MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES APPROPRIATION BILL, 2018

JULY 00, 2017.—Ordered to be printed

Mr. MORAN, from the Committee on Appropriations, submitted the following

REPORT

[To accompany S. 0000]

The Committee on Appropriation reports the bill (S. 0000) making appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2018, and for other purposes, reports favorably thereon and recommends that the bill do pass.

Amounts in new budget authority

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<th>Description</th>
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<tr>
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<td>Bill as recommended to Senate compared to—</td>
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<td>2018 budget estimate</td>
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BACKGROUND

PURPOSE OF THE BILL

The Military Construction, Veterans Affairs, and Related Agencies appropriations bill provides necessary funding for the planning, design, construction, alteration, and improvement of military facilities worldwide. It also finances the cost of military family housing and the U.S. share of the NATO Security Investment Program. In addition, the bill provides funding, including environmental remediation, for base closures and realignments authorized by law. The bill provides resources to the Department of Veterans Affairs for veterans benefits and healthcare and funding for U.S. cemeteries and battlefield monuments both in the United States and abroad, including the American Battle Monuments Commission and Arlington National Cemetery. Additionally, the bill funds the U.S. Court of Appeals for Veterans Claims and the Armed Forces Retirement Homes.

COMMITTEE RECOMMENDATION

The Committee recommends new budget authority totaling $200,887,098,000 for fiscal year 2018 military construction, family housing, base closure, veterans healthcare and benefits, including fiscal year 2019 advance appropriations for veterans medical care and appropriated mandatories, and related agencies. This includes $107,723,000,000 in mandatory funding and $93,164,098,000 in discretionary funding. The table at the end of the report displays the Committee recommendation in comparison with the current fiscal year and the President's fiscal year 2018 request.

APPROPRIATIONS FOR FISCAL YEAR 2018

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OVERVIEW AND SUMMARY OF BILL

The Military Construction, Veterans Affairs, and Related Agencies appropriations bill funds an array of programs that are vital to America's military personnel and their families, and to the Nation’s veterans. For U.S. military forces and their families worldwide, the bill funds critical infrastructure, ranging from mission essential operational and training facilities to key quality-of-life facilities, including barracks, family housing, child care centers, schools, and hospitals.

For America's 21.4 million veterans, the bill provides the necessary funding for veterans benefits and healthcare, from prescrip-
tion drugs and clinical services to the construction of hospitals and other medical facilities throughout the Nation.

The bill also funds veterans cemeteries in the United States and provides funding for four independent agencies—the American Battle Monuments Commission, the U.S. Court of Appeals for Veterans Claims, Arlington National Cemetery, and the Armed Forces Retirement Homes.
TITLE I
MILITARY CONSTRUCTION
ITEMS OF SPECIAL INTEREST

HEARINGS


SUMMARY OF COMMITTEE RECOMMENDATIONS

The fiscal year 2018 budget request for military construction and family housing totals $9,782,451,000. The Committee recommends $9,536,000,000, which is $246,451,000 below the President’s budget request.

REPROGRAMMING GUIDELINES

The following reprogramming guidelines apply for all military construction and family housing projects. A project or account (including the sub-elements of an account) which has been specifically reduced by the Congress in acting on the budget request is considered to be a congressional interest item and as such, prior approval is required. Accordingly, no reprogrammings to an item specifically reduced below the threshold by the Congress are permitted.

The reprogramming criteria that apply to military construction projects (25 percent of the funded amount or $2,000,000, whichever is less) continue to apply to new housing construction projects and to improvements over $2,000,000. To provide the services the flexibility to proceed with construction contracts without disruption or delay, the costs associated with environmental hazard remediation such as asbestos removal, radon abatement, lead-based paint removal or abatement, and any other legislated environmental hazard remediation may be excluded, provided that such remediation requirements could not be reasonably anticipated at the time of the budget submission. This exclusion applies to projects authorized in this budget year, as well as projects authorized in prior years for which construction has not been completed.

Furthermore, in instances where prior approval of a reprogramming request for a project or account has been received from the Committee, the adjusted amount approved becomes the new base for any future increase or decrease via below-threshold reprogrammings (provided that the project or account is not a congressional interest item as defined above).

In addition to these guidelines, the services are directed to adhere to the guidance for military construction reprogrammings and notifications, including the pertinent statutory authorities contained in Department of Defense [DoD] Financial Management Regulation 7000.14–R and relevant updates and policy memoranda.
REAL PROPERTY MAINTENANCE

The Committee recommends a continuation of the following general rules for repairing a facility under "Operation and Maintenance" account funding:
- Components of the facility may be repaired by replacement, and such replacement may be up to current standards or code.
- Interior arrangements and restorations may be included as repair, but additions, new facilities, and functional conversions must be performed as military construction projects.
- Such projects may be done concurrent with repair projects, as long as the final conjunctively funded project is a complete and usable facility.
- The appropriate Service Secretary shall submit a 21-day notification prior to carrying out any repair project with an estimated cost in excess of $7,500,000.

The Department is directed to continue to report on the real property maintenance backlog at all installations for which there is a requested construction project in future budget requests. This information is to be provided on the form 1390. In addition, for all troop housing requests, the form 1391 is to continue to show all real property maintenance conducted in the past 2 years and all future requirements for unaccompanied housing at that installation.

INCREMENTAL FUNDING

In general, the Committee supports full funding for military construction projects. However, it continues to be the practice of the Committee to provide incremental funding for certain large projects, despite administration policy to the contrary, to enable the services to more efficiently allocate military construction dollars among projects that can be executed in the year of appropriation. Therefore, the Committee recommends incremental funding for three projects.

OTHER MATTERS

Naval Shipyard Modernization.—The Committee is concerned with likely impacts to Fleet readiness and operational availability of Navy ships and submarines in the absence of significant long-term improvements to public shipyard infrastructure and major dry dock capacity. In a 2013 report to Congress pursuant to the requirements in Section 2865 of the Fiscal Year 2012 National Defense Authorization Act (Public Law 112–81), the Navy identified a $3,450,000,000 maintenance backlog comprising more than 1,000 facilities at the public shipyards.

The Committee is aware that public shipyards involved in Navy ship maintenance face a number of challenges in completing maintenance on time, including unanticipated work requirements, workforce inexperience, workload fluctuations, and inadequate facilities. These challenges are exacerbated by the failing conditions of facilities across all four public shipyards. For example, Norfolk Naval Shipyard has 130 facilities in failing condition, including 17 mission-critical facilities. These deteriorated facility conditions combined with an inefficient and outdated layout of functions at the yards have a direct, negative impact on the readiness of naval
forces as well as the life, safety and health of sailors and the civilian workforce at the public shipyards. At the Portsmouth Naval Shipyard, increasing workload is making it difficult to schedule necessary maintenance on its three nuclear qualified dry docks. Within the next 5 years, the workload at Portsmouth will exceed the available capacity of the dry docks. Additionally, critical components will reach the end of their service life soon, placing great strain on the ability to support maintenance on LOS ANGELES and VIRGINIA class submarines. Significant military construction is needed to expand and modernize Dry Dock 1 to meet the growing maintenance requirements of the submarine fleet.

The Committee also notes that while the Navy has prioritized dry docks and piers over other failing facilities, it is nevertheless taking risks in its dry dock infrastructure. Without significant dry dock investments, the public shipyards will be unable to meet the Navy's surface and subsurface maintenance and inactivation requirements through 2040. For example, at Pearl Harbor Naval Shipyard, the Navy has identified an urgent requirement to extend Dry Dock 3 and build a 500 foot-long concrete lock at the entrance of the dry dock. These improvements are essential to sustain Fleet readiness in the Pacific and provide maintenance for VIRGINIA class submarines but remain unprogrammed in the Navy's Future Years Defense Plan budget for military construction. Similarly, at Puget Sound Naval Shipyard in Washington State, the Navy has been forced to develop mitigation strategies to maximize the use of Dry Dock 1 to accommodate LOS ANGELES class submarine availabilities and inactivations, as well as availabilities on all VIRGINIA class submarines.

Finally, the Committee notes that the Navy is investing in existing facilities that may not be ideally designed, placed, sized or configured to support the current work processes, leading to inefficiencies in ship repair functions. In order for resources to be expended prudently for maximum benefit for shipyard operations, the Navy must first review industrial processes, logistics streams and workload distribution to develop a facilities plan that optimizes ship repair processes. Therefore, the Committee directs the Secretary of the Navy to submit a report by February 1, 2018, providing an engineering master plan for the optimal placement of facilities and major equipment to support ship repair functions at each public shipyard, including an investment strategy to address the infrastructure requirements at each shipyard. The report shall include the following elements:

- A review of current and projected workload requirements for ship repairs to assess efficiencies in the use of existing facilities including consideration of new ship characteristics, obsolescence of facilities, siting of facilities and equipment, and various constrained process flows;
- An analysis of life cycle costs to repair and modernize existing mission essential facilities versus the cost to consolidate functions into modern, right-sized waterfront facilities to meet current and programmed future mission requirements;
- A review of the progress made in prioritizing and funding projects that facilitate implementation of the hub concept for
ship repair in order to improve process efficiencies, and contribute to availability cost and schedule reductions;

-A masterplan for each shipyard incorporating the results of a review of industrial processes, logistics streams and workload distribution required to support ship repairs at each shipyard and the facilities requirements to support optimized processes; and

-An updated investment strategy planned for each public shipyard, including timelines to complete the masterplan for each shipyard, a list of projects and brief scopes of work, and cost estimates necessary to complete projects for mission essential facilities.

Informed by the results of this study, the Committee urges the Navy to prioritize infrastructure investment in its shipyards within the Department's future years military construction budget planning.

Federal, State and Local Intelligence Collaboration.—The Committee is aware that several States utilize National Guard facilities for intelligence fusion centers according to their respective State authorities. These centers allow Federal, State, local, and tribal law enforcement officials to collaborate and share intelligence and threat information, and co-locating them with National Guard facilities offers opportunities for cost savings. Therefore, the Committee urges the Department, the services, and the National Guard Bureau to prioritize needed workplace replacement projects, including Sensitive Compartmented Information Facility (SCIF) projects to conduct State and Federal intelligence analysis, in the fiscal year 2019 and future budget submissions.

Historic Buildings.—The Committee recognizes the historical value of many of our Nation's military installations, and the need for preserving these historic sites for posterity. However, the Committee is also aware of the challenges of maintaining historical buildings, particularly those that are still in use today. On certain military installations, these historical structures are still used for housing and other purposes, which can lead to a struggle to balance maintaining hospitable living and work environments with preserving the historical status of the building. The Committee requests that the Government Accountability Office conduct a review that assesses historical structures or sites on Department installations in the United States that may be utilized for housing and for other purposes. The review shall include qualitative analysis as it relates to State and Federal regulatory standards for habitation, and also provide recommendations concerning the Department's processes and procedures for assessing whether certain structures or sites require renovation to meet state and Federal regulatory standards for habitation or other uses as warranted.

DoD Installation Energy Policy.—Department of Defense (DoD) installation energy use accounts for nearly a quarter of all Federal Government energy consumption. In fiscal year 2015, according to DoD's Annual Energy Management Report, the Department spent $3,900,000 on installation energy. While DoD has made great strides in increasing installation energy efficiency and reducing overall energy consumption, more needs to be done to bring down the energy costs throughout the Department. DoD must also ramp
up its efforts to enhance energy security on its installations through a range of actions, including investing in renewable energy and smart technology that can shield mission-critical operations from disruptions to the power grid. According to a January 2017 report commissioned by the Pew Charitable Trusts ("Power Begins at Home: Assured Energy for U.S. Military Bases"), DoD could enhance energy security on installations and save hundreds of millions of dollars annually by investing in microgrids and renewable energy systems, and by increasing energy efficiency on military bases. The report found that microgrid power systems are more reliable than the stand-alone diesel generators typically used for backup power and could save $8,000,000 to $20,000,000 over a 20-year period. The report also found that DoD could save as much as $1,000,000,000 a year simply by increasing the use of commercially available energy efficiency measures in its facilities. The Committee notes that military installations in Hawaii are among those at the forefront of DoD's efforts to increase energy efficiency and security, including projects to develop net-zero energy military housing and installation facilities, upgrade and retrofit systems to improve energy and water efficiency, and demonstrate microgrid technology. The Committee supports DoD's investments in energy efficiency, renewable energy systems, and energy security, including through the Energy Resilience and Conservation Investment Program [ERCIP]. The fiscal year 2018 ERCIP request of $150,000,000 provides funding for 26 projects, including 7 energy resilience, 12 energy efficiency, 5 renewable energy, and 2 water conservation projects. The Committee recommends an increase of $15,000,000 above the request for ERCIP and encourages the Department to prioritize funding for energy-related projects, including renewable energy projects, to mitigate risk to mission-critical assets and promote energy security and efficiency at military installations.

Major Range and Test Facility Base [MRTFB].—The Committee recognizes the strategic importance of the key Department of Defense [DoD] installations, ranges and facilities that comprise the Major Range and Test Facility Base [MRTFB]. These ranges, which include Army, Navy, Air Force and Defense Agency facilities in more than 20 locations, are designated by DoD as "national assets" because of their critical role in maintaining the Nation's military technological advantage. However, the Committee is concerned about the lack of investment and sustainment of these facilities. For example, White Sands Missile Range in New Mexico, which is the Nation's largest overland testing facility, has not received a military construction project in support of test and evaluation missions in over a decade. As a result, support for critical testing on missile systems such as the Standard Missile-2 [SM2], Patriot Missile system [PAC3], JASSM, CALCM, and others may be adversely impacted. The Barking Sands Tactical Underwater Range at the Pacific Missile Range Facility in Hawaii exceeded its 20-year design service life in 2014. Key underwater cables have been repeatedly repaired in recent years, but the Navy has determined that future repairs of the seafloor cables are not feasible. The Air Force Development Test Center's [AFDTC] overall mission is to plan conduct, and evaluate testing of U.S. and allied nonnuclear munitions,
electronic combat, target acquisitions, weapon delivery, base intrusion protection, and supporting systems. AFDTC carries out this work at Eglin Air Force Base, FL, whose land test areas encompass 463,000 acres, and water test areas cover 86,500 square miles in the Gulf of Mexico, the largest DoD test and training area in the world.

In order to continue to conduct safe and robust testing of our military's newest munitions and systems, deployed by our fastest and longest-range aircraft, surface, and subsurface vessels, test and training range infrastructure and instrumentation must be modernized. The lack of needed investment at MRTFB facilities jeopardizes future technology development and threatens the Nation's ability to counter emerging threats. The Committee therefore directs the Secretary of Defense to submit a comprehensive MRTFB modernization plan within 180 days of enactment of this Act outlining a timetable and specific actions for repair, replacement and renovation of infrastructure, equipment and instrumentation at mission-critical facilities.

Infrastructure to Support Third Offset Capabilities.—The Committee notes that the Department of Defense is increasing investments in a number of technology areas to support the Third Offset strategy, an effort to offset declining technological superiority over near peer rivals using targeted investments in advanced technologies and through the development of new operational concepts using existing and next generation systems. This includes increased funding in undersea warfare, robotics, directed energy, hypersonics, and precision munitions, among other areas. The Committee is concerned that these investments are not being matched by coordinated funding of modern research and testing infrastructure that will ensure that these new systems and technologies are developed and tested as efficiently and quickly as possible, and are deployed to operational forces as soon as feasible. In testimony to the Subcommittee on Defense, Deputy Secretary of Defense Robert Work acknowledged the importance of investing in this type of research infrastructure, although the current Future Years Defense Plan includes very few military construction projects that support research or testing activities. The Committee directs the Secretary of Defense to develop a plan for investments in research and testing infrastructure, including through major military construction projects that support development of Third Offset capabilities. The strategy should make clear how the infrastructure investments will be timed so that they are coordinated with planned programs of record. The Committee directs that the plan be delivered to the congressional defense committees no later than 1 year after the date of enactment of this Act.

Water Conservation on Military Installations.—The Senate Report accompanying H.R. 5325 (S. Rept. 114-237) included language highlighting the status of water use on military installations, the vulnerability of installations to water scarcity, and water conservation potential at military installations based on both reduced water use and cost savings. The report directed the Secretary of Defense to report to the Committees on Appropriations of both Houses of Congress on the current status of water demand and potential water conservation opportunities across U.S. military installa-
tions, including water usage rates, water scarcity vulnerabilities, water conservation potential from reduced water usage, and potential cost savings from water conservation technologies. The Committee notes that the report is currently 90 days overdue and directs the Secretary to provide the report no later than October 1, 2017.

Sea Level Rise and Coastal Erosion.—The Committee is concerned about the increasingly harmful impact of sea level rise and flooding on facilities at DoD’s coastal military installations, both in the United States and overseas. A June 30, 2014, Government Accountability Office (GAO) report to Congress, GAO–14–446, “Climate Change Adaptation: DoD Can Improve Infrastructure Planning and Processes to Better Account for Potential Impacts”) assessed 15 sites at defense installations in the U.S. that are vulnerable to the effects of climate change and provided recommendations to improve readiness and reduce fiscal exposure for DoD.

Among several compelling findings, GAO noted that DoD officials are concerned that the combination of thawing permafrost, decreasing sea ice, and rising sea levels on the Alaskan coast have increased coastal erosion at several Air Force radar early warning and communication installations. Further, Navy officials are concerned that if a storm surge occurs while a submarine is undergoing maintenance while sitting in a dry dock, substantial repair costs likely would be needed. Officials told GAO that if salt water floods the submarine’s systems, it could result in severe damage.

In a July 23, 2015, report to Congress regarding the security implications of climate-related risks, the Department noted that it had directed a global screening level assessment to determine installation vulnerabilities to climate-related security risks with the goal of identifying serious vulnerabilities and developing necessary adaptation strategies. Senate Report 114–237 accompanying the fiscal year 2017 Military Construction, Veterans Affairs, and Related Agencies Appropriations Act included language directing the Secretary of Defense to report to the congressional defense committees not later than 120 days after the enactment of the Act on the findings of that assessment. The Committee notes that the fiscal year 2017 Military Construction, Veterans Affairs, and Related Agencies Appropriations Act was signed into law on September 29, 2016, and that the report is currently more than 90 days overdue. The Committee therefore directs the Secretary to comply with the directive not later than October 1, 2017.

Understanding the costs associated with mitigation of climate vulnerabilities is essential to an accurate assessment of future DoD infrastructure costs. The Committee believes that DoD must be proactive in assessing the potential effects of projected climate change on the design, operation, maintenance, and repair of buildings; utility systems; and storm water management systems. DoD requires its components to manage the risks associated with these effects, including changes—as appropriate—to design and construction standards. The GAO has noted that extreme weather events have caused tens of millions of dollars in damage to DoD infrastructure and that these types of extreme weather events are expected to become more frequent or severe with climate change. The Committee expects that DoD will implement an effective approach
to analyzing and addressing the potential impacts of climate change on military construction projects during the design phase to mitigate the need for future costly repair or restoration requirements.

Therefore, the Committee directs the Comptroller General to undertake a study of DoD's progress in developing a means to account for potentially damaging weather in project design, and to report to the Committees on Appropriations of both Houses of Congress not later than 180 days after enactment of this Act. At a minimum, the Comptroller General should answer the following questions:

- What is known about the historical and projected costs for facilities maintenance and repair beyond expected repair costs of DoD infrastructure stemming from damage or degradation caused by weather effects associated with climate change?
- What best practices has DoD adopted for incorporating climate change adaptation into the design of military construction or facilities sustainment, restoration, or modernization projects?
- To what extent has DoD developed a systematic process for ensuring climate change or severe weather effects are accounted for in the design of military construction and facilities sustainment, modernization, or restoration projects?

Local Hiring in Military Construction.—In March 2015 the Federal Highway Administration and the Federal Transit Administration implemented a Local Labor Hiring Pilot Project which aims to increase local, low income and veteran employment in construction projects funded by those agencies. The pilot project was recently extended through 2022. The Committee encourages the Department of Defense to consider implementing a similar pilot project with respect to military construction. The Secretary of Defense is directed to report to the Congressional defense committees within 6 months of the date of enactment of this Act on the feasibility of implementing such a program.

Remotely Piloted Aircraft and Joint Use Military/Civilian Airports.—The Committee is concerned that many existing Airport Joint Use Agreements (AJUA) were not written to accommodate the increasing use of remotely piloted aircraft (RPAs). In some instances, a long term AJUA may need significant modifications to allow for the use of RPAs and to calculate the appropriate Federal compensation. Therefore, the Committee directs the Secretary of Defense to conduct a review of the authorities needed to update AJUAs and associated compensation for airfields impacted by a transition to RPA missions, and to report such findings to the congressional defense committees no later than March 30, 2018.

Special Operations Command Training Opportunities.—Abandoned mine land and surface reclamation projects throughout the Nation can provide a unique environment for military training and range capabilities, to include mobility and irregular warfare opportunities for the Special Operations Command (SOCOM). The Committee urges SOCOM to work with the National Guard Bureau and the States on the development of such sites to meet its unique training requirements.

Viability of Armed Forces Reserve Centers.—The Committee is aware of the proposed closure of certain recently constructed reserve centers due to a lack of usage. This raises concerns about the
The adequacy and accuracy of the personnel and unit forecasting that led to the construction of such facilities. The Committee directs the Department of Defense to submit a report on the status of all reserve centers constructed during the last 15 years, to include those facilities that were built as part of the 2005 BRAC round. The report should include a detailed assessment of individual facility usage rates, identify underutilized or unutilized facilities, include an assessment of the cause of any utilization shortfalls, and include a review of any personnel or units re-stationed away from recently constructed facilities.

Military Construction Funding Initiatives. — The bill includes funding for military construction initiatives to address important unfunded priorities included in the Department of Defense's unfunded priority lists provided to Congress. The Committee notes that in recent years the military construction budget requests have been at historically low levels. Amounts budgeted for facility sustainment, restoration, and modernization are similarly low. The infrastructure initiatives in unfunded priority lists would ordinarily appear as part of the annual budget request, but were not included as the military construction budget remains severely constrained.

For this reason, the Committee includes an additional $68,800,000 for the Army, $110,100,000 for the Navy and Marine Corps, $127,300,000 for the Air Force, $83,500,000 for the Army National Guard, $24,000,000 for the Air National Guard, $30,000,000 for the Army Reserve, and $35,100,000 for the Air Force Reserve. All additional funding is reserved for projects that were included in the unfunded priority lists submitted to Congress.

Rescissions. — The Committee recommends an administrative provision rescinding prior year unobligated funds due primarily to project bid savings and the slow execution of projects.

**MILITARY CONSTRUCTION OVERVIEW**

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<tr>
<td>Committee recommendation</td>
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**MILITARY CONSTRUCTION ACCOUNTS — PROGRAM DESCRIPTION**

The military construction appropriation provides for acquisition, construction, installation, and equipment of temporary or permanent public works, military installations, facilities, and real property for the Department of Defense. This appropriation also provides for facilities required as well as funds for infrastructure projects and programs required to support bases and installations around the world.

**MILITARY CONSTRUCTION, ARMY**

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<td>Committee recommendation</td>
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**COMMITTEE RECOMMENDATION**

The Committee recommends $930,394,000 for the Army for fiscal year 2018. This amount is $416,935,000 above the fiscal year 2017.
enacted level and $10,000,000 above the budget request. Further
detail of the Committee's recommendation is provided in the State
table at the end of this report.

Defense Laboratory Enterprise Facilities and Infrastructure.—The
Committee is concerned the unspecified minor military construction
[UMMC] request is insufficient to support the Army Laboratories.
Threats continue to emerge, construction costs continue to rise, and
outdated laboratory facilities continue to age. Congress established
a higher threshold for UMMC specifically for laboratories so that
the services can keep up with threats that evolve faster than can
be addressed through the normal military construction planning
process. However, the Army has funded very few laboratory revital­
ization projects and the request for UMMC has remained flat.
Therefore, an additional $10,000,000 is provided to supplement un­
especified minor construction projects.

