

Advisory Committee on United States Outlying Areas and Freely Associated States Annual Meeting



December 10, 2024



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U.S. Department
of Veterans Affairs

Business Meeting Opening

Mr. Bernard Johnson



Welcome, Members Roll Call, and Acknowledgements

Mr. Kalani R. Kaneko
Chair



Around the Room Introductions

Committee Members



FACA 101

Ms. Jelessa Burney



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Federal Advisory Committee Act 101

WELCOME



Federal Advisory Committee Act 101

What is the Federal Advisory Committee Act (FACA)?

The Federal Advisory Committee Act is a Federal statute that governs the **establishment, termination and management** of Federal Advisory Committees (FAC). Enacted to promote openness and **transparency** and **accountability** to regulate the number and duration of FACs.

When does FACA apply?

FACA applies to all groups with at least one non-Federal employee established or utilized by an agency to obtain advice or recommendations, unless an exception applies.

What are Federal Advisory Committee requirements?

- Signed/filed Charter;
- Designated Federal Officer (DFO);
- Public meetings with agenda announced in Federal Register 15 days in advance of the meeting and an opportunity for public to speak or submit written comments;
- Balanced membership; and
- Records maintained and available for public inspection.



Federal Advisory Committee Act 101

What constitutes a Federal Advisory Committee (FAC) meeting?

- A published Federal Register Notice of Meeting
 - Open, Closed or Partially Closed
- A Designated Federal Officer (DFO)
- A FACA Committee that:
 - Meets in-person, virtual or through tele- and video-conference
 - Provides advice or recommendations
- A quorum unless otherwise established in the Committee's charter or legislation.
 - Majority (more than one half) of the committee's authorized membership including ex-officio members (i.e. 50% plus one)
- An approved agenda



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What constitutes a “closed” meeting?

FAC meetings may also be closed in whole or in part under limited circumstances, such as when discussing trade secrets, personal information, and criminal matters.

Per FACA, there are three common exemptions to “close” a meeting:

- Discussion of classified information
- Reviews of proprietary data submitted in support of Federal grant applications (i.e., research committee)
- Deliberations involving considerations of personal privacy (i.e., Veterans’ PII, VA Medical Center tours, etc.)

Note: OGC must concur on the meeting closure.



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May FACs ever meet privately?

Yes. According to the FACA Final Rule, FACs can conduct two types of work without a public meeting:

1) Preparatory work.

- a) Two or more Committee or Subcommittee members gather to solely gather information, conduct research, analyze relevant issues, facts in preparation for a FAC meeting or to draft papers for deliberation by FAC; and
- b) Since this isn't a FAC meeting, a submission to the Federal Register is not required.

and

2) Administrative work. Two or more Committee members gather to discuss administrative matters of the FAC.



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What are “Administrative” Calls?

During an administrative call, the Committee members are allowed to discuss the following:

- ✓ Conduct FACA 101 session with Jeffrey Moragne (15 to 20 minutes)
- ✓ Conduct Ethics Training session
 - Using Ethics Training slides (30 to 45 minutes)
 - Ensure members take the VA OGC Ethics Training for Special Government Employees located at: <https://www.va.gov/OGC/docs/SGE/10.html>
- ✓ Provide / Obtain the SGE Self-Certification Statements from members
- ✓ Review, discuss, complete Financial Disclosures form 450s, if applicable
- ✓ Vendorize Committee member in VA systems, if needed
- ✓ Discuss research (i.e. what to include on the agenda, SMEs, topics)
- ✓ Finalize meeting agenda
- ✓ Finalize travel plans
- ✓ Finalize meeting logistics (i.e. date, location, number of days)

However, they are **not allowed to engage in discussing any REPORTS or RECOMMENDATIONS.** **This is not a regular FAC meeting.**



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Can Committee Members testify/speak on Federal Advisory Committee matters?

PERMISSIBLE

- If asked to testify, you may speak about FAC matters only in your personal capacity.
- Your testimony should clarify that you are providing your personal opinion and are not speaking on behalf of VA or the FAC.
- As a courtesy, we appreciate you informing the FAC's DFO if you are going to testify.

MISCONDUCT

- Federal Advisory Committee members do not have authority to testify on behalf of the Committee and do not speak for VA.
- Since you are acting in your personal capacity if you testify or speak, VA cannot reimburse you for expenses or pay a stipend.



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VA Federal Advisory Committee Best Practices

- ✓ Master Your Committee Calendar...plan 18 months of committee meetings in advance during the next meeting or an administrative call
- ✓ Know your role:...understand the Committee's Charter and guidance located in the VA Committee Members Handbook
- ✓ Subcommittees...formally establish these groups in accordance with the VA guidance to do the heavy lifting on research and assist with drafting recommendations
- ✓ Meeting Mechanics...dedicate meeting time to discuss individual presentations and how they connect to the Committee's advice/recommendations
- ✓ Cross Committee Collaboration...use your Subcommittee to engage other FACs
- ✓ SMART Template...use the template to achieve better results
- ✓ VA Library Services...use this service for data and information searches
- ✓ Subject Matter Experts...recommend stakeholders for the Committee to engage
- ✓ Annual Field Visits...do field visits and Capitol Hill meetings to better understand Veterans, Caregivers, Survivors, Stakeholders and VA Employees challenges
- ✓ FACA and Ethics questions...ask your Designated Federal Officer for guidance



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ACMO CONTACT INFORMATION:

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Veterans Health Administration: VHA Initiatives and Updates

Dr. Miguel LaPuz



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Veterans Administration Federal Advisory Committee for Outlying Areas and Freely Associated States

Miguel H. LaPuz, MD

Senior Advisor to the Deputy Under Secretary for Health
Veterans Health Administration

December 9, 2024



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Veterans Health Administration: Four Missions

VHA Mission: To Honor America's Veterans by providing exceptional health care that improves their health and well-being.

VHA's Four Statutory Missions:



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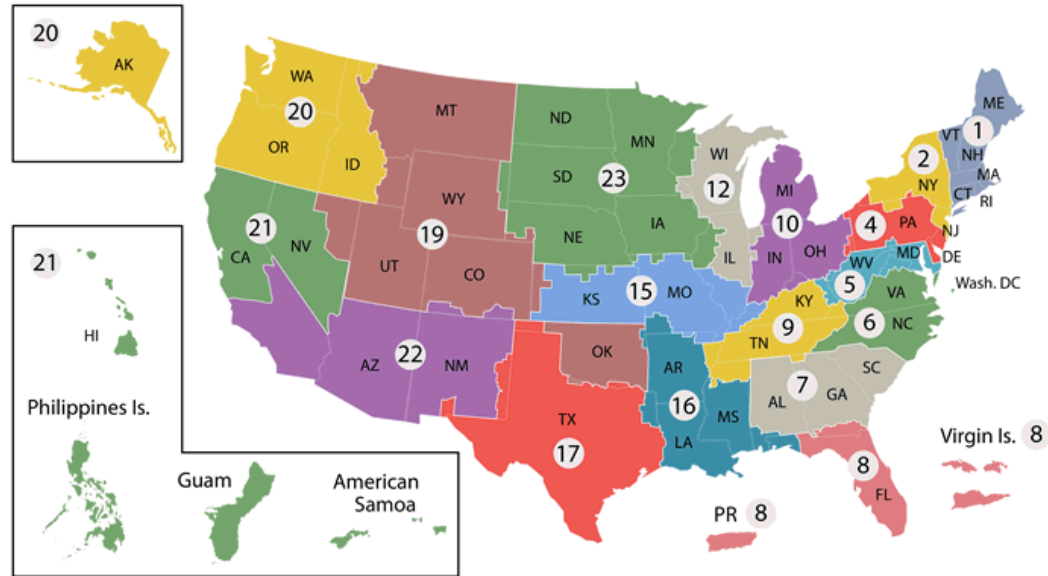
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VHA By The Numbers

- The Veterans Health Administration is America's largest integrated health care system.
- 1,355 health care facilities
 - 170 medical centers
 - 1,173 outpatient sites of care of varying complexity (VHA outpatient clinics)
- In FY23:
 - 9 million enrolled Veterans
 - 87 million completed outpatient appointments
- 410,000+ employees



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How VHA Delivers Care

Direct Care: VA health care professionals provide care to Veterans at our medical facilities across the nation.

