical, and probably should be updated to every year during annual physical assessments to identify trends and changes.

Great efforts, as we move to garrison military, we can expect more toxic exposures in CONUS

Section 604: Training for personnel of the Department of Veterans Affairs with respect to veterans who report toxic exposures.

- Requires additional toxic exposure-related education and training for VA health care and benefits personnel.
- *This provision is drawn from the Klobuchar/Crapo “Toxic Exposure Training Act”.*

The ACPM Military Environmental Exposures Certification (MEEC) helps; having additional CEUs would be great also.

Title VII - Resourcing

Section 701: Authority to use Appropriations to Enhance Claims Processing Capacity and Automation

- This sections allows the Secretary of VA to use such funds as is necessary from the Veterans Toxic Exposure Fund (established in section 805) to pay for the modernization of VBA IT systems, to include automation, to support the expected increase in claims processing demand created by this act.
- This section also requires that the Secretary of VA submit a plan to Congress within 180 days of enactment of this act for the modernization of VBA IT systems.

Similar to the ILER?

May 24, 2022

Section 702: Authorization of major medical facility lease of Department of Veterans Affairs for Fiscal Year 2023

After completing the study on % state pop vs. wait-times and distances:

- Vermont
- New Hampshire
- Alabama
- Oklahoma
- Arkansas
- South Carolina
- Iowa
- North Dakota
- Hawai'i
- Montana
- Idaho
- Wyoming

- This section expands VA's capacity to deliver health care by authorizing 31 major medical health clinics (known as major medical facility leases) and research facilities in 19 states that will improve veterans' access to health care.
- The 31 major leases cover 19 states: Colorado, Florida (4), Georgia, Indiana, Kentucky, Louisiana, Maryland (2), Massachusetts, Minnesota, Missouri (4), New York, North Carolina, Pennsylvania, South Carolina, Tennessee (3), Texas (4), Utah, Virginia, and Washington.
- This provision would immediately set in motion a large expansion of VA capacity to provide healthcare to veterans.

Section 703: Treatment of major medical facility leases of the Department of Veterans Affairs

have the highest, most at-risk states when compared with wait times, distances, and post-9/11 veteran population

- This provision would streamline the leasing approval process so that for all leases proposed by VA in future years, so that Congress would not need to pass a law approving each lease of a certain size as they do today.
- Leases that meet the relevant threshold will be approved through Committee resolutions passed by the Senate and House Committees' on Veterans' Affairs, similar to how the EPW and T&I Committees handle leases in their jurisdiction today.
- This section also includes clarifications to current law which outlines the specific information that VA must provide Congress whenever it is requesting approval for major medical leases.

Section 704: Authority to enter into agreements with academic affiliates and other entities to acquire space for the purpose of providing health-care resources to veterans.

Great initiative, but still doesn't close gap on ill-informed providers and medical students.

- This section increases VA's health care delivery capacity and veterans' access to care by providing VA with clear authority to do streamlined leases with "academic affiliates" such as University hospitals which it already has partnerships with today.

Section 705: Modifications to enhanced-use lease authority of Department of Veterans Affairs

- This section expands VA's existing enhanced-use lease (EUL) authority to enable the lease of underutilized VA property or buildings to third parties for homeless veteran and other veteran-focused services.
- This provision would expand and make permanent VA's existing authority to lease under-utilized property which is currently limited to homeless housing and expand it so the space could be used for veteran community resource centers, veteran non-profit service providers, veteran community/town centers for gatherings, and veteran assistance centers.
- If no veteran-focused purposes could be found, the space could be leased for non-veteran purposes such as a storage warehouse as long as the purpose was not inconsistent with VA's mission.

May 24, 2022

Section 706: Authority for joint leasing actions of Department of Defense and Department of Veterans Affairs

- This section would expand health care access and capacity by allowing DoD and VA to conduct joint leasing activities.

Section 707: Appropriation of amounts for major medical facility leases

- This section provides \$5.5 billion in appropriation to support the establishment of the leases specifically itemized in the legislation and future leases that would be allowed under the thresholds modified or established in this legislation over the next nine fiscal years.

Title VIII – Records and Other Matters

Section 801. Epidemiological study on Fort McClellan Veterans.

- Directs the Secretary of VA to conduct an epidemiological study on the health trends of veterans who were stationed at Fort McClellan between January 1, 1935 and May 20th, 1999.

Section 802: Biennial briefing on Individual Longitudinal Exposure Record.

- Requires the Secretary of Defense, in consultation with the Secretary of VA, to provide a briefing to Congress regarding quality of the data in ILER and the usefulness of the ILER record in supporting members of the Armed Forces and veterans in receiving healthcare and benefits from VA, as well as the accuracy and quality of the system's data.
- Requires the briefings to be submitted not later than one year after the date on which ILER achieves full operational capability, and every two years thereafter.

Section 803: Correction of toxic exposure records.

- Requires the Secretary of Veterans to provide a means for veterans to update their records of exposure in ILER.

Section 804: Federal Cause of Action Relating to Water at Camp Lejeune, North Carolina.

- This section may be cited as the “Camp Lejeune Justice Act of 2022”
- This section allows certain individuals to bring an action in the United States District Court for the Eastern District of North Carolina to obtain appropriate relief for harm that was caused by exposure to the water at Camp Lejeune.

Section 805: Cost of War Toxic Exposures Fund

- This section creates a mandatory appropriation fund to cover any expenses incident to the delivery of health care and benefits associated with exposure to environmental hazards in service, including administrative expenses such as claims process, appeals, and medical research.

Section 806: Appropriation for fiscal year 2022.

