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MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES APPROPRIATIONS BILL, 2023

JUNE 27, 2022.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Ms. WASSERMAN SCHULTZ of Florida, from the Committee on Appropriations, submitted the following

R E P O R T

together with

MINORITY VIEWS

[To accompany H.R. 8238]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for military construction, veterans affairs and related agencies for the fiscal year ending September 30, 2023.

INDEX TO BILL AND REPORT

	Page Number Bill	Report
Purpose of the Bill	.....	2
Summary of Committee Recommendation	.....	2
Management and Oversight Initiatives	.....	3
Department of Defense:		
Military Construction	2	6
NATO Security Investment Program	9	21
Department of Defense Base Closure Account	10	22
Family Housing Construction and Operation and Maintenance	10	23
Department of Defense Family Housing Improvement Fund	12	25
Department of Defense Military Unaccompanied Housing Improvement Fund	12	26
Administrative Provisions	13	26
Department of Veterans Affairs:		
Veterans Benefits Administration	30	31
Veterans Health Administration	34	38
National Cemetery Administration	38	76
Departmental Administration	39	77
Administrative Provisions	47	87

	Page Number Bill	Report
Related Agencies:		
American Battle Monuments Commission	80	92
U.S. Court of Appeals for Veterans Claims	81	93
Cemeterial Expenses, Army	81	93
Armed Forces Retirement Home	82	94
Administrative Provision	83	95
General Provisions	84	95

PURPOSE OF THE BILL

The purpose of the bill is to support our military and their families and provide the benefits and medical care that veterans have earned because of their service to our nation. This is accomplished through the programs funded in the bill, which provide the facilities and infrastructure needed to house, treat, train, and equip our military personnel to defend this nation, both in the United States and abroad; provide the housing and military community infrastructure that supports a good quality of life for them and their families; and allow the military to maintain an efficient and effective base structure. The quality of life for our servicemembers and their families is a key component of readiness. The bill also funds a wide variety of assistance programs for veterans, including disability and pension benefits, healthcare in many different settings, educational assistance, and home loan and insurance programs. Finally, the bill funds four related agencies that provide support to our nation's heroes: the American Battle Monuments Commission, Cemeterial Expenses, Army (including Arlington National Cemetery), the United States Court of Appeals for Veterans Claims, and the Armed Forces Retirement Home.

SUMMARY OF COMMITTEE RECOMMENDATION

The Committee recommends $314,057,258,000 in total budget authority, for the fiscal year 2023 programs and activities funded in the bill. The fiscal year 2023 recommendation represents an increase of $29,459,676,000 above the comparable fiscal year 2022 enacted level and $2,850,075,000 above the President's request. Of the increase over the fiscal year 2022 enacted level, $6,509,676,000 is in mandatory programs. Included in the total budget authority is $163,557,258,000 in mandatory budget authority and $150,500,000,000 in discretionary budget authority.

The Committee recommendation highlights the continued commitment to our servicemembers and their families and to our veterans. In overall discretionary budget authority, the bill is 18 percent above the fiscal year 2022 enacted level. While the Committee recommendation continues essential support for servicemembers and veterans, it does not provide funds for projects or activities that lacked sufficient justification or urgency.

The programs funded in the bill for the Department of Defense address the priorities of the Department's agencies and the Services for the numerous facility challenges that they face. The funds provided support readiness improvements with new construction, family housing, and continued cleanup of military bases closed during previous Base Realignment and Closure rounds, support Combatant Commanders' requirements where appropriate, and ensure

that military personnel and their families' quality of life is preserved.

The total recommended funding level for military construction and family housing is $15,053,000,000, which is $153,000,000 more than the fiscal year 2022 enacted level and $2,899,035,000 above the budget request. The recommendation provides critical investments in Family Housing and construction on our bases, including additional resources above the budget request for child development centers, unaccompanied housing, the North Atlantic Treaty Organization Security Investment Program, installation resiliency, land and water remediation, natural disaster recovery expenses, laboratory infrastructure, support for critical overseas investments, and increased oversight of the Department's privatized housing portfolio.

The total recommended funding level for fiscal year 2023 for the Department of Veterans Affairs is $298,563,339,000, an increase of $29,299,957,000 over the fiscal year 2022 enacted level. Of the total, $163,557,258,000 is provided for mandatory benefit programs and $135,006,081,000 is allocated to discretionary programs, such as medical care and research, claims processing, and construction, with $118,814,000,000 specifically for medical care. In this bill, discretionary funding for the Department of Veterans Affairs is recommended at 20.3 percent over the fiscal year 2022 enacted level. Of the total for fiscal year 2023, $111,287,000,000 for medical care has been appropriated in advance.

In addition, the Committee recommendation includes $128,104,000,000 in advance appropriations for fiscal year 2024 for the four health care accounts of the Department and $155,351,762,000 in advance appropriations for mandatory benefits programs in fiscal year 2024.

The Committee recommendation provides a total of $440,919,000 for the four Related Agencies: The American Battle Monuments Commission (ABMC), the U.S. Court of Appeals for Veterans Claims, Army Cemeterial Expenses (including Arlington National Cemetery), and the Armed Forces Retirement Home. These funds are provided to ensure that these agencies are able to continue their missions of honoring the service and sacrifice of our servicemembers and veterans.

MANAGEMENT AND OVERSIGHT INITIATIVES

The Committee believes the effective stewardship of taxpayer dollars is of the highest priority. In the interest of eliminating waste, fraud, and abuse in Federal programs, the Committee has and will continue to use public hearings, briefings, information requests, and reviews by the Government Accountability Office (GAO) and the Inspectors General to promote strong financial and program management, oversight and leadership at the Department of Defense (DOD), the Department of Veterans Affairs (VA), and the Related Agencies under the jurisdiction of this bill.

The fiscal year 2023 appropriations bill and the accompanying report address management challenges of the Federal agencies it funds, including directives to strengthen financial and program management, eliminate redundancy, and improve implementation and oversight of initiatives that support the mission of this bill.

The Committee will use every means at its disposal to reduce mismanagement that results in waste, fraud, and abuse.

Department of Defense Military Family Housing.—Privatized housing has come under scrutiny in recent years. Complaints of inadequate housing across the DOD enterprise include lack of repairs, rodents, mold, cracks in walls, and peeling paint. Additionally, some housing providers have admitted to incidences of incentive fee fraud. The military housing privatization initiative (MHPI) was established by Congress in 1996 as a tool to help DOD improve the quality of life for its servicemembers by improving the condition of their housing. MHPI is a public/private venture (PPV) where private sector developers may own, operate, maintain, improve, and assume responsibility for military family housing. The private entity is responsible for managing the construction, renovation, and day-to-day maintenance and services for the community. The PPV housing may be located on or off government property and may be former military family housing. Congress has mandated that all military family housing in the United States be eventually privatized. The Committee includes report language directing DOD to submit various reports and maintain a maintenance database to track any issues that may be prevalent in the future. The Committee notes that the general welfare of a servicemember's family contributes to the overall state of readiness for DOD and that increased oversight of the MHPI is essential in order to ensure proper maintenance, quality service, and legal operations.

VA Electronic Health Record Modernization (EHRM).—After at least a decade of Congressional encouragement to DOD and VA to develop a single electronic health record (EHR), VA finalized a contract in 2018 to acquire the same EHR system that DOD is adopting. The bill includes $1,759,000,000 in fiscal year 2023 for EHRM and continues strict quarterly reporting of timelines, performance milestones, costs, implementation, and change management. The bill also continues the requirement for GAO to review EHRM implementation so that Congress can be informed of any problems at a point where they can be promptly and economically addressed.

Disability Claims and Appeals.—Due to the significant investments Congress has provided in recent years, VA has been able to hire the staff, acquire the technology, and change work processes necessary to significantly reduce the disability claims backlog. But as the number of claims continues to increase and the number of appeals skyrockets once claims are decided, VA again runs the risk of falling into serious claims and appeals backlogs. The Committee recognizes this threat and provides resources within the Veterans Benefits Administration to support staffing, automation, and other efforts to respond to claims. The Committee additionally provides increases to the Board of Veterans Appeals and the Court of Appeals for Veterans Claims to help ensure the prompt resolution of cases. The Committee hopes that with these additional investments, Congress will have taken the necessary management action to prevent veterans from enduring excessive wait times to receive the disability benefits they deserve.

Information Technology (IT).—The Committee continues to include bill language indicating that funds for information technology systems development are available only for the projects and in the amounts specified in the report. The bill limits the amount of funds

that can be transferred into the IT account to ten percent of the total of either the source or destination account. The bill contains language that permits the reprogramming of funds among development projects upon prior notification to, and approval by, the Committees on Appropriations of both Houses of Congress.

Strict Control of Construction Funding.—The Committee continues to request that VA provide quarterly briefings on the progress and cost of each facility managed by an outside entity. Several additional bill language provisions are included to enhance the Committee's capacity to conduct oversight of VA's facility construction efforts, including: (1) no funding greater than $7,000,000 may be reprogrammed between construction projects unless approved by the Committees on Appropriations of both Houses of Congress; (2) any change to the scope of a construction project is prohibited without the approval of the Committees; and (3) VA must report any bid savings of $5,000,000 or more on projects as soon as they are identified.

Army Cemeterial Expenses.—The Committee has provided funding for Arlington National Cemetery to complete its Southern Expansion project to sustain the active life of the Cemetery, as well as additional construction projects to improve the Cemetery. The Committee requires the Cemetery to provide regular reports on the status of these funds, and previously appropriated funds, to continue to provide oversight over these projects.

Armed Forces Retirement Home (AFRH).—The Committee continues to provide funding for AFRH to work on deferred maintenance projects and directs AFRH to provide an expenditure plan for these projects. Additionally, the bill continues to make operations and maintenance funds available for two years to allow AFRH to make more effective use of its funds. These efforts will ensure that AFRH is well-positioned to continue to improve its standing and increase revenue for the long term. The Committee notes that efforts are underway to stabilize the AFRH Trust Fund and reduce reliance on transfers from the General Fund, and directs AFRH to continue making progress toward improving AFRH's sustainability. The Committee has also provided funding in a Major Construction account to support the renovation of the main resident building at the Washington campus, and directs AFRH to provide quarterly reports on the status of this construction project, including obligations of funds, anticipated timelines, and any changes to the overall cost of the project.

Army Corps of Engineers Updates on VA Projects.—The Committee directs VA to continue to provide monthly updates on all current and subsequent VA construction projects worth more than $100,000,000 and jointly managed by VA and the Army Corps of Engineers. Regular reports for certain projects may be submitted on a quarterly basis if the Department and Committee come to an agreement that more frequent reports are not necessary.

Advertising Contracts for Small Business.—The Committee understands that, as the largest advertiser in the United States, the Federal government should work to ensure fair access to its advertising contracts for small disadvantaged businesses and businesses owned by minorities and women. The Committee directs each department and agency to include the following information in its fiscal year 2024 budget justification: Expenditures for fiscal year 2022

and expected expenditures for fiscal year 2024, respectively, for (1) all contracts for advertising services; and (2) contracts for the advertising services of (I) socially and economically disadvantaged small businesses concerns (as defined in section 8(a)(4) of the Small Business Act (15 U.S.C. 637(a)(4)); and (II) women- and minority-owned businesses.

Non-disparagement and Non-disclosure Clauses Covering Workplace Harassment.—The Committee is strongly opposed to contracts with any company that requires employees or independent contractors to enter into agreements containing a non-disparagement or non-disclosure clause covering workplace harassment, including sexual harassment and sexual assault, or retaliation for reporting, resisting, opposing, or otherwise participating in a workplace harassment proceeding, as a condition of employment, promotion, compensation, benefits, or change in employment status.

Federal Law Enforcement.—The explanatory statement that accompanied the Commerce, Justice, Science, and Related Agencies Appropriations Act, 2022 directed the Attorney General to ensure implementation of evidence-based training programs on de-escalation, the use-of-force, and the protection of civil rights, that are broadly applicable and scalable to all Federal law enforcement agencies. Several agencies funded by this Act employ Federal law enforcement officers and are Federal Law Enforcement Training Centers partner organizations. These agencies are again directed to consult with the Attorney General regarding the implementation of these programs for their law enforcement officers. The Committee further directs such agencies to submit a report to the Committee on their efforts relating to such implementation not later than 90 days after consultation with the Attorney General. In addition, the Committee continues to direct such agencies to the extent that they are not already participating, to consult with the Attorney General and the Director of the FBI regarding participation in the National Use-of-Force Data Collection. The Committee further directs such agencies to submit a report to the Committee not later than 180 days after enactment of this Act on their efforts to so participate.

TITLE I

DEPARTMENT OF DEFENSE

MILITARY CONSTRUCTION OVERVIEW

Appropriation, fiscal year 2022	$14,900,000,000
Budget request, fiscal year 2023	12,153,965,000
Committee Recommendation, fiscal year 2023	15,053,000,000
Change from enacted level	+153,000,000
Change from budget request	+2,899,035,000

Military construction accounts provide funds for new construction, construction improvements, planning and design, and host nation support. Projects funded by these accounts include facilities for operations, training, readiness, maintenance, research and development, supply, medical care, and force protection, as well as unaccompanied housing, military-owned family housing, utilities infrastructure, and land acquisition.

In addition to the notification and reporting requirements for military construction programs contained in Title 10, United States

Code, the Committee's recommendations include several provisions requiring DOD to report on various aspects of military construction programs, or to provide notification to the Committee when certain actions are taken. The Committee also retains prior approval authority for any reprogramming of funds exceeding a specific threshold.

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) that has been specifically reduced by Congress in acting on the budget request is considered to be a Congressional interest item and as such, prior approval is required. Accordingly, no reprogramming to an item specifically reduced below the threshold by Congress is permitted, except that DOD may seek reprogramming for appropriated increments.

The reprogramming criteria that applies to military construction projects is 25 percent of the funded amount or $2,000,000 and includes new housing construction projects and improvements. 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, if such remediation requirements could not be reasonably anticipated at the time of the budget submission. Reprogramming is a courtesy provided to DOD and can be taken away if the authority is abused. 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. Planning and design costs associated with military construction and family housing projects may also be excluded from these guidelines. In instances where prior approval for a reprogramming request for a project or account has been received from the Committees on Appropriations of both Houses of Congress, the adjusted amount approved becomes the new base for any future increase or decrease via below-threshold reprogramming (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 reprogramming actions and notifications, including the pertinent statutory authorities contained in DOD Financial Management Regulation 7000.14–R and relevant updates and policy memoranda. The Committee further encourages the Office of the Director of National Intelligence to use a format similar to that used by the Office of the Secretary of Defense to submit reprogramming requests.

Facilities Sustainment, Restoration and Modernization (FSRM).—DOD is directed to continue describing on form 1390 the backlog of FSRM requirements at installations with future construction projects. For troop housing requests, form 1391 should describe any FSRM conducted in the past two years. Likewise, future requirements for unaccompanied housing at the corresponding installation should be included. Additionally, the forms should include English equivalent measurements for projects presented in metric measurement. Rules for funding repairs of facilities under the operation and maintenance accounts are described below:

(1) components of the facility may be repaired by replacement. Such replacement can be up to current standards or codes;

(2) interior arrangements and restorations may be included as repair;

(3) additions and new facilities, may be done concurrently with repair projects as long as the final conjunctively funded project is a complete and usable facility; and

(4) the appropriate Service Secretary shall notify the appropriate committees 21 days prior to carrying out any repair project with an estimated cost in excess of $7,500,000.

Quarterly Summary of Notifications.—The Committee directs the Services and the Office of the Secretary of Defense (on behalf of itself and defense agencies) to continue to submit a quarterly report listing all notifications that have been submitted to the Committees during the preceding three-month period.

Work in Progress or Planned (WIP) Curve.—The Committee directs the Services and the Office of the Secretary of Defense (on behalf of itself and defense agencies) to submit a WIP curve for each project requested in a budget submission above $90,000,000 with the form 1391 justification to the congressional defense committees. The Committee acknowledges that there is an alarming amount of unawarded prior-year military construction projects, and therefore the Committee directs the Secretary of Defense to report to the congressional defense committees quarterly, beginning in the second quarter of fiscal year 2023 and each quarter thereafter of projects that remain unawarded from the current and prior fiscal years and the reasons for delay.

Transfer of Funds to and from the Foreign Currency Fluctuations, Construction, Defense Account.—The Committee directs DOD to submit a quarterly report to the Committees on Appropriations of both Houses of Congress on the transfer of funds from military construction and family housing accounts to the Foreign Currency Fluctuations, Construction, Defense account. The report shall specify the amount transferred to the Foreign Currency account from each military construction and/or family housing account, and all other accounts for which an appropriation is provided in this Act, during the preceding fiscal quarter, and the amounts transferred from the Foreign Currency account to the above accounts during the same period. This report shall be submitted no later than 30 days after the close of each fiscal quarter. In addition, DOD shall notify the Committees on Appropriations of both Houses of Congress within seven days of transferring any amount in excess of $10,000,000 to or from the Foreign Currency account.

Bid Savings.—The Committee directs the Secretary of Defense to submit 1002 reports on military construction bid savings not later than 180 days after enactment of this Act, and biannually thereafter, to the Committees on Appropriations of both Houses of Congress.

Supporting Resilient Military Installations.—The Committee supports the military's continued focus on building lasting and resilient military installations, including methods that update hurricane-resistant building codes for bases, barracks, hospitals, and airfields. It further considers the impact of severe drought and desertification as high potential instability areas and how these

two hazards impact bases and missions. In addition to Department-wide initiatives such as revised structure planning, conservation programs and modeling new installations with the threat of sea-level rise in mind, the Committee encourages the Department of Defense to prioritize investing in climate-sustainable infrastructure projects that have yielded positive results like increased resiliency and cost-savings. As such, the bill includes section 411 prohibiting the use of funds to construct facilities that do not meet resiliency standards.

Incremental Funding of Projects.—In general, the Committee supports full funding for military construction projects if they are executable. However, it continues to be the practice of the Committee to provide incremental funding for certain large projects to enable the Services to more efficiently allocate military construction dollars among projects that can be executed in the year of appropriation.

Federally Recognized Tribes.—The Committee reminds the Services that consultations with the Tribes are required by current law and as such expects the Services to begin tribal consultations on proposed military construction projects that are likely to affect tribal lands, cultural properties, or treaty rights as early as possible and preferably prior to submission of DD Form 1391 Project Data Sheet.

Child Development Centers (CDCs).—The bill includes $274,383,000 for planning and design and construction of child development center projects. This investment of resources is necessary to address both insufficient accessibility to childcare facilities, as well as the poor conditions of existing facilities. Such shortfalls in capacity are an unacceptable burden to military families, leading to thousands of children of servicemembers forced onto waitlists for childcare. The Committee is disappointed by the lack of attention paid to this priority in the budget requests and directs the Department to assign greater priority to CDC construction projects in future budget requests.

Unaccompanied Personnel Housing.—The Committee provides $510,443,000 for 10 construction projects to ensure that servicemembers who live in unaccompanied personnel housing have safe, modern, and secure living facilities.

New Construction Technologies.—The Committee is encouraged by reports that three dimensional (3D) construction could provide military civil engineers with a faster means of building facilities when deployed and reduce supply lines and the number of personnel needed for construction and related activities and urges the Department to study, develop, and utilize 3D construction capabilities as appropriate.

Agile Combat Employment Concept of Operations.—The logistical burden of operating and sustaining forces under constant threat of attack is a significant challenge, and the Committee encourages the Services to thoughtfully consider various initiatives that reduce their logistical footprints, including rapid repair and additive manufacturing construction capabilities that can exploit locally available natural resources or native materials in contested logistics environments.

U.S. Indo-Pacific Command Planning and Design.—The recommendation includes $50,000,000 for U.S. Indo-Pacific Command

Planning and Design, World-Wide Unspecified (Pacific Deterrence Initiative).

Unfunded Priority Lists (UPL) and Future Years Defense Program (FYDP).—The Committee directs the Department of Defense and all Services, active and reserve components, as well as combatant commanders, as required by law, to submit updated UPL and FYDP lists to the congressional defense committees for military construction projects no later than 10 days after the transmission of the annual President's Budget.

Cross Laminated Timber.—The Committee is aware that the use of cross laminated timber and other mass timber products as a building material has the potential for reducing costs, limiting environmental impact, and increasing functionality of various military structures. The Committee encourages the Secretary of Defense to expand the application of these innovative technologies in future planning and design for military construction projects. Furthermore, the Department is directed to provide a report not later than 180 days after enactment of this Act on how it is currently using cross laminated timber and other mass timber products, as well as the feasibility and advisability of expanding their use.

Project Cost Increases.—The Committee provided $230,851,000 in fiscal year 2022 and provides $698,057,000 in fiscal year 2023 to supplement discrepancies in outdated cost estimates and current cost estimates. The Committee is concerned that the Department is not being proactive in determining future cost increases when developing and submitting project cost estimates to Congress in the yearly President's budget request, Future Years Defense Program (FYDP), and unfunded priorities lists (UPLs). The Committee recognizes that market conditions, supply chain issues, and the COVID–19 pandemic contributed to volatile shifts in cost. However, the Department has not properly adjusted to incorporate these factors into its project estimate submissions nor communicated realized cost increases to Congress, thus placing the burden on Congress to supplement the costs of projects in order to meet the actual needs, which is woefully unacceptable. Therefore, the Committee directs the Department to implement practices to better address future cost increases and submit official project cost adjustments to the Committee every 30 days following the original submission and until enactment of the next fiscal year appropriations Act.

Laboratory Infrastructure.—The Committee directs the Department to prioritize laboratory infrastructure construction projects in the fiscal year 2024 submission to Congress. For too long, labs have been neglected to the detriment of research, development, technological advancement, and readiness. Therefore, the Committee includes $100,000,000 for planning and design necessary for laboratory infrastructure. The Department is further directed to prioritize laboratory infrastructure that is needed to address safety and environmental concerns on installations and requires a spend plan not later than 90 days after enactment of this Act on how the Department plans to use these funds.

Open Air Burn Pans.—No later than 180 days after enactment of this Act, the Department is directed to submit a report to the Committee detailing a plan to eliminate burning of hazardous materials, including open air burn pans, at installations located in the

United States. Such a plan should detail at what installations each Service is still utilizing open-air burning, including burn pans, and how the Department will transition away from the use of open-air burn pans.

Airborne Infectious Diseases.—The COVID–19 pandemic has created unique challenges for buildings that were not designed to directly address the risks posed by bacteria or viruses commonly transmitted through respiratory droplets. As the current pandemic unfolded, the Department of Defense made responsive modifications to existing buildings, such as reopening windows that had been permanently sealed shut, adding new air filtration systems, installing plexiglass barriers and mandating social distancing where possible. Despite these efforts, risks remain to employees in shared office spaces. To help better understand potential solutions that can be implemented in a cost-effective manner, the Committee encourages the Under Secretary of Defense for Acquisition and Sustainment to consider lessons learned from implementing cost-effective techniques for reducing airborne infectious diseases in existing buildings and assess how to incorporate designs in future construction projects that can reduce the spread of airborne infectious diseases.

MILITARY CONSTRUCTION, ARMY

Appropriation, fiscal year 2022	$1,051,772,000
Budget request, fiscal year 2023	845,565,000
Committee Recommendation, fiscal year 2023	997,425,000
Change from enacted level	−54,347,000
Change from budget request	+151,860,000

The Committee recommends $997,425,000 for the Army in fiscal year 2023, of which $101,860,000 is for the following projects in the following amounts:

State	Location	Project	Amount
HI	Fort Shafter	Water System Upgrade	$2,000,000
HI	Tripler Medical Center	Water System Upgrade	2,000,000
LA	Fort Polk	Joint Operations Center	61,000,000
MD	Aberdeen Proving Ground	Test Maintenance Fabrication Facility	7,600,000
NC	Fort Bragg	Child Development Center	3,600,000
NY	Fort Drum	Automated Record Fire Plus Range	3,600,000
TX	Fort Hood	Automated Infantry Battle Squad Course	600,000
TX	Fort Hood	Automated Infantry Platoon Battle Course	1,220,000
TX	Fort Hood	Automated Multipurpose Machine Gun Range	1,240,000
TX	Fort Hood	Barracks	19,000,000

Within the total for Military Construction, Army, the recommendation also includes $240,011,000 for planning and design, which is $46,860,000 above the budget request; and $105,414,000 for unspecified minor construction, which is $25,000,000 above the budget request.

Further detail of the Committee's recommendation is provided in the State table at the end of this report.

Mobilization Force Generation Installations.—The Committee continues to be concerned that installations with rapid deployment requirements, including Mobilization Force Generation Installations, have insufficient rail and transport logistics infrastructure to efficiently move equipment in support of deployments, training operations, and evolving Army requirements.

Army Barracks.—The Committee understands the importance of maintaining our servicemembers at the highest level of readiness as our nation continues to face new threats. A key component of that readiness is providing high-quality barracks. The Committee recommends the refurbishment of housing installations where conditions have fallen below the Army's high standards.

Guantanamo Bay Detention Facility Closure.—The Committee directs the Secretary of Defense to submit a report to the Committees on Appropriations of both Houses of Congress not later than 60 days after enactment of this Act, and quarterly thereafter, on the current number of detainees at the Guantanamo Bay detention facility; their legal status; a description of all Department of Defense costs associated with the facility during the last two fiscal years by program, account, and activity; the status of funds for the current fiscal year; and a description of steps taken to close the facility.

Hawaii Infrastructure Readiness Initiative (HIRI).—HIRI was created to address critical military construction and readiness shortfalls because failing and failed infrastructure has put operational needs at risk in the military's priority theater. To address this crisis, HIRI proposed to allocate between $50,000,000 and $150,000,000 per year through fiscal year 2030 to address major readiness related infrastructure needs, with a ten-year cost of $1,100,000,000. These projects were intended to be fully separate from and supplemental to the Army's consideration of other military construction needs at U.S. Army Garrison Hawaii in the normal course. While the U.S. Army's FYDP currently includes various HIRI projects or projects similar to HIRI projects, it currently only contains one non-HIRI project. This suggests that HIRI projects are potentially displacing other projects critical to the recapitalization of U.S. Army Garrison Hawaii's aging infrastructure. This was not Congress' intent nor direction. Therefore, the Committee directs the Secretary of the Army to submit a report no later than 180 days after the enactment of this Act consisting of: (1) the strategy for addressing poor or failing infrastructure at U.S. Army Garrison Hawaii that were not part of HIRI; and (2) an explanation of how the U.S. Army evaluates non-HIRI projects for Hawaii when selecting construction projects for the FYDP.

Tobyhanna Army Depot (ARD) Microelectronics Development.—The Committee views Tobyhanna ARD as an advantageous location for the build-out of physical space for future Army Materiel Command (AMC) packaging of "digital twins" or microelectronics for replacement in equipment. The Committee requests that the Army keep the Committee informed regarding AMC construction needs in this area.

Recycling of Tire Rubber.—The Committee is aware of recent advances in the use of rubber modified asphalt (RMA), a resilient pavement technology which incorporates ground tire rubber made from scrap tires into asphalt. RMA delivers significant, proven benefits in terms of pavement durability, economics, and environmental sustainability. Compared to traditional asphalt, RMA improves fuel economy, provides cost savings over the life of the asphalt, extends pavement life, and reduces maintenance activities, noise pollution, carbon dioxide emissions, and tire and road wear particles. Therefore, the Army is encouraged to work with its industry partners and the research community to assess the dura-

bility and economic feasibility of widescale deployment of RMA on domestic military installations.

Army Responsiveness to Congressional Requests.—The Committee is concerned with the Army's lack of responsiveness to questions and requests for technical assistance. Overly bureaucratic processes among administrative offices, major commands, and program offices for responding to inquiries from Members and Committees can negatively affect congressional decisions, which ultimately can negatively affect the Army. The Committee directs the Department to immediately and systematically improve these processes and its communications with Congress.

MILITARY CONSTRUCTION, NAVY AND MARINE CORPS

Appropriation, fiscal year 2022	$2,644,277,000
Budget request fiscal year 2023	3,752,391,000
Committee Recommendation, fiscal year 2023	3,808,340,000
Change from enacted level	+1,164,063,000
Change from budget request	+55,949,000

The Committee recommends $3,808,340,000 for the Navy and Marine Corps in fiscal year 2023, of which $5,949,000 is for the following project in the following amount:

State	Location	Project	Amount
FL	MCSF Blount Island	Communications Infrastructure Modernization	$5,949,000

Within the total for Military Construction, Navy and Marine Corps, the recommendation also includes $428,073,000 for planning and design, which is $30,949,000 above the budget request; and $134,994,000 for unspecified minor construction, which is $25,000,000 above the budget request.

Further detail of the Committee's recommendation is provided in the State table at the end of this report.

Shipyard Infrastructure Optimization Plan (SIOP).—The Committee recognizes the critical strategic and logistics role public shipyards play in the security of the nation. To address chronically unmet infrastructure needs at the shipyards, the fiscal year 2018 National Defense Authorization Act included language directing the Department of Defense to create and implement a Shipyard Infrastructure Optimization Plan. The Committee strongly supports efforts to modernize and improve facilities at the Navy's four public shipyards to equip them to address the maintenance needs of the Navy's current and future active fleet and emphasizes the important role military construction must play in achieving this goal.

Additionally, the Committee expects clear communication from the Navy to the Committee regarding additional flexibilities or authorizations necessary to successfully coordinate with tribal governments for expeditious completion of SIOP. The Committee remains concerned that without additional authorities from Congress, the Navy risks delaying critical dry dock construction projects and harming their valuable relationships with tribal governments.

Project Labor Agreements (PLAs).—The Committee recognizes that PLAs promote economy and efficiency in contracting, as well as foster labor-management stability and ensure compliance with worker protection laws. The Committee is also aware that the first military construction project which used a PLA, the Explosive Han-

dling Wharf at Naval Base Kitsap, came under budget by over $250,000,000 when it was completed in 2016. For these reasons, the Committee encourages the Department of the Navy to follow Executive Order 14063 and make use of PLAs with essential elements of Community Workforce Agreements for military construction projects associated with SIOP.

Naval Air Weapons Station (NAWS) China Lake Earthquake Recovery Efforts.—NAWS China Lake is a critical installation that provides important capabilities to support our national defense. The Committee appreciates the Navy's efforts to rebuild NAWS China Lake in response to the 2019 earthquakes that caused significant damage to the installation and applauds the close coordination with supporting communities to maximize these rebuilding efforts. The Committee directs the Navy to continue to prioritize the rebuilding efforts and maintain open communication with the supporting communities to ensure the projects stay on track for timely completion.

Defense Support Infrastructure in The Bahamas.—The Committee is concerned with the state of infrastructure supporting U.S. Navy installations in the Commonwealth of The Bahamas. The Committee recognizes that damage inflicted by Hurricane Dorian has strained local government resources and therefore impedes the ability to rebuild Bahamian-owned structures integral to the Navy's mission in the region. Therefore, the Committee directs the Department of the Navy to provide a briefing no later than 90 days after the enactment of this Act on the condition of supporting infrastructure for Navy installations in The Bahamas, potential infrastructure projects that may be eligible for the Defense Access Roads Program, and resources available to assist The Bahamas in development of Defense-related support infrastructure.

MILITARY CONSTRUCTION, AIR FORCE

Appropriation, fiscal year 2022	$2,204,750,000
Budget request, fiscal year 2023	2,055,456,000
Committee Recommendation, fiscal year 2023	2,291,156,000
Change from enacted level	+86,406,000
Change from budget request	+235,700,000

The Committee recommends $2,291,156,000 for the Air Force in fiscal year 2023, of which $185,700,000 is for the following projects in the following amounts:

State	Location	Project	Amount
AL	Maxwell AFB	Commercial Vehicle Inspection Gate	$15,000,000
FL	Eglin AFB	F–35A ADAL Squadron Operations	2,500,000
FL	Eglin AFB	F–35A Developmental Test 2–Bay Test Hangar	3,700,000
FL	Eglin AFB	F–35A Developmental Test 2–Bay MX Hangar	4,100,000
FL	Patrick SFB	Consolidated Communications Facility	97,000,000
OH	Wright-Patterson AFB	Child Development Center	29,000,000
TX	JBSA Lackland AFB	Basic Military Training Recruit Dormitory 8	5,400,000
TX	JBSA Randolph AFB	Child Development Center	29,000,000

Within the total for Military Construction, Air Force, the recommendation also includes $171,094,000 for planning and design, which is $35,300,000 above the budget request; and $91,162,000 for unspecified minor construction, which is $25,000,000 above the budget request.

Further detail of the Committee's recommendation is provided in the State table at the end of this report.

Air Education and Training Command (AETC).—The Committee recognizes the importance of adequate facilities for basic military training, flight training, and the other training missions for AETC. Outdated and inadequate AETC facilities, including dormitories, harm the Air Force's ability to recruit, train, and retain Airmen and increases operations and maintenance costs. The Committee urges the Air Force to prioritize funding for AETC facility design, construction, and construction improvements and requests a report within 90 days of enactment of this Act regarding plans to modernize, upgrade, and construct new AETC facilities over the next five years.

Air Traffic Control Towers.—The Committee is aware that some control towers along the Gulf Coast have fire safety concerns, lack proper heating and air conditioning, and are vulnerable to tropical storms and hurricanes and therefore encourages the Air Force to ensure they are properly maintained and upgraded or replaced as necessary, to meet mission requirements. The Committee urges the Department of the Air Force to prioritize replacing their oldest towers in a timely manner. The Committee believes that these towers are valuable national security assets that the Department of the Air Force should maintain in a manner that will ensure their vital role in protecting U.S. national security interests.

PFAS Water Treatment Demonstration Project.—The Committee remains concerned about the areas that have been contaminated with PFAS by the Air Force's previous use of firefighting foam on former installations, resulting in PFAS contamination that has spread beyond the installations and traveled to neighboring private lands and water sources, including agricultural lands. Therefore, the Committee encourages the Department to consider the creation of a water treatment demonstration project for areas impacted by PFAS contamination from BRAC sites.

MILITARY CONSTRUCTION, DEFENSE-WIDE

(INCLUDING TRANSFER OF FUNDS)

Appropriation, fiscal year 2022	$2,206,051,000
Budget request, fiscal year 2023	2,416,398,000
Committee Recommendation, fiscal year 2023	2,675,128,000
Change from enacted level	+469,077,000
Change from budget request	+258,730,000

The Committee recommends $2,675,128,000 for Military Construction, Defense-Wide in fiscal year 2023, of which $58,730,000 is for the following projects in the following amounts:

State	Location	Project	Amount
FL	MacDill AFB	SOF Joint MISO Web-Operations Facility	$8,730,000
FL	MacDill AFB	SOF Operations Integration Facility	50,000,000

Within the total, the recommendation provides $144,072,000 for unspecified minor construction, and $506,107,000 for planning and design, including $50,000,000 above the budget request for U.S. Indo-Pacific Command (USINDOPACOM).

Further detail of the Committee's recommendation is provided in the State table at the end of this report.

Energy Resilience and Conservation Investment Program (ERCIP).—The Committee supports DOD's investments in energy efficiency, resilience, renewable energy systems, and energy security, and as such provides $653,250,000 for ERCIP construction, an increase of $100,000,000 above the request.

Leadership in Energy and Environmental Design (LEED).—The Committee encourages DOD to capitalize on the current energy efficiency, management, and resiliency momentum and explore opportunities to make more significant progress towards reducing energy costs, increasing the use of renewable energy sources, and reducing carbon emissions. As DOD works to construct new bases and upgrade facilities, the Committee directs DOD to leverage new energy technologies and maximize the integration of clean renewable and alternative energy sources throughout all military facilities and installations. DOD should brief the Committee with details on necessary resources to ensure all new construction and renovations are "Platinum" LEED certified. In addition, climate change is increasing the frequency and duration of severe weather events. When these weather events damage military facilities and installations, they reduce readiness by delaying operations and training. The briefing should also address how to assess resources and the strategy necessary to ensure new construction and/or renovations are designed to withstand severe weather events or are relocated to lower risk of damage.

Energy Efficiency and Security.—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 $3,900,000,000 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 increase 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 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 ERCIP. The Committee encourages the Department to prioritize funding for energy-related projects, including renewable energy projects, to mitigate risk to mission-critical assets and to promote energy security and efficiency at military installations.

Stormwater Management Projects.—The Committee recognizes that resilient built and natural infrastructure on and around mili-

tary bases are essential in maintaining military readiness. The Committee also recognizes the increasing variability of the frequency and intensity of precipitation globally and the need to mitigate flooding and runoff. The Committee supports the implementation of stormwater best management practices, but recognizes there is currently no dedicated, authorized DOD entity that prioritizes stormwater management projects on and off military installations. Therefore, the Committee directs the Department to conduct a feasibility study and submit a report no later than 180 days after enactment of this Act assessing the potential creation of a program that prioritizes stormwater management projects in order to enhance resilience and improve water quality in stormwater-stressed ecosystems, where the Department has restoration partnership obligations, and where land subsidence and the expansion of non-permeable surfaces exacerbate flooding on and around military bases. Additionally, the Committee applauds states and localities that utilize current precipitation data to inform the design of stormwater management features that are built to address current and future needs.

Unified Facilities Guide Specifications.—The Committee recognizes the importance of the Unified Facilities Guide Specifications but remains concerned it references building materials that no longer exist or no longer reflect high standards of resiliency and reduced environmental impact. Therefore, the Committee directs the Department to update the Unified Facilities Guide Specifications and directs the Department to ensure lower-carbon materials are included as appropriate. As steps are being taken to reduce the environmental footprint of infrastructure projects, the Committee supports the use of lower-carbon building materials, which will reduce the initial embodied carbon of a project over its full life cycle, and therefore directs the Department to prioritize the use of these materials.

Homeland Defense Radar—Hawaii and other Missile Defense Military Construction Requirements.—Providing an updated missile defense architecture for the State of Hawaii is critical to protecting the roughly 1.4 million Americans living in Hawaii. It is also needed to properly protect critical military regional headquarters in Hawaii (U.S. Indo-Pacific Command, U.S. Pacific Fleet, Pacific Air Forces, U.S. Army Pacific, Marine Corps Forces Pacific, Special Operations Command Pacific, and National Security Agency Hawaii) and key military installations in the state (Joint Base Pearl Harbor-Hickam, Marine Corps Base Hawaii, Schofield Barracks, Fort Shafter, the Pacific Missile Range Facility, and Pearl Harbor Naval Shipyard and Intermediate Maintenance Facility). The Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2022 (P.L. 117–103) directed the Director of the Missile Defense Agency, in consultation with the Commander of U.S. Indo-Pacific Command and the Director of Cost Assessment and Program Evaluation, to provide to congressional defense committees a briefing on the current and evolving threats, the capability that Homeland Defense Radar-Hawaii provides against these threats, and other realistic solutions to defend Hawaii from current and evolving ballistic missile threats. In addition, the Department of Defense is conducting its own broad review of missile defense options for Hawaii to address the evolving threat landscape that has

changed significantly over the last few years. To better understand the potential military construction needs for these efforts, the Department is directed to include a list of potential construction projects associated with enhancing the missile defense of Hawaii within their upcoming report, which should include a description, estimated cost, and construction timeline for each project.

