

MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND
 RELATED AGENCIES APPROPRIATIONS BILL, 2027

APRIL XX, 2026.—Committed to the Committee of the Whole House on the State of
 the Union and ordered to be printed

Mr. CARTER of Texas, from the Committee on Appropriations,
 submitted the following

R E P O R T

[To accompany H.R. ____]

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, 2027.

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PURPOSE OF THE BILL

The Military Construction, Veterans Affairs, and Related Agencies Appropriations bill funds the Department of Defense's activities related to military construction; family housing construction, maintenance, and oversight; and environmental remediation at closed military bases. The bill also funds the Department of Veterans Affairs, including programs to assist veterans, such as disability and pension benefits, education, healthcare, and insurance and loan programs. The bill funds four related agencies that honor and respect the Nation's veterans including the American Battle Monuments Commission; Cemeterial Expenses, Army (including Arlington National Cemetery); the U.S. Court of Appeals for Veterans Claims; and the Armed Forces Retirement Home.

SUMMARY OF COMMITTEE RECOMMENDATION

The Committee recommends \$157,000,000,000 in total budget authority for the fiscal year 2027 programs and activities funded in the bill. This is an increase of \$3,721,804,000 above the fiscal year 2026 enacted level.

The bill includes \$323,972,953,000 for mandatory programs and \$157,000,000,000 for discretionary programs.

The bill provides \$19,200,000 for military construction and family housing. This is a decrease of \$537,000,000 from the fiscal year 2026 enacted level.

The bill provides \$450,288,099,000 for fiscal year 2027 for the Department of Veterans Affairs, which is an increase of \$83,559,483,000 above the fiscal year 2026 enacted level. Of the total, \$323,972,953,000 is provided for mandatory benefit programs and \$137,800,000,000 is provided for discretionary programs, which is a 3 percent increase above the fiscal year 2026 level. Of the total for fiscal year 2027, \$122,258,000,000 for veterans' healthcare was advanced in the fiscal year 2026 "Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026".

For fiscal year 2027, the Committee recommendation includes \$138,240,000,000 in advance appropriations for the four veterans' medical care accounts and \$307,463,397,000 in advance appropriations for mandatory benefits programs.

The Committee recommendation provides a total of \$352,925,000, for the four Related Agencies: The American Battle Monuments Commission, the U.S. Court of Appeals for Veterans Claims, Army Cemeterial Expenses (including Arlington National Cemetery), and the Armed Forces Retirement Home.

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 2028 budget justification: Expenditures for fiscal year 2026, or the most recent year of available data, 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.

TITLE I

DEPARTMENT OF DEFENSE

MILITARY CONSTRUCTION OVERVIEW

Appropriation, fiscal year 2026	\$19,737,000,000
Committee recommendation, fiscal year 2027	19,200,000,000

Military construction accounts provide funds for new construction, construction improvements, 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.

COMMITTEE DIRECTIVES

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 the Department of Defense to report on various aspects of military construction programs and 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 the Department may seek reprogramming for appropriated increments.

The reprogramming criteria that applies to military construction projects is 25 percent of the funded amount or \$10,000,000 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 the Department by the Committee 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. 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.

Annual Summary of Notifications.—The Committee directs the Services and the Office of the Secretary of Defense (on behalf of itself and defense agencies) to submit annual summary listing all notifications sent to the Committees during fiscal year 2027 not later than 30 days after the end of such fiscal year.

Transfer of Funds to and from the Foreign Currency Fluctuations, Construction, Defense Account.—The Department shall notify the Committees on Appropriations of both Houses of Congress within 7 days of transferring any amount in excess of \$10,000,000 to or from the Foreign Currency account.

Unfunded Priority List (UPL) and Future Years Defense Program (FYDP).—The Committee directs the Department of Defense and Military Services, active and reserve components as well as Combatant Commanders, as required by law, to submit a UPL and FYDP to the congressional defense committees for military construction projects no later than 10 days and 5 days, respectively, after the President's budget is submitted to Congress.

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 also directs the Secretary of Defense to report to the congressional defense committees quarterly of projects that remain unawarded from the current and prior fiscal years and the reasons for delay.

ITEMS OF INTEREST

Advanced Manufacturing.—The Committee is encouraged by reports that three-dimensional (3D) construction could provide military civil engineers with a faster means of building facilities which could reduce supply lines, and the number of personnel needed for construction and related activities. The Committee urges the Assistant Secretary for Energy, Installations and Environment to study, develop, and utilize advanced manufacturing capabilities to the extent practicable.

Advanced Structural Masonry Materials.—The Committee recognizes ongoing innovation in construction materials that may improve the durability, resilience, and cost-effectiveness of Department of Defense facility construction. The Committee is aware of emerging structural masonry technologies, including fiber-composite geopolymer blocks designed to provide structural capacity comparable to conventional concrete masonry units used in build-

ing envelope wall systems. The Committee encourages the Department to evaluate and, where appropriate, incorporate advanced structural masonry materials, including fiber-composite geopolymer blocks, in facility construction projects when they demonstrate strong structural performance, durability, favorable life-cycle costs, and compatibility with existing military construction standards.

Privatized Unaccompanied Housing.—The Committee notes the GAO has highlighted that longstanding deficiencies in unaccompanied military housing undermine servicemember quality of life due to poor conditions. The Committee also notes that the Services have several privatized unaccompanied housing projects in various stages of development and that Public Law 119–21 provided significant funding for and extended the authority to private entities to build and operate unaccompanied barracks. As such, the Committee directs the Service Secretaries to separately identify any requested funding for privatized unaccompanied housing construction and operations in Congressional Budget Justification submitted to Congress in support of future President’s Budget Requests beginning in fiscal year 2028. In addition, given mounting concerns with the typical 50 year lease under the Military Housing Privatization Initiative, the Committee directs the Service Secretaries to consider shorter lease terms when initiating any potential future agreements for new or extended family housing or unaccompanied housing projects and provide justification for proposed lease lengths of 50 years or greater to the Committee as part of the Services’ notification process, as well as a list of provisions proposed for inclusion in future leases related to terminating agreements with poorly performing partners, such as those with significant histories of fraud, poor tenant satisfaction scores, and failure to meet the terms of such partner’s agreement. The Committee encourages the Services to develop new proposals for how privatized housing projects could be smoothly transitioned in the event of a ground lease termination.

Building Materials.—The Committee supports the use by the Department of a diversity of building materials, and directs the Department to ensure selected building materials are mature, cost effective, and advance the performance, sustainability, reliability, and resiliency of DoD infrastructure. The Committee believes that Federal resources are best utilized when all materials can compete on their own merits, allowing for the best solutions to address our infrastructure challenges.

Child Development Centers.—The Committee continues to be concerned about the chronic shortage of quality childcare at Department of Defense installations. The Committee encourages the Department of Defense and the Services to consider innovative solutions to improve childcare delivery on military installations, including programs similar to other successful public-private partnerships at the Department. The Committee is looking forward to receiving the report requested under this heading in House Report 119–161.

Demolition of Excess Infrastructure.—The bill includes \$60,000,000 for unspecified minor military construction for demolition across the active and reserve components. The Committee is concerned about the amount of excess and obsolete infrastructure found on installations. While the Committee understands the need

to balance demolition with other infrastructure needs, excess infrastructure can be costly to maintain and divert resources away from current requirements.

Expansion of Inter-governmental Support Agreements (IGSA) for Unspecified Minor Military Construction (UMMC) Projects.—The Committee is aware of strains on cost and timeline for military construction needs of the DOD and recognizes efforts by the Military Services to explore methods to identify efficient processes to meet the needs of installations. Therefore, the Committee directs the Assistant Secretaries for Energy, Installations, and Environment of each Military Service to submit a report, no later than 120 days after enactment, to include the following: (1) A feasibility assessment on the potential application of Inter-Governmental Support Agreements (IGSA) for Unspecified Minor Military Construction (UMMC); (2) A feasibility assessment on the potential application of an increased maximum dollar amounts applicable to minor construction projects of \$18,000,000 for laboratory revitalization and \$8,000,000 for Operation and Maintenance Funds with respect to projects enacted under Inter-Governmental Support Agreements (IGSA) authorities; and (3) A list of up to 10 projects across the Facilities Investment Plan (FIP), Facility Support Program, or Service equivalent that the respective Service may be able to execute under such authority, if modified to meet requirements outlined in Section A and B.

Family Housing and Child Development Center HVAC.—The Committee recognizes the Services' efforts to improve energy efficiency through scheduled seasonal deactivation of air conditioning and heating systems at its facilities. Certain military installations, deactivate these systems in family housing units and child development centers. The Committee encourages the Department to examine its energy conservation programs, including where family housing units and CDCs may be excluded from air conditioning and heating restrictions.

Indoor Air Quality.—The Committee applauds the establishment of a barracks taskforce to modernize and improve the safety of military housing. To protect servicemembers from mold and other indoor air contaminants, the Committee urges the Assistant Secretary for Energy, Installations and Environment to ensure that the task force has the best possible expertise regarding indoor air quality, including inclusion on the task force experts on indoor air quality, as appropriate.

Marine Concrete for Military Construction Projects in the Indo-Pacific.—Military facilities in the harsh marine environment of the Indo-Pacific, such as drydocks, piers, and hangars, come with significant construction and maintenance costs. This can be partially mitigated through the use of "Marine Concrete" (UFGS 03 31 29) that is capable of high performance and extreme durability. To better understand the availability of domestically sourced sand and gravel suited for use in Marine Concrete for construction and repair of facilities in marine environments, the Committee directs the Assistant Secretary of Defense for Energy, Installations, and Environment to provide a report, no later than 90 days after enactment of this Act, on (1) the adequacy and shipping availability of existing domestic sources of sand and gravel for Marine Concrete to the

Indo-Pacific and (2) options for expanding existing domestic sources and their accessibility in order to minimize supply chain.

Military Working Dog Kennel Facilities.—The Committee is concerned by reports of aging and deficient military working dog kennel facilities that may adversely affect animal health, safety, and mission readiness as found in the DOD Office of Inspector General (OIG) report titled, “Evaluation of the DoD Military Working Dog Program’s Management of Canine Welfare”. The Committee directs the Department to prioritize projects for military working dog kennel facilities that do not meet current Department standards, including deficiencies relating to weather protection, drainage, mold, ventilation, and isolation or quarantine capacity. The Committee further directs the Department to brief the Committee not later than 90 days after enactment of this Act on: (1) the inventory of military working dog kennel facilities that do not meet current standards; (2) the Department’s prioritized plan and timeline to correct such deficiencies; (3) the funding sources, including military construction, that will be used to address them; and (4) any barriers to timely remediation.

Moffett Federal Airfield Commissary.—The Committee recognizes that the Mountain View, CA commissary serving the Bay Area will close in the coming years, leaving service members, reservists, retirees, and their families without reasonable access to commissary benefits in a high-cost region. The Committee encourages the relevant agencies to evaluate options to maintain commissary access for service members and military families in the region.

Mold Remediation.—The Committee supports the Department’s standardization of mold remediation guidelines for military housing as directed in P.L. 119–60. Beginning no later than 60 days after the development of the guidelines, the Committee directs the military services to provide a quarterly report that includes the military housing, including location and private company operator, that had a completed or pending work order that requires mold remediation.

Mass Timber.—The Committee is aware that the use of cross laminated timber and other mass timber products as a building material has the potential to reduce costs, limit environmental impact, and increase functionality of various military structures. The Committee encourages the Department of Defense to continue exploring the application of these innovative technologies in future planning and design for military construction projects.

Resilient Military Installations.—The Committee supports the Department’s continued efforts to build lasting and resilient military installations. These efforts include using methods that update hurricane-resistant building codes for bases, barracks, hospitals, and airfields and reviewing the effect of severe drought and desertification and how these two hazards affect installations and missions.