Sunflower Army Ammunition Plant.—The Committee under­
stands that the U.S. Army is currently managing the environ­
ment remediation of the Sunflower Army Ammunition Plant
[SFAAP] property in excess of 9,000 acres in DeSoto, Kansas,
which was conveyed to Sunflower Redevelopment, LLC [SRL]
through the Army and the General Services Administration on Au­
gust 3, 2005. Ten years after the conveyance, on October 29, 2015,
the Army reinforced its responsibility in writing, “the Army is com­
mitted to programming the necessary resources to carry out a long­
term clean-up and has, for execution in fiscal year 2016, awarded
several services contracts for the short term requirements.” The
Army further wrote it would “issue competitively sourced clean-up
contracts, with Army oversight to ensure its Comprehensive Envi­
ronmental Response, Compensation, and Liabilities Act [CERCLA]
§ 120(h) obligation at Sunflower.” The Army confirmed its intention
“to conduct in-depth coordination with Sunflower Redevelopment,
LLC [SRL] to ensure SRL’s redevelopment priorities are syn­
chronized with the Army managed clean-up activities.” However,
the Committee is disappointed to learn that the Army has ne­
eglected to communicate regularly with SRL and far less than the
in-depth coordination commitment made by the Army. The Com­
mitee recently learned of ongoing risk assessments of contami­
nated portions of SFAAP and expects the Army will work in con­
sultation and coordination with SRL to ensure transparency. The
Committee further expects that the findings and recommendations
of such assessment will receive approval from State and Federal
regulators regarding allowable levels of contaminants including,
but not limited to, pesticides, asbestos or other contaminants sub­
ject to remediation for commercial use of the property. The Com­
mitee directs the Secretary of the Army to deliver the assessment
and brief the Committee on its findings and to provide a plan that
ensures SRL’s redevelopment priorities are synchronized with
Army managed cleanup activities.

Military Construction at Depots and Arsenals.—The Committee is
concerned about the need to maintain critical investment in Army
depots and arsenals. Maintaining the physical infrastructure of de­
pots and arsenals, which allows these installations to operate at
peak efficiency, is essential to maintaining military readiness.
However, the Future Years Defense Program [FYDP] for military
construction at Army depots and arsenals does not reflect the need for investment in the infrastructure of these facilities, with only two depot or arsenal military construction projects included in the most recent FYDP, both in fiscal year 2020. For example, the Detroit Arsenal which hosts the Army’s Tank-automotive and Armaments Command (TACOM) Life Cycle Management Command and the U.S. Army Tank Automotive Research Development and Engineering Center, requires an electrical substation to meet electrical demand for existing missions at the installation. The Army, which included this project in its fiscal year 2018 list of unfunded priorities, noted that the Arsenal must currently rely on substations located outside its perimeter, presenting vulnerability and mission security issues. The Committee therefore urges the Army to prioritize and accelerate construction of the Detroit Arsenal substation and other critical arsenal and depot military construction and infrastructure maintenance investments within the fiscal year 2019 FYDP.

**MILITARY CONSTRUCTION, NAVY AND MARINE CORPS**

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**COMMITTEE RECOMMENDATION**

The Committee recommends $1,565,665,000 for Navy and Marine Corps military construction for fiscal year 2018. This amount is $544,085,000 above the fiscal year 2017 enacted level and $51,000,000 below the budget request. Further detail of the Committee’s recommendation is provided in the State table at the end of this report.

_Navy Strategic Laydown and Dispersal._—The Committee recognizes the inherent risk of natural and man-made hazards associated with the stationing of U.S. capital ships at major ports, and the Navy’s corresponding requirement for the strategic dispersal of its fleet in the Pacific and Atlantic to mitigate that risk. During the next Future Years Defense Program (FYDP), the Navy will begin to expand the fleet as it seeks to achieve its new force structure goal of having a 355-ship fleet. The Navy’s own internal guidance on making decisions regarding strategic basing requires that the Navy consider strategic dispersal strategies and that these strategies be factored into homeporting decisions to limit the risk associated with natural disasters or man-made catastrophe. The Committee believes that strategic dispersal should be a key consideration in expanding the fleet, and that, as a first step, the Navy should program military construction funding for necessary infrastructure to achieve strategic dispersal of its fleet, beginning with the budget request and FYDP for fiscal year 2019.

_Innovative Ship Design & Technology Integration Collaboration Center._—The Navy has experienced numerous cost overruns on recent ship acquisition and development programs. As the Navy has been tasked by the Administration to reach a fleet size of 355 ships, it is essential that early stage design efforts are comprehensive and detailed and account for flexibility and adaptability in ship designs that allow for rapid reconfiguration, technology and

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modular systems integration, as well as design allowances for likely upgrades. To accomplish this will require considerable time, effort and strain on the Navy's ship design community. The Committee is concerned that the Navy has not established the infrastructure and associated facilities that allow for effective collaboration, productivity, and innovation in ship design and recommends that the Navy prioritize future military construction programs to include a facility for an Innovative Ship Design & Technology Integration Collaboration Center. Such a Collaboration Center would provide a Navy venue to bring together all relevant ship design personnel, technologists and stakeholders to ensure that all future ship, submarine and unmanned vehicle designs are developed in a comprehensive, efficient and collaborative manner to prevent extended ship construction timelines. The Committee directs the Navy to provide a report no later than March 30, 2018 detailing a plan to invest in infrastructure and facilities that will foster collaborative ship design.

Advanced Electric Ship Testbed.—The Committee notes the Navy's continued development of advanced ship electric power systems to support the integration of high power weapons and sensors. The Navy's development of these technologies requires continued investment in its major testing ranges to ensure that these systems are compatible with the fleet, including new classes of ships. A cost-effective approach would be a land-based demonstration site representative of an integrated ship power system that includes power generation, energy storage, power distribution, and power loads, and that provides for testing of high power weapons and sensors. The Committee directs the Navy to assess the feasibility of developing a land-based advanced electric ship testbed to test and evaluate high power weapons and systems, identifying what technologies the Navy must still mature to build such a testbed and the factors that would influence the siting of a testbed, such as cost, security, integrated electric grid, ability to integrate a weapon system on site, minimal encroachment, access to the open ocean for eventual operationally relevant testing. The Committee directs the Department to submit this report no later than March 30, 2018.

Navy Yard Land Acquisition.—The Committee does not recommend providing $60,000,000 as requested by the Navy to acquire four acres of land adjacent to the Navy Yard in Southeast Washington, D.C., to provide an anti-terrorism force protection (ATFP) buffer zone. Although the Committee supports enhancing ATFP measures at the Navy Yard, it is concerned by the high price of the land acquisition and by the budget justification explanation that the Navy's recommended use of the land is for a Navy Museum. The Committee questions whether the Navy fully explored alternative options for the acquisition and use of the land, including consultation with other Federal agencies to evaluate the potential use of this parcel to meet pending land acquisition requirements for other Federal agencies. The Committee also notes that the proposed land acquisition addresses only a portion of the Navy Yard's ATFP deficiencies. The Secretary of the Navy is therefore directed to provide a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this Act on a Government-wide assessment of the potential uses
by other Federal agencies for the proposed Navy Yard land acquisition and a comprehensive ATFP Master Plan for the Navy Yard.

**MILITARY CONSTRUCTION, AIR FORCE**

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**COMMITTEE RECOMMENDATION**

The Committee recommends $1,569,296,000 for the Air Force in fiscal year 2018. This amount is $78,238,000 above the fiscal year 2017 enacted level and $169,500,000 below the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

**Air Force Ballistic Missile Facilities.**—The Committee is concerned with the deteriorating infrastructure of the ground-based intercontinental ballistic missile [ICBM] facilities at Malmstrom Air Force Base [AFB], Montana; Minot AFB, North Dakota; and F.E. Warren AFB, Wyoming. The Missile Alert Facilities [MAF] at these bases are in advanced states of disrepair. For example, the Committee is aware that the power lines providing electricity to these ICBM launch facilities were constructed in the 1960s in conjunction with the deployment of the original Minuteman ICBM. In order to ensure these launch facilities retain a reliable source of power through 2075, the expected lifespan of the Ground Based Strategic Deterrent [GBSD] program, these power lines will eventually require replacement. In April 2017, the Air Force provided the Committee with a study that highlighted the need to recapitalize the MAFs. The report also noted that while the Air Force is developing plans to recapitalize MAFs, the Air Force does not have a reliable estimate of military construction requirements at this time.

Infrastructure is critically important to the nuclear mission, and the Committee urges the Secretary of the Air Force to finalize MAF recapitalization requirements; upon being finalized, the Secretary of the Air Force is directed to provide these MAF recapitalization requirements to the Committee. The report should include an assessment of the reliability of existing power lines, a review of Federal partnerships with local electrical cooperatives to build and maintain power lines, and an estimate of when investments in electrical power will be required. The Committee also directs the Secretary of the Air Force to provide an assessment of the lessons learned in fielding the prototype Weapons Storage Facility at F.E. Warren, and the timeline to replace Weapons Storage Facilities at Malmstrom and Minot.

**Presidential Aircraft Recapitalization Complex.**—The Committee notes that the work in progress curve submitted with the budget request shows that the Air Force cannot execute the full request of $254,000,000. Therefore, the Committee provides $100,000,000 for the first increment of this project.

**KC-46 Main Operating Base 4.**—The Committee notes that the budget request included a funding wedge for the KC-46 Main Operating Base 4. Shortly after the budget submission, the Secretary of the Air Force announced that the first aircraft would arrive at Joint Base McGuire-Dix-Lakehurst in fiscal year 2021 and the first
aircraft will arrive at Travis Air Force Base in fiscal year 2023. Accordingly, the Committee provides funding for the specific KC-46 Main Operating Base 4 projects at the designated locations rather than the unspecified wedge. Furthermore, as a result of the Secretary of the Air Force’s sequencing decision, the Committee defers funding on three associated projects at Travis Air Force Base as they are early to need. The Committee expects the Air Force to submit these projects at the appropriate time in the future.
Military Construction, Defense-Wide
(Including Transfer of Funds)

Appropriations, 2017 ................................................................. $2,025,444,000
Budget estimate, 2018 ............................................................. 3,114,913,000
Committee recommendation ...................................................... 2,612,583,000

Committee Recommendation

The Committee recommends $2,612,583,000 for projects considered within the Defense-Wide account in fiscal year 2018. This amount is $587,139,000 above the fiscal year 2017 enacted level and $502,330,000 below the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

Hydrant Fuel Systems in Support of Humanitarian Assistance and Disaster Relief Operations.—The Committee notes that the Department of Defense has a long history of successfully conducting urgently needed humanitarian assistance and disaster relief (HADR) missions. In recent years HADR missions have responded to major earthquakes, tsunamis, typhoons, hurricanes, floods, and the nuclear disaster in Fukushima, Japan. The Committee believes that hydrant fuel systems capable of supporting large scale fueling of heavy aircraft are an essential component of our HADR capability. The Committee encourages the services and the Defense Logistics Agency to prioritize construction and enhancement of these systems in locations that serve as staging bases for HADR operations.

Fort Bliss Hospital Replacement.—The Committee is deeply concerned about the past performance of the Army Corps of Engineers [the Corps] in its management of major Defense Health Agency [DHA] construction projects. Recently, the Corps reached a $22,000,000 settlement with its contractors involved with the Irwin Army Community Hospital at Fort Riley, Kansas. The settlement resulted from "design deficiencies and associated delays." Earlier this year, the Committee approved a $74,000,000 reprogramming request to cover cost overruns on the Fort Bliss Hospital replacement project. This additional funding was needed to cover "design errors, design omissions, and settlement of contractor requests for equitable adjustments." These are two examples of a pattern of mismanagement and a lack of accountability from the Corps that raise questions about the cost estimates and the planned execution of major projects included in DHA's fiscal year 2018 budget request, which represents an increase of more than $550,000,000 from the fiscal year 2017 enacted level. Given that DHA already has 45 active construction projects underway worldwide totaling more than $5,000,000,000, the need for effective and efficient project management is clear.

The Committee is not convinced that the $251,000,000 requested as the final increment for the Fort Bliss Hospital will, in fact, be the final increment. Continued delays and an extensive backlog of contractor claims against the Corps will likely result in another increment or another request to reprogram funds onto the project. This is a subject the Committee will conduct extensive oversight on in the coming months. As a result, the Committee provides

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$100,000,000 for Increment 8 of the Fort Bliss Hospital Replacement and directs the Secretary of the Army not later than 90 days after the enactment of this Act to submit a report listing projects managed by the Army Corps of Engineers that resulted in a settlement with a contractor, to include settlement cost, dating back to 2010.

Fort Leonard Wood Hospital Replacement.—The Committee notes that the work in progress curve submitted by the Defense Health Agency shows it is unable to execute the full $250,000,000 request in fiscal year 2018. Therefore, the Committee provides $100,000,000 for the first increment of this project.

National Geospatial Intelligence Agency West Campus.—The Committee is concerned that the Administration chose to request funding for this project in two phases, rather than incrementally. The Committee notes that similar large buildings designed for intelligence missions for the National Security Agency are incrementally funded. The work in progress curve submitted with the budget request shows that the NGA can only execute a fraction of the $381,000,000, and will not take possession of the required land until the 4th quarter of fiscal year 2018. The Committee believes this is a textbook example of a project that should be incrementally funded. Therefore, the Committee provides $175,000,000 for the first increment of this project.

MILITARY CONSTRUCTION, ARMY NATIONAL GUARD

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The Committee recommends $210,652,000 for Military Construction, Army National Guard for fiscal year 2018. This amount is $22,278,000 below the fiscal year 2017 enacted level and equal to the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

Army National Guard Readiness Center Transformation Plan.—The Committee remains concerned by the deteriorating condition of the Army National Guard Readiness Center national portfolio and the Army's lack of an implementable investment plan to address it. In April 2017, the Army submitted a report on a plan to implement the National Guard's "Affordable Readiness" Transformation Plan, as required by last year's Committee report. However, the Army failed to include any meaningful investment strategy for closing the gap between the resources required by the "Affordable Readiness" scenario's 15-year implementation timeline and the resources currently budgeted by the Department over the same period. Therefore, the Committee directs the Army to provide a report no later than March 30, 2018 on such an investment strategy, including detailed estimates of the annual resources, activities, and possible budgetary tradeoffs required to make progress toward the "Affordable Readiness" scenario. Further, the Committee encourages the Department to use the National Readiness Portfolio to prioritize investment in facilities with low readiness ratings, and to examine
where efficiencies and cost-sharing can be achieved by co-locating Readiness Centers with other public facilities.

**MILITARY CONSTRUCTION, AIR NATIONAL GUARD**

<table>
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**COMMITTEE RECOMMENDATION**

The Committee recommends $161,491,000 for Military Construction, Air National Guard for fiscal year 2018. This amount is $17,534,000 above the fiscal year 2017 enacted level and equal to the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

**MILITARY CONSTRUCTION, ARMY RESERVE**

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**COMMITTEE RECOMMENDATION**

The Committee recommends $73,712,000 for Military Construction, Army Reserve for fiscal year 2018. This amount is $5,482,000 above the fiscal year 2017 enacted level and equal to the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

**MILITARY CONSTRUCTION, NAVY RESERVE**

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**COMMITTEE RECOMMENDATION**

The Committee recommends $65,271,000 for Military Construction, Navy Reserve for fiscal year 2018. This amount is $26,674,000 above the fiscal year 2017 enacted level and equal to the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

**MILITARY CONSTRUCTION, AIR FORCE RESERVE**

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**COMMITTEE RECOMMENDATION**

The Committee recommends $63,535,000 for Military Construction, Air Force Reserve for fiscal year 2018. This amount is $125,415,000 below the fiscal year 2017 enacted level and equal to the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

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NORTH ATLANTIC TREATY ORGANIZATION
SECURITY INVESTMENT PROGRAM

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PROGRAM DESCRIPTION

The North Atlantic Treaty Organization (NATO) appropriation provides for the U.S. cost share of the NATO Security Investment Program for the acquisition and construction of military facilities and installations (including international military headquarters) and for related expenses for the collective defense of the NATO Treaty area.

COMMITTEE RECOMMENDATION

The Committee recommends $154,000,000 for the North Atlantic Treaty Organization Security Investment Program (NSIP) for fiscal year 2018 as requested. This amount is $23,932,000 below the fiscal year 2017 enacted level and equal to the budget request.

DEPARTMENT OF DEFENSE BASE CLOSURE ACCOUNT

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PROGRAM DESCRIPTION


COMMITTEE RECOMMENDATION

The Committee recommends a total of $255,867,000 for the Department of Defense Base Closure Account for fiscal year 2018. This amount is $15,630,000 above the fiscal year 2017 enacted level and equal to the budget request. Funds provided for fiscal year 2018 are for environmental cleanup and ongoing operations and maintenance.

FAMILY HOUSING OVERVIEW

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FAMILY HOUSING ACCOUNTS—PROGRAM DESCRIPTION

The Family Housing appropriation provides funds for military family housing construction activities, operation and maintenance, the Family Housing Improvement Fund, and the Homeowners Aa-
sistance Program. Construction accounts provide funding for new construction, improvements and the Federal Government share of housing privatization. Operation and maintenance accounts fund costs associated with the maintenance and leasing of military family housing, including utilities, services, management, and furnishings.

COMMITTEE RECOMMENDATION

The Committee recommends $1,409,437,000 for Family Housing Construction, Operations and Maintenance, and the Department's family housing improvement fund for fiscal year 2018. This amount is $133,148,000 above the fiscal year 2017 enacted level and $2,282,000 above the budget request.

FAMILY HOUSING OPERATION AND MAINTENANCE, ARMY

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COMMITTEE RECOMMENDATION

The Committee recommends $348,907,000 for family housing operation and maintenance, Army for fiscal year 2018. This amount is $22,912,000 above the fiscal year 2017 enacted level and $2,282,000 above the budget request.

FAMILY HOUSING OPERATION AND MAINTENANCE, NAVY AND MARINE CORPS

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COMMITTEE RECOMMENDATION

The Committee recommends $328,282,000 for family housing operation and maintenance, Navy and Marine Corps, in fiscal year 2018. This amount is $27,367,000 above the fiscal year 2017 enacted level and equal to the budget request.

FAMILY HOUSING OPERATION AND MAINTENANCE, AIR FORCE

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COMMITTEE RECOMMENDATION

The Committee recommends $318,324,000 for family housing operation and maintenance, Air Force, in fiscal year 2018. This amount is $43,895,000 above the fiscal year 2017 enacted level and equal to the budget request.

FAMILY HOUSING OPERATION AND MAINTENANCE, DEFENSE-WIDE

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July 11, 2017 (3:40 p.m.)
COMMITTEE RECOMMENDATION

The Committee recommends $59,169,000 for family housing operation and maintenance, Defense-Wide, for fiscal year 2018. This amount is $12,000 above the fiscal year 2017 enacted level and equal to the budget request.

FAMILY HOUSING CONSTRUCTION, ARMY

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COMMITTEE RECOMMENDATION

The Committee recommends $182,662,000 for Army Family Housing Construction in fiscal year 2018. This amount is $25,490,000 above the fiscal year 2017 enacted level and equal to the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

FAMILY HOUSING CONSTRUCTION, NAVY AND MARINE CORPS

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COMMITTEE RECOMMENDATION

The Committee recommends $83,682,000 for Family Housing Construction, Navy and Marine Corps. This amount is $10,329,000 below the fiscal year 2017 enacted level and equal to the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

FAMILY HOUSING CONSTRUCTION, AIR FORCE

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COMMITTEE RECOMMENDATION

The Committee recommends $85,062,000 for Family Housing Construction, Air Force, in fiscal year 2018. This amount is $23,710,000 above the fiscal year 2017 enacted level and equal to the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

DEPARTMENT OF DEFENSE FAMILY HOUSING IMPROVEMENT FUND

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PROGRAM DESCRIPTION

The Family Housing Improvement Fund appropriation provides for the Department of Defense to undertake housing initiatives and to provide an alternative means of acquiring and improving military family housing and supporting facilities. This account provides seed money for housing privatization initiatives.

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COMMITTEE RECOMMENDATION

The Committee recommends $2,726,000 for the Family Housing Improvement Fund in fiscal year 2018. This amount is $532,000 below the fiscal year 2017 enacted level and equal to the budget request.

DEPARTMENT OF DEFENSE MILITARY UNACCOMPANIED HOUSING IMPROVEMENT FUND

Appropriations, 2017 ................................................................. .......................... 
Budget estimate, 2018 ................................................................. $623,000 
Committee recommendation ..................................................... 623,000

PROGRAM DESCRIPTION

The Military Unaccompanied Housing Improvement Fund appropriation provides for the Department of Defense to undertake housing initiatives and to provide an alternative means of acquiring and improving military unaccompanied housing and supporting facilities. This account provides seed money for housing privatization initiatives.

COMMITTEE RECOMMENDATION

The Committee recommends $623,000 for the Military Unaccompanied Housing Improvement Fund in fiscal year 2018. This amount is equal to the budget request.
ADMINISTRATIVE PROVISIONS

Sec. 101. The Committee includes a provision that restricts payments under a cost-plus-a-fixed-fee contract for work, except in cases of contracts for environmental restoration at base closure sites.

Sec. 102. The Committee includes a provision that permits the use of funds for the hire of passenger motor vehicles.

Sec. 103. The Committee includes a provision that permits the use of funds for defense access roads.

Sec. 104. The Committee includes a provision that prohibits construction of new bases inside the continental United States for which specific appropriations have not been made.

Sec. 105. The Committee includes a provision that limits the use of funds for purchase of land or land easements.

Sec. 106. The Committee includes a provision that prohibits the use of funds to acquire land, prepare a site, or install utilities for any family housing except housing for which funds have been made available.

Sec. 107. The Committee includes a provision that limits the use of minor construction funds to transfer or relocate activities among installations.

Sec. 108. The Committee includes a provision that prohibits the procurement of steel unless American producers, fabricators, and manufacturers have been allowed to compete.

Sec. 109. The Committee includes a provision that prohibits payments of real property taxes in foreign nations.

Sec. 110. The Committee includes a provision that prohibits construction of new bases overseas without prior notification.

Sec. 111. The Committee includes a provision that establishes a threshold for American preference of $500,000 relating to architect and engineering services for overseas projects.

Sec. 112. The Committee includes a provision that establishes preference for American contractors for military construction in the United States territories and possessions in the Pacific, and on Kwajalein Atoll, or in countries bordering the Arabian Gulf.

Sec. 113. The Committee includes a provision that requires notification of military exercises involving construction in excess of $100,000.

Sec. 114. The Committee includes a provision that permits funds appropriated in prior years to be available for construction authorized during the current session of Congress.

Sec. 115. The Committee includes a provision that permits the use of expired or lapsed funds to pay the cost of supervision for any project being completed with lapsed funds.

Sec. 116. The Committee includes a provision that permits obligation of funds from more than 1 fiscal year to execute a construction project, provided that the total obligation for such project is consistent with the total amount appropriated for the project.

Sec. 117. The Committee includes a provision that permits the transfer of funds from Family Housing Construction accounts to the DoD Family Housing Improvement Fund and from Military Construction accounts to the DoD Military Unaccompanied Housing Improvement Fund.

July 11, 2017 (3:40 p.m.)
Sec. 118. The Committee includes a provision that provides transfer authority to the Homeowners Assistance Fund.

Sec. 119. The Committee includes a provision that requires all acts making appropriations for military construction be the sole funding source of all operation and maintenance for family housing, including flag and general officer quarters, and limits the repair on flag and general officer quarters to $35,000 per unit per year without prior notification to the congressional defense committees.

Sec. 120. The Committee includes a provision that provides authority to expend funds from the “Ford Island Improvement” account.

Sec. 121. The Committee includes a provision that allows the transfer of expired funds to the Foreign Currency Fluctuation, Construction, Defense Account.

Sec. 122. The Committee includes a provision that allows the re-programming of military construction and family housing construction funds among projects and activities within the account in which they are funded.

Sec. 123. The Committee includes a provision that prohibits the use of funds in this title for planning and design and construction of projects at Arlington National Cemetery.

Sec. 124. The Committee includes a provision defining the congressional defense committees.

Sec. 125. The Committee includes a provision providing additional funds for unfunded military construction priorities.

Sec. 126. The Committee includes a provision rescinding unobligated balances from the Military Construction Defense-Wide account.

Sec. 127. The Committee includes a provision prohibiting the use of funds in this title to close or realign Naval Station Guantanamo Bay, Cuba. The provision is intended to prevent the closure or transfer of the installation out of the possession of the United States, and maintain the Naval Station’s long-standing regional security and migrant operations missions.

Sec. 128. The Committee includes a provision regarding the consolidation or relocation of a U.S. Air Force RED HORSE Squadron outside of the United States.
TITLE II
DEPARTMENT OF VETERANS AFFAIRS
ITEMS OF SPECIAL INTEREST

HEARINGS

The Subcommittee on Military Construction, Veterans Affairs, and Related Agencies held one hearing related to the fiscal year 2018 and 2019 Department of Veterans Affairs (VA) budget request. The subcommittee heard testimony from Poonam L. Alagh, M.D., Acting Under Secretary for Health, Veterans Health Administration, Mr. Thomas J. Murphy, Acting Under Secretary for Benefits, Veterans Benefits Administration, Mr. Ronald E. Walters, Interim Under Secretary for Memorial Affairs, National Cemetery Administration, and the Honorable David J. Shulkin, Secretary of the Department of Veterans Affairs.

SUMMARY OF COMMITTEE RECOMMENDATIONS

The Committee recommendation includes $182,366,088,000 for the Department of Veterans Affairs for fiscal year 2018, including $103,948,996,000 in mandatory spending and $78,417,092,000 in discretionary spending. The Committee also recommends $70,700,000,000 in advance appropriations for veterans medical care for fiscal year 2019 and $107,710,000,000 in advance appropriations for appropriated mandatories for fiscal year 2019.

