RESOLUTION OF THE
NAABIK'ÍYÁTI' STANDING COMMITTEE
24th NAVAJO NATION COUNCIL -- Fourth Year, 2022

AN ACTION RELATING TO THE HEALTH, EDUCATION, AND HUMAN SERVICES AND THE NAABIK'ÍYÁTI' COMMITTEES; OPPOSING SECRETARY OF THE U.S. DEPARTMENT OF VETERANS AFFAIRS RECOMMENDATION IN CLOSING SEVERAL VETERANS AFFAIRS COMMUNITY-BASED OUTPATIENT CLINICS NEAR THE NAVAJO NATION INCLUDING THE GALLUP COMMUNITY-BASED OUTPATIENT CLINIC; REQUEST THE AIR AND INFRASTRUCTURE REVIEW COMMISSION TO REVIEW AND RECOMMEND A COMMUNITY-BASED OUTPATIENT CLINIC OR SIMILAR VA HEALTH CARE FACILITY TO BE ESTABLISHED WITHIN THE NAVAJO NATION

WHEREAS:

A. The Health, Education, and Human Services Committee is a standing committee of the Navajo Nation Council empowered to represent the Navajo Nation at the local, state and federal levels, in coordination with the President of the Navajo Nation and the Naabik'íyáti' Committee on proposed legislation, funding and other actions affecting health, environmental health, social services, education, veteran services, employment, and labor. 2 N.N.C. §§ 400(A), 401(B)(7)(a).

B. The Naabik'íyáti' Committee is a standing committee of the Navajo Nation Council with the authority to coordinate with all committees, Chapters, branches, and entities concerned with all Navajo appearances and testimony before Congressional committees, departments of the United States government, state legislatures and departments and county and local governments. 2 N.N.C. §§ 700(A), 701(A)(8).

C. The Navajo Nation has a government-to-government relationship with United States government. The Navajo Treaty of 1868, Aug. 12, 1868, 15 Stat. 667.

D. VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (VA MISSION Act of 2018). Pub. L. No. 115-182, 132 Stat. 1393, 115th Congress (2018) establishes a permanent community care program for veterans, establishes a commission for the purpose of making recommendations regarding the modernization or realignment of facilities of the Department of Veterans Affairs, provides certain improvements in the laws administered by the Secretary of Veterans Affairs relating to the home loan program of the Department of Veterans Affairs, and other purposes.

E. There are five Titles within the MISSION Act of 2018: TITLE I establishes the Community Care Programs; TITLE II establishes the VA Asset and Infrastructure Review; Title III provides for Improvements to Recruitment of Health Care Professionals; Title IV Health Care in Underserved Areas; and TITLE V lists Other Matters.

F. Under TITLE II of the MISSION Act of 2018, Section 201 provides this subtitle to be cited as the "VA Asset and Infrastructure Review Act of 2018."

G. Section 202, established an independent commission to be known as the "Asset and Infrastructure Review Commission (Commission)." The Commission is comprised of nine members appointed by the President of the United States, by and with the advice and consent of the Senate. The Commission is set to terminate on December 31, 2023.

H. Pursuant to Section 203, the Selection Criteria are designed to keep Veterans' needs at the center of the decision-making process, assuring that each Veteran can receive the integrated care they have earned and deserve. The procedures for making recommendations regarding the modernization or realignment of facilities of the Veterans Health Administration were finalized, adopted, and published as a final rule on May 28, 2021, attached as **Exhibit A**.

I. In determining the recommendation by Secretary McDonough, the VA conducted a multi-year large-scale assessment of VA's health care system. The Department has analyzed extensive data, conducted interviews with leaders at every VA medical center (VAMC) across the country, conducted listening sessions with Veterans and other stakeholders, and consulted with Veterans Service Organizations (VSOs). *See* U.S. Department of Veterans Affairs—Office of Public and Intergovernmental Affairs, *VA releases Asset and Infrastructure Review report* (March 14, 2022) available at: *https://www.va.gov/opa/pressrel/pressrelease.cfm?id=5774*

J. Pursuant to Section 203(b)(4), and the final notice attached as **Exhibit B**, the Secretary submitted to the Committees on Veterans' Affairs of the Senate and the House of Representatives and to the Asset and Infrastructure Review Commission a report detailing recommendations for the modernization or realignment of VHA facilities developed utilizing the final criteria published in the Federal Register (*see also* **Exhibit A**) on May 28, 2021.

K. The final notice and recommendations were submitted to the Asset and Infrastructure Review Commission regarding closure of Community-Based Outpatient Clinics throughout the United States including areas in New Mexico.

L. In response to the recommendations submitted to the Air and Infrastructure Review Commission for the closures of several VA Community-Based Outpatient Clinics, Representative Teresa Leger Fernandez, attached as **Exhibit C**, expressed concerns that the closures in New Mexico would jeopardize the VA's obligation in providing veterans health care, services, and support. Ultimately, the closure would make it harder for veterans to receive essential health services. Congresswoman Fernandez also provided context that local veteran stakeholders were disregarded as they opposed the recommendations from the Secretary.