MILITARY CONSTRUCTION, ARMY

Appropriation, fiscal year 2026	\$2,381,909,000
Committee recommendation, fiscal year 2027	2,131,959,000

The Committee recommends \$2,131,959,000 for the Army in fiscal year 2027. The recommendation includes an additional

\$20,000,000 in unspecified minor construction for investments in training ranges at Army training installations to support emerging needs in the current security environment. Of the total, \$108,000,000 is for the following projects in the following amounts:

State	Location	Project	Amount
AL	Anniston Army Depot	Access Control Point (INC)	\$53,000,000
LA	Fort Polk	Rotational Unit Billeting Area (INC)	55,000,000

Army Buildings Review.—The Committee recognizes the incredible transformation that the Army has undergone in its 250 year history and recognizes that many older Army buildings have great historical significance. However, many older facilities no longer meet the demands of the current force and the Committee requests that the Secretary of the Army, to the extent practicable, compile a report that identifies all buildings built prior to 1950 still being used by the active Army. For each building identified the Committee requests the report include the following information: (1) original primary use of the building; (2) current use; (3) known major renovations that have taken place and year of renovations; (4) major deficiencies of the building in fulfilling its currently assigned mission; and (5) an estimate of the length of time the Department intends to continue using such building for its current mission. The Committee requests such report be submitted not later than 90 days after enactment of this Act.

Barracks at Fort Bragg.—The Committee is aware of concerns regarding the condition and availability of barracks facilities serving servicemembers stationed at Fort Bragg and directs the Secretary of the Army to assess the current condition and projected requirements for barracks facilities at Fort Bragg. The assessment shall include current occupancy rates, projected population and unit growth, the condition and age of existing barracks, and estimated costs associated with renovating, replacing, or constructing new barracks facilities necessary to meet current and future demand. The Committee further directs that such assessment be submitted to the Committee not later than 60 days after enactment of this Act.

Barracks in Hawaii.—The Committee is concerned about the potential shortfall of barracks at U.S. Army Garrison Hawaii. Any shortfall would force the Army to place soldiers into living space conditions that do not meet Army standards and potentially shift additional service members into the civilian housing markets, causing hardships on the general public by further reducing housing options and increasing costs for the people of Hawaii. To better assess options for promptly providing additional Army barracks in Hawaii, the Committee directs the Assistant Secretary of the Army for Energy, Installations, and Environment to provide a report within 180 days of enactment of this Act on: (1) a summary of the expected barrack shortfall over the next 10 years, (2) planned barracks construction and improvements, to include timelines and estimated costs, that will address any shortfall, and (3) the potential benefits of using privatized barracks to address the shortfall.

Corpus Christi Army Depot.—The Committee is concerned about delays to the Aviation Multipurpose Facility military construction project at the Corpus Christi Army Depot. The Committee urges

the Army to accelerate completion of this project and directs the Secretary of the Army to brief the Committee not later than 30 days after enactment of this Act on the status of the project.

Enhanced Use Lease Projects.—

Fort Huachuca Infrastructure Improvements.—The Committee notes the need for investment in several important projects at Fort Huachuca, including the Fort's fire station and air traffic control tower, both of which are in dire need of investment to meet mission needs.

Hawaii Infrastructure Readiness Initiative (HIRI).—With support from Congress, the Army committed itself to a decade-long infrastructure improvement plan for U.S. Army Garrison Hawaii that was estimated to cost \$1.1 billion between FY 2020 and FY 2030. To assess the Army's efforts to date, 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) a summary of completed projects and (2) the plan to fully complete these improvements as scheduled.

Infrastructure Assessment for Pohakuloa Training Area.—Pohakuloa Training Area is the only Army major training area in Hawaii capable of supporting collective live fire and maneuver training above company level. It is a critical training venue for building and sustaining readiness in preparation for largescale combat operations. To better understand what additional infrastructure investments may be needed to prepare the training area for a potential conflict in the region, the Committee directs the Assistant Secretary of the Army for Energy, Installations, and Environment to provide a report no later than 180 days after enactment of this Act on the infrastructure needed, and its estimated costs, to allow the range to quickly expand its training capacity during a major conflict.

Kwajalein Infrastructure Assessment.—The Committee is aware of logistical, labor and other execution challenges impacting critical infrastructure at U.S. Army Garrison—Kwajalein. Given the importance of Kwajalein Atoll for U.S. Army Space and Missile Defense Command's mission and role in supporting potential military operations during a conflict, the Committee directs the Assistant Secretary of the Army for Installations, Energy, and Environment to provide a report, not later than 180 days after the date of the enactment of this Act, summarizing: (1) the status of ongoing and planned projects across the Future Years Defense Plan; (2) potential options for addressing construction labor recruitment and retention challenges, to include greater coordination with Republic of Marshall Islands on workforce development; (3) potential options for minimizing supply chain challenges for construction given the garrison's isolated location; and (4) current and projected plans to maintain and expand the Atoll's research and testing capacity to meet Department demand.

Tripler Army Medical Center Renovation.—The Committee supports efforts by the Army and Defense Health Agency to conduct preliminary construction planning to renovate Tripler Army Medical Center, to include the core buildings constructed in the 1940s, and address related infrastructure needs such as a parking structure. The Committee directs the Assistant Secretary of the Army for Energy, Installations, and Environment, in conjunction with the

Director of the Defense Health Agency, to provide a report no later than 180 days after enactment of this Act summarizing potential renovation options, timelines, and costs.

U.S. Army Soldier Performance Readiness Center.—The Committee supports the U.S. Army’s efforts to develop 180 Soldier Performance Readiness Centers (SPRC). The SPRC is integral to advancing the readiness and lethality of U.S. Army soldiers. The SPRC is a crucial component for successfully implementing the Army’s Holistic Health and Fitness (H2F) program. As such, the Committee encourages the Army to assess the feasibility of utilizing Small Business Innovation Research Program Phase III awards for the construction and renovation of these facilities to expedite the contracting process.

25th Infantry Division Headquarters Upgrade.—The Committee is concerned about significant infrastructure shortfalls for the 25th Infantry Division’s Headquarters that could negatively impact the division’s ability to carry out operations. The Committee directs the Assistant Secretary of the Army for Energy, Installations and Environment to provide a report within 180 days after enactment of this Act summarizing: (1) the Army’s assessment of the 25th Infantry Division’s current headquarters, to include operational risks and (2) the plan for addressing facility requirements, to include a detailed timeline and estimated costs for improvements to ensure adequate capability and resiliency.

32nd Army Air and Missile Defense Command Headquarters.—The Committee recognizes the importance of the 32nd Army Air and Missile Defense Command in supporting global air and missile defense operations and encourages the Department of the Army to advance planning for a modern headquarters facility capable of supporting the command’s secure operational requirements.

470th Military Intelligence Brigade Infrastructure.—The Committee recognizes the importance of the 470th Military Intelligence Brigade in supporting intelligence operations across the Western Hemisphere and the need for continued infrastructure investments to ensure the brigade has adequate secure facilities to support its mission.

MILITARY CONSTRUCTION, NAVY AND MARINE CORPS

Appropriation, fiscal year 2026	\$5,725,724,000
Committee recommendation, fiscal year 2027	5,508,034,000

The Committee recommends \$5,508,034,000 for the Navy and Marine Corps in fiscal year 2027, of which \$73,000,000 is for the following project in the following amount:

State	Location	Project	Amount
FL	Naval Air Station Whiting Field	Child Development Center: Design	\$4,135,000
FL	Naval Air Station Jacksonville ...	Multi Aircraft Paint and Strip Facility: Design ...	28,225,000
GU	Guam	Defense Access Roads (INC)	16,500,000
NC	Camp Lejeune	Amphibious Combat Vehicle Operation Facility (INC).	24,140,000

Blount Island Command.—The Committee recommendation includes \$46,075,000 for the remaining increment needed to complete the Communication Center and Infrastructure project at Blout Island, equal to the President’s Budget Request for fiscal year 2027.

Construction in the Freely Associated States (FAS).—The services are making large infrastructure investments in the FAS for the first time in generations, and local on-the-ground engagement with the national and local governments in these countries will greatly reduce risks of construction delay and cost increases. To better understand what actions can be taken in the FAS to address these risks, Committee directs the Indo-Pacific Command’s Joint Task Force-Micronesia, in consultation with the Assistant Secretary of the Army for Installations, Energy, and Environment; Assistant Secretary of the Navy for Installations, Energy, and Environment; and Assistant Secretary of the Air Force for Installations, Energy, and Environment to provide a report not later than 180 days after the date of the enactment of this Act summarizing: (1) action taken to date to foster the civilian-military relationship for major planned military construction, and (2) potential options for and advisability of building an enduring capability, to include permanent government civilian or military personnel stationed in the FAS, to improve coordination to address local workforce, environmental approvals, and community relations issues.

Maritime Prosperity Zones.—The Committee notes with approval the Administration’s recent executive actions, including “Restoring America’s Maritime Dominance” (April 2025) and “America’s Maritime Action Plan” (February 2026), which highlight the concept of Maritime Prosperity Zones (MPZs) as a potential mechanism to strengthen the Nation’s maritime industrial base, expand shipbuilding and repair capacity, and stimulate regional economic development tied to maritime commerce. Not later than 90 days of enactment of this Act, the Committee directs Secretary of the Navy to submit on the role of military construction in supporting the development of Maritime Prosperity Zones, including potential options for a pilot program supporting MPZs.

Naval Air Station Corpus Christi (NASCC).—The Committee notes the Navy’s June 12, 2025, report to Congress entitled Naval Air Station Corpus Christi Infrastructure Plan, and takes great concern with the condition of the base. The Committee urges the Navy to address the needs at NASCC, particularly as related to construction and other improvements for child development and school aged care centers, quality of life projects for servicemembers and their families, as well as projects in support of the Chief of Naval Air Training.

Naval Air Weapons Station (NAWS) China Lake Infrastructure.—To ensure NAWS China Lake has the resources needed to complete its mission, the Committee encourages the Navy to continue efforts to upgrade infrastructure at NAWS China Lake. The Committee also directs the Navy to provide semi-annual briefings beginning no later than 60 days after enactment of this Act to the Congressional defense committees on (1) current challenges related to failing infrastructure impacting NAWS China Lake and its tenant commands, and (2) the steps the Navy is taking to resolve these infrastructure challenges.

Other Transaction Authority (OTA).—The Committee directs the Assistant Secretary of the Navy for Energy, Installations and Environment to submit a report no later than 90 days after enactment of this Act detailing current projects for which the use of OTA is being considered. The report should include details of the cost and

benefit of using this alternative authority for those projects, an assessment of industry interest in those projects, and what factors may affect obtaining adequate industry interest for future OTA projects.

Shipyards Infrastructure Optimization Program (SIOP) Waterfront Production Facilities.—Waterfront Production Facilities are a critical element of SIOP as they will collocate shops, engineering, and project teams near dry docks for increased productivity and ultimately lower the costs of depot maintenance over time. To better understand efforts to complete these critical facilities, the Committee directs the Navy’s Naval Facilities Engineering Command and Navy Sea Systems Command to provide a joint report within 180 days of the enactment of this Act summarizing (1) a long-term cost benefit analysis of Waterfront Production Facilities at each public shipyard, (2) timeline and estimated costs for planned Waterfront Production Facilities under SIOP, and (3) actions that can be taken to accelerate the construction of SIOP-related Waterfront Production Facilities.

Training Facilities at Naval Air Station Jacksonville.—The Committee is concerned about the degradation of training facilities at Naval Air Station Jacksonville, including the multi-purpose pool used for Navy Search and Rescue (SAR) Training, and the possible hazard it poses. The Committee directs the Assistant Secretary of the Navy for Energy, Installations, and Environment to submit a report to the committee not later than 60 days after enactment of this Act detailing plans to improve training facilities at Naval Air Station Jacksonville.