Cross-Service Facility Master Planning and Investments for the Indo-Pacific.—Locations in the Indo-Pacific, such as Wake Island, face a plethora of logistical, infrastructural, environmental, and fiscal challenges that hinder their ability to maintain mission readiness, provide adequate quality of life for inhabitants, and ensure their ability to support strategic requirements. For example, nearly all of the facilities on Wake Island, faced with the intense corrosive nature of the region, are falling into disrepair and the sanitary sewage system is rapidly trending towards collapse. Despite these challenges and the potential strategic importance of this location, project planning and major construction funding requests have not recently made the Services' priority lists. To help the Committee assess the challenges facing locations in the Indo-Pacific, the Committee directs the Assistant Secretary of Defense for Sustainment, in conjunction with the INDOPACOM and Services that have expressed interests in building facilities or stationing personnel in these locations, to provide a classified briefing within 180 days of the enactment of this Act on military construction needs at Wake Island, Midway, Guam, Tinian, the Republic of Marshall Islands, the Federated States of Micronesia, the Republic of Palau, and any other location in the Pacific Islands. The briefing should include the following items: (1) a summary of outdated facilities that must be modernized or replaced to meet current mission needs; (2) a list of unfunded construction requirements; (3) a consolidated list of projects at these locations considered by U.S. Indo-Pacific Command and the Services that could potentially be built over the next five years; (4) the ability of these locations to support the power, water, sewage and other critical life-support needs of future potential construction projects; (5) the timeline for updating the installation development plan at each location; and (6) steps taken by the Services to advance projects supported through INDOPACOM's planning and design funding.

Military Facility Resilience Funding.—The Committee recognizes that the Armed Services must continue to improve efforts to ensure its military installations are resilient to flooding, sea level rise, and hurricanes, which are increasing in frequency and scale. The Committee continues to support efforts to improve the resilience of military installations and encourages installations to develop plans that take into account current and future risks from extreme weather, including by utilizing modeling technologies that measure sea-level rise. Therefore, the Committee directs the Services to prioritize and commit funding to projects that improve the resilience of military installations and their missions and notes the need to ensure that infrastructure and facilities remain operational against natural and manmade threats.

Recognizing that such investments are critical to installation readiness, the bill provides $40,000,000 in planning and design and construction funding for each of the Services, including the Army, Navy and Marine Corps, and Air Force, and $15,000,000 for De-

fense-Wide, to continue to develop projects, conduct studies and analyses, and update Unified Facilities Criteria that will directly enhance military installation resilience. No later than 90 days after enactment of this Act, the Services are directed to provide a spend plan on the funds appropriated in this Act.

Alternative Fuel Infrastructure.—The Committee encourages DOD to prioritize funding for the installation of alternative fuel infrastructure at military installations to ensure continuity of operations as DOD transitions to utilizing alternative fuel vehicles.

United States Southern Command (SOUTHCOM).—The Committee recognizes there are facilities within the SOUTHCOM enterprise, including the Joint Interagency Task Force South (JIATF–S), located at Naval Air Station Key West, that are severely degraded, not optimized, and create a continual risk to mission execution. The Committee also recognizes the installation is critical to SOUTHCOM's Congressionally mandated mission, and a new command and control facility is required to ensure resiliency and enable modernization at JIATF–S. Therefore, the Committee directs the Department to submit a report no later than 120 days after enactment of this Act detailing the condition of all facilities supporting the JIATF–S mission, to include adequacy and sufficiency of military and civilian housing at Naval Air Station Key West, and the status of construction for the new Command and Control Facility, to ensure the long-term success of the JIATF–S mission.

MILITARY CONSTRUCTION, ARMY NATIONAL GUARD

Appropriation, fiscal year 2022	$337,893,000
Budget request, fiscal year 2023	297,278,000
Committee Recommendation	325,658,000
Change from enacted level	−12,235,000
Change from Budget Request	+28,380,000

The Committee recommends $325,658,000 for the Army National Guard in fiscal year 2023, of which $3,380,000 is for the following projects in the following amounts:

State	Location	Project	Amount
FL	Camp Blanding	Automated Multipurpose Machine Gun Range	$1,080,000
FL	Camp Blanding	Scout Recce Gunnery Complex	2,300,000

Within the total for Military Construction, Army National Guard, the recommendation also includes $43,625,000 for planning and design, which is $15,380,000 above the budget request; and $48,933,000 for unspecified minor construction, which is $13,000,000 above the budget request.

Further detail of the Committee's recommendation is provided in the State table at the end of this report.

Army National Guard (ARNG) Aviation Support Facilities.—The Committee is concerned that ARNG Aviation Support Facilities (AASF) are not prepared to protect and properly maintain next generation airframe priorities simultaneously with the Army. The operation and maintenance of new aircraft platforms requires significant investment in AASFs across the country so that they can provide the required shelter and support for new airframes, as well as regular maintenance for the existing airframes. The Committee urges both the Army and the ARNG to prioritize facilities that sup-

port readiness of ARNG aviation units as they prepare to gain new aircraft platforms.

National Guard Training Center.—The Committee recognizes the importance of the National Guard Texas Training Center, which has been in development since 2010 and has had execution delays. The Committee recognizes that the Texas Training Center remains a high priority and the Texas Army National Guard is directed to continue its efforts to establish the Center.

MILITARY CONSTRUCTION, AIR NATIONAL GUARD

Appropriation, fiscal year 2022	$305,050,000
Budget request, fiscal year 2023	148,883,000
Committee Recommendation	193,983,000
Change from enacted level	−111,067,000
Change from budget request	+45,100,000

The Committee recommends $193,983,000 for the Air National Guard in fiscal year 2023, of which $20,100,000 is for the following projects in the following amounts:

State	Location	Project	Amount
AL	Montgomery Regional Airport ANG Base.	F–35 Weapons Load Crew Training Facility	$6,800,000
AZ	Morris ANG Base	Base Entry Complex	12,000,000
FL	Jacksonville International Airport	F–35 Munitions Maintenance & Inspection Facility.	530,000
FL	Jacksonville International Airport	F–35 Construct Munitions Storage Area Admin & Pad.	770,000

Within the total for Military Construction, Air National Guard, the recommendation also includes $41,712,000 for planning and design, which is $13,300,000 above the budget request; and $57,171,000 for unspecified minor construction, which is $13,000,000 above the budget request.

Further detail of the Committee's recommendation is provided in the State table at the end of this report.

Air National Guard Infrastructure.—The Committee recognizes that some Aviation Support Facilities are not configured to protect and maintain modern airframes and encourages the Air National Guard to upgrade these facilities using unspecified minor military construction funds as appropriate.

Green Energy Projects.—The Committee is aware of National Guard green energy projects that are at 35 percent design, shovel-ready, and are below the unspecified minor military construction threshold. However, these projects are not receiving priority funding from the National Guard. The Committee encourages the Air National Guard to prioritize green energy projects that are ready and eligible for current unspecified minor military construction funding.

MILITARY CONSTRUCTION, ARMY RESERVE

Appropriation, fiscal year 2022	$94,111,000
Budget request, fiscal year 2023	99,878,000
Committee Recommendation, fiscal year 2023	119,878,000
Change from enacted level	+25,767,000
Change from budget request	+20,000,000

The Committee recommends $119,878,000 for the Army Reserve in fiscal year 2023, including $19,829,000 for planning and design, which is $10,000,000 above the budget request; and $30,049,000 for unspecified minor construction, which is $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.

MILITARY CONSTRUCTION, NAVY RESERVE

Appropriation, fiscal year 2022	$71,804,000
Budget request, fiscal year 2023	30,337,000
Committee Recommendation, fiscal year 2023	30,337,000
Change from enacted level	−41,467,000
Change from budget request	– – –

The Committee recommends $30,337,000 for the Navy Reserve in fiscal year 2023, including $2,590,000 for planning and design, which is the same as the budget request; and $27,747,000 for unspecified minor construction, which is the same as 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

Appropriation, fiscal year 2022	$120,074,000
Budget request, fiscal year 2023	56,623,000
Committee Recommendation, fiscal year 2023	82,123,000
Change from enacted level	−37,951,000
Change from budget request	+25,500,000

The Committee recommends $82,123,000 for the Air Force Reserve in fiscal year 2023, of which $5,500,000 is for the following project in the following amount:

State	Location	Project	Amount
VA	Joint Base Langley-Eustis	AFRC Intelligence Group Facility	$5,500,000

Within the total for Military Construction, Air Force Reserve, the recommendation also includes $21,773,000 for planning and design, which is $10,000,000 above the budget request; and $21,850,000 for unspecified minor construction, which is $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.

NORTH ATLANTIC TREATY ORGANIZATION SECURITY INVESTMENT PROGRAM

Appropriation, fiscal year 2022	$215,853,000
Budget request, fiscal year 2023	210,139,000
Committee Recommendation, fiscal year 2023	220,139,000
Change from enacted level	+4,286,000
Change from budget request	+10,000,000

The North Atlantic Treaty Organization Security Investment Program (NSIP) consists of annual contributions by North Atlantic Treaty Organization (NATO) member countries. The program finances the costs of construction needed to support the roles of the major NATO commands. The investments cover facilities such as

airfields, fuel pipelines and storage, harbors, communications and information systems, radar and navigational aids, and military headquarters, both within NATO nations and for "out of area" operations such as Afghanistan.

The United States occasionally has been forced to temporarily delay the authorization of projects due to shortfalls in United States obligation authority. The Committee directs the Secretary of Defense to notify the Committee within 14 days of the United States taking action to delay the authorization of projects temporarily, or to temporarily withhold funds from previously authorized projects, due to shortfalls in U.S. obligation authority.

Russian Aggression.—In response to the unprovoked Russian Federation invasion of the sovereign state of Ukraine on February 24, 2022, the Committee includes an additional $10,000,000 above the budget request for the NATO Security Investment Program.

DEPARTMENT OF DEFENSE BASE CLOSURE ACCOUNT

Appropriation, fiscal year 2022	$529,639,000
Budget request, fiscal year 2023	284,687,000
Committee Recommendation, fiscal year 2023	574,687,000
Change from enacted level	+45,048,000
Change from budget request	+290,000,000

The Committee recommends $574,687,000 for the Base Closure account, which is $45,048,000 more than fiscal year 2022 and $290,000,000 above the budget request.

The recommendation includes an additional $90,000,000 above the budget request for the Navy to accelerate environmental remediation at installations closed under previous Base Closure and Realignment (BRAC) rounds and for the demolition or removal of non-historically designated buildings and structures under Navy control where the sampling or remediation of radiologically contaminated materials have been the subject of substantiated allegations of fraud. Furthermore, the Navy is directed to provide to the Committee a spend plan for these additional funds no later than 60 days after enactment of this Act.

Army Ordinance Remediation.—The Committee is concerned that the Army is not adequately addressing the backlog in ordinance remediation at former installations. Therefore, the Committee directs the Department to submit to the Committee a report on the current backlog of ordinance remediation and the cost estimate of completing all remediation efforts no later than 90 days after enactment of this Act.

Per- and Polyfluoroalkyl Substances (PFAS).—The Committee continues to be very concerned about the extent of PFAS contamination at U.S. military installations and how that contamination is measured. Therefore, the Committee includes an additional $200,000,000 above the budget request within the Base Closure Account to increase the pace of cleanup at the military installations affected by PFAS and directs the Department to provide a spend plan to the Committees on Appropriations of both Houses of Congress not later than 60 days after enactment of this Act.

PFAS Regulation and Research.—The Committee expects the Department to continue working with the U.S. Environmental Protection Agency on its regulatory initiatives and engaging Federal health agencies, including the Agency for Toxic Substances and

Disease Registry, to ensure that it is using the best and most up-to-date science to guide DOD remediation plans and processes.

PFAS Reporting Requirement.—Over the past three fiscal years, the Committee has directed the Department to keep it apprised of new findings of PFAS at BRAC sites. The Committee recognizes that the Services have provided some information. However, the process for identifying PFAS contamination at BRAC sites and determining the appropriate remediation plan remains unclear. Therefore, the Deputy Assistant Secretary of Defense for Environment is directed to prepare an updated comprehensive report for the congressional defense committees no later than 60 days after enactment of this Act that establishes a baseline of information regarding PFAS at closed military installations. At a minimum, the report should (1) provide a list of all closed military installations; (2) indicate whether PFAS has been detected in drinking water and groundwater; (3) indicate the level of contamination that has been detected; (4) provide information on the likely sources of contamination; (5) explain current mitigation efforts and proposed remediation plans; (6) discuss the status of remediation; (7) provide a timeline for cleanup; and (8) estimate the total cost of detection, mitigation and remediation.

FAMILY HOUSING OVERVIEW

Appropriation, fiscal year 2022	$1,423,554,000
Budget request, fiscal year 2023	1,956,330,000
Committee Recommendation, fiscal year 2023	1,986,330,000
Change from enacted level	+562,776,000
Change from budget request	+30,000,000

Family housing construction accounts provide funds for new construction, construction improvements, the Federal government's costs for family housing privatization projects, and planning and design. The operation and maintenance accounts provide funds to pay for maintenance and repair, furnishings, management, services, utilities, leasing, interest, mortgage insurance, and miscellaneous expenses.

Military Housing Privatization Initiative (MHPI).—The Committee believes that the MHPI management companies have woefully neglected responsibilities outlined in their partnership agreements with the Services. The Committee continues to receive evidence of poor housing conditions, inadequate maintenance response times, mishandling of claims, indifference towards the wellbeing of servicemembers and their families, and some incidences of illegal incentive fee fraud. Therefore, the Committee provides an additional $30,000,000 for increased oversight of DOD's housing portfolio, including government-owned and controlled family housing, and privatized family and unaccompanied housing. Additionally, the Committee directs each Service to submit a report no later than 120 days after enactment of this Act detailing: (1) the current condition of all MHPI housing, including the current backlog of maintenance requests; (2) a summary of all MHPI tenant complaints; (3) a performance review of each MHPI management company; and (4) an update on all known and alleged incidences of incentive fee fraud. Furthermore, the Committee directs the Services to brief the Committee and provide a spend plan on how it will use

the additional funding no later than 45 days after enactment of this Act.

The Committee recognizes the importance of the MHPI and continues to prioritize the state of homes within the MHPI, as well as the timeliness and thoroughness of repair and remediation of reported problems, and the Department of Defense and Services' oversight communications with tenants and the base housing property management companies.

Evan's Law.—The Committee is concerned that the MHPI management companies are not purchasing and installing the mandatory, lifesaving window fall prevention devices in compliance with International Building Code standards and required by section 2823 of the National Defense Authorization Act for Fiscal Year 2019 (P.L. 115–232), which is commonly referred to as "Evan's Law", in a timely manner. The Committee directs the Department to prioritize the installation of these devices and provide the MHPI partners with all necessary, authorized resources to do so, if needed. Additionally, the Committee directs the Department to submit a report no later than 90 days after enactment of this Act on the progress of window fall prevention device installation, as well as an estimate of any additional funding and/or authorizations required to expedite the completion of necessary device installations at all privatized military housing.

Indoor Air Quality.—The Committee remains concerned that servicemembers and their families are subject to unhealthy living conditions, including potentially dangerous indoor air quality, in military family housing constructed and operated under the MHPI, as well as Unaccompanied Personnel Housing. The Committee has been aware of poor quality of service provided by MHPI management companies as well as deteriorating conditions of MHPI housing and Unaccompanied Personnel Housing. The Department and MHPI partners are directed to regularly monitor housing conditions and adhere to Environmental Protection Agency guidance and recommended mitigation procedures for those areas where there is evidence of potential health effects, including mold and other indoor air health risks. Additionally, the Committee directs the Department to provide a briefing for the Committee within 90 days of enactment of this Act on how the Department will work with the MHPI partners to monitor and enhance indoor air quality in MHPI housing. The briefing should at a minimum include, but not be limited to: (1) whether and to what extent private housing providers include air purification in their procedures for mold mitigation; (2) an evaluation of both commercially and non-commercially available air purification technology capable of destroying airborne mold and other harmful substances; and (3) recommendations for the deployment of air purification technology within the MHPI.

Homeownership Education.—The Committee encourages the Services to work with privatized housing partners to develop and provide basic homeownership education programs for servicemembers and their families.

FAMILY HOUSING CONSTRUCTION, ARMY

Appropriation, fiscal year 2022	$99,849,000
Budget request, fiscal year 2023	169,339,000
Committee Recommendation, fiscal year 2023	169,339,000
Change from enacted level	+69,490,000
Change from budget request	– – –

FAMILY HOUSING OPERATION AND MAINTENANCE, ARMY

Appropriation, fiscal year 2022	$391,227,000
Budget request, fiscal year 2023	436,411,000
Committee Recommendation, fiscal year 2023	446,411,000
Change from enacted level	+55,184,000
Change from budget request	+10,000,000

FAMILY HOUSING CONSTRUCTION, NAVY AND MARINE CORPS

Appropriation, fiscal year 2022	$77,616,000
Budget request, fiscal year 2023	337,297,000
Committee Recommendation, fiscal year 2023	337,297,000
Change from enacted level	+259,681,000
Change from budget request	– – –

FAMILY HOUSING OPERATION AND MAINTENANCE, NAVY AND MARINE CORPS

Appropriation, fiscal year 2022	$357,341,000
Budget request, fiscal year 2023	368,224,000
Committee Recommendation, fiscal year 2023	378,224,000
Change from enacted level	+20,883,000
Change from budget request	+10,000,000

FAMILY HOUSING CONSTRUCTION, AIR FORCE

Appropriation, fiscal year 2022	$115,716,000
Budget request, fiscal year 2023	232,788,000
Committee Recommendation, fiscal year 2023	232,788,000
Change from enacted level	+117,072,000
Change from budget request	– – –

FAMILY HOUSING OPERATION AND MAINTENANCE, AIR FORCE

Appropriation, fiscal year 2022	$325,445,000
Budget request, fiscal year 2023	355,222,000
Committee Recommendation, fiscal year 2023	365,222,000
Change from enacted level	+39,777,000
Change from budget request	+10,000,000

FAMILY HOUSING OPERATION AND MAINTENANCE, DEFENSE WIDE

Appropriation, fiscal year 2022	$49,785,000
Budget request, fiscal year 2023	50,113,000
Committee Recommendation, fiscal year 2023	50,113,000
Change from enacted level	+328,000
Change from budget request	– – –

DEPARTMENT OF DEFENSE FAMILY HOUSING IMPROVEMENT FUND

Appropriation, fiscal year 2022	$6,081,000
Budget request, fiscal year 2023	6,442,000
Committee Recommendation, fiscal year 2023	6,442,000
Change from enacted level	+361,000
Change from budget request	– – –

DEPARTMENT OF DEFENSE MILITARY UNACCOMPANIED HOUSING IMPROVEMENT FUND

Appropriation, fiscal year 2022	$494,000
Budget request, fiscal year 2023	494,000
Committee Recommendation, fiscal year 2023	494,000
Change from enacted level	– – –
Change from budget request	– – –

ADMINISTRATIVE PROVISIONS

The bill includes a total of 36 Administrative provisions, 25 of which are effective in fiscal year 2022.

The bill includes section 101 prohibiting the use of funds for payments under a cost-plus-a-fixed-fee contract for construction where cost estimates exceed $25,000. An exception for Alaska is provided.

The bill includes section 102 permitting the use of construction funds for the hire of passenger motor vehicles.

The bill includes section 103 permitting funds to be expended on the construction of defense access roads under certain circumstances.

The bill includes section 104 prohibiting construction of new bases in the United States without a specific appropriation.

The bill includes section 105 limiting the use of funds for the purchase of land or land easements that exceed 100 percent of value except under certain conditions.

The bill includes section 106 prohibiting the use of funds to acquire land, prepare sites, or install utilities for family housing except housing for which funds have been appropriated.

The bill includes section 107 limiting the use of minor construction funds to relocate any activity from one installation to another without prior notification.

The bill includes section 108 prohibiting the procurement of steel unless American producers, fabricators, and manufacturers have been allowed to compete.

The bill includes section 109 prohibiting the use of funds to pay real property taxes in foreign nations.

The bill includes section 110 prohibiting the use of funds to initiate a new installation overseas without prior notification.

The bill includes section 111 establishing a preference for United States architectural and engineering services where the services are in Japan, NATO member countries, or countries bordering the Arabian Sea.

The bill includes section 112 establishing a preference for United States contractors for military construction in the United States territories and possessions in the Pacific and on Kwajalein Atoll, or countries within the Central Command area of responsibility, except bids by Marshallese contractors for military construction on Kwajalein Atoll.

The bill includes section 113 requiring the Secretary of Defense to give prior notice to Congress of military exercises where construction costs exceed $100,000.

The bill includes section 114 allowing funds appropriated in prior years to be used for new projects authorized during the current session of Congress.

The bill includes section 115 allowing the use of expired or lapsed funds to pay the cost of supervision for any project being completed with lapsed funds.

The bill includes section 116 providing that funds for military construction projects are available until the end of the fourth fiscal year following the fiscal year in which funds are appropriated, subject to certain conditions.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 117 allowing for the transfer of funds from Family Housing Construction accounts to the Department of Defense Family Housing Improvement Fund and funds from Military Construction accounts to the Department of Defense Military Unaccompanied Housing Improvement Fund.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 118 providing transfer authority to the Homeowners Assistance Program.

The bill includes section 119 requiring that funds in this title be the sole source of all operation and maintenance for flag and general officer quarter houses and limits the repair on these quarters to $35,000 per year without notification.

The bill includes section 120 making funds in the Ford Island Improvement Fund available until expended.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 121 allowing the transfer of expired funds to the "Foreign Currency Fluctuations, Construction, Defense" account.

The bill includes section 122 prohibiting the use of funds for projects at Arlington National Cemetery.

The bill includes section 123 directing all amounts appropriated to Military Construction (all accounts) be immediately available and allotted for the full scope of the authorized project.

The bill includes section 124 extending the eligibility of unobligated funding for fiscal years 2017 and 2018 projects that have not lapsed.

The bill includes section 125 defining the congressional defense committees.

The bill includes section 126 providing additional funds for improving resilience and the effects of climate change on military installations.

The bill includes section 127 providing additional planning and design funds for child development centers.

The bill includes section 128 providing additional cost to complete funds for the Air Force for expenses incurred as a result of natural disasters.

The bill includes section 129 providing funds for various military construction accounts for DOD labs.

The bill includes section 130 providing additional funds for an Air Force Reserve unfunded priorities project.

The bill includes section 131 providing funds specified to address cost increases identified subsequent to the fiscal year 2023 budget request for construction projects across various accounts.

The bill includes section 132 providing funds specified to address cost increases for major construction projects funded by this Act.

The bill includes section 133 providing the Navy with planning and design funds for water treatment and distribution infrastructure.

The bill includes section 134 providing the Army National Guard and Reserve additional funds for barracks and unaccompanied personnel housing.

The bill includes section 135 providing additional funds for Army housing cost to complete projects.

The bill includes section 136 providing additional funds for construction of child development centers.

TITLE II

DEPARTMENT OF VETERANS AFFAIRS

Appropriation, fiscal year 2022[1]	$269,263,382,000
Budget request, fiscal year 2023[1]	298,611,258,000
Committee recommendation, fiscal year 2023[1]	298,563,339,000
Change from enacted level	+29,299,957,000
Change from budget request	−47,919,000
Fiscal year 2024 advance budget request	283,455,762,000
Fiscal year 2024 Committee recommendation in the bill	283,455,762,000
Change from budget request	− − −

[1]All funding cited excludes amounts in the Medical Care Collections Fund.

The Department of Veterans Affairs (VA) provides health care for 9,200,000 veteran enrollees, disability compensation benefits to an estimated 5,538,958 veterans and 482,949 survivors, pension benefits for an estimated 162,377 veterans and 114,250 survivors, life insurance for more than 5,500,000 veterans, servicemembers and their families, educational assistance for nearly 900,000 trainees, and interment of more than 130,000 veterans and eligible family members in national cemeteries. To serve adequately the nation's veterans, VA employs more than 425,000 people, making it one of the largest Federal agencies in terms of employment.

The Committee strongly supports the implementation of the Deborah Sampson Act, enacted into law as part of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116–315), and notes that the funding level provided for the Department for fiscal year 2023 continues to fund the implementation of the Deborah Sampson Act. The Committee believes firmly that the Department should dedicate sufficient resources to support the needs of women veterans in all program areas, including hiring and training staff, strategic planning, health research, eliminating sexual harassment and sexual assault, and retrofitting existing medical facilities to make it safer and easier for women veterans to get care. The Committee directs VA to provide an updated plan and timeline for implementation of this law, including an expenditure plan in each of these areas, to the Committees on Appropriations of both Houses of Congress, no later than 90 days after enactment of this Act.

Sexual Harassment and Sexual Assault Protections for VA Beneficiaries and Employees.—Eliminating sexual harassment and assault at VA is critical to creating a safe and welcoming environment for veterans, their families, caregivers, and survivors, as well as VA employees. The Committee has previously expressed concern

about the lack of centralized reporting mechanisms and resources for VA beneficiaries who are harassed or assaulted by VA employees or on VA property, as well as the potential for retaliation from within the Department. The Committee notes that VA has published a handbook with comprehensive policy guidance and instructions addressing harassment and sexual assault and directs VA to ensure that these policies are fully communicated and complied with. The Committee appreciates the Department's efforts to better address harassment and sexual assault, and requests an updated report annually on the Department's comprehensive approach.

Native Hawaiian, Pacific Islander and United States-Affiliated Pacific Islander (NHPIUSAPI) Veteran Healthcare.—The Committee recognizes the significant contributions of NHPIUSAPI servicemembers in the U.S. military and the disproportionate number of NHPIUSAPI servicemembers and veterans. These veterans are more likely to be female, report military sexual trauma, receive care for conditions such as diabetes, hypertension, post-traumatic stress disorder and addiction and receive more physical and mental diagnoses overall than their non-native and NHPIUSAPI counterparts. Given the unique clinical and geographic needs of NHPIUSAPI veterans and recognizing the Department's support for creating a new center focused on the NHPIUSAPI community, the Committee provides $5,000,000 to establish a Center for NHPIUSAPI Health to focus on research, data collection, and practice improvement to better serve NHPIUSAPI veterans. The Committee supports VA's approach of housing the new center in the VA Office of Health Equity with a field office in the Pacific, and encourages VA to partner with non-government institutions and universities. The Committee encourages VA to focus on issues specific to the NHPIUSAPI community, including extending the use of telehealth and telepharmacy to reach remote and isolated areas; using multi-disciplinary teams that incorporate community outreach workers; integrating clinical pharmacists into primary care practices to improve chronic disease control; incorporating local and indigenous cultural practices into VA's healthcare system; leveraging data analytics from modernized electronic health records to analyze gaps, costs, and healthcare disparities due to race and ethnicity; creating a more diverse healthcare workforce; and improving language access.

Combatting Online Misinformation and Extremism.—The Committee is concerned by foreign and domestic actions to exploit veterans through the use of online misinformation and manipulation. These efforts to spread extremist views and conspiracy theories among the veteran community have severely damaging effects, such as spreading conspiracies that may have motivated participation in the Capitol insurrection on January 6, 2021. The Committee feels strongly that VA should engage with the veteran community to better understand the unique vulnerabilities that veterans face online, and that the Department should establish a comprehensive, evidence-based program to educate veterans about malign influences, transition assistance to include specialized counseling services, as well as research into operations and methods to discern against disinformation. This should include developing evidence-based social media and internet propaganda literacy programs that are appropriately targeted to different veteran populations and an

understanding of appropriate counseling options. The Committee encourages the Department to engage with the Departments of Justice and Homeland Security, as well as civil society partners, in developing this program, and looks forward to the report required in House Report 117–81 on VA's plans to implement this program, including a cost estimate of additional resources that would assist in implementation.

Protecting Immigrant Veterans.—The Committee recognizes the value and service of immigrant veterans and is concerned about the deportation of veterans, as well as family members, workers, and other visitors interacting with VA who may also be at risk for deportation. The Committee is strongly supportive of VA's role in the Immigrant Military Members and Veterans Initiative and looks forward to receiving the plan requested in House Report 117–81. The Committee continues to direct VA to take steps to ensure that non-citizen veterans are made aware of their options to naturalize as U.S. citizens. Finally, the Committee strongly urges VA to take every step possible to assist detained and previously deported veterans, including by providing administrative guidance and assistance with relevant applications and paperwork. The Department is encouraged to continue to coordinate with the Department of Homeland Security to develop methods that allow the Department to maintain contact with detained and previously deported veterans and ensure that they are able to access this and other VA assistance and benefits to which they are entitled.

Performance Measures.—The Committee directs the Department to comply with title 31 of the United States Code, including the development of organizational priority goals and outcomes such as performance outcome measures, output measures, efficiency measures, and customer service measures. The Secretary is directed to submit a report to the Committee within 60 days of enactment of this Act on the progress it has made on performance measures.

Customer Service Standards.—The Committee continues to support efforts to improve customer service in accordance with Executive Order 13571—Streamlining Service Delivery and Improving Customer Service and encourages the Secretary to continuously improve customer service standards and incorporate them into the performance plans required under section 1115 of title 31, United States Code.

The Committee is aware of reports that Members have had challenges providing casework services to their constituents because the Department's local offices are lacking staff and strongly encourages VA to ensure sufficient staff, including in-person employees, are available.

VETERANS BENEFITS ADMINISTRATION

COMPENSATION AND PENSIONS

(INCLUDING TRANSFER OF FUNDS)

Fiscal year 2022 enacted level	$139,183,014,000
Fiscal year 2023 enacted level	152,016,542,000
Fiscal year 2023 budget year request	– – –
Committee 2023 budget year recommendation	– – –
Fiscal year 2024 advance appropriation request	146,778,136,000
Committee 2024 advance appropriation recommendation	146,778,136,000
Comparison with:	
Fiscal year 2023 enacted level	−5,238,406,000
Fiscal year 2024 advance budget request	– – –

This appropriation provides funds for service-connected compensation payments to an estimated 5,538,958 veterans and 482,949 survivors in fiscal year 2023. In addition, pension payments will be funded for an estimated 162,377 veterans and 114,250 survivors. The average payment per compensation case for veterans in fiscal year 2023 is estimated at $23,245 and pension payments are projected at $14,173.

The appropriation includes authority to transfer funding not to exceed $21,423,000 in fiscal year 2024 to General Operating Expenses, Veterans Benefits Administration (VBA) and Information Technology Systems. These funds are for the administrative expenses of implementing cost-saving provisions required by the Omnibus Budget Reconciliation Act of 1990 (P.L. 101–508), the Veterans' Benefits Act of 1992 (P.L. 102–568), and the Veterans' Benefits Improvements Act of 1994 (P.L. 103–446). These cost-saving provisions include verifying pension income against Internal Revenue Service and Social Security Administration (SSA) data; establishing a match with SSA to obtain verification of Social Security numbers; and applying the VA pension cap for Medicaid-eligible single veterans and surviving spouses alone in Medicaid-covered nursing homes. The bill also continues to include language permitting this appropriation to reimburse such sums as may be earned to the Medical Care Collections Fund to help defray the operating expenses of individual medical facilities for nursing home care provided to pensioners.

Financial Hardship and Bankruptcy.—The Committee continues to support VA programs, such as disability-related benefits, that seek to address 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.

READJUSTMENT BENEFITS

Fiscal year 2022 enacted level	$14,946,618,000
Fiscal year 2023 enacted level	8,906,851,000
Fiscal year 2023 budget year request	– – –
Committee 2023 budget year recommendation	– – –
Fiscal year 2024 advance appropriation request	8,452,500,000
Committee 2024 advance appropriation recommendation	8,452,500,000
Comparison with:	
Fiscal year 2023 enacted level	−454,351,000
Fiscal year 2024 advance budget request	– – –

This appropriation finances the education and training of veterans and servicemembers through the Post-9/11 GI Bill and the All-Volunteer Force Educational Assistance Program. Supplemental education benefits are also provided to certain veteran members of the Selected Reserve and are funded through transfers from DOD. In addition, certain disabled veterans are provided with vocational rehabilitation, specially adapted housing grants, and grants for automobiles with approved adaptive equipment. This account also finances educational assistance allowances for eligible dependents of veterans who died from service-connected causes or have a total and permanent service-connected disability, as well as dependents of servicemembers who were captured or are missing in action. Almost 80 percent of the funds in the account support the Post-9/11 GI Bill.

For fiscal year 2024, the bill provides $8,452,500,000.

Transition Coordination.—The Committee believes that VA, in consultation with the Departments of Labor and Defense, should further coordinate efforts and resources to ensure veterans have a successful transition to civilian life. This includes sharing information on community resources, including nonprofits and Veterans Service Organizations (VSOs), that are available to the veteran and their family as they depart the service. The Committee also urges VA to explore options for veterans to access hands-on job placement services that connect veterans directly with employers, and encourages VA to look at successful state and local programs in this area. The Committee requests a report on these efforts not later than 180 days after enactment of this Act.

Veteran Awareness of Student Loan Forgiveness.—The Committee understands that veterans may have student loans they acquired either prior to enlistment or outside of their GI Bill benefits. The Committee encourages VA to coordinate with other agencies, including the Departments of Education and Defense, and increase efforts to ensure that veterans are aware of all their student loan forgiveness options or repayment programs for which they may be eligible.

GI Bill Comparison Tool.—The Committee emphasizes the importance of providing veterans with the necessary information to make informed decisions when selecting institutions of higher education. The Committee directs VA to submit a report not later than 60 days after enactment of this Act on the steps VA has taken to fulfill the directive included in House Report 117–81 on VA's GI Bill Comparison Tool requirement.

Technology for Student Veterans.—During the pandemic, remote learning technology such as computers and routers for internet were more important than ever for so many veteran students. The Committee directs VA to explore options for ensuring all veteran

students have access to the technology and connectivity they need to be successful in school.

VetSuccess on Campus.—The Committee recognizes the importance of the VetSuccess on Campus program and its role in ensuring success in post-secondary education for veterans, servicemembers, and qualified dependents. The Committee encourages the Department to expand the program, including at institutions that collaborate to provide additional opportunities for students.

Training and Upskilling for Veterans.—According to the Syracuse University Institute for Veterans & Military Families, 47 percent of veterans are employed in occupations expected to shrink between now and 2030, namely, where automation is a threat to the workforce. Veterans receiving professional coaching and training are more likely to be promoted in their first job after transitioning from the military. The Committee encourages the Department to continue efforts to implement training and upskilling programs, such as the Veteran Employment Through Technology Education Courses (VET TEC) and Transition Assistance Grant programs, to help ensure veterans are not left behind in the new talent economy. The Committee directs VA to provide a report not later than 90 days after enactment of this Act on efforts to improve training and upskilling of veterans and their families.

VA Work-Study Program.—The Committee supports VA's efforts to provide work-based experiences that could help improve student veterans' employment opportunities after graduation and that do not disadvantage student veterans compared to their non-veteran peers. Therefore, the Committee directs VA to submit a report, not later than 180 days after enactment of this Act, consisting of: (1) an overview of the VA Work-Study program, to include types of work-study activities undertaken through the program, number and demographics of beneficiaries, and participating institutions; (2) an assessment of work-study opportunities available to student veterans; (3) an analysis of the feasibility and advisability of expanding the scope of eligible work-study opportunities supported through the VA Work-Study program; and, (4) any recommendations for improvements to the program, to include legislative proposals, that might better position student veterans for future employment.

VET TEC Pilot Program.—The VET TEC Pilot Program has enabled veterans to use their GI Bill benefits to access non-traditional, technology-oriented educational courses. The Committee expects the Department to fully fund the program, consistent with current law, at $45,000,000 for fiscal year 2023.

VETERANS INSURANCE AND INDEMNITIES

Fiscal year 2022 enacted level	$136,950,000
Fiscal year 2023 enacted level	109,865,000
Fiscal year 2023 budget year request	– – –
Committee 2023 budget year recommendation	– – –
Fiscal year 2024 advance appropriation request	121,126,000
Committee 2024 advance appropriation recommendation	121,126,000
Comparison with:	
Fiscal year 2023 enacted level	+11,261,000
Fiscal year 2024 advance budget request	– – –

The Veterans Insurance and Indemnities appropriation is made up of the former appropriations for military and naval insurance, applicable to World War I veterans; national service life insurance (NSLI), applicable to certain World War II veterans; servicemember's indemnities, applicable to Korean Conflict veterans; and veterans mortgage life insurance, applicable to individuals who have received a grant for specially adapted housing.

For fiscal year 2024, the bill provides $121,126,000.

The amount provided will enable the Department to transfer funding to the service-disabled veterans insurance fund and transfer additional amounts for payments for policies under the veterans mortgage life insurance program. These policies are identified under the Veterans Insurance and Indemnities appropriation since they provide insurance to service-disabled veterans unable to qualify under basic NSLI.

VETERANS HOUSING BENEFIT PROGRAM FUND PROGRAM ACCOUNT

	Program Account	Limitation on direct loans for specially adapted housing loans	Administrative Expenses
Appropriation, fiscal year 2022	– – –	($500,000)	$229,500,000
Budget request est., fiscal year 2023	– – –	(500,000)	282,361,131
Committee recommendation, fiscal year 2023	– – –	(500,000)	282,361,131
Change from enacted level	– – –	– – –	+52,861,131
Change from budget request	– – –	– – –	– – –

The purpose of the home loan guaranty program is to facilitate the extension of mortgage credit on favorable terms by private lenders to eligible veterans. This appropriation provides for all costs, with the exception of the Native American Veterans Housing Loan Program, of the Department's direct and guaranteed loans programs. The Federal Credit Reform Act of 1990 (P.L. 101–508) requires budgetary resources to be available prior to incurring a direct loan obligation or a loan guaranty commitment. In addition, the bill requires all administrative expenses of a direct or guaranteed loan program to be funded through a program account. Loan guaranties are made to servicemembers, veterans, reservists, and single surviving spouses for the purchase of homes, condominiums, and manufactured homes and for refinancing loans. The Department guarantees part of the total loan, permitting the purchaser to obtain a mortgage with a competitive interest rate, even without a down payment if the lender agrees. The Department requires that a down payment be made for a manufactured home. With a Department guaranty, the lender is protected against loss, up to the amount of the guaranty, if the borrower fails to repay the loan.

Home Loan Income Verification.—The Committee understands that as directed by House Report 116–63, VA has clarified that nothing in VA statutes or regulations specifically prohibits a veteran whose income is derived from state-legalized cannabis activities from obtaining a certificate of eligibility for VA home loan benefits. The Committee understands that VA is working to improve communication with eligible lending institutions to reduce confusion among lenders and borrowers on this matter and looks forward to receiving the report to the Committee requested in House Report 117–81.

VOCATIONAL REHABILITATION LOANS PROGRAM ACCOUNT

	Program Account	Limitation on direct loans	Administrative Expenses
Appropriation, fiscal year 2022	$2,838	(1,662,758)	$429,467
Budget request, fiscal year 2023	7,171	(942,330)	445,698
Committee recommendation, fiscal year 2023	7,171	(942,330)	445,698
Change from enacted level	+4,333	(−720,428)	+16,231
Change from budget request	– – –	– – –	– – –

This appropriation covers the subsidy cost of direct loans for vocational rehabilitation of eligible veterans and includes administrative expenses necessary to carry out the direct loan program. Loans of up to $1,300 (based on indexed chapter 31 subsistence allowance rate) are available to service-connected disabled veterans enrolled in vocational rehabilitation programs 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. Most loans are repaid in full in less than one year. The Federal Credit Reform Act of 1990 (P.L. 101–508) requires budgetary resources to be available prior to incurring a direct loan obligation.