M. The Navajo Nation stands in agreement with Representative Teresa Leger Fernandez's response and finds that Navajo veterans are already at a disadvantage in receiving adequate healthcare from Veterans Affairs healthcare facilities because of the long distances, lack of adequate transportation, and insufficient funds.

N. The Navajo Nation also understands that closing the Community-Based Outpatient Clinic in Gallup, New Mexico would detrimentally disadvantage Navajo veterans who receive care at that facility because the veterans would be obligated to travel even further to receive VA healthcare.

O. In October 2021, The Navajo Nation President met with the U.S. Deputy Assistant Secretary for the Office of Pubic and Intergovernmental Affairs Stephanie Birdwell under the U.S. Department of Veterans Affairs, to request support for establishing a new federal Veterans Administration regional district that would be located on the Navajo Nation to provide service benefits closer to home and reduce the travel costs that many Navajo veterans incur commuting hundreds of miles to the nearest federal veterans offices including VA healthcare facilities. The Navajo Nation Office of the President and Vice-President, *Navajo Nation Veterans Advisory Council Members Take the Oath of Office*, pg. 2 (January 4, 2022).

P. Furthermore, The Navajo Nation continuously requests the United States Congress and President Joe Biden's Administration, to establish direct services on the Navajo Nation for Navajo veterans. Navajo Nation Resolution No.

NABIAU-25-21, NABIMY-27-19, and NABIN-69-18 are hereby incorporated by reference only.

Q. The Navajo Nation firmly opposes the Secretary's recommendation in closing the Community-Based Outpatient Clinics in close proximity to the Navajo Nation including the Community-Based Outpatient Clinic in Gallup, New Mexico.

R. Additionally, the Navajo Nation requests the Asset and Infrastructure Review Commission to review, analyze, and recommend Community-Based Outpatient Clinics or a VA Healthcare Facility to be constructed within the Navajo Nation pursuant to Section 203(c)(2)(A)(B) of the MISSION Act of 2018. Upon the conclusion of the Commissions review, the President of the United States should recommend to the Committees on Veterans' Affairs of the Senate and the House of Representatives, the establishment of VA Healthcare Facility on the Navajo Nation.

S. The Navajo Nation in the best interest of the Navajo veterans opposes the Secretary's closure of the Community-Based Outpatient Clinics near the Navajo Nation including the Gallup, New Mexico location, and requests the Air and Infrastructure Review Commission to analyze and review the Secretary's recommendation to include construction of a Community-Based Outpatient Clinic or a similar VA Healthcare Facility to be constructed on the Navajo Nation.

NOW, THEREFORE, BE IT RESOLVED:

A. The Naabik'íyáti' Committee of the Navajo Nation Council hereby firmly opposes the Secretary of the United States Department of Veterans Affairs in closing Community-Based Outpatient Clinics near the Navajo Nation including the Community-Based Outpatient Clinic in Gallup, New Mexico.

B. The Navajo Nation requests the Asset and Infrastructure Review Commission to review, analyze, and recommend Community-Based Outpatient Clinics or a similar VHA Healthcare Facility to be constructed within the Navajo Nation pursuant to Section 203(c)(2)(A)(B) as part of modernizing VHA facilities under the MISSION Act of 2018.

C. The Navajo Nation hereby authorizes the Speaker of the Navajo Nation Council, President of the Navajo Nation, the Navajo Nation Washington Office, and/or their respective designees, to advocate on behalf of the Navajo Nation's opposition to the Secretary of the U.S. Department of Veterans Affairs'

recommendation in closing Community-Based Outpatient Clinics near the Navajo Nation.

CERTIFICATION

I, hereby certify that the foregoing resolution was duly considered by the Naabik'íyáti' Committee of the 24th Navajo Nation Council at a duly called meeting in Window Rock, Navajo Nation (Arizona), at which a quorum was present and that the same was passed by a vote of 17 in Favor, and 01 Opposed, on this 9th day of June 2022.

Honorable Seth Damon, Chairman
Naabik'íyáti' Committee

6.10.22
Date

Motion: Honorable Vince R. James
Second: Honorable Pernell Halona

Chairman Seth Damon not voting

EXHIBIT
tabbies A

DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900–0545]

Agency Information Collection Activity Under OMB Review: Report of Medical, Legal and Other Expenses Incident to Recovery for Injury or Death

AGENCY: Veterans Benefits Administration, Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (PRA) of 1995, this notice announces that the Veterans Benefits Administration, Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and it includes the actual data collection instrument.

DATES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain*. Find this particular information collection by selecting "Currently under 30-day Review—Open for Public Comments" or by using the search function. Refer to "OMB Control No. 2900–0545".

FOR FURTHER INFORMATION CONTACT: Maribel Aponte, Office of Enterprise and Integration, Data Governance Analytics (008), 1717 H Street NW, Washington, DC 20006, (202) 266–4688 or email *maribel.aponte@va.gov*. Please refer to "OMB Control No. 2900–0545" in any correspondence.