DEPARTMENT OVERVIEW

The Veterans Administration was established on July 21, 1930, as an independent agency by Executive Order 5398, in accordance with the Act of July 3, 1930 (46 Stat. 1016). This act authorized the President to consolidate and coordinate Federal agencies specially created for or concerned with the administration of laws providing benefits to veterans, including the Veterans Bureau, the Bureau of Pensions, and the National Home for Disabled Volunteer Soldiers. On March 15, 1989, the Veterans Administration was elevated to Cabinet-level status as the Department of Veterans Affairs.

VA’s mission is to serve America’s veterans and their families as their principal advocate in ensuring they receive the care, support, and recognition they have earned in service to the Nation. As of September 30, 2016, there were an estimated 21.4 million living veterans, with 21.3 million of them residing in the United States and Puerto Rico. There were an estimated 25.1 million dependents (spouses and dependent children) of living veterans in the United States and Puerto Rico, and there were 598,000 survivors of deceased veterans receiving VA survivor benefits in the United States and Puerto Rico. Thus, approximately 47.0 million people, or 14.4 percent of the total estimated resident population of the United States and Puerto Rico, were recipients or potential recipients of veterans benefits from the Federal Government. VA’s operating units include the Veterans Benefits Administration, Veterans
Health Administration, National Cemetery Administration, and staff support offices.

The Veterans Benefits Administration [VBA] provides an integrated program of nonmedical veterans benefits. VBA administers a broad range of benefits to veterans and other eligible beneficiaries through 56 regional offices and a records processing center in St. Louis, Missouri. The benefits provided include: compensation for service-connected disabilities; pensions for wartime, needy, and totally disabled veterans; vocational rehabilitation assistance; educational and training assistance; home buying assistance; estate protection services for veterans under legal disability; information and assistance through personalized contacts; and six life insurance programs.

The Veterans Health Administration [VHA] develops, maintains, and operates a national healthcare delivery system for eligible veterans; carries out a program of education and training of healthcare personnel; conducts medical research and development; and furnishes health services to members of the Armed Forces during periods of war or national emergency. [A system of 167 medical centers, 1,018 community-based outpatient clinics, 300 vet centers, and 135 community living centers] is maintained to meet the VA's medical mission.

The National Cemetery Administration [NCA] provides for the interment of the remains of eligible deceased servicemembers and discharged veterans in any national cemetery with available grave space; permanently maintains these graves; provides headstones and markers for the graves of eligible persons in national and private cemeteries; administers the grant program for aid to States in establishing, expanding, or improving State veterans cemeteries; and provides certificates to families of deceased veterans recognizing their contributions and service to the Nation. In 2018, cemetery activities will encompass 136 national cemeteries, one national veterans' burial ground, and 33 soldiers' lots and monument sites.

Staff support offices include the Office of Inspector General, Boards of Contract Appeals and Veterans Appeals, and General Administration offices, which support the Secretary, Deputy Secretary, Under Secretary for Benefits, Under Secretary for Health, Under Secretary for Memorial Affairs, and General Counsel.

Contracting Oversight.—The Committee is concerned about the lack of transparency in the contract oversight process, given the substantial changes that are made by modifications, as well as the lack of visibility into contractor performance. For major contracts, whenever the Secretary provides notice to a contracted service provider that the service provider is failing to meet contractual obligations, VA must submit to the Committees on Appropriations and Veterans Affairs of both Houses of Congress notification of such failure, along with: an explanation of the reasons for providing such notice; a description of the effect of such failure, including with respect to cost, schedule, and requirements; a description of the actions taken by the Secretary to mitigate such failure; and a description of the actions taken by the contractor to address such failure, and no later than 45 days after the last day of each quarter for the duration of the contract, submit to the Committees a report detailing any material change or modifications made to the con-
tract, if any, and a justification for such modifications; and publish on the Internet website of the Department information about the contract and the modifications made to the contract, if any.

Regrettable Turnover.—The Committee is concerned the Department has failed to follow-up on repeated recommendations of the Office of Inspector General to review data on regrettable turnover and consider implementing measures to reduce such losses. Given the staffing demands on the Department and the challenges it faces in recruiting personnel, VA should work expeditiously to better understand why personnel leave the Department and work to mitigate such losses.

Veterans Service Centers.—The Committee remains concerned that in many small communities access to information and resources from VA can be difficult. Private, non-profit centers can help bridge the gap, provide subject matter experts and service providers to assist in a wide-variety of circumstances, including but not limited to homelessness, unemployment, VA benefits and disability, financial assistance, VA healthcare, education assistance, travel assistance, and community events. The Committee encourages the Department to evaluate the feasibility of establishing a competitive grant program to support local Veterans Service Centers including those that were previously funded under the Army Reserve’s Army Strong Community Center program. The Department is directed to report back to the Committees on Appropriations of both Houses of Congress on progress made or statutory changes needed to establish such a program.

Financial Management and Health Care Delivery.—The Committee is aware of and fully supports the VA’s Financial Management Business Transformation [FMBT] effort to procure a new core accounting and financial management system. However, a new system, by itself, will not likely fix the Department’s persistent inability to reliably and accurately estimate budgetary needs for delivering healthcare to veterans. VA healthcare remains on the Government Accountability Office’s [GAO] High Risk List in part due to the Department’s inability to ensure its resourcing is improving veterans’ timely access to quality healthcare services. According to the GAO report Managing Risks and Improving VA Health Care (GAO-17-317 High Risk Series), “VA faces challenges regarding the reliability, transparency, and consistency of its budget estimates for medical services, as well as weaknesses in tracking obligations for medical services and estimating budgetary needs for future years.” VA faced multi-billion dollar healthcare budget shortfalls in fiscal year 2005 and in fiscal year 2015. And again this year, the Department faces a budgetary failure and has presented Congress with an urgent need for additional resources in the Choice Fund to maintain the Veterans Choice Program and its provider network built by third party administrators. The Committee cannot reconcile how an Agency with 18 consecutive years of unmodified (“clean”) audit opinions on its consolidated financial statements can have such dysfunction. The Department is aware its data and budgeting system for veteran healthcare is ineffective and not scalable to accurately project appropriations in future years, but has not taken definitive action to make improvements to their system. The Committee requires the Department, in consultation
with the Office of Management and Budget, to pursue a comprehensive healthcare modeling system and consider solutions and best practices from third party administrators or other healthcare systems as it relates to informing the Department of reforms to more accurately forecast the cost of healthcare for veterans. The Department is directed to provide an update on progress in this effort to the Committees on Appropriations of Houses of Congress within 120 days, as well as furnish quarterly reports on all major facets of the initiative, to include cooperation with an independent audit conducted by the GAO.

VETERANS BENEFITS ADMINISTRATION

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ADMINISTRATION OVERVIEW

The Veterans Benefits Administration [VBA] is responsible for the payment of compensation and pension benefits to eligible service-connected disabled veterans, as well as education benefits and housing loan guarantees.

COMMITTEE RECOMMENDATION

In fiscal year 2017, the Committee provided $103,935,996,000 in advance appropriations for the Veterans Benefits Administration for fiscal year 2018. This included $90,119,449,000 for Compensation and pensions; $13,708,648,000 for Readjustment benefits; and $107,899,000 for Veterans insurance and indemnities.

For fiscal year 2018, the Committee recommends an additional $13,000,000 for Veterans insurance and indemnities. Additionally, the Committee recommendation includes $178,626,000 for the Veterans Housing Benefit Program Fund administrative expenses; $30,000 for the Vocational Rehabilitation Loans Program account, with $395,000 for administrative expenses; $1,163,000 for the Native American Veteran Housing Loan Program account; $2,910,000,000 for General Operating Expenses, Veterans Benefits Administration account. The Committee recommendation also provides $107,710,000,000 in advance appropriations for the Veterans Benefits Administration for fiscal year 2019.

Public Law 114–223 moved the General Operating Expenses, Veterans Benefits Administration account from Departmental Administration to the Veterans Benefits Administration, its appropriate section within the act, with the instruction that the Department should place GOE,VBA in this location with the fiscal year 2018 request. The Committee notes this did not happen, and therefore, once again, instructs the Department to adhere to this direction with the fiscal year 2019 request.

July 11, 2017 (3:40 p.m.)
Compensation and Pensions
(Including Transfer of Funds)

Appropriations, 2017 .................................................. $86,083,128,000
Advance Appropriations, 2018 ........................................ 90,119,449,000
Budget estimate, advance appropriations, 2019 ............... 95,768,482,000
Committee recommendation, advance appropriations, 2019 .. 95,769,000,000

Program Description

Compensation is payable to living veterans who have suffered impairment of earning power from service-connected disabilities. The amount of compensation is based upon the impact of disabilities on a veteran's earning capacity. Death compensation or dependency and indemnity compensation is payable to the surviving spouses and dependents of veterans whose deaths occur while on active duty or result from service-connected disabilities. A clothing allowance may also be provided for service-connected veterans who use a prosthetic or orthopedic device. In fiscal year 2018, the Department estimates it will obligate $84,598,945 for payments to 4,616,764 veterans, 419,948 survivors, and 1,137 dependents receiving special benefits.

Pensions are an income security benefit payable to needy wartime veterans who are precluded from gainful employment due to nonservice-connected disabilities which render them permanently and totally disabled. Public Law 107-103, the Veterans Education and Benefits Expansion Act of 2001, restored the automatic presumption of permanent and total nonservice connected disability for purposes of awarding a pension to veterans age 65 and older, subject to the income limitations that apply to all pensioners. Death pensions are payable to needy surviving spouses and children of deceased wartime veterans. The rate payable for both disability and death pensions is determined on the basis of the annual income of the veteran or their survivors. In fiscal year 2018, the Department estimates that the Pensions program will provide benefits to 289,178 veterans and 204,006 survivors totaling $5,989,847.

The Compensation and Pensions program funds certain burial benefits on behalf of eligible deceased veterans. These benefits provide the purchase and transportation costs for headstones and markers, graveliners, and pre-placed crypts; and provide partial reimbursement for privately purchased outer burial receptacles. In fiscal year 2018, the Department estimates the Compensation and Pensions program will obligate $243,492,000 providing burial benefits. This funding will provide 37,212 burial allowances, 26,737 burial plot allowances, 21,222 service-connected death awards, 497,644 burial flags, 373,895 headstones or markers, 41,759 graveliners or reimbursement for privately purchased outer burial receptacles, and 305 caskets and urns for the internment of the remains of veterans without next of kin.

Committee Recommendation

In fiscal year 2017, the Committee provided an advance appropriation of $90,119,449,000 for fiscal year 2018 for the Compensation and Pensions account.

July 11, 2017 (3:40 p.m.)
The Committee recommendation includes an advance appropriation of $95,769,000,000 for Compensation and pensions for fiscal year 2019. This is $538,000 above the request to reflect proper rounding of a budget estimate.

**REudgetment Benefits**

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<td>Committee recommendation, advance appropriations, 2019</td>
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**Program Description**

The Readjustment benefits appropriation finances the education and training of veterans and servicemembers under chapters 30, 31, 32, 33, 34, 35, 36, 37, 39, 41, 42 and 43 of title 38, United States Code. These benefits include the All-Volunteer Force Educational Assistance Program (Montgomery GI bill) and the Post 9/11 Educational Assistance Program. Basic benefits are funded through appropriations made to the readjustment benefits appropriation and by transfers from the Department of Defense. This account also finances vocational rehabilitation, specially adapted housing grants, specially adapted automobile grants for certain disabled veterans, and educational assistance allowances for eligible dependents of those veterans who died from service-connected causes or who have a total permanent service-connected disability, as well as dependents of servicemembers who were captured or missing in action.

**Committee Recommendation**

In fiscal year 2017, the Committee provided an advance appropriation of $13,708,648,000 for the Readjustment Benefits account for fiscal year 2018.

The Committee recommendation includes an advance appropriation of $11,832,000,000 for Readjustment benefits for fiscal year 2019. This is $175,000 below the request to reflect proper rounding of a budget estimate.

**Veterans Insurance and Indemnities**

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**Program Description**

The Veterans insurance and indemnities appropriation consists of the former appropriations for military and naval insurance, applicable to World War I veterans; National Service Life Insurance, applicable to certain World War II veterans; servicemen’s indemnities, applicable to Korean conflict veterans; and veterans mortgage life insurance to individuals who have received a grant for specially adapted housing.
COMMITTEE RECOMMENDATION

In fiscal year 2017, the Committee provided an advance appropriation of $107,899,000 for fiscal year 2018 for the Veterans Insurance and Indemnities account. The recommendation for fiscal year 2018 also includes an additional $13,000,000. This is $561,000 above the request to reflect proper rounding of a budget estimate. The Committee recommendation also includes an advance appropriation of $109,000,000 for Veterans insurance and indemnities for fiscal year 2019. This is $90,000 below the request to reflect proper rounding of a budget estimate.

VETERANS HOUSING BENEFIT PROGRAM FUND

<table>
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PROGRAM DESCRIPTION

The Veterans housing benefit program fund provides for all costs associated with VA's direct and guaranteed housing loan programs, with the exception of the Native American veteran housing loan program.

VA loan guaranties are made to servicemembers, veterans, reservists, and unremarried surviving spouses for the purchase of homes, condominiums, and manufactured homes, and for refinancing loans. VA guarantees part of the total loan, permitting the purchaser to obtain a mortgage with a competitive interest rate, even without a downpayment, if the lender agrees. VA requires a downpayment be made for a manufactured home. With a VA guaranty, the lender is protected against loss up to the amount of the guaranty if the borrower fails to repay the loan.

COMMITTEE RECOMMENDATION

The Committee recommends such sums as may be necessary for funding subsidy payments, and $178,626,000 for administrative expenses for fiscal year 2018. Bill language limits gross obligations for direct loans for specially adapted housing to $500,000.

VOCATIONAL REHABILITATION LOANS PROGRAM ACCOUNT

<table>
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<th>Program account</th>
<th>Administrative expenses</th>
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PROGRAM DESCRIPTION

The Vocational Rehabilitation Loans Program account covers the cost of direct loans for vocational rehabilitation of eligible veterans and, in addition, includes administrative expenses necessary to carry out the direct loan program. Loans of up to $1,214 (based on the indexed chapter 31 subsistence allowance rate) are currently
available to service-connected disabled veterans enrolled in vocational rehabilitation programs, as provided under 38 U.S.C. chapter 31, when the veteran is temporarily in need of additional assistance. Repayment is made in monthly installments, without interest, through deductions from future payments of compensation, pension, subsistence allowance, educational assistance allowance, or retirement pay. Virtually all loans are repaid in full and most in less than one year.

COMMITTEE RECOMMENDATION

The Committee recommends $30,000 for program costs and $395,000 for administrative expenses for the Vocational Rehabilitation Loans Program account. The administrative expenses may be paid to the General Operating Expenses, Veterans Benefits Administration account. Bill language is included limiting program direct loans to $2,356,000. It is estimated VA will make 2,402 loans in fiscal year 2018, with an average amount of $981.

NATIVE AMERICAN VETERAN HOUSING LOAN PROGRAM ACCOUNT

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<tr>
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<td>Committee recommendation</td>
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</table>

PROGRAM DESCRIPTION

The Native American veteran housing loan program is authorized by 38 U.S.C. chapter 37, section 3761 to provide direct loans to Native American veterans living on trust lands. The loans are available to purchase, construct, or improve homes to be occupied as veteran residences or to refinance a loan previously made under this program in order to lower the interest rate. The principal amount of a loan under this authority generally may not exceed $424,100; however, in some locations this limit may be higher depending on median area home prices. Veterans pay a funding fee of 1.25 percent of the loan amount, although veterans with a service-connected disability are exempt from paying the fee. Before a direct loan can be made, the veteran’s tribal organization must sign a memorandum of understanding with VA regarding the terms and conditions of the loan. The Native American Veteran Housing Loan Program began as a pilot program in 1993 and was made permanent by Public Law 109-233, the Veterans Housing Opportunity and Benefits Act of 2006.

COMMITTEE RECOMMENDATION

The Committee recommends $1,163,000 for administrative expenses associated with this program. This is equal to the fiscal year 2017 enacted level and equal to the budget request.

GENERAL OPERATING EXPENSES, VETERANS BENEFITS ADMINISTRATION

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July 11, 2017 (3:40 p.m.)
PROGRAM DESCRIPTION

The General Operating Expenses, Veterans Benefits Administration account provides funding for the Veterans Benefits Administration to administer entitlement programs such as service-connected disability compensation, education benefits, and vocational rehabilitation services.

COMMITTEE RECOMMENDATION

The Committee recommends $2,910,000,000 for the General Operating Expenses, Veterans Benefits Administration account, which is $65,840,000 above the fiscal year 2017 enacted level and $66,000,000 above the budget request. The Committee has included bill language to make available through September 30, 2019, up to 10 percent of the General Operating Expenses, Veterans Benefits Administration account.

Disability Claims Processing.—The Committee has not only fully funded the budget request for claims processing in recent years, but has provided increases above the budget requests for hiring and training claims processors, bolstering the migration to electronic claims processing systems, and addressing the increasing backlog of appeals at the Board of Veterans Appeals. The Committee commends the Department on its efforts to reduce the disability claims backlog and increase the accuracy of claims decisions, yet the processing of disability claims remains a major concern of the Committee. In particular, progress in reducing the backlog seems to have stalled this year, hovering weekly between 99,000 and 90,000. The Department must consider processing all claims within 125 days with 98 percent accuracy a mandate of VEA, and the Department should fund and staff this agency accordingly. In addition to efforts to ensure there is not a recurrence of a sizeable disability claims backlog, the Department must also ensure that proper staffing and resources are available to reduce the growing wait time and backlog of disability decisions on appeal and meet demand for other benefit programs. To that end, the Committee recommends an additional $66,000,000 to VEA, GOE to hire additional claims and appellate staff, as well as to increase staff for the Vocational Rehabilitation and Employment Program. The VBA may also use these resources to finance overtime payments, if that becomes necessary, and support increased resources for the Veterans Claims Intake Program [VCIP] to scan and convert paper files into digital records. The Committee will continue to assert its oversight ability by monitoring the key agencies involved in veteran disability claims processing—VA, DoD, the Social Security Administration, and the Internal Revenue Service—these agencies as they work to better expedite the flow of interagency information needed to process claims in a timely manner. The Committee will continue to require the Department provide monthly updates on performance measures for each Regional Office.

Financial Hardship and Bankruptcy.—The Committee continues to support VA programs that combat the root causes of veteran and dependent financial hardship, which is a known contributory factor to negative outcomes such as mental health issues, substance use disorder, and suicide. For example, disability-related benefits not
only honor the service and sacrifice of the veterans who receive them, but also help to replace lost wages and provide a critical source of economic well-being. The Committee is concerned by an inequity in current bankruptcy law that results in the inclusion of VA and DoD disability benefits in the calculation of a debtor's disposable income, while at the same time excluding Social Security disability benefits for non-veterans. The Department is directed to submit to the Committees on Appropriations and Veterans Affairs of both Houses of Congress a report outlining the statutory and legislative authority is needed to end this inequity.

Women Veterans Participation Rates.—The Committee directs VA to include an analysis of trends and satisfaction rates among women veterans participating in the Vocational Rehabilitation & Employment program in the annual report to Congress to ensure these services are adapting to changing demographics of veterans and the needs of women veterans with disabilities.

State Accrediting Agency Oversight.—The Committee is concerned current laws and regulations related to conflicting interests may be inadequate to identify conflicts of interest that can develop through the provision of meals or de minimus gifts to officers of State Accrediting Agencies. The Department is directed to conduct an assessment of the effectiveness of 38 U.S.C. 3683 and 38 CFR 21.4005 in preventing conflicts of interests and submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act regarding the findings.

State Approving Agencies.—Under the G.I. Bill and the Post-9/11 Veterans Educational Assistance Improvements Act of 2010 (Public Law 111-377, 38 U.S.C. Ch. 36 sec. 3670) VA contracts with States to establish State Approving Agencies (SAAs) in promoting and safeguarding quality education and training programs for veterans, ensuring greater education and training opportunities for veterans, and protecting the integrity of the G.I. Bill. The Committee is concerned VA's formula for determining each SAA's allocation fails to take into account travel times. This is of particular concern in rural States where travel between school inspections can be costly in both time and monetary expense. The Committee instructs VA to ensure SAAs have sufficient resources to cover travel expenses and accomplish their mandate under the G.I. Bill.

Rural Veterans Coordination Pilot.—Section 506 of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111-163; 38 U.S.C. 523 note) established the Rural Veterans Coordination Pilot (RVCP) at VA. Eligible grant recipients are community based organizations and/or local, State, or tribal government entities. The pilot enabled each grant recipient to support local veterans in unique ways that will be suitable for the challenges faced at these locations. Upon completion of the pilot, the Department is directed to provide a report and recommendations to the Committee identifying effective models in which State and local entities are able to successfully coordinate multi-sector benefits for veterans and their families who reside in rural or underserved communities. The Committee urges the Department to consider extending the RVCP beyond its current deadline and expanding the program to include additional locations.
Assessment of GI Bill Utilization.—The Committee notes the Department’s responsibility to provide GI bill benefits to servicemembers as they transition to civilian life and status as a veteran, however the Committee believes there is an opportunity to increase utilization of these benefits. To better understand the current utilization and drive future decisions regarding educational benefits to veterans, the Committee directs the Department to conduct a comprehensive assessment to accurately account the number of veterans utilizing their educational benefits. The first report should analyze fiscal years 2010 to 2017, but thereafter, the Committee directs the Department to submit an annual report that tracks outcomes for Post-9/11 GI bill benefits. The report should include: the number of veterans who qualify for either a partial or the full GI bill benefit; veteran use of the GI bill benefit among the total number of eligible veterans; veteran use or transfer of unused GI bill benefit to dependents; use of the GI bill benefit toward 4-year, 2-year, and vocational educational and training programs, and distinguish the programs; the average dollar amount of usage; and an aggregate graduation rate, loan default rate, and average indebtedness by degree program, type of degree, and field of study. Additionally, the Department is encouraged to make an effort to gather data on the jobs attained after graduation, specifically whether those jobs can be reasonably said to be in the field of study identified in the students’ education plans. The Department is directed to submit the first report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act.

Education Benefits.—The Committee is concerned about the levels of overpayments and improper payments being paid to GI Bill beneficiaries. The Committee directs VA to work with education stakeholders to ensure that veteran educational benefits are paid in a timely and accurate manner and that efforts to recoup any overpayments or improper payments is done fairly and in a manner that is not overly burdensome on student veterans and their families. The Committee further directs VA, in collaboration with the Department of Defense and Department of Education, to provide an interagency report on the development and continued implementation of the Principles of Excellence, oversight of institutions complying with the Principles, and appropriate and timely accountability measures for educational programs receiving Federal funding. Lastly, the Committee directs VA to continue to reform the compliance survey process to allow early detection of fraudulent marketing or predatory recruiting practices among institutions of higher learning and to codify a set of tools that is sufficiently agile enough to curtail the behavior of scamming institutions that are wasting the VA education benefits of service members and their families.

Education Data Collection and Sharing.—The Committee wants for both students and VA to be able to make more evidence-based decisions when it comes to veterans' education. The Committee directs VA to work with the Department of Education and Department of Defense to ensure that there is a comprehensive database or, at a minimum, a set of robust data-sharing agreements in place between Federal entities involved in the administration of Federal
resources related to veteran educational attainment. The Committee further directs VA, in collaboration with the Department of Education and Department of Defense, to provide an interagency report on data-sharing priorities, the development and implementation of subsequent data-sharing agreements, and the uses and effectiveness of the data shared.

Reforms to Expedite the Appeals Process.—The Committee directs the Secretary to fully implement the GAO's recommendation to improve the timeliness of VA's disability benefits appeals decisions and to document its progress in its monthly reports to the Committee on appeals claims processing performance. The Committee concurs with GAO's recommendations that VA should apply sensitivity analyses when projecting staff needs, develop a more timely and detailed workforce plan, develop a robust plan monitoring process reform, develop a strategy for assessing process reform, and create a schedule for IT improvements that takes into account plans for potential process reform. The Committee also supports GAO's view that any VA-proposed appeals process reforms be subject to a pilot test.

Home Loan Counseling.—The Committee remains concerned about the percentage of veteran homeowners that are not using the VA home loan benefit because they were unaware of the program or because they were discouraged by their lender and/or realtor from using a VA loan. Despite significant demand among veterans for home buying counseling services and education, too few receive housing counseling or VA loan education while serving on active duty or after separating from the military. The Committee believes that in establishing the VA home loan benefit, Congress authorized and intended for VA to provide such counseling services and education in its administration of the program. Therefore, the Committee directs the Department to conduct a study to assess the feasibility of establishing a VA housing counseling program that would include a network of counselors across the country. To the extent practicable, the feasibility study should look at the Department of Housing and Urban Development's Office of Housing Counseling for opportunities to collaborate, including sharing expertise and personnel. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act on the findings of the study.