MILITARY CONSTRUCTION, AIR FORCE

Appropriation, fiscal year 2026	\$3,926,273,000
Committee recommendation, fiscal year 2027	3,712,473,000

The Committee recommends \$3,712,473,000 for the Air Force in fiscal year 2027, of which \$141,000,000 is for the following projects in the following amounts:

State	Location	Project	Amount
AK	Eielson Air Force Base	BCE Pavements and Grounds Facility	\$16,000,000
CA	Edwards Air Force Base	Construct Vehicle Search Area AFRL Gate ECP: Minor Construction.	4,500,000
GA	Moody Air Force Base	Military Working Dog Flight Operations Facility ..	15,900,000
OH	Wright-Patterson Air Force Base	Human Performance Wing Lab (INC)	21,000,000
OK	Tinker Air Force Base	E-7 AWACS Squadron Operations Facility (INC)	55,000,000
UT	Hill Air Force Base	F-35 Canopy Repair Facility: Design	6,500,000
TN	Arnold Air Force Base	Installation Access Control Point Gate 2	17,600,000
TX	Dyess Air Force Base	Gate Repairs: Design	4,500,000

Air Force Infrastructure Hardening.—The Committee remains concerned with the hardening of aircraft hangers and shelters on Pacific bases and directs the Air Force to update the report required by House Report 118–228 on Air Force Infrastructure Hardening. The Committee supports a robust, multifaceted approach to hardening infrastructure in the Pacific, including military construction of hardened facilities and other procurement options that increase the survivability of aircraft and infrastructure.

B-21 Raider infrastructure.—The Committee continues to support the modernization of infrastructure necessary to appropriately

base the next generation B-21 Raider, including additional dormitory capacity for enlisted airman and investment in access control gates to mitigate impacts on host communities.

Commonwealth of the Northern Marianas (CNMI) Airport Investments.—To better understand dual-use infrastructure needs in the CNMI, the Committee directs the Assistant Secretary of the Air Force for Energy, Installations, and Environment, in consultation with U.S. Indo-Pacific Command, to provide a report within 180 days of enactment of this Act on: (1) the plan, to include the cost and tentative timelines, for potential infrastructure upgrades at Saipan International Airport and Rota International Airport and (2) options for ensuring the highest levels of participation from local construction businesses and workers for any future airport construction projects, which will help reduce costs for the federal government.

Dyess Air Force Base B-21 Infrastructure.—The Committee recommendation includes a total of \$160,000,000 for B-21 related infrastructure and facilities at Dyess Air Force Base, equal to the President's Budget Request for fiscal year 2027, including \$74,000,000 for the Low Observable Corrosion Control Facility, \$63,000,000 for the Flight Simulator Facility, and \$23,000,000 for electrical utilities site improvements.

Edwards Air Force Base.—The Committee supports the Air Force's efforts to support the growing test mission at testing and research installations, including Edwards Air Force Base. However, the Committee understands challenges accompany such growth and is interested in the Air Force's plans to ensure housing is available to support the mission growth. The Committee directs the Air Force Secretary to provide a briefing to the Committee not later than 60 days after enactment of this Act on such efforts. The briefing should include: (1) current and projected housing needs; (2) steps the Air Force has taken to expand or improve base housing; (3) whether additional on-base units are a viable option; (4) the status of the proposed apartment complex; and (5) any planned military construction funding to support on-base housing. The Committee further encourages to include in the report additional information, if appropriate, on legislative barriers to supporting development of sufficient housing for Air Force personnel, and engagement with other federal agencies and local stake holders to address the housing shortage. The briefing should include housing needs related to the entire Edwards Air Force Base workforce, including tenants like the AFRL Rocket Propulsion Division and NASA Armstrong Flight Research Center.

Ebbing Air National Guard Base.—The Committee recognizes the need for continued infrastructure investments at Ebbing Air National Guard Base to meet the training needs for the Department of Defense and international partners.

Eglin Air Force Base.—The Committee recognizes the need for continued infrastructure investments at Eglin Air Force Base, including a third building for the 350th Spectrum Warfare Wing and construction of the Weapons Technology Integration Center.

Ground Based Strategic Deterrent (GBSD).—The Committee continues to support the construction of facilities and infrastructure necessary for the Sentinel/GBSD program. The Committee requests that the Secretary of the Air Force continue engaging with Con-

gress on its infrastructure needs related to the GBSD and include requirements for the program in the Department’s base budget.

Laughlin Air Force Base Infrastructure Improvements.—The Committee notes the need for investment in several critical projects at Laughlin Air Force Base, including modernization of the installation’s airfield lighting system and the construction of aircraft sunshade shelters to support the transition to the T-7A Red Hawk, both of which are necessary to sustain pilot training operations and meet future pilot production requirements.

Medical Education and Training Campus Dormitory Recapitalization.—The Committee supports the Air Force’s efforts to address infrastructure requirements supporting the Medical Education and Training Campus (METC) at Joint Base San Antonio–Fort Sam Houston, which provides joint medical training for Army, Navy, and Air Force personnel. A replacement dormitory facility is vital to ensuring adequate housing capacity for medical trainees and for supporting METC’s medical training mission.

Space Command Headquarters.—The Committee recommendation includes a total of \$565,000,000 for the new Space Command Headquarters at Redstone Arsenal, equal to the President’s Budget Request for fiscal year 2027, including \$450,000,000 for construction and \$115,000,000 for design.

Sentinel Workforce Lodging and Care.—The Committee remains concerned about the Sentinel program’s ability to identify, hire and retain a skilled workforce. The Committee also notes that the Sentinel program’s needs include secondary requirements associated with bringing in a large workforce for an extended period of time to communities that may lack the infrastructure to support such an influx, and encourages the Air Force to identify industry partners who have demonstrated experience in lodging and hospitality services for workforce in remote locations.

Sheppard Air Force Base.—The Committee is concerned that aging and outdated infrastructure at Sheppard Air Force Base (SAFB), including dormitories, technical training facilities, the Euro-NATO Joint Jet Pilot Training Program’s squadron operations buildings, limits the installation’s ability to support students and instructors and to deliver safe, efficient, and effective training for airmen. The Committee emphasizes the importance of modernizing facilities at SAFB to ensure airmen in training have access to safe, modern, and fully equipped learning environments necessary to support critical Air Force career fields.

16th Air Force Headquarters.—The Committee recognizes the critical role of Sixteenth Air Force in conducting cyber and information warfare operations as threats from nation-state and non-state adversaries continue to grow in scale and sophistication. The Committee is concerned that existing headquarters facilities may not adequately support these mission requirements and encourages the Department of the Air Force to prioritize planning for a modern headquarters facility with sufficient Sensitive Compartmented Information Facility space and appropriate security infrastructure to support current and future operational needs.

MILITARY CONSTRUCTION, DEFENSE-WIDE

Appropriation, fiscal year 2026	\$3,874,301,000
Committee recommendation, fiscal year 2027	3,757,301,000

The Committee recommends \$3,757,301,000 for Military Construction, Defense-Wide, in fiscal year 2027, of which \$55,000,000 is for the following project in the following amount:

State	Location	Project	Amount
NC	Fort Bragg	SOF Operations Ammunition Supply Point Phase 2 (INC).	\$55,000,000

Energy Resilience and Conservation Investment Program.—The Committee supports the Department’s efforts to strengthen energy resilience, enhance mission assurance, reduce costs, and improve efficiency through ERCIP. The Committee urges the Department to fully utilize all available tools and authorities to ensure the timely execution of ERCIP projects. As the Department advances toward greater base energy independence, the Committee further encourages the aggressive adoption and integration of innovative energy technologies to ensure operational reliability and long-term sustainability.

Fort Bragg High School.—The Committee is aware of concerns regarding the capacity and condition of secondary school facilities serving military-connected students residing at Fort Bragg. The Committee recognizes that changes in installation population, training tempo, and force structure may affect enrollment levels and place additional demands on educational infrastructure serving students on installation. Accordingly, the Committee directs the Director of the Department of Defense Education Activity, in coordination with relevant stakeholders, to assess the current and projected need for a new high school facility to serve military-connected students residing at Fort Bragg. The assessment shall include projected enrollment trends, existing facility capacity and condition, potential impacts on surrounding local education agencies, and estimated costs associated with constructing or expanding secondary school facilities to meet current and future demand.

NSA/CSS Texas Cryptologic Center.—The Committee directs the Department to brief the Committees on Appropriations within 30 days of enactment of this Act on the status of the acquisition, including a timeline associated with procuring the facility.

USSOCOM Headquarters.—The Committee is concerned that the United States Special Operation Command (USSOCOM) Headquarters is experiencing significant age-related infrastructure shortfalls that are negatively impacting mission assurance and the functional posture of the command. The disrepair at multiple critical facilities across the USSOCOM Headquarters campus is having an operational impact, and an upgraded facility is needed to provide the capacity and capability for USSOCOM to operate in the 21st century strategic environment. The Committee is aware that the Air Force is coordinating with USSOCOM and stakeholders to finalize an initial planning charette, and the Committee encourages the continued advancement of planning towards a new headquarters facility.

MILITARY CONSTRUCTION, ARMY NATIONAL GUARD

Appropriation, fiscal year 2026	\$272,930,000
Committee recommendation, fiscal year 2027	198,380,000

The Committee recommends \$198,380,000 for the Army National Guard in fiscal year 2027, of which \$27,500,000 is for the following project in the following amount:

State	Location	Project	Amount
IN	Shelbyville	Aircraft Maintenance Hangar	\$27,500,000

42nd Infantry Division Armory Headquarters.—The Committee recommendation includes \$90,000,000 for the new 42nd Infantry Division Headquarters in Colonie, equal to the President’s Budget Request for fiscal year 2027.

Lodging Shortfalls.—The Committee continues to be concerned about lodging shortfalls at Army National Guard training centers that support training and readiness activities as well as support training for outside agencies. The Committee encourages the Army National Guard to allocate appropriate funding towards lodging requirements, particularly for installations with new training and readiness requirements.

Medical Readiness.—The Committee notes the key role the Army National Guard plays in medical readiness and supports the use of funds provided for projects that support the Guard’s medical readiness mission.

MILITARY CONSTRUCTION, AIR NATIONAL GUARD

Appropriation, fiscal year 2026	\$292,546,000
Committee recommendation, fiscal year 2027	291,264,000

The Committee recommends \$291,264,000 for the Air National Guard in fiscal year 2027, of which \$38,500,000 is for the following project in the following amount:

State	Location	Project	Amount
IA	Sioux Gateway Airport	Repair runway 13–31 (INC)	\$38,500,000

F–35 FTU Academic Training Center at Klamath Falls.—The Committee recommendation includes \$80,000,000 for the F–35 FTU Academic Training Center at Klamath Falls IAP, equal to the President’s Budget Request for fiscal year 2027.

Selfridge Air National Guard Base.—The Committee recommendation includes \$162,000,000 for three projects at Selfridge Air National Guard Base, equal to the President’s Budget Request for fiscal year 2027, including \$110,000,000 to mitigate runway encroachment, \$24,000,000 for the extension of taxiway bravo, and \$28,000,000 for the extension of taxiway alpha.

MILITARY CONSTRUCTION, ARMY RESERVE

Appropriation, fiscal year 2026	\$92,239,000
Committee recommendation, fiscal year 2027	42,239,000

The Committee recommends \$42,239,000 for the Army Reserve in fiscal year 2027, of which \$1,710,000 is for the following project in the following amount:

State	Location	Project	Amount
IL	Phillip H. Sheridan Army Reserve Center	Area Support Maintenance Activity: Design.	\$1,710,000

MILITARY CONSTRUCTION, NAVY RESERVE

Appropriation, fiscal year 2026	\$52,255,000
Committee recommendation, fiscal year 2027	2,255,000

The Committee recommends \$2,250,000 for the Navy Reserve in fiscal year 2027.

MILITARY CONSTRUCTION, AIR FORCE RESERVE

Appropriation, fiscal year 2026	\$116,468,000
Committee recommendation, fiscal year 2027	60,458,000

The Committee recommends \$60,458,000 for the Air Force Reserve in fiscal year 2027.

NORTH ATLANTIC TREATY ORGANIZATION
SECURITY INVESTMENT PROGRAM

Appropriation, fiscal year 2026	\$481,832,000
Committee recommendation, fiscal year 2027	481,832,000

The North Atlantic Treaty Organization Security Investment Program (NSIP) consists of annual contributions by North Atlantic Treaty Organization (NATO) member countries to finance the costs of construction needed to support the roles of the major NATO commands.

DEPARTMENT OF DEFENSE BASE CLOSURE ACCOUNT

Appropriation, fiscal year 2026	\$465,161,000
Committee recommendation, fiscal year 2027	465,161,000

The Committee recommends \$465,161,000 for the Base Closure account.