Community Care: VA provides health care for Veterans from providers in your local community outside of VA. Veterans may be eligible to receive care from a community provider when VA cannot provide the care needed. This care is provided on behalf of and paid for by VA. Community care is available to Veterans based on certain conditions and eligibility requirements, and in consideration of a Veteran's specific needs and circumstances. Community care must be first authorized by VA before a Veteran can receive care from a community provider.



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Beyond Traditional Health Care



Caregiver Support: The Caregiver Support Program (CSP) offers clinical services to caregivers of eligible and covered Veterans enrolled in the VA health care system. The program's mission is to promote the health and well-being of family caregivers who care for our Nation's Veterans, through education, resources, support, and services. There is a CSP team located at every VA facility. CSP carries out its mission through two programs:

- Program of General Caregiver Support Services (PGCSS)
- Program of Comprehensive Assistance for Family Caregivers (PCAFC)



Whole Health: Whole Health centers around what matters to patients, not what is the matter with them. It focuses on self-care, skill building and support. These services are not diagnosis or disease based but support the personal health plan of each Veteran. Approaches such as stress reduction, yoga, tai chi, mindfulness, nutrition, acupuncture, and health coaching are available.



Homelessness: The mission of the Homeless Programs Office (HPO) is to assist Veterans and their families in obtaining permanent and sustainable housing with access to high-quality health care and supportive services. Our vision is to end homelessness among all Veterans and their families by using evidence-based, innovative practices and partnerships that provide access to permanent housing and deliver other critical services.



Suicide Prevention: VA's National Strategy for Preventing Veteran Suicide and the White House's national strategy to reduce military and Veteran suicide focus on clinical interventions and community-based outreach prevention strategies. That means everyone—friends, relatives, caregivers, community members, and health care providers—has a role to play in keeping Veterans safe and healthy. This whole-of-community approach to preventing suicide can be seen in VA-lead programs and initiatives, such as the Governor's and Mayor's Challenges to Prevent Suicide Among Service Members and the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program.



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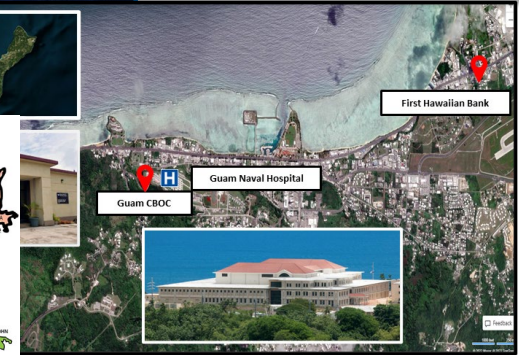
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Outlying Areas Overview

	Enrolled Veterans	Employees	Facilities
American Samoa*	1,034	34	1 CBOC
Guam*	5,932	81	1 CBOC
Commonwealth of the Northern Mariana Islands*	562	3	1 CBOC
Puerto Rico/USVI**	58,030	4039	1 VAMC, 10 CBOCs



*Data as of end of FY23
 ** Data as of end of FY24

Outlying Areas Common Concerns

VISN 8

- Language Barrier
- Beneficiary Travel
- Travel Burden to Veterans from USVI
- Access to Specialty Care through Community Care Network in USVI
- Difficulty Recruiting Due to Tax Structure in PR

VISN 21

- Cost of Beneficiary Travel
- Travel Burden to Veterans
 - Financial (For Those Who Don't Qualify for Beneficiary Travel, Time Burden)
- Access to Specialty Care Through Community Care Network
- Difficulty Recruiting Due to Remote Location



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Update: VISN 8 Air Charter Services

In May 2022, VISN 8 launched an air charter service for Veterans traveling between the USVI and Puerto Rico for care, which allows veterans to arrive at the airport just 15 minutes before departure and includes:

- ➔ On-site customs at Jet Aviation Airport.
- ➔ Comfortable seating areas where Veterans can wait for transportation
- ➔ VA shuttle pick-up and drop-off services coordinated by VA travel services
- ➔ Flexibility in adjusting departure times if needed, such as in cases where Veterans experience delays in receiving care.

In March 2024, we asked Aerostar Airport Holdings LLC if we could have a designated covered bus stop for veterans at Luis Muñoz Marín International Airport's arrivals pick-up area. Aerostar accepted our proposal, providing a specific location for easier access to VA Caribbean shuttle buses. We aim to implement these changes by the end of the year.



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Freely Associated States (FAS) Overview

Enrolled Veterans Living in FAS: 132

- Federated States of Micronesia: 56
- Republic of the Marshall Islands: 18
- Republic of Palau: 58

Total Veterans Living in FAS:
1100



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Freely Associated States Concerns

Historically, Veterans in these states have had several barriers to accessing to the care they earned during their service:

- ❖ Law Prevented VA From Providing Care Outside US
- ❖ Lack of Beneficiary Travel for Veterans
- ❖ Lack of Travel Support for Compensation Exam
- ❖ Foreign Medical Program Shortfalls
 - Limited to care for service-connected care
 - No coverage for preventive care
 - Trouble finding mental health providers
 - Outdated reimbursement



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COFA Amendments Act

On March 9th 2024, President Biden signed [P.L. 118-42](#) the Consolidated Appropriations Act, 2024. In this Act, Division G, Title II, is the COFA Amendments Act, which allows **VA to expand access to health care for Veterans in the Freely Associated States (FAS)**. Based on amendments made by this law, VA has ***discretionary authority*** to furnish hospital care, medical services, and beneficiary travel to Veterans in the FAS, regardless of service connection.



Overview of Progress on Implementation



Established integrated project team with 120+ members from 30+ VA/VHA offices to assess options for implementation and recommendations for the Secretary of the VA (SECVA).



Conducted a needs assessment concluding that **VA is fully committed to delivering hospital care, medical services, and beneficiary travel benefits to Veterans in the FAS** to generally align with how VA provides care to Veterans in the U.S.



SECVA elected to invoke the discretionary authority to provide health care and beneficiary travel to Veterans in the FAS.



Informed Congress, stakeholders, and the FAS governments of SECVA's decision to invoke the discretionary authority and begin engagement with each of the FAS governments.



Began **initial engagement with FAS governments.**



We Need You!

Committee Charge: *To provide advice and guidance to the Secretary of Veterans Affairs on matter relating to covered Veterans residing in American Samoa, Guam, Puerto Rico, The Commonwealth of the Northern Mariana Islands, The Virgin Islands of the United States, The Federated States of Micronesia, The Republic of the Marshall Islands and the Republic of Palau.*

How You Can Help VHA:

- Aggregating data
- Validating data
- Provide recommendations/solutions
- Outreach and communication



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Discussion



Welcoming Remarks from the FAS Program Management Office

Mr. John Green



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VBA's Efforts to Assist FAS Veterans, Family Members, Caregivers, and Survivors

Mr. Joshua Jacobs

VA Senior Leadership Greetings

Ms. Margaret Kabat



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Break



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Ethics Brief/OGE 450

Ms. Carol Borden





Ethics Training for Special Government Employees





Who is an SGE?

- Advisory Committee members appointed to serve not more than 130 days during any 365-day period (with or without compensation)
- Assume here that Committee members will serve less than 60 days in any 365-day period
- Not an SGE if you serve on Committee as representative of an outside organization or another Federal agency.



How to Get Ethics Advice

- Contact an ethics official on OGC's Ethics Specialty Team:
 - Telephone: (202) 461-6000 or 202-461-7694 – EST Central Office main number
 - E –Mail: GovernmentEthics@va.gov



Why Get Advice?

- Seeking advice from an ethics official in advance of taking action and complying with that advice will, in virtually all cases, protect an SGE from criminal prosecution or other administrative action
- Good idea to get advice in writing



When do the Ethics Rules Apply?