VETERANS HEALTH ADMINISTRATION

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ADMINISTRATION OVERVIEW

The Veterans Health Administration [VHA] is home to the United States' largest integrated healthcare system consisting of 144 VA Hospitals; 22 Health Care Centers [HCC]; 210 Multi-Specialty Community-Based outpatient clinics; 527 Primary Care Com-
munity-Based outpatient clinics; 305 Outpatient Services Sites; 135 community living centers; 115 domiciliary residential rehabilitation treatment programs [DRRTP]; 500 readjustment counseling vet centers; and 80 mobile vet centers.

The Department of Veterans Affairs Medical Care Collections Fund [MCCF] was established by the Balanced Budget Act of 1997 (Public Law 105-33). In fiscal year 2004, Public Law 108-199 allowed the Department to deposit first-party and pharmaceutical co-payments, third-party insurance payments and enhanced-use collections, long-term care co-payments, Compensated Work Therapy Program collections, Compensation and Pension Living Expenses Program collections, and Parking Program fees into the MCCF. The Parking Program provides funds for the construction, alteration, and acquisition (by purchase or lease) of parking garages at VA medical facilities authorized by 38 U.S.C. 8109. The Secretary is required under certain circumstances to establish and collect fees for the use of such garages and parking facilities. Receipts from the parking fees are to be deposited into the MCCF and are used for medical services activities.

COMMITTEE RECOMMENDATION

In fiscal year 2017, the Committee provided $66,385,032,000 in advance appropriations for VA's medical care accounts for fiscal year 2018. This included $44,886,554,000 for Medical services, $9,409,118,000 for Medical community care, $6,654,480,000 for Medical support and compliance, and $5,434,880,000 for Medical facilities. The Committee also includes an Administrative Provision allowing the Department to carry forward into fiscal year 2018 certain amounts provided as an advance for fiscal year 2017.

For fiscal year 2018, the Committee recommends an additional $1,923,000,000 for Medical services, $254,000,000 for Medical community care, $100,000,000 for Medical support and compliance, and $707,000,000 for Medical facilities. Additionally, the Committee recommendation includes $705,262,000 for Medical and prosthetic research. Medical care collections are expected to be $2,507,000,000. The Committee recommendation also provides $70,700,000,000 in advance appropriations for VA's medical care accounts for fiscal year 2019.

Education Debt Reduction Program.—The Department is directed to provide a breakdown of spending by VA in connection with the education debt reduction program of the Department under subchapter VII of chapter 76 of title 38, United States Code. The breakout shall include the following elements: (1) the amount spent by the Department in debt reduction payments during the three year period preceding the submittal of the report disaggregated by the medical profession of the individual receiving the payments; (2) a description of how the Department prioritizes such spending by medical profession, including an assessment of whether such priority reflects the five occupations identified in the most recent determination by VA OIG as having the largest staffing shortages in VHA; and (3) a description of the actions taken by the Secretary to increase the effectiveness of such spending for purposes of recruitment of healthcare providers to the Department, including efforts to more consistently include eligibility for the education debt...
reduction program in vacancy announcements of positions for healthcare providers at VA. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act detailing the findings.

Office of Patient Advocacy.—The Committee urges the Department to swiftly and comprehensively implement the reforms made to the patient advocacy program as required by the Jason Simcakoski Memorial and Promise Act [Title IX, Public Law 114-198]. The law’s establishment of the Office of Patient Advocacy will ensure that patient advocates are independent of local facility management, work strictly on behalf of veterans, and are properly trained according to national standards. Furthermore, the Committee believes the Inspector General’s March 2017 audit of the patient advocacy program’s fiscal year 2015 operations [VA OIG 15-05379-146] provides additional evidence of the need to institute strong operational controls and standardization to ensure program effectiveness and the reliability of complaint data. Accordingly, the Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 30 days after enactment of this act outlining progress implementing the relevant sections of Public Law 114-198 and the OIG recommendations.

Veteran Medical Debt.—The Committee is concerned that despite the Department’s efforts to streamline administrative burdens of the Veterans Choice Program, VA payments to non-VA healthcare providers continue to face delays, and medical bills continue to be inappropriately assigned to veterans rather than VA. Incorrectly assigned bills and delayed payments have resulted in medical bills going into collection and damaging veterans’ credit. Therefore, the Committee directs the Under Secretary for Health to consult with the Consumer Financial Protection Bureau, national credit reporting agencies, and appropriate consumer protection stakeholders and develop an action plan to protect veterans from collections efforts and credit damage due to medical bills that should have been paid by VA. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act on the status of developing an action plan.

Cross Government Credentialing of VA Healthcare Providers.—In order to better facilitate active recruitment of individuals who served in the healthcare field for the U.S. Armed Forces or while on duty with the U.S. Coast Guard, the Committee directs VA to establish coordinating relationships with the appropriate personnel divisions dealing with separating military personnel at the Departments of Defense and Homeland Security. As part of this coordination, the Department shall determine whether establishing a formal system for receiving advanced notice of separating members of the armed forces is feasible. The Committee further directs VHA to conduct an internal audit of its procedures for the recredentialing of providers when transferring within the VHA system. The Committee directs VHA to institute such policies and procedures to ensure the speedy and timely transfer of licensed personnel between
facilities and to remove the unnecessary barrier of recredentialing triggered solely by a provider transferring facilities.

West Los Angeles Master Plan.—While the Committee is encouraged by recent progress made at the West Los Angeles VA Campus, the Committee continues to be concerned that approximately 3,000 veterans remain homeless in the Greater Los Angeles Area. The Committee directs VA to brief the Committees on Appropriations of both Houses of Congress each quarter on its progress toward implementing the Master Plan, ensuring that lease revenues are being used to benefit veterans, and coordinating closely with the local community.

Corporate Planning and High Performing Networks.—Various documents published by VHA, such as the Blueprint for Excellence and the fiscal year 2016 Annual Restoring Trust in Veterans Health Care Report, recognize the need for creating a high-performing, integrated health network that includes VHA providers and facilities, other federally funded providers and facilities, and VHA-credentialed community providers and facilities. To date, VA has not articulated an overarching strategy to achieve such a goal, does not provide metrics to show progress towards achieving stated goals, and has no structure to identify accountable senior officials for such an effort. The Committee recognizes the complex and transformative nature of creating a system capable of serving veterans in the future requires direct and sustained VHA leadership involvement. To achieve this goal, the Committee directs VHA to form a corporate planning function patterned after high performing commercial healthcare delivery systems. Such function must include representation from VHA clinical leadership, and leaders from VHA offices that control, oversee, or manage facility investments, transition, facility operations, and organizational change, as well as the appropriate VA offices that are dedicated to the planning and procurement of capital infrastructure, whether built or leased by VA. The corporate planning function shall be responsible for planning and implementing a high performing, integrated health network. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act detailing the corporate planning function and a plan to achieve a high-performing, integrated health network for the next twenty years. At a minimum, the plan shall clearly articulate VA’s vision of a future network, include goals VA is working towards to achieve the vision, Key Performance Indicators, and other metrics VA will use to judge success, and an organizational chart detailing the corporate planning function’s direct reporting relationship to the Under Secretary of Health. The Committee recommends VA seek objective analysis and recommendations from organizations outside VA that have successfully created, implemented, or advised corporate planning functions at high-performing community healthcare systems. The Committee recommends VHA seek guidance from the leadership of the Department of Defense’s Military Health System Facility Shared Service. Additionally, the Committee understands VHA is now conducting market surveys to examine how VHA can develop a high-performing network by looking at community healthcare supplies and VHA services and capabilities. The Department is di-
rected to report to the Committees on Appropriations of both Houses of Congress the findings of these market surveys within 180 days of the completion of the surveys.
MEDICAL SERVICES

(INCLUDING TRANSFER OF FUNDS)

Appropriations, 2017 ............................................. $45,421,812,000
Advance appropriations, 2018 .................................. 44,886,554,000
Budget estimate, 2018 ........................................... 1,031,808,000
Committee recommendation, 2018 .................. 1,923,000,000
Budget estimate, advance appropriations, 2019 ...... 49,161,165,000
Committee recommendations, advance appropriations, 2019 ... 49,161,000,000

PROGRAM DESCRIPTION

The Medical Services account provides for medical services for eligible enrolled veterans and other beneficiaries in VA healthcare facilities, including VA medical centers and VA outpatient clinics.

COMMITTEE RECOMMENDATION

In fiscal year 2017, the Committee provided an advance appropriation of $44,886,554,000 for fiscal year 2018 for the Medical Services account. The recommendation for fiscal year 2018 includes an additional $1,923,000,000 which is $891,192,000 above the budget request. The additional appropriation coupled with the advance appropriation provided for fiscal year 2018 provides the Department with total budget authority of $46,809,554,000 which is $1,387,742,000 above the fiscal year 2017 enacted amount. In addition, VA has the authority to retain co-payments and third-party collections, estimated to total $2,507,000,000 in fiscal year 2018.

The Committee recommendation also includes an advance appropriation of $49,161,000,000 for Medical services for fiscal year 2019. This is $165,000 below the request to reflect proper rounding of a budget estimate.

RURAL ACCESS TO CARE

Office of Rural Health.—The Committee recommendation includes $20,000,000 in addition to the budget request for the Office Rural Health [ORH]. Through collaborations with other VA program offices, Federal partners, State partners, and rural communities, ORH works to optimize the use of available and emerging technologies, establish new access points to care, and employ strategies to increase healthcare options for all rural veterans. Currently, ORH identifies and implements initiatives that support rural clinics and rural home-based primary care, address barriers to access and quality of healthcare delivery in rural areas, develop workforce recruitment and retention initiatives, and accelerate and expand telehealth. ORH also operates Rural Health Resource Centers and works with Federal and non-Federal community partners to share resources and expand access to care for rural veterans. Given the important role these centers play in expanding access, the Committee encourages the Department to consider expanding these centers.

ORH has played a major role in VA’s overall strategy to combat opioid abuse by funding pilot programs through the Rural Health Initiative focused on pain coaching and modalities which increase veterans’ access to alternatives to opioid-centered pain management. Participants of one pain coaching program—which linked...
professional coaches to veteran patients for biweekly meetings by
phone—reported a 40 percent reduction in pain outcomes after 1
year. Another program allowed veterans to utilize noninvasive mo­
dality devices to help reduce pain intensity. Both of these programs
have shown progress but more must be done. The Committee en­
courages ORH to build upon these programs by replicating them at
additional sites. One of the objectives of VHA's Pain Management
Strategy policy is to provide for an interdisciplinary, multi-modal
approach to pain management, and funding for these pilot pro­
grams can help VA apply the successes of these and other pro­
grams in furtherance of this objective.

Rural Veterans Health.—The Committee notes persistent issues
for VA health facilities in rural areas to recruit and retain health
providers in the face of national provider shortages and a highly
competitive environment. The Committee encourages the Depart­
ment to consider the expanded use of doctors of osteopathic medi­
cine [DOs] and physician assistants [PAs] through physical facili­
ties and expanded access to telehealth services to address the rural
health provider gap. Furthermore, the Committee is concerned
about lack of mental healthcare providers, counselors, and case­
workers in rural areas. The criteria used by the Department in es­
tablishing the priority of hiring and placement of mental
healthcare providers, counselors, and caseworkers should take into
consideration the higher rate of facility-use in rural States due to
lower numbers of facilities and the increased amount of outreach
they must do with geographical barriers. To better understand
staffing gaps that exist in rural, highly rural and remote areas, the
Department is directed to conduct an agency-wide assessment of
the rural and highly rural healthcare workforce to identify geo­
graphic areas where staffing needs exist. The evaluation shall iden­
tify specific occupations within these geographic areas that are of
the most need.

TELEHEALTH SERVICES

Telehealth.—The Committee held an oversight hearing on May 4,
2017, where testimony was received from experts within VA and
the private sector on the topic of telehealth. The Committee is
pleased to note the Department is a leader in this field of emerging
technology and medicine. Telehealth creates a bridge between rural
and urban centers—providers at an urban site can diagnose and
provide a care plan for veterans hundreds of miles away, and
therefore, VA is able to expand the resources of one facility by con­
ecting those providers to providers in another area. Through tele­
health, the Department has the means and flexibility to provide
care to veterans who do not have easy access to a VA hospital or
access to a VA hospital staffed with the care they need. Telehealth
is not only allowing the Department to expand access to care in
areas where services are limited, but telehealth also allows care to
be provided more effectively and efficiently for veterans closer to
home and also through direct in-home access. While VA is once
again leading the healthcare industry in the expansion of in-home
telehealth and remote patient monitoring services, these services
are often limited by the lack of broadband service in remote and
rural areas. In order to better leverage other Federal partners, the

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Department is directed to provide a report to the Committee on Appropriations of both Houses of Congress by January 31, 2018, regarding ongoing collaborations VA has with other Federal agencies in targeting remote and rural areas with veteran populations in order to ensure that grant programs administered by other Federal Agencies maximize coverage areas to veterans. The Committee is also aware telehealth has a potential for significant cost savings and cost avoidance for the Department, and the Department is urged to maintain its focus on this type of care, not only to better serve veterans, but also to be a good steward of its financial resources. The positive findings from the use of telehealth for mental health services is especially encouraging to the Committee. The Committee supports the Departments expansive use of telehealth for medical services and encourages VA to strive to be even more innovative, more expansive, more connected in this area. The recommendation includes the full budget request of $1,343,883,000 for telehealth services. This is $121,108,000 more than fiscal year 2017.

PREVENTING VETERAN SUICIDE AND MENTAL HEALTHCARE

Pilot Program for Agritherapy.—An increasing number of States now have programs that assist veterans in starting farms, and many veterans turning to farming also suffer from Post-Traumatic Stress Disorder (PTSD). The benefits of agritherapy have been reported in the news media; however limited research and insufficient opportunities exist to offer the benefits of agritherapy to those suffering from PTSD. Therefore, the Department is urged to consider agritherapy for inclusion among VA's Complementary and Alternative Medicine therapies. Additionally, the Committee directs no less than $2,000,000, made available through the Office of Rural Health, toward a pilot program to train veterans in agricultural vocations while also tending to behavioral and mental health needs with behavioral healthcare services and treatments from licensed providers at no fewer than three locations. The pilot locations may be sites that currently have an operational construct to train veterans for agricultural vocations and have the potential to expand operations that tend to veterans medical needs while creating a pathway to employment in agriculture related fields. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act detailing the metrics developed to determine the value of agritherapy as it relates to PTSD and steps taken to carry out the agritherapy pilot as directed.

Preventing Veteran Suicide.—The Committee is encouraged that the Secretary of Veterans Affairs has made preventing veteran suicide his number one clinical priority. The Committee supports the Department's “Getting to Zero” initiative, and the Committee is pleased to see the national implementation of the Recovery Engagement And Coordination for Health—Veterans Enhanced Treatment (REACH VET) program which uses predictive modeling to guide early interventions to prevent suicide for at risk veterans in VHA care. The Committee is grateful for those within the Department who work tirelessly each day to save the lives of veterans.
For years, the Department has received from this Committee above budget request amounts for suicide prevention programs, yet veteran suicide rates remain steady year after year. While additional and targeted funding increases are important, the Committee remains concerned that more should be done to prevent veterans from taking their lives. To that end, the Committee held an oversight hearing on April 26, 2017, on this topic. The hearing discussion focused on options for supporting veterans that are not currently the primary means by which the Department aims to prevent veteran suicide, such as complementary and alternative treatments, job training and education, and family support, like marriage and family counseling, caregiver support, and mechanisms for connecting families caring for veterans in need.

According to data compiled by the VA Office of Suicide Prevention, veterans experience a suicide rate 50 percent higher than the general population, and female veterans commit suicide at a rate 6 times that of their civilian counterparts. The Committee notes 20 percent of veterans with PTSD have a substance abuse disorder, and substance abuse is proven to lead to increased suicidal tendencies. The Committee encourages the prioritization of funding for substance abuse counseling based treatment for veterans in order to decrease suicide rates among veterans suffering from PTSD. On average, 20 veterans die by suicide a day, and only six of those 20 are users of VHA services.

The Committee remains concerned about the alarming prevalence of suicide among rural veterans as they are more likely than urban veterans to commit suicide. The Committee urges VA to prioritize suicide prevention within rural communities and increase the availability of mental health resources available within States with great geographic barriers. The Committee continues to be concerned about the prioritization of funding for mental healthcare providers, counselors, and caseworkers in rural areas. The criteria used by the Department in establishing the priority of hiring and placement of mental healthcare providers, counselors, and caseworkers should take into consideration the higher rate of facility use in rural states due to lower numbers of facilities and the increased amount of outreach needed given geographical barriers. The Department is directed to provide additional resources to rural or highly rural medical facilities to hire medical and clinical personnel who support veterans with mental health services for the prevention of veteran suicide.

Veteran Crisis Line.—The Committee continues to be greatly concerned with the continued high rate of suicide among veterans and the growing mental health needs of veterans. Based on that concern, the Committee held an oversight hearing on April 4, 2017, titled “Preventing Veteran Suicide” and a topic of great concern and extensive discussion at the hearing was the performance of VA’s Veterans Crisis Line [VCL]. A number of recent VA Inspector General and Government Accountability Office [GAO] reports have highlighted serious, ongoing and distressing deficiencies in the operational performance of the VCL. (Three reports in particular: VA Inspector General reports Veterans Crisis Line Caller Response and Quality Assurance Concerns, Canandaigua, NY (14-03540-12, dated February 11, 2016) and Evaluation of the Veterans
Health Administration Veterans Crisis Line (16-03985-181, dated March 20, 2017), and the Government Accountability Office [GAO] report Veterans Crisis Line: Additional Testing, Monitoring, and Information Needed to Ensure Better Quality Service [GAO-16-373, dated May 2016]). During the hearing, it became apparent the Department had not promptly implemented the recommendations made by these oversight agencies. For example, at the time of our April 4, 2017 hearing, all seven of the recommendations from the OIG's February 2016 report remained open—some of them open a full year beyond the “target dates” for completion that VHA committed to implement. Fortunately, and shortly after the Committee's hearing, VHA did close 6 of the 7 open recommendations from that OIG report. The Committee directs the Secretary to implement the remaining recommendations of the Inspector General and the GAO immediately and with a demonstrable and necessary sense of urgency. The Committee recommends an additional $10,000,000 above the budget request to support the important work of the VCL.

Suicide Data Report.—The Department's Suicide Data Report, 2012, was an important step in understanding the prevalence, distribution, and risk factors for suicide. The Committee further directs the Secretary to conduct a new study on the prevalence of suicide among veterans, which shall include an assessment of the data provided by each State and an identification of which States should increase or improve data reporting to the Department.

Magnetic EEG/EKG-Guided Resonance Therapy.—The Committee understands Magnetic EEG/EKG-guided Resonance Therapy (MERT) has successfully treated veterans with Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injuries (TBI), chronic pain, and opiate addiction. Recent non-significant risk and non-invasive clinical trials and pilot studies have produced promising results in the evolution of MERT treatment. The Committee encourages VA to undertake MERT pilot programs at up to five VA facilities of its determining to create access to MERT in treating larger populations of veterans suffering from PTSD/TBI, chronic pain, and addiction. One of these five pilot programs should demonstrate the viability of a mobile capability to provide access in rural areas.

Marriage and Family Therapists and Licensed Professional Mental Health Counselors.—The Committee remains concerned about the number of veterans committing suicide each day, and is particularly concerned that of the 20 per day, 14 have not had contact with the Department. In an effort to increase the number of mental health providers at the Department able to provide care, the Committee encourages the Department to increase efforts to hire more Licensed Professional Mental Health Counselors (LPMHCs) and Marriage and Family Therapists (MFTs). The Committee recognizes the Department has attempted to create qualification standards to permit the employment of LPMHCs and MFTs, however, the Committee is aware obstacles remain, given that there are still thousands of vacancies in mental healthcare delivery positions. The Committee strongly urges VA to report on the number of current vacancies that could be filled by MFTs and LPMHCs, as well as develop a strategic plan for hiring more MFTs and LPMHCs to both
fill vacancies and also augment current mental healthcare teams within the Department. The Committee also recommends coordinating with the Office of Management and Budget to create an Occupational Series for LPMHCs and MFTs to permit the Department to more easily hire staff able to provide mental health services to veterans in a timely manner.

**National Center for Post-Traumatic Stress Disorder:** The National Center for Post-Traumatic Stress Disorder (NCPTSD) is the Federal Government’s foremost center of expertise on evidence-based treatment of post-traumatic stress. The Committee continues to support the mission and work of the NCPTSD and has provided $40,000,000 to continue the center’s advancement of the clinical care and social welfare of America’s veterans who have experienced trauma or suffer from PTSD through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. In recent years, the Committee has invested in the addition of a brain bank for assisting researchers, and the expansion of the consultation program for providers so that clinicians, particularly those in rural areas, have access to expert advice on the latest evidence-based treatment for post-traumatic stress. The Committee directs the Department to ensure the NCPTSD has the appropriate number of full time staff to support both expansions. The Committee also directs the Department to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act on the activities of NCPTSD, including: (1) how the Center supports the implementation of evidence-based treatments as specified in the VA/DoD Clinical Practice Guideline for the Management of PTSD within veteran care at VA medical centers; (2) utilization of its resources and the consultation program by non-VA providers; (3) utilization of resources and the brain bank by researchers; (4) consultation and information sharing with other government entities; and (5) any resource or staffing gaps or near gaps that exist in carrying out its missions.

**Treatment for Post-Traumatic Stress Disorder:** One in five veterans with Post-Traumatic Stress Disorder have a substance abuse disorder, and the Department of Health and Human Services reports there is a connection to alcohol and substance abuse leading to suicidal tendencies. VA funds many substance abuse treatment options, but should not default to prescribing medicine rather than counseling and therapy, if counseling and therapy are available options. Overmedication has continued to be an issue within VA, and the impact of therapy and counseling for substance abuse treatment is, in many cases, reported to be of equal help to a veteran. The Department should prioritize substance abuse treatment for veterans through counseling for veterans struggling with substance abuse disorder given that 20 percent of veterans with Post-Traumatic Stress Disorder have a substance abuse disorder and substance abuse is proven to lead to increased suicidal tendencies.

The Committee is aware that patient outcomes at university-based medical clinics are a viable option for providing PTSD treatment to veterans and have shown great preliminary successes. As such, the Committee directs the Department to conduct a study to determine whether this model of care presents an opportunity to.
provide the best patient care to veterans. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act on the feasibility of pursuing a pilot program at no fewer than 3 university sites providing PTSD treatments.

Other Than Honorable Discharge.—The Committee remains concerned that for many veterans with other-than-honorable discharges, the misconduct that precipitated that discharge may have been related to in-service mental health issues. After service in combat or other high-stress environments, or after experiencing military sexual trauma, service members may undergo behavioral changes stemming from post-traumatic stress disorder, traumatic brain injury, major depressive disorder, and operational stress. Behavioral changes may result in injuries, which superiors often do not recognize as symptoms of mental health conditions, but instead attribute to bad character. The Committee is pleased VA is beginning to address the problem by offering emergent care for up to 90 days to veterans with other-than-honorable discharges. However, the Committee believes the Department has the statutory authority to provide care for many of these veterans. The statutory requirement under 38 U.S.C. 101 and 501 excludes only former service members whose conduct meets specific statutory bars or would justify a dishonorable discharge. The statute does not define that conduct standard explicitly, which leaves the Department with authority to adopt a standard by regulation. The Department is directed to conduct a review to align VA regulatory guidelines with the statutory authority and modern discharge characterizations issued by the Department of Defense. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act detailing the findings of the review.

WOMEN’S HEALTH

Women Veterans.—Women represent 15.5 percent of today’s active duty force and 19 percent of our National Guard and Reserves. Accordingly, women veterans are enrolling for VA healthcare at record levels. As these numbers continue to rise, most VA medical facilities across the country are not equipped to handle the specific needs of the women veterans’ population. Therefore, the Department should continue to expand efforts that address the current barriers to gender-specific healthcare services. The Committee continues to believe VA must be poised to address the changing demographic of today’s and tomorrow’s veterans in order to fulfill its mission. Toward this end, the Committee recommendation includes an additional $20,000,000 over the budget request for fiscal year 2018 to support gender-specific healthcare services. The Committee also encourages the Department to consider a mobile healthcare pilot program, prioritizing rural and high need areas, to provide gender-specific services, awareness of benefits, and outreach to women veterans utilizing mobile healthcare infrastructure. This innovative model is designed to fill the current gap in gender-specific services as VA works to expand infrastructure and hire the needed staff for specialty care.