SUPPLEMENTARY INFORMATION:

Authority: 38 U.S.C 1503; 38 CFR 3.262, 3.271, 3.272.

Title: Report of Medical, Legal and Other Expenses Incident to Recovery for Injury or Death (VA Form 21P–8416b).

OMB Control Number: 2900–0545.

Type of Review: Extension of a currently approved collection.

Abstract: A claimant's eligibility for needs-based pension programs are determined in part by countable family income and certain deductible expenses. When a claimant is awarded compensation by another entity or government agency based on personal injury or death, the compensation is usually countable income for VA purposes (38 CFR 3.262(i)). However, medical, legal or other expenses incident to the injury or death, or incident to the collection or recovery of compensation, may be deducted from the amount of the award or settlement (38 CFR 3.271(g) and 3.272(g)). In these situations, VBA uses VA Form 21P–8416b *Report of Medical, Legal and Other Expenses Incident to Recovery for Injury or Death*, to gather information that is necessary to determine eligibility for income-based benefits and the rate payable; without this information, determination of eligibility would not be possible. In an effort to safeguard Veterans and their beneficiaries from financial exploitation, the instructions on VA Form 21P–8416b were amended to include information regarding VA-accredited attorneys or agents charging fees in connection with a proceeding before the Department of Veterans Affairs with respect to a claim.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published on March 17, 2021, page 14686.

Affected Public: Individuals or Households.

Estimated Annual Burden: 1,125 hours.

Estimated Average Burden per Respondent: 45 minutes.

Frequency of Response: Once.

Estimated Number of Respondents: 1,500.

By direction of the Secretary.

Dorothy Glasgow,

(Alternate) VA PRA Clearance Officer, Office of Enterprise and Integration, Data Governance Analytics, Department of Veterans Affairs.

[FR Doc. 2021–11372 Filed 5–27–21; 8:45 am]

BILLING CODE 8320–01–P

DEPARTMENT OF VETERANS AFFAIRS

Notice of Asset and Infrastructure Review (AIR) Commission Foreword and Criteria

AGENCY: Department of Veterans Affairs.

ACTION: Notice of Final Action

SUMMARY: The Secretary of the Department of Veterans Affairs (VA) is required to develop criteria that will be used in making recommendations regarding the modernization or realignment of Veterans Health Administration (VHA) facilities. This notice provides the required final selection criteria.

FOR FURTHER INFORMATION CONTACT: Valerie Mattison Brown, Chief Strategy Officer, Veterans Health Administration, Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420, (202) 461–7100.

SUPPLEMENTARY INFORMATION: Subtitle A of Title II of the Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 (Pub. L. 115–182), requires VA to develop criteria that will be used to assess and make recommendations regarding the modernization or realignment of Veterans Health Administration (VHA) facilities ("Selection Criteria"). In 2019, VHA began working with various stakeholders and experts to identify factors to consider in developing the criteria. VHA solicited feedback from Veterans Service Organizations (VSOs), Community Veteran Engagement Boards (CVEBs) and a wide range of interdisciplinary VA leaders. Six criteria and associated sub-criteria were developed through these engagements. VA will use these criteria to evaluate potential market opportunities for submission to the statutorily mandated Asset and Infrastructure Review (AIR) Commission.

On February 2, 2021, VA published a **Federal Register** Notice (FRN), requesting public comment on the draft Selection Criteria as required by Section 203 of the MISSION Act (86 FR 7921). The public comment period closed on May 1, 2021. VA received a total of 122 comments on the FRN from Veterans, caregivers, VSOs, legislative partners, research partners, business partners, and other stakeholders. Of the 122 comments, 31 comments specifically referenced the draft Section Criteria, and 14 out of those 31 comments recommended specific changes or considerations be applied to the draft Section Criteria. These 14 comments were further reviewed and considered by VA for inclusion into the final Section Criteria.

The FRN comments are publicly available online at *www.regulations.gov*. Copies of the comments are also available for public inspection in the Office of Regulation Policy and Management, Room 1064, between the hours of 8:00 a.m. and 4:30 p.m., Monday through Friday (exception holidays). Please call (202) 461–4902 (this is not a toll-free number) for an appointment.

Foreword

The Department of Veterans Affairs ("VA") is honored to deliver exceptional health care and services to more than 9 million Veterans. As we look to the future, VA remains committed to a core set of immutable

values that empower, strengthen, and encourage a vibrant and healthy Veteran community. At the forefront of every decision VA makes is a commitment to serving as an integrated system to provide coordinated, lifelong, world-class health care and services that leverage cutting-edge research and equitable access to the Nation's top academic and medical professionals. VA's vision is built on a foundation of inclusion, honor, and respect for every Veteran's unique experience. As VA transforms to optimize resources and modernize infrastructure and systems, the Department will remain committed to its role as the primary provider and coordinator of Veteran care. By expanding our work with communities, caregivers, and strategic partners VA will achieve outcomes that empower Veterans for generations to come.