The Committee continues to be concerned about the extent of per- and polyfluoroalkyl substance (PFAS) contamination at closed U.S. military installations and the Committee recommendation includes no less than \$50 million above the requested level for PFAS remediation. The Committee continues to recognize the Navy's efforts towards the demolition and 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.

FAMILY HOUSING OVERVIEW

Appropriation, fiscal year 2026	\$1,884,862,000
Committee recommendation, fiscal year 2027	1,883,644,000

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 Committees remain concerned that the MHPI management companies are not consistently fulfilling responsibilities outlined in their partnership agreements with the Services. Continued evidence of poor housing conditions, inadequate maintenance response times, and

mishandling of claims remain issues. Therefore, the agreement provides an additional \$30,000,000 for increased oversight, to include hiring additional support personnel and deployment of training programs.

The Committee notes that veterans have reported dangerous living conditions that included mold, lead paint, faulty wiring, poor water quality, and pestilence such as mice and squirrels. No later than 120 days after the enactment of this Act, the Committee directs each Service to update its report to the Committee detailing steps taken to improve the conditions of all MHPI housing, including the current backlog of maintenance requests; a summary of all MHPI tenant complaints; and an updated performance review of each MHPI management company.

FAMILY HOUSING CONSTRUCTION, ARMY

Appropriation, fiscal year 2026	\$228,558,000
Committee recommendation, fiscal year 2027	228,558,000

FAMILY HOUSING OPERATION AND MAINTENANCE, ARMY

Appropriation, fiscal year 2026	\$388,418,000
Committee recommendation, fiscal year 2027	388,418,000

FAMILY HOUSING CONSTRUCTION,
NAVY AND MARINE CORPS

Appropriation, fiscal year 2026	\$177,597,000
Committee recommendation, fiscal year 2027	177,597,000

FAMILY HOUSING OPERATION AND MAINTENANCE,
NAVY AND MARINE CORPS

Appropriation, fiscal year 2026	\$384,108,000
Committee recommendation, fiscal year 2027	384,108,000

FAMILY HOUSING CONSTRUCTION, AIR FORCE

Appropriation, fiscal year 2026	\$274,230,000
Committee recommendation, fiscal year 2027	274,230,000

FAMILY HOUSING OPERATION AND MAINTENANCE, AIR FORCE

Appropriation, fiscal year 2026	\$369,765,000
Committee recommendation, fiscal year 2027	369,765,000

FAMILY HOUSING OPERATION AND MAINTENANCE, DEFENSE-WIDE

Appropriation, fiscal year 2026	\$53,374,000
Committee recommendation, fiscal year 2027	52,156,000

DEPARTMENT OF DEFENSE FAMILY HOUSING IMPROVEMENT FUND

Appropriation, fiscal year 2026	\$8,315,000
Committee recommendation, fiscal year 2027	8,315,000

DEPARTMENT OF DEFENSE MILITARY UNACCOMPANIED HOUSING
IMPROVEMENT FUND

Appropriation, fiscal year 2026	\$497,000
Committee recommendation, fiscal year 2027	497,000

ADMINISTRATIVE PROVISIONS

The bill includes a total of 32 administrative provisions.

Section 101. Prohibits 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.

Section 102. Permits the use of construction funds for the hire of passenger motor vehicles.

Section 103. Permits funds to be expended on the construction of defense access roads under certain circumstances.

Section 104. Prohibits construction of new bases in the United States without a specific appropriation.

Section 105. Limits the use of funds for the purchase of land or land easements that exceed 100 percent of value except under certain conditions.

Section 106. Prohibits the use of funds to acquire land, prepare sites, or install utilities for family housing except housing for which funds have been appropriated.

Section 107. Limits the use of minor construction funds to relocate any activity from one installation to another without prior notification.

Section 108. Prohibits the procurement of steel unless American producers, fabricators, and manufacturers have been allowed to compete.

Section 109. Prohibits the use of funds to pay real property taxes in foreign nations.

Section 110. Prohibits the use of funds to initiate a new installation overseas without prior notification.

Section 111. Establishes a preference for United States architectural and engineering services where the services are in Japan, NATO member countries, or countries bordering the Arabian Sea.

Section 112. Establishes 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 bordering the Arabian Gulf, except bids by Marshallese contractors for military construction on Kwajalein Atoll.

Section 113. Requires the Secretary of Defense to give prior notice to Congress of military exercises where construction costs exceed \$100,000.

Section 114. Allows funds appropriated in prior years to be used for new projects authorized during the current session of Congress.

Section 115. Allows the use of expired or lapsed funds to pay the cost of associated supervision, inspection, overhead, engineering and design on those projects and on subsequent claims.

Section 116. Provides 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.

Section 117. Allows 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.

Section 118. Provides transfer authority to the Homeowners Assistance Program.

Section 119. Requires 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 \$20,000 per unit annually without notification.

Section 120. Makes funds in the Ford Island Improvement Fund available until expended.

Section 121. Allows the transfer of expired funds to the “Foreign Currency Fluctuations, Construction, Defense” account.

Section 122. Allows the transfer of funds in accordance with re-programming guidelines.

Section 123. Prohibits the use of funds for projects at Arlington National Cemetery.

Section 124. Provides funds for certain projects identified in the respective military department’s unfunded priority and cost to complete list.

Section 125. Directs all amounts appropriated to Military Construction (all accounts) be immediately available and allotted for the full scope of the authorized project.

Section 126. Extends the eligibility of unobligated funding for fiscal year 2018, 2019, and 2020 projects that have not lapsed.

Section 127. Provides additional funds for military installation resilience construction improvements at installations.

Section 128. Provides additional funds for design for child development centers.

Section 129. Provides funds for design for barracks.

Section 130. Provides funds for unspecified minor construction for demolition.

Section 131. Prohibits funds from being used to carry out the closure or realignment of Naval Station Guantanamo Bay.

TITLE II

DEPARTMENT OF VETERANS AFFAIRS

Appropriation, fiscal year 2026	\$461,420,028,000
Committee recommendation, fiscal year 2027	\$480,972,953,000

The Department of Veterans Affairs (VA) provides health care for 9,000,000 veteran enrollees; disability compensation benefits to an estimated 6,094,440 veterans and 562,448 survivors; pension benefits for an estimated 136,678 veterans and 112,179 survivors; life insurance for more than 5,600,000 veterans, servicemembers and their families; educational assistance for nearly 820,000 students; and interment of more than 140,000 veterans and eligible family members in national cemeteries. To serve adequately the nation’s veterans, VA employs more than 450,000 staff, making it one of the largest Federal agencies in terms of employment.

Benefits Technology Platform.—The Committee recognizes the importance of simplifying and accelerating veterans’ access to earned benefits and reducing administrative burdens on State and local partners that support veterans through the claims and benefits process. The Committee notes that the Department is exploring a limited deployment of a technology platform to support State Veterans Service Officers (SVSOs) in case management and benefits navigation. To ensure equitable access nationwide and to avoid disruption to States that may adopt this capability as it is evaluated, the Committee encourages the Department to make available, on

a nationwide basis, a secure benefits technology and case-management platform for use by State and Territorial Veterans Service Officers. In carrying out this effort, the Department should prioritize continuity of service for existing users while expanding access to all States, Territories, and Tribal governments. The Committee expects the Department to implement this capability in a manner that minimizes administrative burden on State partners, avoids unnecessary system transitions, and supports interoperability with existing Department systems, including systems used for claims development, service connection, and appeals assistance.

Less-than-Lethal Technology.—The Committee recognizes the critical role the VA Police play in protecting veterans, staff, and VA medical centers, and emphasizes the importance of equipping officers with modern, less-than-lethal electronic control weapons (ECWs) to manage threats and ensure public safety. The Committee notes that in 2024, the Department established an Integrated Project Team to develop a national procurement strategy for the conducted energy weapons program. To advance this strategy, the Committee encourages the Department to prioritize resources to acquire modern less-than-lethal ECWs. The Committee directs the Department to provide a briefing, not later than 180 days after enactment of this Act, outlining any policy, procurement, or funding barriers to implementation and deployment of such devices.

Medical Professional Staffing.—The Committee directs the Comptroller General of the United States (GAO) to conduct a study on how the salaries of VHA medical professionals compare with those of their private-sector counterparts, and how the hiring practices of medical professionals in VA and the private sector differ. The report should include barriers to hiring and retaining medical professionals at the Department, and recommendations to improve the hiring process.

Oversight on Delays in Obtaining DD214s from National Archives.—The Committee is concerned about the prolonged delays veterans face in obtaining their DD214 forms from the National Archives. DD214 is a critical document for veterans, required for accessing benefits, employment opportunities, and other essential services. However, the current processing times for obtaining this document often exceed several months, causing unnecessary hardship and delays in veterans receiving the benefits and services they are entitled to. The Committee directs the Department to work closely with the National Archives and Records Administration (NARA) to identify the root causes of these delays, improve the process, and ensure that veterans receive their DD214s in a timely manner. The Committee requests a brief within 90 days of enactment, identifying reasons for the delays in processing DD214 requests, steps being taken to streamline the request and delivery process, including any improvements to digital record access and electronic submission, and efforts to enhance communication with veterans during the waiting period to keep them informed of the status of their request.

Payment Integrity.—The Committee urges to increase efforts towards improving capabilities aimed towards payment integrity, fraud prevention, and investigative capabilities by modernizing identity resolution, external risk signal detection, cross-lingual entity analysis, and structured open-source intelligence workflows in

support of benefits adjudication, acquisition integrity, and insider threat programs. These capabilities should be deployed to VBA, OIG, OSLE, and related components to strengthen operational effectiveness and oversight. The Department shall report to Congress within 180 days on what actions can be taken to incorporate payment integrity controls.

Reproductive Health Services.—The Committee recognizes the final rule issued by the Department to reverse the policy established on September 8, 2022, that wrongfully removed longstanding language preventing taxpayer funding for abortions and abortion counseling. The Committee recognizes the Department’s assessment that “Congress has never mandated or legislated that VA provide abortions,” that the Department had long determined abortions were unnecessary under 38 U.S.C. 1710, and that Presidents and Secretaries for over 20 years had accepted that determination. The Committee notes that a formal opinion, issued by the Department of Justice’s Office of Legal Counsel (OLC), found that 38 U.S.C. 1710 does not give the VA statutory authority to provide abortion or abortion counseling.

RISE Reorganization Updates.—The Department is directed to brief the Committee quarterly on the major reorganization planned at the Veterans Health Administration. The briefing shall provide updates on organizational changes including staffing changes, cost, public outreach and engagement plans, and impact on veteran care.

Sexual Harassment and Sexual Assault Protections for VA Beneficiaries and Employees.—The Committee directs the Secretary to implement the recommendations laid out in GAO Report 20–387.

Small and Disadvantaged Business Utilization.—The Committee notes successful efforts on aiding incoming Veteran entrepreneurs in standing up their businesses, however there has been little sustainment or support for these businesses as they seek to overcome the challenges of expanding their work. The Committee urges the Office of Small and Disadvantaged Business Utilization (OSDBU) to increase follow-on entrepreneurial training opportunities to ensure the success of Veteran business owners.

Stuck on Hold Act.—The Committee is concerned that the Department lacks consistent data on call wait times and call response times across the network, notably crisis and suicide lines, as well as standard customer service lines. Inconsistent tracking of call metrics may prevent the Department from identifying delays or barriers to care. Therefore, no later than 120 days after enactment of this Act, the Secretary shall submit a report to the House of Representatives and Senate Committees on Appropriations evaluating the Department’s ability to measure and report call wait times and response performance across VA facilities, and provide recommendations to improve response times and ensure consistent tracking of call performance metrics.

Veterans First Contracting Program.—The Committee recognizes the tremendous value of the Veterans First Contracting Program in assisting in the expansion and growth of service-disabled veteran and veteran-owned small businesses. The Committee encourages VA to continue to expand and make mandatory the training of contracting officers in the requirements of the Veterans First Contracting Program, with particular attention being paid to conducting the market research necessary to ensure that service-dis-

abled veteran and veteran-owned small businesses, particularly women and minority veteran-led small businesses, are awarded VA contracts when appropriate.

Veterans in the Pacific.—The Committee directs the Department to continue efforts to improve and expand access to benefits, mental health, preventative and wellness programs, and telehealth, among other programs. The Committee requests a report not later than 90 days after enactment of this Act on the progress made in the prior fiscal year on improving access to such benefits and services.