It is estimated that the Department will make 870 loans in fiscal year 2023, with an average amount of $1,083.

NATIVE AMERICAN VETERAN HOUSING LOAN PROGRAM ACCOUNT

Administrative expenses:	
Appropriation, fiscal year 2022	$1,400,000
Budget request, fiscal year 2023	1,186,000
Committee recommendation, fiscal year 2023	1,400,000
Change from enacted level	– – –
Change from budget request	+214,000

The Native American Veteran Housing Loan Program, as authorized by title 38 United States Code, chapter 37, subchapter V, provides the Secretary with authority to make direct housing loans to Native American veterans for the purpose of purchasing, constructing, or improving dwellings on trust lands, including Hawaiian Home Lands. Native Hawaiians, Alaska Natives, and Native Americans enroll in the military at higher rates than non-Natives. These loans are available to purchase, construct, or improve homes to be occupied as veterans' residences.

The Committee continues to provide resources above the budget request in fiscal year 2023 to boost awareness of the program through improved communication and outreach to veterans eligible for a loan under this program. The Committee directs the Secretary to provide a report on efforts to improve outreach to eligible veterans not later than 90 days after the enactment of this Act.

GENERAL OPERATING EXPENSES, VETERANS BENEFITS ADMINISTRATION

Appropriation, fiscal year 2022	$3,453,813,000
Budget request, fiscal year 2023	3,863,000,000
Committee recommendation, fiscal year 2023	3,863,000,000
Change from enacted level	+409,187,000
Change from budget request	– – –

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

The bill makes available through September 30, 2024, up to ten percent of these funds.

The Committee provides $3,863,000,000, for the General Operating Expenses, VBA account, to enable VBA to deliver the benefits that veterans rely on. These resources will fully fund VA's request for fiscal year 2023 and improve VBA's ability to address compensation and benefit claims in a timely manner by hiring new claims processors and continued adoption of automation efforts to deliver fast, accurate, and consistent claim decisions for veterans.

Toxic Exposures.—The Committee remains concerned about service-connected exposures to toxic substances among veterans, such as Agent Orange, per- and polyfluoroalkyl substances (PFAS), radiation, asbestos, and open burn pits. The Committee believes that VA's recent rulemaking activities expanding presumptive benefits for veterans with certain toxic exposures is a step in the right direction. More must be done, both in expanding access to healthcare for veterans exposed to toxins, as well as ensuring they are receiving the disability compensation benefits that they have earned.

Disability Claims.—The Committee continues to be concerned about reports of delays that veterans experience in the resolution of pending compensation and pension claims. While the Committee appreciates the focus in attention and resources the Department has given to this concern, reducing the claims backlog and making sustainable improvement in the waiting period for claims adjudication is essential. The Committee urges the Department to prioritize resources toward providing veterans with the timely relief and support they deserve. The Committee encourages the Department to work diligently to reduce the backlog of compensation and benefit claims to pre-pandemic levels to lessen the burden of excessive wait times. The funding level provided is sufficient to continue programs that support effective management of claims, including the Veterans Claims Intake Program.

Burn Pits Data Tracking and Reporting.—The Committee continues to be concerned with the lack of data on veteran exposure to open burn pits (burn pits) and reiterates the direction provided in House Report 117–81, requiring a report within 180 days on burn pit data tracking and reporting. The Committee urges VA to work with DOD to ensure that VA has information about every location in which servicemembers may have been exposed to toxins in order to appropriately adjudicate claims and make determinations about presumptive eligibility.

Equitable Relief.—The Committee understands VA is working to implement new systems and protocols to eliminate instances of administrative error. However, as VA enacts system-wide reforms, ending equitable relief for veterans who were deemed eligible for benefits in error would place an unfair burden on veterans and their families. The Secretary is directed to continue to grant or extend equitable relief to eligible veterans initially deemed eligible in instances of administrative error. Not later than April 1, 2023, the Secretary is directed to submit to the Committee a report containing a statement as to the disposition of each case recommended

to the Secretary for equitable relief under section 503 of title 38, United States Code during the preceding calendar year.

Military Sexual Trauma (MST) Claims.—The Committee is frustrated by the findings of the August 2021 Office of Inspector General (OIG) Report titled "Improvements Still Needed in Processing Military Sexual Trauma Claims," which found VBA has failed to ensure all claims processors handling MST-related claims have received specialized MST training. The Committee urges VBA to prioritize specialized MST training for claims processors, and to continue to involve MST survivors in the development of specialized training. Additionally, the Committee remains concerned that veterans suffering from a mental health disorder as a result of sexual trauma during service have different standards of evidence based on their diagnosis. The Committee recognizes that evidence in personnel files is rare, no matter the resulting condition following MST, and therefore, the Committee urges VA to support the extension of the relaxed evidentiary standard to all those suffering from mental health disorders as a result of MST. Further, the Committee urges VA to continue to report to Congress on information relating to claims for disabilities incurred or aggravated by MST, as provided by section 113 of the Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016 (P.L. 114–315).

Compensation and Pension Exams.—The Committee is aware that the majority of veterans filing claims for disabilities incurred or aggravated by MST are referred to a third-party contract provider for the required Compensation and Pension (C&P) exam, and is aware that veterans filing MST-related claims may have unique needs and safety concerns. Therefore, the Committee reiterates the direction included in House Report 117–81 related to required, specialized MST training for both contract and VHA examiners and looks forward to receiving the report expeditiously. The Committee further directs VA to allow veterans filing an MST-related claim to request a VHA provider for the required C&P exam.

Hearing Loss Prevention.—Hearing loss and auditory injuries account for one of the most prevalent service-connected disabilities for veterans receiving compensation benefits. As such, the Committee requests a report, not later than 180 days after enactment of this Act, on the number of veterans affected and amount of compensation benefits provided over the last five fiscal years and directs the Department to work with the Department of Defense to identify options, strategies, and technologies to reduce the incidence of hearing loss by military personnel through exposure to excessive auditory pressure impulses during weapons training.

Expand Accessibility for Toxic-Exposed Veterans.—The Committee encourages VA to ensure resources and materials provided by VA to toxic-exposed veterans be made available in the most commonly spoken languages in the United States, as mandated in the Veterans and Family Information Act (P.L. 117–62).

Transition Assistance Grant Program.—The transition from military to civilian life brings significant challenges, which can be exacerbated by difficulties navigating a patchwork of different programs. The Committee believes that centralized community resources are needed to ensure veterans have a successful transition. The Committee directs VA to work towards timely implementation

of the transition assistance grant program established by Section 4304 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116–315) and includes $1,300,000 for the initial implementation of this program, as requested. The Committee encourages VBA to explore options to expand these grants in future years. The Committee further directs VBA to provide a briefing, not later than 90 days after awarding the initial grants, on progress and an interim assessment of effectiveness of these grants to improve veteran transition and a report on the effectiveness of these grants not later than 90 days after completion of the grant period.

Digitizing Veteran Records.—The Committee commends the efforts of VBA, in partnership with the National Archives and Records Administration (NARA), to address the backlog of veterans' records requests by creating digital copies of records that currently exist only in hardcopy form at the National Personnel Records Center (NPRC). The Committee strongly encourages VBA to continue its efforts to create digital copies of veterans' records housed at NPRC. Therefore, the Committee encourages VBA to allocate within the budgeted amounts any necessary funding to continue to digitize veterans' records housed at NPRC. In addition, to assist with Congressional efforts to properly resource digitization efforts, the Committee directs VBA to produce an analysis of the resources needed to digitize all hardcopy veteran records housed at NPRC not later than 90 days after the enactment of this Act.

VETERANS HEALTH ADMINISTRATION (VHA)

The Department operates the largest Federal medical care delivery system in the country, with 145 hospitals, 124 residential rehabilitation treatment programs, 135 nursing homes, 300 Vet Centers, 83 Mobile Vet Centers, and 740 Community-Based Outpatient Clinics (CBOCs). Approximately 7,347,400 patients will be treated in fiscal year 2023.

The Veterans Health Administration budget comprises five accounts: Medical Services, Medical Community Care, Medical Support and Compliance, Medical Facilities, and Medical and Prosthetic Research. For the first four accounts, which are funded in advance, the Committee provides an additional $7,527,000,000 for fiscal year 2023, which is an increase of $66,000,000 over the budget request. In addition, VA will receive an estimated $3,910,000,000 in the Medical Care Collections Fund in fiscal year 2023. The Administration has requested total resources for fiscal year 2024 of $128,104,000,000 to fund the four advance appropriations of VHA. The Committee also provides $926,000,000 for Medical and Prosthetic Research, an increase of $10,000,000 over the budget request.

The Committee supports the efforts of the Office of Care Management and Social Work, which provides comprehensive transition assistance and case management for wounded, ill, and injured Post-9/11 veterans. The Committee notes the overall trend for recently transitioned servicemembers that pose the highest risk of suicide during the three years immediately post-discharge. VHA should continue to support effective initiatives that cover transition from military service to veteran status.

Billing of Private Insurers.—The Committee expresses concerns with the Department's challenges in effectively billing private health insurers, as detailed in the OIG's May 2022 report, "VHA Continues to Face Challenges with Billing Private Insurers for Community Care" (Report No. 21–00846–104). The Inspector General identified inefficient processes, problems with data completeness, and workload and staffing challenges that led to VA being unable to recover significant amounts of funds. The Committee directs VA to submit a report within 60 days of enactment of this Act on how it is addressing these identified deficiencies and how it is responding to the Inspector General's recommendations to improve billing processes.

Veterans Transportation.—The Committee continues to support the Department's programs to provide veterans across the country with transportation to VA medical facilities, making it easier for rural and disabled and impaired veterans to receive medical care. The Committee directs the Department to allocate robust funding for these programs, including the Veterans Transportation Program and the Volunteer Transportation Network, so that they can continue to expand access to VA services for veterans across the country. The Committee further directs VA to explore all options to strengthen and sustain the Volunteer Transportation Network, including increased funding to recruit and retain drivers and support vehicle maintenance.

Dispute Resolution.—The Committee urges VA to ensure that veterans are clearly advised of their rights to contest VA billing charges and determinations and of the step-by-step process for disputing billing charges. VA is further urged to ensure this information is available both online and in publicly accessible areas at each VA medical center, and that it is made available in English, Spanish, and other languages, as appropriate, in a given geographic region, with information directing veterans where to find further translations of the information into the eight other most commonly spoken languages in the United States.

Healthcare Information Transparency.—The Committee urges VA to ensure that information that is required to be disclosed by law, such as wait time and patient safety data, is consolidated and streamlined onto an easily accessible and usable website. VA is encouraged to consult with Veterans Service Organizations, veterans, and caregivers of veterans from geographically diverse areas and representing different eras of service to gather insights about potential modifications that could help improve the understanding and use of such data.

TOXIC EXPOSURE

The Committee strongly supports efforts to improve diagnosis and treatment of conditions resulting from toxic exposures, and appreciates the work of the Health Outcomes Military Exposures (HOME) program, the Office of Research and Development, and other VA program offices to increase attention to this issue.

Veterans Exposed to Open Burn Pits and Airborne Hazards.—In order to provide full and effective medical care, it is essential for the Department to better understand the impacts that exposure during military service has had on the health of veterans. Therefore, the Committee continues to support VA's work through the

Airborne Hazards and Burn Pits Center of Excellence on diagnoses, mitigation, and treatment of conditions related to airborne hazards and burn pits, and includes $13,000,000, as requested, to carry out responsibilities and activities of the Airborne Hazards and Burn Pits Center of Excellence.

Burn Pits Center of Excellence Expansion.—Research and clinical trials are urgently needed to develop effective treatments for veterans exposed to toxic environmental hazards, and the VA Research Advisory Committee has recommended the establishment of Centers of Excellence to facilitate the development and availability of new treatments in clinical settings. However, the effects of toxic exposure may manifest differently between genders. Therefore, the Committee directs the Department to provide a report within 120 days of enactment of this Act on the feasibility, including cost estimates, of establishing a new Center of Excellence or expanding the existing Burn Pits Center of Excellence to focus on gender-based differences in disease and treatment. The report should include details on how the Department is including investigations of gender-based differences in disease and treatment and ways it can expand; how it is expanding provider education to focus on gender-based differences; how it is working with outside groups and clinical experts to inform best practices on including women veterans in clinical trials; and how it is leveraging research funding through partnerships, particularly those with experience with research consortia working on Gulf War Illness with funding through the Department of Defense's Congressionally Directed Medical Research Programs, partnerships with VA medical centers and minority serving institutions, and expertise in gender-based differences in disease diagnosis and treatment.

Toxic Exposure Research.—The Committee is pleased that toxic exposures will continue to be an area of focus for VA's research programs in fiscal year 2023 through the Military Exposure Research Program. The Committee encourages the Department to continue to expand its research on the effects of and treatments for veterans exposed to toxins, such as Agent Orange, open burn pits, per- and polyfluoroalkyl substances (PFAS), radiation, and asbestos, during the course of their active duty service. In addition, the Committee urges the Department to reference data from existing medical records of veterans to determine how veterans who served in areas where toxins were dispersed may have more frequent or unexplained diseases compared to the civilian population.

Gender-Specific Toxic Exposure Research.—The Committee recognizes the gender-specific impacts of toxic exposure and notes that in order to provide full and effective medical care, it is essential for the Department to understand the health effects of women veterans exposed to toxins during their service. The Committee encourages the Department to continue and expand its research on the effects of toxic exposure and ensure gender-specific research on women veterans is included in these efforts. Further, the Committee is concerned that a commensurate number of women veterans relative to the total women veteran population are not being utilized in research studies, especially in those pertaining to effects of toxic exposure on veterans. The Committee directs VA to provide a report within 120 days of enactment of this Act on the metrics of women veterans participating in trials and strategies on how VA

is recruiting and designing their studies to be properly inclusive of women.

PFAS Research.—The Committee is deeply concerned about the impact of PFAS at military bases on servicemembers, their families, and surrounding communities, and recognizes that the effects of PFAS exposure may continue for servicemembers once they are under the care of VA. While the Committee directs VA to continue collaborating with DOD's PFAS Task Force, academia, and other health institutions and agencies to monitor research activities, results, and publications on the health effects from PFAS, the Committee also believes that VA can and should play an active role in research on the effects of PFAS exposure and health monitoring as it relates to veterans.

Burn Pit Population Surveillance.—The Committee continues to express its concern regarding the devastating effects that toxic particulate matter from sources such as burn pits, dust storms and sulphur mine fires have had on veterans who were deployed to Iraq, Afghanistan, Southwest Asia, and other theaters of operations in the period after 9/11. While the Department has attempted to quantify the number of veterans who were exposed to airborne hazards, a full accounting of the scope and severity of the impacts of these exposures across the affected population has not been undertaken. The Committee is aware of emerging technology that uses existing x-ray imaging equipment to derive four-dimensional models of lung function, to identify respiratory illnesses and accompanying loss of lung function earlier than was previously feasible. The Committee urges the Department to evaluate this technology for the purposes of conducting population-wide surveillance of veterans who have likely been exposed to airborne hazards, in order to conduct a full accounting of the health impacts suffered by veterans and to provide full and effective medical care to this population.

Early Detection Diagnostics.—The Committee encourages VA to consider all options to better incorporate available early detection diagnostics into veterans' care. Particularly for veterans exposed to toxic substances, early detection diagnostics can help identify early onset cancers and other illnesses to ensure that toxic-exposed veterans get the care and help they need from the VA. The Committee directs the VA to submit a report to the Committee no later than 180 days after enactment of this Act on how it is incorporating early detection diagnostics into veterans' care and areas for potential improvement.

MEDICAL SERVICES

Fiscal year 2022 enacted level	$58,897,219,000
Fiscal year 2023 enacted level	70,323,116,000
Fiscal year 2023 budget year request	261,000,000
Committee 2023 budget year recommendation	327,000,000
Fiscal year 2024 advance appropriation request	74,004,000,000
Committee 2024 advance appropriation recommendation	74,004,000,000
Comparison with:	
Fiscal year 2023 enacted level	+3,680,884,000
Fiscal year 2024 advance budget request	– – –

The bill includes an additional $327,000,000 for Medical Services in fiscal year 2023 as well as $74,004,000,000 for advance fiscal year 2024 funding. The Committee has included bill language to

make $1,500,000,000 of the Medical Services advance appropriation for fiscal year 2024 available through September 30, 2025.

Of the funds provided for fiscal year 2023, $13,920,415,000 is for mental health, which is $1,500,000 above the budget request; $2,685,392,000 is provided for homelessness initiatives; $307,455,000 is for rural health; $911,119,000 is for gender-specific care and programmatic efforts to deliver care for women, which is $10,000,000 above the budget request; $85,851,000 is for Whole Health initiatives, which is $10,000,000 above the budget request; $498,098,000 is provided for suicide prevention outreach efforts, which is $1,500,000 above the budget request; $662,805,000 is provided for opioid prevention and treatment; and $183,287,000 is provided for Substance Use Disorder programs, which is $2,000,000 above the budget request.

Changes in Funding Requirements Due to Modeling.—The Committee expects VA to continue to include in the sufficiency letter required by section 117(d) of title 38, United States Code, which is due to the Congress on July 31 of each year, a description of any changes exceeding $250,000,000 in funding requirements for the Medical Services account resulting from the spring recalculation of the Enrollee Healthcare Projection Model.

Allocation of Health Funding.—The Committee continues to be concerned that the process VA uses to allocate the health services appropriation through the Veterans Integrated Service Networks (VISNs) and from them to the medical centers may shortchange the ultimate users because of excessive funding retained at headquarters or at the VISNs. The Committee continues to request a report each year, no later than 30 days after VA allocates the medical services appropriation to the VISNs, that identifies: (1) the amount of general purpose funding that is allocated to each VISN; (2) the amount of funding that is retained by central headquarters for specific purposes, with amounts identified for each purpose; and (3) the amount of funding that is retained by each VISN before allocating it to the medical centers, identifying separately the amounts retained for purposes such as network operations, network initiatives, and emergencies.

MENTAL HEALTH

The Committee provides $13,920,415,000 in discretionary funding for mental health programs. Of the amounts provided for mental health programs in fiscal year 2023, $2,883,874,000 is for suicide prevention and treatment programs. Specifically, $498,098,000 is for suicide prevention outreach, which is $1,500,000 above the budget request.

The Committee notes that in fiscal year 2023, the three-year PREVENTS program, which was established by Executive Order 13861 to develop an interagency public health strategy to address veteran suicide, will come to an end and its suicide prevention treatment and outreach programs will be absorbed into VA's ongoing suicide prevention programs. While this will reduce duplication of efforts and enable more effective programming, the Committee strongly believes that suicide prevention must continue to be an area of investment for the Department to make progress on this issue.

The Committee continues to direct the Department to focus on efforts to address parking lot suicides and connect veterans to care. The Department is directed to provide a report to the Committee, no later than 90 days after enactment of this Act, identifying a detailed expenditure plan for all suicide outreach and treatment programs and how VA is meeting the Committee's directives.

The Department should continue to work to improve community outreach and increase access to care regardless of discharge status or service history. The Department should also continue to engage with VSOs to help remove the stigma that is associated with seeking mental healthcare. Furthermore, VA is directed to remove barriers that affect a veteran when trying to receive mental healthcare and to implement a twenty-first century outreach program that incorporates social media and other electronic means to reach veterans before they are at a crisis point. In addition, the Committee directs VA to engage with DOD to help servicemembers transition from active duty to civilian life and ensure that mental health needs are addressed throughout the transition process.

Improving the Veterans Crisis Line (VCL).—The Committee provides funding to support the VCL, as requested, and continues to monitor the VCL to ensure veterans are receiving appropriate clinical care. To support this critical care, the Committee instructs the Secretary to ensure that Federal funding for the VCL is utilized to make any necessary improvements to VCL's operations in order to best meet the needs of veterans seeking assistance. This includes, but is not limited to, ensuring appropriate staffing for call centers and back-up centers, providing necessary training for VCL staff, and ensuring that staff are able to appropriately and effectively respond to the needs of veterans needing assistance through the VCL.

The Committee maintains bill language requiring the VCL to: (1) provide to individuals who contact the hotline immediate assistance from a trained professional; and (2) to adhere to all requirements of the American Association of Suicidology.

Peer Specialist Program.—The Committee is encouraged by the success of VA's Peer Specialist program. By providing connections to their peers, this program is ensuring veterans can access mental health benefits and resources in a supportive context. The Committee encourages VHA to explore opportunities to add new peers to support the Substance Use Disorder programs administered by the Office of Mental Health and Suicide Prevention. The Committee also encourages the Peer Specialist program to ensure community-based peer mentoring organizations are activated to direct candidate veterans to the VHA's program, and encourages eliminating barriers to participation.

Improving Depression Treatment with Precision Medicine.—The Committee recognizes that depression is one of the most common conditions associated with military service and combat exposure. Further, the risk of suicide increases with this diagnosis and each time a veteran tries and fails a medication. The Committee is aware that VA-led studies focusing on precision medicine tests to treat depression are nearing completion and will be submitted for peer review and publication. VHA is encouraged to ensure access to pharmacogenomic tests in the treatment of depression if the

tests have been shown to improve health outcomes of veterans in clinical trials.

Public-Private Partnerships.—The Committee continues to be concerned by the alarming number of suicides committed by veterans each day. While the Committee appreciates the important work being done by the Department to combat suicide and improve mental health among veterans, more can and must be done. The Committee recommends that the Department continue to seek out public-private partnerships, in particular with research universities, teaching hospitals, and other partners, to expand upon its existing efforts related to suicide prevention, post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and substance use disorders. Of the funds provided for mental health programs in fiscal year 2023, up to $5,000,000 is included for expansion of public-private partnerships.

Law Enforcement Liaison.—The Committee appreciates VHA's past efforts in working to educate the law enforcement community regarding the unique issues facing veterans, especially those returning from combat operations. Such education is invaluable in cases where veterans are determined to be an immediate threat to themselves or others. In such instances, it is imperative that the veteran's needs be addressed in an expeditious, humane, and respectful manner. The Committee requests a report on VA's efforts to educate law enforcement about the issues facing veterans, including mental health needs, no later than 60 days after enactment of this Act.

Non-Citizen Veteran Outreach.—The Committee is concerned about the level of awareness regarding mental health services among at-risk, non-citizen veterans. The Committee therefore urges VA to conduct more aggressive outreach targeting this group of veterans to offer mental health and other early intervention services, drug and alcohol services, and mental health counseling.

Reporting on Wait Times for Psychiatric Inpatient Care.—The Committee notes its concern with reports of wait times faced by veterans for inpatient emergency mental health treatment programs. As VA prepares for implementation of Section 201 of the COMPACT Act (P.L. 116–214), it is even more critical to have a full understanding of limitations and obstacles to veteran access to inpatient care. Within 180 days of enactment of this Act, the Committee requests a report outlining whether and how VHA tracks wait times for psychiatric beds, how any such wait times have impacted health outcomes or possible suicides, remediation efforts undertaken or recommended to be taken, and any resource requirements needed to meet such objectives. The report should include data from the past five years on whether resource limitations, staff or inpatient unit shortfalls, or wait-lists have kept veterans in state-managed mental healthcare that wished to transfer to VA care, as well as data on whether VA's lack of facilities able to handle veterans with coincident mental and medical conditions and a broader lack of psychiatric care beds has limited access to care for veterans.

Military Sexual Assault.—The Committee continues to be aware of the high prevalence of sexual assault, among both men and women, during their service. Effects from this assault persist once servicemembers return home and can manifest in mental health

disorders such as depression, PTSD, substance use disorders, eating disorders, and anxiety. Because sexual trauma is so prevalent, the Committee recommends that all veterans seeking treatment services are screened for sexual assault using an evidence-based screening tool in order to successfully treat those who have experienced assault.

Cancer and Mental Health Screening at Veterans Affairs Medical Centers.—The Department is encouraged to ensure its healthcare providers screen for the numerous types of cancers and mental health issues that veterans experience so they can receive the best possible care.

National Center for Post-Traumatic Stress Disorder.—Recognizing the importance of VA's National Center for PTSD in promoting better prevention, diagnoses and treatment of PTSD, the Committee provides $45,000,000 for the Center, which is $5,000,000 above the budget request.

The Committee remains concerned that, consistent with findings from the Center, some groups of veterans, including African Americans and Latinos, are more likely to develop PTSD, and less likely to see improvement from treatment. As such, the Secretary is directed to report to the Committee on Appropriations no later than 90 days after enactment of this Act on efforts to implement recommendations made by the Office of Health Equity at VHA to improve outcomes for African American and Latino veterans with PTSD, as well as improving the collection, use and dissemination of data disaggregated by race and ethnicity.

The Committee also continues to encourage the Center to explore academic and interagency collaborations that investigate novel and multifactor approaches, such as dietary interventions and noninvasive brain stimulations, and investigational trials to test and develop new methods to treat PTSD, including neuromodulation, family-inclusive therapies, and alternative treatments, such as those recommended by the Creating Options for Veterans' Expedited Recovery (COVER) Commission.

Post-Traumatic Growth Programs.—As the Department continues to highlight veterans' mental healthcare and suicide prevention as a key priority, there is an opportunity to explore effective alternative treatments focused on the area of post-traumatic growth. The Committee encourages the Department to continue to collaborate, partner with and support non-profit post-traumatic growth organizations and programs.

Post-Traumatic Stress Disorder Service Dogs.—The Committee recognizes the positive role that service, guide, and hearing dogs have played in mitigating veterans' disabilities and providing assistance and rehabilitation. The Committee is encouraged that a pilot program created by the PAWS Act of 2021 (P.L. 117–37) is underway at five VA medical centers, which will assess the potential therapeutic effectiveness of service dogs in the treatment of PTSD, and urges VA to ensure it is properly resourced to achieve the best possible outcomes. The Committee directs VA to provide a report on the status of this program within 120 days of enactment of this Act, including the status of agreements with participating canine training organizations and whether the Department has identified any barriers to participation of these entities.

Hyperbaric Oxygen Therapy.—The Committee encourages the Department to provide hyperbaric oxygen treatment to veterans suffering from chronic post-traumatic stress disorder, as appropriate.

Modeling and Simulation Treatment of PTSD.—As a mechanism to explore treatments for PTSD, the Committee is aware that the use of modeling and simulation technology has enabled the development of innovative and immersive therapies, which can extend trauma management therapy protocol. The Committee encourages VA to continue its Trauma Management Therapy study that explores exposure therapy involving virtual reality in combination with group therapy for the treatment of individuals with symptoms relating to PTSD, and requests a report at the conclusion of the study.

Agritherapy.—An increasing number of states now have programs that assist veterans in starting farms, and many veterans turning to farming suffer from 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. VA is encouraged to work with the Department of Agriculture on providing agritherapy programs to veterans. Additionally, the Committee supports a pilot program to train veterans in agricultural vocations, including urban and vertical farming, while also tending to behavioral and mental health needs with behavioral healthcare services and treatments from licensed providers at no fewer than three locations.

Cognitive Behavioral Therapy Virtual Care.—The Committee understands that wounded, ill, and injured veterans and their families face complicated and complex challenges, which at times can lead to attempts at self-medication, other substance use disorders, and general struggles with mental health, which have been exacerbated by the COVID–19 pandemic. The Committee recognizes the evidence that more veterans will require greater access to mental healthcare and that the demand for accessible and virtual care is likely to increase concurrently. As such, the Committee recognizes the promise of commercially available, virtual programs with therapist-guided cognitive behavioral therapy that can support the VA in delivering timely and quality care to veterans. To meet the growing demand for telehealth or virtual mental healthcare, the Committee encourages VA to provide veterans access to virtual cognitive behavioral therapy, including ensuring that options are available over low broadband. The Committee directs VA to provide the Committees on Appropriations of both Houses of Congress a report, not later than 90 days after enactment of this Act, on the status of efforts to utilize solutions and partners in the delivery of mental health services virtually and how to make these solutions more accessible to patients.

Vet Centers.—The Committee recognizes the importance of Vet Centers and the role they play in helping veterans readjust to civilian life. The Committee provides funding for VA's Readjustment Counseling Service programs and encourages VA to work with local stakeholders to increase access to the readjustment counseling services provided by Vet Centers, Mobile Vet Centers, Outstations, and Community Access Points, and directs the Department to increase outreach to veterans so they are aware of these counseling centers and services.

SUICIDE PREVENTION OUTREACH

Suicide Prevention Coordinators.—The Committee recognizes the importance of Suicide Prevention Coordinators, who follow up with and coordinate care for veterans who have been directly referred to them by responders at the Veterans Crisis Line. Given that VA anticipates an increased volume of calls as the crisis line transitions to a three-digit number, the Committee directs VA to ensure that it maintains adequate staffing levels of Suicide Prevention Coordinators to respond to this increase and provides an additional $1,500,000 above the budget request to help support staffing of Suicide Prevention Coordinators. The Committee further directs VA to submit a report within 60 days of the transition to the three-digit number, and quarterly thereafter, on the volume of calls received by the crisis line and a comparison to the prior year; the number of callers referred to Suicide Prevention Coordinators; the metrics that VA is using to measure and ensure adequate staff response by both crisis line staff and Suicide Prevention Coordinators; and recommendations, including cost estimates, of any needed adjustments to staffing levels.

VetsCorps.—The Committee continues to strongly support the VetsCorps pilot program and urges that it be fully implemented without further delay. Although VA has other outreach programs, a key and unique aspect of VetsCorps is that veterans themselves, working with VA, proactively seek out and connect with veterans in their communities who have not been served by the Department, in order to help connect them with available programs and services. VA should track veterans brought into the system through this outreach. The Committee continues to direct the Department to provide quarterly reports on the status of the implementation of the VetsCorps pilot program. Furthermore, at the conclusion of the pilot, the Committee directs the Department to report to the Committees on Appropriations of both Houses of Congress on the effectiveness of the pilot program at reaching veterans, particularly those in need, and increasing utilization of VA services and evaluate the cost-effectiveness of the program compared to existing outreach efforts.

Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families.—The Committee applauds the work of the Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families, and the bill includes sufficient funding to support the Department's efforts to extend this program to additional States. The Committee urges VA to continue to engage with participating states on technical assistance around implementation of action plans, and to provide resources to states to assist with efforts to improve data collection to better inform suicide prevention activities.

Zero Suicide Initiative.—The Committee recognizes the value of innovative, systems-focused efforts to combat veteran suicide across the country and notes the use of the Zero Suicide model across various healthcare systems and through the Department of Health and Human Services. The Committee encourages VA to evaluate, in consultation with experts and VSOs, the feasibility and effectiveness of implementing a Zero Suicide initiative that provides train-

ing and support to VA employees, in order to reduce the rate of veteran suicide.

Suicide Risk Assessment and Training.—The Committee recognizes the ongoing need to support the success of the Clinical Resource Hub at the Office of Rural Health. This program is an innovative model that delivers high-quality healthcare services to veterans in underserved locations. The Committee also recognizes the high risk of suicide among veterans and the need to train additional behavioral and mental health providers to assist veterans living in both rural and urban communities. The Committee directs VA to expand ways for urban and rural academic institutions with expertise in suicide risk assessment and training, particularly minority-serving institutions, to engage with Clinical Resource Hubs to share best practices on meeting the needs of all veterans, as well as on combining telehealth services with in-person care to train providers and provide care to veterans in rural communities.

Collaboration on Lethal Means Safety.—The Committee welcomes the Administration's new national strategy, "Reducing Military and Veteran Suicide: Advancing a Comprehensive, Cross-Sector, Evidence-Informed Approach", and commends the Strategy's focus on improving Lethal Means Safety education and training for veterans, including firearms safety. The Committee notes that the Strategy called for VA to partner with the Departments of Defense, Health and Human Services, Homeland Security, Justice, and the Office of Emergency Medical Services within the Department of Transportation to create and implement a coordinated approach for improving lethal means safety. The Committee requests a report within 180 days of enactment of this Act on the development of this coordinated approach and VA's plans to incorporate the coordinated approach into the Department's existing lethal means safety initiatives.

The Committee continues to support collaboration across public and private sectors to end the national tragedy of suicide, and encourages VA medical centers to collaborate with state and local law enforcement and health officials in states that have adopted extreme risk protection orders, also known as "red flag" laws, and similar gun safety laws, to adopt programs and protocols on firearm safety and storage to assist veterans who may be struggling with suicidal thoughts. The Committee additionally supports VA's investment in demonstration projects to support innovative and promising practices to address suicide, in particular VA's project to evaluate a novel firearm safety storage and mental health crisis planning intervention, which will engage veterans and their families in conversations about safe firearm storage, identifying warning signs for mental health symptoms or suicide risk, and how to create a collaborative safe storage plan.

The Committee is pleased that VA has implemented mandatory lethal means safety trainings for clinical healthcare providers in VHA facilities. To ensure that every employee who regularly interacts with veterans is prepared to have a conversation that could save a veteran's life, the Committee continues to urge VA to implement mandatory lethal means safety trainings for all VHA and VBA employees who regularly interact with veterans in their work, compensation and pension examiners, employees of Veterans Cen-

ters and vocational rehabilitation facilities, community care providers, and family caregivers to the extent practicable.

Suicide Prevention Technology.—The Committee recognizes the importance of consistent and timely follow-up care for veterans identified as at high risk for suicide. Although VA has been an innovator in implementing an enterprise-wide suicide screening initiative, monitoring and management of veterans identified as at-risk falls on the responsibility of already overworked suicide prevention coordinators and case managers, as documented in an April 2021 Government Accountability Office (GAO) report (21–326: Efforts Needed to Ensure Effective Use and Appropriate Staffing of Suicide Prevention Teams). To help address this challenge, VA medical centers need the latest real-time technologies that complement the existing retrospective reporting tools from the VA Central Office. Suicide prevention coordinators need real-time case monitoring and management tools that improve situational awareness, patient safety, and compliance with VA Risk ID policies. The Committee encourages VA to provide integrated, real-time data, interactive push notifications, data visualization tools and VA suicide prevention performance measure analytics. The Committee directs the Department to provide a report, no more than 180 days after enactment of this Act, on the benefits of an enterprise-wide, real-time, and interactive technology to support suicide prevention coordinators. The report must include: (1) a list of facilities currently using this type of technology and the outcomes that have been seen, (2) the Department's plans to deploy this type of technology across all VA medical facilities, and (3) total program cost and schedule to implement an enterprise-wide solution.

HOMELESS ASSISTANCE

The Committee provides $2,685,392,000 for VA homeless assistance programs, an increase of $530,942,000 above the comparable fiscal year 2022 enacted level and fully funding the President's budget request. An estimated $9,145,900,000 is provided for homeless veterans treatment costs, an increase of $294,400,000 above the comparable fiscal year 2022 enacted level.

Programs to assist homeless veterans include the Homeless Providers Grant and Per Diem (GPD), Health Care for Homeless Veterans (HCHV), the Domiciliary Care for Homeless Veterans, the Supportive Services for Low Income Veterans and Families (SSVF), Veterans Justice Outreach Homeless Prevention (VJO), Compensated Work Therapy, and the Department of Housing and Urban Development-Department of Veterans Affairs Supported Housing (HUD–VASH) programs, among others.

Healthcare for Homeless Veterans.—The Committee notes the benefits of the Healthcare for Homeless Veterans Program H–PACT program, and encourages VA to expand this program to additional sites, including rural areas, and to consider additional services to improve the program. The Committee directs the Department to include a plan to expand this program to additional sites, including cost estimates, with its fiscal year 2024 budget request.

Ending Veteran Homelessness.—The Committee recognizes the value and impact of the HUD–VASH program, which serves veterans experiencing homelessness and pairs each HUD affordable

housing voucher earmarked for veterans with intensive case management from VA to assist with benefits and income, mental healthcare, recovery services, and permanent housing stability. Case management services are critically important to the function of the program, and public housing authorities rely on VA Medical Centers referrals to house veterans. Due to the joint nature of HUD–VASH funding, the Committee recommends that VA's budget for case managers be increased commensurate with any increases in HUD's budget for new vouchers and to account for increased costs in staffing and recent expansions in eligibility.

Tiny Homes.—The Committee notes the Department has made great efforts to find suitable housing for homeless veterans and their families, and strongly encourages the Department to continue its efforts to implement more non-traditional efforts, such as "Micro" or "Tiny Homes" or renovated shipping containers, to eliminate the problem of suitable housing for homeless veterans and their families. The Committee directs VA to allocate $8,000,000 to fund a pilot program to build villages of tiny homes for homeless veterans, with preference given to grant recipients who use energy efficient building materials. Of the funds provided, the Committee recommends $2,000,000 to be used for continuing operations and maintenance costs of these tiny home villages.

Legal Assistance for Veterans.—The Committee notes that the Department has begun implementing the Legal Services for Veterans Grant Program, which builds upon existing services offered to veterans through partnerships with legal service providers. The Department is encouraged to expeditiously finalize the rule and fully implement this program. Furthermore, the Committee continues to encourage the SSVF program to work with grantees to expand their legal service offerings, particularly in rural areas where access to private legal assistance can be limited, and to establish one or more pilot projects to partner SSVF grantees with university law schools in rural areas or within underserved populations to enhance legal assistance to veterans. 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, as well as inspiring next-generation lawyers to serve veterans in practice.

Homeless Veterans Near the United States-Mexico Border.—The Committee notes that there may be homeless veterans living near the United States-Mexico border who, historically, may not have been counted in point-in-time homeless surveys. The Committee continues to direct VA to work with HUD to develop strategies and recommendations for addressing veteran homelessness near the United States-Mexico border and to take into account these undercounted veterans when awarding HUD–VASH vouchers. The Committee appreciates VA's efforts to implement strategies and make recommendations to decrease veteran homelessness on the border, such as the development of a Homelessness Screening Clinical Reminder, data sharing, improving the accuracy of data, and contracting case management in rural areas. The Committee requests an updated report within 60 days of enactment of this Act on its efforts to serve homeless veterans on the border.

Supportive Housing for Veterans with Serious Mental Illness.—The Committee applauds the HUD–VASH program for providing

housing opportunities for veterans experiencing homelessness and commends their success in decreasing the rate of homeless veterans by nearly 50 percent since 2010. The Committee understands not all veterans in need fit the traditional definition of homeless and that veterans experiencing serious mental illness also experience difficulties acquiring housing, whether due to a co-occurring substance use disorder or conditions related to their service, including PTSD and TBI. Thus, the Committee encourages VA to build upon the tangible achievements of the HUD–VASH program and explore whether a new model of vouchers could provide housing opportunities for low-income veterans experiencing serious mental illness who seek healthcare services from VA.

STAFFING ISSUES

Staffing Shortages.—The Committee has long recognized the growing shortage of VHA physicians and medical professionals has negatively affected the delivery of care for veterans at VHA medical centers and clinics across the country. VHA facilities have been forced to provide care with fewer staff than are medically necessary to properly care for the nation's veterans. The Committee looks forward to the annual comprehensive report required by the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2022 (P.L. 117–103) on the Department's plan to address critical workforce issues.

VA/HHS Collaboration on Health Workforce Shortages.—The Committee continues to encourage VA to work with HHS to explore ways the agencies can work together, such as by creating a taskforce, to increase the availability of providers, including in the behavioral health workforce and among physicians specializing in cancer, spinal cord, and neuropsychiatric conditions. This collaboration is urged to examine VA's recruitment challenges, review programs that could enhance recruitment and retention, and to think creatively on how other Federal agencies like HHS can identify and address provider shortages. VA is also encouraged to consult with DOD to explore recruiting those who have left the military.