- Ethics rules apply even if SGE serves without compensation
- Ethics rules apply even on days when SGE is not directly performing Government services
- SGEs are Government employees for ethics purposes, but are subject to less restrictive conflict of interest requirements and ethics rules



Financial Disclosure

- Unless exempted by written DAEO determination – all SGE Advisory Committee members must submit Confidential Financial Disclosures
- Regular Government Employee members of Advisory Committees should submit reports as well (if already a filer – a copy of most recent OGE 450 or SF 278 is acceptable)
- **Report must** be certified before SGE can participate in any deliberative meeting



Categories of Ethics Laws

- Criminal conflict of interest statutes; 18 U.S.C. §§ 201-209
- Standards of Ethical Conduct for Executive Branch Employees; 5 C.F.R. part 2635
- Other, Constitution, Hatch Act . . .



Conflicts of Interest

- 18 U.S.C. § 208

It is a crime for you to participate personally and substantially as a Government officer or employee in a particular matter which will directly and predictably affect your financial interest or a financial interest imputed to you.



Persons whose Financial Interests are Imputed to You

- Spouse
- Child
- General Partner
- Organization in which SGE serves as officer, director, trustee, general partner, or employee
- Person or organization with which SGE is negotiating with, or has, arrangement concerning prospective employment



Defining “Particular Matter”

- Deliberations, decisions, actions focused on interests of:
 - specific parties (e.g., a contract, grant, or case in litigation)

OR

- general applicability (focused on a discrete and identifiable class such as an industry)
- NOT broad policy directed at large and diverse group



“Direct and Predictable Effect”

- Yes: Close causal link between decision or action to be taken and any effect of the matter on the financial interest
- No: Link between financial interest and effect of matter is attenuated or effect is contingent upon occurrence of events that are speculative or independent of the matter



Exception for Particular Matter of General Applicability

- SGEs **may** participate in particular matters of general applicability where the disqualifying financial interest arises from the SGE's non-Federal employment or prospective employment
- ONLY where there is no “special or distinct effect” on SGE or the non-Federal employer other than as part of a class
- Exception does not cover interests arising from stock ownership
- Non-Federal employment must involve actual employer/employee relationship (not contractor)



Other Exceptions

- Individual Waiver (in writing)
 - Need for SGE services outweighs potential for conflict
 - Waiver issued by appointing official

- Multi-campus Exception
 - Can participate in matter affecting one campus of multi-campus State institution of higher education where disqualifying interest arises from employment with separate campus of the same institution; no multi-campus responsibilities



Appearances Matter

- Standard of conduct issue, not criminal, but analysis similar to criminal conflict of interest law
- SGE/employee cannot participate in specific party matter where a person with whom you have a “covered relationship” is, or represents, a party



Appearances Matter

- You have a “covered relationship” with all persons whose interests are yours under criminal conflict law, plus others
- Bottom line-would a reasonable person with knowledge of all the relevant facts question your impartiality in the matter?



Prohibited Compensation

- For regular Federal employees - No non-Federal compensation for performance of official duties, except from treasury of State, local, municipal government. 18 U.S.C. § 209.
 - N/A to SGEs
- For all employees -- No \$ to be influenced to perform your duties. 18 U.S.C. § 201



Switching Sides

- SGE is prohibited from receiving compensation based on their representation or anyone else's before any Federal agency or court in connection with any specific party matter in which they participated personally and substantially as a Government employee. 18 U.S.C. § 203.
- SGE is prohibited from acting as agent or attorney, with or without compensation before any Federal agency or court in connection with any specific party matter in which they participated personally and substantially as a Federal employee. 18 U.S.C. § 205.



Switching Sides

- Post-Government employment concept of no side switching. 18 U.S.C. § 207.
- Lifetime Ban – representing back to the Government in connection with particular matter involving specific parties in which SGE participated personally and substantially (“behind the scenes” advice OK)



Side Switching

- Related Standard of Conduct prohibition
- SGE may not serve as an expert witness for party opposing the Government where SGE participated in the underlying proceedings as a Government employee
- SGE may not serve as an expert for party opposing their own agency where they serve on a committee established by statute or serve for more than 60 days



Standards of Conduct

- “Public Service is a public trust”
- 14 Principles boil down to two main prohibitions:
 - Do Not **Use Your Public Office for Private Gain**
 - Do Not **Give Unauthorized Preferential Treatment to Any Private Organization or Individual**



Misuse of Position

- No use of non-public information to engage in any financial transaction or to further own private interest or that of another
- No use of Government property for other than authorized purposes
- No use/allowing use of official title, position or authority to imply that the Department officially endorses/sanctions a private product, service or activity



Teaching, Speaking, and Writing

- No compensation for Teaching, Speaking, or Writing that relates to official duties

- Relates to Official Duties if:
 - Undertaken as part of official duties,
 - Invitation extended primarily because of official position,
 - Invitation from someone whose interests may be substantially affected by member's Government duties,
 - Information conveyed draws substantially on non-public information, or
 - Subject matter deals significantly with any specific party matter to which SGE is assigned or was assigned within past year of current SGE appointment



Teaching, Speaking and Writing

- Exception – Teaching a course requiring multiple presentations offered as part of regular curriculum of an elementary/high school or institution of higher education or training program sponsored by the Federal Government.



Gifts

- May not accept gift given because of official position OR from a “prohibited source”

- Prohibited Source:
 - Entity seeking official action by VA
 - Entity doing/seeking business with VA
 - Entity could be substantially affected by Committee decisions
 - Entity of which a majority of members are prohibited sources



Gifts

- Exception – MAY accept meals, lodgings, transportation and other benefits arising from outside employment when benefits not offered due to status as Federal employee.
- Other minor exceptions exist, e.g., de minimis \$20 per occasion, \$50 during calendar year – consult an ethics official.



Charitable Fundraising

- SGE may engage in fundraising in a personal capacity as long as SGE does not personally solicit funds or support from a person whose interests may be substantially affected by the performance or nonperformance of the SGE's official duties



Other Laws and Regulations

- **Emoluments Clause**
 - Prohibits employment with, receipt of gifts decoration or titles of nobility from a foreign government or public university or commercial enterprise owned or operated by a foreign government, except to extent authorized by Congress. U.S. Constitution, Art. 1 § 9, cl.8

- **Foreign Gifts and Decorations Act**
 - No gifts > \$480 from foreign government or international organization (includes travel unless takes place entirely outside U.S.)

- **Foreign Agents**
 - No acting as agent of a foreign principal registered under Foreign Agents Registration Act unless deemed in national interest by head of agency where SGE employed



Hatch Act

- Restricts certain political activities of Government employees
- Applies to SGEs only when engaged in Government business:
 - No political activity on duty, on Government property, or while using a Government vehicle
 - No soliciting/receiving political contributions
 - May be candidate for public office in partisan elections
 - but no campaign work while on duty



Where to Get Ethics Advice?

VA Ethics Officials: GovernmentEthics@va.gov

- **Tracianna Winston**, Chief Counsel, Ethics Specialty Team
Designated Agency Ethics Official (DAEO)

- VACO Deputy Ethics Officials:

Carol Borden, Jack Cohen

Office of General Counsel (023)

810 Vermont Avenue, NW

Washington, DC 20420

(202) 461-7694 or (202) 461-6000



Where to Get Ethics Advice?

Outside VACO:

OGCNorthEastEthics@va.gov for ME, NH, VT, MA, RI, CT, NY, NJ, DE, PA, OH, WV, MI, WI

OGCSouthEastEthics@va.gov for VA, NC, SC, GA, FL, MS, AL, LA, southern TX, Puerto Rico

OGCMidwestEthics@va.gov for DC, MD, IN, KY, TN, AR, MO, IL, IA, MN, ND, SD, NE, KS,

OGCWestEthics@va.gov for northern TX, OK, NM, AZ, CO, UT, WY, MT, ID, NV, CA, OR, WA, HI, AK, Guam, Philippines



Questions?



