

DEPARTMENT OF VETERANS AFFAIRS (VA)

Statement of Regulatory Priorities

The Department of Veterans Affairs (VA) administers services and benefit programs that recognize the important federal obligations to those who served this Nation. VA's regulatory responsibility is almost solely confined to carrying out mandates of the laws enacted by Congress relating to programs for veterans and their families. VA's major regulatory objective is to implement these laws with fairness, justice, and efficiency.

Most of the regulations issued by VA involve at least one of three VA components: The Veterans Benefits Administration, the Veterans Health Administration, and the National Cemetery Administration. The primary mission of the Veterans Benefits Administration is to provide high-quality and timely nonmedical benefits to eligible veterans and their dependents. The primary mission of the Veterans Health Administration is to provide timely, high-quality health care to eligible veterans through its system of medical centers, nursing homes, domiciliaries, and outpatient medical and dental facilities. The primary mission of the National Cemetery Administration is to honor and bury eligible veterans, members of the Reserve components, and their dependents in VA National Cemeteries and to maintain those cemeteries as national shrines in perpetuity as a final tribute of a grateful Nation to commemorate their service and sacrifice to our Nation.

In addition to the primary mission for each VA component above, VA's Fall 2024 list of priority regulations focus on more specific topics that are targeted at expanding benefits and services for our Nations Veterans, spouses, survivors, dependents, and caregiver. VA has a particular policy focus on ensuring access to benefits related to toxic exposure, addressing issues related to mental health, improving delivery of health care, eliminating veteran homelessness, and improving support for family caregivers.

VA's regulatory priority plan consists of six **(6)** priority regulations. The regulations listed below are not in any priority order.

1	<p>2900-AS16 - Loan Guaranty: Modifications to Loan Reporting and Partial or Total Loss of Guaranty or Insurance Regulations</p> <p>Summary: The Department of Veterans Affairs (VA) proposes to amend its regulations governing loan reporting requirements for lenders that participate in the VA-guaranteed home loan program and circumstances when VA would assert a defense for partial or total loss of guaranty or insurance for lenders and holders. These proposed amendments would support VA's ongoing efforts to modernize and transform technology and processes within the guaranteed home loan program, capitalizing on industry standard datasets. In addition, the proposed regulatory changes would update and enhance the loan guaranty reporting requirements for lenders, providing veterans stronger protections against noncompliant loans through improved transparency and oversight of the program.</p> <p>Rule Type: Proposed Rule EO 12866: Other Significant Estimated Publication Date: 12/00/24</p>
2	<p>2900-AR15 - Supportive Services for Veterans Families</p> <p>Summary: The Department of Veterans Affairs (VA) is amending its regulations that govern the Supportive Services for Veteran Families (SSVF) Program. This final rule will provide a more effective subsidy to veterans in high-cost rental markets; increase the cap in General Housing Assistance to reflect increased costs; and extend the ability of SSVF grantees to provide emergency housing for the most vulnerable, unsheltered veterans and their families.</p> <p>Rule Type: Final Rule EO 12866: Section 3(f)(1) Significant Estimated Publication Date: 1/00/25</p>
3	<p>2900-AS00 - Revisions of Veterans Community Care Program Designated Access Standards</p> <p>Summary: The Department of Veterans Affairs (VA) proposes to revise its designated access standards within the Veterans Community Care Program to consider a veteran's preference for telehealth when scheduling appointments. VA additionally proposes to consider whether and how to address standards for when a VA provider is not available within the existing average drive time standards. In accordance with E.O. 14094, VA held a virtual public meeting in December 2021, where some of the participants noted that VA should use community providers only when VA cannot meet demand (including using telehealth). VA also conducted four listening sessions to gather feedback from employees; one of the themes and concerns heard from staff during these sessions was that veterans are referred to community care despite VA telehealth being available, but also that some veterans do not seem to prefer telehealth and primarily prefer in-person appointments. Based on this public feedback, VA is planning to propose incorporating VA telehealth availability into determinations regarding eligibility based on the designated access standards.</p> <p>Rule Type: Proposed Rule EO 12866: Section 3(f)(1) Significant Estimated Publication Date: 1/00/25</p>
4	<p>2900-AQ72 - Schedule for Rating Disabilities-Ear, Nose, Throat, and Audiology Disabilities; Special Provisions Regarding Evaluation of Respiratory Conditions; Schedule for Rating Disabilities-Respiratory System</p> <p>Summary: The Department of Veterans Affairs (VA) is amending its regulations by revising the sections that address the ear, nose, throat, audiology, and respiratory systems and adds a diagnostic code for constrictive bronchiolitis (or obliterative bronchiolitis) (CB) to the regulations that govern the respiratory system. The purpose of these changes is to update medical terminology, incorporate medical advances</p>

	<p>that have occurred since the last review, and provide well-defined criteria in accordance with actual clinical practice.</p> <p>Rule Type: Final Rule EO 12866: Section 3(f)(1) Significant Estimated Publication Date: 8/00/25</p>
5	<p>AQ82 - Schedule for Rating Disabilities; Mental Disorders</p> <p>Summary: The Department of Veterans Affairs (VA) amends the portion of the rating schedule dealing with mental disorders, including revising the General Rating Formula for Mental Disorders and combining currently separate General Rating Formula for Mental Disorders with the General Rating Formula for Eating Disorders in the VA Schedule for Rating Disabilities (VASRD or rating schedule). The final rule reflects changes made by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5), advances in medical knowledge, and recommendations from VA's Mental Disorders Work Group.</p> <p>Rule Type: Final Rule EO 12866: Section 3(f)(1) Significant Estimated Publication Date: 8/00/25</p>
6	<p>AR91 - Evidence Requirements for Direct Service Connection of Covered Mental Health Conditions Based on In-Service Personal Trauma</p> <p>Summary: The Department of Veterans Affairs (VA) is proposing to amend its adjudication regulations governing claims based on in-service personal assault, including Military Sexual Trauma MST. VA is proposing to expand the use of behavioral markers to all mental health disability claims based on in-service personal assault. Currently, VA regulation permits the use of behavioral markers for claims for PTSD only.</p> <p>Rule Type: Proposed Rule EO 12866: Section 3(f)(1) Significant Estimated Publication Date: 5/00/25</p>
7	<p>AS21 - Presumptive Service Connection for Bladder and Ureter Cancers Due to Exposure to Fine Particulate Matter</p> <p>Summary: This interim final rule will amend our adjudication regulations by adding 38 CFR 3.320a. VA intends to amend its adjudication regulations to add an interim final regulation to include bladder and ureter cancers and add all locations added by 38 U.S.C. 1119 as provided by the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act (the PACT Act). Specifically, this rulemaking would implement a decision by VA that the available scientific and medical evidence is sufficient to warrant a presumption of service connection for bladder and ureter cancers due to exposure to fine particulate matter during the Persian Gulf War. Particulate Matter (PM) is a form of air pollution consisting of a solid particles and liquid droplets. PM is comprised of particles of various sizes, with fine particles posing the greatest health concern because they can be inhaled, get deep into the lungs, and potentially enter the bloodstream where they can affect other organ systems resulting in serious health problems.</p> <p>Rule Type: Interim Final Rule EO 12866: Other Significant Estimated Publication Date: 3/00/25</p>