Enhancing Recruitment.—The Committee recognizes the challenge VA has in the recruitment and retention of clinicians. To help VA better keep pace with other providers and continue to train its workforce to improve their service to veterans, the Committee urges VA to explore potential options to enhance recruitment and retention, such as expanding reimbursement to clinicians for Continuing Professional Education.

Physical Therapists.—The Committee encourages VA to ensure pain treatment alternatives to opioids, such as physical therapy, are available to veterans where they are most needed. As part of these efforts, the Committee encourages VA to examine how more competitive pay for physical therapists and physical therapist assistants can help hire and retain these professionals. The Committee further encourages VA to explore how the Health Professional Scholarship Program can be expanded to include physical therapists, and to develop a staffing plan on how to utilize physical therapists and physical therapist assistants within Primary Care, Rural Health, Women's Health, and other areas of the Department.

Office of Rural Health (ORH).—The bill includes $307,455,000 for rural health, which is equal to the budget request, to improve access and quality of care for the more than 3,000,000 enrolled veterans residing in rural and highly rural areas. ORH improves access and quality of care for enrolled veterans residing in geographically rural areas. In addition to providing healthcare services, ORH's important work includes identifying barriers to healthcare delivery in rural areas and implementing new ways to deliver healthcare and services to veterans in these locations.

Office of Rural Health Operating Plan.—The Committee directs the Office of Rural Health to submit to the Committee no later than 30 days after enactment of this Act an operating plan for fiscal year 2023 funding, as well as for the fiscal year 2024 funding provided in advance by this Act.

Transportation Challenges.—The Committee recognizes the transportation challenges and barriers to care that rural and remote veterans face, and that the veteran population is disproportionately both rural and mobility challenged when compared to the public at large. The Committee directs the Office of Rural Health to increase efforts to improve transportation mobility for veterans and to allocate funding to enhance rural access and transportation services, and continues to encourage VA to consider utilizing accessible autonomous electric vehicles to overcome these challenges. The Committee appreciates VA's progress in beginning to study veterans' experiences using autonomous transportation, and requests VA report to the Committee no later than 90 days after enactment of this Act with a plan for additional expected studies and detail on the benchmarks and metrics that VA will use to determine feasibility of this technology.

Rural Transportation Study.—In fiscal year 2021, the Committee provided funding, as requested, for the Office of Rural Health's rural transportation study by the Veterans Rural Health Resource Center, Iowa City. The Committee directs the Office of Rural Health to expeditiously conclude the study and provide a report to the Committee so that it can assess whether there are gaps in the Department's comprehensive rural transportation program, how they should be closed, and if additional funding is needed.

Rural Veteran Transportation.—The Committee acknowledges continued progress in addressing transportation barriers for veterans, especially those in areas that have limited transportation services, including rural or highly rural areas. While the Committee recognizes the important work of VSOs and the existence of the Veterans Transportation Program, a transportation gap still exists for many VA service areas, especially predominantly exurban and rural ones. The Committee notes that as new forms of mobility are being developed and becoming increasingly available, options like on-demand shared ride microtransit may help improve accessibility for veterans, and encourages the Veterans Transportation Program to explore increased adoption of this transit model and study the use of software technology to enable this transportation option.

Clinical Resource Hub.—The Committee supports the success of the Clinical Resource Hub at the Office of Rural Health. This pro-

gram is an innovative model that delivers high-quality healthcare services to veterans in underserved locations. The Committee recognizes the unique challenges faced by veterans living in rural communities who often require access to a suite of health services across a spectrum of specialty medical professionals. The Committee also recognizes the impact that expanded access to telehealth services has had on rural veterans that live beyond the reach of critical care services. The Clinical Resource Hub combines telehealth services with in-person care to bring access within reach for veterans across rural America. The Committee will continue monitoring the progress of this program through the fiscal year.

Rural Access Network for Growth Enhancement (RANGE).—The RANGE Program provides case management and treatment services to mentally ill veterans in rural areas. These centers are essential for providing care to veterans who have served honorably and are now in crisis and need serious mental healthcare resources. No veteran should be turned away from receiving mental healthcare services due to a lack of access and availability of appointments. The Committee provides $1,200,000 to establish and maintain three new centers of the RANGE Program, as authorized by the Sgt. Ketchum Rural Veterans Mental Health Act of 2021 (P.L. 117–21).

TELEHEALTH AND CONNECTED CARE

The bill includes $5,174,818,000 for telehealth and connected care, which includes home telehealth, home telehealth prosthetics, and clinic-based telehealth.

Telehealth Improvements.—Telehealth services increase veteran access to care. The Committee directs VA to continue to expand telehealth availability to include additional mental health, primary care, and rehabilitation services as a means to deliver care in rural and underserved communities. The Committee particularly recognizes and appreciates the significant improvements made in Telehealth Service by VA in the past two years. These timely improvements were critical in meeting the healthcare needs of veterans during the COVID–19 pandemic. As the pandemic travel restrictions are relaxed, the Committee urges the Department to evaluate current telehealth services to improve and inform a normalized, sustainable Telehealth Service model and to focus on easing the burdens of rural veterans with limited travel options. Additionally, VA is encouraged to leverage newly gained telehealth capacity to address backlogs for disability exams and healthcare appointments when appropriate. The Committee further directs VA to continue to implement plans to improve veteran and provider satisfaction, increase awareness of the telehealth program, and enhance adoption of telehealth by veterans and providers. The Department's plans should include efforts to make telehealth more accessible to patients in highly rural areas. The Committee requests a report on these efforts within 90 days of enactment of this Act.

GENDER-SPECIFIC CARE FOR WOMEN

Women are now the fastest growing cohort within the veteran community. The number of women veterans using VHA services has more than tripled in the last two decades, growing from 159,810 in 2001 to over 600,000 today. The increased number of

women using VHA services necessitates a greater investment of resources in order to provide and expand VA's gender-specific services to women veterans and ensure women veterans' health needs, which often differ from men, are met. The bill provides $911,119,000 for gender-specific care and programmatic efforts to deliver care for women, which is $70,673,000 above the fiscal year 2022 enacted level and $10,000,000 above the budget request. This includes funding to support the Office of Women's Health at VHA and its efforts to expand programs and strategic planning for women veterans. The Committee supports continued efforts to identify and address the unique issues experienced by women veterans. VA is directed to continue redesigning its women's healthcare delivery system and improving its facilities to ensure women receive equitable, timely, and high-quality healthcare.

VA is directed to provide an expenditure plan no later than 90 days after enactment of this Act, detailing how the funding for gender-specific care and for programmatic support will be spent. Furthermore, the Committee requires quarterly briefings on the expenditure of these funds. The Committee continues to direct the delivery of care to women veterans be through an organized program within normal business operations of VA. The women's health program is required to have appropriate staffing levels and executive support that is operationalized to ensure all aspects of care for women veterans are available.

Program managers within each VA facility should be equipped, at a minimum, with at least one designated women's health provider, the appropriate number of nurses, administrative support, care coordinators, and peer navigators. Additionally, the Committee continues to direct that Women's Health Program Managers be full-time jobs and not be tasked with supplemental responsibilities outside of their specified job descriptions.

The Committee directs VA to continue to build on its training initiatives for women's health providers and nurses in order to meet the increased demand in care. VA is further directed to provide greater resources at the field level to build visible women-specific health programs, including suicide prevention programs, reproductive mental health programs, and combined pain and opioid use programs, and to ensure that these resources are being properly used at these levels. As such, the Committee requests a report within 90 days of enactment of this Act on VA's plans to provide and expand these programs for women.

The Committee remains strongly supportive of efforts by the Department to train and hire Women's Health Primary Care Providers (WH–PCPs) and notes that women veterans are twice as likely to choose to stay in VA care over time if they are assigned a WH–PCP. The Committee appreciates that to reinforce advancements in hiring and purchasing equipment specific for women's healthcare, VA launched the Women's Health Innovations and Staffing Enhancements Initiative, and therefore directs VA to ensure that sufficient resources are made available to hire and train WH–PCPs, Women's Health Patient Aligned Care Team staff, and other essential women's health personnel.

Peer Support for Women Veterans.—Peer support programs offered at VA have proven effective in improving health outcomes, and they continue providing vital support to veterans across the

nation. The Committee appreciates VA's continued investments in hiring additional women peer specialists and in enhancing peer support services for women veterans, such as through developing peer support trainings and clinical resources. The Committee provides increased funding above current levels for VA to hire additional women peer specialists at all VA medical centers and notes that VA plans to conduct a staffing assessment to identify further peer specialist hiring needs. In addition to this funding, the Committee directs VA to provide no less than $1,300,000 to implement women-specific peer support interventions like Women Veterans Network (WoVeN), a national peer support network for women veterans run by researchers from the National Center for PTSD—Women's Health Sciences Division. The research component of this peer support program will drive innovation in addressing PTSD in women veterans.

Maternity Healthcare and Coordination Programs.—The Committee notes that the United States has the highest maternal mortality rate among high-income countries and significant racial and ethnic disparities in maternal health outcomes. Some of the causes of adverse maternal health outcomes can be even more prevalent in veterans, such as military sexual trauma, which is linked with risk factors for pregnancy-related complications. The Committee is pleased that to coordinate prenatal and postpartum care provided in the community, VA has established maternity healthcare and coordination programs, which have been successful in ensuring that veterans can receive high-quality, culturally appropriate care and robust support during and after pregnancy. The Committee supports these maternity healthcare and coordination programs and encourages VA to continue to ensure veterans have access to high-quality, well-coordinated care and robust services to address social determinants of maternal health, including access to housing, nutrition, and transportation. The Committee directs VA to continue to implement and fully resource the Protecting Moms Who Served Act (P.L. 117–69).

Access to Maternity Care.—The Committee notes that studies have demonstrated that maternity care provided by midwives in birth centers is high value care that significantly improves outcomes for mothers and newborns, while resulting in significant cost savings for every mother-baby pair during the first year of life. The Committee is aware that VA is working to improve interoperability of health records and communications between community providers in the VA Community Care Network and VA facilities in order to improve access and quality of care for women veterans, and directs VA to ensure in-network birth centers and their collaborating physician practices are included in efforts to improve interoperability of electronic health information between facilities and levels of care. The Committee further directs VA to reduce barriers to care, including those relating to obtaining community referrals, for women veterans seeking maternity care at birth centers and other community care providers. The Committee requests a report on the progress to achieve these goals no later than 180 days after enactment of this Act.

Breast Cancer Screening Guidelines.—The Committee commends VA's decision to offer breast cancer screening and mammography to eligible women veterans beginning at age 40. However, the De-

partment should be prepared to offer screening to eligible younger women veterans should a physician determine, or risk factors warrant, screening before age 40. The Committee supports this effort to ensure that the care women veterans receive is consistent with the private sector and will continue to monitor the Department's implementation of this policy. The Department should closely follow ongoing debate within the scientific community on breast cancer screening and mammography coverage to provide veterans the best care possible. The recommendation includes bill language to ensure VA maintains this policy through fiscal year 2024.

PHARMACY ISSUES

Drug Pricing Report.—Rising drug prices are a significant cost driver in healthcare. However, VA receives substantial discounts when purchasing prescription drugs. Common-sense approaches such as using lower-cost generic drugs, providing care from expert pharmacists, and making drug companies compete for business can help drive down the cost of healthcare. The Committee remains interested in information regarding VA drug pricing and appreciates VA providing a report as requested in previous fiscal years on VA's spending on prescription drugs. The Committee encourages VA to conduct this analysis annually and requests robust and routine updates to Congress, including updated information for fiscal year 2023 on prescription drug prices (net of rebates) paid by VA for the ten most frequently prescribed drugs and the ten highest-cost drugs for VA. In addition, the report should include total annual costs to VA for all prescription drugs. As VA has noted that country of origin information on drugs and active pharmaceutical ingredients is not yet available on a national level, the Committee urges the VA's National Acquisition Center to work with the Food and Drug Administration to track this data and establish a national database for such information.

At-Home Drug Disposal for Veterans.—The Committee is aware that many unused and unwanted prescription opioids and other powerful medications remain in homes and are subject to diversion. This is too often the beginning of a pathway to dependence, addiction, and overdose. The Committee is pleased that in response to the directions in House Report 116–445 and House Report 117–81, VA has begun a pilot program to evaluate the benefits of co-dispensing at-home drug disposal products for post-surgical patients. The Committee directs VA to continue to invest in this pilot program and appreciates that VA has expanded this pilot to additional sites. Further, the Committee encourages VA to include patients in this demonstration from a variety of geographic locations and VA medical facility types, as well as patients who are prescribed opioids for chronic pain management or other long-term use. No later than 60 days upon conclusion of the pilot, VA is directed to submit a report on the results of this program and a detailed plan, including cost estimates, of how this program could be expanded throughout VA.

Safe Medicine.—The Committee recognizes that the nation's increased reliance on foreign-based sources of medicine and active pharmaceutical ingredients may present a health security risk to VA as they provide medicine for veterans. The Committee continues to encourage VA to examine potential vulnerabilities and

safety risks VA faces purchasing medicine from off-shore sources, including supply chain and dependency issues, and encourages VA to address strategies to buy American and produce medicine domestically.

Pharmaceutical On-dose Tracking and Tracing Technologies.—Track and trace systems are increasingly being implemented as a technological solution to secure pharmaceutical supply chains. These systems offer the potential to minimize reimbursement fraud, facilitate fast market recalls, and help identify medicine shortages. Therefore, the Committee directs VA to submit a report within 180 days of the enactment of this Act on the Department's efforts, including technologies being used, to secure the VA pharmaceutical supply chain, reduce illegal distribution of opioid products within VA, and eliminate the distribution of counterfeit pharmaceutical products within VA.

Pharmaceutical Catalog.—The Committee notes the Federal government's investments in a competitive process to develop domestically produced radiopharmaceuticals. To reflect the on-shoring of manufacturing, the Committee encourages VA to strive to procure, if feasible, 20 percent in fiscal year 2023 (and 35 percent in fiscal year 2024) of their molybdenum-99 and its daughter, technetium-99m from domestic producers of sustainable medical radioisotopes. The Committee requests a report from VA on the availability of domestic sources of sustainable medical radioisotopes available to them for procurement in fiscal year 2023.

OPIOID SAFETY INITIATIVES AND SUBSTANCE USE DISORDER CARE

The Committee is pleased that VA has taken an aggressive posture in reducing the volume of opioid prescriptions it dispenses and is turning to alternative approaches to pain relief, including the use of complementary medicine tools. The Committee encourages VA to continue the challenging effort to reduce opioid use among veterans, half of whom suffer from chronic pain. The bill includes $662,805,000 for opioid treatment and prevention efforts, which is $41,471,000 above fiscal year 2022, and of which $245,754,000 is provided for activities authorized by the Comprehensive Addiction and Recovery Act of 2016 (P.L. 114–198). With veteran opioid addiction numbers outpacing those for the rest of the U.S. population, and the full effects of the coronavirus global pandemic on veteran opioid addiction still unknown, this funding will allow VA to reach more veterans in need of assistance with their opioid addiction and lessen the numbers who fall victim to COVID–19.

The bill also includes $183,287,000 for Substance Use Disorder (SUD) efforts, an increase of $2,000,000 over the budget request, to ensure veterans can receive timely SUD specialty services. The Committee is concerned with challenges veterans face in accessing treatment, including wait times for inpatient admission, and directs the Department to continue to increase investment in this program to reduce delays and ensure adequate bed availability and staffing.

Jason Simcakoski Memorial and PROMISE Act Implementation.—The Committee supports robust funding to facilitate the continued implementation of the Jason Simcakoski Memorial and Promise Act, which passed as Title IX of the Comprehensive Addiction and Recovery Act of 2016 (P.L. 114–198), including updating

therapy and pain management guidelines, strengthening provider education and training, and improving patient advocacy.

Behavioral Health and Substance Use Screening.—The Committee continues to be aware of the high prevalence of mental illness and substance abuse among veterans, particularly PTSD, depression, anxiety, and alcohol and opioid abuse. The Committee strongly recommends that all veterans seeking treatment services in a VA facility be screened for the listed illnesses, at a minimum annually, using evidence-based assessment tools.

Substance Use Disorder Programs.—The Committee recognizes the ongoing work of VA to reduce substance use disorder among veterans. The Committee supports new and innovative solutions to intervene early with at-risk veterans and supports programs that provide veterans and their families with the tools they need to meet these challenges. The Committee encourages VA to increase education among its primary care practitioners on the diagnosis and treatment of alcohol use disorders with Federal Drug Administration (FDA)-approved medication-assisted treatments and counseling, as clinically indicated. Additionally, the Committee recognizes the importance of programs that utilize harm reduction techniques and offer confidential education information that can reduce substance use, relapse, hospital visits and suicide, and therefore continues to direct VA to establish an internet-based substance abuse education program to expand its efforts related to SUD education and outreach. The Committee directs the Department to report to the Committees on Appropriations of both Houses of Congress within 60 days of enactment of this Act on the efforts made in establishing this program.

WHOLE HEALTH INITIATIVE

Traditionally, medical providers have focused on the physical symptoms of veterans, zeroing in on their diseases and ailments. However, VA is continuing to work to expand this focus by incorporating a whole health model of care, which is a holistic look at the many areas of life that can affect a veteran's health, including their work environment, relationships, diet, sleep patterns, and more. Whole Health is an approach to healthcare that empowers and enables the veteran to take charge of their health and well-being and live their life to the fullest. The Committee is extremely pleased with the Whole Health model of care and includes $85,851,000 in the bill, which is $10,000,000 above the request and $2,251,000 above the fiscal year 2022 enacted level, to continue to implement and expand Whole Health to all VA facilities.

Continued Support and Expansion for Whole Health.—The Committee notes that data shows participation in the Whole Health system of care resulted in a 24 percent drop in total healthcare costs among the participating veterans. Additionally, a recent survey found that 97 percent of veterans are interested in using Whole Health. The Committee is pleased by this evidence that points to the ability of the Whole Health System to deliver care efficiently and effectively to the nation's veterans, and urges VA to continue supporting the program and to expand it further in fiscal year 2023. The Committee further directs VA to report to the Committee within 60 days of enactment of this Act with the details, timeline,

and expected year by year costs of its plan to expand the Whole Health system to all VA facilities.

Creative Arts Therapies.—The Committee continues to acknowledge the effective use of creative arts therapies and arts and humanities partnerships in treating veterans with traumatic brain injuries and psychological health conditions. The Committee supports the ongoing integration of the arts and creative arts therapies provided by VA's Office of Patient Centered Care and Cultural Transformation through the Whole Health initiative and encourages VA's continued partnerships with healing arts providers. The Committee strongly supports the Secretary in continuing to expand these innovative programs throughout the Veterans Healthcare Networks, particularly in areas that are serving rural, isolated or underserved veteran populations, and includes $5,000,000 to do so.

Health and Wellness Through Digital and At-Home Fitness.—The Committee continues to believe the health and well-being of veterans and their families is important to maintain. Furthermore, the Committee is aware of the ways in which new technologies, including digital and at-home fitness applications, can further improve and personalize exercising experiences for best results. The Committee encourages VA to make all available efforts to ensure veterans and their families can benefit from digital and at-home fitness programs in its quality-of-life programming. As such, the Committee requests a report within 180 days of enactment of this Act identifying the potential benefits of digital and at-home fitness to promote force readiness, mental health, suicide prevention, and rehabilitation from injury.

CAREGIVERS PROGRAM

Caregivers Program.—The caregivers program provides an unprecedented level of benefits to families with veterans seriously injured in the line of duty. These benefits include stipends paid directly to the family caregiver, enrollment for the family member in the VA Civilian Health and Medical Program (CHAMPVA), an expanded respite benefit, and mental health treatment. The Committee provides the request level of $1,846,210,000 for the caregivers program. The Committee also continues the requirement on quarterly reporting on obligations for the caregivers program.

Caregiver Support Program.—The Committee strongly encourages VA to ensure parity in the Program of Comprehensive Assistance for Family Caregivers and the Program of General Caregiver Support Services for all eligible veterans and their families by ensuring at least one VA Caregiver Support Coordinator is responsible for each state or U.S. territory that does not currently have a VA Caregiver Support Coordinator located within its jurisdiction, such as the Commonwealth of the Northern Mariana Islands, within 180 days of enactment of this Act. Such staff should be provided the necessary support, space, equipment, and funds to facilitate travel to other areas within such jurisdiction where veterans reside on a regular basis. The Committee urges VA to ensure veterans in these areas are notified that a VA Caregiver Support Coordinator is available to provide services, including enrollment assistance, to them and their families. Furthermore, no later than 180 days after the date this report is filed, the Committee directs VA to provide a report to the Committees on Appropriations of both Houses of

Congress on enrollment, services, and outreach relating to the caregiver program conducted by VA in such areas, an evaluation of such activities, and an assessment of the need to provide additional resources and VA caregiver support staff in such areas, which should include input from veterans residing in these areas.

OTHER HEALTH ISSUES

Neurology Centers of Excellence.—The Committee recognizes the increasing number of veterans affected by neurologic conditions, including but not limited to epilepsy, headache, multiple sclerosis, and Parkinson's disease. The Neurology Centers of Excellence provide essential and innovative clinical care, education, and research efforts focused on these conditions, and the Department is directed to continue to increase its investment to maintain and expand these centers to enhance their ability to serve veterans. The Committee appreciates VA's acknowledgment of the additional need for equitable access to headache care, specialists, and clinical research through the Headache Centers of Excellence (HCoE) system, and provides $5,000,000 to begin expansion of the system as described in the report referenced in the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2022 (P.L. 117–103). The Department is directed to submit a report on the use of these funds, as well as a funding plan for further expansion, within 90 days of enactment of this Act. The Committee also notes that similar expansion of the Parkinson's Disease Research Education and Clinical Centers (PADRECCs) may help to increase access to high quality neurology care, and directs VA to provide a report within 120 days of enactment of this Act on the feasibility, advisability, and cost estimates to expand PADRECCs to additional sites and fund increased staff at each site.

Epilepsy Centers of Excellence.—The bill includes $19,086,000 toward maintaining and expanding the Epilepsy Centers of Excellence within VA.

Central Alabama Veterans Health Care System (CAVHCS).—The Committee reminds the Department of the urgent need to improve the management of CAVHCS and directs that the Department thoroughly and expeditiously implement plans to promote a safe culture and enhance care to veterans, fill permanent leadership vacancies, hire for all levels of permanent staffing, and provide incentives and bonuses. The Committee requests a status update of the plans within 60 days of enactment of this Act.

Nuclear Medicine Quality Improvements.—The Committee is aware of the consequence of extravasations in nuclear medicine procedures, and understands that the Nuclear Regulatory Commission and Centers for Medicare and Medicaid Services are considering regulatory actions to improve nuclear medicine injection quality. The Committee continues to encourage VA to monitor injection quality, as well as image extravasations, perform dosimetry and notify patients when they occur, and urges the Department to adopt any new regulatory requirements.

Hospital-Acquired Pressure Ulcers and Pressure Injuries.—The Committee reiterates that VA is urged to update VHA Directive 1352 based on the 2019 International Guidelines for the Prevention and Treatment of Pressure Injuries as VA's standard of care, and appreciates that VA has begun to evaluate and update the direc-

tive. The Committee requests that VHA expedite the update of the directive, which should include the Standardized Pressure Injury Prevention Protocol (SPIPP) Checklist. Furthermore, the Committee requests the fiscal year 2024 budget request include a detailed timeline with steps accomplished and planned to full adoption.

Nutrition and Food Services.—The Committee recognizes the value of proper nutrition and food's impact on one's health and remains concerned regarding the nutritional health and well-being of veterans. The Committee expects the Department to work with the Centers for Disease Control to implement the Food Service Guidelines for Federal Facilities, and encourages the Department to expand its plant-based menu options, including offering vegetarian and vegan meal options at every facility.

Produce Prescription Programs.—The Committee is concerned with food insecurity among the veteran population and recognizes the role of access to healthy produce in managing chronic disease and reducing healthcare utilization. The Committee is further aware of produce prescription programs across the country that allow medical providers to prescribe fresh fruits and vegetables to individuals or households who are at-risk due to health status or income, often pairing these prescriptions with financial incentives or nutrition education resources. The Committee understands that VA has demonstrated interest in supporting efforts to provide produce prescriptions to veterans in partnership with community-based organizations and/or government entities with demonstrated experience and expertise, and provides up to $2,000,000 for VA to continue to provide guidance and resources for VA facilities to develop local programs and pursue strategies for patient education and outreach.

Expanded Access to Noninstitutional Long Term and Extended Care.—The Committee recognizes that veterans prefer to receive long-term and extended care services in their local communities. The Committee continues to encourage VA to increase the number of Veterans Care Agreements executed at VA Medical Centers located within the geographic service areas of Programs of All-Inclusive Care (PACE). These collaborations will enable veterans to experience improved quality of life, heightened independence, and increased support for their family caregivers, while reducing costs by preventing or delaying nursing home placement. For these reasons, the Committee also urges the Department to ascertain if its eligibility criteria for PACE should be expanded to facilitate serving more veterans with this proven model of care.

Medical School Affiliations.—The Committee continues to be pleased with VA's implementation of its collaborative agreements with academically affiliated minority medical schools. The Committee encourages VHA and the Office of Academic Affiliations to further align academic partnerships with training opportunities and patient needs of veterans in surrounding communities.

Academic Collaborations at Community-Based Outpatient Clinics.—The Committee encourages VA to expand academic collaborations with CBOCs. CBOCs provide valuable patient care and access to services that can be strengthened by collaboration with educational institutions. Through clinical traineeships and research fellowships, emerging health professionals can gain a better under-

standing of veterans' specific healthcare needs, improve patient outcomes, advance specialized research, and increase the talented workforce pipeline. VA should look to include wholly public academic medical centers in CBOC collaborations.

Dialysis Services.—The Committee understands that VA has a long history of providing dialysis services through community dialysis providers under the Nationwide Dialysis Services contracts when VA is unable to directly provide such care. The Committee expects that VA will ensure that care is not disrupted or diminished for the veterans who receive treatment through experienced providers under the Nationwide Dialysis Services contracts. In addition, the Committee looks forward to receiving the report referenced in the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2022 (P.L. 117–103) that will evaluate the feasibility of a value-based care model.

Reducing Airborne Infections.—The Committee recognizes that airborne bacteria and viruses remain a significant source of healthcare-associated infections at healthcare facilities. Although High Efficiency Particulate Air (HEPA) filters are widely used to filter the air, airborne transmission still accounts for a significant portion of healthcare-associated infections. The Committee appreciates that VA has undertaken a review of its air filtration standards as a result of the coronavirus pandemic, which has increased the urgency of addressing airborne contaminants. The Committee continues to encourage VA to review and adopt new commercial, off-the-shelf technology with the potential to capture and destroy airborne contaminants to ensure that facilities are not using outdated technology and putting veterans at risk. Not later than 90 days after enactment of this Act, the Committee directs the Secretary to submit a report to the Committees on Appropriations of both Houses of Congress on how the Department evaluates and incorporates new technology in its air filtration procedures.

Creutzfeldt-Jakob Disease Monitoring.—The Committee is committed to understanding the residual impacts of Creutzfeldt-Jakob Disease (CJD) within the veteran community, particularly among those who are barred from donating blood due to their potential exposure during their military service to beef that was infected with bovine spongiform encephalopathy. The Committee continues to urge the Department to reference data from existing medical records of veterans to determine the percentage of veterans from the above referenced subgroup that have more frequent or unexplained symptoms associated with CJD compared to the civilian population. This body of data could be helpful in clarifying the extent and specifics of the medical issues suffered by veterans from exposure to CJD.

Molecular Diagnostics and Precision Oncology.—The Committee believes that every veteran with cancer deserves the highest quality and most medically advanced diagnosis and treatment available. Molecular diagnostics and precision oncology, performed at the first occurrence of cancer, can provide vital information regarding the specific tumor type and its drivers, which can lead to the most accurate precision medicine for patients. The Committee commends the Department's Precision Oncology Program and supports the budget's requested increase of $67,000,000 over fiscal year 2022 to expand precision oncology clinical services, including molecular

diagnostics. The Committee includes up to $15,000,000 to accelerate the adoption of molecular diagnostics for additional cancers, including rare cancers and hematopoietic cancers. VA is further encouraged to continue to provide information to clinicians on the value of using molecular diagnostics to cancer patients and on how to contribute tissue specimens to a repository started among the Department, Department of Defense and the National Institute of Health. The Committee further directs the Department to issue an updated report no later than 60 days after the enactment of this Act describing how these funds will be used to enhance the use of molecular diagnostics, including information on the use of specific types of molecular diagnostics, such as microarray, whole exome, whole genome, and RNA-Seq.

Oral Contraceptives.—Given the potential advantages for patients in receiving a full year's supply of hormonal contraceptive products at once that are for regular use, the Committee continues to urge the Department to encourage prescribers to proactively offer patients the option to receive a full year's supply and to ensure patients are notified of that option. The Committee is aware that VA is currently evaluating the results of a demonstration project for potential enterprise-wide implementation, and requests a report with the findings of this demonstration within 30 days of the conclusion of the evaluation.

Intimate Partner Violence Program.—The Committee continues to support VA's efforts to expand its Intimate Partner Violence (IPV) Program, which provides a holistic approach that involves understanding, recognizing and responding to the effects of all types of trauma, with the ultimate goals to end violence, prevent further violence, and promote healthy relationships. The Committee directs VA to increase funding to this program. Additionally, the Committee notes that IPV is a leading cause of maternal mortality and morbidity in the United States and can negatively impact fetal outcomes, as well as that research indicates that IPV rates are of significant concern among U.S. veterans. Therefore, the Committee urges the Department to develop a Pregnancy IPV awareness campaign to address the prevalence of IPV among childbearing veterans, and further, supports programs designed to actively engage fathers and partners in an effort to assist in breaking cycles of abuse.

Adaptive Sports.—The bill provides $27,229,000 for National Veterans Sports Programs, including $16,000,000 for adaptive sports programs, and recommends that the Department use no less than $1,500,000 of funding provided for the adaptive sports program for equine therapy. The Committee recognizes the significant improvements that adaptive sports and recreational therapy have on veterans' mental and physical health, as well as the efforts of community providers, especially in rural areas, who have been able to use this key program to successfully reintegrate veterans back into their communities. The Committee acknowledges that community providers of adaptive sports grants spend considerable time and effort in planning and implementing their veteran service programs.

Assisted Reproductive Services.—The Committee continues to believe that the limitations of VA's current policy for providing assisted reproductive services are completely unacceptable, resulting in a discriminatory, unjust, and antiquated approach in practice.

Such services include in vitro fertilization (IVF) treatment for veterans who have sustained serious or severe illness and/or injury while on active duty that led to the loss of their natural procreative ability. It is outrageous that VA infertility services have been denied to a growing number of veterans due to marital status, and it is similarly unacceptable that veterans who cannot use their own genetic material or carry their own child to term are being discriminated against with the current barriers to coverage for donated gametes and gestational surrogacy. Additionally, the Committee notes that veterans have different needs than active duty servicemembers, and it is vital that VA be able to create a unique policy that benefits the population it serves. The Committee is further concerned by the inequities presented when VA must maintain different sets of eligibility standards for different types of reproductive services, such as intrauterine insemination or in vitro fertilization. As such, the Committee applauds VA's inclusion of a proposal in the fiscal year 2023 budget request to revise the access policy for assisted reproductive services, as the Committee has requested in previous years. The Committee has included this proposal in the bill, which is crucial to ensure a permanent, equitable solution.

Fertility Treatment Data.—The Committee remains concerned by the Department's challenges in tracking how many veterans have been able to access fertility treatment or have been denied these benefits. The Committee looks forward to the annually required report detailing the number of veterans and spouses who have received fertility treatment, and those who are ineligible, and urges VA to include in future reports information on partners of veterans who have received fertility treatment or counseling, as well as information on veterans who are denied these benefits as a result of their infertility not having been determined to be service-connected. The Department is further urged to develop a system for better understanding the population of veterans who are denied or determined to be ineligible for these benefits, as the Committee understands they currently may not be properly captured in data systems.

Adoption Reimbursement and Assisted Reproductive Services.—The Committee remains concerned that many veterans who could benefit from adoption reimbursement and assisted reproductive services benefits may not be aware of the full range of services available to them, and continues to urge the Department to increase its efforts to ensure veterans are informed about these services, including during earlier medical visits. The Committee provides an additional $500,000 above the budget request to support increased outreach efforts on these benefits, including to veterans newly eligible under the expanded access policy included in this bill. The Committee requests an expenditure plan for these funds within 60 days of enactment of this Act.

Medication Optimization for Veterans.—The Committee recognizes that many veterans have at least one gene variant that impacts medication efficacy or safety and that over half of veterans are prescribed at least one drug where pharmacogenomic information would be critical to drug or dose selection to prevent patient harm. The Committee commends the work of VHA to implement a National Pharmacogenomics Program to ensure all eligible veterans have access to appropriate, evidence-based pharmacogenomic

testing and that VA has a robust and highly trained healthcare professional workforce to help interpret and manage veterans who have undergone pharmacogenomic testing. The Committee provides $15,610,000, as requested, for this work.

Diabetic Foot Ulcers.—The Consolidated Appropriations Act, 2022 (P.L. 117–103) directed VA to continue, and expand, efforts to monitor diabetes patients remotely and to provide a report to the Committees on Appropriations of both Houses of Congress within 180 days of enactment of the Act on the effectiveness of current efforts to prevent foot amputation. The Committee looks forward to the report and the findings from The Initiative to End Diabetic Limb Loss in Veterans, which are anticipated to show improved patient outcomes and significant projected cost avoidance. The Committee expects the report to, as directed, detail the feasibility, including cost estimates, of expanding these programs to reach an additional 20,000 veterans, as well as expansion to eligible VISNs, and directs the Department to begin expanding the program to cover additional veterans at high risk of amputation and expand to eligible VISNs by the end of fiscal year 2023.

Remote Diabetes Monitoring.—The Committee recognizes that Type 2 Diabetes can be a serious health concern for veterans and their family members and that the rate of this condition is more than doubled among veterans, who are at a higher risk due to service-related chronic pain, joint damage, and exposure to herbicides such as Agent Orange. To address this issue, the Committee encourages VA to pursue a Veterans Diabetes Remote Patient Monitoring solution that would increase patient access to diabetes care management and improve health outcomes by connecting to the VA Electronic Health Record system for participants to push near-real time testing data into the patient's record. The Committee recognizes that a Veterans Diabetes Remote Patient Monitoring program could facilitate data and analytics access and sharing for physicians, specialists, family, and other care team members by populating the Electronic Health Record of the veteran in the VA system. The Committee directs the Department to report to the Committees on Appropriations of both Houses of Congress within 90 days of enactment of this Act on the feasibility, advisability, and cost of establishing this program to provide real-time patient monitoring and care coordination for veterans.

Osteopathic Manipulative Treatment.—The Committee is aware that doctors of osteopathic medicine receive intensive training in osteopathic manipulative treatment (OMT) and play an important role in the treatment of veterans, who experience higher prevalence of pain and more severe pain than nonveterans. To ensure veterans have access to effective non-addictive treatments for back and other pain, the Committee directs VA to provide a report, including outcomes data, to the Committees on Appropriations of both Houses of Congress within 120 days of enactment on the VA's use of OMT in the treatment of back and other pain in veterans.

VA Healthcare Expansion.—The Committee directs VA to increase access to direct VA care for veterans living in remote and underserved areas, such as the Commonwealth of the Northern Mariana Islands, and strongly urges VA to increase the number of full-time, dedicated, VA medical and mental health providers in these areas.

Improving Access to Programs and Services.—The Committee strongly encourages VA to ensure the Veteran Directed Care Program and the Homemaker Home Health Aide Care program are available in each state or U.S. territory where they are currently not operative, such as the Commonwealth of the Northern Mariana Islands. VA should promptly identify and address barriers to providing these programs in these areas. No later than 180 days after the date this report is filed, the Committee directs VA to provide a report to the Committees on Appropriations of both Houses of Congress on enrollment in these two programs, services, and outreach conducted by VA in areas where the programs are currently not operative, an evaluation of such activities, and an assessment of the need to provide additional resources and VA staff in such areas that should include input from veterans residing in these areas.

Improved VA Healthcare for Veterans Living in the Philippines.—The VA Manila Regional Office and Outpatient Clinic is the only VA office located outside the United States or its territories. The Committee notes that the clinic and regional office are located in Manila, but a large number of veterans reside near the former Clark Air Base. Given VA's obligation to help veterans regardless of where they live, no later than 180 days after the enactment of this Act, the Committee directs VA to submit a report on how it is serving veterans in the Philippines who live outside Manila, including whether additional physical locations would help to improve access to hospital care, medical services, telehealth services, and veterans benefits.

Migraine Prevention and Treatment.—The Committee recognizes approximately one in three servicemembers experience severe headaches and migraines within the first months of returning from deployment. Furthermore, 36 percent of U.S. veterans who completed a 12-month deployment were either diagnosed with or exhibited symptoms of migraines, which is three times higher than the general population. The Committee is aware that some veterans with migraines taking prescription headache medication report poor mental status changes, higher rates of psychiatric symptoms, and higher rates of traumatic events. Therefore, the Committee directs the Department to ensure neuromodulation devices with FDA-indication for migraine prevention and treatment are available to veterans and to educate clinicians and veterans on such devices.

Automated Discharge Planning.—The Committee recognizes that delays in the discharge process can result in extended stays for veteran patients in VA Medical Centers and increased cost of care for VA. The Committee understands that VHA seeks to improve patient satisfaction and productivity through automating the discharge process and eliminating time-consuming fax and phone processes to refer patients to more appropriate levels of care. VHA is encouraged to ensure that all VA Medical Centers implement efficiencies and automation into the discharge process.

Technology to Improve Patient & Staff Safety.—The Committee encourages VA to explore the use of commercial off-the-shelf sensor-based automated technology platforms to increase the safety of patient veterans and staff, especially in reducing healthcare-acquired infections through rapid contact tracing and improved hand

hygiene. The Department is encouraged to consider integrating these technologies into its ongoing system-wide patient and staff safety improvement efforts and to prioritize any necessary information technology reviews.

Bioelectronic Medicine for Veterans.—The Committee recognizes that Bioelectronic Medicine has the potential to harness the body's electrical signaling to advance treatments that save lives and lower medical expenditures across many diseases impacting veterans, including arrhythmia, atrial fibrillation, Parkinson's, major depressive disorder, treatment-resistant epilepsy, incontinence, and chronic pain, among others. Acceleration of studies, further data collection, and the development and adoption of novel applications for Bioelectronic Medicine combined with machine learning and artificial intelligence (AI) can address the most challenging and expensive diseases by personalizing treatments and improving therapy delivery. Therefore, the Committee encourages the Department to ensure that combined Bioelectronic Medicine and AI technologies are available to veterans and includes $2,000,000 for a Bioelectronic Medicine pilot to further expand access to this technology.

Air Ambulance Services.—The Committee urges the Department to ensure that any changes to the beneficiary travel reimbursement for air ambulances do not reduce the availability of emergency services to veterans or increase mortality and morbidity among veterans needing air ambulance care.

Health Navigator.—The Committee encourages the Department to continue to investigate the potential benefits of utilizing a health navigator model of care for veterans.