Overview of Foreign Medical Program

Mr. Andrew Szymczak



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VA Foreign Medical Program (FMP) – Information Briefing

Andrew Szymczak
FMP Director

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U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Integrated Veteran Care

Agenda

- FMP Program Overview
- Eligibility
- Application Process
- Claims Process
- FMP Payments
- Key Points of Consideration / Helpful Tips
- Accessing Ask VA (AVA) for FMP Inquiries
- Additional Resources and Further Information

Program Overview

- FMP provides reimbursement to Veterans living and travelling abroad for health care services, medications, and durable medical equipment for service-connected conditions and conditions associated with and held to be aggravating a service-connected condition.
- VA may authorize foreign medical services for any condition if you are participating in the VA Veterans Readiness and Employment Program (formerly known as the Vocational Rehabilitation Program - Title 38, U.S. Code, Chapter 31).
 - Claims associated with this program must have a referral and current treatment plan from a VBA Case Manager.
- FMP only covers treatment for service-connected conditions, even for 100% permanent and total service-connected disabled Veterans.

Eligibility

- Veterans with service-connected disabilities are not required to be living outside of the United States. Veterans with service-connected disabilities travelling outside of the United States are also eligible.
- Veterans with service-connected disabilities, regardless of the percentage of the rating, are eligible to participate in the program.
- Veterans in the Chapter 31 VA Veterans Readiness and Employment (VRE) Program can have medical or dental services reimbursed for non-service-connected conditions as long as the case manager deems the treatment is necessary to continue in the program.

Registration Process

- Veterans must register for the program prior to filing a claim.
- FMP Registrations can now be completed entirely online using the following website:

<https://www.va.gov/health-care/foreign-medical-program/register-form-10-7959f-1/introduction>

- Hard copy FMP applications can still be e-mailed to hac.fmp@va.gov, faxed to 303-331-7803 or mailed to:

VHA Office of Integrated Veteran Care
Foreign Medical Program (FMP)
PO Box 200
Spring City, PA 19475

- Veterans will receive an FMP benefits authorization letter and handbook after the registration is processed.

Claims Process

- Veterans have two years to submit a claim for payment from the date of service or date of discharge from the hospital.
- FMP claims must contain the following information:
 - Full Name of the medical provider
 - Medical Title
 - Office Address
 - Office telephone number
 - Billing address if different from the office address
 - Date of service(s)
 - Diagnosis
 - Procedure(s) performed
 - Date and name of drugs prescribed
 - Billed charges
 - Proof of payment (only if Veteran is seeking reimbursement)

FMP Payments

- All FMP payments are made via paper US Treasury checks. Delivery timeframes vary widely depending on the overseas destination.
- US Treasury checks will be sent to the mailing address annotated on the FMP Claim Form when the Veteran has paid for the services out of their own pocket.
- Reimbursement requests that go to foreign medical provider addresses must be clearly annotated on the FMP Claim to prevent missent mailings.
- Efforts are in place to enable Electronic Fund Transfer (EFT) payments to domestic and foreign bank accounts. Progress updates on this project will be published as milestones are accomplished.

Key Points of Consideration / Helpful Tips

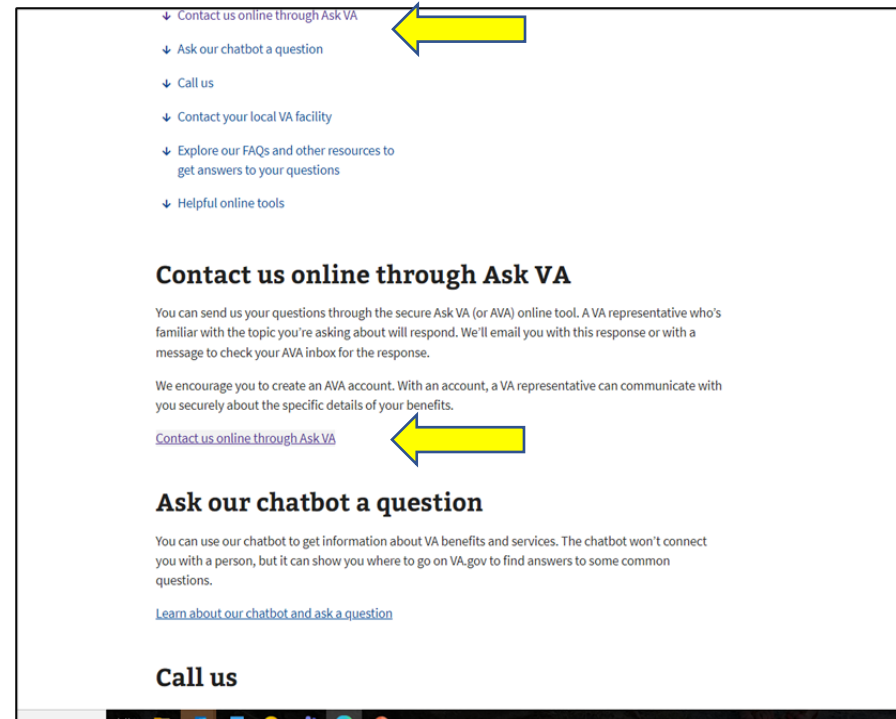
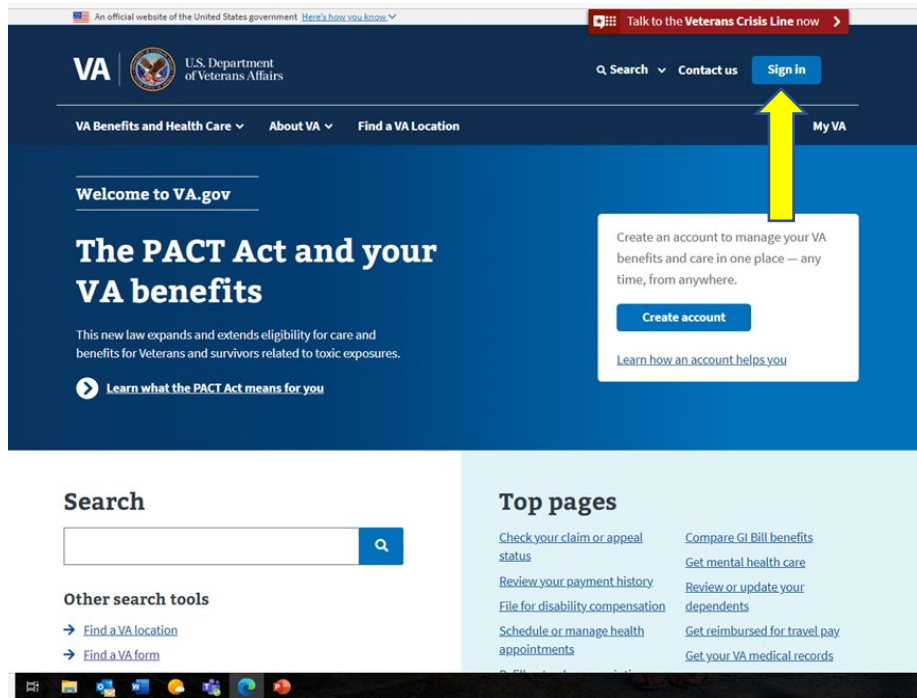
- Register for FMP before filing claim. FMP claims may not be processed if a Veteran is not registered in the program.
- 100% Permanent and Total (P&T) disabled Veterans can only be reimbursed for services directly tied to service-connected disabilities.
- FMP cannot authorize reimbursement for medications that are not FDA approved.
- Durable Medical Equipment (DME) claims must include a doctor's prescription with a statement of the medical need and the estimated length of time the equipment will be needed.
- Drugs, supplies, treatments, and descriptions of services performed must clearly show a diagnosis that is linked to a service-connected disability.
 - Unclear or questionable treatments are reviewed and adjudicated by a clinical nurse.
 - Vague descriptions or omitted information on claims may be rejected.