- This direct appropriates \$500 million to the Cost of War Toxic Exposure Fund for FY22 for initial expenses required by passage of this act, pending a spending plan presented by

May 24, 2022

the Secretary of VA to Congress, which is required not later than 30 days after enactment of this act.

Section 807: Authorization of Electronic Notice in Claims Under Laws Administered by the Secretary of Veterans Affairs

- This sections allows veterans to elect to receive disability claims notifications electronically

Section 808: Burn Pit Transparency

Iraq
Phillippines
HoA
Mali
Oman
Niger
UAE

- Requires VA Secretary to submit an annual report to Congress on the number of toxic exposure claims and denials for veterans who deployed to the Southwest Asia theater of operations, Afghanistan, Syria, Djibouti, or Uzbekistan after September 19th, 2001.

Title IX – Improvement of Workforce of Department of Veterans Affairs

Section 901: National rural recruitment and hiring plan for Veterans Health Administration.

- Directs the Secretary of the Department of Veterans Affairs (VA) to develop and implement a national VA Rural Recruitment and Hiring Plan, in consultation with VA Medical Center (VAMC) and community-based outpatient clinic (CBOC) directors. A
- s part of the plan, VA would be required to develop best practices for recruiting health care professionals to rural VA facilities, train recruitment employees to utilize these best practices, and provide recruitment resources to the Veterans Integrated Services Networks (VISNs) and rural VA facilities.
- VA would be required to submit an annual report and assessment to Congress.
- *This provision is drawn from the Tester/Boozman “VA WISE Act”.*

Section 902: Authority to buy out service contracts for certain health care professionals in exchange for employment at rural or highly rural facilities of Department of Veterans Affairs.

- Gives VA authority to buy out non-VA employment contracts of physicians and certain other hard-to-hire health care professionals who have been offered employment with VA, in exchange for individuals agreeing to be employed at a rural or highly rural VA facility for a period of no less than four years.
- VA would be required to submit an annual report to Congress regarding their use of authority under this section. This provision will provide parity for VA with the private sector on this front and make VA much more competitive in rural areas, where there is already major competition for health care providers.
- *This provision is drawn from the Tester/Boozman “VA WISE Act”.*

Section 903: Qualifications for human resources positions within the Department of Veterans Affairs and plan to recruit and retain human resources employees.

- Requires VA to establish qualifications and performance metrics for each human resources position within the Department.
- VA would be required to establish or enhance its systems for monitoring hiring and other human resources actions.

May 24, 2022

- This section also requires a report from the Comptroller General regarding the implementation of these metrics, and a report from VA regarding a recruitment and retention plan for human resources employees.
- HR positions are understaffed across the country, which has led to longer times-to-hire and insufficient administrative support of facility-level hiring managers.
- *This provision is drawn from the Tester/Boozman “VA WISE Act”.*

Section 904: Modification of pay cap for certain employees of Veterans Health Administration

- Modifies the pay cap for certain VHA employees, which will allow VA to have more flexibility to compete with local markets and meet ever-changing needs across different clinical and high-demand positions.
- This will be especially helpful in rural areas experiencing unprecedented spikes in costs of living and population increases due to industry shifts to remote work capabilities.
- *This provision is drawn from the Tester/Boozman “VA WISE Act”.*

Section 905: Expansion of opportunities for housekeeping aides.

- This section removes restrictions on hiring housekeeping aides, one of the most understaffed and hardest to hire positions in VA facilities across the country due to the high demands of the work and low pay.
- *This provision is drawn from the Tester/Boozman “VA WISE Act”.*

Section 906: Modification of authority of the Secretary of Veterans Affairs relating to hours, conditions of employment, and pay for certain employees of Veterans Health Administration.

- Expands eligibility for certain performance awards and creates a centralized awards program within VA for superior accomplishments and performance awards.
- This allows VA to streamline certain employee incentives for retention of employees who are essential for implementation of PACT.

Section 907: Waiver of pay limitation for certain employees of Department of Veterans Affairs.

- **Allows VA to waive pay caps for certain employees, especially those providing care to veterans exposed to open burn pits,** to accommodate the increased workload and additional workforce and work hours needed to meet requirements of PACT Act implementation.

Section 908: Elimination of limitation on awards and bonus for employees of Department of Veterans Affairs.

- **Eliminates caps on awards and bonuses for certain VA employees** that otherwise limit VA’s toolbox of incentives for retaining high-quality, highly-skilled, and experienced employees.

May 24, 2022

Section 909: Additional authority of the Secretary of Veterans Affairs relating to recruitment and retention of personnel.

- Increases percentage of base pay allowed to be offered as a hiring incentive without approval. This facilitates recruitment and retention of staff in a competitive market, by allowing VA to effectively counter employment offers from the private sector. Staff benefitting from this authority would include VHA (housekeeping aids, nurses, physicians), VBA (HR, IT), and other hard to fill positions.
- Aligns Title 38 authority to approve awards with Title 5 and other federal agencies authority to **approve awards up to \$25K. The current limit of \$10K** was set in 1978. These awards are used within VHA, VBA, OIT, BVA and other VA offices, including nurses who accept deployment assignments, and VSRs and BVA employees.
- Provides VA authority for critical skills incentives as an additional tool to compete with private health care providers in recruiting high-demand and specialized skill positions such as OIT and other high technology specialists, health care workers, cemetery caretakers and claims examiners.
- Increases the limits on student loan repayment programs and streamlines the process to hire post-secondary students and recent graduates increasing early career talent and developing the VA workforce of the future.
- **Provides VA broader pay rate changes to implement the PACT Act. VA will continue to see staffing shortages in health care occupations without current limits on pay being raised.**