

**AMENDMENT TO MILITARY CONSTRUCTION/VA  
APPROPRIATIONS BILL  
OFFERED BY MR. DENT OF PENNSYLVANIA**

In the BILL:

On page 68, line 11 of the bill:

Insert after “1985”: “: *Provided further*, That none of the funds made available under this heading shall be for construction of the High Value Detention Facility, Guantanamo Bay, Cuba, unless authorized in an Act authorizing appropriations for fiscal year 2019 for military construction”

In the REPORT:

On page 5 of the report, after the paragraph headed “*Stricter control of construction funding*”, insert:

“*High performance and sustainable building requirements*.—The Committee recognizes that innovative technologies, including advanced wood products and recycled aerospace grade carbon fiber composite, have expanded the availability of materials with lower embodied energy for facilities that require exceptional durability and blast resistance. In addition, design techniques such as ad-

vanced framing contribute to lower material costs, increased energy efficiency, and reduced waste in facilities. Therefore, the Committee directs the Secretary of Defense to continue to utilize innovative renewable building materials, systems, and design techniques that support the requirements of UFC 1 200 02 and UFGS 06 17 19. Furthermore, the Committee directs the Secretary of Defense to work with universities, public agencies, and experienced non-profit organizations to develop a plan to expand the application of these innovative technologies in future military construction projects and report to the Committee no later than 90 days after enactment of this Act on how the Department will implement the plan.”

On page 11 of the report, after the paragraph headed “*Air traffic control towers*”, insert:

“*MIT/Lincoln Labs.*—As previously stated, at times, the Committee incrementally funds projects. The Committee has incrementally funded the Air Force MIT/Lincoln Lab project commensurate with the outlay rate of funds reflected in budget documents. While the Committee does not provide full funding for this project, it strongly supports its completion and fully expects the Air Force to continue to prioritize funding for this project in executable increments.”

On page 13 of the report, strike the paragraph headed “*Parking issues at DOD facilities*” and insert:

“*Installation resourcing.*—The Committee is concerned that some DOD installations’ access control points and roads do not provide adequate means on and off the installation. For example, the current access control points and roads at Fort Meade, Maryland need significant improvements to mitigate traffic congestion and accommodate the installation’s growing population. Unfortunately, current installation management criteria only recognize Fort Meade as an Army installation, and limit its resourcing to an inappropriate, Army-only level. This Army-only funding level has continued despite an expanding joint-DOD and Federal tenant population that includes the National Security Agency, US Cyber Command, DOD Consolidated Adjudications Facility, Defense Information Systems Agency, National Background Investigations Bureau, Environmental Research Laboratories, Architect of the Capitol, and the Defense Security Service. In fact, only 22 percent of the Fort Meade-installation’s supported population is constituted by Army-affiliated personnel. With a growing population currently in excess of 55,000 personnel, Fort Meade, Maryland is now the Army’s second largest installation. However, despite this large population, Fort Meade is only resourced

at a level consistent with an installation supporting 12,000 Army personnel. Therefore, the Secretary of Defense is directed to submit a plan to the congressional defense committees no later than 180 days after enactment of this Act on the plan to resource installations hampered by inappropriate, service-only funding, at an installation support-level consistent with the missions performed.”

On page 25 of the report, strike the paragraph headed “*Military sexual trauma (MST) claims*” and insert:

“*Military sexual trauma (MST) claims.*—The Committee is pleased with the increased focus on MST and encourages VA to continue to build on the strides that have been made and to include intensive training and specialized claims employees for MST-related claims. As the Committee has noted previously, like posttraumatic stress disorder (PTSD), MST can lead to other mental health disorders, such as anxiety and depression. Therefore, the Committee applauds VA’s use of a relaxed evidentiary standard, such as that available to PTSD claimants, and urges the extension of this standard to those suffering from other mental health disorders as a result of MST. The Committee also urges VA to continue veteran outreach initiatives and publicize benefits veterans

may be entitled to as a result of MST. Additionally, since MST is not gender-specific, the Committee encourages VA to provide equal treatment and assistance to all veterans affected by MST.”

On page 36 of the report, strike the paragraph with the header, “*Breast cancer screening guidelines*” and insert the following:

“*Breast cancer screening guidelines*.—The Committee commends the Department of Veterans Affairs decision to offer breast cancer screening and mammography to eligible female veterans beginning at age 40. However, the Department should be prepared to offer screening to eligible younger female veterans should a physician determine or risk factors warrant screening before age 40. The Committee supports this effort to ensure that the care female veterans receive is consistent with the private sector, and the Committee will continue to monitor the Department’s implementation of this policy. The Department should closely follow ongoing debate as the scientific community reaches a consensus on breast cancer screening and mammography coverage to provide veterans the best care possible. Bill language is included to ensure VA maintains this policy through fiscal year 2024.”

On page 38 of the report, after the paragraph headed “*Pain University*”, insert:

“*Substance abuse disorder data.*—The Committee supports the VA’s ongoing work to reduce substance use disorder among veterans. The Committee directs VA to provide a report no later than 120 days after the enactment of this Act providing the number and proportion of veterans with substance use disorder, broken down by age, including a breakdown by State. The report should also include available demographic data.”