Webpages and Datasets.—The Committee reminds the Department use of federal government funds for the purpose of deletion or removal of a federal government webpage fewer than 48 hours after or absent notification to Congress would violate the Antideficiency Act. The Committee directs the Department to notify the Committee when planning to remove any webpage or dataset. Notification shall include justification or the removal and confirmation anything removed will be properly archived in accordance with Federal Records Act or Presidential Records Act.

VETERANS BENEFITS ADMINISTRATION

COMPENSATION AND PENSIONS

(INCLUDING TRANSFER OF FUNDS)

Appropriation, fiscal year 2026	\$233,090,071,000
Appropriation, fiscal year 2027	10,555,052,000
Fiscal year 2027 advance appropriation (enacted)	246,630,525,000
Committee 2028 advance appropriation recommendation	283,806,848,000

This appropriation provides funds for service-connected compensation payments to an estimated 6,094,446 veterans and 562,448 survivors in fiscal year 2026. In addition, pension payments will be funded for an estimated 150,678 veterans and 112,179 survivors.

The appropriation includes authority to transfer funding not to exceed \$32,324,190 in fiscal year 2028 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). 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.

The Committee recommendation includes an additional \$10,555,071,000 for fiscal year 2027. For fiscal year 2028, the Committee recommendation includes an advance appropriation of \$283,806,848,000.

Aid and Attendance Benefit Eligibility Assistance.—The Committee recognizes the challenges faced by veterans and their surviving spouses in understanding and navigating eligibility for the Aid and Attendance benefit. The Committee encourages the Department to explore options to improve access to long-term care eligibility assessments and application assistance for individuals

seeking this benefit. In doing so, the Department should consider partnerships with qualified organizations that are able to provide comprehensive eligibility assessments and help applicants prepare and submit claims for Aid and Attendance benefits.

Claims Backlog.—The Committee seeks reassurance that any recent reduction in full-time positions will not adversely impact the Department's ability to process benefits claims in a timely manner. Any reduction in VBA processing capacity, could lead to an increase in the claims backlog and decision times. The Committee directs the Department to ensure that veterans' needs are being met and to submit a report within 120 days of enactment detailing the projected impact of any staffing reductions on claims processing, including anticipated backlog growth, delays in PACT Act-related benefits, and mitigation strategies.

Clear Communication and Simplification of Benefits Forms.—The Committee is concerned that unnecessary complexity in benefits forms and notices can delay claims processing and increase error rates. The Committee directs the Department to submit a plan to the Committee on Appropriations of the House of Representatives and the Senate not later than 180 days after enactment of this Act on improvements on the clarity and usability of high volume benefits forms and claimant communications, including: (1) priority forms and notices selected for revision; (2) plain language and accessibility standards; (3) implementation timeline; and (4) measures to track improvements in claimant comprehension, submission completeness, and processing efficiency.

Customer Experience.—The Committee emphasizes the importance of implementing proper customer experience standards. Continued implementation of these standards includes providing significant services directly to the public, identifying and surveying target customers, establishing effective experience standards and tracking internal performance against those standards. The Committee commends current efforts to implement improved customer experience among agencies and directs all agencies funded by this Act to continue developing standards to improve customer experience and incorporate the standards into the performance plans required under 31 U.S.C. 1115.

Expanding Veteran Services in the Pacific Islands.—The Committee is aware of gaps in service coverage for veterans and their families in Guam, the Northern Mariana Islands, American Samoa, and the Freely Associated States. The Committee is concerned that lack of access to VBA services may deter or prevent veterans and their families from accessing earned benefits, increase costs to the Department, or shift burdensome costs on veterans and their families. The Committee encourages the Department to increase its operational presence by utilizing existing lease spaces in Guam, the Northern Mariana Islands, American Samoa, and the Freely Associated States. The Committee also directs the Department to provide a feasibility report to Congress on establishing a Regional Office on Guam not more than 180 days after the enactment of this Act.

Improving VBA Access for Rural Veterans.—The Committee recognizes that veterans residing in rural communities often face significant geographic barriers to accessing in-person Veterans Benefits Administration (VBA) services. To improve access to benefits

counseling and claims assistance, the Committee encourages VA to establish mobile or temporary VBA service locations in rural areas, as defined by the Department of Veterans Affairs Office of Rural Health. The Committee directs the Department to prioritize locations where veterans must travel substantial distances to access VBA offices and where unmet demand for in-person benefits assistance is greatest.

Medical Examinations at VA facilities.—The Committee recognizes that the current compensation and pension (C&P) exam process causes issues for veterans, including scheduling, access, quality of and time to care, and access to benefits. The Committee urges the Department to explore the feasibility of implementing a pilot program to assess the feasibility of conducting C&P exams, or obtaining medical opinions, in-house at VA medical facilities rather than third-party providers. Within 180 days of enactment of this Act, the Department is directed to provide a report that assesses the cost, timeliness, quality, and capacity of the Department to provide medical disability examinations including average time to completion of examinations, adequacy and remand rates, claimant satisfaction and experience, and average cost per completion of examination.

Specially Adapted Housing Assistance for Rural Veterans.—The Committee recognizes the importance of the Specially Adapted Housing (SAH) program in enabling veterans with severe service-connected disabilities to modify their homes to support their mobility and long-term stability. However, the Committee is concerned that veterans, particularly those residing in rural communities, often face significant challenges identifying contractors willing and able to perform SAH-funded accessibility modifications, which places an undue administrative burden on veterans seeking to utilize these benefits. The Committee encourages VBA to improve assistance to rural veterans in identifying qualified contractors and navigating the SAH program.

Veteran Owned Small Business (VOSB) Scale and Success Training Program.—The Committee encourages the Office of Small and Disadvantaged Business Utilization (OSDBU) in providing follow-on entrepreneurial training and technical assistance to Veteran-Owned Small Businesses (VOSBs).

Veterans Readiness and Employment Program Claims.—The Department is directed to brief the Committee on Appropriations, addressing the five recommendations included on pages 65–66 of the report of the Inspector General titled “The Accuracy of Veteran Readiness and Employment Claims Cannot be Assessed Because of Insufficient Documentation,” dated September 30, 2025. The briefing should include how the Department will address each recommendation and, where applicable, how it will not, with justifications.

READJUSTMENT BENEFITS

Appropriation, fiscal year 2026	\$25,249,916,000
Fiscal year 2027 advance appropriation (enacted)	24,703,528,000
Committee 2028 advance appropriation recommendation	23,565,656,000

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. 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.

The Committee recommendation includes an advance appropriation of \$23,565,656,000 for fiscal year 2028.

GI Bill Administration and Recovery Practices.—The Committee supports timely and accurate administration of veterans education benefits and is concerned about avoidable debts and recovery actions that may burden beneficiaries. The Committee directs the Department to brief the Committees on Appropriations not later than 180 days after enactment of this Act on: (1) steps taken to reduce erroneous payments and overpayments; (2) improvements in communication to beneficiaries regarding enrollment changes and potential debt; and (3) options to streamline recovery practices consistent with program integrity and applicable law.

Post 9/11 GI Bill Books & Supplies Stipend.—The Committee acknowledges the increasing need for technology for education as coursework and class materials continue to shift from physical to virtual. Additionally, the Committee recognizes that the books and supply stipend has not been adjusted for inflation in 15 years. The Committee encourages the Secretary to evaluate the need to increase the books and supplies stipend from the current rate of \$1,000 per year to a higher inflation adjusted level.

Skills and Certifications.—The Committee recognizes the importance of expanding job opportunities for veterans after their discharge and encourages the Department to work with other Federal agencies and State licensing bureaus, as appropriate, to evaluate the transferability of DoD skills and certifications, including mechanical skills and certifications, to state certifications to aid in transition to civilian employment.

Technology for Student Veterans.—The Committee understands the importance of remote learning technologies, such as computers and routers for internet access, were widely used so students could continue their studies. House Report 118–122 directed a report within 180 days of enactment of this Act, on the cost, feasibility, and advisability of ensuring student veterans have access to the technologies needed to be successful in school. The Committee is looking forward to receiving this report.

Transition Coordination.—The Committee encourages the Department in consultation with the Departments of Defense and Labor, to 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, that are available to veterans and their families. The Committee also urges the Department to explore options for veterans to access hands-on job placement services that connect them directly with employers, including those offered through successful state and local programs.

VA Automotive Adaptive Equipment (AAE) Schedule Pricing Update.—The Committee is aware that when the Department first established its AAE Schedule in July 2024, the prices listed were

based on data from 2021, resulting in undervalued pricing. Within 90 days of enactment, the Committee encourages the Department to review the prices listed in the AAE Schedule to ensure that such prices reflect the most recently available pricing data.

Veteran Transition Assistance Grant Program (VTAG).—The Committee continues to support VSTAGP program and its goal of providing comprehensive employment-based resources, mentorship, and professional development to recently separated members of the Armed Forces and their spouses. The Committee encourages the Department to consider small and mid-sized non-profits, that have a strong professional network in their region, when reviewing applicants.

VETERANS INSURANCE AND INDEMNITIES

Appropriation, fiscal year 2026	\$131,518,000
Fiscal year 2027 advance appropriation (enacted)	97,893,000
Committee 2028 advance appropriation recommendation	90,892,830

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 2028, the Committee recommendation includes an advance appropriation of \$90,892,830.

VETERANS HOUSING BENEFIT PROGRAM FUND PROGRAM ACCOUNT

	Program Account	Limitation on direct loans for specially adapted housing loans	Administrative Expenses
Appropriation, fiscal year 2026	---	(\$500,000)	\$266,737,000
Committee recommendation, fiscal year 2027	---	(500,000)	266,736,842

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 Committee recommendation includes \$266,736,842 for fiscal year 2027 for administrative expenses to carry out the Veterans Housing Loan Program.

Veterans Affairs Servicing Purchase (VASP) Program and Partial Claim Program Implementation.—The Committee notes that the VA Home Loan Program Reform Act, signed into law in July 2025, authorized the establishment of a new Partial Claim Program intended to provide a long-term foreclosure mitigation option for veteran borrowers. The Committee notes that VASP had programmatic flaws, however a replacement program for VASP has not yet been established and a timeline for the rollout of the Partial Claim Program is not known. This has left a gap of several months between the termination of VASP and a replacement program being established. This gap has exposed veterans to the risk of foreclosure. The Committee directs the Department to submit a

report to the House and Senate Committees on Appropriations and Committees on Veterans Affairs not later than 90 days after enactment of this Act addressing: (1) the total number of veterans who received assistance through VASP; (2) the number of pending applications at the time of termination; (3) the number of veteran borrowers currently delinquent or at risk of foreclosure; (4) the number of veteran borrowers who have entered foreclosure, enrolled in VA foreclosure relief mechanisms; and (5) the Department's timeline for implementing the Partial Claim Program, including projected date(s) and milestones for implementation, eligibility criteria for veteran borrowers, guidance to mortgage lenders and servicers, and the anticipated date the program will begin accepting applications.

VOCATIONAL REHABILITATION LOANS PROGRAM ACCOUNT

	Program Account	Limitation on direct loans	Administrative Expenses
Appropriation, fiscal year 2026	\$45,428	(\$1,394,442)	\$507,254
Committee recommendation, fiscal year 2027	34,788	(1,227,041)	507,254

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 \$1,530 (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.

The Committee recommendation includes \$34,788 for fiscal year 2026 for administrative expenses to carry out the Vocational Rehabilitation Direct Loan program.

NATIVE AMERICAN VETERAN HOUSING LOAN PROGRAM ACCOUNT

Appropriation, fiscal year 2026 cost of direct loan and administration	\$11,710,000
Committee recommendation, fiscal year 2027 cost of direct loan and administration	8,449,000

The Native American Veteran Housing Loan Program, as authorized by title 38 United States Code, chapter 37, subchapter V, provides the Secretary 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. These loans are available to purchase, construct, or improve homes to be occupied as veterans' residences.

The Committee recommendation includes \$5,845,241 for fiscal year 2027 for administrative expenses for the Native American Veteran Housing Loan Program, and \$75,000,000 in loan authority, to remain available until expended, for the principal amount of direct loans pursuant to subchapter V of chapter 37 of title 38, United States Code.