Marriage and Family Therapists.—The Committee urges VA to improve access to marriage and family therapists and to ensure that there are not unnecessary barriers to increasing the Department's capacity to serve veterans seeking this care.

Philanthropic Partnerships.—The Committee encourages VA to explore philanthropic partnerships with nonprofit and for-profit patient organizations that help advance patient care and ensure adequate resources for all healthcare providers with a strategic focus on the critical role of clinician engagement, so long as such partnerships do not advance privatization or degrade the core missions of VA.

Beneficiary Travel.—The Committee recognizes the Department is currently transitioning to the Beneficiary Travel Self Service System (BTSSS) to consolidate its reimbursement structure. While the Committee applauds this effort, it is concerned about availability for veterans to submit travel pay requests who do not have access to internet or have limited digital literacy. The Committee directs the Department to ensure all VA staff involved in the beneficiary travel program understand that veterans have the option to continue using the paper claim form No. 10–3542 even as VA transitions to BTSSS and further encourages the Department to ensure BTSSS does not negatively affect veterans, especially those in rural areas without reliable internet access.

Acquisition of Personal Protective Equipment.—The Committee strongly encourages the Department to seek to prioritize acquisition of American-made personal protective equipment when possible, including nitrile and vinyl gloves, surgical masks, respirator masks and powered air purifying respirators and required filters,

face shields and protective eyewear, surgical and isolation gowns, and head and foot coverings or clothing, and the materials and components thereof, instead of purchasing from countries like Russia, China, North Korea, or Iran. The Committee notes that in accordance with the Infrastructure Investment and Jobs Act (P.L. 117–58), VA is working with Federal interagency partners on a long-term strategy for PPE produced in the United States, and urges the Department to continue to make progress in this area.

MEDICAL COMMUNITY CARE

Fiscal year 2022 enacted level	$23,417,244,000
Fiscal year 2023 enacted level	24,156,659,000
Fiscal year 2023 budget year request	4,300,000,000
Committee 2023 budget year recommendation	4,300,000,000
Fiscal year 2024 advance appropriation request	33,000,000,000
Committee 2024 advance appropriation recommendation	33,000,000,000
Comparison with:	
Fiscal year 2023 enacted level	+8,843,341,000
Fiscal year 2024 advance budget request	– – –

The Medical Community Care account was created in the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015 (P.L. 114–41). Per the MISSION Act of 2018, all community care programs are consolidated into one community care program. For fiscal year 2024, the bill provides an advance appropriation of $33,000,000,000, of which $2,000,000,000 is available until September 30, 2025.

The Committee provides an additional $4,300,000,000 to be available for fiscal year 2023, as proposed in the budget request, in response to readjusted actuarial estimates for medical community care.

Third-Party Payments and Reimbursements.—The Committee continues to be concerned about the timeliness of reimbursements by VA to private healthcare/third-party providers. The Committee believes VA must prioritize efficient and prompt payment to community providers to ensure timely access to quality care. Delays in processing of such payments undermine the ability to recruit and retain private healthcare providers to serve the nation's veterans. The Committee continues to direct VA to provide comprehensive reports on a quarterly basis detailing the amount owed to outside providers for every state, outstanding payments over six months old and the corrective actions being implemented to address these outstanding balances, and average time for repayment.

Long-Term Care for Veterans with Severe Traumatic Brain Injury.—The Committee continues to note the prevalence of deployment-related traumatic brain injuries. This increase continues to demonstrate the longstanding need for providing adequate long-term specialty care for veterans suffering from severe TBIs. The Committee is encouraged by the Department's progress in using agreements with non-VA providers to ensure all veterans receive such long-term specialty care in their communities and directs the Department to continue entering into such agreements, to educate case managers on all tools available to provide veterans with long-term specialty care outside the VA system, and to provide an update within 270 days of enactment of this Act on the Department's progress on providing access to long-term care to veterans with severe TBIs.

Shortage of VA Community Care Providers in Rural Areas.—The Committee is aware that certain rural regions of the country are experiencing a shortage in private healthcare providers electing to participate in VA's Community Care Program, as authorized by the VA MISSION Act (P.L. 115–182). The Committee notes that a lack of Community Care Providers, specifically in regions with recent facility closures, has the potential to compromise veterans' access to care. The Committee encourages the Secretary to continue working with its partners to recruit private healthcare providers in rural communities to participate in the Community Care Network System to serve veterans in their local communities. The Committee directs VA to submit a report on the progress of these efforts within 180 days of enactment of this Act. The report should include the number of community care providers brought into the system over the past year, the locations of the providers, and how much funding VA has allocated for provider recruitment efforts in fiscal year 2023 and fiscal year 2024. The report should also detail a three-year plan on how the VA will continue to recruit private healthcare providers in rural communities to participate in the Community Care Network System.

State Veterans Homes Reporting of COVID–19 Data.—While VA has made considerable improvements in its public reporting of data on COVID–19 infections and deaths in State Veterans Homes, significant gaps in this reporting remains. The Committee directs VA to increase its efforts to publicly report on its website the corrected numbers, where the current data has been found to be incorrect, dating back as close as possible to the start of the public health emergency for all State Veterans Homes. Not later than 90 days after the enactment of this Act, the VA shall submit to the Committee a home-by-home breakdown of all reported COVID–19 infections and deaths in State Veterans Homes as of the earliest date possible since the start of the public health emergency.

State Veterans Homes.—The Committee notes the challenges that the COVID–19 pandemic has posed to State Veterans Homes, particularly with regards to staffing shortages and reduced admissions. The Committee encourages VA to continue to explore ways to assist State Veterans Homes.

MEDICAL SUPPORT AND COMPLIANCE

Fiscal year 2022 enacted level	$8,403,117,000
Fiscal year 2023 enacted level	9,673,409,000
Fiscal year 2023 budget year request	1,400,000,000
Committee 2023 budget year recommendation	1,400,000,000
Fiscal year 2024 advance appropriation request	12,300,000,000
Committee 2024 advance appropriation recommendation	12,300,000,000
Comparison with:	
Fiscal year 2023 enacted level	+2,626,591,000
Fiscal year 2024 advance budget request	– – –

The Medical Support and Compliance appropriation funds the expenses of management and administration of the Department's healthcare system, including financial management, public health and environmental hazard, quality and performance management, medical inspection, human research oversight, training programs and continuing education, security, volunteer operations, and human resources.

The bill provides $12,300,000,000 in advance fiscal year 2024 funding. The Committee has included bill language to make $200,000,000 of the Medical Support and Compliance appropriation for fiscal year 2024 available through September 30, 2025.

MEDICAL FACILITIES

Fiscal year 2022 enacted level	$6,734,680,000
Fiscal year 2023 enacted level	7,133,816,000
Fiscal year 2023 budget year request	1,500,000,000
Committee 2023 budget year recommendation	1,500,000,000
Fiscal year 2024 advance appropriation request	8,800,000,000
Committee 2024 advance appropriation recommendation	8,800,000,000
Comparison with:	
Fiscal year 2023 enacted level	+1,666,184,000
Fiscal year 2024 advance budget request	– – –

The Medical Facilities appropriation provides funds for the operation and maintenance of the Department's healthcare system's capital infrastructure. Included under this heading are provisions for costs associated with utilities, engineering, capital planning, leases, laundry, groundskeeping, garbage, housekeeping, facility repair, and property disposition and acquisition.

The bill provides $8,800,000,000 in advance fiscal year 2024 funding. The Committee has included bill language to make available through September 30, 2025, $350,000,000 of the advance Medical Facilities appropriation for fiscal year 2024.

The Committee provides an additional $1,500,000,000 to be available for fiscal year 2023 to support non-recurring maintenance (NRM) projects nationwide, as requested. Of the funds provided for NRM, the Committee directs VA to prioritize projects that expand women's access to gender-specific care and that repurpose vacant and underutilized space for mental health needs, particularly projects that increase the number of beds available for overnight mental health treatment for veterans. VA is directed to provide an expenditure plan detailing how the additional funding will meet both of these initiatives no later than 90 days after enactment of this Act.

Spend Plan.—The Committee expects VA to provide, no later than 30 days after enactment of this Act, an expenditure plan detailing the planned use of the funds provided. The Committee understands that some of the projects planned for fiscal year 2023 may not be ready within that timeframe, requiring an adjustment to the spending plan. The Committee requests a quarterly update of the plan if the funding for any single project changes by more than $3,000,000 during that time period.

Facility Transformations.—The Committee strongly urges VA to continue efforts to keep up with a growing population of women veterans who deserve equitable access to medical care. When one in four women veterans report having experienced unwanted sexual attention while serving, it is concerning that the very system intended to address their trauma is failing to foster a safe environment for them. The Committee directs the Department to prioritize funding for medical facilities to accommodate women veterans and to make it safer and easier for women veterans to get care. This includes correcting environment of care deficiencies, such as adding doors, curtains, and soundproofing in treatment and check-in areas.

Community-Based Outpatient Clinic in Bakersfield, California.—The Committee remains disappointed that the new Bakersfield CBOC remains unbuilt more than a decade after Congress authorized this facility in fiscal year 2010 through Public Law 111–82. The Committee directs the Secretary to expeditiously execute Lease No. 36C10F20L0008 and commence construction of the CBOC by no later than September 30, 2023, as provided in the lease. Furthermore, the Committee directs the Secretary to provide monthly reports to the Committees on Appropriations of both Houses of Congress on the CBOC's progress until completion and activation.

Veteran Affairs Facilities Security and Communication Technology Refresh.—The Committee encourages the Department to continue security and communications technology upgrades at VA facilities to ensure the safety of veterans, visitors, and employees. The Committee recommends that VA take a holistic approach and continue efforts to deploy proven technologies that can provide actionable, real-time data and communications to improve safety.

VA Facility Leases.—The Committee supports the 31 leases proposed in the fiscal year 2023 budget request, but acknowledges the challenges related to their authorization. Recognizing that the primary obstacle is not related to appropriations, the Committee continues to direct the Department to work with the Office of Management and Budget and Congress, including the Budget and Veterans Affairs Committees of the House and Senate, to resolve the issues that inhibit VA's ability to execute leases for medical, research and administrative offices and facilities.

Efficiencies at VA Medical Facilities.—As the largest healthcare system in the country, the Committee encourages VA to explore potential options to reduce emissions and waste at medical facilities, including identifying approaches that can improve supply chain resilience. The Committee requests a report on VA's efforts in this area not later than 90 days of enactment of this Act.

Clinic Closures.—The Committee is concerned about closures of CBOCs and the effect on veterans' access to care, especially for veterans living in rural areas. The Committee directs the Secretary to provide a report on CBOC closures over the past five years and the effect on care for veterans living in rural areas. The report should list the locations of clinics that have closed and include an assessment of the time veterans must wait for care after the closure, the availability of community care provider networks, the availability of Mobile Medical Units for veterans impacted by clinic closures, and the effect on the continuity of care for these veterans. The Secretary is directed to provide a report to the Committee within 60 days of enactment of this Act.

MEDICAL AND PROSTHETIC RESEARCH

Appropriation, fiscal year 2022	$882,000,000
Budget request, fiscal year 2023	916,000,000
Committee recommendation, fiscal year 2023	926,000,000
Change from enacted level	+44,000,000
Change from budget request	+10,000,000

This appropriation provides for medical, rehabilitative, and health services research. The Committee recognizes the importance of the research conducted by VA for veterans' quality of life and health and provides $926,000,000, available through September 30,

2024, which is $44,000,000 above fiscal year 2022 and $10,000,000 above the budget request, for these activities. The Committee appreciates the Department's plans to focus on critical research areas that include environmental exposures, traumatic brain injury, cancer and precision oncology, and mental health as priorities.

Medical research, which helps ensure the best medical and hospital services for veterans, is an important aspect of the Department's programs. The prosthetic research program is also essential in the development and testing of prosthetic, orthopedic, and sensory aids for the purpose of improving the care and rehabilitation of eligible disabled veterans, including amputees, paraplegics, and the blind. The health services research program provides unique opportunities to improve the effectiveness and efficiency of the healthcare delivery system. Budgetary resources from a number of areas, including appropriations from the medical care accounts, reimbursements from DOD, grants from the National Institutes of Health, private proprietary sources, and voluntary organizations, provide support for the Department's researchers. Estimated fiscal year 2023 research resources in addition to those provided in the research account are $1,379,600,000.

Women Veterans Research.—Women veterans have unique health needs that are substantially different than both civilian women and men veterans. The Committee directs the Department to ensure its research program adequately addresses the unique needs and concerns of women veterans. Additionally, the Committee continues to direct VA to prioritize medical and prosthetic research to adequately address prosthetics meant for women, given that women have different physical requirements for prosthetics compared to men. The Committee also directs VA to ensure that conditions with widespread impact on women, such as endometriosis, are included in VA's research efforts to better understand the impact of military service on veterans with these conditions.

Animal Research.—The Committee has included bill language to prohibit painful research on dogs and cats beginning in fiscal year 2023. Additionally, the Department is directed to include in any report to Congress describing animal research approved under Section 247 of the Consolidated Appropriations Act, 2022 (P.L. 117–103), submitted after the date of filing of this report, detail on what specific alternatives to animals were considered, why those alternatives were not chosen, and therefore supporting why these animal subjects are the only viable option for this research.

Access to Clinical Oncology Trials.—The Committee continues to support efforts to expand opportunities for veterans receiving cancer care at VA facilities to participate in promising oncology clinical trials in collaboration with National Cancer Institute (NCI)-designated cancer centers, but notes the lack of infrastructure for these clinical trials in other areas of the country. The Committee urges the Department to continue to focus on States with the largest veteran populations and on securing the participation of NCI-designated centers in those States that are not already part of the VA's NAVIGATE program. The Department is directed to draw best practices from locations with long-standing partnerships and NAVIGATE participation and build on those efforts to create similar, successful partnerships in other locations. The Committee notes the budget request has highlighted expanding access to oncol-

ogy clinical trials as a priority for fiscal year 2023 funds and directs that not less than $10,000,000 be continued to be allocated toward clinical trial partnerships, with an emphasis on expanding to new sites outside the current NAVIGATE structure. The Committee directs the Department to submit a report within 60 days of enactment of this Act with a plan to further expand access to clinical trials and how staff and resources will be dedicated to this effort.

Million Veteran Program.—The Committee recognizes and supports the VA Medical and Prosthetic Research Program's significant investment in the Million Veteran Program (MVP) research program. The Committee notes with concern that scientific access to this valuable research tool is severely limited by the computing infrastructure, and urges VA to provide the funds needed to ensure appropriate access to the MVP database for the VA research community. Additionally, the Committee urges VA to enhance this program by accelerating the development of risk assessment tools related to gene/environment interactions as they relate to cancer risk, with a focus on carcinogens and other environmental pollutants being potentially important given recent combat areas and strategic global centers of conflict. Identifying novel gene/environment interactions based on observations collected during previous military engagements could result in target identification and drug development in cancer, which could generate a ground-breaking data set for the understanding of impacts of burn pit emissions and environmental exposure on cancer and other disease risks.

Monoamine Oxidase A Deficiency.—The Committee encourages VA to investigate connections between Monoamine Oxidase A Deficiency (MAO/A) and veterans with PTSD, suicidal tendencies, impulse control, aggressive and obsessive behavior, or ADHD using, if viable, genetic samples taken from the participants of the Million Veteran Program and to research possible cures and treatments for MAO/A deficiency.

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 continues to encourage 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 be made publicly available as soon as possible, and that the Department continue to publish disease-specific mortality data related specifically to Persian Gulf War veterans. The Committee also continues to encourage the Department to utilize the term "Gulf War Illness" for the signature adverse health outcome of the Persian Gulf War, as recommended by the Institute of Medicine (IOM), and appreciates the Department's work to strengthen the training of primary, specialty, and mental healthcare providers on effective assessment, diagnosis, and clinical management of Gulf War Illness.

Dystonia.—The Committee appreciates VA's work to examine the connection between traumatic brain injury and dystonia and continues to urge VA to pursue collaborative efforts with the dystonia stakeholder community and related Federal agencies.

Cannabis Research.—The Committee notes that VA has made progress on cannabis research and continues to request updates on the status of this research, as described in House Report 116–63.

National Intrepid Center of Excellence (NICoE) Collaboration.—The Committee recognizes the high-quality mental healthcare and neurological research being conducted at Walter Reed NICoE. As veterans and servicemembers continue to face higher rates of brain trauma than civilians, impacting brain function, agencies should continue to collaborate to study neurological conditions such as PTSD, bipolar, schizophrenia, depression, suicide and substance use disorders. The Committee directs VA to expand its work with NICoE to strengthen VA's research capacity, streamline servicemembers' access to preventive care, and share best practices so health professionals can learn from NICoE's important work and contribution to the health community. The Committee encourages VA to pursue new collaborative initiatives with NICoE and consider public academic medical centers as partners in such efforts. Furthermore, the Committee encourages VA to assist DOD with their efforts to optimize research to implement solutions and deliver better health outcomes for veterans.

Advanced Platform Technology (APT) Center.—The Committee applauds VA for progress being made to provide veterans with new assistive and restorative technologies that address sensory, motor, or cognitive deficits, as well as limb loss. The APT Center has effectively utilized a partnership model to leverage local and national research expertise to drive dramatic progress in diverse areas including artificial lung development, wound healing, and neurally-connected sensory prosthesis. The Committee continues to support the APT Center's efforts.

Tinnitus Research.—The Committee encourages the Department to work with academic partners, as appropriate, to address and improve the outcomes for veterans experiencing problematic tinnitus, including research to identify contributing factors associated with tinnitus onset and progression to chronic tinnitus and develop novel interventional therapies and self-management models.

Metastatic Cancer Research.—While recent research has revealed that there is a genetic basis for susceptibility to metastatic cancer or resistance to metastasis, more research is required to develop a comprehensive understanding of this complex process. Clinical trials are an important aspect of that progress, and diverse representation of patients in clinical trials is integral to the development of medications and therapies that effectively treat disease. Ethnicity, gender, age and genetics all play a role in the safety and efficacy of a treatment for an individual. Therefore, in order to achieve representation of the demographics of the United States population in these trials, the Committee directs VA to partner with DOD to fully implement the outstanding recommendations in this area made to the Department by DOD's April 2018 Task Force Report to Congress on Metastatic Cancer.

Aviator Cancer Report.—The Department is directed to provide a report within 90 days of enactment of this Act regarding the incidence and mortality of cancers experienced by veterans who served as air crew members or support personnel of fixed-wing aircraft. To the extent possible, the report should identify whether the presence of certain chemicals and compounds used in fixed-wing aircraft, in-

cluding radiofrequency radiation, is linked to cancer incidence or mortality risk.

Transcendental Meditation.—The Committee looks forward to reviewing VA's report, as directed in Senate Report 117–35, on resources needed to deploy transcendental meditation (TM) across the VA system. The Committee remains interested in TM's potential as an evidence-based, non-invasive treatment for veterans of all backgrounds in treating acute mental health and pain management needs. The Committee also supports the ongoing Phase III clinical trial and pilot at nine VA Medical Centers and research hospitals evaluating TM as a first-line treatment for PTSD and suicidality and offering TM instruction to VA patients and staff, and urges VA to ensure timely completion of the trial and pilot.

Precision Oncology Platform.—The Committee notes VA's establishment of a hub for Computer Vision and Machine Learning in Precision Oncology (CoMPL), and urges VA to continue efforts to accelerate machine learning tools and other technologies that enhance cancer diagnosis and treatment, including potentially developing a precision oncology platform that integrates next-generation sequencing data, bioinformatics, machine learning, and mathematics, including algorithms to help predict the probability of a patient's response to a specific drug. This platform could help move beyond a single target-based approach to drug-patient or cancer matching, identify which therapy works best for each specific cancer or a specific patient, and improve patient outcomes by optimizing clinical trial population selection. VA is directed to submit a report no later than 180 days after enactment of this Act on the progress of the CoMPL hub, as well as the feasibility, including cost estimates, of further developing a precision oncology platform that has this functionality.

MEDICAL CARE COLLECTIONS FUND

The Department of Veterans Affairs Medical Care Collections Fund (MCCF) was established by the Balanced Budget Act of 1997 (P.L. 105–33). The Department deposits first-party and pharmacy 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 Department uses these funds for medical care and services to veterans. The estimate of fees that will be collected in fiscal year 2023 is $3,910,000,000.

MCCF Third-Party Billing.—The Committee remains concerned over potential discrepancies in VA's billing and collection processes. Procedures to provide for not only correct billing, but also prompt collection must continue to be improved at VA. Therefore, the Department is directed to submit quarterly reports to the Committees on Appropriations of both Houses of Congress identifying the amount of third-party health billings that were owed to VA in the previous quarter, and the amount collected, with an explanation of why amounts were not collected. The report should differentiate the amount expected to be collected out of the total billings from the amount actually collected. Additionally, each report should include VA's net collections ratio for the quarter, how the net collections ratio for that quarter compares to industry standards, and

how VA plans to improve the collection process. The reports should include billings and collections data for both large claims (greater than $1,000) and small claims (equal to or less than $1,000). Lastly, each report should also describe current management practices to provide proper oversight of the billing process, including appeals (both manual and automated), to eliminate unnecessary and duplicative functions.

NATIONAL CEMETERY ADMINISTRATION

Appropriation, fiscal year 2022	$394,000,000
Budget request, fiscal year 2023	430,000,000
Committee recommendation, fiscal year 2023	430,000,000
Change from enacted level	+36,000,000
Change from budget request	– – –

The National Cemetery Administration (NCA) was established in accordance with the National Cemeteries Act of 1973 (P.L. 93–43). It has a fourfold mission: to provide for the interment of, in any national cemetery with available grave space, the remains of eligible deceased servicemembers and discharged veterans, together with their spouses and certain dependents, and to permanently maintain their graves; to provide headstones for, and to mark graves of eligible persons in National, State and Tribal, and private cemeteries; to administer the grant program for aid to States and tribal governments in establishing, expanding, or improving State and tribal government veterans' cemeteries; and to administer the Presidential Memorial Certificate Program. This appropriation will provide for the operation and maintenance of 158 national cemeteries and 34 other cemeterial installations.

The Committee provides these funds to meet increasing workload and burial expansions. NCA should prioritize maintaining the current level of services at existing cemeteries and activating new cemeteries to increase burial access.

The bill includes language making ten percent of the total available until September 30, 2024.

Cemetery Access and Unmet Needs.—The Committee remains concerned that NCA is not adequately serving the nation's veterans in certain areas, particularly rural areas and geographically isolated areas, and that there are pockets in the country which continue to go unserved. The Committee therefore directs VA to continue to pursue efforts to ensure that a burial option, including those utilizing public-private partnerships, within 75 miles of all veteran homes is available and accessible. Additionally, the Committee is concerned that the Department's current criteria for establishing new national cemeteries may not adequately address the needs of veterans and their families in geographically isolated areas and states where state veterans cemeteries do not meet national shrine standards. The Committee notes that the Department has previously indicated interest in undertaking a review and considering potential revisions of the current criteria. Therefore, the Department is directed to report to the Committee within 180 days of enactment of this Act on its progress to review and amend the criteria for establishing new national cemeteries, including changes to allow for the establishment of new national veterans cemeteries in geographically isolated areas and states where state veterans cemeteries do not meet national shrine standards, and how revised

criteria will help address the remaining need of unserved veteran populations.

Cremation.—The Committee is aware of interest in allowing cremation under the Department's existing burial allowance and requests a report, within 90 days of enactment of this Act, on the estimated cost of providing this expanded benefit, including an evaluation of the feasibility of directly covering the cost in place of the existing reimbursement system.

DEPARTMENTAL ADMINISTRATION

GENERAL ADMINISTRATION

(INCLUDING TRANSFER OF FUNDS)

Appropriation, fiscal year 2022	$401,200,000
Budget request, fiscal year 2023	435,000,000
Committee recommendation, fiscal year 2023	435,000,000
Change from enacted level	+33,800,000
Change from budget request	– – –

The General Administration account provides funds for the Office of the Secretary, the General Counsel, six Assistant Secretaries, and two Department-level staff offices. The Committee has included bill language to make available through September 30, 2024, up to ten percent of these funds and to permit the transfer of funds in this account to the General Operating Expenses, Veterans Benefits Administration account.

VA Five Year Development Plan (VFYDP).—The Committee is very pleased that the Department has provided a VFYDP in its fiscal year 2023 budget and looks forward to reviewing the VFYDP in future VA budget submissions.

Quarterly Financial Information Reports.—The bill includes an administrative provision that extends the requirement for submission of the quarterly financial information required in the fiscal year 2017 bill and conference report.

Additional Budgetary Information.—The Committee continues its request that items described in previous House reports continue to be included in the budget justifications submitted each year. Further, the Committee directs VA to include in its budget justification materials a table for each account that shows a five-year funding history for requested and enacted levels.

Staff Relocations Within VA.—The bill continues the administrative provision requiring written notification 15 days prior to organizational changes that result in the transfer of 25 or more full-time equivalent staff from one organizational unit of the Department to another.

Performance Bonuses.—The Committee believes it is important to know how VA is allocating its resources with regard to performance bonuses. Therefore, the Committee directs VA to submit a report, no later than 90 days after enactment of this Act, which provides the aggregate total of VA performance bonuses covering the five most recent fiscal years for which the data is available. The data should be divided between bonuses for Senior Executive Service (SES) staff and non-SES staff. The report should also include the percentage of SES and non-SES employees who received a bonus and the average dollar amount of the bonuses by grade covering

the same time period. The report, however, should not include any personally identifiable information.

Financial Management Business Transformation (FMBT).—The Committee provides $20,300,000 for FMBT, as requested. VA's current legacy financial management system is over 30 years old, and its imminent failure presents significant risks to VA. In the fiscal year 2018 conference report, VA was directed to provide the Committee, on a quarterly basis, a report that compares actual progress on the financial management system to the performance benchmarks and timeline provided in the first report. The Committee directs the Department to continue this quarterly report throughout fiscal year 2023.

Supporting Minority and Disadvantaged Contractors.—The Committee recognizes the need for VA to continue to meet its goals for contracting with minority, disadvantaged, and women-owned businesses. Therefore, the Committee directs the Department to prioritize awarding contracts to contractors that consistently execute approved small business subcontracting plans. The Committee further urges the Department to prioritize minority-owned and disadvantaged contractors and subcontractors. The Committee reiterates the reporting requirement included in House Report 117–81 on this topic and looks forward to receiving the requested report.

Data on Women and Minority Veterans.—The Committee recognizes the lack of data specific to women and minority veterans made available to Congress by the Department. The Committee continues to recommend that, when applicable, the Secretary display information in the annual reports submitted to Congress separately for women veterans and minority veterans.

Human Capital Tools.—The Committee is aware the Department currently uses a product suite to provide cloud-based solutions to manage various human resource functions such as business alignment, people performance, and recruitment. The Committee is supportive of VA's continued use and implementation of enterprise-wide solutions.

Data Strategy.—The Committee provides $36,229,000 for the Office of Enterprise Integration, as requested, and supports the Department's continued efforts to manage VA data as a strategic asset in order to strengthen the delivery of services and benefits to veterans, their families, survivors, and caregivers.

Center for Women Veterans Digital Infrastructure.—The Committee recognizes and welcomes the Department's movement towards modernizing the digital infrastructure in the Center for Women Veterans (CWV). While VA completes and delivers to Congress its report on plans to modernize the CWV website, the Committee emphasizes the importance of VA swiftly bringing into compliance its websites at the center, and across the full VA. This is essential for VA's employees and the veterans who rely on VA services, including the women veterans reliant upon the CWV.

BOARD OF VETERANS APPEALS

Appropriation, fiscal year 2022	$228,000,000
Budget request, fiscal year 2023	285,000,000
Committee recommendation, fiscal year 2023	285,000,000
Change from enacted level	+57,000,000
Change from budget level	– – –

The bill makes ten percent of this funding available through September 30, 2024.

The Board of Veterans' Appeals (BVA) is the component of VA responsible for making final decisions on behalf of the Secretary for the thousands of claims for veterans' benefits that are presented to BVA for appellate review. The majority of BVA's workload derives from the benefit claims initiated at VBA 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 a regional office determination, he or she may appeal to BVA for a final agency decision. BVA adjudicates appeals covering all areas of veterans' benefits, but most of the workload concerns appeals for veterans' disability compensation or pension benefits. On February 19, 2019, VA implemented the new legislative framework that modernized the claims and appeals process and provided greater choice to veterans by providing them three options for claims and appeals: (1) a supplemental claim; (2) a higher-level review; or (3) a direct appeal to the Board of Veterans' Appeals.

Despite the unprecedented challenges presented by the COVID–19 pandemic, BVA held a record 23,777 hearings in 2021, 96 percent of which were conducted virtually, and issued 99,721 decisions. With increased resources provided by Congress for fiscal year 2023, BVA will be able to adjudicate a higher number of appeals, with a goal of 40,000 hearings held virtually and in-person.

Reimbursement of BVA Bar Dues.—The Committee recognizes the challenge VA has in the recruitment and retention of attorneys at BVA. To help the Board retain its attorneys, the Committee is supportive of VA's plans to reimburse bar fees for eligible staff in fiscal year 2023.

INFORMATION TECHNOLOGY SYSTEMS

(INCLUDING TRANSFER OF FUNDS)

Appropriation, fiscal year 2022	$4,842,800,000
Budget request, fiscal year 2023	5,782,000,000
Committee recommendation, fiscal year 2023	5,782,000,000
Change from enacted level	+939,200,000
Change from budget request	– – –

The Information Technology (IT) Systems account supports IT services such as systems development and performance, operations and maintenance, information protection, and customer support. The program permits the effective and efficient delivery of veterans' healthcare services and benefits programs.

Within the account total, the Committee allocates $1,494,230,000 for pay and associated costs, $4,145,678,000 for operations and maintenance, and $142,092,000 for development. The bill makes available three percent of pay and associated costs and five percent of operations and maintenance funds until September 30, 2024. All development funds are available until September 30, 2024.

The Committee directs VA to allocate sufficient resources for IT improvements that support research and research facilities to ensure that computing infrastructure is adequate to facilitate research needs.

The Committee continues bill language permitting the transfer of funding among the three subaccounts upon approval of the Committees on Appropriations of both Houses of Congress.

The bill also continues language allowing for the reprogramming of funds among development projects upon approval by the Committees on Appropriations of both Houses of Congress.

The chart below reflects the Committee's allocation for development projects. This chart will serve as the Department's approved list of development projects, and all requested changes are subject to the reprogramming guidelines as outlined in the accompanying Act.

INFORMATION TECHNOLOGY DEVELOPMENT PROJECTS

[In thousands of dollars]

Project	Committee Recommendation
Health Management Platform	$70,736
Clinical Applications	43,277
Health Research and Development	5,209
Benefits Systems	20,727
Other IT Systems	2,143
Cybersecurity	
Information/Infrastructure Management	
Memorial Affairs	
Total All Development	142,092

The Committee expects the Office of Information and Technology (OIT) to continue to provide an IT expenditure report to the Committees on Appropriations of both Houses of Congress on a monthly basis. This report should include a comparison to the project costs included in the development funding chart above and provide an explanation for any differences in excess of $3,000,000.

Cybersecurity.—The Committee appreciates OIT's implementation of the Executive Order on Improving the Nation's Cybersecurity (E.O. 14028) and its use of end-to-end encrypted communications with zero trust architecture and encourages it to continue to adhere to development, security, and operations principles to secure the Department's information systems.

Supply Chain Modernization.—VA has made multiple attempts to modernize its supply chain yet still lacks an enterprise solution to effectively purchase and track supplies critical to providing healthcare for the nation's veterans. Currently, VA is assessing requirements for an enterprise modernization that includes both the supply chain and associated support functions. VA is encouraged to continue to use an innovative approach to the acquisition through an open competition and a prototyping evaluation phase to identify an enterprise-wide solution, scheduled to be completed in January 2023. The Committee recommends the Department apply rigorous vetting standards to ensure that industry partners demonstrate the ability to deliver modernized supply chain solutions at the scale and scope VA requires. Finally, the Committee directs the Secretary to submit the final version of VA's Supply Chain Management Strategy and a full cost estimate of the program no later than 90 days after enactment of this Act.

VETERANS ELECTRONIC HEALTH RECORD

Appropriation, fiscal year 2022	$2,500,000,000
Budget request, fiscal year 2023	1,759,000,000
Committee recommendation, fiscal year 2023	1,759,000,000
Change from enacted level	−741,000,000
Change from budget request	– – –

The Veterans Electronic Health Record (EHR) is a unified account designed to manage the effort to develop an interoperable electronic health record system that will access seamlessly the records of veterans in the VA system and those of DOD and of community providers. The VA system is the same as the one chosen by DOD and is planned to be rolled out with the same timeline and geographic areas as DOD in order to realize cost efficiency savings.

The bill provides funding to support VA's on-going efforts to deploy the new electronic health record system, consistent with the budget request. Within the total funding, the bill includes $1,119,145,000 for the electronic health record contract, $199,116,000 for program management, and $440,739,000 for infrastructure support. Funding is made available for three years due to the uncertainty of the timing of obligations for this substantial effort.

This account is intended to be the single source of funding within VA for the electronic health record effort. No authority is provided for funds from other VA accounts to be transferred into this account nor for funds from this account to be transferred out to other accounts. Consistent with the effort to centralize financial management of the development of the electronic health record, the Committee continues to direct the Department to manage this effort at the headquarters level in the Office of the Deputy Secretary.

The bill continues language requiring the Secretary to submit a quarterly report to the Committees on Appropriations of both Houses of Congress detailing obligations, expenditures, and deployment strategy by facility. VA is directed to continue quarterly briefings on performance milestones, costs, and changes to implementation and management plans, and to provide an accurate up-to-date deployment schedule prior to each quarterly briefing. Additionally, the Committee directs the Department to provide updates on plans and efforts to integrate community care providers into the new EHR system. Such updates should be submitted concurrently with the quarterly reports.

In addition, bill language is included that makes 25 percent of the total funding available contingent upon the Secretary providing notice to and receiving approval from the Committees on Appropriations of both Houses of Congress of any changes to the deployment schedule, as well as an updated plan outlining benchmarks and measurable metrics for deployment and an updated plan for addressing all required infrastructure upgrades. The Committee repeats the fiscal year 2019 directive for GAO to perform quarterly performance reviews of the VA electronic health record deployment. It is expected that this quarterly reporting will provide the Committees and VA with timely information to properly oversee this effort and address important issues.

Patient Harm and Transparency.—The Committee is aware of recent alleged reports of patient harm connected to the rollout of the new electronic health record system at the Mann-Grandstaff VA

Medical Center due to thousands of work orders that were "lost" in the system. This information, which is based on leaked draft documents, has not been confirmed but includes concerning allegations that VA leadership has known about incidents of patient harm for many months. The Committee understands that the final Office of Inspector General report is forthcoming and looks forward to receiving the report as soon as possible in order to clarify these issues.

Therefore, the Committee directs VA to provide, no later than 15 days after the filing of this report, a list of any patient harm incidents that were identified at Mann-Grandstaff and any other location that has received the new EHR; a timeline on when VA leadership was notified of any patient harm issues and the issue of lost work orders; and an execution plan and timeline for VA, working with Oracle Cerner, to identify a solution to any remaining issues that could impact patient safety, including issues related to system stability. VA is further directed to provide monthly briefings to the Committee on the status of these outstanding issues with the system, beginning in July 2022, until such time that they have been sufficiently remediated, as determined by the Committee.

Furthermore, the Committee directs VA to provide a report within 90 days of enactment of this Act on the number of orders made in the new EHR system for specialty care, lab work, and other services that did not result in the intended action as well as those that were lost since October 2020; the number of staff hours spent by VA employees addressing these lost orders and the resulting decreased staff productivity and financial impact on VA; and available options for VA to recoup costs from Oracle Cerner for the disruption in patient care.

The Committee strongly urges VA to postpone additional rollouts of the new EHR system until all issues that could contribute to patient safety or harm have been fully resolved and staff training on properly utilizing the system, including any workarounds to prevent lost orders, has been improved. VA is directed to certify to the Committee that there have been no patient harm issues 7 days prior to any new deployment. The Committee supports ongoing and robust oversight of the EHRM program from VA's Office of Inspector General and directs VA to be transparent with Congress on all aspects of the rollout going forward.

Cybersecurity for Electronic Health Records and Blockchain Technology.—Recognizing the ongoing challenges of sharing data between DOD's Military Health System (MHS) GENESIS and the Department's EHRM initiative, the Committee encourages the Department to continue prioritizing efforts to protect veterans' sensitive information when implementing EHRM, and recommends the Department consider emerging technologies, such as blockchain technology, if future requirements drive a need to modify VA's security architecture and technical solutions. The Committee understands that the Department is planning a pilot to study the use of blockchain technology to share data and looks forward to the results of the pilot being shared with the Committee.

VA EHRM at VA-Department of Defense Joint Venture Facilities.—The Committee notes the significant potential to improve data sharing between DOD's MHS GENESIS and VA's EHRM. Opportunities to identify areas of improvement can be found at the

VA-Department of Defense Joint Venture Facilities. The Committee understands that transition to the new electronic health records system is planned at two VA-DOD joint venture facilities in fiscal year 2023. Thus, the Committee directs the Federal Electronic Health Record Modernization Office, in coordination with VA, to report to the Committee within 180 days of enactment of this Act on: (1) how electronic health records coordination currently functions at these facilities; (2) lessons learned from joint venture facilities that can be applied to the implementation of the VA EHRM; and, (3) how lessons learned will be disseminated to other joint venture facilities to help those sites prepare for transition and ensure better coordination of systems across the two departments.

Life Cycle Cost Analysis.—The Committee reminds the Department of its interest in the life-cycle cost analysis of the EHRM program and requests monthly updates on its progress until it is completed and shared with the Committee.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2022	$239,000,000
Budget request, fiscal year 2023	273,000,000
Committee recommendation, fiscal year 2023	273,000,000
Change from enacted level	+34,000,000
Change from budget request	– – –

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 VA programs and operations. The overall operational objective is to focus available resources on areas that would help improve services to veterans and their beneficiaries, assist managers of Department programs to operate economically in accomplishing program goals, and to prevent and deter recurring and potential fraud, waste, and inefficiencies.

The bill makes up to ten percent of this funding available until September 30, 2024.

The Committee continues to request robust oversight of MISSION Act and EHRM implementation.

VA Backlog.—OIG is encouraged to review the causes of VA's current claims backlog and provide all appropriate feedback on the work VA is doing to address backlog issues. OIG is directed to report to the Committee on the status of the backlog, how VA is addressing the backlog, and any changes in the amount of time veterans are waiting to hear back on their claims. This report should analyze how VA's partnership with the National Archives and Records Administration to digitally scan all paper-based military personnel files has helped address and resolve the backlog.

CONSTRUCTION, MAJOR PROJECTS

Appropriation, fiscal year 2022	$1,611,000,000
Budget request, fiscal year 2023	1,447,890,000
Committee recommendation, fiscal year 2023	1,371,890,000
Change from enacted level	−239,110,000
Change from budget request	−76,000,000

The Construction, Major Projects appropriation provides for constructing, altering, extending, and improving any of the facilities under the jurisdiction or for the use of VA, including planning, architectural and engineering services, assessments, and site acquisition where the estimated cost of a project is more than $20,000,000.

The Committee recommendation makes $731,722,000 of these funds available for a five-year period.