Key Points of Consideration / Helpful Tips (con't)

- FMP cannot pay for any kind of travel costs, including emergency ambulances and travel to Compensation and Pension (C&P) exams.
- FMP claims are currently being processed and adjudicated within 120 days of receipt. The delivery timeframe of payments can vary depending on the overseas destination.

Accessing Ask VA for FMP Inquiries

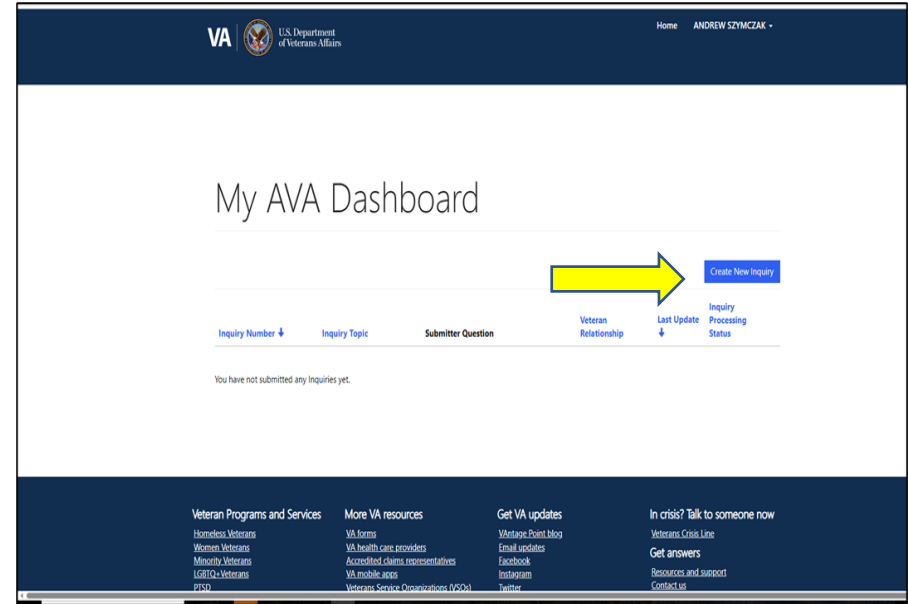
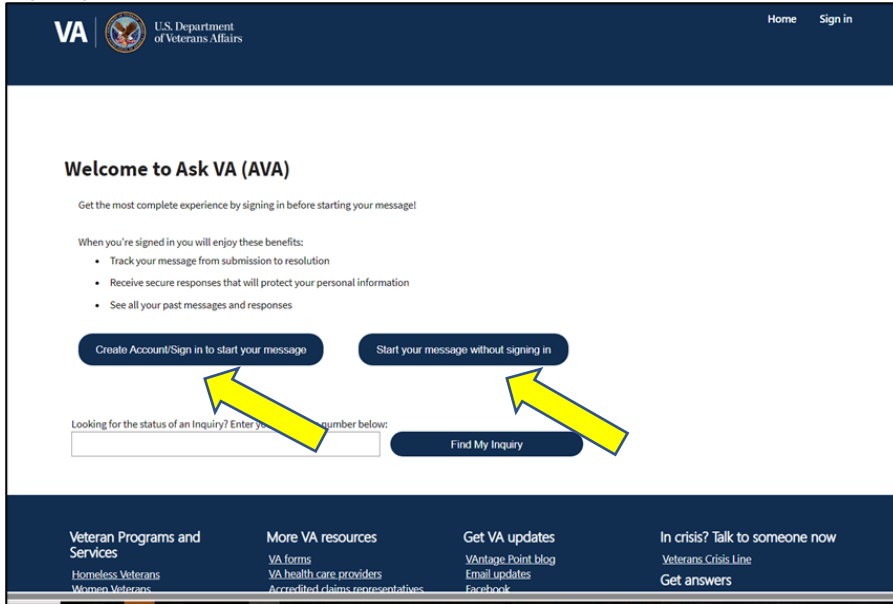
- Veterans are encouraged to use the Ask VA ([AVA](#)) system for all escalated and pre-determination FMP inquiries.
- This system is a transparent and easily accessible platform that allows all Veterans to get an individualized inquiry tracking number for future reference.



Accessing Ask VA (AVA) for FMP Inquiries - Continued

Either log-in option works, but logging in using your Department of Defense Self Log-in (“DS” Log-in) is more secure and allows us to share Personally Identifiable Information (PII)

This is the AVA Dashboard when you log-in



How to Select FMP in Ask VA.gov

Here are the correct drop-down menu selections Veterans should use to get their FMP questions routed appropriately:

The screenshot shows the 'Ask VA.gov > New Inquiry' page. At the top, there is a dark blue header with the VA logo, the U.S. Department of Veterans Affairs name, and links for 'Home' and 'Sign in'. Below the header, the breadcrumb 'Ask.VA.gov > New Inquiry' is visible. A progress bar shows '0%'. The main heading is 'Tell us about your question'. The form contains several required fields:

- Which category best describes your question? (*Required)**: A dropdown menu with 'Health care' selected. A yellow arrow points to this field.
- Which topic best describes your question? (*Required)**: A dropdown menu with 'Foreign Medical Program' selected. A yellow arrow points to this field.
- Tell us the reason you're contacting us? (*Required)**: A dropdown menu with 'Select' selected.
- My inquiry is: (*Required)**: A dropdown menu with 'Select' selected.
- How should we get in touch with you? (*Required)**: A dropdown menu with 'Email' selected.
- What is your Question? (*Required)**: A large text area for the user's question.

At the bottom of the form is a blue 'Next' button.

Am I eligible to order hearing aid batteries from VA?

You may be eligible to order hearing aid batteries and accessories from us if you meet all of these requirements.

All of these must be true:

- You're enrolled in VA health care, **and**
- You're registered as a patient at a VA medical center, **and**
- Your VA audiologist has prescribed hearing aids or other hearing assistive devices

[Find out how to apply for VA health care](#)

<https://www.va.gov/health-care/order-hearing-aid-batteries-and-accessories/>

FMP Resources and Further Information

Additional information about FMP can be found on the following websites:

General Information:

<https://www.va.gov/COMMUNITYCARE/programs/veterans/fmp/index.asp>

<https://www.youtube.com/watch?v=eY6zyRRhk8E>

<https://www.youtube.com/watch?v=OhsMMBjnesg>

<https://www.youtube.com/watch?v=wH2qjNOb7tl&t=121s>

FMP Claims, Benefits, and Exclusions:

https://www.va.gov/COMMUNITYCARE/programs/veterans/fmp/fmp_benefits_claims.asp

How to file an FMP claim:

https://www.va.gov/COMMUNITYCARE/docs/pubfiles/factsheets/FactSheet_04-02.pdf

FMP Care Benefits Guide:

https://www.va.gov/COMMUNITYCARE/docs/pubfiles/programguides/FMP_Guide.pdf#

VA Senior Leadership & Committee Photo / Lunch Break



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VA



U.S. Department
of Veterans Affairs

Overview of Compact Free Association Amendments Act (COFA)

Ms. Zaneta Adams

**Veterans Health Administration
Office of Healthcare Transformation (OHT)
Compact of Free Association Amendments Act of 2024
(COFA Amendments Act)**

Field Advisory Committee on US Outlying Territories and Freely Associated States

December | 2024

RimaAnn O. Nelson, DNP
Veterans Health Administration

Ms. Zaneta Adams
Deputy Assistant Secretary, Intergovernmental Affairs
Department of Veteran Affairs



Overview of COFA Amendments Act

Background:

On March 9th 2024, President Biden signed [P.L. 118-42](#) the Consolidated Appropriations Act, 2024. In this Act, Division G, Title II, is the COFA Amendments Act, which allows **VA to expand access to health care for Veterans in the Freely Associated States (FAS)**. Based on amendments made by this law, VA has ***discretionary authority*** to furnish hospital care, medical services, and beneficiary travel to Veterans in the FAS, regardless of service connection.

Before delivering hospital care and medical services, VA is required to establish agreements with FAS governments that will define the care and services that can be legally provided; facilitate health care delivery, including telehealth; address the delivery of pharmaceutical and surgical products; and clarify tort claim responsibilities, among other matters.