July 11, 2017 (3:40 p.m.)
Female Primary Care and Mental Healthcare Providers.—The Committee urges VA to make every effort to hire more women healthcare professionals and offer all women the opportunity to choose the gender of their primary care and mental healthcare providers.

Intimate Partner Violence Program.—The VA Intimate Partner Violence Program expands VA’s screening, prevention, and intervention services to veterans and strengthens collaboration with community partners as well as the Caregivers Support Program and VA programs to address homelessness. The program focuses on developing a culture of safety and adopts a holistic, trauma-informed, veteran-centered approach to services and support for those veterans involved in a domestic violence situation. In recent years, VHA has run this program using general funds, and at times, the program has lapsed due to a lack of funds. The Committee directs the Department to fully resource this program at $17,000,000 in fiscal year 2018 and include it as a program of interest with budget detail in the justifications accompanying the fiscal year 2019 budget submission.

ASSISTING HOMELESS VETERANS AND PREVENTING VETERAN HOMELESSNESS

Assessing Homelessness in Rural Areas.—The Committee remains concerned about the fidelity of data on homeless and at-risk veterans in rural areas and directs the Department to identify more precise ways to obtain better and more accurate data for veterans in these areas. The Committee encourages VA to evaluate whether changes to the universal homeless screening clinical reminder would result in more accurate identification of these veterans, and to report to the Committees on Appropriations of both Houses of Congress actions VA is taking to reduce homelessness among the rural veteran population.

Homeless Veterans Prevention Programs.—The Committee remains strongly supportive of VA’s homeless prevention programs and as such the recommendation includes $1,747,784,000 to support these programs. This total includes an additional $20,000,000 over the current estimate of $320,000,000 for the Supportive Services for Veterans Families program. The Department has made significant progress toward ending veteran homelessness. According to VA, the number of veterans experiencing homelessness in the U.S. has declined almost 50 percent since 2010 and the 17 percent reduction between 2015 and 2016 is quadruple the previous year’s annual rate of decline. As communities nationwide reach critical junctures in their efforts to end veteran homelessness, occupancy in transitional housing programs continues to decrease. The Committee directs VA to continue to encourage and support community homeless providers to adapt to the bridge housing transitional housing model, emphasizing short lengths of stay and rapid connections to permanent supportive housing. Additionally, VA should use data to adapt homelessness programs to meet the needs of the changing homeless population and expand permanent supportive housing options.

Legal Assistance for the Supportive Services for Veteran Families Program.—The Committee notes that university law schools are
willing to work with veterans on a pro-bono basis to provide legal assistance. This can result in additional benefits such as training law students in veteran disability law and legal skills critical to providing advocacy within the VA system and inspiring next-generation lawyers to serve veterans in practice. The Committee encourages the Supportive Services for Veteran Families [SSVF] program to work with grantees to expand their legal service offerings, particularly in rural States where access to private legal assistance can be limited. Within funds provided, the Department is encouraged to establish one or more pilot projects to partner SSVF grantees with university law schools in rural areas to enhance legal assistance to Veterans.

PREVENTING DRUG ABUSE

Oversight of Substance Inspection Programs.—The Committee understands the veteran population is at greater risk than the general population for opioid abuse and dependency. A recent GAO report recommended VA should ensure VAMCs have established an additional control procedure, such as an alternate controlled substance coordinator or a poll of extra inspectors, to help coordinators meet their responsibilities and prevent missed inspections. The Committee concurs with GAO's recommendations and directs the Secretary to fully implement these recommendations to improve oversight of the controlled substance inspection program and to document its progress.

Opioid Safety.—The Committee supports VA's Opioid Safety Initiative [OSI] and encourages continued implementation at all VA medical facilities, as directed under Title IX of Public Law 114-198, the Jason Simcakoski Memorial and Promise Act. A critical aspect of the OSI is the Opioid Therapy Risk Report tool, an electronic tool that helps providers manage their entire panel of patients prescribed pharmacotherapy for acute or chronic pain. It is imperative all VA providers who prescribe opioids use this tool consistently, including prior to initiating opioid therapy, to ensure safe prescribing, and to help prevent diversion, abuse, and double-prescribing. Public Law 114-198 required the Department to implement mandatory use of such tool for all providers prior to initiating opioid therapy to assess the risk for adverse outcomes; to implement standards with respect to the use of routine and random drug tests; to ensure providers use the tool to access the State Prescription Drug Monitoring Program [PDMP]; and to ensure the tool includes information identifying when healthcare providers access the tool and the most recent drug test for each veteran. The Committee also urges VA to further improve the timeliness of data available in the tool to allow a provider to have real-time access to data on a patient who was prescribed opioid therapy by another facility, in another State, or by mail order to prevent overprescribing and abuse potential. It is critical that VA clinicians have access to a patient's opioid therapy history from outside providers to ensure safe pain management care, as many veterans also seek care from providers in the community who may prescribe them medication. Sections 911 and 914 of Public Law 114-198 require the Department to ensure VA providers can access information in the State PDMP including by seeking to enter into memoranda of under-
standing with States to allow shared access of such information between VA and the States. The Department must also include such information in the Opioid Therapy Risk Report tool and require VA providers to disclose certain veteran information to State controlled substance or PDMPs. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act assessing compliance with mandatory provider use of the tool, including a timeline of implementation, the rate of compliance and compliance measures, and utilization of and reporting to State PDMPs.

**Prescription Drug Monitoring Program Utility.**—Opioid addiction represents a major and growing epidemic in the public health system generally and specifically among America's youngest veterans. Among combat-injured veterans serving in the wars in Afghanistan and Iraq, post-traumatic stress disorder [PTSD] and co-occurring substance use disorder [SU] is common and found to be associated with increases in opioid addiction and mortality. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress on the Department's usage of State prescription drug monitoring programs [PDMP] and databases used for detecting and reducing fraud, diversion, and abuse of prescription drugs. The report shall include—(A) an assessment of legal, technical, fiscal, privacy, or security challenges that have an impact on utility; (B) any recommendations for addressing challenges that impact the Department's access to State prescription drug monitoring programs in order to reduce fraud, diversion, and abuse of prescription drugs; and (C) an assessment of the extent to which VA providers use prescription drug management programs in delivering care and preventing prescription drug abuse.

**Opioid Therapy Clinical Practice Guidelines and Training.**—The Committee commends the Department for releasing the updated 2017 VA/DoD Clinical Practice Guideline [CPG] for Management of Opioid Therapy for Chronic Pain, as required under Public Law 114–198. The Committee is encouraged the new CPG includes enhanced guidance concerning contraindications and risk factors for opioid therapy, such as prescribing opioids and benzodiazepines concurrently, and for treating those with co-occurring mental health conditions, and recommendations against initiating long-term opioid therapy for chronic pain. To continue to improve chronic pain management and access to safe, quality care, the Committee directs the Department to immediately disseminate and implement the new CPG and update education and training materials for all VA employees who prescribe opioids to include the new recommendations. The Department is further directed to ensure pain management teams at each facility certify that all healthcare professionals responsible for coordinating and overseeing pain management therapy utilize the updated CPG. To ensure all providers have access to most recent scientific evidence, it is critical for opioid prescribing guidance to be as up to date and as consistent as possible across Federal agencies. As such, the Committee directs the Department to continue to routinely coordinate and consult with the Centers for Disease Control and Prevention [CDC] and other relevant groups and Federal agencies on continued imple-
mentation and compliance with the CPG and latest scientific recommendations.

**Opioid Addiction Treatment Protocols.**—The Committee appreciates VA’s submittal of a report regarding the Department’s ongoing review of prescription practices and addiction treatment protocols for opioids. According to the report, however, VA has failed to adopt the Substance Abuse and Mental Health Administration’s [SAMHSA] full recommendation for treatment including “all drugs approved by the Food and Drug Administration for the treatment of opioid abuse disorder, including for maintenance, detoxification, overdose reversal, and relapse prevention; and appropriate counseling and appropriate ancillary services.” The Department is directed to submit a report to the Committee on Appropriations of both House of Congress no later than 180 days providing an update of this report to address VA’s intent to include the full spectrum of prescription practices and addiction treatment protocols for opioids recommended by SAMHSA and prescribed in Public Law No: 114-198, the Comprehensive Addiction and Recovery Act of 2016.

**Capabilities in Treating Addiction.**—The Committee directs the Government Accountability Office to conduct a study on VA’s capabilities and capacity to treat veterans with addiction. This study should include the following: (1) VA’s number of residential rehabilitation beds and the average wait time; (2) the number of veterans being treated in outpatient veterans centers based on current VA resources; (3) the percentage of veterans who are referred to either non-VA outpatient or residential rehabilitation treatment and wait times for both types of treatment; (4) statistics on staffing and other pertinent resources to the treatment of veterans struggling with addiction; and (5) the availability and accessibility of alternative facilities capable of providing comparable care in rural and highly rural areas. This study should also identify which States are particularly in need of increased resources to resolve the opioid epidemic. The Committee requests an update on this study no later than 90 days following the enactment of this act and a report within 180 days.

**Dependents and Prescription Drug Monitoring Programs.**—The Committee commends the Department for efforts to increase participation in State prescription drug monitoring programs [PDMPs]. However, the Committee is concerned that due to deficiencies in Veterans Information Systems and Technology Architecture [Vista], VA is unable to provide information to PDMPs on non-veteran dependents who receive VA healthcare. Given the continued opioid epidemic, it is important VA correct this deficiency. Therefore, the Committee directs the Under Secretary for Health, in consultation with the Assistant Secretary for Information and Technology and General Counsel, to develop a plan to enable VA to provide relevant information on veterans’ dependents to State PDMPs. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act detailing the plan, to include recommendations for additional resources or authorities necessary to address this issue.

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STAFFING ISSUES

Transition of Military Healthcare Professionals.—The Committee has received reports that separating military healthcare professionals have expressed interest in transitioning to work within the VA healthcare system in the communities in which they separate. In some cases, the competencies and skills of these professionals match current local vacancies. The Committee notes in some places local VA managers lack a pathway within the VA recruitment and hiring process to ensure these experienced professionals are able to be hired where they live. The requirement that separating military healthcare professionals be recredentialed by VA through its own proprietary system creates additional applicant burden and delay. VA is encouraged to establish a recruitment channel for separating military healthcare professionals to identify and receive expedited consideration for VA healthcare vacancies.

Certified Surgical Assistant Training.—The Committee acknowledges VHA’s positive response to language in last year’s report regarding the potential benefits of using full-time surgical assistants in VHA surgical operations. The Committee strongly encourages the Department to follow through in the form of a proposal to fund Surgical Assistant education and certification for retiring military medics through its Office of Academic Affiliations helping them to provide a higher level of care to their fellow veterans.

Hiring Clinical Psychologists.—The Committee understands VHA each year uses the services of the Association of Psychological Postdoctoral and Internship Centers [APPIC], a non-profit organization, to help select and match clinical psychologists for available VA internships. The Committee is concerned APPIC has decided to not include psychologists from programs accredited by the Psychological Clinical Science Accreditation System [PCSAS] even though VHA has just published new Psychologist Qualification Standards to encompass the graduates of PCSAS accredited programs. The Committee is pleased to learn VHA is working to resolve this situation to insure all appropriately trained and qualified psychologists are given equal access to VA internships. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act on the status of this issue.

Nursing Academic Partnerships.—The Committee encourages the Under Secretary for Health and the Chief Academic Affiliations Office to further support the VA Nursing Academic Partnership Programs [VANAP], expansion of the Post-Baccalaureate Nurse Residency [PBNR], the VA Nursing Academic Partnerships in Graduate Education [VANAP-GE], and the Enhancing Academic Partnerships programs. These programs enhance recruitment and retention of highly trained nursing professionals, while elevating interprofessional education concentrating on behavioral health services, women’s health, gerontology services, services for homeless veterans, and rural healthcare initiatives. These initiatives ensure that our nation’s veterans and their families have access to high-quality and appropriate care by building strong partnerships between academia and VA practice.
Orthotics and Prosthetics Workforce.—The Committee is concerned about the sustainability of the orthotics and prosthetics workforce treating veterans, particularly given an aging workforce with imminent retirements as well as a lack of availability of advanced degree programs necessary to train new professionals. Reports indicate that up to twenty percent of the field’s 7,100 clinicians nationwide are either past retirement age or within 5 years of retiring. The Committee recognizes the contributions made by VHA’s Orthotic and Prosthetic Residency Program to provide rotation opportunities throughout the VA system but acknowledges this program alone is inadequate to ensure a sustainable workforce for the future, especially in light of the skill set necessary to provide the increasingly complex, state-of-the-art orthotics and prosthetics care for OEF/OIF veterans. The Department is directed to explore cost effective opportunities to grow the workforce pipeline in order to ensure the future orthotic and prosthetic workforce required by the nation’s new generation of veterans. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act detailing the findings.

Partnerships with Academic Medical Institutions.—In 2015, the Committee included report language encouraging the Department to seek out public-private partnerships, particularly with research universities, those with and without medical schools, to expand its efforts related to suicide prevention, post-traumatic stress disorder, traumatic brain injury, and substance abuse disorders. The Committee continues to believe, as stated in report language last year, the Department should make broader use of existing partnering authority to collaborate with academic institutions, and further encourages VA to enter into partnerships with accredited medical schools and teaching hospitals for the mutually beneficial coordination, use, or exchange of health-care resources with the goal of improving access to and quality of the hospital care and medical services furnished by the Department.

Tribal Health Partnerships.—The Committee is pleased VA has implemented a robust series of partnerships with Indian Health Service facilities and tribally operated health facilities that operate under self-determination contracts and self-governance compacts with the Indian Health Service. These partnerships are necessary not only to extend care to the remote and highly rural areas where Native veterans reside but in some cases has also helped VA address capacity and personnel shortages affecting its overall beneficiary population. For example, to address longstanding staffing problems at the Wasilla Community Based Outpatient Clinic, the Alaska VA Healthcare System offers beneficiaries care at the Southcentral Foundation Benteh Nuutah Primary Care Center, a tribal facility in Wasilla. The Committee notes some of the initial 5-year partnership agreements are expiring and VA has been reluctant to renew them for an additional 5-year term, preferring instead short-term extensions. This has caused VA’s tribal partners to question whether VA has a long-term commitment to continue these successful partnerships. The Committee encourages VA to express its commitment to maintain its tribal partnerships and work collaboratively with their tribal health partners on reimbursement

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formulas and terms going forward. The Committee notes losing these important partnerships over misunderstandings or contracting disagreements would have serious effects on VA healthcare in Alaska.

**Staffing of the Alaska VA Healthcare System.**—The Committee continues to be concerned about chronic staffing issues within the Alaska VA Healthcare System. As of July 2017, the Wasilla Community Based Outpatient Clinic still lacks a single full-time physician even though patient demand would justify two full-time physicians. The Committee understands that recruitment and retention of medical professionals to serve in Alaska is difficult, but it is also worth noting that community hospitals and tribal health facilities in Alaska have faced and overcome similar difficulties. The Committee encourages VA to formulate a strategy to permanently fill chronic vacancies in the Alaska VA Healthcare System. This requires Central Office cooperation to ensure recruitment and retention incentives are readily available to these positions and that medical professionals offered employment are smoothly onboard. VA should reach out to other healthcare organizations in Alaska to identify best practices for recruitment of medical professionals from out of State. The Fairbanks Memorial Hospital, for example, has expressed a willingness to partner with VA in addressing recruitment issues. The Committee encourages VA to work in collaboration with willing Alaska healthcare providers to encourage medical professionals to consider work in Alaska.

**Critical Needs Occupational Staffing Model.**—It is critical VHA develop a staffing model so that it can better understand, and more quickly address, its staffing needs in critical need occupations. The Committee remains concerned that after nearly 2 years, VA has failed to follow-up on repeated OIG recommendations to develop staffing models for critical need occupations, as well as set forth milestones and a timetable for further critical need occupations' staffing model development, piloting, and implementation with the urgency required given the importance of having adequate staff to appropriately care for veterans. The Committee recognizes the Department has put forward some effort to move forward the process for creating a staffing model forward but is disappointed with the pace. As such, the Department is directed to accelerate the creation of such a model so that veterans have access to the care they need.

**Health Professional Scholarship Program.**—The Health Professional Scholarship Program (HPSP) provides scholarships to students receiving education or training in a direct or indirect healthcare services discipline. Awards are offered on a competitive basis and are exempt from Federal taxation. In exchange for the award, scholarship program participants agree to a service obligation in a VA healthcare facility. The Committee continues to support this program and is concerned VA has not fully been utilizing this program in fiscal year 2017, based on data from fiscal year 2016. The Committee believes strongly ample resources exist within the Department to ensure hard-to-fill specialties are not excluded from participation. In spite of this, the Committee continues to hear VA is not utilizing these tools in the most judicious and efficient manner. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no
later than October 30, 2017, on each profession eligible to receive HPSP scholarship and any limitation VA is placing on awards. In addition, VHA is also directed to submit to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act a strategic plan which identifies difficult to recruit occupations and outlines specific actions being taken to address those shortages.

ITEMS OF INTEREST

**Hepatitis C Treatment.**—The Department has received targeted and significant resources for the past 2 years from this Committee to aggressively treat and cure veterans with hepatitis C, and the Committee is pleased VA has made significant progress doing so. The Department is to be commended for innovative and directed outreach to the cohort most likely affected by the disease, including effective marketing campaigns, partnerships with veteran service organizations, and holding weekend and after hours clinics to increase access to care. The Committee is aware VA has treated upwards of 87,000 veterans with new generation oral hepatitis C drugs which have a cure rate of more than 90 percent. The remaining cohort of veterans who have not been treated but potentially have the disease are the most difficult to contact and persuade to seek treatment, but the Committee directs VA to continue efforts to reach all veterans who would benefit from care as soon as possible.

Due to the change in drug pricing, the Committee notes VA has been able to treat more veterans with significantly less funding than was anticipated at the time of the original appropriation. Given that slightly more than half of the funding remaining available for Hepatitis C was specifically fenced in statute, the Department lacks the authority to transfer this funding before it lapses. Therefore, the Committee's recommendation includes a rescission of $751,000,000 and appropriates back the same amount to the Medical Services account to ensure that this funding does not lapse. The Committee notes, that the Department will still have more than $600,000,000 in unobligated Hepatitis C funds originally appropriated in fiscal year 2016 and directs the Department to continue to aggressively fund the Hepatitis C program consistent with the fiscal year 2018 budget request.

The Department is directed to continue its quarterly updates to the Committees on Appropriations of both Houses of Congress detailing the expenditures and obligations of funding hepatitis C treatment, the number of veterans treated, the number of veterans deemed cured, the projection of spending, the number of new starts for drug treatment, and number of veterans who have been cured.

**DoD and VA Prescription Drug Purchasing.**—The Committee believes there are potential savings in combining DoD and VA prescription drug purchasing. A 2014 GAO report surveyed 83 common drugs purchased by both Departments and found that if purchasing drugs for both Departments at the lowest DoD or VA price, the taxpayer could have realized a combined savings of $120,000,000 in 2012. GAO recommended DoD, VA, and Medicare align the structure, statutory parameters, and regulatory guidance across all Federal prescription buying programs to increase buying
power and reduce costs. The Department is directed to work with the Department of Defense and submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act detailing the feasibility of aligning their structures, statutory parameters, and regulatory guidance with the Department of Defense for their prescription buying program in order to increase buying power and reduce cost.

**Encouraging Public-Private Partnerships.** The Committee is aware of private-sector solutions and financial support that can effectively and efficiently develop and construct facilities that create greater access to care while reducing costs in the near and long term. The Committee encourages VA to pursue public-private partnerships to implement projects in VISN 15 and others that include but are not limited to VA facility leases, renovations, or construction to increase access to healthcare services for veterans. The Committee further directs VA to utilize existing and new authorities that permit such partnerships and potential cost-share solutions, such as Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016 and the CHIP IN for Vets Act of 2016. The Department is directed to submit reports on a quarterly basis to the Committees on Appropriations of both Houses of Congress regarding current and new projects resulting from this initiative.

**Travel Reimbursement.** The Beneficiary Travel program provides eligible veterans and other beneficiaries mileage reimbursement, common carrier (plane, train, bus, taxi, light rail etc.), or when medically indicated, “special mode” (ambulance, wheelchair van) transport for travel to and from VA healthcare, or VA authorized non-VA healthcare for which the veteran is eligible. The Committee appreciates recent steps to modernize the program's processes but remains concerned about the time it takes for veterans to be reimbursed. Therefore, the Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act on steps taken to make the process to receive travel reimbursement more timely and user-friendly for veterans. The report should also include how filling vacancies in the travel office are prioritized and how the Department is addressing challenges with kiosks, particularly for veterans with disabilities such as blindness.

**Hearing Aid Specialists.** The Committee understands hearing loss and tinnitus are among the most common injuries facing veterans of the recent conflicts in Iraq and Afghanistan. Hearing loss can contribute to depression, heightened stress, fatigue, and other challenges veterans face as they reintegrate into civilian life. The Committee is aware of the high demand for healthcare services among veterans and supports the recent passage of legislation aimed at addressing gaps in the provision of care within VA by allowing the Department to hire hearing aid specialists. The Committee is concerned VA has not completed the process of developing basic qualification requirements, work assignments, and qualification standards under Title 38 for this occupation. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act detailing the progress made in developing and pub-
lishing this criteria and how and when VA will begin hiring such providers to offer such services.

National Veterans Sports Programs and Special Events.—The Committee supports the continued efforts of the Department to provide disabled veterans and disabled members of the Armed Forces with unique alternative therapies such as adaptive sports. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act on the status of the current adaptive sports program and recommendations for expansion of the program, as well as how the Department may better leverage grants for greater access to rural communities as well as possible integration into mental health alternative therapies. The Committee notes is has provided an additional $2,000,000 to support community-based qualifying sports programs or other events in rural locations through the Office of Rural Health.

Enabling Independent Federal Investigations of VA Health Care.—The Committee is concerned by reports that independent Federal investigations into VA opioid prescribing practices have been hampered by the Department’s inability or unwillingness to share information with investigators. The Committee places the highest priority on maintaining robust protections for veterans’ privacy but emphasizes these protections are for the rights of patients, not providers. The Committee believes the Department should take every appropriate action to fully comply with investigators requests to supply relevant information in ongoing and future investigations by the Drug Enforcement Agency into potential violations of the Controlled Substances Act by VA employees, and inform the Committees on Appropriations and Veterans Affairs of both Houses of Congress if additional authorities are required to do so.

Complementary and Integrative Health.—Expanding access to comprehensive pain management and complementary and integrative health [CIH] services is vital to improving the delivery of high-quality care for our veterans, especially those struggling with co-occurring conditions like chronic pain, mental health and substance use disorders. The Committee supports VA’s work in developing a plan to expand the scope of research, education, delivery, and integration of CIH into the healthcare services provided to veterans and urges robust implementation. In addition, as required under Section 932 of Public Law 114–198, VA must continue to prioritize implementation of the pilot program at VA medical centers, including polytrauma rehabilitation centers, to assess the feasibility, advisability, and methods of delivery of wellness-based programs to complement pain management and related healthcare services. While the Committee supports the progress being made to reduce misuse and abuse of opioids and to improve pain care, the Committee believes that consideration of VISNs or medical centers with a history of or current prescription rates of opioids inconsistent with the standards of appropriate and safe care should be given priority. The Committee encourages the Department to continue to expand access to CIH services as part of the VA’s Whole Health System approach, and the Department is directed to submit a report to the Committees on Appropriations of both Houses of Con-
gress on later than 90 days after enactment of this act on the progress of the 18 flagship facilities being launched to effectuate this effort.

**Antimicrobial Stewardship Program.**—The Committee is aware that commercially proven integrated technology for infectious disease and pharmacy management is the industry standard for meeting national Antimicrobial Stewardship directives. While VA has successfully used these tools in a limited number of facilities, VA has not deployed it system wide. Therefore, the Committee encourages VA to implement a system wide electronic solution for all medical facilities that would provide infectious disease control monitoring, provide appropriate treatment and pharmacy care plans, help prevent potential healthcare risks, document interventions that improve patient care, and reduce hospital costs. These capabilities would bring VA into compliance with all Federal and State regulatory antimicrobial program directives.

**Long-Term Care.**—The bill provides $8,821,657,000 as requested by the Department for long-term care. This includes the $6,073,862,000 for institutional care and $2,747,795,000 for non-institutional care. The Committee is concerned about the Department’s fiscal year 2018 proposal to fund more than $690,000,000 of non-institutional care through the Choice program. Should Congress not provide additional funding for the Choice program, the Committee directs VA to fulfill its obligations to non-institutional care programs as proposed in the original fiscal year 2018 advance appropriation request. To ensure proper budgetary oversight of the non-institutional care programs, the Department is directed to report quarterly to the Committees on Appropriations of both Houses of Congress on the quarterly demand and execution of the non-institutional programs. In addition, VA is directed to include in the budget justifications accompanying the fiscal year 2019 budget request detailed data on the number of veterans receiving non-institutional care disaggregated by the appropriate medical care account.