The Committee supports robust funding for VA construction projects in fiscal year 2023. In addition to the $1,371,890,000 provided to fully support all requested Major Construction projects, the Committee supports the Department's plan to allocate $804,510,000 from the Recurring Expenses Transformational Fund to support Major Construction projects in Portland, OR, Canandaigua, NY, Fort Harrison, MT, and for other purposes within the account. In total, this would provide VA with $2,176,400,000 to support Major Construction projects in fiscal year 2023, which is $565,400,000 above fiscal year 2022.

The Committee does not provide the requested new authority for VHA land acquisition or the $76,000,000 requested specifically for that purpose.

As required by language that is in permanent law, all major construction projects costing more than $100,000,000 must be managed by a non-VA government entity such as the Army Corps of Engineers. While the Committee no longer duplicates this language, the Committee intends to continue its oversight of the quality of the outside entity management and expects to receive quarterly briefings on each of the large construction projects.

The chart below reflects the Committee's recommendation for Major Construction projects.

CONSTRUCTION, MAJOR PROJECTS

[In thousands of dollars]

Project	Amount
Veterans Health Administration (VHA)	
Louisville, KY—New Medical Facility	35,000
Alameda, CA—Community Based Outpatient Clinic and National Cemetery	128,800
Livermore, CA—Realignment and Closure, Livermore Campus	35,000
El Paso, TX—Construct New Health Care Center	550,000
Advance Planning and Design Fund—Various Stations	190,378
Claims Analysis—Various Stations	2,500
Construction & Facilities Management Staff—Various Stations	128,122
Hazardous Waste—Various Stations	16,000
Non-Departmental Federal Entity Project Management Support—Various Stations	134,590
Seismic Corrections—Various Stations	1,500
Total, VHA	1,221,890
National Cemetery Administration (NCA)	
Elmira, NY—Phase 1 Gravesite Development	25,000
Albuquerque, NM—Phase 1 Gravesite Expansion	57,000
St. Louis, MO—Phase 1 Gravesite Development (New Land)	44,000
Advance Planning and Design Fund—Various Stations	13,000
NCA Land Acquisition Fund—Various Stations	1,000
Total, NCA	140,000
General Administration/Staff Offices	
Department Advance Planning and Design Fund for Major Construction	10,000
Total, Major Construction	1,371,890

To enhance the Committee's capacity to conduct oversight on VA's facility construction efforts, several administrative provisions are continued in the bill: (1) No funding amount greater than $7,000,000 may be reprogrammed between construction projects unless approved by the Committees on Appropriations of both Houses of Congress; (2) any change to the scope of a construction project is not permitted without the approval of the Committees;

and (3) VA must report any bid savings of $5,000,000 or more on projects as soon as they are identified.

CONSTRUCTION, MINOR PROJECTS

Appropriation, fiscal year 2022	$553,000,000
Budget request, fiscal year 2023	626,110,000
Committee recommendation, fiscal year 2023	626,110,000
Change from enacted level	+73,110,000
Change from budget request	– – –

The Construction, Minor Projects appropriation provides for constructing, altering, extending, and improving any of the facilities under the jurisdiction of, or for the use of, the Department, 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 $20,000,000.

The Committee recommendation supports robust funding for VA construction projects and makes $62,611,000 of the funds provided available until expended.

The Committee encourages the Department to prioritize construction for expanding gender-specific care for women and mental health programs, in particular mental health Residential Rehabilitation Treatment Program facilities and new inpatient Substance Use Disorder treatment facilities within the VA system. The Committee also notes that inpatient Substance Use Disorder facilities are of particular importance for veterans in rural communities. The Committee also encourages VA to allocate sufficient resources for improvements to research facilities, particularly to address any priority deficiencies.

Parking Assessment for the Spark M. Matsunaga Veterans Affairs Medical Center at the Tripler Army Medical Facility.—The Tripler Army Medical Center and the Spark M. Matsunaga Veterans Affairs Medical Center share a facility on the Island of Oahu. As the largest military and veterans medical facility in the Pacific Basin, it is responsible for nearly 450,000 beneficiaries who are eligible to receive care at the facility.

Due to the constraining geography and parking shortfall, veterans and servicemembers have difficulty finding parking, which is particularly challenging for elderly veterans, wounded soldiers and those who have difficulty walking unassisted. The facility is also not readily accessible to public transit, making ground transportation with parking the only reliable option for care. To help better understand the need and potential solutions, the Committee directs the VA Office of Acquisition, Logistics, and Construction to submit a report to the Committee not later than 90 days after enactment of this Act detailing: (1) the current parking requirements and shortfalls at the facility; (2) the estimated cost of constructing a new parking facility; and (3) a description of efforts to coordinate joint solutions to the parking shortfall with the Defense Health Agency.

Support the Expeditious Enactment of the Greater Los Angeles Healthcare System's Master Plan.—The Committee continues to support the expeditious enactment of the Greater Los Angeles Healthcare System's Master Plan, which calls for the delivery of more than 1,200 units of housing for more than 4,000 veterans in the area experiencing homelessness. The Committee appreciates

VA's work with the Principal Developer Team at the West Los Angeles VA to identify opportunities to operationalize the Master Plan. The Committee encourages VA to continue to engage with the Principal Developer Team and others on any potential funding opportunities, including Capital Contributions.

The Committee supports the Department's plan to allocate $163,490,000 from the Recurring Expenses Transformational Fund to support Minor Construction projects, which would support the completion of construction projects at VA facilities nationwide as well as installation of zero-emission vehicle charging infrastructure on VA campuses. In addition, the Committee encourages VA to use these resources to support Capital Contributions, as necessary, particularly for projects that would support housing and supportive services for homeless veterans.

GRANTS FOR CONSTRUCTION OF STATE EXTENDED CARE FACILITIES

Appropriation, fiscal year 2022	$50,000,000
Budget request, fiscal year 2023	150,000,000
Committee recommendation, fiscal year 2023	150,000,000
Change from enacted level	+100,000,000
Change from budget request	– – –

This appropriation provides grants to assist States in 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. A grant may not exceed 65 percent of the total cost of the project. The bill makes this funding available until expended.

Supporting grants for construction of state extended care facilities has been and will continue to be a priority of the Committee. As such, in order to ensure that VA has the resources required to address priority project applications in fiscal year 2023, the bill increases funding over the prior fiscal year by $100,000,000 for fiscal year 2023, as requested.

GRANTS FOR CONSTRUCTION OF VETERANS CEMETERIES

Appropriation, fiscal year 2022	$48,500,000
Budget request, fiscal year 2023	50,000,000
Committee recommendation, fiscal year 2023	50,000,000
Change from enacted level	+1,500,000
Change from budget request	– – –

This program provides grants to assist States and tribal governments with the establishment, expansion, and improvement of veterans' cemeteries that are operated and permanently maintained by the States and tribal governments. Grants under this program fund up to 100 percent of construction costs and the initial equipment expenses when the cemetery is established. State and tribal governments remain responsible for providing the land and for paying all costs related to the operation and maintenance of the State cemeteries, including the costs for subsequent equipment purchases. The bill makes this funding available until expended.

ASSET AND INFRASTRUCTURE REVIEW

Appropriation, fiscal year 2022	$5,000,000
Budget request, fiscal year 2023	5,000,000
Committee recommendation, fiscal year 2023	5,000,000
Change from enacted level	– – –
Change from budget request	– – –

This appropriation funds the work of the "Asset and Infrastructure Review Commission" (the Commission), an independent commission established in the VA MISSION Act of 2018 (P.L. 115–182), Title II, section 202. The Commission will review VA's recommendations to modernize or realign VHA facilities, including leased facilities. The Commission will conduct public hearings and provide a report to the President on VA's plan along with any additional recommendations from the Commission. Support staff will conduct in-depth field hearings to receive input from veterans, Veterans Service Organizations, local VA providers, and local government.

The Committee urges VA and the Commission to focus on maintaining or improving veterans' access to medical care when finalizing the recommendations, in both dense urban and rural areas. The Committee urges VA and the Commission to be transparent with and responsive to Congress as the recommendations continue to evolve and encourages the Commission to conduct hearings in regions affected by the recommendations of the Secretary, including rural areas.

ADMINISTRATIVE PROVISIONS

The bill includes 52 administrative provisions, of which 50 were in effect in fiscal year 2022 in some form and two are new provisions. The administrative provisions included in the bill are as follows:

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 201 allowing for the transfer of funds among three mandatory appropriations. The Administration proposal to modify this provision is not adopted.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 202 allowing the Department to transfer funding among the four medical appropriations accounts in fiscal year 2023. The Administration proposal to modify this provision is not adopted.

The bill includes section 203 allowing for salaries and expenses funds to be used for hire of passenger vehicles, lease of facilities or land, and purchase of uniforms.

The bill includes section 204 providing that only funding in "Construction, Major Projects" and "Construction, Minor Projects" can be used for the purchase of any site for any new hospital or home or to construct any new hospital or home.

The bill includes section 205 requiring the Department to be reimbursed for medical services it provides to any person not defined as a beneficiary to ensure the Department is receiving payment for all medical services provided.

The bill includes section 206 allowing for the use of funds appropriated in fiscal year 2023 for "Compensation and Pensions", "Readjustment Benefits", and "Veterans Insurance and Indemnities" for payment of accrued obligations recorded in the last quarter of fiscal year 2022.

The bill includes section 207 allowing for the use of fiscal year 2023 funds to pay prior year obligations resulting from implementation of sections 3328(a), 3334, and 3712(a) of title 31, United States Code.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 208 allowing the Department to use surplus earnings from the national service life insurance, U.S. Government life insurance, and veterans' special life insurance program to administer these programs.

The bill includes section 209 allowing enhanced-use lease proceeds deducted for administrative expenses that were incurred in a prior fiscal year to be available until expended.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 210 limiting the amount of reimbursement the Office of Resolution Management, Diversity and Inclusion, the Office of Employment Discrimination Complaint Adjudication, and the Alternative Dispute Resolution function within the Office of Human Resources and Administration can charge other offices and accounts of the Department for services provided.

The bill includes section 211 requiring the Department to collect current and accurate third-party reimbursement information for the purposes of third-party insurance collections. If persons receiving care or medical services do not disclose this information, the Department is allowed to bill them reasonable charges for services provided.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 212 allowing the Department to use enhanced-use lease funds for construction and alteration of medical facilities.

The bill includes section 213 allowing the Department to use the Medical Services appropriation for expenses related to the broader mission of medical care to veterans.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 214 allowing the Department to transfer Medical Care Collections to the "Medical Services" and "Medical Community Care" accounts to be used for veterans' medical care and makes those funds available until expended.

The bill includes section 215 allowing veterans who reside in Alaska to obtain medical services from medical facilities supported by the Indian Health Service or tribal organizations, and provides for reimbursement for those services from VA.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 216 allowing the Department to transfer the proceeds received from the transfer of real property deposited

into the VA Capital Asset Fund to the Major and Minor Construction appropriations accounts and makes those funds available until expended.

The bill includes section 217 requiring the Secretary to submit quarterly reports to the Committees on Appropriations of both Houses of Congress on the financial status of the Department of Veterans Affairs.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 218 prohibiting the Department from increasing total resources of the Information Technology appropriation by more than ten percent by transferring funding from the other VA accounts and requires the Department to receive approval from the Committees on Appropriations of both Houses of Congress before such transfer. The Administration proposal to modify this provision is not adopted.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 219 providing up to $330,140,000 of fiscal year 2023 funds for transfer to the Joint DOD–VA Medical Facility Demonstration Fund. Additional funding may be transferred from these accounts upon written notification to the Committees on Appropriations of both Houses of Congress.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 220 permitting the transfer of $314,825,000 of fiscal year 2024 funding appropriated for medical accounts to the Joint DOD–VA Medical Facility Demonstration Fund for the operation of facilities designated as combined Federal medical facilities.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 221 permitting the transfer of funds deposited in the Medical Care Collections Fund to the Joint DOD–VA Medical Facility Demonstration Fund for facilities designated as combined Federal medical facilities.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 222 directing that a minimum of $15,000,000 shall be transferred from the four medical care appropriations to the Department of Defense/Department of Veterans Affairs Health Care Sharing Incentive Fund, to be available until expended.

The bill includes section 223 requiring the Secretary to notify the Committees on Appropriations of both Houses of Congress of all bid savings when identified in Major Construction projects that total at least $5,000,000 or five percent of the programmed amount of the project. The Administration proposal to delete this provision is not adopted.

The bill includes section 224 prohibiting the original scope of work for a Major Construction project from being increased above the scope specified for that project in the original justification data provided to Congress unless approved by the Committees on Appro-

priations of both Houses of Congress. The Administration proposal to delete this provision is not adopted.

The bill includes section 225 requiring a quarterly report from each VBA regional office on pending disability claims, both initial and supplemental; error rates; the number of claims processing personnel; corrective actions taken; training programs; and review team audit results. In addition, the bill requires quarterly reporting on pending appeals at VBA, as well as BVA. The Administration proposal to delete this provision is not adopted.

The bill includes section 226 requiring advance written notification to the Committees on Appropriations of both Houses of Congress 15 days prior to organizational changes which result in the transfer of 25 or more full-time equivalent staff from one organizational unit to another. The Administration proposal to delete this provision is not adopted.

The bill includes section 227 requiring the Secretary to provide, on a quarterly basis to the Committees on Appropriations of both Houses of Congress, notification of any single national outreach and awareness marketing campaign in which obligations exceed $1,000,000. The Administration proposal to delete this provision is not adopted.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 228 permitting the transfer to "Medical Services" from any discretionary program except "General Operating Expenses, Veterans Benefits Administration" upon approval of the Committees on Appropriations of both Houses of Congress. This provision is intended to give VA flexibility as it administers the changes to its traditional healthcare program and the MISSION Act. The Administration proposal to modify this provision is not adopted.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 229 permitting the transfer of funds between the "Board of Veterans Appeals" and "General Operating Expenses, Veterans Benefits Administration" upon approval of the Committees on Appropriations of both Houses of Congress. The Administration proposal to modify this provision is not adopted.

The bill includes section 230 prohibiting the reprogramming of funds exceeding $7,000,000 among the Major Construction projects unless the Committees on Appropriations of both Houses of Congress approve the request. The Administration proposal to modify this provision is not adopted.

The bill includes section 231 requiring the Secretary to ensure that the toll-free suicide hotline provides immediate assistance from a trained professional and adheres to all requirements of the American Association of Suicidology. The Administration request to delete this provision is not adopted.

The bill includes section 232 requiring VA to use the mammography screening guidelines announced by the Secretary on May 10, 2017 through January 1, 2024. The Administration request to delete this provision is not adopted.

The bill includes section 233 permanently allowing the use of Medical Services funding for assisted reproductive technology treatment and adoption reimbursement for veterans and their spouses

or partners if the veteran has a service-connected disability that results in being unable to procreate without such fertility treatment.

The bill includes section 234 prohibiting any funds from being used in a manner that is inconsistent with statutory limitations on outsourcing.

The bill includes section 235 pertaining to exceptions for Indian- or Native Hawaiian-owned businesses contracting with VA.

The bill includes section 236 directing the elimination over a series of years of the use of Social Security numbers in VA programs.

The bill includes section 237 referencing the provision in the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (P.L. 114–223) pertaining to certification of marriage and family therapists. The Administration request to delete this provision is not adopted.

The bill includes section 238 which prohibits funds from being used to transfer funding from the Filipino Veterans Equity Compensation Fund to any other VA account. The Administration request to delete this provision is not adopted.

The bill includes section 239 permitting funding to be used in fiscal years 2023 and 2024 to carry out and expand the childcare pilot program authorized by section 205 of the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111–163).

The bill includes section 240 prohibiting VA from using funds to enter into an agreement to resolve a dispute or claim with an individual that would restrict the individual from speaking to Members of Congress or their staff on any topic, except those required to be kept secret in the interest of national defense or the conduct of foreign affairs. The Administration request to delete this provision is not adopted.

The bill includes section 241 referencing language in the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (P.L. 114–223) requiring certain data to be included in budget justifications for major construction projects. The Administration request to delete this provision is not adopted.

The bill includes section 242 prohibiting the use of funds to deny the Inspector General timely access to information, unless a provision of law expressly refers to the Inspector General and expressly limits such access.

The bill includes section 243 prohibiting funding from being used in a manner that would increase wait times for veterans at medical facilities. The Administration request to delete this provision is not adopted.

The bill includes section 244 prohibiting the use of funds in fiscal year 2023 to convert any program that received specific purpose funds in fiscal year 2022 to a general purpose-funded program without the approval of the Committees on Appropriations of both Houses of Congress at least 30 days prior to any such action. The Administration request to delete this provision is not adopted.

The bill includes section 245 eliminating category D or E pain testing on dogs or cats.

The bill includes section 246 to allow fiscal year 2023 and 2024 "Medical Community Care" funds to be used to cover obligations that would have otherwise been paid by the Veterans Choice Fund.

The bill includes section 247 allowing obligations and expenditures applicable to the "Medical Services" account in fiscal years 2017 through 2019 for aid to state homes to remain in the "Medical Community Care" account for such fiscal years.

This bill includes section 248 specifying an amount from the four medical care accounts for gender-specific care and programmatic efforts for women. The Administration request to delete this provision is not adopted.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 249 permitting the transfer of funds deposited in the "Medical Facilities" and "General Administration" accounts to the "Asset and Infrastructure Review" account, under certain circumstances.

(INCLUDING RESCISSION OF FUNDS)

The bill includes section 250 rescinding funds from the Recurring Expenses Transformational Fund.

The bill includes section 251 requiring quarterly reports on the status of the "Veterans Medical Care and Health Fund," established to execute section 8002 of the American Rescue Plan (P.L. 117–2).

The bill includes section 252 establishing a timeline for construction in accordance with a lease.

TITLE III

RELATED AGENCIES

Funds under Title III support the agencies that honor and respect the service of the nation's heroes. Though it may be a smaller title of the bill, the agencies funded under Title III are the public face of America's commitment to servicemembers and veterans. The American Battle Monuments Commission and Arlington Cemetery commemorate those who made the ultimate sacrifice, while the Armed Forces Retirement Home and the United States Court of Appeals for Veterans Claims are critical parts of keeping the promise to serve those who served the nation.

AMERICAN BATTLE MONUMENTS COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$87,500,000
Budget request, fiscal year 2023	86,800,000
Committee recommendation, fiscal year 2023	87,500,000
Change from enacted level	– – –
Change from budget request	+700,000

The recommendation includes $87,500,000 for Salaries and Expenses of the American Battle Monuments Commission.

The Committee notes the significant maintenance needs of the American Battle Monuments around the world, which are specifically designed to honor fallen servicemembers. The Committee continues to emphasize that existing monuments and memorials

should be maintained and repaired in a proactive and timely manner that honors the service, achievements, and sacrifices of the United States Armed Forces.

FOREIGN CURRENCY FLUCTUATIONS ACCOUNT

The recommendation includes such sums as necessary for the Foreign Currency Fluctuations Account.

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$41,700,000
Budget request, fiscal year 2023	46,900,000
Committee recommendation, fiscal year 2023	45,159,000
Change from enacted level	+3,459,000
Change from budget request	−1,741,000

The recommendation includes $45,159,000 for Salaries and Expenses for the United States Court of Appeals for Veterans Claims (the Court).

The Committee notes that the Court's current authorization is for nine judges and provides funding for the current activities of the Court. The Committee recognizes that caseloads at the Court continue to grow and notes that future statutory changes may increase the size of the Court. The Committee will continue to closely follow these developments and their impact on funding needs.

DEPARTMENT OF DEFENSE—CIVIL

CEMETERIAL EXPENSES, ARMY

SALARIES AND EXPENSES

Appropriation, fiscal year 2022	$87,000,000
Budget request, fiscal year 2023	93,400,000
Committee recommendation, fiscal year 2023	93,400,000
Change from enacted level	+6,400,000
Change from budget request	– – –

The recommendation includes $93,400,000 for Salaries and Expenses for Arlington National Cemetery (the Cemetery), which is equal to the fiscal year 2023 budget request. The Committee is pleased to see an acknowledgment of its repeated direction that the Cemetery's budget requests reflect the funding needed to respond to increased costs and to maintain the current level of services.

Updated Interment Policy.—The Committee is aware that the Secretary of the Army is in the process of finalizing revised criteria for interment at the Cemetery to preserve it as an active burial ground well into the future, and the Committee notes that it will continue to follow closely to ensure that the Cemetery can continue to live up to its mission to honor those who have served.

Protestant Chaplain Memorial.—The Committee strongly believes that the nation's deceased military chaplains of all faiths should be properly honored in Arlington National Cemetery, and that the monuments located on Chaplains Hill represent a key part of this commitment. The Committee continues to urge the Cemetery to work productively with stakeholders on proposals to restore and update the Protestant Chaplain Memorial and ensure that it

can continue to honor those who have served without additional delay.

Military Horses.—The Committee is concerned about reports of disturbing treatment and malnourishment of the horses that pull the caissons at Arlington National Cemetery. While the Committee notes that the oversight of these horses may ultimately fall to other Army entities, these horses are an integral symbol of the Cemetery's mission to lay to rest those who have served the nation with dignity and honor, just as any other employee of the Cemetery. The Committee directs Cemetery leadership to engage with the 3rd U.S. Infantry Regiment, Joint Base Myer-Henderson Hall, Fort Belvoir, and others, and take all possible actions to ensure that the horses that allow the Cemetery to fulfill its mission are well cared for and treated with respect.

CONSTRUCTION

Appropriation, fiscal year 2022	$141,000,000
Budget request, fiscal year 2023	62,500,000
Committee recommendation, fiscal year 2023	62,500,000
Change from enacted level	−78,500,000
Change from budget request	− − −

The recommendation includes $62,500,000 for construction, including $60,000,000 for planning and design and construction of Southern Expansion, to remain available until expended. This is expected to complete the Southern Expansion project and road realignments to extend the life of the cemetery. The Committee provides this funding to ensure that the life of the nation's most prestigious cemetery is extended into the 2050 timeframe. The Committee directs the Cemetery to include status updates in its required quarterly reports on funds obligated, including previously appropriated funds, and funds remaining for the Southern Expansion project, as well as any remaining unfunded needs to complete the project.

The Committee also provides $2,500,000 to begin the process of a project to make improvements to Memorial Avenue. The Committee directs the Cemetery to provide updates on the status of this study and project, including obligations of funds.

ARMED FORCES RETIREMENT HOME

TRUST FUND

The recommendation includes $75,360,000 for the Armed Forces Retirement Home (AFRH) Trust Fund, including $7,300,000 for capital projects, although $25,000,000 of the total is provided from the general fund of the Treasury, and not the Trust Fund.

General Fund.—The Committee continues to express concern about the use of the General Fund to support the work of AFRH. The Committee directs AFRH to continue to make progress on efforts to increase revenues and stabilize the AFRH Trust Fund for the long term, and to continue to report to the Committee on its further initiatives to improve sustainability and maintain the high-quality services provided to AFRH residents.

Land Redevelopment.—The Committee continues to be interested in the redevelopment of the 80-acre master planned parcel on the

Washington campus and continues to direct AFRH to report to the Committee on the progress of the redevelopment project.

OPERATION AND MAINTENANCE

Appropriation, fiscal year 2022	$68,000,000
Budget request, fiscal year 2023	68,060,000
Committee recommendation, fiscal year 2023	68,060,000
Change from enacted level	+60,000
Change from budget request	– – –

The Committee makes these operation and maintenance funds available until September 30, 2024, as requested, to provide AFRH greater ability to respond to emergency situations and ensure stable operations.

CAPITAL PROGRAM

Appropriation, fiscal year 2022	$9,000,000
Budget request, fiscal year 2023	7,300,000
Committee recommendation, fiscal year 2023	7,300,000
Change from enacted level	– 1,700,000
Change from budget request	– – –

Capital Maintenance Spending Plan.—The Committee directs AFRH to provide, no later than 30 days after enactment of this Act, an expenditure plan detailing the planned use of the funds provided for construction and renovation. The Committee further directs AFRH to prioritize completing projects that are currently underway.

MAJOR CONSTRUCTION

Appropriation, fiscal year 2022	$– – –
Budget request, fiscal year 2023	77,000,000
Committee recommendation, fiscal year 2023	77,000,000
Change from enacted level	+77,000,000
Change from budget request	– – –

The Committee provides $77,000,000, as requested, for renovation of the Sheridan Building on the Washington campus, which will improve resident safety and quality of life, address needed maintenance projects, and provide additional opportunities for AFRH to increase occupancy rates. The Committee requests quarterly reports on the status of this construction project, including obligations of funds, anticipated timelines, and any changes to the overall cost of the project.

ADMINISTRATIVE PROVISION

The bill includes section 301 permitting funds from concessions at Army National Military Cemeteries to be used to support activities at the Cemeteries.

TITLE IV

GENERAL PROVISIONS

The bill includes a total of 11 provisions that were in effect in fiscal year 2022:

The bill includes section 401 prohibiting the obligation of funds beyond the current fiscal year unless expressly so provided.

The bill includes section 402 prohibiting 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.

The bill includes section 403 encouraging all departments and agencies funded in this Act to expand the use of "E-Commerce" technologies and procedures.

The bill includes section 404 specifying the Congressional committees that are to receive all reports and notifications.

The bill includes section 405 prohibiting the transfer of funds to any instrumentality of the United States Government without authority from an appropriations Act.

The bill includes section 406 prohibiting any funds in this Act to be used for a project or program named for an individual serving as a Member, Delegate, or Resident Commissioner of the United States House of Representatives.

The bill includes section 407 requiring all reports submitted to the Congress to be posted on official websites of the submitting agency.

The bill includes section 408 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.

The bill includes section 409 prohibiting the use of funds for payment of first-class travel by an employee of the executive branch.

The bill includes section 410 prohibiting the use of funds in this Act for any contract where the contractor has not complied with E-Verify requirements.

The bill includes section 411 prohibiting the use of funds in this Act to construct facilities on military installations that do not meet resiliency standards.

HOUSE OF REPRESENTATIVES REPORTING REQUIREMENTS

The following items are included in accordance with various requirements of the Rules of the House of Representatives:

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

Pursuant to clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the following is a statement of general performance goals and objectives for which this measure authorizes funding:

The Committee on Appropriations considers program performance, including a program's success in developing and attaining outcome-related goals and objectives, in developing funding recommendations.

RESCISSION OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following statements are submitted describing the rescissions in the accompanying bill:

In title II Section 250 rescinds $48,132,853 of unobligated balances in the "Recurring Expenses Transformational Fund" established in section 243 of division J of Public Law 114–113.

TRANSFER OF FUNDS

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following statements are submitted describing the transfer of funds provided in the accompanying bill.

Language is included to allow for the transfer of funds from Family Housing, Construction accounts to the Department of Defense Family Housing Improvement Fund and funds from Military Construction accounts to the Department of Defense Military Unaccompanied Housing Improvement Fund.

Language is included to provide transfer authority from the BRAC account to the Homeowners Assistance Program.

Language is included to allow the transfer of expired funds to the "Foreign Currency Fluctuations, Construction, Defense" account.

Language is included to transfer not to exceed $21,423,000 in fiscal year 2024 from Compensation and Pensions to General Operating Expenses, Veterans Benefits Administration and Information Technology Systems. These funds are for the administrative costs of implementing cost-savings proposals required by the Omnibus Budget Reconciliation Act of 1990 and the Veterans' Benefits Act of 1992. Language is also included transferring funds to the Medical Care Collections Fund to augment funding of medical facilities for nursing home care provided to pensioners.

Language is included to permit the transfer of funds from General Administration to General Operating Expenses, Veterans Benefits Administration.

Language is included to permit the transfer of funds between Information Technology Systems development projects and among the three sub-accounts identified in bill language subject to the approval of the Committee.

Language is included to provide authority for the Department of Veterans Affairs for any funds appropriated in 2023 for Compensation and Pensions, Readjustment Benefits, and Veterans Insurance and Indemnities to be transferred among those three accounts.

Language is included to transfer funds among the Medical Services, Medical Community Care, Medical Support and Compliance, and Medical Facilities accounts, subject to approval by the Committee.

Language is included to permit the funds from three life insurance funds to be transferred to General Operating Expenses, Veterans Benefits Administration and Information Technology Systems for the costs of administering such programs.

Language is included to permit funding up to $97,869,000 to be transferred to General Administration and Information Technology Systems from any funds appropriated in fiscal year 2023 to reimburse three headquarters offices for services provided.

Language is included to transfer certain funds derived from enhanced-use leasing activities to the Construction, Major Projects and Construction, Minor Projects accounts.

Language is included to allow the transfer of funds from the Medical Care Collections Fund to the Medical Services and Medical Community Care accounts.

Language is included to allow the transfer of funds from the Capital Asset Fund to the Construction, Major Projects and Construction, Minor Projects accounts.

Language is included to allow the transfer of funds from various accounts to the Information Technology Systems account in an aggregate amount not to exceed ten percent of the account appropriation, subject to approval by the Committee.

Language is included to allow the transfer of funds provided for the Department of Veterans Affairs in fiscal year 2023 to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund.

Language is included allowing fiscal year 2024 medical care funding to be transferred to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration fund.

Language is included permitting funds deposited to the Medical Care Collections Fund for healthcare provided at a combined Federal medical facility to be transferred to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund.

Language is included under the Department of Veterans Affairs that would transfer no less than $15,000,000 for the DOD–VA Health Care Sharing Incentive Fund as authorized by section 8111(d) of title 38, United States Code.

Language is included that permits the transfer from all discretionary accounts except General Operating Expenses, Veterans Benefits Administration, to Medical Services, subject to approval by the Committee.

Language is included that permits transfer of funds between General Operating Expenses, Veterans Benefits Administration and the Board of Veterans Appeals, subject to approval by the Committee.

Language is included that permits the transfer of funds from the Medical Facilities and General Administration accounts to the Asset and Infrastructure Review account.

DISCLOSURE OF EARMARKS AND CONGRESSIONALLY DIRECTED SPENDING ITEMS

The following table is submitted in compliance with clause 9 of rule XXI, and lists the congressional earmarks (as defined in paragraph (e) of clause 9) contained in the bill or in this report. Neither the bill nor the report contain any limited tax benefits or limited tariff benefits as defined in paragraphs (f) or (g) of clause 9 of rule XXI.

MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES

[Community Projects Funding]

Account	State	Location	Project	House Amount	House Requestors
Air Force	AL	Maxwell Air Force Base	Commercial Vehicle Inspection Gate	$15,000,000	Sewell
Air National Guard	AL	Montgomery Regional Airport (ANG) Base	F–35 Weapons Load Crew Training Facility	6,800,000	Sewell
Air National Guard	AZ	Morris Air National Guard Base	Base Entry Complex	12,000,000	Kirkpatrick
Air National Guard	FL	Jacksonville International Airport	F–35 Munitions Storage Area Administration and Pad	770,000	Rutherford, Waltz
Air National Guard	FL	Jacksonville International Airport	F–35 Munitions Maintenance and Inspection Facility	530,000	Rutherford, Waltz
Navy & Marine Corps	FL	Blount Island	Communications Infrastructure Modernization	5,949,000	Rutherford, Waltz
Air Force	FL	Eglin Air Force Base	F–35A Test 2–Bay Test Hangar	3,700,000	Waltz
Air Force	FL	Patrick Space Force Base	Consolidated Communications Center	97,000,000	Waltz
Air Force	FL	Eglin Air Force Base	F–35A ADAL Squadron Operations	2,500,000	Waltz
Air Force	FL	Eglin Air Force Base	F–35A Developmental Test 2–Bay Mx Hangar	4,100,000	Waltz
Army National Guard	FL	Camp Blanding	Scout Recce Gunnery Complex	2,300,000	Waltz
Army National Guard	FL	Camp Blanding	Automated Multipurpose Machine Gun Range	1,080,000	Waltz
Defense-Wide	FL	MacDill Air Force Base	SOF Operations Integration Facility	50,000,000	Waltz
Defense-Wide	FL	MacDill Air Force Base	SOF Joint MISO Web Operations Facility	8,730,000	Waltz
Army	HI	Fort Shafter	Water System Upgrade	2,000,000	Case
Army	HI	Tripler Medical Center	Water System Upgrade	2,000,000	Case
Army	LA	Fort Polk	Joint Operations Center	61,000,000	Johnson (LA)

MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES—Continued

[Community Projects Funding]

Account	State	Location	Project	House Amount	House Requestors
Army	MD	Aberdeen Proving Ground	Test Maintenance Fabrication Facility	7,600,000	Ruppersberger
Army	NC	Fort Bragg	Child Development Center	3,600,000	Hudson
Army	NY	Fort Drum	Automated Record Fire Plus Range	3,600,000	Stefanik
Air Force	OH	Wright-Patterson Air Force Base	Child Development Center	29,000,000	Turner
Army	TX	Fort Hood	Automated Infantry Platoon Battle Course	1,220,000	Carter (TX)
Army	TX	Fort Hood	Barracks	19,000,000	Carter (TX)
Army	TX	Fort Hood	Automated Multipurpose Machine Gun Range	1,240,000	Carter (TX)
Army	TX	Fort Hood	Automated Infantry Squad Battle Course	600,000	Carter (TX)
Air Force	TX	Joint Base San Antonio	BMT Recruit Dormitory 8	5,400,000	Gonzales, Tony
Air Force	TX	Joint Base San Antonio	Child Development Center	29,000,000	Gonzales, Tony
Air Force Reserve	VA	Joint Base Langley-Eustis	AFRC Intelligence Group Facility	5,500,000	Luria

COMPLIANCE WITH RULE XIII, CL. 3(e) (RAMSEYER RULE)

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italics, existing law in which no change is proposed is shown in roman):

SECTION 220 OF DIVISION J OF PUBLIC LAW 117–103

[SEC. 220. Of the amounts appropriated to the Department of Veterans Affairs which become available on October 1, 2022, for "Medical Services", "Medical Community Care", "Medical Support and Compliance", and "Medical Facilities", up to $323,242,000, plus reimbursements, may be transferred to the Joint Department of Defense—Department of Veterans Affairs Medical Facility Demonstration Fund, established by section 1704 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111–84; 123 Stat. 3571) and may be used for operation of the facilities designated as combined Federal medical facilities as described by section 706 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110–417; 122 Stat. 4500): Provided, That additional funds may be transferred from accounts designated in this section to the Joint Department of Defense—Department of Veterans Affairs Medical Facility Demonstration Fund upon written notification by the Secretary of Veterans Affairs to the Committees on Appropriations of both Houses of Congress.]

TITLE 38, UNITED STATES CODE

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PART II—GENERAL BENEFITS

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CHAPTER 17—HOSPITAL, NURSING HOME, DOMICILIARY, AND MEDICAL CARE

SUBCHAPTER SUBCHAPTER I—GENERAL

Sec.
1701. Definitions.

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SUBCHAPTER II—HOSPITAL, NURSING HOME, OR DOMICILIARY CARE AND MEDICAL TREATMENT

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1720K. Infertility counseling and treatment; reimbursement of adoption expenses.

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§ 1720K. Infertility counseling and treatment; reimbursement of adoption expenses

(a) INFERTILITY COUNSELING AND TREATMENT.—(1) Pursuant to regulations the Secretary shall prescribe to carry out this subsection,

the Secretary may provide infertility counseling and treatment, using assisted reproductive technology, including in vitro fertilization, intrauterine insemination, and other advanced reproductive technologies, to the following:

(A) A veteran—

(i) who is enrolled in the system of annual patient enrollment established and operated under section 1705 of this title; and

(ii) who, in the judgment of a health care professional of the Department—

(I) has a service-connected disability or condition causing or aggravating infertility; or

(II) is infertile as a result of having received medically necessary treatment pursuant to this chapter.

(B) The spouse of a veteran described in subparagraph (A), or the partner of a veteran described in subparagraph (A) whom the veteran designates for purposes of this subsection.

(2)(A) The Secretary may contract with a provider of in vitro fertilization services to obtain donor gametes or embryos from thirdparty donors.

(B) The Secretary may only obtain third-party donation of gametes or embryos through a contract.

(C) The Secretary may not provide assisted reproductive technology services or medical services to third-party donors.

(3)(A) The Secretary may contract with a facility to furnish the cryopreservation, storage, and transportation of gametes and embryos.

(B) The Secretary may not impose any limitation on the period in which an embryo or gamete is cryopreserved and stored pursuant to this subsection.

(4) The legal status, custody, future use, donation, disposition, or destruction, of gametes or embryos relating to infertility or treatment furnished under this subsection shall be determined in accordance with the law of the State in which the gametes or embryos are located.

(5)(A) In prescribing regulations to carry out this subsection, the Secretary shall ensure that any in vitro fertilization (including with respect to the number of retrieval attempts and completed embryo transfer cycles) will be—

(i) determined using the best medical evidence available; and

(ii) provided in accordance with applicable standards of care.

(B) In furnishing in vitro fertilization to a covered individual pursuant to this subsection, the Secretary is responsible only for payment of the costs of the in vitro fertilization services.

(C) The Secretary may not furnish an in vitro fertilization cycle to a covered individual under this subsection unless the Secretary receives consent for such cycle from each of the following:

(i) The covered individual.

(ii) If the covered individual is a spouse or partner of a veteran as described in subparagraph (l)(B), the veteran.

(iii) If applicable, the third-party donor.

(6) In this subsection:

(A) The term "covered individual" means a veteran, spouse, or partner who receives infertility counseling and treatment under paragraph (1).

(B) The term "gamete" means a mature sperm or an oocyte or egg germ cell, as applicable.

(C) The term "infertility" means the inability to procreate without the use of infertility treatment.

(D) The term "in vitro fertilization" means the procedure in which an oocyte is removed from a mature ovarian follicle and fertilized by a sperm cell outside the human body and, at the appropriate time, transferred into the uterus.

(E) The term "third-party donor" means an individual who consents to donate the gametes or embryo of the individual for use in treatment furnished pursuant to this subsection.

(b) ADOPTION REIMBURSEMENT.—(1) Pursuant to regulations the Secretary shall prescribe to carry out this subsection, the Secretary may reimburse an eligible veteran for qualifying adoption expenses incurred by the veteran in the adoption of a child.

(2) For purposes of this subsection, an eligible veteran is a veteran who meets the following criteria:

(A) The veteran is enrolled in the system of annual patient enrollment established and operated under section 1705 of this title.

(B) The veteran, in the judgment of the health care professional of the Department—

(i) has a service-connected disability or condition causing or aggravating infertility; or

(ii) is infertile as a result of having received medically necessary treatment pursuant to this chapter.

(3) An adoption for which expenses may be reimbursed under this subsection includes an adoption by a single person, an infant adoption, an intercountry adoption, or an adoption of a child with special needs (as defined in section 473(c) of the Social Security Act (42 U.S.C. 673(c))).

(4) The Secretary may reimburse an eligible veteran for qualifying adoption expenses under this subsection only after the adoption is final.

(5) The Secretary may not reimburse an eligible veteran for qualifying adoption expenses under this subsection for any expense paid to or for the veteran under any other adoption benefits program administered by the Federal Government or under any such program administered by a State or local government.

(6)(A)(i) The Secretary may not reimburse an eligible veteran, or two eligible veterans who are partners, for qualifying adoption expenses under this subsection for more than one adoption.

(ii) The Secretary may not reimburse more than one eligible veteran for the qualifying adoption expenses under this subsection for the adoption of the same child.