GENERAL OPERATING EXPENSES,
VETERANS BENEFITS ADMINISTRATION

Appropriation, fiscal year 2026	\$3,881,000,000
Committee recommendation, fiscal year 2027	3,744,000,000

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

The Committee recommendation includes \$3,744,000,000 for fiscal year 2027 for General Operating Expenses, VBA. These resources will improve VBA's ability to address compensation and benefit claims. The bill makes available through September 30, 2028, up to ten percent of these funds.

Artificial Intelligence in VBA Disability Claims Process.—The Committee is aware of veterans' concerns regarding the use of artificial intelligence (AI) in the Department's disability claims process, however the use of AI has the potential to improve claims processing times, transparency regarding its use, especially in claims adjudication. The Committee directs the Department to submit a report to Congress within one year after the date of enactment detailing how AI is used in the disability compensation process. The report shall include: a step-by-step map of the disability claims process from submission through final rating, identifying where AI is used; a description of each AI use case including its effect on claims processing timelines and how it is used to inform rating and award decisions; a description of the Department's quality review procedures and auditing practices for AI-assisted claim decisions; and an overview of policies governing disclosure of AI tools used in the disability claims process.

Attorney Fees.—The Committee recognizes that veterans and their dependents may experience delays in the processing of benefits claims, including during the appeals process. The Committee requests a report within 180 days of enactment examining the aggregate costs associated with veterans and dependents obtaining attorney representation in VA appeals, an assessment of whether incomplete or partial initial claims submissions may be contributing to the volume of appeals and an evaluation of whether the use of professional claims consultants could improve the completeness of initial claims and reduce the need for appeals. The Committee seeks current VA opinion on the interpretation of 38 U.S.C. 5901 and how it applies to private companies assisting veterans with their initial claim, not as agents or attorneys.

Benefits Usage.—The Committee encourages the Department to include veteran benefit usage into its annual suicide prevention report, including usage of disability compensation, education and employment, home loan and foreclosure assistance benefits, as well as participation in housing and food security programs. Additional data may enable a better understanding of the correlation between benefit use and suicide and allow for more effective programs to assist veterans.

Compensation and Pension Exams.—The Committee understands the important role of contractors in providing medical disability exams. These exams are necessary for Veterans to receive the benefits that they have earned. The Committee urges the Department to apply standard timeliness and quality performance metrics across contract providers and VHA providers to ensure quality exams for all Veterans. Further, VA is directed to report to the Committee on the impact on VHA healthcare wait times before

committing additional VHA providers to the delivery of medical disability exams.

Digitizing Veteran Records.—The Committee commends the efforts of VBA, in partnership with the National Archives and Records Administration, 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 encourages VBA to continue its efforts to create digital copies of veterans' records housed at NPRC. The Committee requests the Department update the analyses required by House Report 117–391.

Equitable Relief.—The Committee understands the Department is working to implement new systems and protocols to eliminate instances of administrative error. However, as the Department 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 encouraged to continue to grant or extend equitable relief to eligible veterans initially deemed eligible in instances of administrative error. The Committee continues to await the report directed in House Report 119–161.

Information 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 required by the Veterans and Family Information Act (P.L. 117–62).

Military Sexual Trauma (MST).—The Committee is frustrated by the findings of the August 2021 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 continues to urge VBA to prioritize specialized MST training for claims processors, and to continue to involve MST survivors in the development of specialized training.

VETERANS HEALTH ADMINISTRATION (VHA)

The Department operates the largest integrated medical care delivery system in the United States, providing care at nearly 1,300 health care facilities, including 171 medical centers and more than 1,100 outpatient sites to more than 9,000,000 veterans enrolled in VA health care program.

Funding for veterans' health care, VA research, and the Veterans Health Administration are provided through five discretionary accounts and the mandatory Cost of War Toxic Exposure Fund. The discretionary accounts are Medical Services, Medical Community Care, Medical Support and Compliance, Medical Facilities, and Medical and Prosthetic Research.

For fiscal year 2027, the President's Budget requested a total of \$138,240,000,000 for veterans' medical care, including funding for medical care for the treatment of conditions related to toxic exposures. The Committee does not accept the proposal to realign account categories.

In fiscal year 2027, VA will collect an estimated \$4,206,990,000 in the Medical Care Collections Fund.

The Committee provides \$900,000,000 for Medical and Prosthetic Research for fiscal year 2027.

The Committee provides \$138,240,000,000 in advance for fiscal year 2028. The discretionary advance appropriations is in conjunction with the Toxic Exposures Fund (TEF) mandatory funding of \$54,593,000,000 in 2027.

Dispute Resolution.—The Committee urges VA to ensure that veterans are advised of their rights to contest VA billing charges and determinations and of the step-by-step process for disputes. VA should ensure this information is available online and in publicly accessible areas at each VA medical center, and that it is made available in several commonly spoken languages.

Essential Medical Devices.—The United States’ manufacturing capacity for essential medical devices is at serious risk due to organized efforts by Chinese manufacturers to enter the U.S. market in response to inflationary pressures faced by U.S.-based manufacturers, distributors, and providers. The current shift toward purchasing Chinese-made medical devices is drastic and occurring at a pace that will leave U.S. hospitals dependent on Chinese supplied devices. The Committee urges VA to purchase essential medical devices, like needles and syringes, from U.S. manufacturers or allied trading partners.

In-Vitro Diagnostic Testing for Veterans.—The Committee recognizes that in-vitro diagnostics, tools used in health care to detect diseases, infections, and other medical conditions by analyzing specimens taken from the body, provide valuable information to health care providers for accurate diagnosis, treatment planning, and monitoring of patients’ health.

Native Hawaiian, Pacific Islander and United States-Affiliated Pacific Islander (NHPIUSAPI) Veterans Health.—The Committee continues to support VA Center for NHPIUSAPIs. The Committee encourages the Department to partner with universities in the Pacific region focusing on issues unique to the NHPIUSAPI community.

MEDICAL SERVICES

Fiscal year 2026 enacted level	\$59,150,000,000
Fiscal year 2027, appropriation	100,000,000
Fiscal year 2027 advance appropriation (enacted)	59,958,000,000
Committee 2028 advance appropriation recommendation	70,700,000,000

The bill includes an additional \$100,000,000 in addition to the \$59,958,000,000 enacted in P.L. 119–37. The bill includes \$70,700,000,000 for advance fiscal year 2028 funding for Medical Services. The Committee has included bill language to make \$2,000,000,000 of the Medical Services advance appropriation for fiscal year 2027 available through September 30, 2028.

Allocation of Health Funding.—The Committee continues to request a report each year, not later than 30 days after the Department 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.

Changes in Funding Requirements Due to Modeling.—The Committee expects the Department 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.

Support for FAS Veterans.—Since the passage of the Consolidated Appropriations Act, 2024 (Public Law 118–42), the Department is no longer restricted from providing services to veterans residing in the Freely Associated States (FAS), including, but not limited to, direct care from VA providers, telehealth, and care through contracts with community providers, and shipping medications to the FAS. The Committee requests a brief within 60 days of enactment of this Act with the estimated cost and the plan for implementing this law in fiscal year 2026.

Treatments for Hypertension.—The Committee is concerned by the prevalence of hypertension, or high blood pressure, and uncontrolled hypertension across the veterans population. In light of recent advancements in hypertension treatment, such as FDA-approved renal denervation technologies, the Committee is interested in understanding the Department's current initiatives and resources allocated to addressing hypertension and uncontrolled hypertension within the Veteran community. The Committee awaits the requested report in H. Rpt. 119–161.

CANCER AND RARE DISEASES

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

Creutzfeldt-Jakob Disease (CJD) Monitoring.—The Committee continues to urge the Department to utilize reference data from existing medical records of veterans to determine the percentage of veterans who have more frequent or unexplained symptoms associated with CJD compared to the civilian population. This data could be helpful in clarifying the extent and specifics of the medical issues suffered by veterans from exposure to CJD.

Dermatological Care for Veterans.—The Committee is concerned by recent research studies, including those by the National Institutes of Health and the Journal of American Academy of Dermatology, regarding the increased risk of skin cancers in Veterans. Servicemembers' increased UV radiation exposure, lack of sun protective measures, and over two decades of deployments to regions in close equatorial proximity have placed veterans at higher risk for melanoma and other skin cancers. Veterans are also more likely to be diagnosed with advanced-stage skin cancers than the civilian population due to less frequent skin checks and access to specialized care. The committee supports continued access dermatology screening, dermatologic preventative care, and trained Mohs micrographic surgeons.

Kidney Paired Donation for Veterans.—The Committee recognizes the significant annual cost of chronic kidney disease (CKD) within

the veteran population and encourages the Department to explore increased patient access to kidney paired donation (KPD) programs as a solution. KPD can reduce transplant wait times, improve organ matching, and increase the rate of completed transplants—all of which reduce long term CKD costs.

The Committee further notes that existing authorities, including regulations at 38 C.F.R. § 17.395 and Section 153 of the VA MISSION Act, authorize referrals to non-VA transplant programs and reimbursement mechanisms to support veteran participation in networks. The Committee encourages the Department to utilize these policies and ensure that veterans in need of a kidney transplant are informed of KPD and appropriately referred to community-based transplant programs when such services are not available within VA facilities.

Low Helium MRI.—The Committee recognizes that our nation's helium stockpile is running dangerously low, jeopardizing Americans' access to diagnostic MRI exams, potentially leading to false or missed readings and diagnosis, in addition to risks to other important technologies. The Committee recognizes technology advancement in the industry that has led to the development of low helium machines (LH-MRI) to enable fast imaging for reduced cost to taxpayers with high resolution for improved diagnosis. Converting to LH-MRI reduces the amount of helium used by MRI machines by 95.5% and removes the need for helium refills and top offs over the lifetime of the system. The Committee encourages the use of LH-MRI machines to reduce our dependency on helium in the medical field for access to and diagnosis with MRI.

Medical Companion Program.—The Committee remains concerned about barriers to care for undergoing outpatient or ambulatory procedures using sedation or anesthesia that require a responsible adult available to assist in their care before and after the procedure. As a follow up to House Report 119–161, the Committee requests the Department report to Congress about the development of more Medical Companion programs across the VHA system, including identifying barriers for setting up these programs and providing recommendations to support their continued development. The Committee reiterates the importance of ensuring any policy does not jeopardize standard of care veterans receive.

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, given their heightened exposure to hazards associated with cancer during their service. Over 60 forms of cancer disproportionately impact military service members and most are rare, defined as fewer than six new cases per 100,000 Americans per year. Molecular diagnostics and precision oncology, including microarray and next generation sequencing, 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. Therefore, the Committee commends the Department's Precision Oncology Program and directs the Department to spend no less than \$30.3 million and issue a report no later than 60 days after the enactment of this Act describing the specific types of molecular diagnostics, such as microarray, whole exome, whole genome, and RNA-Seq, which the Department is pro-

viding to cancer patients and their frequency of use, as well as detailed policy for data-sharing practices for cancer cell lines and models with the external research community.

Reducing Health and Economic Burden of Chronic Liver Disease Among Veterans.—The Committee is aware that steatotic (fatty) liver disease is an increasing challenge for the Veterans Health System, with up to 30% of VA patients having this condition. About 70% of people with type 2 diabetes or who experience obesity have steatotic liver disease. The reported increased incidence of steatotic liver disease and impaired liver function among active-duty military service members can lead to their inability to perform military duties, disqualifying them from service and increasing their representation in the Veterans Health System. Therefore, the Committee recommends the Department take steps to increase efforts to screen, diagnose and treat veterans with metabolic dysfunction-associated steatohepatitis or MASH, formerly known as non-alcoholic steatohepatitis or NASH, using non-invasive diagnostics and FDA-approved treatments, similar to Tricare for active-duty military, and provide a briefing to the Committee on these efforts.

CAREGIVER SUPPORT PROGRAM

Caregivers Program.—The Committee provides \$3,590,212,000 for the caregivers program. The Committee continues to require quarterly reporting on obligations for this program.