As the unprecedented COVID–19 public health crisis consumed the Nation and the globe, VA rose to the challenge, demonstrating the strength of our nationwide, integrated system, and solidifying our position at the leading edge of U.S. health care on behalf of those we serve. We employed each of our four health-related missions—health care, education, research, and emergency response—to lead the Nation forward beside our interagency and strategic partners. As demonstrated during the pandemic, these missions complement one another and together are vital elements of a complete VA transformation vision. Many U.S. healthcare leaders expect that health care delivery trends post-pandemic will incorporate adaptations that worked well for many patients, including Veterans. In particular, a national survey of U.S. adults reported that 3 in 10 had at least one virtual visit during the pandemic.[1] VA recognizes that a 'new normal' with more virtual options for care and services may have significant implications for the way future health care delivery systems are designed. VA intends to stay at the leading edge of this type of person-centered innovation, employing the full complement of our core missions.

As Veteran needs, preferences, and demographics shift over the coming decades, VA's top priority will be to design an integrated system of care and benefits that is outcomes-based, and values-driven. As an integrated system, VA will ensure reliable access to meaningful care coordination that includes expanding availability of digital health care services and maintaining capacity to serve as the backstop to the national health care system. VA will strengthen its partnerships with a growing network of public and private-sector allies and strive to lead the nation in Veteran-relevant research and innovation. At every turn, VA will remain committed to evidence-based policymaking and effective governance that always puts the Veteran first.

In line with VA's vision, VA submits the following set of Selection Criteria for making recommendations regarding the modernization or realignment of VHA facilities as required by Section 203 of the MISSION Act of 2018. The Selection Criteria are designed to keep Veterans' needs at the center of the decision-making process, assuring that each Veteran can receive the integrated care they have earned and deserve.

Criteria

VA's vision for the future of VA health care is an integrated system that honors America's Veterans by providing lifelong, world-class care and benefits, while leveraging cutting-edge research and equitable access to the Nation's top health, academic, and research professionals. The market assessments required by Section 203 of the MISSION Act of 2018 were designed and being conducted in support of this vision. The assessments provide VA with the ability to plan for the continuing evolution of Veteran health care, incorporating major trends and events in the national and global health ecosystem (*e.g.*, the COVID–19 pandemic and telehealth). Each assessment will identify strategic opportunities to position VA to increase health care access points in locations where the demand for VA health care services is not being met, enhance Veteran experience, account for social determinants,[2] consider health equity factors[3] and serve as the coordinator of Veteran health care and services. Through thoughtful and constructive engagements with internal and external stakeholders, the following criteria were developed to ensure opportunities identified for VA Market[4] recommendations[5] support VA's goal in designing high performing integrated networks through VHA realignment and modernization opportunities.

The Secretary will use the Selection Criteria to make recommendations to the AIR Commission regarding the modernization and realignment of VHA facilities. Recommendations submitted to the AIR Commission will focus on creating Veteran-centric outcomes that maintain or improve health care services through the most equitable modalities and at locations that are most beneficial to those VA serves. The recommendations will then go through the AIR Commission review process as outlined in the MISSION Act.

The Selection Criteria are broken out into six domains, each of which complement the others. The ordering of the domains follows as they appear in the MISSION Act legislation. Each criterion begins with a commitment statement, outlining VA's philosophy and commitment to current and future Veterans, followed by the criterion statement, sub-criteria, and explanatory statement:

Veterans' Need for Care & Services and the Market's Capacity To Provide Them (Demand)

Commitment Statement: VA is committed to providing Veterans the full range of integrated care and services needed and desired throughout their lifetime, to include preventive, acute and chronic care. These services will be carefully balanced to meet Veterans' needs and preferences with the capacity available through VA's direct care system, our Community Care Network (CCN), and government, academic, and other strategic partners. VA intends to ensure Veterans receive the personalized care they have earned. VA will do this by matching the services and support Veterans may need with VA's ability to provide those services in a timely manner.

Demand Criterion: The recommendation aligns VA's high performing integrated network resources to effectively meet the future health care demand of the Veteran enrollee population with the capacity in the Market.

Demand Sub-Criteria:

The recommendation:

[1] Link to survey: *https://www.urban.org/sites/default/files/publication/103457/one-in-three-adults-used-telehealth-during-the-first-six-months-of-the-pandemic-but-unmet-needs-for-care-persisted_1.pdf.*

[2] Social determinants as defined by the Department of Health and Human Services (HHS)—are "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks." Link: *https://www.hrsa.gov/about/organization/bureaus/ohe/index.html.*

[3] Health equity as defined by HHS—is "the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality. Link: *https://www.hrsa.gov/about/organization/bureaus/ohe/index.html.*

[4] A VA Market is comprised of VA owned and/or operated facilities, as well as Department of Defense (DoD), Tribal, other federal agency, academic affiliates, and other community partners.

[5] A VA Market recommendation is comprised of multifaceted, interdependent strategic opportunities across the continuum of care within a Market.