(B) In prescribing regulations to carry out this subsection, the Secretary shall establish minimum and maximum amounts for the reimbursement of qualifying adoption expenses.

(7) In this subsection:

(A) Notwithstanding section 101 of this title, the term "child" means an individual who is under the age of eighteen years.

(B) The term "qualified adoption agency" means—

(i) a State or local government agency that has responsibility under State or local law for child placement through adoption;

(ii) a nonprofit, voluntary adoption agency that is authorized by State or local law to place children for adoption;

(iii) any other source authorized by a State to provide adoption placement if the adoption is supervised by a court under State or local law; or

(iv) a foreign government or an agency authorized by a foreign government to place children for adoption, in any case in which—

(I) the adopted child is entitled to automatic citizenship under section 320 of the Immigration and Nationality Act (8 U.S.C. 1431); or

(II) a certificate of citizenship has been issued for such child under section 322 of that Act (8 U.S.C. 1433).

(C) The term "qualifying adoption expenses" means reasonable and necessary expenses that are directly related to the legal adoption of a child, but only if such adoption is arranged by a qualified adoption agency. Such term does not include any expense incurred—

(i) by an adopting parent for travel; or

(ii) in connection with an adoption arranged in violation of Federal, State, or local law.

(D) The term "reasonable and necessary expenses" includes—

(i) public and private agency fees, including adoption fees charged by an agency in a foreign country;

(ii) placement fees, including fees charged adoptive parents for counseling;

(iii) legal fees (including court costs) or notary expenses; and

(iv) medical expenses, including hospital expenses of the biological mother of the child to be adopted and of a newborn infant to be adopted.

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CHANGES IN THE APPLICATION OF EXISTING LAW

Pursuant to clause 3(f)(1)(A) of rule XIII of the Rules of the House of Representatives, the following statements are submitted describing the effect of provisions in the accompanying bill that directly or indirectly change the application of existing law.

Language is included in various parts of the bill to continue ongoing activities that require annual authorization or additional legislation, which to date have not been enacted.

Language is included in various parts of the bill to place limitations on the use of funds in the bill or change existing limitations and which might, under some circumstances, be construed as changing the application of existing law.

Language is included in various parts of the bill to allow the Secretary of Defense to exceed certain limitations upon notification to the Committee.

Language is included in various parts of the bill to allow funding to be used for official reception and representation expenses.

Language is included in various parts of the bill to enable various appropriations to remain available for more than one year for

some programs for which the basic authority legislation does not presently authorize such extended availability.

Language is included in various parts of the bill to permit the transfer of funds to other accounts.

Language is included under Title I to prohibit payments for cost-plus-a-fixed-fee contracts under certain circumstances.

Language is included in various parts of the bill to allow funds to be used for the hire of passenger motor vehicles.

Language is included under Title I to allow advances to the Federal Highway Administration, Department of Transportation under certain circumstances.

Language is included under Title I to prohibit the use of funds to begin construction of new bases without specific appropriations.

Language is included under Title I to prohibit the use of funds for purchase of land or land easements under certain circumstances.

Language is included under Title I to prohibit the use of funds for land acquisition, site preparation, and utility installation for family housing unless funds have been made available in annual appropriations Acts.

Language is included under Title I to prohibit the use of minor construction funds to transfer an activity between installations without prior notification.

Language is included under Title I to prohibit the use of funds for the procurement of steel for any activity if American steel producers have been denied the opportunity to compete for such steel procurements.

Language is included under Title I to prohibit the use of funds to pay real property taxes in any foreign nation.

Language is included under Title I to prohibit the use of funds to initiate a new installation overseas without prior notification.

Language is included under Title I to limit the use of funds for architect and engineer contracts under certain circumstances.

Language is included under Title I to limit the use of funds for awarding contracts to foreign contractors under certain circumstances.

Language is included under Title I to require the Department of Defense to notify the appropriate committees of Congress of any proposed military exercises under certain circumstances.

Language is included under Title I to allow prior year construction funding to be available for currently authorized projects.

Language is included under Title I to allow payment for the cost associated with supervision, inspection, overhead, engineering and design on family housing or military construction projects that are being completed with expired or lapsed funds.

Language is included under Title I to allow funds to be expended on military construction projects for four fiscal years after enactment under certain circumstances.

Language is included under Title I to allow construction funds to be transferred to Housing Improvement Funds.

Language is included under Title I to allow for the transfer of BRAC funds to the Homeowners Assistance Program.

Language is included under Title I to limit funds for the operation and maintenance of family housing to those provided in this

appropriation and to limit amounts expended on repairs of general and flag officer quarters under certain circumstances.

Language is included under Title I to allow funds in the Ford Island Improvement Account to be available until expended for certain purposes.

Language is included under Title I to allow for the transfer of expired funding to the Foreign Currency Fluctuation Account under certain circumstances.

Language is included under Title I to prohibit funds to be used for projects at Arlington Cemetery.

Language is included under Title I directing all amounts appropriated to Military Construction (all accounts) be immediately available and allotted for the full scope of the authorized project.

Language is included under Title I allowing unobligated funds from prior appropriations acts for fiscal years 2017 and 2018 to be obligated under certain circumstances.

Language is included under Title I defining the congressional defense committees.

Language is included under Title I for improving military installation resilience.

Language is included under Title I for child development centers planning and design.

Language is included under Title I for Natural Disasters.

Language is included under Title I for laboratory facilities.

Language is included under Title I for Air Force Reserve cost to complete projects.

Language is included under Title I for cost increases identified subsequent to the fiscal year 2023 budget request.

Language is included under Title I providing additional funds for Military Construction, Defense-Wide for cost increases for major construction projects.

Language is included in Title I for planning and design of water treatment and distribution facilities.

Language is included under Title I for unaccompanied housing.

Language is included under Title I providing additional funds for Family Housing Construction, Army for cost to complete projects.

Language is included under Title I for child development centers construction.

Language is included under Title II providing for the reimbursement to the Department of Defense for the costs of overseas employee mail.

Language is included under Title II to require that the Secretary of Veterans Affairs establish a priority for treatment of veterans who are service-connected disabled, lower income, or have special needs.

Language is included under Title II to require that the Secretary of Veterans Affairs give priority funding of basic medical benefits to priority groups 1 through 6.

Language is included under Title II to allow the Secretary of Veterans Affairs to dispense prescription drugs from VHA facilities to enrolled veterans with privately written prescriptions at no additional cost to the Department.

Language is included under Title II requiring the Secretary to ensure sufficient funding is available for the acquisition of prosthetics designed for women veterans.

Language is included under Title II requiring sufficient funding is available for prosthetic research specifically for female veterans and for toxic exposure research.

Language is included under Title II to require approval of a transfer between development projects in the Information Technology Systems account.

Language is included under Title II prohibiting funding in the Veterans Electronic Health Record account from being obligated in a manner inconsistent with deployment schedules.

Language is included under Title II establishing time limitations and reporting requirements concerning the obligation of Major Construction funds, limiting the use of funds, allowing the use of funds for program costs, and allowing for the reimbursement to the "General Administration" account for the salaries and expenses of the Office of Construction and Facilities Management employees.

Language is included under Title II to allow Minor Construction funds to be used to repair non-medical facilities damaged by natural disaster or catastrophe.

Language is included under Title II permitting transfers between mandatory and discretionary accounts, limiting and providing for the use of certain funds, funding administrative expenses associated with life insurance programs from excess program revenues, allowing reimbursement from enhanced-use leases and for certain services, requiring notification of construction bid savings, limiting reprogramming amount of major construction projects, restricting changes in the scope of major construction projects, requiring disclosure of insurance and income information, allowing a recovery audit collection program, allowing veterans in the State of Alaska to use Indian Health Service facilities under certain conditions, requiring quarterly reports on the Department's financial status, performance measures, and data, allowing medical services funds for recreational and funeral expenses, and requiring notification of organizational changes that transfer 25 or more employees from one VA organizational unit to another.

Language is included under Title II requiring notification of any single national outreach and awareness marketing campaign in which obligations exceed $1,000,000.

Language is included under Title II requiring the Secretary to maintain certain requirements in operating the toll-free suicide hotline.

Language is included under Title II prohibiting funds from being used in contravention of certain breast cancer screening guidance.

Language is included under Title II to allow covered veterans and their spouses or partners, under certain conditions, to receive assisted reproductive technology services and adoption reimbursement.

Language is included under Title II pertaining to exceptions for Indian- or Native Hawaiian-owned businesses contracting with the Department.

Language is included under Title II directing the elimination of using Social Security account numbers to identify individuals in all information systems of the Department.

Language is included under Title II pertaining to certification of marriage and family therapists.

Language is included under Title II prohibiting funds from being used to transfer funding from the Filipino Veterans Equity Compensation Fund to any other VA account.

Language is included under Title II permitting funds to carry out and expand the child care program.

Language is included under Title II prohibiting funds to enter into an agreement to resolve a dispute or claim with an individual that would restrict the individual from speaking to Members of Congress or their staff.

Language is included under Title II requiring certain data to be included in budget justifications for major construction projects.

Language is included under Title II prohibiting the Inspector General from being denied timely access to information.

Language is included under Title II prohibiting funding to be used in a manner that would increase wait times for veterans who seek medical care.

Language is included under Title II prohibiting the use of funds in fiscal year 2023 to convert any program that received specific purpose funding in fiscal year 2022 to a general purpose-funded program.

Language is included under Title II prohibiting the use of dogs or cats as part of the conduct of any study.

Language is included under Title II allowing for funds within the Medical Community Care account to be used for expenses that would have otherwise been payable from the Veterans Choice Fund.

Language is included under Title II allowing for obligations and expenditures applicable to the Medical Services account in fiscal years 2017 through 2019 for aid to state homes to remain in the Medical Community Care account for such fiscal years.

Language is included under Title II providing for a certain amount within the medical care accounts to be made available for gender-specific care and programmatic efforts to deliver care for women veterans.

Language is included under Title II rescinding unobligated balances in the "Recurring Expenses Transformational Fund."

Language is included under Title II requiring quarterly reports on the status of the Veterans Medical Care and Health Fund.

Language is included under Title II establishing a timeline for construction in accordance with a lease.

Language is included under Title III, United States Court of Appeals for Veterans Claims, Salaries and Expenses, to permit the use of funds for a pro bono program.

Language is included under Title III, Cemeterial Expenses, Army, Salaries and Expenses, to permit the use of funds for parking maintenance and repairs.

Language is included under Title III, Armed Forces Retirement Home to permit payment from the general fund of the Treasury to the Trust Fund.

Language is included under Title III to allow for the use of concession fees.

Language is included under Title IV prohibiting funding beyond the current fiscal year unless expressly so provided.

Language is included under Title IV to limit the use of funds for Federal entities when they are not in compliance with Federal law

relating to risk assessment, the protection of private property rights, or unfunded mandates.

Language is included under Title IV providing funding to expand the use of "E-Commerce" technologies and procedures.

Language is included under Title IV specifying the Congressional committees that are to receive all reports and notifications.

Language is included under Title IV prohibiting the transfer of funds to any instrumentality of the United States Government without authority from an appropriations Act.

Language is included under Title IV prohibiting the use of funds for a project or program named for an individual serving as a Member, Delegate, or Resident Commissioner of the United States House of Representatives.

Language is included under Title IV requiring all reports submitted to the Congress to be posted on the official public Website of that agency.

Language is included under Title IV prohibiting funds from being used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

Language is included under Title IV prohibiting funds from being used to pay for first-class travel in violation of Federal regulations.

Language is included under Title IV prohibiting funds from being used to execute a contract for goods or services where a contractor has not complied with Executive Order 12989.

Language is included under Title IV prohibiting the use of funds in this Act to construct facilities on military installations that do not meet resiliency standards.

APPROPRIATIONS NOT AUTHORIZED BY LAW

Pursuant to clause 3(f)(1)(B) of rule XIII of the Rules of the House of Representatives, the following table lists the appropriations in the accompanying bill which are not authorized by law for the period concerned:

[dollars in thousands]

Agency/program	Last year of authorization	Authorization level	Appropriations in last year of authorization	Appropriations in this bill
Military Construction, Army	2022	1,727,943	1,051,772	997,425
Military Construction, Navy and Marine Corps	2022	3,895,117	2,644,277	3,808,340
Military Construction, Air Force	2022	2,485,424	2,204,750	2,291,156
Military Construction, Defense-Wide	2022	2,029,569	2,206,051	2,675,128
Military Construction, Army National Guard	2022	391,993	337,893	325,658
Military Construction, Air National Guard	2022	382,250	305,050	193,983
Military Construction, Army Reserve	2022	123,311	94,111	119,878
Military Construction, Navy Reserve	2022	71,804	71,804	30,337
Military Construction, Air Force Reserve	2022	164,074	120,074	82,123
North Atlantic Treaty Organization Security Investment Program	2022	205,853	215,853	220,139
Family Housing Construction, Army	2022	161,349	99,849	169,339
Family Housing Operation and Maintenance, Army	2022	391,227	391,227	446,411
Family Housing Construction, Navy and Marine Corps	2022	77,616	77,616	337,297
Family Housing Operation and Maintenance, Navy and Marine Corps	2022	357,341	357,341	378,224
Family Housing Construction, Air Force	2022	115,716	115,716	232,788

[dollars in thousands]

Agency/program	Last year of authorization	Authorization level	Appropriations in last year of authorization	Appropriations in this bill
Family Housing Operation and Maintenance, Air Force	2022	325,445	325,445	365,222
Family Housing Operation and Maintenance, Defense-Wide	2022	49,785	49,785	50,113
Department of Defense Family Housing Improvement Fund	2022	6,081	6,081	6,442
Department of Defense Military Unaccompanied Housing Improvement Fund	2022	494	494	494
Base Realignment and Closure Account	2022	384,639	529,639	574,687
Dept. of Veterans Affairs, Major Construction	done each yr.		1,611,000	1,371,890
Dept. of Veterans Affairs, Major Leases	done each yr.		283,381	224,075
Armed Forces Retirement Home	2022	75,300	77,000	152,360

PROGRAM DUPLICATION

Pursuant to clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, no provision of this bill establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

BUDGETARY IMPACT OF THE FY 2023 MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES APPROPRIATIONS BILL PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SECTION 308(a) OF THE CONGRESSIONAL BUDGET ACT OF 1974

[In millions of dollars]

COMPARISON WITH BUDGET RESOLUTION

Pursuant to clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and section 308(a)(1)(A) of the Congressional Budget Act of 1974, the following table compares the levels of new budget authority provided in the bill with the appropriate allocation under section 302(b) of the Budget Act.

[In millions of dollars]

	302(b) Allocation		This Bill	
	Budget Authority	Outlays	Budget Authority	Outlays
Comparison of amounts in the bill with Committee allocations to its subcommittees: Subcommittee on Military Construction, Veterans Affairs, and Related Agencies				
Discretionary	150,500	145,000	150,500	[1] 144,809
Mandatory	147,729	149,341	147,729	[1] 149,341

[1] Includes outlays from prior-year budget authority.

FIVE-YEAR OUTLAY PROJECTIONS

Pursuant to clause 3(c)(2) of rule XIII and section 308(a)(1)(B) of the Congressional Budget Act of 1974, the following table contains

five-year projections associated with the budget authority provided in the accompanying bill as provided to the Committee by the Congressional Budget Office.

[In millions of dollars]

	Outlays
Projection of outlays associated with the recommendation:	
2023	[1] 168,207
2024	122,940
2025	17,411
2026	5,230
2027 and future years	4,760

[1] Excludes outlays from prior-year budget authority.

FINANCIAL ASSISTANCE TO STATE AND LOCAL GOVERNMENTS

Pursuant to clause 3(c)(2) of rule XIII and section 308(a)(1)(C) of the Congressional Budget Act of 1974, the Congressional Budget Office has provided the following estimates of new budget authority and outlays provided by the accompanying bill for financial assistance to State and local governments.

[In millions of dollars]

	Budget Authority	Outlays
Financial assistance to State and local governments for 2023	265	[1] 36

[1] Excludes outlays from prior-year budget authority.

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
ALABAMA		
AIR FORCE		
MAXWELL AFB		
COMMERCIAL VEHICLE INSPECTION GATE	---	15,000
AIR NATIONAL GUARD		
BIRMINGHAM IAP		
SECURITY AND SERVICES TRAINING FACILITY	7,500	7,500
MONTGOMERY REGIONAL AIRPORT		
F-35 WEAPONS LOAD CREW TRAINING FACILITY	---	6,800
TOTAL, ALABAMA	7,500	29,300
ALASKA		
AIR FORCE		
CLEAR AFS		
LRDR DORMITORY	68,000	68,000
JB ELMENDORF-RICHARDSON		
EXTEND RUNWAY 16/34 (INC.)	100,000	100,000
TOTAL, ALASKA	168,000	168,000
ARIZONA		
AIR NATIONAL GUARD		
TUCSON IAP		
LAND ACQUISITION	10,000	10,000
MORRIS AIR NATIONAL GUARD BASE		
BASE ENTRY COMPLEX	---	12,000
TOTAL, ARIZONA	10,000	22,000
CALIFORNIA		
NAVY		
CAMP PENDLETON		
BASILONE ROAD REALIGNMENT	85,210	85,210
LEMOORE		
F-35C AIRCRAFT MAINT. HANGAR & AIRFIELD PAVE	201,261	201,261
POINT LOMA ANNEX		
CHILD DEVELOPMENT CENTER	56,450	56,450
SAN DIEGO		
PIER 6 REPLACEMENT (INC.)	15,565	15,565
TWENTYNINE PALMS		
RANGE SIMULATION TRAINING & OPERATIONS FACILITY	120,382	120,382
AIR FORCE		
VANDENBERG AFB		
GBSD CONSOLIDATED MAINTENANCE FACILITY	89,000	89,000
DEFENSE-WIDE		
CORONADO		
SOF OPERATIONS SUPPORT FACILITY	75,712	75,712
AIR FORCE RESERVE		
BEALE AFB		
940 ARW SQUAD OPS/AMU	33,000	33,000
TOTAL, CALIFORNIA	676,580	676,580
COLORADO		
ARMY		
FORT CARSON		
FIRE STATION SUPPORT BUILDING	14,200	14,200
TOTAL, COLORADO	14,200	14,200

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
CONNECTICUT		
NAVY		
NEW LONDON		
RELOCATE UNDERWATER ELECTROMAGNETIC MEASURE.....	15,514	15,514
TOTAL, CONNECTICUT.....	15,514	15,514
DELAWARE		
ARMY NATIONAL GUARD		
NEW CASTLE		
NATIONAL GUARD READINESS CENTER.....	16,000	16,000
TOTAL, DELAWARE.....	16,000	16,000
FLORIDA		
NAVY		
JACKSONVILLE		
ENGINE TEST CELLS MODIFICATIONS.....	86,232	86,232
MCSF BLOUNT ISLAND		
COMMUNICATIONS INFRASTRUCTURE MODERNIZATION.....	---	5,949
WHITING FIELD		
AHTS AIRCRAFT FLIGHT SIMULATOR FACILITY.....	57,789	57,789
AIR FORCE		
EGLIN AFB		
F-35A ADAL SQUADRON OPERATIONS.....	---	2,500
F-35A DEVELOPMENTAL TEST 2-BAY TEST HANGAR.....	---	3,700
F-35A DEVELOPMENTAL TEST 2-BAY MX HANGAR.....	---	4,100
PATRICK SFB		
CONSOLIDATED COMMUNICATIONS CENTER.....	---	97,000
DEFENSE-WIDE		
HURLBURT FIELD		
SOF HUMAN PERFORMANCE TRAINING CENTER.....	9,100	9,100
MACDILL AFB		
SOF JOINT MISO WEB OPERATIONS FACILITY.....	---	8,730
SOF OPERATIONS INTEGRATION FACILITY.....	---	50,000
ARMY NATIONAL GUARD		
CAMP BLANDING		
AUTOMATED MULTIPURPOSE MACHINE GUN RANGE.....	---	1,080
SCOUT RECCE GUNNERY COMPLEX	---	2,300
PALM COAST		
NATIONAL GUARD VEHICLE MAINTENANCE SHOP.....	12,000	12,000
AIR NATIONAL GUARD		
JACKSONVILLE IAP		
F-35 CONSTRUCT FLIGHT SIMULATOR FACILITY.....	22,200	22,200
F-35 MUNITIONS STORAGE AREA ADMINISTRATION & PAD (P&D).....	---	770
F-35 MUNITIONS MAINTENANCE & INSPECTION FACILITY..	---	530
ARMY RESERVE		
PERRINE		
ARMY RESERVE CENTER/AMSA.....	46,000	46,000
TOTAL, FLORIDA.....	233,321	409,980
GEORGIA		
NAVY		
KINGS BAY		
NUCLEAR REGIONAL MAINTENANCE FACILITY.....	213,796	213,796
TRIDENT TRAINING FAC. COLUMBIA TRAINER EXPAN.....	65,375	65,375
TOTAL, GEORGIA.....	279,171	279,171

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
HAWAII		
ARMY		
FORT SHAFTER		
WATER SYSTEM UPGRADE	---	2,000
TRIPLER MEDICAL CENTER		
WATER SYSTEM UPGRADE	---	2,000
NAVY		
JOINT BASE PEARL HARBOR-HICKAM		
DRY DOCK 3 REPLACEMENT (INC.)	621,185	621,185
ARMY NATIONAL GUARD		
KAPOLEI		
NATIONAL GUARD READINESS CENTER ADDITION	29,000	29,000
TOTAL, HAWAII	650,185	654,185
INDIANA		
ARMY NATIONAL GUARD		
ATLANTA		
NATIONAL GUARD READINESS CENTER	20,000	20,000
AIR NATIONAL GUARD		
FORT WAYNE IAP		
MUNITIONS MAINTENANCE & STORAGE COMPLEX	12,800	12,800
TOTAL, INDIANA	32,800	32,800
IOWA		
ARMY NATIONAL GUARD		
WEST DES MOINES		
NATIONAL GUARD READINESS CENTER	15,000	15,000
TOTAL, IOWA	15,000	15,000
LOUISIANA		
ARMY		
FORT POLK		
CHILD DEVELOPMENT CENTER	32,000	32,000
JOINT OPERATIONS CENTER	---	61,000
AIR FORCE		
BARKSDALE AFB		
WEAPONS GENERATION FACILITY (INC.)	125,000	125,000
TOTAL, LOUISIANA	157,000	218,000
MAINE		
NAVY		
KITTERY		
MULTI-MISSION DRYDOCK #1 EXTENSION (INC.)	503,282	503,282
TOTAL, MAINE	503,282	503,282
MARYLAND		
ARMY		
ABERDEEN PROVING GROUND		
TEST MAINTENANCE FABRICATION FACILITY	---	7,600
DEFENSE-WIDE		
BETHESDA NAVAL HOSPITAL		
MEDCEN ADDITION / ALTERATION (INC. 6)	75,500	75,500
FORT MEADE		
NSAW MISSION OPS AND RECORDS CENTER (INC.)	140,000	140,000
NSAW RECAP BUILDNG 4 (INC.)	378,000	378,000
TOTAL, MARYLAND	593,500	601,100

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
MASSACHUSETTS		
AIR FORCE		
HANSCOM AFB		
MIT-LINCOLN LAB (WEST LAB CSL/MIF) (INC)	30,200	30,200
TOTAL, MASSACHUSETTS	30,200	30,200
MICHIGAN		
ARMY NATIONAL GUARD		
GRAYLING		
NATIONAL GUARD READINESS CENTER	16,000	16,000
TOTAL, MICHIGAN	16,000	16,000
MINNESOTA		
ARMY NATIONAL GUARD		
NEW ULM		
NATIONAL GUARD READINESS CENTER	17,000	17,000
TOTAL, MINNESOTA	17,000	17,000
NEVADA		
NAVY		
FALLON		
F-35C AIRCRAFT MAINTENANCE HANGAR	97,865	97,865
ARMY NATIONAL GUARD		
RENO		
NATIONAL GUARD READINESS CENTER ADD/ALT	18,000	18,000
TOTAL, NEVADA	115,865	115,865
NEW YORK		
ARMY		
FORT DRUM		
AUTOMATED RECORD FIRE PLUS RANGE	---	3,600
U S MILITARY ACADEMY		
ENGINEERING CENTER	39,800	39,800
ARMY NATIONAL GUARD		
TROY		
NATIONAL GUARD VEHICLE MAINTENANCE SHOP	17,000	17,000
TOTAL, NEW YORK	56,800	60,400
NORTH CAROLINA		
ARMY		
FORT BRAGG		
CHILD DEVELOPMENT CENTER	---	3,600
MULITPURPOSE TRAINING RANGE	34,000	34,000
NAVY		
CAMP LEJEUNE		
REGIONAL COMMUNICATIONS STATION, HADNOT POINT	47,475	47,475
CHERRY POINT MARINE CORPS AIR STATION		
CH-53K GEARBOX REPAIR AND TEST FACILITY	38,415	38,415
AIRCRAFT MAINTENANCE HANGAR (INC)	106,000	106,000
F-35 FLIGHTLINE UTIL MODERNIZATION PH 2 (INC)	58,000	58,000
DEFENSE-WIDE		
FORT BRAGG		
SOF OPERATIONS BUILDING	18,870	18,870
SOF SUPPLY SUPPORT ACTIVITY	15,600	15,600
ARMY NATIONAL GUARD		
MCLEANSVILLE		
NATIONAL GUARD VEHICLE MAINTENANCE SHOP	15,000	15,000
TOTAL, NORTH CAROLINA	333,360	336,960

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
OHIO		
AIR FORCE		
WRIGHT PATTERSON AFB		
CHILD DEVELOPMENT CENTER	---	29,000
TOTAL, OHIO	---	29,000
OKLAHOMA		
AIR FORCE		
TINKER AFB		
FACILITY AND LAND ACQUISITION (MROTC)	30,000	30,000
KC-46A 3-BAY DEPOT MAINTENANCE HANGAR (INC.)	49,000	49,000
KC-46A FUEL POL INFRASTRUCTURE	13,600	13,600
TOTAL, OKLAHOMA	92,600	92,600
PENNSYLVANIA		
ARMY		
LETTERKENNY ARMY DEPOT		
SHIPPING AND RECEIVING BUILDING	38,000	38,000
TOTAL, PENNSYLVANIA	38,000	38,000
SOUTH CAROLINA		
AIR FORCE		
SHAW AFB		
RAPCON FACILITY	10,000	10,000
TOTAL, SOUTH CAROLINA	10,000	10,000
SOUTH DAKOTA		
AIR FORCE		
ELLSWORTH AFB		
B-21 2-BAY LO RESTORATION FACILITY (INC.)	91,000	91,000
B-21 RADIO FREQUENCY FACILITY	77,000	77,000
B-21 WEAPONS GENERATION FACILITY (INC.)	50,000	50,000
TOTAL, SOUTH DAKOTA	218,000	218,000
TENNESSEE		
AIR FORCE		
ARNOLD AIR FORCE BASE		
ARC HEATER TEST FACILITY DRAGON FIRE	38,000	38,000
AIR NATIONAL GUARD		
MCGHEE-TYSON AIRPORT		
KC-135 MAINTENANCE SHOPS	23,800	23,800
TOTAL, TENNESSEE	61,800	61,800
TEXAS		
ARMY		
CORPUS CHRISTI ARMY DEPOT		
POWERTRAIN FACILITY (ENGINE ASSEMBLY)	103,000	103,000
FORT BLISS		
FIRE STATION	15,000	15,000
FORT HOOD		
AUTOMATED INFANTRY PLATOON BATTLE COURSE	---	1,220
AUTOMATED MULTIPURPOSE MACHINE GUN RANGE	---	1,240
BARRACKS	---	19,000
AUTOMATED INFANTRY SQUAD BATTLE COURSE	---	600
AIR FORCE		
JBSA LACKLAND AFB		
BMT RECRUIT DORMITORY 8	---	5,400

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
JBSA RANDOLPH		
CHILD DEVELOPMENT CENTER	---	29,000
JOINT BASE SAN ANTONIO		
BMT RECRUIT DORMITORY 7 (INC.)	90,000	90,000
DEFENSE-WIDE		
JOINT BASE SAN ANTONIO		
AMBULATORY CARE CENTER REPLACEMENT (DENTAL)	58,600	58,600
TOTAL, TEXAS	266,600	323,060
UTAH		
AIR FORCE		
HILL AFB		
GBSD ORGANIC SOFTWARE SUSTAIN CENTER (INC. 2)	95,000	95,000
GBSD TECHNOLOGY AND COLLABORATION CENTER	84,000	84,000
TOTAL, UTAH	179,000	179,000
VERMONT		
ARMY NATIONAL GUARD		
BENNINGTON		
NATIONAL GUARD READINESS CENTER	14,800	14,800
TOTAL, VERMONT	14,800	14,800
VIRGINIA		
NAVY		
NORFOLK		
SUBMARINE LOGISTICS SUPPORT FACILITIES	16,863	16,863
SUBMARINE PIER 3 (INC. 2)	155,000	155,000
PORTSMOUTH		
DRY DOCK SALTWATER SYSTEM FOR CVN-78 (INC.)	47,718	47,718
DEFENSE-WIDE		
DAM NECK		
SOF OPERATIONS BUILDING ADDITION	26,600	26,600
PENTAGON		
COMMERCIAL VEHICLE INSPECTION FACILITY	18,000	18,000
AIR FORCE RESERVE		
JOINT BASE LANGLEY-EUSTIS		
INTELLIGENCE GROUP FACILITY	---	5,500
TOTAL, VIRGINIA	264,181	269,681
WASHINGTON		
ARMY		
JOINT BASE LEWIS-MCCHORD		
BARRACKS	49,000	49,000
NAVY		
WHIDBEY ISLAND		
E/A-18G AIRCRAFT FLT. READ. SQUAD. TRAIN. FAC	37,461	37,461
TOTAL, WASHINGTON	86,461	86,461
WEST VIRGINIA		
ARMY NATIONAL GUARD		
BUCKHANNON		
NATIONAL GUARD READINESS CENTER ADD/ALT	14,000	14,000
TOTAL, WEST VIRGINIA	14,000	14,000
WYOMING		
ARMY NATIONAL GUARD		
SHERIDAN		
NATIONAL GUARD VEHICLE MAINTENANCE SHOP	14,800	14,800

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
AIR FORCE		
FE WARREN AFB		
GBSD INTEGRATED COMMAND CENTER WING A	95,000	95,000
GBSD LAND ACQUISITION	34,000	34,000
GBSD MISSILE HANDLING COMPLEX WING A	47,000	47,000
TOTAL, WYOMING	190,800	190,800
AUSTRALIA		
NAVY		
DARWIN		
PDI: AIRCRAFT PARKING APRON (INC.)	72,446	72,446
TOTAL, AUSTRALIA	72,446	72,446
GERMANY		
ARMY		
EAST CAMP GRAFENWOEHR		
EDI: BATTALION TRNG CPLX1 (BRKS/VEH MAINT)	104,000	104,000
EDI: BATTALION TRNG CPLX2 (OPS/VEH MAINT)	64,000	64,000
DEFENSE-WIDE		
RHINE ORDNANCE BARRACKS		
MEDICAL CENTER REPLACEMENT (INC. 10)	299,790	299,790
BAUMHOLDER		
BAUMHOLDER ELEMENTARY SCHOOL	71,000	71,000
WEISBADEN		
CLAY KASERNE ELEMENTARY SCHOOL	60,000	60,000
BAUMHOLDER		
SOF BATTALION ANNEX	22,468	22,468
SOF COMMUNICATIONS ANNEX	9,885	9,885
SOF OPERATIONS ANNEX	23,768	23,768
SOF SUPPORT ANNEX	21,902	21,902
TOTAL, GERMANY	676,813	676,813
GUAM		
NAVY		
FINEGAYAN		
PDI: 9TH ENG SUPP BATTALION EQUIP & MAIN FAC	131,590	131,590
PDI: 9TH ENGINEER SUPPORT BATTALION OPS. FAC	35,188	35,188
PDI: BROWN TREE SNAKE EXCLUSION BARRIER SOUTH	14,497	14,497
PDI: GROUND COMBAT ELEMENT INF BTN 1 & 2 FAC	149,314	149,314
TOTAL, GUAM	330,589	330,589
HUNGARY		
AIR FORCE		
PAPA AB		
EDI: DABS-FEV STORAGE	71,000	71,000
TOTAL, HUNGARY	71,000	71,000
ICELAND		
AIR FORCE		
KEFLAVIK		
EDI: DABS-FEV STORAGE	94,000	94,000
TOTAL, ICELAND	94,000	94,000
ITALY		
AIR FORCE		
AVIANO AB		
COMBAT RESCUE HELICOPTER SIMULATOR FACILITY	15,500	15,500

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
EDI: RADR STORAGE FACILITY	31,000	31,000
TOTAL, ITALY	46,500	46,500
JAPAN		
NAVY		
KADENA AB		
PDI: MARINE CORPS BACHELOR ENLISTED QUARTERS	94,100	94,100
PDI: MARINE CORPS BARRACKS COMPLEX	101,300	101,300
AIR FORCE		
KADENA AB		
HELICOPTER RESCUE OPS MAINTENANCE HANGAR (INC.)	71,000	71,000
PDI: THEATER A/C CORROSION CONTROL CTR (INC.)	77,000	77,000
DEFENSE-WIDE		
IWAKUNI		
PDI: BULK STORAGE TANKS PH 1	85,000	85,000
YOKOTA AB		
PDI: BULK STORAGE TANKS PH I (INC.)	44,000	44,000
YOKOSUKA		
KINNICK HIGH SCHOOL (INC.)	20,000	20,000
YOKOTA AB		
PDI: OPERATIONS AND WAREHOUSE FACILITIES	72,154	72,154
TOTAL, JAPAN	564,554	564,554
JORDAN		
AIR FORCE		
AZRAQ		
BULK PETROLEUM/OIL/LUBRICANTS STORAGE	32,000	32,000
FUEL CELL AND PHASE MAINTENANCE HANGARS	18,000	18,000
TOTAL, JORDAN	50,000	50,000
KWAJALEIN		
ARMY		
KWAJALEIN ATOLL		
MEDICAL CLINIC	69,000	69,000
TOTAL, KWAJALEIN	69,000	69,000
MARIANA ISLANDS		
AIR FORCE		
TINIAN		
PDI: AIRFIELD DEVELOPMENT PHASE 1 (INC.)	58,000	58,000
PDI: FUEL TANKS W/PIPELN & HYDRANT SYS (INC.)	92,000	92,000
PARKING APRON (INC. 2)	41,000	41,000
TOTAL, MARIANA ISLANDS	191,000	191,000
NORWAY		
AIR FORCE		
RYGGE		
EDI: BASE PERIMETER SECURITY FENCE	8,200	8,200
TOTAL, NORWAY	8,200	8,200
PUERTO RICO		
ARMY NATIONAL GUARD		
CAMP SANTIAGO		
ENGINEERING/HOUSING MAINTENANCE SHOPS (DPW)	14,500	14,500
ARMY RESERVE		
FORT BUCHANAN		

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
ARMY RESERVE CENTER	24,000	24,000
TOTAL, PUERTO RICO	38,500	38,500
SPAIN		
AIR FORCE		
MORON		
EDI: RADR STORAGE FACILITY	29,000	29,000
TOTAL, SPAIN	29,000	29,000
NATO SECURITY INVESTMENT PROGRAM	210,139	220,139
WORLDWIDE UNSPECIFIED		
ARMY		
PLANNING AND DESIGN	193,151	218,151
MINOR CONSTRUCTION	90,414	115,414
SUBTOTAL, ARMY	283,565	333,565
NAVY		
PLANNING AND DESIGN	397,124	422,124
MINOR CONSTRUCTION	109,994	134,994
SUBTOTAL, NAVY	507,118	557,118
AIR FORCE		
PLANNING AND DESIGN	135,794	160,794
MINOR CONSTRUCTION	66,162	91,162
SUBTOTAL, AIR FORCE	201,956	251,956
DEFENSE-WIDE		
ENERGY RESILIENCE AND CONSERVATION INVESTMENT PROGRAM	329,000	429,000
PLANNING AND DESIGN		
DEFENSE-WIDE	26,689	51,689
DEFENSE-WIDE ERCIP	224,250	224,250
MISSILE DEFENSE AGENCY	47,063	47,063
DEFENSE LOGISTICS AGENCY	30,000	30,000
DEFENSE HEALTH AGENCY	33,227	33,227
DEPARTMENT OF DEFENSE EDUCATION AGENCY	20,086	20,086
NATIONAL SECURITY AGENCY	9,618	9,618
SPECIAL OPERATIONS COMMAND	26,978	26,978
THE JOINT STAFF	2,360	2,360
WASHINGTON HEADQUARTERS SERVICES	2,106	2,106
INDOPACOM	---	50,000
SUBTOTAL, DEFENSE-WIDE	751,377	926,377
UNSPECIFIED MINOR CONSTRUCTION		
DEFENSE-WIDE		
DEFENSE-WIDE	3,000	28,000
DEFENSE HEALTH AGENCY	15,000	15,000
DEFENSE LOGISTICS AGENCY	31,702	31,702
DEPARTMENT OF DEFENSE EDUCATION AGENCY	8,000	8,000
NATIONAL SECURITY AGENCY	6,000	6,000
U.S., SPECIAL OPERATIONS COMMAND	36,726	36,726
THE JOINT STAFF	18,644	18,644
SUBTOTAL, UNSPECIFIED MINOR CONSTRUCTION	119,072	144,072
ARMY NATIONAL GUARD		
PLANNING AND DESIGN	28,245	40,245
MINOR CONSTRUCTION	35,933	48,933

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
ARMY RESERVE		
PLANNING AND DESIGN	9,829	19,829
MINOR CONSTRUCTION	20,049	30,049
NAVY RESERVE		
PLANNING AND DESIGN	2,590	2,590
MINOR CONSTRUCTION	27,747	27,747
AIR NATIONAL GUARD		
PLANNING AND DESIGN	28,412	40,412
MINOR CONSTRUCTION	44,171	57,171
AIR FORCE RESERVE		
PLANNING AND DESIGN	11,773	21,773
MINOR CONSTRUCTION	11,850	21,850
SUBTOTAL, WORLDWIDE UNSPECIFIED	2,296,832	2,746,832
FAMILY HOUSING, ARMY		
GERMANY		
BAUMHOLDER		
FAMILY HOUSING REPLACEMENT CONSTRUCTION	57,000	57,000
ITALY		
VICENZA		
FAMILY HOUSING NEW CONSTRUCTION	95,000	95,000
PLANNING AND DESIGN	17,339	17,339
SUBTOTAL, CONSTRUCTION	169,339	169,339
OPERATION AND MAINTENANCE		
UTILITIES ACCOUNT	46,849	46,849
SERVICES ACCOUNT	9,580	9,580
MANAGEMENT ACCOUNT	45,718	50,718
MISCELLANEOUS ACCOUNT	559	559
FURNISHINGS ACCOUNT	22,911	22,911
LEASING	127,499	127,499
MAINTENANCE OF REAL PROPERTY	117,555	117,555
PRIVATIZATION SUPPORT COSTS	65,740	70,740
SUBTOTAL, OPERATIONS AND MAINTENANCE	436,411	446,411
FAMILY HOUSING, NAVY AND MARINE CORPS		
GUAM		
JOINT REGION MARIANAS		
REPLACE ANDERSEN HOUSING PH VI	68,985	68,985
MARIANA ISLANDS		
GUAM		
REPLACE ANDERSEN HOUSING PH IV	86,390	86,390
REPLACE ANDERSEN HOUSING PH V	93,259	93,259
IMPROVEMENTS, USMC HQ WASHINGTON DC	74,540	74,540
DESIGN, USMC HQ WASHINGTON DC	7,043	7,043
PLANNING AND DESIGN FOR USMC/DPRI	7,080	7,080
SUBTOTAL, CONSTRUCTION	337,297	337,297
OPERATION AND MAINTENANCE		
UTILITIES ACCOUNT	42,417	42,417
SERVICES ACCOUNT	16,494	16,494
MANAGEMENT ACCOUNT	59,312	64,312
MISCELLANEOUS ACCOUNT	411	411
FURNISHINGS ACCOUNT	16,182	16,182
LEASING	66,333	66,333
MAINTENANCE OF REAL PROPERTY	105,470	105,470
PRIVATIZATION SUPPORT COSTS	61,605	66,605
SUBTOTAL, OPERATION AND MAINTENANCE	368,224	378,224