On page 39 of the report, after the paragraph headed “*Sepsis*”, insert:

“*Safety of blood products.*—The Committee is concerned about the safety of blood products being transfused to veterans at VA medical facilities given the aging and medically fragile populations being treated. Therefore, the Committee urges VA to request that all blood product providers use FDA-approved pathogen reduction technology, where it is available, before providing blood products for transfusion at VHA medical facilities, including VA medical centers, outpatient clinics, community-based outpatient clinics, and community living center programs.”

On page 41 of the report, strike the paragraph headed “*Long-term care*”, and insert:

“*Long-term care.*—The Committee is aware of the aging veteran population and supports long-term care that focuses on facilitating veteran independence, enhancing quality of life, and supporting the family members of veterans. The Committee supports home- and community-based care, residential settings, nursing homes, geriatric services, and advanced care planning for veterans and their families. Multiple chronic conditions, life-limiting illness, or disability associated with disease, aging, or injury can be factors of consideration. The Committee acknowledges that the veteran population faces unique health risks and that each veteran requires an individualized approach to care.”

On page 44 of the report, after the paragraph headed “*National Veterans Sport Program*”, insert:

“*Prosthetic regulation.*—The statement of managers for Public Law 115–141 indicated the conferees’ concern that VA’s proposed prosthetics services regulation may limit veteran choice in obtaining prosthetic, orthotic and other rehabilitative services. The Committee strongly encourages the Department to revise the final rule to be more closely aligned with the principle of patient choice

as reflected in the Veterans Access, Choice and Accountability Act.”

On page 49 of the report, strike the paragraph headed “*Comprehensive cancer centers*”, and insert:

“*Comprehensive cancer centers.*—The Committee seeks to ensure that veterans have access to the highest quality cancer care available. The Committee, therefore, applauds the ongoing collaborative efforts between VA medical centers and NCI-designated comprehensive cancer centers. The Committee supports these efforts, especially as they relate to providing veterans access to groundbreaking new treatments through clinical trials led by academic cancer centers, as well as the linking of VA oncology care with national research databases involving patients at multiple academic cancer centers. The Committee is also pleased that VA is engaged with the NCI and VA Interagency Group to Accelerate Trials Enrollment (NAVIGATE) partnership, which will improve access to certain clinical trials at a number of VA facilities. The Committee understands that initiating new clinical trials is a resource-intensive process requiring experienced coordination staff with specialized expertise in data management and regulatory compliance. To improve its own capacity to coordinate a full range of cancer clinical



trials with non-VA organizations, the Committee encourages VA to provide resources for coordination staff and continue to develop partnerships with non-VA organizations that have initiated pilot clinical trials programs. The Committee also requests a report, within 90 days of enactment of this Act, which provides an overview of VA's credentialing process for non-VA clinical trial coordinators and recommendations, if any, to improve this process."

On page 53 of the report, after the paragraph headed "*Staff relocations within VA*", insert:

*"Performance bonuses.*—The Committee feels 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, within 90 days 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.”

On page 54 of the report, after the paragraph headed “*Management reforms*”, insert:

“*Poverty trends in the veteran population.*—The Committee requests that VA update its 2015 analysis of poverty trends in the veteran population by the National Center for Veterans Analysis and Statistics (NCVAS) and submit it to the Committee no later than 180 days after the enactment of this Act. The Committee urges VA to include in this analysis the relationship between veterans’ labor force activity and poverty status and a demographic break-out, if available, by race and gender. Additionally, the Committee requests that VA continue such analyses on a biannual basis.”

On page 55 of the report, after the paragraph with the header, “*Data on women and minority veterans*”, insert:

“*Veterans Day parade.*—The Committee understands that the Administration may conduct a large military parade to honor American veterans on November 11, 2018, Veterans Day, to commemorate the one-hundredth anniversary of the ending of World War One. The au-

thorizing committees plan to authorize the DOD Secretary to conduct the parade and to expend funds for particular purposes relevant to the parade. If VA is asked to contribute resources to the parade, the Committee expects the Department to follow DOD's example and limit expenditures to specific purposes that are directly associated with benefits to and recognition of veterans. The Committee directs VA to notify the Committee if and when it first expends funds related to the parade and to provide a quarterly report thereafter identifying any resources provided for the parade, including programmatic funding and personnel."

On page 58 of the report, strike the paragraph with the header, "*Appointment scheduling system*" and insert:

*Appointment scheduling system.*—The Committee remains concerned about patient scheduling challenges and seeks to understand the Department's plan for a solution that will improve veteran access to care, shorten veteran wait times, allow the VA to track and manage patient progress throughout the care continuum, and improve resource utilization across the VA health care system. The Committee understands that a scheduling system will be a component of the new Electronic Health Record (EHR) program and that VA plans to deploy this

new system to its first facilities within 18 months of the EHR program’s contract award and to all its facilities within 10 years of contract award. The Committee also understands that VA is conducting pilot programs involving commercial off-the-shelf solutions (COTS) scheduling systems to assess if they provide substantial value over its current interim systems. In order to determine whether full deployment of one of these pilot programs is warranted as an interim solution, pending full operational capability of the new EHR system, the Committee directs VA to provide the results of its evaluation of the pilot programs as soon as those evaluations are complete. Further, the Committee requests a report, within 90 days of enactment of this Act, that evaluates the cost and benefits of its interim scheduling systems, the commercial solutions considered in its pilot programs, including the pilot program referenced in House Report 115–188, and the EHR scheduling system, based on current contract requirements. The report’s evaluation of the systems, or contract requirements, should include an assessment of mobile interface capabilities and the ability to schedule appointments outside the VA system.”