- Aligns the quality and delivery of integrated care and services with projected Veteran demand across demographics and geography;
- Retains or improves VA's ability to meet projected demand; and
- Incorporates trends in the evolution of U.S. health care.

When applying the demand criterion, VA will consider how a recommendation will impact VA's ability to meet the needs of Veterans in the future. An assessment of the existing health services available in the Market will aide in determining market adjustments. VA will consider what Veterans may need through understanding of the services that Veterans have accessed in the past and are projected to need and prefer in the future. VA will also consider how and where Veterans wish to receive services, including in ambulatory settings, hospitals, in the community, through telehealth, and through innovative models and modalities.

Accessibility of Care for Veterans (Access)

Commitment Statement: VA intends to provide Veterans with an accessible, whole health experience, with services thoughtfully designed to meet their needs. VA will do this by making the services and support Veterans need accessible through locations, models, and modalities that most benefit them and match their needs and preferences.

Access Criterion: The recommendation maintains or improves Veteran access to care.

Access Sub-Criteria:

The recommendation:

- Aligns VA points of care and services with projected Veteran need across demographics and geography;
- Ensures Veterans are provided a range of integrated health care options and the opportunity to choose the care they trust throughout their lifetime;
- Enables VA to serve as the coordinator of each Veteran's health care, whether provided within or beyond VA;
- Considers health equity, defined as the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality;
- Reflects consideration of factors underpinning observed access patterns regarding conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality-of-life outcomes and risks; and
- Incorporates trends in the evolution of U.S. health care.

When applying the 'access' criterion, VA will consider how a recommendation will impact the convenience and experience of care provided to Veterans in the future. Key components of access include the time it takes to receive care in the VA system and in the community and the barriers and accelerators to receiving care, such as distance or availability of technology or availability of culturally competent experience in the community.

Impact on Mission

Commitment Statement: VA is committed to delivering best-in-class care throughout Veterans' lifetimes. This means positioning VA health care system at the leading edge of the health care industry in education, research, and national emergency preparedness.

Impact on Mission Criterion: The recommendation provides for VA's second, third, and fourth health related statutory missions of education, research, and emergency preparedness.

Impact on Mission Sub-Criteria:

The recommendation:

- Aligns resources to VA's education, research, and emergency preparedness missions across demographics and geography;
- *Education:*[6] Maintains or enhances VA's ability to execute its education mission;
- *Research:*[7] Maintains or enhances VA's ability to execute its research mission;
- *Emergency*[8] *Preparedness:* Maintains or enhances VA's ability to execute its emergency preparedness mission; and
- Incorporates trends in the evolution of U.S. health care.

The 'impact on mission' criterion allows VA to consider how a recommendation will impact VA's ability to execute our statutory missions of education, research, and emergency preparedness in support of Veterans and the Nation.

[6] VA's education mission has a profound impact on VA's human capital requirements as well as the future healthcare workforce (70% of US physicians received some training in a VA health care facility).

[7] VA's research mission is grounded in care delivery to Veterans and focuses on health issues that affect Veterans.

[8] VA's strong emergency preparedness mission has provided broad support to Veterans and focuses on health issues that affect Veterans. Nation during multiple public health emergencies, including but not limited to COVID (*e.g.*, for Hurricane Maria VA was THE source of 'boots on the ground' for all relief efforts).

Providing the Highest Quality Whole Health Care (Quality)

Commitment Statement: VA is committed to providing Veterans with a high-quality, whole health care system that delivers an excellent experience of care and optimal health outcomes. VA will deliver the same high quality, evidence-based standards of care regardless of where, or by which modality, their care is received.

Quality Criterion: The recommendation considers the quality and delivery of health care services available to Veterans, including the experience, safety, and appropriateness of care.

Quality Sub-Criteria:

The recommendation:

- Ensures the highest possible quality of care across demographics and geography;
- Promotes recruitment of top clinical and non-clinical talent;
- Maintains or enhances Veteran experience; and
- Incorporates trends in the evolution of U.S. health care.

When applying the 'quality' criterion, VA will consider how a recommendation will impact the quality of care for Veterans. Quality in health care is measured through metrics and ratings assessed by federal and commercial health care entities. VA will consider the care needs and preferences of Veterans in order to provide optimal experience, safety, and outcomes.

Effective Use of Resources for Veteran Care (Cost Effectiveness)

Commitment Statement: VA is committed to optimizing the Veteran health care system through the effective and sustainable use and sharing of taxpayer resources, including staffing, space, infrastructure, and funding, with the goal of providing Veterans with the best health care and outcomes. VA will actively and mindfully manage resources, allowing VA to provide services and support that effectively match Veterans' needs and preferences while putting their health and empowerment at the center of system design.

Cost Effectiveness Criterion: The recommendation provides a cost-effective means by which to provide Veterans with modern health care.

Cost Effectiveness Sub-Criteria:

The recommendation:

- Reflects stewardship of taxpayer dollars by optimizing investments and resources to achieve advancements in access and outcomes for Veterans;
- Recognizes potential savings or efficiencies that may free resources for

more impactful investment for Veterans; and

- Considers the value of Veteran and employee experience, innovation, and other intangible elements of value.

