

**AMENDMENT TO MILITARY CONSTRUCTION/VA
APPROPRIATIONS BILL
OFFERED BY MR. CULBERSON OF TEXAS**

In the BILL:

On page 22, line 10 of the bill, strike “\$14,000,000”
and insert in lieu of “\$89,000,000”

And amend the report accordingly.

On page 24 of the bill, insert the following new administrative provision at the end of title I:

1 “SEC. 135. For an additional amount for “Military
2 Construction, Navy and Marine Corps”, \$75,000,000, to
3 remain available until September 30, 2018: *Provided*,
4 That notwithstanding any other provision of law, such
5 funds may be obligated and expended to carry out plan-
6 ning and design and construction of projects that (1) are
7 of critical importance to the Armed Forces, (2) will be con-
8 ducted within the 50 States, and (3) were contained in
9 the fiscal year 2014 portion of the future-years defense
10 program submitted to Congress under section 221 of title
11 10, United States Code, for fiscal years 2013 through
12 2017 and are also contained in the fiscal year 2015 por-
13 tion of the future-years defense program submitted under

1 such section for fiscal years 2014 through 2018: *Provided*
 2 *further*, That not later than 30 days after the date of en-
 3 actment of this Act, the Secretary of Defense shall submit
 4 to the Committees on Appropriations of both Houses of
 5 Congress an expenditure plan for funds provided under
 6 this heading.”

In the REPORT:

On page 32 in the report, insert before the header,
 “Title II”, the following new sentence:

“The bill includes section 135 that provides funding
 for projects that were dropped from the fiscal year 2013
 future years defense program for fiscal year 2014 and
 are being requested in the fiscal year 2014 future years
 defense program for fiscal year 2015.”

On page 38 in the report, insert before the header,
 “*Future mental health needs*”, the following new para-
 graph:

Suicide prevention.—With the withdrawal of troops
 in Afghanistan and Iraq, there has been a troubling in-
 crease in mental illnesses and suicide rates among our
 veterans. As noted in House Report 112–491, the Com-
 mittee remains concerned about the current mental
 health and suicide prevention services that are readily
 available to our growing number of veterans and requests

that the Department of Veterans Affairs report to the Committee how the VA is: 1) developing methods for tracking veterans with risk factors for suicide; 2) developing a plan to educate all staff who interact with veterans; 3) what mandatory education programs are available to VA health providers; and 4) how the characteristics of veteran-completed suicides compare to the general population.

On page 38 in the report, insert before the header, “*Future mental health needs*”, the following new paragraph:

Expanding mental health services through community partnerships.—To augment its efforts to meet the need for services through the recruitment of additional mental health providers, the VA should also take advantage of the behavioral health infrastructure and capacity of non-VA health care providers that are available in many metropolitan areas. The Committee instructs the Department, within the funding provided for mental health care, to identify major metropolitan locations with (i) substantial veteran populations in need of mental health services and (ii) an existing non-VA behavioral health infrastructure that can support the delivery of additional services to that VA service population and arrange via competitive

contracting for the provision of behavioral health services to these underserved veterans populations.

On page 40 in the report, insert before the header, “*Other health issues*”, the following new paragraph:

Mobile medical units.—The Committee is concerned by the VA’s underutilization of mobile medical units. Many of these units serve veterans in rural and highly rural areas, a population that makes up more than 40 percent of all veterans nationwide. Yet, some of these units are being deployed only four days per month and have sat unused in parking lots for months at a time. The Committee believes it is important to learn what obstacles exist, if any, to the full use of the mobile medical units. Therefore, the Committee directs the Office of Inspector General (OIG) to conduct a complete review of VA’s use of mobile medical units, identifying what the average monthly usage is per vehicle and what the optimum usage would be; the staffing per vehicle and the extent to which staffing shortages have led to non-use of the vehicles; the average monthly cost per vehicle and any available comparisons between the cost of the units versus health care provided in conventional facilities; the total amount budgeted for the units in fiscal year 2012 and the actual costs incurred in that fiscal year; and

VA’s long-term plans for the mobile medical units pilot program. The Committee requests that the OIG submit this report no later than 90 days after enactment of this Act.

On page 42 in the report, insert after the paragraph beginning with the header, “*Clinical psychologist supply*”, the following new paragraph:

Coordinated health care for American Indian and Alaska Native veterans.—The Committee supports recent efforts by the VA and the Indian Health Service to develop a memorandum of understanding for improving health care to American Indian and Alaska Native veterans. An April, 2013 Government Accountability Office report (GAO–13–354) recommends further actions that both agencies can take. The Committee encourages the agencies to implement the GAO recommendations to the greatest extent possible, and to report to the Committee on these actions no later than March 1, 2014.

On page 49 in the report, insert before the header, “*Disability ratings schedule*”, the following new paragraph:

Job training coordination with the Labor Department.—The Committee understands there is a nationwide

shortage of clinical laboratory technologists and technicians, and the vacancies in this occupation may be a good fit for the large number of veterans who are seeking employment. The Committee urges the VA to work with the Veterans' Employment and Training Service (VETS) within the Department of Labor (DOL) to align some portion of previously appropriated funds, or from funds that VETS may receive in fiscal year 2014, for programs specifically aimed at training for this occupational specialty. Authorized recipients for certain VETS training grants include community colleges and vocational schools, which are the sites that provide this type of training. The Committee hopes that the VA and DOL will give preferences in the award of VETS training grants to institutions that provide training for clinical lab technologists and technicians. In addition, the Committee encourages the VA to highlight the choice of training for these professions to veterans receiving counseling about the use of VA educational benefits, including post-9-11 G.I. bill benefits. The Committee requests the two Departments to report within 180 days of enactment of this Act the actions taken to comply with this directive.

On page 61 in the report, insert before the header, "*Cemetery capacity*", the following new paragraph:

Concession services.—The Committee is aware that the budget request for Arlington National Cemetery proposes language that would authorize ANC to contract for concession services such as transit services within ANC. The Committee is concerned that these concession services may impact the services currently provided by the National Park Service (NPS). The Committee directs ANC to meet with NPS and provide a report to the Committee no later than 60 days after the date of the publication of this report on the issues raised by NPS and the actions that ANC will take to address them, should Congress provide concession authority.