CENTERS OF EXCELLENCE

The Neurology Centers of Excellence provide essential innovative clinical care, education, and research efforts focused on these conditions. The Committee applauds the Department for recent investments into the headache, multiple sclerosis, and Parkinson's disease centers and acknowledges the advancement and expansion the Centers have begun. The Committee encourages further investment and collaboration of the Centers across disciplines and urges the Department to allocate robust funding for the Neurology Centers of Excellence for maintenance and expansion.

Amyotrophic Lateral Sclerosis (ALS) Center of Excellence.—The Committee recognizes that veterans are twice as likely to develop and die from ALS compared to civilians. Despite this elevated risk, the VA ALS System of Care does not currently support dedicated research focused on ALS prevention or risk mitigation in military and veteran populations. The Committee directs the Secretary of Veterans Affairs to evaluate the feasibility of establishing an ALS Center of Excellence within the Veterans Health Administration, including opportunities to build upon existing VA neurology programs, ALS specialty clinics, and current Centers of Excellence infrastructure. The evaluation should examine potential organizational models, workforce and infrastructure requirements, anticipated patient demand, and estimated costs associated with establishing such centers. Not later than 180 days after enactment of this Act, the Secretary shall submit a report to the Committees on Appropriations of the House of Representatives and the Senate outlining the feasibility of establishing ALS Centers of Excellence and any recommendations for pilot programs or future implementation.

Epilepsy Center of Excellence.—The Committee encourages the Department to ensure that all veterans with epilepsy are com-

prehensively evaluated at a VHA Epilepsy Center of Excellence to identify drug-resistant epilepsy patients who may be candidates for FDA-approved non-drug therapies.

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, and therefore provides \$80,000,000 for the Neurology Centers of Excellence. This includes \$29,000,000 for the Epilepsy Centers, \$26,000,000 for the Headache Centers, \$9,000,000 for the Multiple Sclerosis Centers, and \$16,000,000 for the Parkinson's Disease, Research, Education and Clinical Centers.

Parkinson's Disease.—The Committee encourages the Department to advance and bolster its research efforts on veterans with Parkinson's disease and related atypical parkinsonisms. The Committee urges the Department to prioritize research on the risk factors, particularly associated with military service, including environmental exposure, in addition to altering disease progression, addressing disease symptoms, identifying and understanding disease biomarkers, and advancing new treatments that benefit veterans.

Stroke Center of Excellence Study.—The Committee encourages the Secretary of Veterans' Affairs to undertake an evaluation of current treatments available to veterans for stroke recovery and rehabilitation, given the sometimes very debilitating effects and quality of life problems that strokes can cause. The review should include an evaluation of the potential benefits of establishing a new program within the Neurology Centers of Excellence focused on clinical research and helping veterans regain function after a stroke. Further, the Committee is aware that there are new FDA approved implantable neuromodulation devices that have shown great promise in restoring motor function and improving the quality of life of veterans who have suffered a stroke, which should be included in the evaluation.

COLLABORATIONS AND PARTNERSHIPS

Academic Collaborations at Community Based Outpatient Clinics (CBOC).—The Committee encourages VA to expand academic collaborations with CBOCs, as they 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 understanding of veterans' specific healthcare needs, improve patient outcomes, advance specialized research, and increase the talented workforce pipeline. VA is encouraged to consider including public academic medical centers in CBOC collaborations.

Increasing Veterans Enrollment in Medicare.—The Committee is aware that information gaps exist for some veterans related to the differences between hospital care and medical services available in VA system versus coverage provided under Medicare. The information gaps may have resulted in some veterans receiving late-enrollment penalties through the Medicare program. The Committee encourages the Veterans Health Administration to work with the Centers for Medicare and Medicaid Services and the Department of Health and Human Services to ensure that veterans have accurate information regarding the differences between VA system and Medicare coverage, including for prescription drugs.

Strengthening the VA Clinical Workforce Pipeline Through University Partnerships.—The Committee is concerned about the shortage of clinicians at VA and supports innovative pathways to strengthen the workforce pipeline. The Committee is encouraged by partnerships VA has with universities and institutions of higher education that support the veteran population through clinical training placements, veteran-focused competency development, and workforce pipeline programs. The Committee encourages the department to expand collaboration with these institutions to better integrate students into VA settings and create pathways to full-time employment.

DENTAL CARE

The recommendation includes \$3,626,523,000 to provide dental care for veterans.

Access to Dental Care.—The Committee recognizes the importance of dental care as a preventative measure for future adverse health outcomes. As such, veterans in rural areas may face longer distances to access dental care, many times at a higher cost and lacking complete coverage, may be more prone to adverse health outcomes health diagnoses as a result. As such, the Committee notes the affordability concerns across veterans of all disability coverage levels by the Department. The Committee directs the VHA to conduct a feasibility and cost assessment on the following: (1) co-pay coverage parity between the disability rating of the veteran and cost covered by the Department, (2) existing dental care accessibility across the Department, with a distinct focus on rural populations and (3) alternative coverage solutions by the Department that prioritize an inclusive coverage approach for veterans all of all statuses.

Dental Care.—The Committee supports the ongoing implementation of the pilot program to furnish dental care from the Department to certain veterans diagnosed with ischemic heart disease established in P.L. 118–210. The Committee urges the Department to prioritize implementation consistent with congressional authorization. The Committee further directs the Department to submit a report within 180 days of enactment of this Act detailing the status of implementation, including planned start dates, participating sites, eligibility criteria, anticipated enrollment, and any barriers to execution.

Dental Vans.—The Committee notes that many veterans residing in rural areas must travel long distances to access quality dental and oral care. Within 180 days of enactment of this Act, the Committee requests the Department brief the Committee on the feasibility of deploying mobile dental cleaning vans, in partnership with any appropriate federal agencies, academic institutions, public, or private organizations, to provide pop-up dental cleaning services across rural, remote locations to reach veteran populations.

DIABETES CARE

Reducing Diabetes-Related Amputations in Veterans.—The Committee is encouraged by advancements in wound care technologies aimed at addressing diabetic foot ulcers (DFUs), which present a significant health risk and are the leading cause of lower-extremity amputation in veterans. The Committee further encourages VA to

establish a pilot to evaluate patient outcomes and cost effectiveness of emerging treatment modalities.

Reducing Veteran Insulin-related Adverse Events.—The Committee encourages the Department to explore establishing a pilot program to improve glycemic management in VA medical centers. The pilot should target reductions in severe hyper- and hypoglycemia in hospitalized patients and consider existing commercial technologies that are FDA-cleared and proven to reduce patient length of stay and readmissions, integrate with existing electronic health record systems, and reduce administrative burden on hospital staff.

EMERGING AND NOTABLE HEALTHCARE ISSUES

Dermatological Care.—The Committee is concerned by recent research studies, including those by the National Institutes of Health and the Journal of American Academy of Dermatology, regarding the increased risk of skin cancers in Veterans. Servicemembers' increased UV radiation exposure, lack of sun protective measures, and over two decades of deployments to regions in close equatorial proximity have placed veterans at higher risk for melanoma and other skin cancers. Veterans are also more likely to be diagnosed with advanced-stage skin cancers than the civilian population due to less frequent skin checks and access to specialized care. The Committee requests a brief no later than 180 days after the enactment of this Act on Veterans' access to dermatology screening, dermatologic preventative care, and trained Mohs micrographic surgeons.

Dialysis.—The Committee directs the Department to ensure that care is not disrupted or diminished for Veterans who receive treatment under the Nationwide Dialysis Services contracts. The Committee remains interested in value-based dialysis payment models and looks forward to continuing to work with the Department on these efforts.

Lymphedema.—The Committee recognizes the significant number of veterans who suffer from lymphedema. The Committee urges the VHA to utilize ongoing scientific progress and engage with community stakeholders to improve care and modernize the Veterans Affairs Schedule for Rating Disabilities (VASRD) to more accurately reflect the burden of lymphedema symptoms and the effect it has on veterans' quality of life.

Food Service Guidelines for Federal Facilities Implementation.—The Committee supports the goal set forth in the National Strategy on Hunger, Nutrition, and Health to update and implement government-wide the Food Service Guidelines for Federal Facilities. The Committee encourages VHA to use funds to implement Food Service Guidelines across its food service facilities within one year or sooner of the date of enactment of this Act. The Committee requests within two years or sooner of the date of enactment of this Act a report that includes a baseline and final assessment of how the Veterans Health Administration's food purchasing and food service practices align with the Food Service Guidelines, including how much food is organic, local, sourced from socially disadvantaged producers, or sourced from companies using fair labor practices, and the greenhouse gas emissions associated with the food purchases; an evaluation of the implementation strategy including

associated costs and customer feedback; and recommendations for changes to procurement or other laws that would facilitate ongoing implementation of the Food Service Guidelines.

Veterans Transportation.—The Committee supports the Department's programs that provide veterans with transportation to VA medical facilities and make it easier for veterans to receive medical care and encourages VA to explore options to strengthen and sustain the Volunteer Transportation Network, such as increased funding to recruit and retain drivers and provide vehicle maintenance.

HEALTHCARE TECHNOLOGIES

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. Accelerating studies, additional data collection, and the development and adoption of novel applications for Bioelectronic Medicine combined with machine learning and AI can address challenging and expensive diseases by personalizing treatments and improving therapy delivery. The Committee urges the Department explore opportunities to make combined Bioelectronic Medicine-AI technologies available to Veterans.

Cost-Effective Regenerative Wound Care.—The Committee recognizes that chronic, complex, and non-healing wounds remain a significant source of morbidity, disability, and long-term health care costs within VHA. Further, preventing avoidable amputations and accelerating wound healing are crucial components of the Department's limb preservation and value-based care initiatives. The Committee is aware of commercially available fish skin-derived regenerative wound products that have demonstrated potential to accelerate healing, reduce infection and complication rates, decrease the need for additional interventions, and therefore reduce overall expenditures and positively impact veterans' quality of life. The Department is encouraged to integrate fish skin regeneration products, where clinically appropriate, into existing VA wound care, limb preservation, and amputation prevention initiatives. The Committee urges VHA to promote greater consistency in formulary access and clinical availability of regenerative wound care products across VA medical centers and VISNs.

Digital Pathology Workflows.—The Committee supports the Department's continued efforts to strengthen tele-oncology and related telehealth infrastructure, including expansion of VHA digital pathology footprint and applications. The Committee recognizes that digital pathology can enhance diagnostic quality, reduce delays in oncology care and treatment decisions, and help address specialist shortages at smaller or rural VA facilities. It will also future proof pathology with the up-and-coming computational applications which require digital pathology infrastructure for their use. The Committee encourages the VA to continue integrating digital pathology capabilities into its existing tele oncology workflows to improve care coordination and patient outcomes.

Digital Quality Measures.—Health care quality measures currently rely on manual collection, exchange, management, and analysis that adds significant cost to VA health care. Digitizing health care quality measures will lower health care costs, decrease pro-

vider burden, increase transparency, and improve patient outcomes. The Secretary is encouraged to establish a pilot program to test digital reporting methods for quality measures. The Secretary, as necessary, is encouraged to consult the Centers for Medicare and Medicaid Services.

Medical Image Exchange.—The Committee applauds VA facilities in 17 of 18 VISNs that have deployed a modern software platform that supports bi-directional exchange of medical images, diagnostic reports, and other clinical data between VA facilities, community providers, and federal partners. The Committee encourages the Department to expand this software's connections to Indian and tribal health clinics and work with the Department of Defense to expedite connections with military treatment facilities.

Rehabilitation Technology Innovation.—The Committee recognizes the importance of modernizing rehabilitation services to improve access, outcomes, and care delivery for veterans. The Committee encourages the Department's rehabilitation services programs across VHA to evaluate and incorporate innovative technologies that enhance recovery, expand access to services, and reduce barriers to care. The Committee notes that technology-enabled solutions, including assistive and adaptive technologies such as assistive robotics platforms may help address workforce constraints and improve continuity of care, particularly for veterans who face geographic or mobility challenges, including those living in rural communities. The Department is directed to identify opportunities, disseminate best practices across facilities, and brief the Committee within 180 days on progress toward integrating technology-enabled rehabilitation services systemwide.