When applying the 'cost effectiveness' criterion, VA will consider whether a recommendation optimizes funding for Veteran care.

Ensuring a Safe and Welcoming Health Care Environment of Care (Sustainability)

Commitment Statement: VA is committed to providing Veterans a safe and welcoming health care environment. Our goal is for Veterans to feel safe physically, mentally, socially, and emotionally when receiving care with access to a full range of experts and specialists. VA is committed to providing standard and complementary types of care for our unique Veteran population in an equitable and inclusive environment. VA will do this by ensuring points of care are modern and inviting, with an expert workforce and care options designed to meet Veterans where they are in their health journey.

Sustainability Criterion: The recommendation creates a sustainable health care delivery system for Veterans.

Sustainability Sub-Criteria:

The recommendation:

- Aligns investment in care and services with projected Veteran care needs across demographics and geography;
- Reflects stewardship of taxpayer dollars by creating a sustainable infrastructure system for Veterans;
- Enables recruitment and retention of top clinical and non-clinical talent; and
- Incorporates trends in the evolution of U.S. health care.

When applying the 'sustainability' criterion, VA will consider how a recommendation impacts our ability to offer Veterans a welcoming and safe care environment that meets modern health care standards and ensures sustainability for future generations of Veterans.

Signing Authority:

Denis McDonough, Secretary of Veterans Affairs, approved this document on May 25, 2021, and authorized the undersigned to sign and submit the document to the Office of the Federal Register for publication electronically as an official document of the Department of Veterans Affairs.

Jeffrey M. Martin,

Assistant Director, Office of Regulation Policy & Management, Office of the Secretary, Department of Veterans Affairs.

[FR Doc. 2021–11398 Filed 5–27–21; 8:45 am]

BILLING CODE 8320–01–P

EXHIBIT tabbies B

Electronic Availability

The SDN List and additional information concerning OFAC sanctions programs are available on OFAC's website (*https://www.treasury.gov/ofac*).

Notice of OFAC Actions

On March 8, 2022, OFAC published the following revised information for the following person on OFAC's SDN List whose property and interests in property are blocked pursuant to Executive Order 13224, as amended.

Individual

1. SAADE, Ali (a.k.a. SAADE, Ali Moussa; a.k.a. SAADI, Ali), Beirut, Lebanon; DOB 18 May 1942; POB Conakry, Guinea; nationality Lebanon; Gender Male; Secondary sanctions risk: section 1(b) of Executive Order 13224, as amended by Executive Order 13886; Passport RL0420013 (Lebanon) expires 01 Mar 2015; alt. Passport 14205180170519 (Guinea) expires 29 May 2024; alt. Passport 18FV09784 (France) expires 06 Feb 2029 (individual) [SDGT] (Linked To: HIZBALLAH).

Dated: March 8, 2022.

Bradley T. Smith,

Deputy Director, Office of Foreign Assets Control, U.S. Department of the Treasury.

[FR Doc. 2022–05342 Filed 3–11–22; 8:45 am]

BILLING CODE 4810–AL–P

UNIFIED CARRIER REGISTRATION PLAN

Sunshine Act Meetings

TIME AND DATE: March 17, 2022, 12:00 p.m. to 2:00 p.m., Eastern time.

PLACE: This meeting will be accessible via conference call and via Zoom Meeting and Screenshare. Any interested person may call (i) 1–929–205–6099 (US Toll) or 1–669–900–6833 (US Toll) or (ii) 1–877–853–5247 (US Toll Free) or 1–888–788–0099 (US Toll Free), Meeting ID: 914 1782 1095, to listen and participate in this meeting. The website to participate via Zoom Meeting and Screenshare is *https://kellen.zoom.us/meeting/register/tJUpdu6grDoqE9E2KHr1wc1yWNOp_ECKltmD*

STATUS: This meeting will be open to the public.

MATTERS TO BE CONSIDERED: The Unified Carrier Registration Plan Education and Training Subcommittee (the "Subcommittee") will continue its work in developing and implementing the Unified Carrier Registration Plan and Agreement. The subject matter of this meeting will include:

Proposed Agenda

I. Call to Order—Subcommittee Chair

The Subcommittee Chair will welcome attendees, call the meeting to order, call roll for the Subcommittee, confirm whether a quorum is present, and facilitate self-introductions.

II. Verification of Publication of Meeting Notice—UCR Executive Director

The UCR Executive Director will verify the publication of the meeting notice on the UCR website and distribution to the UCR contact list via email followed by the subsequent publication of the notice in the **Federal Register**.

III. Review and Approval of Subcommittee Agenda and Setting of Ground Rules—Subcommittee Chair

For Discussion and Possible Subcommittee Action

The Agenda will be reviewed, and the Subcommittee will consider adoption.

Ground Rules

➢Subcommittee action only to be taken in designated areas on agenda.