**Headache Disorders Centers of Excellence.**—The Committee recognizes that over 350,000 veterans sustained traumatic brain injury [TBI] during the Global War on Terror and that chronic migraine/post-traumatic headache is the signature symptom of TBI. The Committee is concerned that veterans with chronic migraine/post-traumatic headache often do not receive specialty care, and that only three VA-affiliated physicians are certified with training in Headache Medicine by the United Council for Neurological Sub-specialties. The Committee recognizes the importance of VA centers of excellence and the need for VA Headache Centers of Excellence. The Committee provides $10,000,000 for the creation of at least five headache centers to be placed at the existing sites for polytrauma and traumatic brain injury [TBI] or at locations that the Secretary sees fit.

**Readjustment Counseling.**—The Committee strongly supports readjustment counseling provided through the Departments 300 Vet Centers, 80 mobile Vet Centers, and the Vet Center Combat Call Center. Vet Centers are community-based counseling centers that provide a wide range of social and psychological services. These services include: professional readjustment counseling to veterans
and active duty servicemembers, counseling for the victims of military sexual trauma, bereavement counseling for families who experience an active duty death, substance abuse assessments and referrals, VA benefit information and referrals to Regional Offices, and employment counseling. Certain services also extend to the family members as a means to assist in the readjustment for veterans and active duty servicemembers. In order to bolster readjustment counseling capacity across the country, the recommendation provides an additional $15,000,000 over the budget estimate for the Vet Center program. The Committee recognizes the unique opportunities that Vet Centers provide in collaborating and developing alternative treatments with other community organizations to create programs for veterans to share experiences, develop bonds, and address common challenges. Therefore, within the additional funding provided, the Committee directs $2,500,000 be utilized to develop a program to partner with organizations that provide outdoor experiences for veterans as part of a continuum of care that helps support veterans in developing a community of support to treat combat-related injuries, including those related to behavioral health.

**Increased Infectious Disease Screening.**—The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act on VHA's efforts to improve HIV/AIDS and hepatitis screening rates in traditional and non-traditional settings, including to what extent the Department utilizes innovative strategies like point-of-care testing and public health outreach. The Committee notes the racial disparities in these diseases and requests that the report include a section which focuses on minority groups including but not limited to, Native Americans, Asian Americans, Pacific Islanders, Alaska Natives, Native Hawaiians, and African Americans.

**Colorectal Cancer Screening.**—Approximately one-third of eligible U.S. adults have never been screened for colorectal cancer despite it being the second-leading cause of cancer death in the United States. To help address this, in 2016, the United States Preventive Services Task Force [USPSTF] updated its recommendation for colorectal cancer screening, issuing it an A-grade, and included several strategies determined with high certainty to have a substantial net benefit and noted that offering choice in screening strategies may increase the number of screened individuals. The strategies have subsequently been adopted by the National Committee for Quality Assurances Healthcare Effectiveness Data and Information Set [HEDIS] measures, which are used by more than 90 percent of America’s health plans to measure performance. TRICARE covers the majority of the strategies identified by USPSTF, however VA does not offer veterans coverage for the same options and covers fewer screening methodologies. To improve colorectal cancer screening of veterans and enhance access to the most updated screening technologies, the Committee directs VA to offer all seven USPSTF strategies now recognized in the HEDIS measures to all veterans enrolled in the VA health system.

**Domiciliary Program.**—The Committee is concerned VA has not yet completed its assessment of the VA domiciliary program as re-
quired by Senate Report 114–237. The Committee directs VA to complete this assessment and within 60 days submit a formal report to the Committees on Appropriations of both Houses of Congress, with recommendations if applicable, addressing security gaps in the VA domiciliary program and whether the current program can meet the needs of veterans who are at heightened risk for overdose or suicide. The assessment should include alternatives to the domiciliary program if it is found that the current program cannot meet the needs of these veterans.

Sleep Disorders.—The Committee recognizes the importance of sleep, including its impacts on PTSD, TBI, and mental health. The Committee supports VA considering all treatment options for these conditions, including ensuring proper sleep health. The Committee continues to recommend the Department assign a program manager for sleep disorders, including sleep apnea, which affects at least 200,000 veterans of the Persian Gulf War and Operations Iraqi Freedom and Enduring Freedom. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act on the status of this recommendation.

Stroke Care.—More than half of veterans are over age 65, putting them at an increased risk of stroke, a leading cause of serious, long-term disability and dementia. Immediate care is essential to preventing permanent disability, and it is critical the Department work to improve its stroke care and provide timely access to assessment and treatment. Unacceptably, there have been cases in which veterans have died or have suffered severe injury due to lack of timely diagnosis and treatment. A December 2015 report evaluating the quality of stroke care in VA facilities, conducted by the Department's Office of Inspector General, found several areas needing improvement, including the need to increase access to clinicians with stroke expertise, and the need to ensure compliance with current stroke care requirements at each VA facility's designated level. To improve access to providers with stroke expertise, the Committee urges VA to continue its efforts to implement stroke telemedicine, or telestroke, within VA medical centers that do not currently have around-the-clock neurological expertise available to veterans who suffer a stroke. Telestroke has proven to be beneficial in improving access to high quality stroke care in rural and underserved areas and in reducing disability and the need for long-term care following a stroke. The Committee also encourages the Department to continue to reinforce compliance with stroke care requirements, including prompt and thorough assessment, treatment, and patient education, and ensure the gathering and reporting of required stroke data elements, consistent with the recommendations in the December 2015 report.

Prosthetic Digital Health Technology.—VA's Office of Rehabilitation and Prosthetic Services shall, not later than 90 days after enactment of this Act, provide a report to the Committees on Appropriations of both Houses of Congress, detailing which VA Medical Centers and Clinics this technology is available. In addition, the report shall include the number of veterans utilizing this technology, any plans for increasing the availability of this technology to more veterans, and any plans to make prosthetic related outcomes-based
data collection standard throughout the Veterans Health Administration.

Caregivers.—The Committee notes the robust usage of the post-9/11 Caregiver program with its more than 23,000 approved applications, as well as the consistent reviews by caregiver families noting that the program’s stipend, respite care, formal training, and support structure are critical components to its success. Given the demonstrated success of the program, the Committee encourages VA to ensure the Caregiver coordinators at each Medical Center are fully resourced and, to the maximum extent possible, assigned designated Caregiver duties as their chief and only responsibility.

In addition, the Committee encourages VA to examine expansion of the program beyond the post-9/11 population. The Committee encourages VA to work with the Department of Defense in order to develop and share best practices. The Committee recognizes many caregivers for severely wounded veterans are working dramatically reduced hours outside the home or have left the workforce completely, leading to financial hardship. This reduction in outside earnings results in difficulties meeting financial obligations, including student loan debt held by the caregiver. VA is directed to survey all caregivers currently in the program to identify those possessing outstanding student loan debt, develop a plan to monitor this issue, including future data collection and regular reports to the Committee, and report survey findings and details of the plan to the Committees on Appropriations of both Houses of Congress no later than 120 days after enactment of this act and every 6 months thereafter. The Committee is concerned by the steep decline in requested funding for the Caregivers Program. Given the increasing demand for these services and the consistent reports and findings of inconsistent or inappropriate removal of veterans from the program, the Committee questions whether the Department’s request is an accurate reflection of the program’s true needs.

The Committee, therefore, recommends $889,828,000, which is consistent with the fiscal year 2018 advance appropriation, to continue full operation of this essential program. The Committee directs the Department to implement a freeze on reductions or removals of veterans from the program until all outstanding recommendations from the Office of Inspector General and the Comptroller General are fully implemented.

Veterans Transportation Service.—In order to ensure the Veterans Transportation Service (VTS) is improving veterans’ access to healthcare and VA’s ability to provide quality care in a cost effective manner, the Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act outlining the progress made on these metrics. At a minimum, the report should include analysis of the healthcare costs impacted by non-emergency medical transportation, the impact of VTS on missed appointment rates at facilities utilizing the program, and VTS impact on health outcomes for veterans.

Center for Compassionate Innovation.—The Committee understands VA has been operating a Center for Compassionate Innovation. The Center’s stated purpose is to explore emerging therapies targeted to enhance veteran physical and mental well-being when
other treatments have not been successful. The Committee encour-
gages VA to always be testing and researching new and innovative
treatments that may benefit veterans' lives. To more fully un-
derstand these treatments, the Department is directed to submit a re-
port to the Committees on Appropriations of both Houses of Con-
gress no later than 180 days after enactment of this act with a de-
scription of the proposals the Center received in fiscal year 2017
and the cost and disposition of such proposals. Further, to the ex-
tent the Center undertook any projects during fiscal year 2016, the
Committee directs VA to report on the status of those projects and
any findings or preliminary data.

Nurse Advice Line.—The Department is directed to pursue a pilot
program for a nurse advice line targeting rural areas and highly
rural areas with a large percentage of veterans. Licensed Reg-
istered Nurses at the call center will triage VHA-enrolled veteran
callers to the clinically appropriate care venue and provide appoint-
ment and cancellation services and information on the availability
of benefits from the VA. The pilot should be based on and improve
upon the nurse advice line implemented by DoD for beneficiaries
under the TRICARE program. The pilot shall provide responsive
service around-the-clock for callers. The Department is directed to
submit a report to the Committees on Appropriations of both
Houses of Congress no later than 90 days after enactment of this
act, and every 90 days thereafter, on the progress of pilot program.
The reports shall contain information on utilization of the pilot, to
include a description of the individuals who benefitted from advice
under the pilot program, a description of any impediments in car-
rying out the pilot program, a description of any impediments en-
countered by individuals in seeking advice or services through the
pilot program, a description of any cost savings to the Department,
and an assessment of the feasibility and advisability of expanding
the pilot program to more veterans.

Gulf War Illness.—The role of the Research Advisory Committee
on Gulf War Veterans' Illnesses [RAC] was intended to provide a
meaningful consultative role to help shape the Persian Gulf War
research agenda, strengthen the process by which the government
sets its Persian Gulf War research agenda, and lend credibility to
future research activities. However, concerns continue to be raised
that this role has been degraded and compromised. The RAC chart-
ter no longer requires it to assess the effectiveness of Federal Gulf
War research, no longer contains a requirement for its own staff,
and its purview is presently limited solely to research conducted by
the Department. Determinations by the RAC and IOM that Gulf
War illness is physiological and not psychological should be the
basis in determining the type of medical practitioners and scientific
researchers needed to create a well-qualified membership. The
Committee notes the RAC has provided no new recommendations
since September 2014 and encourages the RAC to renew its efforts
in studying Gulf War Illness. The Committee directs the Depart-
ment to brief the Committee on its efforts to address these con-
cerns. The Committee also continues to urge the Department to re-
store regular reporting throughout the year of healthcare and bene-
fits utilization by Gulf War and post-9/11 veterans, to publish these
reports on the Department’s Web site, and to consider for adoption

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Lung Cancer Screening.—The Committee notes with concern that not all veterans who are at high risk for developing lung cancer have access to lung cancer screening programs offered to Medicare beneficiaries. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act regarding how VHA can institute a high quality program to make lung cancer screening broadly available to the appropriate veterans who are at high risk.

Hospice Care.—From 1964 to 1975, more than nine million Americans served in the armed services, with more than one-third of them having served in Vietnam. As these Vietnam-era veterans age, many of them are facing unique end-of-life challenges related to their combat experience that standard hospice care and palliative services are not fully equipped to address. These challenges include psychological and post-traumatic stress disorders, a history of substance abuse, and neurological conditions resulting from toxic chemical exposure. While the VA provides hospice care and palliative services to qualified veterans, the Committee is aware that organizations such as the non-profit National Partnership for Hospice Innovation are developing programs designed to meet the specific end-of-life care needs for Vietnam-era veterans. The Committee also recognizes that such an approach could be beneficial to Iraq and Afghanistan combat veterans in the future. Therefore, VA is directed to undertake a study on the feasibility of implementing hospice care protocols tailored to the unique needs of combat veterans, including Vietnam-era veterans, and is encouraged to deploy a pilot program to develop the techniques, best practices and support mechanisms to serve these veterans. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act on this effort.

Improving Federal Burn Pits Registry.—The Committee provides an additional $5,000,000 for the purpose of implementing the recommendations included in the National Academies of Sciences, Engineering, and Medicine's Assessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry for improving the registry. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act assessing the cost and timeline of implementation of each of the report's recommendations.

MEDICAL COMMUNITY CARE

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<thead>
<tr>
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The Medical Community Care account provides for medical services for eligible enrolled veterans and other beneficiaries that is
purchased from and provided by non-Department of Veterans Affairs facilities and providers, including contract hospitals, State homes, and outpatient services.

COMMITTEE RECOMMENDATION

In fiscal year 2017, the Committee provided an advance appropriation of $9,409,118,000 for fiscal year 2018 for the Medical Community Care account. The recommendation for fiscal year 2018 includes an additional $254,000,000 as included in the budget request. The additional appropriation coupled with the advance appropriation provided for fiscal year 2018 provides the Department with total budget authority of $9,663,118,000 which is $2,416,937,000 above the fiscal year 2017 enacted amount.

The Committee recommendation also includes an advance appropriation of $8,385,000,000 for Medical community care for fiscal year 2019. This is $296,000 above the request to reflect proper rounding of a budget estimate.

The Future of Community Care.—The Department is directed to continue efforts to consolidate all types of community care available to veterans within one program in the Medical Community Care account. The Committee recognizes that the Committees on Veterans Affairs of both Houses of Congress have jurisdiction over the authorization of the consolidation, as well as the current Choice Program, which has been funded with mandatory appropriations. Once the latest round of funding available for the Choice Program has been expended, the functions of the Choice Program should be merged with the functions that are currently funded by and provided for under the Medical Community Care account, and that the consolidated program should be funded by this Committee. The Committee is aware that this would significantly increase discretionary spending for community care. The Committee would like to work with all interested parties within the Congress and the Administration to increase the discretionary spending limits to accommodate such increased future costs for a consolidated community care program. At the same time, the Committee directs the Department to maintain intense focus on responsibly providing care under the Choice Program, while working diligently to build the successor program and enable the consolidation of all community care under one account that would be funded by annual appropriations.

Federally Qualified Health Centers in the Choice Program.—The Committee recognizes the importance of Federally Qualified Health Centers in [FQHCs] in providing care to Americans across the country, including the most vulnerable. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act regarding the role of FQHCs play in providing veterans care through the Veterans Choice Program and outlining opportunities for further engagement.

Community Provider Agreements.—As illustrated by the success of the former Access Received Closer to Home [ARCH] program, community provider agreements have successfully benefited veterans in rural and highly rural States by increasing access to care and significantly shortening travel times. The Committee supports sustaining continuity of care for rural veterans through community
provider agreements, based on previous models such as the ARCH program, to ensure veterans do not experience a lapse in healthcare during the transition to the new Choice program and any resulting integrated networks.

**Home and Community Based Services.**—The Committee supports the Department's efforts to broaden veterans' options regarding long-term care support and services. As the Department realigns these programs under the Medical Community Care account, the Committee encourages VA to continue to prioritize veterans' preferences in receiving home based services. The Committee notes the positive results of pilot programs such as the Veterans Independence Program, a veterans-directed Home and Community Based Services [HCBS] grant program originally created as a pilot administered jointly by VA and the Department of Health and Human Services [HHS]. The Committee encourages enhanced cooperation with HHS to expand and grow these programs. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act on the cost avoidance associated with various non-institutional care programs. The report should include information on the demand for HCBS among the veteran population, the number of veterans currently being served by each program under HCBS, and the Department's plans to expand the size and scope of HCBS. Given the success of current HCBS pilot programs, the Department should include a cost analysis of growing the existing pilot programs prior to national expansion to leverage coordination with HHS, in addition to detail regarding the Department's efforts to coordinate with HHS on HCBS in future years. Given that mandatory eligibility for certain types of care is associated with disability levels adjudicated by VBA, this report should also include recommendations for modernizing the claims process for veterans requiring long-term care.

**Non-VA Long-Term Care.**—The Committee supports enabling the Department to enter into provider agreements with non-VA long-term care providers, including skilled nursing facilities, in lieu of the current onerous Federal contracting requirements.

**Rural Health Continuity of Care.**—The Committee notes the Access Received Closer to Home [ARCH] pilot program had been highly successful in some areas in providing healthcare services to veterans who live in the rural and highly rural States in which it operated, such as in northern Maine and in Kansas. During the pilot, VISN analysis demonstrated that more than 90 percent of veterans who received medical care through ARCH were "completely satisfied" with their care and cited significantly shortened travel and wait times to receive care. Further, the Committee is pleased the Department has made efforts to provide continuous, ARCH-like access to rural healthcare in northern Maine through the use of provider agreements. Accordingly, the Committee directs the Secretary to ensure that veterans who participated in the ARCH pilots maintain continuity of care through the use of provider agreements or other mechanisms.

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MEDICAL SUPPORT AND COMPLIANCE

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<tr>
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PROGRAM DESCRIPTION

The Medical Support and Compliance account provides funds for management, security, and administrative expenses within the VA healthcare system, in addition to providing costs associated with the operation of VA medical centers and clinics, VISN offices, and the VHA Central Office in Washington, DC. This appropriation also covers Chief of Staff and Facility Director operations, quality of care oversight, legal services, billing and coding activities, procurement, financial management, security, and human resource management.

COMMITTEE RECOMMENDATION

In fiscal year 2017, the Committee provided an advance appropriation of $6,654,480,000 for fiscal year 2018 for the Medical Support and Compliance account. The recommendation for fiscal year 2018 includes an additional $100,000,000 which is $184,397,000 below the budget request. The additional appropriation coupled with the advance appropriation provided for fiscal year 2018 provides the Department with total budget authority of $6,754,480,000 which is $256,480,000 above the fiscal year 2017 enacted amount.

The Committee recommendation also includes an advance appropriation of $7,239,000,000 for Medical support and compliance for fiscal year 2019. This is $156,000 below the request to reflect proper rounding of a budget estimate.

MEDICAL FACILITIES

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PROGRAM DESCRIPTION

The Medical Facilities account provides funds for the operation and maintenance of the VA healthcare system's vast capital infrastructure. This appropriation provides for costs associated with utilities, engineering, capital planning, leases, laundry, groundskeeping, housekeeping, facility repair, and property disposition and acquisition.

COMMITTEE RECOMMENDATION

In fiscal year 2017, the Committee provided an advance appropriation of $5,434,880,000 for fiscal year 2018 for the Medical Facilities account. The recommendation for fiscal year 2018 includes an additional $707,000,000 which is $372,795,000 below the budget
request. The additional appropriation coupled with the advance appropriation provided for fiscal year 2018 provides the Department with total budget authority of $6,141,880,000 which is $829,212,000 above the fiscal year 2017 enacted amount.

The Committee recommendation also includes an advance appropriation of $5,915,000,000 for Medical community care for fiscal year 2019. This is $712,000 above the request to reflect proper rounding of a budget estimate.

Medical Facilities Leases Authorization.—The Committee continues to be concerned by the extensive delays in authorizing VA medical facilities leases, which would provide increased healthcare access for veterans across throughout the VA system and in many cases reduce inefficiencies and simplify veteran care by consolidating multiple existing facilities. The Committee is aware the Department recognizes the need for additional VA medical facilities and has proposed leases in its budget request, but budgetary challenges have prevented the authorization of such leases. The Committee urges the Department to continue working with the Office of Management and Budget and Congressional Budget and Veterans' Affairs Committees to identify a long-term solution to these budgetary challenges.

MEDICAL AND PROSTHETIC RESEARCH

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PROGRAM DESCRIPTION

The Medical and Prosthetic Research account provides funds for medical, rehabilitative, and health services research. Medical research supports basic and clinical studies that advance knowledge leading to improvements in the prevention, diagnosis, and treatment of diseases and disabilities. Rehabilitation research focuses on rehabilitation engineering problems in the fields of prosthetics, orthotics, adaptive equipment for vehicles, sensory aids and related areas. Health services research focuses on improving the effectiveness and economy of the delivery of health services.

COMMITTEE RECOMMENDATION

The Committee recommends $705,262,000 for the Medical and Prosthetic Research account. This is $31,896,000 above the fiscal year 2017 enacted level and $65,262,000 above the budget request.

The Committee remains highly supportive of this program, and recognizes its importance both in improving healthcare services to veterans and recruiting and retaining high quality medical professionals in the Veterans Health Administration.

Through the Department's research and development program, VA has implemented a comprehensive research agenda to develop new treatments and tools for clinicians to ease the physical and psychological pain of men and women returning from war zones, to improve access to VA healthcare services, and to accelerate discoveries and applications, especially for neurotrauma, sensory loss, amputation, polytrauma, and related prosthetic needs. The Committee encourages VA to continue its research into developing novel
approaches to restoring veterans with amputation, central nervous system injuries, loss of sight or hearing, or other physical and cognitive impairments to full and productive lives.

Advanced Medical Device Study.—The Committee commends VA for its research and use of exoskeleton technology. The Committee is also aware of an important pilot program to research the home-based use and medical advantages of exoskeletons for spinal cord injuries [SCI]. The Committee notes the early success that mobility-focused exoskeleton technologies are having with this patient population and the resulting improvement in health and well-being. The Committee directs the Department to undertake a study on the appropriateness and efficacy of exoskeletons in rehabilitation of patients who have suffered a stroke or traumatic brain injury.

Continuous Health Monitoring Technology.—The Committee has a longstanding interest in improving VA healthcare outcomes by decreasing hospital acquired complications, including reducing sepsis, falls, and pressure ulcers. Recent advancements in the ability of continuous vital signs monitoring for non-ICU patients have shown a tremendous potential for improved patient outcomes. The Committee is aware of research at the James A. Haley VAMC in Tampa, Florida, and the Boise VAMC in Boise, Idaho, that shows remarkable decreases in Medical Response Team [MRT] activations, Code Blue activations, ICU transfers and, most importantly, decreases in mortality rates following these activations. Furthermore, research has shown that continuous monitoring systems have allowed the VA to recover its investment in the technology within 6 months or less. All of the positive results show a significant decrease in length of patient stay which allows facilities adopting this technology to significantly increase the number of patients seen at the facility, thereby decreasing the waiting times and backlogs that have been of great concern to this Committee. To ensure VHA is benefiting from the outcomes achieved at these facilities and civilian facilities where continuous monitoring technology is deployed, the Committee urges the VA to expeditiously proceed with research surrounding continuous monitoring technologies and complete on-going projects related to contact-free technologies being conducted by the Health Services Research and Development Service [HSR&D]. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act detailing recommendations for increased deployment of proven continuous monitoring technologies within the VHA, including a proposed timeline.

Burn Pits Research.—The Committee recommends VA continue conducting medical trials, using available treatments for pulmonary, cardiovascular, and other diseases and conditions related to the exposure to open air burn pits. The Department is directed to provide an update to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act on the status and progress of such medical trials. Furthermore, where appropriate, VA is encouraged to work with private and public institutions which have already begun to research the chronic impacts of exposure to burn pits in order to develop treatments for veterans exposed to burn pits.
Public Access to Scientific Publications and Data.—The Committee commends the Department on issuing its Policy and Implementation Plan for Public Access to Scientific Publications and Digital Data from Research Funded by the Department of Veterans Affairs on July 23, 2015. The Department is directed to continue its efforts toward full implementation of the plan and directs an update on progress made be included in its fiscal year 2019 budget request.

Geriatrics and Extended Care Services.—The Committee recognizes VA’s growing need to prioritize research focusing on increasingly complex and chronic conditions of aging veterans, with more than half of veterans estimated to be over the age of 65 in 2018. As VA continues to develop successful models for innovative and clinically integrated care for veterans with more than one chronic disease and declining mental and physical capabilities, the findings from these models should be widely shared to inform Federal, State and local efforts to address the healthcare needs of America’s aging population and American families. The Committee urges VA to continue to support evidence-based clinical research that reduces costs and improves the quality of care for older veterans by preventing hospital readmissions and enhancing the ability of older veterans to remain in their homes and communities safely, independently, and comfortably, through expanded tele-medicine, technological advances, coordinated care, and well-designed long-term services and supports. The Committee also recognizes the important contributions the Geriatrics and Extended Care Services [GEC] and Geriatric Research Education and Clinical Centers [GRECCs] have made in developing successful innovations in coordinated home and community-based care that benefit older veterans and provide proven, successful models that can inform development of integrated delivery systems for non-veteran seniors. The Committee encourages VA to continue utilizing its funds to bolster its existing research programs focusing on aging to meet the current and future needs of the veteran population.