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
FAMILY HOUSING, AIR FORCE		
DELAWARE		
DOVER AFB		
DOVER MHPI RESTRUCTURE	25,492	25,492
FLORIDA		
TYNDALL AFB		
AETC RESTRUCTURING	150,685	150,685
ILLINOIS		
SCOTT AFB		
SCOTT MHPI RESTRUCTURE	52,003	52,003
MARYLAND		
ANDREWS AFB		
MHPI EQUITY CONTRIBUTION CMSSF HOUSE	1,878	1,878
PLANNING AND DESIGN	2,730	2,730
SUBTOTAL, CONSTRUCTION	232,788	232,788
OPERATION AND MAINTENANCE		
UTILITIES ACCOUNT	46,217	46,217
MANAGEMENT ACCOUNT	77,042	82,042
SERVICES ACCOUNT	10,570	10,570
FURNISHINGS ACCOUNT	27,379	27,379
MISCELLANEOUS ACCOUNT	2,240	2,240
LEASING	7,882	7,882
MAINTENANCE OF REAL PROPERTY	150,375	150,375
PRIVATIZATION SUPPORT COSTS	33,517	38,517
SUBTOTAL, OPERATION AND MAINTENANCE	355,222	365,222
FAMILY HOUSING, DEFENSE-WIDE		
OPERATION AND MAINTENANCE		
NATIONAL SECURITY AGENCY		
UTILITIES ACCOUNT	15	15
FURNISHINGS ACCOUNT	87	87
LEASING	13,306	13,306
MAINTENANCE OF REAL PROPERTY	34	34
DEFENSE INTELLIGENCE AGENCY		
UTILITIES ACCOUNT	4,166	4,166
FURNISHINGS ACCOUNT	656	656
LEASING	31,849	31,849
SUBTOTAL, OPERATION AND MAINTENANCE	50,113	50,113
DOD FAMILY HOUSING IMPROVEMENT FUND	6,442	6,442
DOD MILITARY UNACCOMPANIED HOUSING IMPROVEMENT FUND	494	494
BASE REALIGNMENT AND CLOSURE		
ARMY	67,706	133,706
NAVY	106,664	262,664
AIR FORCE	107,311	175,311
DEFENSE-WIDE	3,006	3,006
TOTAL, BASE REALIGNMENT AND CLOSURE	284,687	574,687

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
ADMINISTRATIVE PROVISIONS		
MILITARY INSTALLATION RESILIENCE (Sec. 126)		
MILITARY INSTALLATION RESILIENCE, ARMY (Sec. 126).	---	40,000
MILITARY INSTALLATION RESILIENCE, NAVY & MARINE CORPS (Sec. 126).....	---	40,000
MILITARY INSTALLATION RESILIENCE, AIR FORCE (Sec. 126).....	---	40,000
MILITARY INSTALLATION RESILIENCE, DEFENSE-WIDE (Sec. 126).....	---	15,000
CHILD DEVELOPMENT CENTERS: PLANNING & DESIGN (Sec. 127)		
MILITARY CONSTRUCTION, ARMY - CHILD DEVELOPMENT CENTERS: PLANNING & DESIGN (Sec. 127).....	---	15,000
MILITARY CONSTRUCTION, NAVY & MARINE CORPS - CHILD DEVELOPMENT CENTERS: PLANNING & DESIGN (Sec. 127).....	---	15,000
MILITARY CONSTRUCTION, AIR FORCE - CHILD DEVELOPMENT CENTERS: PLANNING & DESIGN (Sec. 127).....	---	15,000
NATURAL DISASTER (SEC. 128)		
MILITARY CONSTRUCTION, AIR FORCE (Sec. 128).....	---	360,000
LAB INFRASTRUCTURE - SERVICES (Sec. 129)		
LAB INFRASTRUCTURE, ARMY (Sec. 129).....	---	40,000
LAB INFRASTRUCTURE, NAVY & MARINE CORPS (Sec. 129)	---	30,000
LAB INFRASTRUCTURE, AIR FORCE (Sec. 129).....	---	30,000
MILITARY CONSTRUCTION, AIR FORCE RESERVE (Sec. 130).....	---	8,000
SUBTOTAL, UNFUNDED REQUIREMENTS	---	648,000
COST TO COMPLETE PROJECTS - BUDGET (Sec. 131)		
MILITARY CONSTRUCTION, ARMY (Sec. 131).....	---	253,500
MILITARY CONSTRUCTION, NAVY & MARINE CORPS (Sec. 131).....	---	200,000
MILITARY CONSTRUCTION, AIR FORCE (Sec. 131).....	---	30,000
MILITARY CONSTRUCTION, DEFENSE-WIDE (Sec. 131)....	---	37,897
MILITARY CONSTRUCTION, ARMY NATIONAL GUARD (Sec. 131).....	---	89,000
MILITARY CONSTRUCTION, AIR NATIONAL GUARD (Sec. 131).....	---	11,000
MILITARY CONSTRUCTION, ARMY RESERVE (Sec. 131)....	---	66,000
MILITARY CONSTRUCTION, NAVY RESERVE (Sec. 131)...	---	2,660
MILITARY CONSTRUCTION, DEFENSE-WIDE (Sec. 132)....	---	8,000
MILITARY CONSTRUCTION, ARMY NATIONAL GUARD - UNACCOMPANIED HOUSING (Sec. 134).....	---	15,243
MILITARY CONSTRUCTION, ARMY RESERVE UNACCOMPANIED HOUSING (Sec. 134).....	---	68,400
FAMILY HOUSING CONSTRUCTION, ARMY (Sec. 135).....	---	138,783
MILITARY CONSTRUCTION, ARMY - CHILD DEVELOPMENT CENTER: CONSTRUCTION (Sec. 136).....	---	9,000
MILITARY CONSTRUCTION, AIR FORCE - CHILD DEVELOPMENT CENTER: CONSTRUCTION (Sec. 136).....	---	22,393
MILITARY CONSTRUCTION, NAVY & MARINE CORPS - CHILD DEVELOPMENT CENTER: CONSTRUCTION (SEC. 136).....	---	47,940

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
SUBTOTAL, COST TO COMPLETE BUDGET.....	---	999,816
MILITARY CONSTRUCTION, NAVY & MARINE COPRS - WATER TREATMENT AND DISTRIBUTION INFRASTRUCTURE (Sec. 133).....	---	100,000
SUBTOTAL, COST TO COMPLETE PROJECT.....	---	100,000
ADMINISTRATIVE PROVISIONS.....	---	1,747,816
GRAND TOTAL.....	12,153,965	15,053,000

COMMITTEE HEARINGS

Pursuant to clause 3(c)(6) of rule XIII of the Rules of the House of Representatives, the following hearings were used to develop or consider the Military Construction, Department of Veterans Affairs, and Related Agencies Appropriations Act, 2023:

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on March 31, 2022, entitled "Military Privatized Housing Oversight". The Subcommittee received testimony from:

Major General Al Aycock, Military Partnership Executive, Corvias Military Living

Mr. Cody Calderon, Private First Class, Military Privatized Housing Resident

Rachel Christian, Founder and Chief Legislative Officer, Armed Forces Housing Advocates

Patricia Coury, Deputy Assistant Secretary of Defense for Housing, Department of Defense

Ms. Elizabeth A. Field, Director, Defense Capabilities Management, Government Accountability Office (GAO)

Philip Rizzo, CEO/COO, Liberty Military Housing

Brian Stann, President/CEO, Hunt Military Communities

Rick Taylor, President, Facility Operations, Renovation, and Construction, Balfour Beatty Communities

Carolyn Tregarthen, Managing Director, Lendlease Communities

Nikki Wylie, Military Privatized Housing Resident

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on April 6, 2022, entitled "FY 2023 Department of Veterans Affairs Budget Hearing". The Subcommittee received testimony from:

The Honorable Denis R. McDonough, Secretary, Department of Veterans Affairs

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on April 27, 2022, entitled "Meeting Veterans' Full Needs: Update on Women's Health, Mental Health, Homelessness and Other Programs". The Subcommittee received testimony from:

Dr. Erica Scavella, Assistant Under Secretary for Health for Clinical Services, Department of Veterans Affairs, accompanied by:

Dr. David Carroll, Executive Director, Office of Mental Health and Suicide Prevention, Department of Veterans Affairs

Dr. Patricia Hayes, Chief Officer, Office of Women's Health, Department of Veterans Affairs

Dr. Benjamin Kligler, Executive Director, Office of Patient Centered Care and Cultural Transformation, Department of Veterans Affairs

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on April 28, 2022, entitled "Air Force Installations and Quality of Life Update". The Subcommittee received testimony from:

Chief Master Sergeant JoAnne Bass, Chief Master Sergeant of the Air Force

Mr. Bruce Hollywood, Space Force Associate Chief Operations Officer

Brigadier General William Kale, Air Force Director of Civil Engineers

Mr. Edwin H. Oshiba, Acting Assistant Secretary of the Air Force for Installations, Environment and Energy

Chief Master Sergeant Roger Towberman, Chief Master Sergeant of the Space Force

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on May 11, 2022, entitled "Impacts of VA's Research Efforts on Veterans". The Subcommittee received testimony from:

Dr. Rachel Ramoni, Chief Research and Development Officer (CRADO), accompanied by:

Dr. Patricia Hastings, Chief Consultant, Health Outcomes Military Exposures

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on May 12, 2022, entitled "Army Quality of Life and Installations Update". The Subcommittee received testimony from:

Lieutenant General Jason T. Evans, Deputy Chief of Staff of the Army, G9

Sergeant Major Michael A. Grinston, Sergeant Major of the Army

Ms. Rachel Jacobson, Assistant Secretary of the Army for Installations, Energy and Environment

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on May 18, 2022, entitled "Navy and Marine Corps Quality of Life and Installations Update". The Subcommittee received testimony from:

Lt. General Edward Banta, Deputy Commandant of Installations and Logistics for the Marine Corps

Ms. Meredith Berger, Assistant Secretary of the Navy for Environment, Installations and Energy

Sergeant Major Troy Black, Sergeant Major of the Marine Corps

Master Chief Petty Officer Russell Smith, Master Chief Petty Officer of the Navy

Vice Admiral Ricky Williamson, Deputy Chief of Naval Operations for Fleet Readiness and Logistics

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on May 19, 2022, entitled "FY 2023 Member Day Hearing". The Subcommittee received testimony from:

The Honorable Veronica Escobar, Member of Congress

The Honorable Richard Hudson, Member of Congress

The Honorable Mikie Sherrill, Member of Congress

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY

The following table provides a detailed summary, for each Department and agency, comparing the amounts recommended in the bill with amounts enacted for fiscal year 2022 and budget estimates presented for fiscal year 2023.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE I - DEPARTMENT OF DEFENSE					
Military Construction, Army	1,051,772	845,565	997,425	-54,347	+151,860
Military Construction, Navy and Marine Corps	2,644,277	3,752,391	3,808,340	+1,164,063	+55,949
Military Construction, Air Force	2,204,750	2,055,456	2,291,156	+86,406	+235,700
Military Construction, Defense-Wide	2,206,051	2,416,398	2,675,128	+469,077	+258,730
Total, Active components	8,106,850	9,069,810	9,772,049	+1,665,199	+702,239
Military Construction, Army National Guard	337,893	297,278	325,658	-12,235	+28,380
Military Construction, Air National Guard	305,050	148,883	193,983	-111,067	+45,100
Military Construction, Army Reserve	94,111	99,878	119,878	+25,767	+20,000
Military Construction, Navy Reserve	71,804	30,337	30,337	-41,467	---
Military Construction, Air Force Reserve	120,074	56,623	82,123	-37,951	+25,500
Total, Reserve components	928,932	632,999	751,979	-176,953	+118,980
North Atlantic Treaty Organization Security Investment Program	215,853	210,139	220,139	+4,286	+10,000
Department of Defense Base Closure Account	529,639	284,687	574,687	+45,048	+290,000
Total, Military Construction	9,781,274	10,197,635	11,318,854	+1,537,580	+1,121,219
Family Housing Construction, Army	99,849	169,339	169,339	+69,490	---
Family Housing Operation and Maintenance, Army	391,227	436,411	446,411	+55,184	+10,000
Family Housing Construction, Navy and Marine Corps	77,616	337,297	337,297	+259,681	---
Family Housing Operation and Maintenance, Navy and Marine Corps	357,341	368,224	378,224	+20,883	+10,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Family Housing Construction, Air Force	115,716	232,788	232,788	+117,072	---
Family Housing Operation and Maintenance, Air Force	325,445	355,222	365,222	+39,777	+10,000
Family Housing Operation and Maintenance, Defense-Wide	49,785	50,113	50,113	+328	---
Department of Defense Family Housing Improvement Fund	6,081	6,442	6,442	+361	---
Department of Defense Military Unaccompanied Housing Improvement Fund	494	494	494	---	---
Total, Family Housing	1,423,554	1,956,330	1,986,330	+562,776	+30,000
Administrative Provisions					
Unfunded Requirements:					
Military Construction, Army (Sec. 124)	636,100	---	---	-636,100	---
Military Construction, Navy and Marine Corps (Sec. 124)	1,281,980	---	---	-1,281,980	---
Military Construction, Air Force (Sec. 124)	237,450	---	---	-237,450	---
Military Construction, Army National Guard (Sec. 124)	71,000	---	---	-71,000	---
Military Construction, Air National Guard (Sec. 124)	86,620	---	---	-86,620	---
Military Construction, Army Reserve (Sec. 124)	29,200	---	---	-29,200	---
Military Construction, Air Force Reserve (Sec. 124)	44,000	---	---	-44,000	---
Military Construction, Defense-Wide (Sec. 124)	93,000	---	---	-93,000	---
Family Housing Construction, Army (Sec. 124)	88,064	---	---	-88,064	---
Military Installation Resilience, Army (Sec. 126)	25,000	---	40,000	+15,000	+40,000
Military Installation Resilience, Navy and Marine Corps (Sec. 126)	40,000	---	40,000	---	+40,000
Military Installation Resilience, Air Force (Sec. 126)	40,000	---	40,000	---	+40,000
Military Installation Resilience, Defense-Wide (Sec. 126)	15,000	---	15,000	---	+15,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Military Construction, Defense-Wide (Sec. 127) (rescission)	-131,000	---	---	+131,000	---
Military Construction, Navy and Marine Corps - SIOP Unspecified Worldwide (Sec. 130)	275,000	---	---	-275,000	---
Lab Infrastructure (Sec. 129):					
Lab Infrastructure Army (Sec.129)	85,000	---	40,000	-45,000	+40,000
Lab Infrastructure, Navy & Marine Corps (Sec. 129)	15,000	---	30,000	+15,000	+30,000
Lab Infrastructure, Air Force (Sec. 129)	25,000	---	30,000	+5,000	+30,000
Military Construction, Defense-Wide (Sec. 131)	153,000	---	---	-153,000	---
Child Development Centers: Planning & Design (Sec. 130)					
Military Construction, Army - Child Development Centers: Planning & Design (Sec. 127)	11,000	---	15,000	+4,000	+15,000
Military Construction, Air Force - Child Development Centers: Planning & Design (Sec. 127)	11,000	---	15,000	+4,000	+15,000
Military Construction, Navy & Marine Corps - Child Development Centers: Planning & Design (Sec. 127)	11,000	---	15,000	+4,000	+15,000
Natural Disaster (Sec. 129)					
Military Construction, Navy & Marine Corps: Planning & Design (Sec. 129)	20,000	---	---	-20,000	---
Military Construction, Air Force (Sec. 128)	130,000	---	360,000	+230,000	+360,000
Military Construction, Air Force Reserve (Sec. 130)	---	---	8,000	+8,000	+8,000
Subtotal, Unfunded Requirements - Services	3,292,414	---	648,000	-2,644,414	+648,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Cost to Complete Projects (Sec. 132)					
Military Construction, Army (Sec. 132)	20,800	---	---	-20,800	---
Military Construction, Navy & Marine Corps (Sec. 132)	18,926	---	---	-18,926	---
Military Construction, Air Force (Sec. 132)	46,574	---	---	-46,574	---
Military Construction, Defense-Wide (Sec. 132)	11,410	---	8,000	-3,410	+8,000
Military Construction, Army National Guard (Sec. 132)	9,961	---	---	-9,961	---
Military Construction, Air National Guard (Sec. 132)	9,180	---	---	-9,180	---
Military Construction, Army Reserve (Sec. 132)	7,000	---	---	-7,000	---
Military Construction, Air Force Reserve (Sec. 132)	2,000	---	---	-2,000	---
Cost to Complete Projects - Guard (Sec. 135)					
Military Construction, Army National Guard (Sec. 135)	86,536	---	---	-86,536	---
Military Construction, Air National Guard (Sec. 135)	35,371	---	---	-35,371	---
Cost to Complete Projects - Budget (Sec. 131)					
Military Construction, Army (Sec. 131)	4,000	---	253,500	+249,500	+253,500
Military Construction, Navy & Marine Corps (Sec. 131)	11,000	---	200,000	+189,000	+200,000
Military Construction, Air Force (Sec. 131)	25,000	---	30,000	+5,000	+30,000
Military Construction, Defense-Wide (Sec. 131)	30,000	---	37,897	+7,897	+37,897
Military Construction, Army National Guard (Sec. 131)	---	---	89,000	+89,000	+89,000
Military Construction, Air National Guard (Sec. 131)	11,800	---	11,000	-800	+11,000
Military Construction, Army Reserve (Sec. 131)	5,800	---	66,000	+60,200	+66,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Military Construction, Air Force Reserve (Sec. 131)	4,400	---	---	-4,400	---
Military Construction, Navy Reserve (Sec. 131)	---	---	2,660	+2,660	+2,660
Family Housing Construction, Navy & Marine Corps (Sec. 138)	13,000	---	---	-13,000	---
Military Construction, Army National Guard- Unaccompanied Housing (Sec. 134)	---	---	15,243	+15,243	+15,243
Military Construction, Army Reserve - Unaccompanied Housing (Sec. 134)	---	---	68,400	+68,400	+68,400
Family Housing Construction, Army (Sec. 135)	---	---	138,783	+138,783	+138,783
Military Construction, Army - Child Development Center: Construction (Sec. 136)	---	---	9,000	+9,000	+9,000
Military Construction, Air Force - Child Development Center: Construction (Sec. 136)	---	---	22,393	+22,393	+22,393
Military Construction, Navy - Child Development Center: Construction (Sec. 136)	---	---	47,940	+47,940	+47,940
Subtotal, Cost to Complete Projects - Services	352,758	---	999,816	+647,058	+999,816
Military Construction, Navy & Marine Corps - Water Treatment and Distribution Infrastructure (Sec. 133)	50,000	---	100,000	+50,000	+100,000
Total, title I, Department of Defense	14,900,000	12,153,965	15,053,000	+153,000	+2,899,035
Total, Administrative Provisions	3,695,172	---	1,747,816	-1,947,356	+1,747,816
Appropriations	(15,031,000)	(12,153,965)	(15,053,000)	(+22,000)	(+2,899,035)
Rescissions	(-131,000)	---	---	(+131,000)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE II - DEPARTMENT OF VETERANS AFFAIRS					
Veterans Benefits Administration					
Compensation and pensions:					
Budget year appropriations	8,955,364	---	---	-8,955,364	---
Advance from prior year appropriations	130,227,650	152,016,542	152,016,542	+21,788,892	---
Subtotal, Compensation and pensions available in fiscal year	139,183,014	152,016,542	152,016,542	+12,833,528	---
Advance appropriations, FY 2024	152,016,542	146,778,136	146,778,136	-5,238,406	---
Less appropriations from prior year advances	-130,227,650	-152,016,542	-152,016,542	-21,788,892	---
Total, Compensation and pensions appropriated in this bill	160,971,906	146,778,136	146,778,136	-14,193,770	---
Readjustment benefits:					
Advance from prior year appropriations	14,946,618	8,906,851	8,906,851	-6,039,767	---
Subtotal, Readjustment benefits available in fiscal year	14,946,618	8,906,851	8,906,851	-6,039,767	---
Advance appropriations, FY 2024	8,906,851	8,452,500	8,452,500	-454,351	---
Less appropriations from prior year advances	-14,946,618	-8,906,851	-8,906,851	+6,039,767	---
Total, Readjustment benefits appropriated in this bill	8,906,851	8,452,500	8,452,500	-454,351	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Veterans insurance and indemnities:					
Advance from prior year appropriations	136,950	109,865	109,865	-27,085	---
Subtotal, Veterans insurance and indemnities available in fiscal year	136,950	109,865	109,865	-27,085	---
Advance appropriations, FY 2024	109,865	121,126	121,126	+11,261	---
Less appropriations from prior year advances	-136,950	-109,865	-109,865	+27,085	---
Total, Veterans insurance and indemnities appropriated in this bill	109,865	121,126	121,126	+11,261	---
Veterans housing benefit program fund:					
Credit subsidy:					
Direct	-41,000	-104,000	-104,000	-63,000	---
Guaranteed	2,822,000	2,628,000	2,628,000	-194,000	---
Subtotal (Credit subsidy)	2,781,000	2,524,000	2,524,000	-257,000	---
(Limitation on direct loans)	(500)	(500)	(500)	---	---
Administrative expenses	229,500	282,361	282,361	+52,861	---
Vocational rehabilitation loans program account	3	7	7	+4	---
(Limitation on direct loans)	(1,663)	(942)	(942)	(-721)	---
Administrative expenses	429	446	446	+17	---
Native American veteran housing loan program account	1,400	1,186	1,400	---	+214
General operating expenses, VBA	3,453,813	3,863,000	3,863,000	+409,187	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, Veterans Benefits Administration.....	176,454,767	162,022,762	162,022,976	-14,431,791	+214
Budget year appropriations.....	(15,421,509)	(6,671,000)	(6,671,214)	(-8,750,295)	(+214)
Advance appropriations, FY 2024.....	(161,033,258)	(155,351,762)	(155,351,762)	(-5,681,496)	---
Advances from prior year appropriations.....	(145,311,218)	(161,033,258)	(161,033,258)	(+15,722,040)	---
Veterans Health Administration					
Medical services (MS):					
Budget year appropriations.....	---	261,000	327,000	+327,000	+66,000
Advance from prior year appropriations.....	58,897,219	70,323,116	70,323,116	+11,425,897	---
Subtotal, MS available in fiscal year.....	58,897,219	70,584,116	70,650,116	+11,752,897	+66,000
Advance appropriations, FY 2024.....	70,323,116	74,004,000	74,004,000	+3,680,884	---
Medical community care (MCC):					
Budget year appropriations.....	3,269,000	4,300,000	4,300,000	+1,031,000	---
Advance from prior year appropriations.....	20,148,244	24,156,659	24,156,659	+4,008,415	---
Subtotal, MCC available in fiscal year.....	23,417,244	28,456,659	28,456,659	+5,039,415	---
Advance appropriations, FY 2024.....	24,156,659	33,000,000	33,000,000	+8,843,341	---
Medical support and compliance (MSC):					
Budget year appropriations.....	---	1,400,000	1,400,000	+1,400,000	---
Advance from prior year appropriations	8,403,117	9,673,409	9,673,409	+1,270,292	---
Subtotal, MSC available in fiscal year.....	8,403,117	11,073,409	11,073,409	+2,670,292	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Advance appropriations, FY 2024	9,673,409	12,300,000	12,300,000	+2,626,591	---
Medical facilities (MF):					
Budget year appropriations	---	1,500,000	1,500,000	+1,500,000	---
Advance from prior year appropriations	6,734,680	7,133,816	7,133,816	+399,136	---
Subtotal, MF available in fiscal year	6,734,680	8,633,816	8,633,816	+1,899,136	---
Advance appropriations, FY 2024	7,133,816	8,800,000	8,800,000	+1,666,184	---
Medical and prosthetic research	882,000	916,000	926,000	+44,000	+10,000
Medical care cost recovery collections:					
Offsetting collections	-3,386,000	-3,910,000	-3,910,000	-524,000	---
Appropriations (indefinite)	3,386,000	3,910,000	3,910,000	+524,000	---
Medical Care Collections Fund (MCCF) (transfer out) (Sec. 214)	(-623,000)	(-785,000)	(-785,000)	(-162,000)	---
Medical Community Care and Medical Services (by transfer) (Sec. 214)	(623,000)	(785,000)	(785,000)	(+162,000)	---
VA medical funds (transfer out) (Sec. 219)	(-379,009)	(-330,140)	(-330,140)	(+48,869)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
DoD-VA Joint Medical Facility Demonstration Fund (by transfer) (Sec. 219)	(379,009)	(330,140)	(330,140)	(-48,869)	---
MCCF to DoD-VA Joint Medical Facility Demonstration Fund (transfer out) (Sec. 221)	(-17,000)	(-16,000)	(-16,000)	(+1,000)	---
DoD-VA Joint Medical Facility Demonstration Fund (by transfer) (Sec. 221)	(17,000)	(16,000)	(16,000)	(-1,000)	---
VA Medical Care Funds (transfer out) (Sec. 222)	(-15,000)	(-15,000)	(-15,000)	---	---
DoD-VA Health Care Sharing Incentive Fund (by transfer) (Sec. 222)	(15,000)	(15,000)	(15,000)	---	---
Total, Veterans Health Administration	115,438,000	136,481,000	136,557,000	+21,119,000	+76,000
Budget year appropriations	(4,151,000)	(8,377,000)	(8,453,000)	(+4,302,000)	(+76,000)
Advance appropriations (FY 2024)	(111,287,000)	(128,104,000)	(128,104,000)	(+16,817,000)	---
Advances from prior year appropriations	(94,183,260)	(111,287,000)	(111,287,000)	(+17,103,740)	---
(By transfer)	(1,034,009)	(1,146,140)	(1,146,140)	(+112,131)	---
(Transfer out)	(-1,034,009)	(-1,146,140)	(-1,146,140)	(-112,131)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Cemetery Administration					
National Cemetery Administration	394,000	430,000	430,000	+36,000	---
Departmental Administration					
General administration	401,200	435,000	435,000	+33,800	---
Board of Veterans Appeals	228,000	285,000	285,000	+57,000	---
Information Technology Systems (IT Systems)	4,842,800	5,782,000	5,782,000	+939,200	---
Veterans Electronic Health Record (EHR)	2,500,000	1,759,000	1,759,000	-741,000	---
Office of Inspector General	239,000	273,000	273,000	+34,000	---
Construction, major projects	1,611,000	1,447,890	1,371,890	-239,110	-76,000
Construction, minor projects	553,000	626,110	626,110	+73,110	---
Recurring Expenses Transformational Fund	---	---	---	---	---
Grants for construction of State extended care facilities	50,000	150,000	150,000	+100,000	---
Grants for the construction of Veterans cemeteries	48,500	50,000	50,000	+1,500	---
Asset and Infrastructure Review	5,000	5,000	5,000	---	---
Total, Departmental Administration	10,478,500	10,813,000	10,737,000	+258,500	-76,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Administrative Provisions					
Recurring Expenses Transformational Fund (Sec. 250) (rescission)	-820,000	---	-48,133	+771,867	-48,133
Information Technology Systems (Sec. 253) (reappropriations)	670,000	---	---	-670,000	---
Medical Facilities (Sec. 253) (reappropriation)	150,000	---	---	-150,000	---
Medical and Prosthetic Research (Sec. 257)	---	---	---	---	---
Medical Services (Sec. 255) (rescission)	-200,000	---	---	+200,000	---
Medical Community Care (Sec. 255) (rescission):	-200,000	---	---	+200,000	---
Veterans Electronic Health Record (Sec. 255) (rescission)	-200,000	---	---	+200,000	---
Supply Chain Modernization (Sec. 256) (rescission)	-76,105	---	---	+76,105	---
Total, Administrative Provisions	-676,105	---	-48,133	+627,972	-48,133

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, title II, Department of Veterans Affairs.	302,089,162	309,746,762	309,698,843	+7,609,681	-47,919
Budget year appropriations	(31,265,009)	(26,291,000)	(26,291,214)	(-4,973,795)	(+214)
Rescissions	(-1,496,105)	---	(-48,133)	(+1,447,972)	(-48,133)
Advance Appropriations, FY24:					
(Mandatory)	(161,033,258)	(155,351,762)	(155,351,762)	(-5,681,496)	---
(Discretionary)	(111,287,000)	(128,104,000)	(128,104,000)	(+16,817,000)	---
(By transfer)	(1,034,009)	(1,146,140)	(1,146,140)	(+112,131)	---
(Transfer out)	(-1,034,009)	(-1,146,140)	(-1,146,140)	(-112,131)	---
(Limitation on direct loans)	(2,163)	(1,442)	(1,442)	(-721)	---
Advances from prior year appropriations:					
(Mandatory)	(145,311,218)	(161,033,258)	(161,033,258)	(+15,722,040)	---
(Discretionary)	(94,183,260)	(111,287,000)	(111,287,000)	(+17,103,740)	---
Total, available this fiscal year	269,263,382	298,611,258	298,563,339	+29,299,957	-47,919
(Mandatory)	(157,047,582)	(163,557,258)	(163,557,258)	(+6,509,676)	---
(Discretionary)	(112,215,800)	(135,054,000)	(135,006,081)	(+22,790,281)	(-47,919)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE III - RELATED AGENCIES					
American Battle Monuments Commission					
Salaries and expenses	87,500	86,800	87,500	---	+700
U.S. Court of Appeals for Veterans Claims					
Salaries and expenses	41,700	46,900	45,159	+3,459	-1,741
Department of Defense - Civil					
Cemeterial Expenses, Army					
Salaries and expenses	87,000	93,400	93,400	+6,400	---
Construction	141,000	62,500	62,500	-78,500	---
Total, Cemeterial Expenses, Army	228,000	155,900	155,900	-72,100	---
Armed Forces Retirement Home - Trust Fund					
Operation and maintenance	43,000	43,060	43,060	+60	---
Capital program	9,000	7,300	7,300	-1,700	---
Payment from General Fund	25,000	25,000	25,000	---	---
Armed Forces Retirement Home - Major Construction					
Major Construction	---	77,000	77,000	+77,000	---
Total, Armed Forces Retirement Home	77,000	152,360	152,360	+75,360	---
Total, title III, Related Agencies	434,200	441,960	440,919	+6,719	-1,041

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE V - GENERAL PROVISIONS					
Medical Services (Sec. 514) (transfer out) (emergency)	---	---	---	---	---
Veterans Benefits Administration, General Operating Expenses (Sec. 514) (by transfer) (emergency)	---	---	---	---	---
National Cemetery Administration (Sec. 514) (by transfer) (emergency)	---	---	---	---	---
Board of Veterans Appeals (Sec. 514) (by transfer) (emergency)	---	---	---	---	---
Medical Services transfer out (Sec.515) (emergency)	---	---	---	---	---
Veterans Benefits Administration, General Operating Expenses (Sec. 515) (by transfer) (emergency)	---	---	---	---	---
Information Technology Systems (Sec.515) (by transfer) (emergency)	---	---	---	---	---
Medical Services transfer out (Sec. 517) (emergency)	---	---	---	---	---
Medical Community Care (Sec. 517) (by transfer) (emergency)	---	---	---	---	---
Total, Title V, General Provisions	---	---	---	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2022
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2023
(Amounts in thousands)

	FY 2022 Enacted	FY 2023 Request	Bill	Bill vs. Enacted	Bill vs. Request
Grand total	317,423,362	322,342,687	325,192,762	+7,769,400	+2,850,075
Budget year appropriations	(46,730,209)	(38,886,925)	(41,785,133)	(-4,945,076)	(+2,898,208)
Rescissions	(-1,627,105)	---	(-48,133)	(+1,578,972)	(-48,133)
Advance appropriations, FY24	(272,320,258)	(283,455,762)	(283,455,762)	(+11,135,504)	---
Overseas contingency operations	---	---	---	---	---
Advances from prior year appropriations	(239,494,478)	(272,320,258)	(272,320,258)	(+32,825,780)	---
(By transfer)	(1,034,009)	(1,146,140)	(1,146,140)	(+112,131)	---
(Transfer out)	(-1,034,009)	(-1,146,140)	(-1,146,140)	(-112,131)	---
(By transfer) (emergency)	---	---	---	---	---
(Transfer out) (emergency)	---	---	---	---	---
(Limitation on direct loans)	(2,163)	(1,442)	(1,442)	(-721)	---

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

Roll Call 1

Date June 23, 2022
Measure: Military Construction, Veterans Affairs, and Related Agencies Bill, FY 2023
Motion by: Mr. Gonzales
Description of Motion: To prohibit the use of funds to close or realign Naval Station, Guantanamo Bay and to prohibit the use of funds to renovate, expand, or construct a facility in the continental United States in order to house individuals who have been detained at Naval Station, Guantanamo Bay.
Results: Not Adopted 28 yeas to 30 nays

Members Voting Yea	*Members Voting Nay*
Mr. Aderholt	Mr. Aguilar
Mr. Amodei	Mr. Bishop
Mr. Calvert	Mrs. Bustos
Mr. Carter	Mr. Cartwright
Mr. Cline	Mr. Case
Mr. Cole	Ms. Clark
Mr. Crist	Ms. DeLauro
Mr. Cuellar	Mr. Espaillat
Mr. Diaz-Balart	Ms Frankel
Mr. Fleischmann	Mr. Harder
Mr. Garcia	Ms. Kaptur
Mr. Gonzales	Mr. Kilmer
Ms Granger	Mrs. Kirkpatrick
Dr Harris	Mrs. Lawrence
Ms. Herrera Beutler	Ms. Lee of California
Mrs. Hinson	Mrs. Lee of Nevada
Mr. Joyce	Ms. McCollum
Ms. Letlow	Ms. Meng
Mr. Moolenaar	Ms. Pingree
Mr. Newhouse	Mr. Pocan
Mr. Palazzo	Mr. Quigley
Mr. Reschenthaler	Ms. Roybal-Allard
Mr. Rogers	Mr. Ruppersberger
Mr. Rutherford	Mr. Ryan
Mr Simpson	Mrs. Torres
Mr. Stewart	Mr. Trone
Mr. Valadao	Ms. Underwood
Mr Womack	Ms. Wasserman Schultz
	Mrs. Watson Coleman
	Ms Wexton

FULL COMMITTEE VOTES

Pursuant to the provisions of clause 3(b) of rule XIII of the House of Representatives, the results of each roll call vote on an amendment or on the motion to report, together with the names of those voting for and those voting against, are printed below:

Roll Call 2

Date: June 23, 2022
Measure: Military Construction, Veterans Affairs, and Related Agencies Bill, FY 2023
Motion by: Ms Kaptur
Description of Motion. To report the bill to the House, as amended.
Results. Adopted 32 yeas to 26 nays

Members Voting Yea	*Members Voting Nay*
Mr. Aguilar	Mr. Aderholt
Mr. Bishop	Mr Amodei
Mrs. Bustos	Mr. Calvert
Mr Cartwright	Mr. Carter
Mr. Case	Mr. Cline
Ms. Clark	Mr. Cole
Mr. Crist	Mr. Diaz-Balart
Mr. Cuellar	Mr. Fleischmann
Ms. DeLauro	Mr. Garcia
Mr. Espaillat	Mr. Gonzales
Ms. Frankel	Ms. Granger
Mr. Harder	Dr. Harris
Ms. Kaptur	Ms. Herrera Beutler
Mr. Kilmer	Mrs. Hinson
Mrs. Kirkpatrick	Mr Joyce
Mrs. Lawrence	Ms. Letlow
Ms. Lee of California	Mr. Moolenaar
Mrs. Lee of Nevada	Mr. Newhouse
Ms. McCollum	Mr. Palazzo
Ms. Meng	Mr. Reschenthaler
Ms. Pingree	Mr. Rogers
Mr. Pocan	Mr. Rutherford
Mr. Quigley	Mr. Simpson
Ms. Roybal-Allard	Mr. Stewart
Mr. Ruppersberger	Mr. Valadao
Mr. Ryan	Mr. Womack
Mrs. Torres	
Mr. Trone	
Ms. Underwood	
Ms. Wasserman Schultz	
Mrs. Watson Coleman	
Ms. Wexton	

MINORITY VIEWS

The Military Construction, Veterans Affairs, and Related Agencies Appropriations Bill for Fiscal Year 2023 includes funding for veterans' programs, military construction projects, military family housing, as well as the American Battle Monuments Commission, Armed Forces Retirement Home, Arlington National Cemetery, and the Court of Appeals for Veterans Claims.

We strongly support the funding provided for child development centers and barracks projects. We also appreciate the funding for many important military construction, installation resilience, and environmental remediation projects.

We support the funding provided for veterans' programs, especially for mental health, suicide prevention, homelessness, gender-specific care for women veterans, and research. We also support funding for the Electronic Health Record Modernization Initiative and the strong oversight mechanisms included in bill and report language.

We are concerned the bill does not include previously enacted provisions prohibiting the closure of Naval Station, Guantanamo Bay and the use of funds to build or renovate a facility on U.S. soil to house detainees currently held there. In various forms, these provisions have been included in the bill since December 2009. We believe these provisions provide protections to the American people and support our national security interests in the Caribbean and Latin America.

We are also concerned this bill is based on a funding framework that the Majority party developed without Republican support, and that it does not appropriately allocate funds between defense and non-defense programs.

If enacted into law, the Committee will need to address the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 (i.e. PACT Act). It would authorize funds to be appropriated to a new mandatory fund in fiscal years 2023 through 2031 to increase funding, over the fiscal year 2021 level, for veterans' health care associated with exposure to environmental hazards and related administrative expenses and research.

The shift of some veterans' health care costs from discretionary spending (counted against the bill's 302(b) allocation) to mandatory spending will have significant effects on the annual appropriations process and topline discretionary funding level. Even though these funds will move off of our books, this Committee should work with the House Veterans Affairs Committee to ensure this new authority is used appropriately and the Department of Veterans Affairs is held accountable.

Despite our concerns, we appreciate the Majority's willingness to address Member priorities in the bill and report. The subcommittee has a long-standing tradition of bipartisanship, and we will continue to work in good faith with our colleagues as we proceed through the appropriations process. By working together, we can best address the needs of our Nation's military and its veterans and reach an agreement on funding for the Military Construction, Veterans Affairs, and Related Agencies bill for Fiscal Year 2023.

KAY GRANGER.
JOHN R. CARTER.

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