IV. Review and Approval of Subcommittee Minutes from the January 20, 2022 Meeting—Subcommittee Chair

For Discussion and Possible Subcommittee Action

Draft minutes from the January 20, 2022 Subcommittee meeting via teleconference will be reviewed. The Subcommittee will consider actions to approve the minutes of the meeting.

V. Audit Module 2 Development Discussion—UCR Operations Manager

The UCR Operations Manager will discuss and provide updates on development of the Audit Module 2.

VI. Roadside Enforcement Module Video Update—Subcommittee Chair

The Subcommittee chair will provide an update on the Roadside Enforcement Module that describes the steps a roadside law enforcement officer would use to enforce UCR.

VII. UCR Education and E-Certificate Strategy—Subcommittee Chair

The Subcommittee Chair will discuss the UCR E-Certificate.

VIII. Other Business—Subcommittee Chair

The Subcommittee Chair will call for any other items Subcommittee members would like to discuss.

IX. Adjournment—Subcommittee Chair

The Subcommittee Chair will adjourn the meeting.

The agenda will be available no later than 5:00 p.m. Eastern time, March 10, 2022 at: *https://plan.ucr.gov.*

CONTACT PERSON FOR MORE INFORMATION: Elizabeth Leaman, Chair, Unified Carrier Registration Plan Board of Directors, (617) 305–3783, *eleaman@board.ucr.gov.*

Alex B. Leath,

Chief Legal Officer, Unified Carrier Registration Plan.

[FR Doc. 2022–05432 Filed 3–10–22; 4:15 pm]

BILLING CODE 4910–YL–P

DEPARTMENT OF VETERANS AFFAIRS

Notice of the Department of Veterans Affairs: Recommendations for Modernization or Realignment of Veterans Health Administration (VHA) Facilities

AGENCY: Department of Veterans Affairs.

ACTION: Notice.

SUMMARY: The Secretary of the Department of Veterans Affairs (VA) is required to develop recommendations regarding the modernization or realignment of Veterans Health Administration (VHA) facilities. This notice serves as documentation for the public record that the Secretary's recommendations to the Asset and Infrastructure Review (AIR) Commission have been submitted and are available to the public at *https://www.va.gov/aircommissionreport.*

FOR FURTHER INFORMATION CONTACT: Valerie Mattison Brown, Chief Strategy Officer, Veterans Health Administration, U.S. Department of Veterans Affairs, 810 Vermont Avenue NW, Washington, DC 20420, (202) 461–7100.

SUPPLEMENTARY INFORMATION: Subtitle A of Title II of the Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 (Public Law 115–182), requires the Secretary to submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives and to the AIR Commission a report detailing recommendations for the modernization or realignment of VHA facilities developed utilizing the final criteria published in the **Federal Register** on May 28, 2021.

Signing Authority

Denis McDonough, Secretary of Veterans Affairs, approved this document on March 8, 2022, and authorized the undersigned to sign and submit the document to the Office of the Federal Register for publication electronically as an official document of the Department of Veterans Affairs.

Michael P. Shores,

Director, Office of Regulation Policy & Management, Office of General Counsel, Department of Veterans Affairs.

[FR Doc. 2022–05256 Filed 3–11–22; 8:45 am]

BILLING CODE 8320–01–P

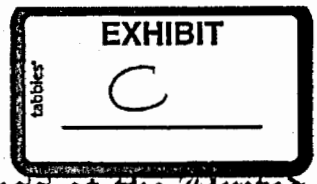
TERESA LEGER FERNÁNDEZ
3rd District, New Mexico

COMMITTEE ON
EDUCATION AND LABOR

COMMITTEE ON
HOUSE ADMINISTRATION

COMMITTEE ON
NATURAL RESOURCES

CHAIR OF THE SUBCOMMITTEE
FOR INDIGENOUS PEOPLES OF
THE UNITED STATES



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3/14/2022

The Honorable Denis McDonough
Secretary of U.S. Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

Dear Secretary McDonough,

I have serious concerns about the recommended closures of several VA community-based outpatient clinics (CBOC) in my district as part of the report entitled, *VA Recommendations to the Asset and Infrastructure and Review Commission* (the report). All the closures recommended in New Mexico are in my district. It is our nation's solemn obligation to provide veterans the health care, services, and support they have earned. Unfortunately, these closures would jeopardize that obligation and make it harder for veterans to receive essential health services. The VA should not discriminate against rural veterans.

As you know, the VA recommended the closure of the Gallup, Las Vegas, Raton, and Española clinics to the VA's Asset and Infrastructure Review Commission. Combined, these clinics serve 4,717 New Mexico veterans in largely rural and underserved areas. This will likely increase the strain on the current New Mexico health care system, force veterans to wait longer and travel further for needed services. For example, the closure of the Española clinic would force veterans in Española to travel to the VA Santa Fe Clinic to receive care. That is a 1.5 hour drive both ways.

The closure of the Raton CBOC and Las Vegas CBOC assumes veterans could receive care from community providers. I have traveled to rural parts of my district to meet with veterans and heard how hard it is to get care. The commission clearly fails to understand that in our rural areas targeted for closures, there are insufficient health care providers in the community.