Within one year of enactment, VA's statutory requirements to implement this legislation include:

1. Conduct robust outreach to, and engage with, each government of the FAS;
2. Assess options for the delivery of care through these amendments; and
3. Increase staffing as necessary to conduct outreach to the FAS governments.

Unique Considerations for Veterans in the FAS



The U.S and the FAS share a unique and special relationship with a history of service and sacrifice.



The Compacts of Free Association allow FAS citizens to live and work in the U.S. and serve in the U.S. Armed Forces.



Citizens of the FAS have a long and proud history of service in all branches of the U.S. Armed Forces – often contributing higher enlistment per capita than many U.S. states.



Veterans who serve in the U.S. Military return to their countries following their service with limited access to VA services and specialized health care.

The COFA Amendments Act would allow VA to expand access to VA health care for Veterans in the FAS.

Veteran Enrollees in the FAS

- At the end of fiscal year 2023, VA estimated a total of 132 Veterans in the FAS were enrolled in VA health care:
 - **Republic of Palau** - estimated 58 enrollees
 - **Federated States of Micronesia** - estimated 56 enrollees
 - **Republic of the Marshall Islands** - estimated 18 enrollees
- Initial estimates from Veterans Service Organizations and government offices in the FAS suggest that there are approximately 1,100 Veterans in the FAS.*



Source: VAPIHCS Clinics and Outreach to Veteran Service Organizations in the FAS and FAS government offices – March 2024 (US Armed Forces Veterans Associations in Palau; Palau Consulate; Office of the President, Republic of Palau; Chief Negotiator for COFA (Pohnpei); Local Office of Insular Affairs (Chuuk); Office of the Governor (Kosrae); State Hospital (Yap); Federated States of Micronesia Consulate – Foreign Service Office (all sites); Republic of the Marshall Islands Consulate General Office; US Military Veterans in the Marshall Islands; American Legion).

VA Needs Assessment Findings

- VA conducted a **needs assessment** using the following data sources:
 - Electronic Health Record chart review for over 100 Veterans in the FAS who are enrolled in the VA Pacific Islands Health Care System (U.S. Pacific Territories, FAS, Mainland)
 - Veteran town hall data
 - MITRE/ORMDI Equity & Access/Barrier Analysis – Final Resolution Plan
 - Historical discussions with policymakers and FAS stakeholders
- The results from this assessment have been categorized into three distinct categories:

Health Care
Infrastructure



Geographical and
Technological Barriers



Population Impact



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U.S. Department
of Veterans Affairs

Health Care Infrastructure in the FAS

Needs Assessment Findings: Health Care Infrastructure

- Varied, with limited facilities and medical providers, especially those with a high degree of specialization.
 - Community Health Centers provide primary care and preventive medical services, however, also attempt to fill in gaps in the health care system.
- Shortage of health care workers and mental health care providers. The providers that do exist may lack training to treat the specific needs of Veterans.
- Emphasis on hospital-based acute care, which may limit Veterans accessing preventive health care.
- Due to distinct challenges, these nations have higher rates of chronic diseases and premature death compared to U.S. population groups.
 - The most prevalent health conditions among patients are heart disease and diabetes.
 - There is a critical need for specialty care and treatment for chronic conditions.
- Veterans in the FAS currently receiving care at VA utilize services for primary care, respiratory therapy, and pharmacy.
- The FAS have limited (or no) health insurance options available.

Geographical and Technological Barriers

Needs Assessment Findings: Geographical and Technological Barriers

- There are no VA facilities in the FAS. Veterans must travel to the U.S. to access VA health care.
- There are several barriers to traveling for care, including lengthy and costly travel, reimbursement issues, and negative impact on families.
 - Costs for sending patients off-island for specialized care may limit Veterans accessing preventive health care.
- Key stakeholders and residents of the FAS have voiced needs such as additional access to care, requests for VA to expand health services or establish new services, and provision of monetary assistance for traveling for care.
- Most internet connectivity is only available in public spaces and utilized by 35-40% of FAS residents. Bandwidth and connectivity are dependent upon technological infrastructure and weather.
- Technology limitations, such as reliable internet connections and phone lines, can limit access to virtual training and other technical assistance for providers and patients.



Population Impact

Needs Assessment Findings: Population Impact

- Natural disasters, such as typhoons, often result in loss of water, electricity, housing, and health services.
- Economic and historical challenges have increased risk for unhealthy conditions and chronic diseases.
- The Department of Health and Human Services (HHS) funded Community Health Centers in the FAS reported approximately 48,000 patients. Of those patients, 99-100% fell below 200% of the Federal Poverty Line.
- The FAS countries have a combined population that is greater than 179,000, spread across 981 islands and atolls, covering an expanse of ocean wider than the continental U.S. with their own unique cultures, histories, and languages.
- Due to the health care infrastructure and geographical and technological barriers, Veterans in the FAS cannot receive care in the same manner as Veterans in the U.S. and its territories.



VA Needs Assessment Conclusion

- Veterans in the FAS are likely low income, living on remote islands, with limited access to comprehensive health care.
- Veterans must be provided with multiple access options for care to maximize health care for this underserved population, regardless of service connection.
- **VA is fully committed to delivering hospital care, medical services, and beneficiary travel benefits to Veterans in the FAS** to generally align with how VA provides care to Veterans in the U.S.



Current Implementation Status

On June 24th, SECVA elected to exercise the discretionary authority to furnish hospital care, medical services, and beneficiary travel for Veterans and other persons traveling in, to, or from the FAS for receipt of authorized care or services in the FAS, regardless of service connection or existing beneficiary travel eligibility restrictions.

- VHA has been **assessing several clinical scenarios**, consistent with those set forth in statute.
 - Further analysis and exploration may disclose either a singular option or if a combination of clinical scenarios is best.
- Initial analysis provides **several encouraging opportunities**, although additional study is needed to ensure VA has fully considered the benefits and costs of each.
- **VA cannot unilaterally make decisions** regarding whether and how to furnish care in the FAS; VA must enter into agreements with each of the FAS governments authorizing VA to furnish care before it can do so.
 - **Implementation may vary depending on agreements with the FAS governments**, current infrastructure, and a varying degree of reliance on the ways Veterans access care.

Accomplishments to Date



Environmental Scan Questions (Sample Questions)

1. General Overview

- *Which agencies, organizations, ministries, or other entities in your government should be involved in determining how VA can furnish care to Veterans in your country?*
- *What percentage of Veterans can reliably access a current point of care (hospital or CHC)?*

2. Funding

- *Does your government support or supplement health care insurance? If so, do you offer financial assistance to cover the cost of private health care insurance plans?*
- *What would need to be done to allow VA to identify and bill third parties, such as an employer, an automobile insurance carrier, or a tortiously liable individual for health care furnished to a Veteran in your country?*

3. Cultural Considerations and Infrastructure

- *Are there any other cultural, religious, or significant beliefs or customs VA providers should be aware of prior to delivering health care to Veterans?*
- *Do hospitals have reliable, high-speed internet access? If so, can Veterans or current residents access telehealth or similar resources there?*

4. Services, Providers, Pharmacy and Medications

- *What health care issues are most common among your population? Are there any health care conditions or issues that you believe may be unique, or atypically common, in your population relative to the US population?*
- *Does your country have an emergency response (e.g., 911) system, and if so, how does it integrate with the health care and law enforcement systems? How would we connect with law enforcement in case of a Veteran at risk for suicide?*

5. Questions for Health Care Workers

- *What are the current medical documentation obstacles as it relates to coordinating health care?*
- *How many health care professionals are there per capita?*



FAS Engagement and Next Steps

- **Ongoing meetings with the FAS:**

VA/FAS Monthly Engagements	RMI	FSM	Palau
October (Kickoff Meeting)	10/3/24	10/17/24	10/15/24
November	11/14/24	11/20/24	11/18/24
December (Guam In-Person)	12/9/24	12/8/24	12/9/24
January	1/9/25	1/15/25	1/14/25
February	2/13/25	2/19/25	2/11/25
March	3/13/25	3/19/25	3/11/25
Completed in BOLD			