Enewetak Atoll Registry Research.—The Committee is aware that thousands of veterans served on the Enewetak Atoll to clean up the island following its use for nuclear weapons testing. The Committee is also aware of many instances of veterans who conducted the cleanup suffering serious health problems, such as brittle bones, cancers, and birth defects in their children. The Committee urges the Department to study whether there is a connection between certain illnesses and the potential exposure of individuals to radiation related to service at Enewetak Atoll between January 1, 1977, and December 31, 1980.

Exposure to Agent Orange by Certain Navy Veterans.—Under the Agent Orange Act of 1991 (Public Law 102–4), most veterans of deployments to Vietnam between 1962 and 1975 became entitled to compensation for certain illnesses linked to exposure to Agent Orange defoliant, including the “Blue Water” Navy veterans who served in the Navy outside of the riverine and coastal areas. However, beginning in 2002, new Department interpretation of the law prevented Blue Water Navy veterans from collecting benefits unless they could prove to have been on a ship proven to have entered inland water or sailors who proved they had been ashore. In 2016,
the Department reiterated its policy and added further restrictions by removing certain harbors that used to carry a presumption of exposure, while outside the VA a growing body of research supports the assumption of presumption of exposure. In a fact sheet published about the decision, VA noted only a 2011 Institute of Medicine study on Agent Orange exposure among Blue Water Navy veterans, which found that exposure at sea could not be proven, assuming ships followed certain best practices that veterans anecdotally report were regularly ignored. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act evaluating each of the U.S. and non-U.S. studies on Agent Orange exposure since 1980 that are relevant to the question of Blue Water Navy sailors to justify the 2016 decision.

Cancer Moonshot Contribution.—The Committee supports the Beau Biden Cancer Moonshot initiative and the Department's contribution utilizing advances in genomic science to provide targeted treatment to veterans. The Department has identified prostate cancer, triple-negative breast cancer, and colorectal cancer as areas of priority. Due to the prevalence of various skin cancers among service members, the Committee directs that skin cancer be included as well.

Overprescription Prevention Report.—The Committee is discouraged by multiple GAO reports retaining VHA on the "high-risk" list and the unfathomable increase in polydrug use and narcotics prescriptions by VA related to pain management and mental health treatment. Specifically, combinations of opioid and benzodiazepines have proven fatal when taken concurrently, with research demonstrating this phenomenon for nearly 40 years. The Committee provides $500,000 to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to conduct an assessment to research, collect, and analyze the potential overmedication of veterans during fiscal years 2010–2017 that led to veterans' deaths, veterans' suicides, treatment of mental disorders, pain management practices, mental health staffing levels, and combat related trauma.

Gulf War Illness Studies.—The Committee recommends the Department continue to conduct epidemiological studies regarding the prevalence of Gulf War illness, morbidity, and mortality in Persian Gulf War veterans and the development of effective treatments, preventions, and cures. The Committee is concerned by the lack of public availability of the findings of all research conducted by or for the Executive Branch relating to the health consequences of military service in the Persian Gulf theater of operations during the Persian Gulf War and by the lack of coordination by the Department in ensuring the public availability of this information. The Committee urges the Department to publish disease-specific mortality data related specifically to Persian Gulf War veterans. The Committee remains concerned by VA's ever-evolving terminology for the signature adverse health outcome of the Persian Gulf War as recognized by the Institute of Medicine [IOM]—Gulf War illness—and encourages the Department to utilize the term, "Gulf War illness," as IOM has recommended. The Committee continues to urge the Secretary to consider revising and updating the Clinical
Practice Guideline for Chronic Multisymptom Illness (CMI) consistent with the July 2011 Veterans Health Initiative, “Caring for Gulf War Veterans,” in that it, “cannot be reliably ascribed to any known psychiatric disorder,” and to focus on recent Gulf War illness treatment research findings and ongoing Gulf War illness treatment research direction. Furthermore, the Committee once again encourages VA to strengthen the training of primary, specialty, and mental healthcare providers on the Gulf War illness case definitions recommended by IOM.
MEDICAL CARE COST RECOVERY COLLECTIONS

MEDICAL CARE COLLECTION FUND

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MEDICAL CARE COLLECTION FUND—REVENUES APPLIED

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PROGRAM DESCRIPTION

The Medical Care Collection Fund (MCCF) was established by the Balanced Budget Act of 1997 (Public Law 105-33). In fiscal year 2004, Public Law 108-199 allowed the Department of Veterans Affairs to deposit first-party and pharmacy co-payments; third-party insurance payments and enhanced-use collections; long-term care co-payments; Compensated Work Therapy Program collections; and Parking Program fees into the MCCF. The Secretary of Veterans Affairs has the authority to transfer funds from the MCCF to the Medical Services account.

COMMITTEE RECOMMENDATION

The Committee recommendation includes the authority to retain co-payments and third-party collections, estimated to total $2,507,000,000 in fiscal year 2018.

NATIONAL CEMETERY ADMINISTRATION

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ADMINISTRATION OVERVIEW

The National Cemetery Administration (NCA) was established in accordance with Public Law 93-94, the National Cemeteries Act of 1973. It has a four-fold mission: to provide for the interment in any national cemetery of the remains of eligible deceased servicemembers and discharged veterans, together with their spouses and certain dependents, and permanently maintain their graves; to provide headstones for, and to mark graves of, eligible persons in national, State, and private cemeteries; to administer the grant program for aid to States in establishing, expanding, or improving State veterans cemeteries; and to administer the Presidential Memorial Certificate Program.

COMMITTEE RECOMMENDATION

The Committee recommends $306,193,000 for the National Cemetery Administration. This is an increase of $20,000,000 above the fiscal year 2017 enacted level and equal to the budget request.

The Committee has included bill language to make available through September 30, 2019, up to 10 percent of the National Cemetery Administration appropriation.

July 11, 2017 (3:40 p.m.)
DEPARTMENTAL ADMINISTRATION

Appropriations, 2017 ........................................ $5,966,031,000
Budget estimate, 2018 ....................................... 5,707,593,000
Committee recommendation .................................. 5,742,391,000

ADMINISTRATION OVERVIEW

Departmental Administration provides for the administration of veterans benefits through the Veterans Benefits Administration (VBA), the executive direction of the Department, several top level supporting offices, the Board of Contract Appeals, and the Board of Veterans Appeals.

COMMITTEE RECOMMENDATION

The Committee recommends $5,742,391,000 for Departmental Administration. The amount is composed of $346,891,000 for General administration; $166,000,000 for the Board of Veterans Appeals; $4,055,500,000 for Information technology systems; $164,000,000 for the Office of the Inspector General; $512,430,000 for Construction, major projects; $342,570,000 for Construction, minor projects; $110,000,000 for Grants for construction of State extended care facilities; and $45,000,000 for Grants for the construction of State veterans cemeteries.

Public Law 114-223 moved the General Operating Expenses, Veterans Benefits Administration account from Departmental Administration to the Veterans Benefits Administration, its appropriate section within the act, with the instruction that the Department should place GOE,VBA in this location with the fiscal year 2019 request. The Committee notes this did not happen, and therefore, once again, instructs the Department to adhere to this direction with the fiscal year 2019 request.

GENERAL ADMINISTRATION

(CONTINUING TRANSFER OF FUNDS)

Appropriations, 2017 ........................................ $345,391,000
Budget estimate, 2018 ....................................... 346,891,000
Committee recommendation .................................. 346,891,000

PROGRAM DESCRIPTION

The General Administration account provides funding for the Office of the Secretary, six assistant secretaries, and three independent staff offices.

COMMITTEE RECOMMENDATION

The Committee recommends $346,891,000 for General Administration. This amount is $1,500,000 above the fiscal year 2017 enacted level and equal to the budget request. The Committee has included bill language to make available through September 30, 2019, up to 10 percent of the General Administration appropriation.

Filling Vacant Positions.—The Committee remains concerned about the length of time veterans are waiting for appointments, claims processing, and other essential veteran’s services at VA.

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acerbating this problem has been VA's failure to hire employees for a reported 49,000 vacant positions in the Department. VA must do more to hire, recruit, and retain quality employees to provide care and services for our nation's veterans. The Department is directed to use the funds appropriated by this Act to fill staff vacancies and submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act, and each month thereafter, detailing both the progress of hiring and filling vacant positions and what positions remain vacant.

Veterans Identification Card Act of 2015.—Public Law 114–31 directed the Secretary of Veterans Affairs to issue an identification card to veterans. This bill was unanimously passed by Congress and signed into law on July 20, 2015. Unfortunately, these cards are still not available to veterans. The Committee directs the Department to move swiftly in making these cards available.

BOARD OF VETERANS APPEALS

PROGRAM DESCRIPTION

As set forth in section 7101(a) of title 38 United States Code, the Board of Veterans Appeals is responsible for making final decisions on claims for veterans benefits presented to the Board for appellate review. The vast majority of the Board's workload derives from benefit claims initiated by the Veterans Benefits Administration's Regional Offices. The appellate process has multiple steps, most of which occur at the local Regional Office level. If a veteran is not satisfied with the Regional Office determination, he or she may appeal to the Board for a final agency decision. The Board adjudicates appeals covering all areas of veterans benefits, including: service connection, increased disability ratings, total disability ratings, pensions, insurance benefits, educational benefits, home loan guaranties, vocational rehabilitation, waivers of indebtedness, fee basis medical care, and dependency and indemnity compensation.

COMMITTEE RECOMMENDATION

The Committee recommends $166,000,000 for the Board of Veterans Appeals, which is $10,404,000 above fiscal year 2017 enacted level and the budget request. The Committee has included bill language to make available through September 30, 2019, up to 10 percent of the Board of Veterans Appeals appropriation.

Growing Backlog of Appeals.—The Committee remains concerned over the growing backlog of disability claims at all stages of the appeals process but is particularly concerned about the increase at the Board of Veterans Appeals. The fiscal year 2018 justification accompanying the Department's budget submission notes the number of cases received by the Board continues to grow rapidly, projected to increase by 23 percent from 115,847 pending appeals at the end of 2016 to 142,756 pending appeals by the end of 2017. Each year since 1996, the volume of appeals received by VBA equated to 9 to 15 percent of the total claims completed in those years. The Committee understands as VBA sees increases in the
number of claims, appeals at the Board increase proportionally. The Board notes that it expects the backlog to increase dramatically over the coming years without additional resources and legislative reform. To that end, the Committee recommends an additional $10,404,000 above the budget request for additional staffing needs. In addition, BVA in conjunction with VBA shall provide a report to the Committee on Appropriations of both Houses of Congress no later than January 1, 2018, outlining a five year staffing plan to ensure that the appellate backlog is addressed in a timely manner.

INFORMATION TECHNOLOGY SYSTEMS

<table>
<thead>
<tr>
<th>Appropriations, 2017</th>
<th>$4,270,259,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget estimate, 2018</td>
<td>4,055,500,000</td>
</tr>
<tr>
<td>Committee recommendation</td>
<td>4,055,500,000</td>
</tr>
</tbody>
</table>

PROGRAM DESCRIPTION

The Information Technology [IT] Systems appropriation, along with reimbursements, funds the costs of all IT staff salaries and expenses, the operations and maintenance of all existing information technology systems, and the development of new projects and programs designed to improve the delivery of service to veterans. This appropriation also funds the costs associated with the Office of Information and Technology which oversees the functions highlighted above.

COMMITTEE RECOMMENDATION

The Committee recommends $4,055,500,000 for the Information Technology Systems account. This amount is $214,759,000 below the fiscal year 2017 enacted level and equal to the budget request. The Committee recommendation includes $1,230,320,000 for staff salaries and expenses, $2,466,650,000 for operation and maintenance of existing programs, and $358,530,000 for program development.

The Committee has appropriated the Information Technology Systems account as three subaccounts. This funding structure enhances the Committee's ability to ensure funds are executed in a manner consistent with the Department's budget submission. The Committee has provided sufficient flexibility within the subaccounts by way of authorized carryover amounts and reprogramming authority to give the Office of Information Technology as much flexibility as possible to accomplish its mission and goals, while ensuring proper accountability and oversight. The Committee will continue to work with the Department to ensure the IT projects currently underway, as well as the projects planned for the future, have the resources needed for success.

INFORMATION TECHNOLOGY DEVELOPMENT PROJECTS

<table>
<thead>
<tr>
<th>Project</th>
<th>Fiscal year 2018 budget request</th>
<th>Committee recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic Health Record (EHR) Interoperability and VLHER Health</td>
<td>10,000</td>
<td>10,000</td>
</tr>
<tr>
<td>Electronic Health Record (EHR)</td>
<td>59,904</td>
<td>59,904</td>
</tr>
<tr>
<td>Veterans Benefits Management System (VBMS)</td>
<td>39,000</td>
<td>39,000</td>
</tr>
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</table>

July 11, 2017 (3:40 p.m.)
### INFORMATION TECHNOLOGY DEVELOPMENT PROJECTS—Continued

<table>
<thead>
<tr>
<th>Project</th>
<th>Fiscal year 2018 budget request</th>
<th>Committee recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual Lifetime Electronic Record (VLER)</td>
<td>20,968</td>
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<tr>
<td>Veterans Customer Experience</td>
<td>58,473</td>
<td>58,473</td>
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<tr>
<td>Other IT Systems Development</td>
<td>170,185</td>
<td>170,185</td>
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<tr>
<td>Total Development</td>
<td>358,530</td>
<td>358,530</td>
</tr>
</tbody>
</table>

**Electronic Health Record.**—Achieving interoperability between the health records of the Department of Veterans Affairs and the Department of Defense remains one of the highest priorities of the Committee. The Committee believes from a servicemember's initial military entrance physical to their final interaction with VA, a seamless health record should follow the individual. With the Secretary's decision on June 5, 2017, to acquire by a sole-source contract the same electronic health record system as the DoD, the Committee is unable at the time of this printing to precisely and comprehensively opine on the future of the system. The Department has proactively offered to remain in regular contact about the acquisition of the new system and the needed addition functionalities VA will pursue to address the VA-specific mission. The Committee notes there is no direct request in the budget request this year to provide funding for an acquisition. Given the lack of information about the cost of a new EHR, but the Committee's awareness of the final cost estimate of the DoD acquisition, it can be assumed the VA total cost will exceed previous estimates for VistA Evolution. To that end, in its oversight capacity, the Committee will reevaluate, with the Committee on Appropriations of the House of Representatives, the constraints on the obligation or expenditure of funding for the new acquisition at the appropriate time.

Additionally, the Committee remains concerned about the continued status of electronic health record interoperability between VA and DoD and whether lack of interoperability limits VA clinicians' ability to readily access information from DoD records, potentially impeding their ability to make the most informed decisions on treatment options, and possibly putting veterans' health at risk. Although VA and DoD have certified interoperability, there are more developed goals that can be realized. While several applications exist to facilitate health data access for clinicians, more must be done to ensure that the most relevant data is accessible in a user-friendly format to facilitate efficient clinical encounters. Both Departments must remain committed to working towards assuring continued VA and DoD interoperability as each Department adopts its new electronic health record system. The Committee directs VA and DoD to establish clear and agreed-upon metrics and goals for interoperability, to establish clear timeframes for meeting those goals, to ensure clinician feedback is sought and considered as the respective electronic medical record systems are modernized, and to update the VA/DoD Interagency Program Office guidance to reflect agreed-upon metrics and goals. The need for well-functioning, up-to-date electronic health record technology is absolutely critical as
VA plans for a shift to a model of care that greatly expands its use of care in the community.

Cybersecurity.—The Committee recommends the full budget request of $340,000,000 for the VA’s Office of Information Security. Over the past year, the Department has been executing an enterprise-wide cybersecurity strategy which defines a comprehensive set of actions, processes, and emerging security technologies that will further enhance the cybersecurity of VA’s information and assets and improve the resilience of VA networks. To better increase oversight and to ensure VA is aggressively pursuing a robust cybersecurity plan, the Chief Information Officer is directed submit a report to the Committees on Appropriations of both Houses of Congress no later January 1, 2018, on VA’s current and future plans to increase security protocols across VA’s networks. At a minimum, the CIO should include how much was obligated in in fiscal year 2017 and estimates for fiscal year 2018 to: secure the over 60,000 medical devices that connect to VA’s network, implement Digital Rights Management technology, strengthen encryption services, and improve VA’s cybersecurity workforce recruitment, hiring, and training. Given the sensitive nature of this topic, the CIO may provide this report as a briefing to the Committees.

Network Capabilities.—As VA maximizes the use of telehealth and remote patient monitoring technology, particularly technology that makes use of high-resolution interfaces, enhanced and modern network capability will be needed. In order to ensure proper budgetary resources are being utilized to modernize VA’s healthcare networks, the Department is directed to include in the justifications accompanying the fiscal year 2019 budget request a section specific to network modernization, including fiscal year 2018 accomplishments.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2017 ................................................................. $159,606,000
Budget estimate, 2018 ............................................................. 159,606,000
Committee recommendation ................................................. 164,000,000

PROGRAM DESCRIPTION

The Office of Inspector General [OIG] was established by the Inspector General Act of 1978 and is responsible for the audit, investigation, and inspection of all Department of Veterans Affairs programs and operations.

COMMITTEE RECOMMENDATION

The Committee recommends $164,000,000 for the Office of Inspector General. This is $4,394,000 above the fiscal year 2017 enacted level and the budget request. The Committee has included bill language to make available through September 30, 2019, up to 10 percent of the Office of the Inspector General appropriation.

CONSTRUCTION, MAJOR PROJECTS

Appropriations, 2017 ................................................................. $528,110,000
Budget estimate, 2018 ............................................................. 512,430,000
Committee recommendation ................................................. 512,430,000

July 11, 2017 (3:40 p.m.)
The Construction, Major Projects account provides for constructing, altering, extending, and improving any of the facilities (including parking projects) under the jurisdiction or for the use of VA, including planning, architectural and engineering services, needs assessment, and site acquisition where the estimated cost of a project is more than the amount set forth in 38 U.S.C. 8104(a)(3)(A). Proceeds realized from Enhanced Use Lease activities may be deposited into the Construction, Major Projects and Construction, Minor Projects accounts.

COMMITTEE RECOMMENDATION

The Committee recommends an appropriation of $512,430,000 for the construction of major projects. This is $15,680,000 below the fiscal year 2017 enacted level and equal the budget request.

The following table reflects the President's budget request for major construction projects and the corresponding Committee recommendations.

### MAJOR CONSTRUCTION PROJECTS

<table>
<thead>
<tr>
<th>Location and description</th>
<th>Fiscal year 2018 budget request</th>
<th>Committee recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans Health Administration (VHA):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Livermore, CA: Realignment and Closure of the Livermore Campus</td>
<td>117,300</td>
<td>117,300</td>
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<tr>
<td>Advance Planning and Design Fund: Various Locations</td>
<td>57,500</td>
<td>57,500</td>
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<tr>
<td>Asbestos: Various Locations</td>
<td>7,500</td>
<td>7,500</td>
</tr>
<tr>
<td>Major Construction Staff: Various Locations</td>
<td>27,500</td>
<td>27,500</td>
</tr>
<tr>
<td>Hazardous Waste: Various Locations</td>
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<td>15,000</td>
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<tr>
<td>Judgement Fund: Various Locations</td>
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<td>10,000</td>
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<tr>
<td>Non-Departmental Federal Entity Project Management Support</td>
<td>16,730</td>
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Total, VHA:  

<table>
<thead>
<tr>
<th>Location and description</th>
<th>Fiscal year 2018 budget request</th>
<th>Committee recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Cemetery Administration (NCA):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sacramento, California: Grave Site Expansion</td>
<td>35,000</td>
<td>35,000</td>
</tr>
<tr>
<td>Bushnell, Florida: Grave Site Expansion and Cemetery Improvement Sites</td>
<td>51,500</td>
<td>51,500</td>
</tr>
<tr>
<td>Elwood, Illinois: Grave Site Expansion, Phase 3</td>
<td>35,000</td>
<td>35,000</td>
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<tr>
<td>Canton, New York: Grave Site Expansion</td>
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<td>50,000</td>
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<tr>
<td>Phoenix, Arizona: Grave Site Expansion</td>
<td>61,900</td>
<td>61,900</td>
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<tr>
<td>Bridgeville, Pennsylvania: Grave Site Expansion, Phase 3</td>
<td>39,000</td>
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<tr>
<td>Advance Planning and Design Fund</td>
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<tr>
<td>NCA Land Acquisition Fund</td>
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Total, NCA:  

<table>
<thead>
<tr>
<th>Location and description</th>
<th>Fiscal year 2018 budget request</th>
<th>Committee recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Administration - Staff Offices, Advance Planning Fund</td>
<td>5,000</td>
<td>5,000</td>
</tr>
</tbody>
</table>

Total Construction, Major Projects:  

<table>
<thead>
<tr>
<th>Location and description</th>
<th>Fiscal year 2018 budget request</th>
<th>Committee recommendation</th>
</tr>
</thead>
</table>

The Future of VA Construction.—The Committee remains concerned about the state of VA’s major construction program. In the wake of the massive cost overruns at the Denver VA Medical Center, Congress required VA to utilize the U.S. Army Corps of Engineers (the Corps) as its construction agent for all major construction projects over $100,000,000. Bringing the Corps into the VA construction process has exposed major differences between the standardized policies, practices and procedures the Corps follows in the military construction world and the procedures for major construction and capital investment VA uses in practice. This has
forced VA to take a hard look at many of its construction business practices, and in many cases, implement changes to adhere to Corps policies in order for the Corps to agree to move forward managing VA projects. For example, VA traditionally views a project as a whole campus, meaning a project will consist of multiple buildings with construction timelines spanning an often indefinite number of years. In the military construction world, this would be known as a master plan, which would consist of multiple individual projects, each of which represents a complete and usable building. Each military construction project is planned in advance, has a set scope and estimated cost, and specific project details reflected on a form DD 1391. The Committee believes the level of analysis and rigor put into the form DD 1391 and the Department of Defense processes for construction should serve as a model for VA to follow, particularly in light of the partnership with the Corps.

Another Department of Defense process VA should begin to follow is the future years defense plan (fiscal yearDP), a document that lays out the military construction projects in the current year's budget request and the projects anticipated to be in the next 5 year's requests. Although always subject to change, the fiscal yearDP shows the Committee that DoD has a well-reasoned plan for the next few years to address its infrastructure needs. Contrast this with the VA's SCIP list and the differences are glaring. The SCIP list is monstrous, laying out all VA's infrastructure needs with seemingly no prioritization or indication of which projects VA intends to pursue first, and no timeline for when projects will be completed. Judging from the past several year's budget requests, correcting seismic deficiencies seems to be one of the VA's top priorities. However, other serious life, health, and safety projects seem to languish on the SCIP list. For example, the outpatient clinic at Hilo, Hawaii lies within a tsunami flood zone. While VA plans to close this facility and move to temporary space that veterans cite as difficult to get to and will likely result in a decrease in access, plans for the new permanent clinic remain stalled on the SCIP list, despite the fact that the current facility has to be closed because of the tsunami threat. The SCIP list also proves to be a very ineffective tool for the Committee to use to understand the future of VA construction. For example, projects move up or down the list from year to year without any obvious explanation to the Congressional staff who follow their home state project closely. The Committee and its staff are the primary consumers of the data included in VA's annual budget justifications to Congress, yet the SCIP list as included in the justifications is not a useful document. The Committee directs the Department to work diligently to move towards a DoD-like five-year construction plan and concurrently craft a better way to provide construction information annually to Congress.

July 11, 2017 (3:40 p.m.)
CONSTRUCTION, MINOR PROJECTS

Appropriations, 2017 ................................................................. $372,069,000
Budget estimate, 2018 ........................................................... 342,570,000
Committee recommendation ................................................... 342,570,000

PROGRAM DESCRIPTION

The Construction, Minor Projects account provides for constructing, altering, extending, and improving any of the facilities (including parking) under the jurisdiction or for the use of VA, including planning, assessment of needs, architectural and engineering services, and site acquisition, where the estimated cost of a project is equal to or less than $10,000,000. Public Law 106–117, the Veterans Millennium Health Care and Benefits Act of 1999, gave VA authority to make capital contributions from minor construction in enhanced-use leases. Proceeds realized from enhanced-use lease activities may be deposited into the Construction, Major Projects and Construction, Minor Projects accounts.

COMMITTEE RECOMMENDATION

The Committee recommends $342,570,000 for minor construction. This is $29,499,000 below the fiscal year 2017 enacted level and equal to the budget request.

The recommendation includes $193,610,000 for the Veterans Health Administration, $97,950,000 for the National Cemetery Administration, and $29,895,000 for the Veterans Benefits Administration. The Department is directed to provide an expenditure plan to the Committees on Appropriations of both Houses of Congress no later than 30 days after enactment of this act for the amount appropriated for minor construction.