Even more troubling is that these recommendations contradict the VA's own findings from the local veteran stakeholder listening sessions it conducted as part of the report. Here are excerpts from the report.

- Veterans shared barriers they encounter during the care experience. Comments in this area primarily expressed frustration with travel distance and transportation options.
- Veterans described inadequate transportation as a barrier to accessing care, especially for older Veterans. In addition, several Veterans expressed concerns with travel reimbursement, including the length of time for reimbursement and the amount of paperwork required if a kiosk is not available.
- Five percent of Veteran listening session comments were related to rural access, and many rural Veterans expressed that they do not have consistent access to adequate transportation options and are often unable to receive care in the community close to where they live.
- During the listening sessions, Veterans shared mixed feedback regarding their experiences with the community care program.
- Challenges some Veterans raised include care coordination, referrals and timeliness, and billing. Veterans shared they would like to receive care closer to home and be able to access care that meets their needs.

Although these concerns from veterans directly contradict the VA's recommendations for the CBOC closures in my district, "no changes were recommended to market assessment opportunities based on the listening sessions." This appears to say that the VA listened, but didn't hear.

The VA's recommended closures would make it significantly more difficult for New Mexico's rural veterans to access care and force many to rely on community care, which veterans gave "mixed feedback" and can have significantly longer wait times.

Even before the pandemic, New Mexico grappled with serious health care access issues. The pandemic has made it much worse. According to Becker's Hospital review, at the end of 2021, New Mexico faced the most critical health care staffing shortage of any U.S. state.[1] More than half of New Mexico hospitals reported critical staff shortages. According to the New Mexico Health Care Workforce Committee 2021 Annual Report, New Mexico needs an additional 6,223 RNs and CNSs, 328 primary care doctors, 238 certified nurse practitioners, 249 physician assistants, 524 physical therapists, 2,510 emergency medical technicians, 521 pharmacists and 117 psychiatrists.[2] The level of community providers in New Mexico and especially in rural areas is simply insufficient.

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[1] Plescia, M., & Gamble, M. (2022, January 3). *16 states where hospitals are experiencing workforce shortages. Becker's Hospital Review.* https://www.beckershospitalreview.com/workforce/16-states-where-hospitals-are-experiencing-workforce-shortages.html

[2] New Mexico Health Care Workforce Committee. (2021, October 1). *New Mexico Health Care Workforce Committee 2021 Annual Report.* New Mexico Medical Society. https://www.nmms.org/wp-content/uploads/2018/08/NMHCWF_2021Report_FINAL_edist.pdf

I am also troubled by the report's assumption that all veterans in Gallup would receive the same level of care at Indian Health Services (IHS) facilities. The Gallup Indian Medical Center which I visited in November, 2021 is already overburdened. The report omits any details on how non-IHS eligible veterans would be treated at an IHS facility. Please provide my office with the details on what arrangements the VA has made with IHS to implement this recommendation.

The VA should invest in health care access in rural areas of my district. Approximately half of the Veteran population in New Mexico is over the age of 65 and will likely need increased care in the coming years.[3] We should continue to recruit health care providers to serve in rural areas to close gaps in care and increase services. Wherever possible, it is important that veterans see VA health providers that are specifically trained to provide for the needs of veterans and their families. It is my understanding that the New Mexico VA health care system has made some progress in the endeavor since the assessment—hiring one provider in Raton and two in Gallup. Let's continue to build on that progress and ensure every veteran has the care they need wherever they may live.

I will continue to work with the communities and veterans who could be affected. I urge the VA to listen to the feedback from veterans it has already received about the issues with traveling, the need to receive care close to home, and the issues with community care. I look forward to working with you on these ill-advised recommended closures in my district.

Sincerely,

Teresa Leger Fernández
Member of Congress

[3] New Mexico Department of Workforce Solutions. (2021). *2021 VETERANS PROFILE.* https://www.dws.state.nm.us/Portals/0/DM/LMI/2021_Veterans_Profile.pdf

NAVAJO NATION

1279

6/9/2022

Naa'bik'iyati' Committee Regular Meeting

06:26:53 PM

Amd# to Amd#	CONSENT AGENDA: Item A.	PASSED
MOT James, V	-Legislations: 0062-22,0097-22,	
SEC Halona, P	0040-22, 0074-22, 0083-22,	
	0088-22, & 0090-22	

Yeas : 17 **Nays : 1** **Excused : 3** **Not Voting : 2**

Yea : 17

Begay, K	Daniels	James, V	Tso, O
Begay, P	Freeland, M	Slater, C	Walker, T
Brown	Halona, P	Tso, D	Wauneka, E
Charles-Newton	Henio, J	Tso, E	Yellowhair
Crotty			

Nay : 1

Smith

Excused : 3

Stewart, W	Tso, C	Nez, R

Not Voting : 2

Yazzie	Begay, E

Presiding Speaker: Damon