- **Continue collaboration to complete Environmental Scan**

Target completion date: December 2024

- **VA to develop health care delivery proposals**

Target completion date: Spring 2025

Break



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VA



U.S. Department
of Veterans Affairs

VISN 21 Sierra Pacific

Ms. Ada Clark



VA Sierra Pacific Network (VISN 21) Overview

Ada YC Clark, FACHE, MPH
Network Director, VISN 21



VA



U.S. Department of Veterans Affairs

Veterans Health Administration
VA Sierra Pacific Network (VISN 21)

VISN 21 LEADERSHIP



Ada Clark
Network Director

VISN 21 Officers



Susan Mittenzwei

Deputy Network
Director



Regina Godbout

Chief Medical
Officer



Maisha Moore

Nursing Officer



Jeanette Moody

Quality
Management
Officer



Jerry Mills

Chief Human
Resources Officer



**Roxanne
Hargrove**

Chief Financial
Officer

VISN 21 STATISTICS



\$8 billion Budget



22,730+ Employees
(+2,713 volunteers)



448,000+ Enrollees



5,486,500+ Outpatient Visits

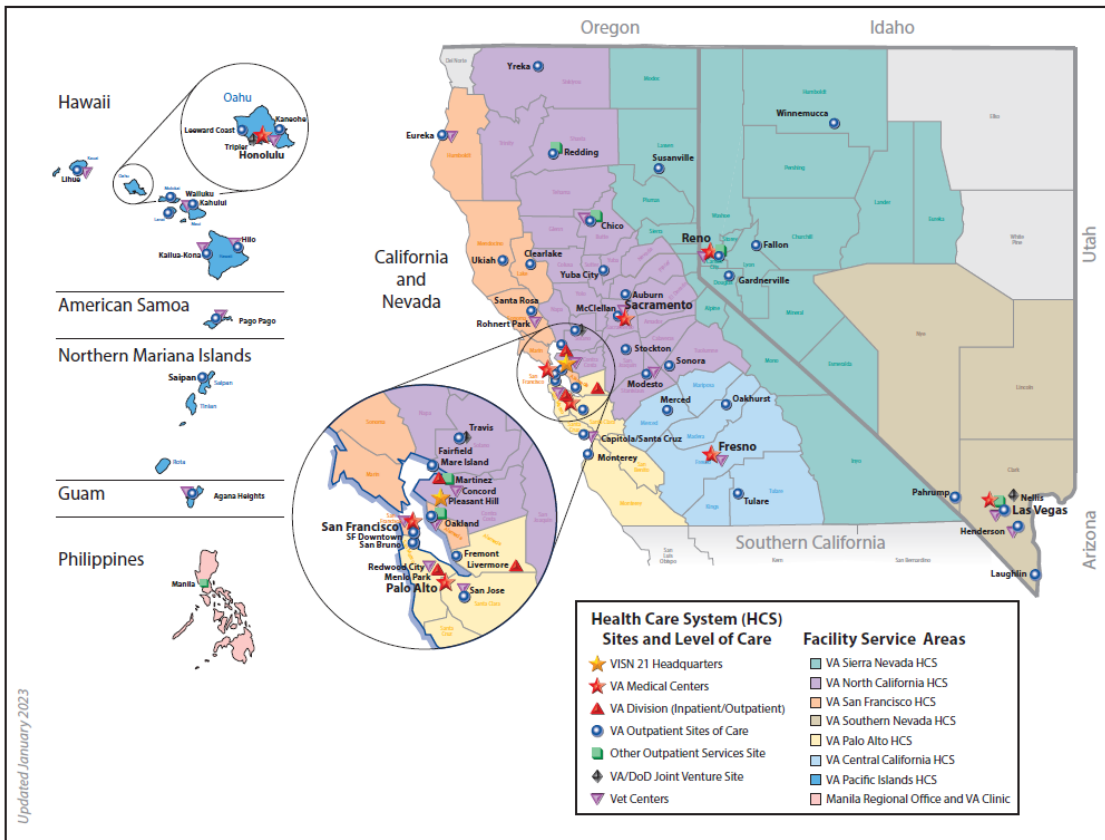


Trust Score = 92.5%



1,525 Operating Beds

VISN 21 PROFILE



7 Medical Centers (3 = 1a complexity)

67 Geographic Sites of Care

7 Community Living Centers

3 Domiciliaries

294,000 Square Miles

29 Congressional Districts

Updated January 2023

VISN 21 MEDICAL FACILITIES - CALIFORNIA



VISN 21 MEDICAL FACILITIES – NEVADA, HAWAII, PHILIPPINES

VA Southern Nevada Health Care System



VA Sierra Nevada Health Care System



VA Pacific Islands Health Care System



VA Manila Outpatient Clinic



Diversity of Our Workforce

Gender:

Male = 36%

Female = 64%

Race:

White = 39%

Asian = 33%

Black = 13%

Hispanic = 9%

Native Hawaiian/Pacific

Islander = 2%

American Indian = 2%

Other = 1%

Veteran Status:

Veteran = 21%

Non-Veteran = 78%

Age:

<25 = 1%

25-34 = 14%

35-54 = 56%

55-64 = 22%

65+ = 7%



VISN 21 VETERAN DEMOGRAPHICS*

Gender:

Male = 90%

Female = 10%

Market Penetration:

VISN 21 has 60% market penetration (enrollees) of total eligible users

Age:

<45 = 24%

45-63 = 28%

65-84 = 42%

85+ = 6%

Veteran Status:

Priority Groups 1-6 = 82%

Priority Groups 7-8 = 18%



*Base Year FY23

- Naval Health Clinic – Lemoore (Fresno)
- Defense Health Agency - 99th Medical Group, Mike O'Callaghan Military Medical Center, Nellis AFB (Las Vegas)
- David Grant U.S. Air Force Medical Center, Travis AFB (Northern California HCS)
- Major General William H. Gourley VA/DoD Outpatient Clinic (Palo Alto)
- Tripler Army Medical Center (Pacific Islands HCS)
- Guam Navel Hospital (Pacific Islands HCS)

VETERANS HEALTH ADMINISTRATION: FOUR MISSIONS

“Honor America’s Veterans by providing exceptional health care that improves their health and well-being.”

VISN 21:

- Sustained improvement in SAIL rankings; 86% of facilities with meaningful improvement over previous quarter
- Top 10 nationally in Patient Safety Indicators
- Three 5-star facilities; 67% are above the national average



VISN 21 CRH Services Offered:

- Primary Care & Population Health
- Mental Health
- Urgent/Emergency Care
- Clinical Pharmacy
- Medical Specialties (i.e., Cardiology, Geriatrics, Allergy, Hematology, Neurology, Oncology, Pulmonary, Sleep Medicine, Weight Management, Women's Wellness)
- Surgery Specialties (i.e., Ear/Nose/Throat, Neurosurgery, Orthopedics, Podiatry, Urology, Vascular Surgery)

- VISN 21 was the first VHA Nationally Designated Telehealth Hub
- Last Fiscal Year, VISN 21 had 155K CRH encounters; next highest CRH had 99K (1.5 times more)



VISN 21 CARE IN THE COMMUNITY (CITC)

VISN 21 amount spent FY23 = \$1.67B

VISN 21 amount sent FY24 = \$1.85B

VISN 21 had least amount of CITC growth in VHA from FY23 to FY24



Includes Medicine, Nursing, and Allied Health Professions:

- University of California San Francisco (San Francisco, Fresno)



Education

Administer a program of education and training for health care personnel



- Stanford University (Palo Alto)
- University of California Davis (Northern California HCS)
- University of Hawaii (Pacific Islands HCS)
- University of Nevada Las Vegas (Las Vegas)
- University of Nevada Reno (Reno)
- Touro University (Northern California HCS, Las Vegas)