GRANTS FOR CONSTRUCTION OF STATE EXTENDED CARE FACILITIES

Appropriations, 2017 ................................................................. $90,000,000
Budget estimate, 2018 ........................................................... 90,000,000
Committee recommendation ................................................... 110,000,000

PROGRAM DESCRIPTION

This account is used to provide grants to assist States in acquiring or constructing State home facilities for furnishing domiciliary or nursing home care to veterans, and to expand, remodel, or alter existing buildings for furnishing domiciliary, nursing home, or hospital care to veterans in State homes. The grant may not exceed 65 percent of the total cost of the project. Public Law 102–585 granted permanent authority for this program, and Public Law 106–117 provided greater specificity in directing VA to prescribe regulations for the number of beds for which grant assistance may be furnished. This program has been a successful partnership between States and VA in meeting the long-term care needs of elderly veterans for decades.

COMMITTEE RECOMMENDATION

The Committee recommends $110,000,000 for Grants for construction of State extended care facilities. This is $20,000,000 above the budget request.

July 11, 2017 (3:40 p.m.)
Funding Prioritization.—The Committee continues to be concerned about the prioritization of funding for new State veterans homes. The criteria used by the Department when making funding decisions for new facilities should consider the unique needs of geographically small States that depend on just one facility, straining capacity and leaving those States without alternative facilities to care for veterans while their projects are pending.

GRANTS FOR CONSTRUCTION OF VETERANS CEMETERIES

<table>
<thead>
<tr>
<th>Appropriations, 2017</th>
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<tbody>
<tr>
<td>Budget estimate, 2018</td>
<td>45,000,000</td>
</tr>
<tr>
<td>Committee recommendation</td>
<td>45,000,000</td>
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</tbody>
</table>

PROGRAM DESCRIPTION

Public Law 105–368 amended title 38 U.S.C. 2408 and established authority to provide aid to States for establishment, expansion, and improvement of State veterans cemeteries, which are operated and permanently maintained by the States. This statutory change increased the maximum Federal share from 50 percent to 100 percent in order to fund construction costs and initial equipment expenses when the cemetery is established. States remain responsible for providing the land and for paying all costs related to operation and maintenance of the cemeteries, including the costs for subsequent equipment purchases.

COMMITTEE RECOMMENDATION

The Committee recommends $45,000,000 for Grants for construction of State veterans cemeteries. This is equal to the budget request.

ADMINISTRATIVE PROVISIONS

(INCLUDING TRANSFERS AND RESCSSIONS OF FUNDS)

Sec. 201. The Committee includes a provision which outlines transfer authority and responsibilities for the Veterans Benefits Administration.

Sec. 202. The Committee includes a provision which outlines transfer authority and responsibilities for the Veterans Health Administration.

Sec. 203. The Committee includes a provision which outlines the use of funds appropriated for salaries and expenses.

Sec. 204. The Committee includes a provision mandating that only construction funds may be used for land procurement or the construction of any new hospital or home.

Sec. 205. The Committee includes a provision allowing for reimbursements to the Medical Services account.

Sec. 206. The Committee includes a provision allowing for payments of prior year obligations.

Sec. 207. The Committee includes a provision which allows for the use of funds for prior year obligations.

Sec. 208. The Committee includes a provision which allows for payments from the National Service Life Insurance Fund.

Sec. 209. The Committee includes a provision which outlines the use of funds from enhanced-use lease proceeds.
Sec. 210. The Committee includes a provision which provides for funds for the Office of Resolution Management, the Office of Employment Discrimination Complaint Adjudication, the Office of Accountability and Whistleblower Protection, and the Office of Diversity and Inclusion.

Sec. 211. The Committee includes a provision which requires disclosure of third-party reimbursement information.

Sec. 212. The Committee includes a provision which allows for the transfer of revenue derived from enhanced-use leases into the construction accounts.

Sec. 213. The Committee includes a provision which outlines authorized uses for Medical Services account funds.

Sec. 214. The Committee includes a provision which allows funds in the Medical Care Collection Fund to be transferred into the Medical Services and Medical Community Care accounts.

Sec. 215. The Committee includes a provision which allows eligible veterans in the State of Alaska to obtain medical care services.

Sec. 216. The Committee includes a provision which allows for the transfer of funds into the construction accounts.

Sec. 217. The Committee includes a provision rescinding funds from Medical services.

Sec. 218. The Committee includes a provision requiring the Secretary of Veterans Affairs to submit quarterly financial reports on the Veterans Health Administration.

Sec. 219. The Committee includes a provision outlining transfer authority for the Information Technology Systems account.

Sec. 220. The Committee includes a provision prohibiting any funds to be used to contract out any functions performed by more than 10 employees without a fair competition process.

Sec. 221. The Committee includes a provision allowing for the transfer of funds from certain accounts to the Joint Department of Defense/Department of Veterans Affairs Medical Facility Demonstration Fund, as authorized by Public Law 111–84.

Sec. 222. The Committee includes a provision allowing for the transfer of funds from certain advance appropriation accounts to the Joint Department of Defense/Department of Veterans Affairs Medical Facility Demonstration Fund, as authorized by Public Law 111–84.

Sec. 223. The Committee includes a provision allowing for the transfer of certain funds deposited in the Medical Care Collections Fund to the Joint Department of Defense/Department of Veterans Affairs Medical Facility Demonstration Fund, as authorized by Public Law 111–84.

Sec. 224. The Committee includes a provision directing a minimum of $15,000,000 be transferred from Medical Services, Medical Support and Compliance, and Medical Facilities to the Department of Defense/Department of Veterans Affairs Health Care Sharing Incentive Fund, as authorized by section 8111 of title 38, United States Code.

Sec. 225. The Committee includes a provision directing the Department to make every effort to fund State Veterans Nursing Home Construction grants on the fiscal year 2017 list.

Sec. 226. The Committee includes a provision requiring notification of all bid savings for major construction projects.
Sec. 227. The Committee includes a provision restricting scope increases for major construction projects above that specified in the original project justification.

Sec. 228. The Committee includes a provision requiring the Department to submit reports relating to the Veterans Benefits Administration on claims processing at Regional Offices.

Sec. 229. The Committee includes a provision limiting the funding from the Medical Support and Compliance account for the VistA Evolution and electronic health record interoperability projects.

Sec. 230. The Committee includes a provision requiring VA to notify the Committee 15 days prior to any organizational changes within VA of 25 or more FTE.

Sec. 231. The Committee includes a provision directing funding for non-recurring maintenance.

Sec. 232. The Committee includes a provision permitting the transfer to the Medical Services account of fiscal year discretionary 2018 appropriated funds.

Sec. 233. The Committee includes a provision permitting the transfer of funds between GOE, VBA and BVA.

Sec. 234. The Committee includes a provision prohibiting the reprogramming of funds in excess of $7,000,000 among major construction projects or programs.

Sec. 235. The Committee includes a provision rescinding unobligated balances from the DoD–VA Health Care Sharing Incentive Fund.

Sec. 236. The Committee includes a provision pertaining to Native Hawaiian small businesses.

Sec. 237. The Committee includes a provision limiting bonuses for senior executives.

Sec. 238. The Committee includes a provision directing the discontinuation of the usage of social security numbers with the Department of Veterans Affairs.

Sec. 239. The Committee includes a provision pertaining to the certification of marriage and family therapists.

Sec. 240. The Committee includes a provision restricting funds for the purpose of using groups of subject matter experts to evaluate compensation claims.

Sec. 241. The Committee includes a provision prohibiting the transfer of funds from the Filipino Veterans Equity Compensation Fund to any other VA account.

Sec. 242. The Committee includes a provision denying or revoking the eligibility of a healthcare provider to provide non-VA care for various reasons.

Sec. 243. The Committee includes a provision relating to the availability of Construction, Major Projects funds.

Sec. 244. The Committee includes a provision relating to the availability of Construction, Major Projects funds.

Sec. 245. The Committee includes a provision regarding a childcare program.

Sec. 246. The Committee includes a provision relating to the availability of chiropractic care.

Sec. 247. The Committee includes a provision on a pilot program for the education and training of physician assistants.
Sec. 248. The Committee includes a provision on coastwise merchant seamen.
Sec. 249. The Committee includes a provision on fertility treatment and counseling for service-connected disabled veterans.
Sec. 250. The Committee includes a provision rescinding funds from the Information Technology Systems account.
Sec. 251. The Committee includes a provision related to a demand profile for healthcare services.
Sec. 252. The Committee includes a provision regarding uniform access standards for healthcare services.
Sec. 253. The Committee includes a provision regarding vacant, mostly vacant, or underutilized buildings and structures.
Sec. 254. The Committee includes a provision ensuring particular ratios of veterans to full-time employment equivalents within any VA program of rehabilitation.
Sec. 255. The Committee includes a provision indicating that no funds may be used to deny the Inspector General timely access to VA records and documents.
Sec. 256. The Committee includes a provision prohibiting funds to be used to restrict an individual's ability to speak with a Member of Congress or his or her staff.
Sec. 257. The Committee includes a provision providing authority for VHA to administer the National Veterans Sports Program.
Sec. 258. The Committee includes a provision requiring certain data to be included in the budget justifications for the Construction, Major account.
Sec. 259. The Committee includes a provision related to the Rural Veterans Coordination Pilot.
Sec. 260. The Committee includes a provision on a national realignment strategy for VA facilities.
TITLE III
RELATED AGENCIES
AMERICAN BATTLE MONUMENTS COMMISSION

OVERVIEW

The American Battle Monuments Commission was established by Congress in 1923 and is responsible for the following: designing, constructing, operating, and maintaining permanent American cemeteries in foreign countries; establishing and maintaining U.S. military memorials, monuments, and markers where American Armed Forces have served overseas since April 6, 1917, the date of the United States entry into World War I, and within the United States when directed by public law; and controlling the design and construction of permanent U.S. military monuments and markers by other U.S. citizens and organizations, both public and private, and encouraging their maintenance. ABMC administers, operates, and maintains 26 permanent American military cemeteries, 29 Federal memorial, monuments, and markers, and 8 non-Federal memorials located in 15 foreign countries, the U.S. Commonwealth of the Northern Mariana Islands, the British Dependency of Gibraltar, and the United States of America.

SALARIES AND EXPENSES

<table>
<thead>
<tr>
<th>Appropriations, 2017</th>
<th>$75,100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget estimate, 2018</td>
<td>$75,100,000</td>
</tr>
<tr>
<td>Committee recommendation</td>
<td>$79,000,000</td>
</tr>
</tbody>
</table>

COMMITTEE RECOMMENDATION

The Committee recommends $79,000,000 for the Salaries and Expenses account. This amount is $3,900,000 above the fiscal year 2017 enacted level and the budget request. The recommendation includes an additional $3,900,000 to bolster the Commission's maintenance and infrastructure program, including the interpretive program. The additional funds will restore the reduction proposed in the budget request for this program and provide additional funds to accelerate the Commission's 5-year plan, not only to maintain the cemeteries and monuments honoring America's war dead, but also to preserve and communicate these veterans' stories of courage and sacrifice.

FOREIGN CURRENCY FLUCTUATIONS

The Committee includes in the accompanying act, as proposed by the administration, such sums as necessary for the Foreign Currency Fluctuations account. Funding the account in this manner allows the Commission to maintain cemeteries regardless of the volatility of foreign currency fluctuations.
The United States Court of Appeals for Veterans Claims was established by the Veterans’ Judicial Review Act of 1988. The Court is an independent judicial tribunal with exclusive jurisdiction to review decisions of the Board of Veterans Appeals. It has the authority to decide all relevant questions of law; interpret constitutional, statutory, and regulatory provisions; and determine the meaning or applicability of the terms of an action by the Secretary of Veterans Affairs. It is authorized to compel action by the Secretary. It is authorized to hold unconstitutional or otherwise unlawful and set aside decisions, findings, conclusions, rules, and regulations issued or adopted by the Secretary of Veterans Affairs, the Board of Veterans Appeals, or the Chairman of the Board that are found to be arbitrary or capricious. The Court's principal office location is Washington, DC; however, it is a national court, empowered to sit anywhere in the United States.

Salaries and Expenses

<table>
<thead>
<tr>
<th>Appropriations, 2017</th>
<th>$30,945,000</th>
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</thead>
<tbody>
<tr>
<td>Budget estimate, 2018</td>
<td>$33,608,000</td>
</tr>
<tr>
<td>Committee recommendation</td>
<td>$33,608,000</td>
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</tbody>
</table>

Committee Recommendation

The Committee recommends $33,608,000 for the U.S. Court of Appeals for Veterans Claims. This amount is $2,663,000 above the fiscal year 2017 enacted level and equal to the budget request. The Committee recommends $800,000 to be transferred to the General Services Administration for the planning and design of a new courthouse as included in the budget request.

Department of Defense—Civil

Cemeterial Expenses, Army

Overview

The Secretary of the Army is responsible for the administration, operation, and maintenance of Arlington National Cemetery and the Soldiers' and Airmen's Home National Cemetery. In addition to its principal function as a national cemetery, Arlington hosts more than 3,000 public wreath laying ceremonies, approximately 100 distinguished visitor honors wreath laying ceremonies, and approximately 4,000,000 visitors annually.

Salaries and Expenses

<table>
<thead>
<tr>
<th>Appropriations, 2017</th>
<th>$70,800,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget estimate, 2018</td>
<td>70,800,000</td>
</tr>
<tr>
<td>Committee recommendation</td>
<td>81,000,000</td>
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</tbody>
</table>

Committee Recommendation

The Committee recommends $81,000,000 for the Salaries and Expenses account. This amount is $10,200,000 above both the fiscal year 2017 enacted level and the budget request.

July 11, 2017 (3:40 p.m.)
The Committee convened a field hearing at Arlington National Cemetery on March 29, 2017, which was a fitting and special place to hold the Committee's first hearing of this Congress. The field hearing was very informative and productive and carefully examined the Cemetery's current operations and workload, existing expansion plans, and the serious capacity constraints on the Cemetery in the 2040–2050 timeframe.

The hearing identified a significant shortfall in the Cemetery's operating account which directly funds the Cemetery's day-to-day operations, salaries, maintenance, and expenses. The Committee determined ANC's operating account had been held artificially flat for a number of years, and this action is beginning to have deleterious effects on the Cemetery's performance and ability to meet its mission.

Arlington performs over 7,000 burial services each year for veterans and family members and an average of 27–30 each weekday. With this heavy workload, ANC cannot be under-resourced, and accordingly, the Committee has provided an additional $10,200,000 to correct this problem.

This Committee will be unwavering in its support for the Cemetery and the successful completion of the Cemetery's truly unique and honored mission. Accordingly, the Secretary of the Army is directed to include this increase in the Cemetery's baseline budget and ensure future budget requests provide ample resources for Arlington National Cemetery.

**ARMED FORCES RETIREMENT HOME**

**TRUST FUND**

**OVERVIEW**

<table>
<thead>
<tr>
<th>Appropriations, 2017</th>
<th>$64,300,000</th>
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<tbody>
<tr>
<td>Budget estimate, 2018</td>
<td>64,300,000</td>
</tr>
<tr>
<td>Committee recommendation</td>
<td>64,300,000</td>
</tr>
</tbody>
</table>

**COMMITTEE RECOMMENDATION**

The Committee recommends authority to expend $64,300,000 from the Armed Forces Retirement Home [AFRH] Trust Fund to operate and maintain the Armed Forces Retirement Home—Washington, DC, and the Armed Forces Retirement Home—Gulfport, Mississippi.

*Trust Fund Solvency.*—The Explanatory Statement accompanying H.R. 5325, the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (Public Law 114–223) directed AFRH and the Department of Defense to submit by October 1, 2016, a proposal to ensure the long-term sustainability of the Trust Fund by replenishing the Trust Fund’s revenues, not by cutting core AFRH operations. The Committee also requested further information regarding an in-depth study that DoD has undertaken to develop plans to improve Trust Fund solvency. The Committee is disappointed to note neither this report nor the requested information has been made available as directed. AFRH and DoD are directed to deliver these materials as soon as

July 11, 2017 (3:40 p.m.)
possible to the Committees on Appropriations of both Houses of Congress.

**ADMINISTRATIVE PROVISIONS**

Sec. 301. The Committee includes a provision allowing the relocation of a federally owned water main.

Sec. 302. The Committee includes a provision making available funds as authorized by 10 U.S.C. 4727.
TITLE IV
OVERSEAS CONTINGENCY OPERATIONS
DEPARTMENT OF DEFENSE

The Committee recommends title IV, Overseas Contingency Operations, for military construction projects related to the Global War on Terrorism and the European Reassurance Initiative that were requested by the Administration in the Fiscal Year 2018 Overseas Contingency Operations (OCO) budget request.

MILITARY CONSTRUCTION, ARMY

The Committee recommends $139,700,000 for “Military Construction, Army”, as requested in the Fiscal Year 2018 Overseas Contingency Operations budget request, for military construction and planning and design in support of Overseas Contingency Operations and the European Reassurance Initiative.

MILITARY CONSTRUCTION, NAVY AND MARINE CORPS

The Committee recommends $18,500,000 for “Military Construction, Navy and Marine Corps”, as requested in the Fiscal Year 2018 Overseas Contingency Operations budget request, for planning and design in support of the European Reassurance Initiative.

MILITARY CONSTRUCTION, AIR FORCE

The Committee recommends $478,030,000 for “Military Construction, Air Force”, as requested in the Fiscal Year 2018 Overseas Contingency Operations budget request, for military construction and planning and design in support of Overseas Contingency Operations and the European Reassurance Initiative.

MILITARY CONSTRUCTION, DEFENSE-WIDE

The Committee recommends $1,900,000 for “Military Construction, Defense-Wide”, as requested in the Fiscal Year 2018 Overseas Contingency Operations budget request, for planning and design in support of the European Reassurance Initiative.

ADMINISTRATIVE PROVISION

SEC. 401. The Committee includes a provision which provides the contingent emergency designation for the Overseas Contingency Operations accounts.
TITLE V

GENERAL PROVISIONS

Sec. 501. The Committee includes a provision that prohibits the obligation of funds beyond the current fiscal year unless expressly so provided.

Sec. 502. The Committee includes a provision that prohibits the use of funds for programs, projects, or activities not in compliance with Federal law relating to risk assessment, the protection of private property rights, or unfunded mandates.

Sec. 503. The Committee includes a provision that encourages the expansion of E-commerce technologies and procedures.

Sec. 504. The Committee includes a provision that specifies the congressional committees that are to receive all reports and notifications.

Sec. 505. The Committee includes a provision that limits funds from being transferred from this appropriations measure to any instrumentality of the United States Government without authority from an appropriations act.

Sec. 506. The Committee includes a provision regarding the posting of congressional reports on agency Web sites.

Sec. 507. The Committee includes a provision prohibiting the use of funds to establish or maintain a computer network unless such network blocks the viewing, downloading, and exchanging of pornography, except for law enforcement investigation, prosecution, or adjudication activities.

Sec. 508. The Committee includes a provision prohibiting the use of funds for the payment of first-class travel by an employee of the executive branch.

Sec. 509. The Committee includes a provision limiting the construction of facilities in the United States, its territories, or possessions for the purposes of housing individuals detained at Guantánamo Bay, Cuba.
PROGRAM, PROJECT, AND ACTIVITY

In fiscal year 2017, for purposes of the Balanced Budget and Emergency Deficit Control Act of 1985 (Public Law 99-177) or the Balanced Budget and Emergency Deficit Control Reaffirmation Act of 1987 (Public Law 100-119), the following information provides the definition of the term “program, project, and activity” for departments, agencies and programs under the jurisdiction of the Military Construction and Veterans Affairs, and Related Agencies subcommittee. The term “program, project, and activity” shall include the most specific level of budget items identified in the Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, the House and Senate Committee reports, and the conference report and accompanying joint explanatory statement of managers of the committee of conference.

If a sequestration order is necessary, in implementing the Presidential order, departments, and agencies shall apply any percentage reduction required for fiscal year 2017 pursuant to the provisions of Public Law 99-177 or Public Law 100-119 to all items specified in the justifications submitted to the Committees on Appropriations of the Senate and House of Representatives in support of the fiscal year 2017 budget estimates, as amended, for such departments and agencies, as modified by congressional action, and in addition, for the Department of Defense, Military Construction, the definition shall include specific construction locations as identified in the explanatory notes.

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee reports accompanying general appropriations bills identify each recommended amendment which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session.

The Committee recommends funding for the following programs which currently lack authorization:

Title I: Department of Defense
  Military Construction, Army
  Military Construction, Navy and Marine Corps
  Military Construction, Air Force
  Military Construction, Defense-Wide
  Military Construction, Army National Guard
  Military Construction, Air National Guard
  Military Construction, Army Reserve
  Military Construction, Navy Reserve
  Military Construction, Air Force Reserve
  North Atlantic Treaty Organization Security Investment Program
  Department of Defense Base Closure Account
  Family Housing Operation and Maintenance, Army

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Family Housing Operation and Maintenance, Navy and Marine Corps
Family Housing Operation and Maintenance, Air Force
Family Housing Operation and Maintenance, Defense-Wide
Department of Defense Family Housing Improvement Fund
Family Housing Construction, Army
Family Housing Construction, Navy and Marine Corps
Family Housing Construction, Air Force

Title II: Department of Veterans Affairs
Veterans Benefits Administration
Veterans Health Administration
National Cemetery Administration
Departmental Administration

Title III: Related Agencies
American Battle Monuments Commission
U.S. Court of Appeals for Veterans Claims
Cemeterial Expenses, Army
Armed Forces Retirement Home

COMPLIANCE WITH PARAGRAPH 7(c), RULE XXVI OF THE STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, on July 00, 2017, the Committee ordered favorably reported a bill (S. 0000) making appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2018, and for other purposes, provided, that the bill be subject to amendment and that the bill be consistent with its budget allocation, by a recorded vote of 00–00, a quorum being present. The vote was as follows:

Yeas  Nays

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that Committee reports on a bill or joint resolution repealing or amending any statute or part of any statute include “(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken-through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the committee.”

In compliance with this rule, changes in existing law proposed to be made by the bill are shown as follows: existing law to be omitted is enclosed in black brackets; new matter is printed in italic; and existing law in which no change is proposed is shown in roman.

July 11, 2017 (3:40 p.m.)
### BUDGETARY IMPACT OF BILL

**PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC. 308(a), PUBLIC LAW 93-344, AS AMENDED**

(In millions of dollars)

<table>
<thead>
<tr>
<th>Budget Authority</th>
<th>Committee Allocation</th>
<th>Amount in Bill</th>
<th>Committee Allocation</th>
<th>Amount in Bill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparison of amounts in the bill with the subcommittee allocation for 2018. Subcommittee on Military Construction and Veterans Affairs, and Related Agencies.</td>
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<tr>
<td>Mandatory</td>
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<tr>
<td>Discretionary</td>
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<tr>
<td>Security</td>
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<tr>
<td>Nonsecurity</td>
<td></td>
<td></td>
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<tr>
<td>Projections of outlays associated with the recommendation: 2018</td>
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<tr>
<td>2019</td>
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<tr>
<td>2020</td>
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<tr>
<td>2021</td>
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<tr>
<td>2022 and future years</td>
<td></td>
<td></td>
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<tr>
<td>Financial assistance to State and local governments for 2018</td>
<td>NA</td>
<td>NA</td>
<td></td>
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</tbody>
</table>

*Includes outlays from prior-year budget authority.

*Excludes outlays from prior-year budget authority.

NA: Not applicable.

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### MILITARY CONSTRUCTION PROJECT LISTING BY LOCATION

(In thousands of dollars)

<table>
<thead>
<tr>
<th>Installation and project</th>
<th>Budget estimate</th>
<th>Committee recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARMY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FORT WAINWRIGHT, UNMANNED AERIAL VEHICLE HANGAR</td>
<td>47,000</td>
<td>47,000</td>
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<tr>
<td>AIR FORCE: CLEAR AFS, FIRE STATION</td>
<td>20,000</td>
<td>20,000</td>
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<tr>
<td>EIELSON AFB: F 35A ADV FIELD TRAINING DETACHMENT FAC</td>
<td>22,100</td>
<td>22,100</td>
</tr>
</tbody>
</table>

Note: Funding for these projects was requested in Title IV. The bill provides the requested level of funding for these projects in Title I.
## COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2018

(All amounts in thousands of dollars)

<table>
<thead>
<tr>
<th>Item</th>
<th>2018 Appropriation</th>
<th>Budget Estimate</th>
<th>Committee Recommendation</th>
<th>Senate Committee Recommendation compared with (+ or -)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE I—DEPARTMENT OF DEFENSE</td>
<td></td>
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<tr>
<td>Military construction, Army</td>
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<tr>
<td>Military construction, Navy and Marine Corps</td>
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<tr>
<td>Military construction, Air Force</td>
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<tr>
<td>Military construction, Defense-Wide</td>
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<tr>
<td>Total, Active components</td>
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