VISN 21 has one of the largest Research budgets in VHA, with San Francisco and Palo Alto among the top in funded programs. Areas of interest across VISN 21 sites include the following, along with many others:

- Cancer
- Geriatrics
- Stroke
- Dementia
- Traumatic Brain Injury
- Post-Traumatic Stress Disorder
- Liver/Heart/Kidney/Pulmonary Diseases
- HIV/AIDS
- Chronic Kidney Disease
- Million Veteran Program
- Serious Mental Illness
- Spinal Cord Injury
- Bone Health
- Sleep Apnea



Research

Conduct health care research benefitting Veterans and public



VISN 21 Centers of Excellence

- Polytrauma – Palo Alto
- Headache Center – Palo Alto
- Traumatic Brain Injury – Palo Alto
- Geriatric Research, Education, and Clinical Center (GRECC) – Palo Alto
- Mental Illness Research and Clinical Center (MIRECC) – Palo Alto
- Simulation Center – Palo Alto
- WRIISC-Women's Operational Military Exposure Network – Palo Alto
- Primary Care Education – San Francisco
- Cardiac Surgery – San Francisco
- Post-Traumatic Stress Disorder (PTSD) – San Francisco
- HIV - San Francisco
- Renal Dialysis – San Francisco
- Epilepsy Treatment – San Francisco
- Center for Pacific Islander Veterans Health - Honolulu

National/Tenant Programs Based in VISN 21

National Programs

- Center for Innovation to Implementation (Ci2i) – Palo Alto
- Cooperative Studies Program Coordinating Center (CSPCC) – Palo Alto
- Health Economics Resource Center (HERC) – Palo Alto
- Million Veteran Program (MVP)/Epidemiologic Research and Information Center (ERIC) – Palo Alto
- National Center for Collaborative Healthcare Innovation – Palo Alto
- National Center for the Imaging of Neurodegenerative Diseases – San Francisco

Large Tenant Programs

- National Center for Post-Traumatic Stress Disorder (NCPTSD) – Palo Alto
- National Teleradiology Program – Palo Alto
- National Telestroke Program – Palo Alto
- Public Health National Program Office – Palo Alto
- Program Evaluation Center (PERC) – Palo Alto
- War Related Illness and Injury Study Center (WRIISC) – Palo Alto

VISN 21 EMERGENCY MANAGEMENT

The VISN 21 Emergency Management Program helps to facilitate the continuing delivery of health care during times of disaster and emergency. Over the last year, our Emergency Management staff have overseen management of the types of emergencies below, including identification and follow-up of Vulnerable Populations (homeless, spinal cord injury, oxygen-dependent, dialysis, etc.)

- Weather/Storms
- Fires/Smoke
- Earthquakes
- Power Outages
- Floods
- Network Outages
- HVAC Outages
- Gas/Electrical Fires
- Protests
- Hurricanes



Emergency Response
Provide contingency support to the nation
during national emergencies, natural



Unique Challenges in VISN 21

- Span of control includes >294K square miles in northern/central California, Nevada and Hawaii plus Manila OPC, the only VA clinic operating on foreign soil
- Crosses 12 time zones in the Pacific, including the International Dateline (15 hours' difference between Network Office and Manila OPC)
- Includes San Francisco Bay Area and Hawaii, two of the highest cost of living areas in U.S.
- Recruitment/retention challenges; maximum use of incentives
- Competition from private sector (especially in Bay Area – Stanford, UC San Francisco, Silicon Valley)

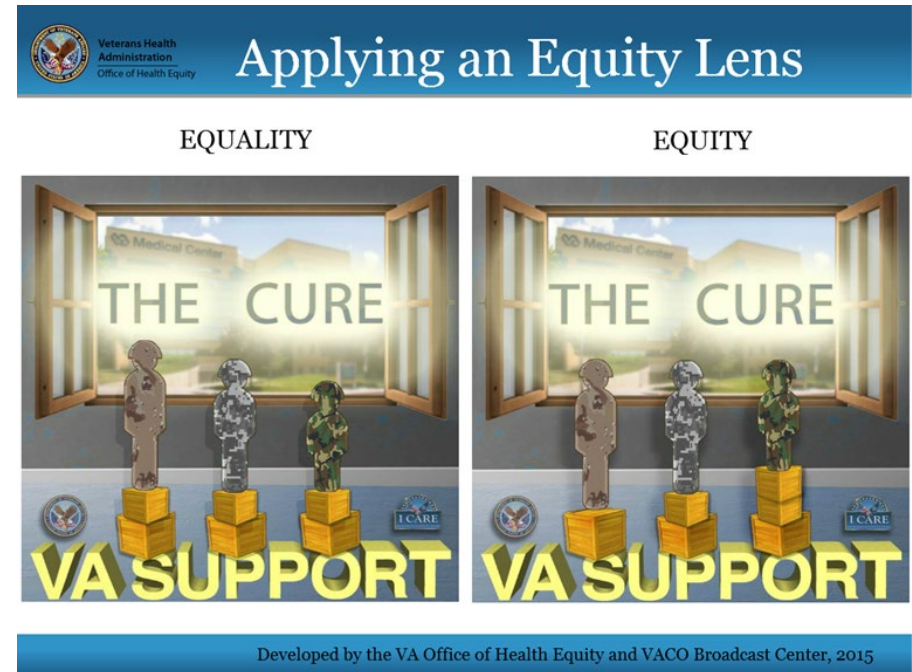
- VISN 21 provides care for Veterans living in Hawaii and other Pacific islands, including Guam, Saipan and American Samoa.
- COFA Act will expand health care to Veterans living in the Freely Associated States (FAS)—the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI) and the Republic of Palau.

CURRENT SITES OF CARE IN THE PACIFIC



Providing Equal and Equitable Health Care in the Pacific Region

- **Equality:**
 - Providing the same level of health care access and services to everyone, assuming this uniform treatment will lead to equal outcomes.
- **Equity:**
 - Tailoring resources to address specific needs and disparities, aiming to achieve fair and just health outcomes for all.



- **Challenge:**

- Travel Disparities- Veterans in CONUS locations can access care in the community or VA hospitals by driving.

- **Solutions:**

- Providing Veterans in the Pacific beneficiary travel benefits to allow equitable access to specialty care.
- Vendorizing of airlines and hotels to allow Veterans to travel for care in the Pacific (American Samoa/Guam/CNMI/Hawaii).
- Dedicated beneficiary travel staff available to assist Veterans with travel process.

- **Challenges:**

- Lack of specialty care providers on neighboring islands requires increased VAPIHCS specialty rotations.
- Geographical considerations for Veterans not eligible for beneficiary travel requiring clinical care

- **Solutions:**

- Leveraging DoD and community partnerships.
- Academic affiliations
- Over 50 clinical providers credentialed within the Community Care Network.

Providing Health Care in the Pacific Region

- **Challenge:**

- Limited access to health care services for rural Veterans.

- **Solutions:**

- Clinical Video Telehealth

- TeleMental Health
 - TelePrimary Care
 - TeleSpecialty Care

- Store-and-Forward Telehealth

- TeleDermatology
 - Retinal Imaging

- Home Telehealth (Remote Monitoring)

- Chronic disease management

- Mobile Prosthetic and Orthotic Care (MoPOC)

- Fabrication, modification, and customization of prosthetic and orthotic devices

- **Challenge:**

- Some Veterans living in the Pacific Region speak English as a second language.

- **Solutions:**

- Local CBOC staff are available to communicate with our Veterans in their native language if needed.
- Outreach and educational materials are translated into local language by staff and community partners.
- Strategic and culturally sensitive outreach efforts are ongoing to ensure Veterans and their families are aware of health care benefits and services.

Challenge Accepted

- VISN 21 has a set of unique challenges when delivering care to Veterans in an eclectic region, but challenge accepted.
- Whether it is urban centers or remote islands, VISN 21 remains committed to providing equal and equitable health care to Veterans, regardless of where they live.

Thank you



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Discussion and Takeaways



Calendar Discussion Part 1



Day Closeout / Updates / Reminders



Business Meeting Recess