HOMELESS ASSISTANCE PROGRAMS

The Committee provides \$3,801,000,000 for VA homeless assistance programs. An estimated \$12,007,323,000 is provided for homeless veterans treatment costs.

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.

Cost of Care for Veterans' Homes.—The Committee is concerned with the current reimbursement rate for state and non-profit run Veterans' Homes. The Committee recognizes that the costs associated with Veterans' Homes are substantial due to the high acuity level of the veteran population served, and that current VHA rates are inconsistent with the current cost of care. The Committee requests a report, not later than 90 days following enactment of this Act, outlining how current reimbursement rates are calculated, how VHA makes locality adjustments, how the VHA works to reduce the cost of prescription drugs for veterans in homes, and recommended legislative changes for Congress to consider.

Homeless Veterans in the Southwest.—The Committee continues to direct VA to work with the Department of Housing and Urban Development to develop strategies and recommendations for ad-

addressing veteran homelessness including the Southwest and to take into account undercounted veterans when awarding HUD-VASH vouchers. The Committee appreciates VA's efforts to implement strategies to decrease veteran homelessness in the Southwest.

HUD-VASH Case Management.—The Committee recognizes the value and impact of the HUD-VA Supportive Housing (VASH) program, which serves veterans experiencing homelessness. 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.

Legal Assistance for the Supportive Services for Veteran Families Program.—The Committee continues to encourage the Supportive Services for Veteran Families [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.

Rapid Deployment of Shelter Structures for Homeless Veterans.—The Committee recognizes the urgent need to expand temporary emergency housing options for veterans experiencing homelessness. Traditional construction timelines for permanent facilities can take several years, leaving vulnerable veterans without shelter in the interim. The Committee encourages the Department to explore and, where appropriate, utilize rapidly deployable commercial shelter and structure solutions to expedite the creation of temporary emergency housing for homeless veterans while permanent housing capacity is developed.

Recovery-Oriented Care.—The Committee notes the National Center on Homelessness Among Veterans and their development of housing models which promote recovery-oriented care for Veterans experiencing, or at risk, of homelessness. The Committee requests a brief on the effectiveness and success of recovery-oriented care housing programs in addressing homelessness for veterans and existing barriers that those lacking permanent housing people face when attempting to secure permanent housing.

SSVF-HVRP Coordination.—The Committee urges the Department to coordinate with the Department of Labor to maximize the impact of the Supportive Services for Veteran Families (SSVF) program and the Homeless Veterans' Reintegration Program (HVRP). The Department is encouraged to provide grants to eligible entities with capabilities for delivering services under both programs.

Tiny Homes.—The Committee notes the success of the tiny home village model by multiple veterans service organizations (VSOs) and encourages VA, in coordination with the Department of Housing and Urban Development to support this work and facilitate the creation of additional villages of tiny homes villages within VA's existing Grant and Per-Diem (GPD) program.

Veterans At-Risk of Homelessness Data.—The Committee notes that homelessness data may currently undercount women veterans with children. The Committee encourages the Department to work with the Department of Housing and Urban Development's Continuums of Care to include data on veterans at-risk of homelessness within Section 5: Veterans Experiencing Homelessness of the Annual Homelessness Assessment Report (AHAR) to Congress.

INTIMATE PARTNER VIOLENCE ASSISTANCE PROGRAM

Intimate Partner Violence Program (IPV).—The Committee continues to support the Department's efforts to expand its 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.

MENTAL HEALTH PROGRAMS

The Committee provides \$5,202,461,000 for mental health programs. Of the total, \$3,666,327,000 is for suicide prevention and treatment programs, including \$726,743,000 for suicide prevention outreach, \$312,817,000 for the Veterans Crisis Line, and \$644,000,000 for the expansion of Mental Health Residential Rehabilitation Treatment Programs.

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, not 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.

Agritherapy.—The Committee supports efforts to train veterans in agricultural vocations, while also tending to behavioral and mental health needs with behavioral healthcare services and treatments from licensed providers. The Committee urges the Department to consider including agritherapy as a Complementary and Alternative Medicine therapy.

Chronic Disease Monitoring in Veterans Prescribed Antipsychotics.—The Committee is concerned that veterans living with serious mental illness such as post-traumatic stress disorder, major depressive disorder, bipolar disorder, and schizophrenia who are prescribed antipsychotics face elevated and often underrecognized risks of metabolic, cardiovascular, and movement-related conditions. When not monitored, these risks contribute to avoidable suffering, preventable hospitalizations, and premature mortality. The Committee directs screening and monitoring practices to be consistent across the VA/DoD Clinical Practice Guidelines for the management of mental health conditions and directs the VA to standardize these practices systemwide to improve the safety and quality of care for veterans. The VHA is further encouraged to coordinate with the Departments of Defense and Health and Human Services, as well as the Indian Health Service, to support data sharing, continuity of care, and alignment of integrated screening and monitoring practices across federal health systems.

Depression and Precision Medicine.—The Committee recognizes that depression is one of the most common conditions associated with military service and combat service. Further, the risk of suicide increases with this diagnosis and each time a veteran tries and fails a medication. The Committee is encouraged by ongoing VA-sponsored genetic testing research to aid in depression treatment selection; however, veterans still have less access than Medicare beneficiaries to precision medicine tools. The Committee urges the Department to ensure the procurement of pharmacogenomic

tests for use in the treatment of depression if they have been shown to improve health outcomes of veterans in clinical trials.

Digital Mental Health Tool.—The Committee remains concerned by the alarming rates of veteran suicide and is aware of single multi-functional AI-driven mobile application platforms that delivers comprehensive mental wellness support, suicide prevention tools, and transition assistance that has been used in the Governors Challenge for Suicide Prevention. The Department is encouraged to review commercial digital platforms that can provide mental wellness support to veterans.

Faith Based Digital Applications Impact on Mental Health.—The Committee recognizes that a significant portion of America's veteran population remains disengaged from the Department particularly with respect to mental health, wellness, and community-based support. The Committee further acknowledges that many veterans—especially those concerned about stigma, privacy, or institutional barriers—may be more inclined to engage with trusted, values-aligned, and community-based resources, including digital, faith-based tools and networks. The Committee directs the Veterans Experience Office (VEO) to carry out a pilot program to evaluate, integrate, and deploy clinically tested, evidence-informed faith-based digital applications to improve outreach, engagement, and sustained participation among veterans who have historically not engaged with VA services. Not later than 180 days after enactment of this Act, the Secretary shall submit to the Committees on Appropriations of the House of Representatives and the Senate a report detailing the implementation plan. Not later than one year after enactment, the Secretary shall provide a full report on progress and initial findings which shall include data on how such platforms increase engagement, enable greater interaction with veterans on the community level, enhance the user experience of the veteran and affect outcomes.

Mental Health Care Session Flexibility at VA Medical Centers.—The Committee is concerned that local standard operating procedures at certain VA medical centers may impose rigid limits on the number or duration of individual psychotherapy sessions in a manner inconsistent with VHA Directive 1160.05, which requires evidence-based, patient-centered care tailored to a Veteran's individual needs, preferences, and clinical profile. This concern is particularly acute for high-need Veterans, including those with complex trauma, chronic comorbidities, or elevated suicide risk, given that the rate of suicide among Veterans remains significantly higher than in the general population and that published research has identified substantial dropout rates from certain structured PTSD protocols. The Committee directs the Secretary to review mental health standard operating procedures across the VHA to ensure that session frequency, duration, and extended care authorizations are determined by individualized clinical judgment and are not constrained by arbitrary numerical thresholds, and that criteria for re-entry to care and continuity with a preferred clinician are clearly defined and consistently applied. The Secretary shall submit a report to the Committees on Appropriations of the House and Senate not later than 180 days after enactment of this Act on findings and any corrective actions taken or planned.

Mental Health Treatment.—The Committee commends the Department of Veterans Affairs for its innovative implementation of immersive technology to improve Veterans' health care experiences. Immersive technology is currently being used in over 200 VA Medical Centers and Facilities across all 50 states, American Samoa, Guam, and Puerto Rico. Immersive technologies have proven effective in treating Veterans with difficult-to-treat post-traumatic stress disorder, depression, stress, and anxiety. The Committee encourages the Department to consider how the use of immersive technology can be used to expand veterans' access to these critical healthcare services.

Military Sexual Assault.—The Committee recommends that all veterans seeking treatment services are screened for sexual assault using an evidence-based screening tool to successfully treat those who have experienced assault.

Veterans in Crisis and Involuntary Commitment.—The Committee is aware of instances in which veterans presenting to VA facilities seeking acute mental health services are involuntarily committed and placed in local correctional facilities for observation or monitoring. The Committee is concerned that such practices, particularly when alternatives may be available, could discourage veterans from seeking needed mental health care. The Committee directs the Department to submit a report to the House and Senate Committees on Appropriations not later than 180 days after enactment of this Act detailing: (1) the policies, procedures, and criteria used by VA facilities when determining whether a veteran should be involuntarily committed; (2) the circumstances under which veterans are transferred to or held in local correctional facilities for monitoring or observation; (3) the frequency with which such placements occur; (4) coordination with state and local authorities in these cases; and (5) steps the Department is taking to ensure veterans in crisis receive timely and appropriate mental health care in clinical settings whenever possible. The report shall also assess whether these practices affect veterans' willingness to seek mental health treatment.

Veterans Crisis Line (VCL).—The Committee recognizes the critical role of VCL personnel, and the importance of uninterrupted crisis support for veterans. The Committee directs the Department to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this Act. The report shall include: (1) VCL staffing levels and service capacity; (2) performance metrics over the same period, including call answer rates, average wait times, and referrals to suicide prevention coordinators; (3) any contingency plans developed or implemented to maintain continuous crisis line functionality and workforce stability; and (4) steps taken to ensure alternative access to support or follow-up care for veterans who may have been unable to connect with VCL during or after this period.

MILITARY TOXIC EXPOSURE RESEARCH PROGRAM

The bill includes \$57,000,000 for research on military environmental exposures. The Committee supports efforts to improve diagnosis and treatment of conditions resulting from toxic exposures and appreciates the work of the Health Outcomes Military Expo-

tures (HOME) program, the Office of Research and Development, and other VA program offices to increase attention to this issue.

The Committee encourages the Department to continue research on the effects of and treatments for veterans exposed to toxins, such as Agent Orange, open burn pits, PFAS, radiation, and asbestos, during the course of their active-duty service. The Committee also urges the Department to utilize reference data from existing medical records to determine how veterans who served in areas where toxins were dispersed may have more frequent or unexplained diseases compared to the civilian population.

Airborne Hazards and Burn Pits Center of Excellence.—The Committee provides \$15,165,000 and continues to support the Airborne Hazards and Burn Pits Center of Excellence on diagnoses, mitigation, and treatment of conditions related to airborne hazards and burn pits.

Alpha-1 Antitrypsin Deficiency (AATD) in Veterans with COPD.—The Committee recognizes the elevated burden of chronic lung disease among veterans, including those exposed to burn pits, particulate matter, environmental toxins, and other service-related hazards. AATD remains a significant genetic risk factor for early-onset and progressive chronic obstructive pulmonary disease (COPD) and may contribute to accelerated pulmonary decline in exposed veterans. The Committee encourages advancement of a testing program using electronic medical records to help detect and properly treat veterans with COPD who have AATD and requests an update on plans to implement guideline-consistent screening, deploy electronic clinical decision support mechanisms, and improve access to appropriate specialty care for veterans affected by AATD within 180 days of the enactment of this Act.

Colorectal Cancer Screening.—Colorectal cancer is the fourth most common cancer diagnosis among our nation's veterans. More information is needed to determine why colorectal cancer is so prevalent among our veteran population, and if their service, including exposure to burn pits, played a role. Therefore, the Committee encourages the Department to conduct a study on the prevalence of colorectal cancer diagnoses in veterans who were exposed to burn pits and other environmental hazards while serving overseas.

OPIOID PREVENTION AND TREATMENT PROGRAM

The bill includes \$655,201,000 for opioid treatment and prevention efforts. Of the total, [\$254,487,000] is provided for activities authorized by the Comprehensive Addiction and Recovery Act of 2016 (P.L. 114–198).

Nonaddictive Opioid Alternatives.—The Committee is concerned that, despite timely formulary review of newly approved non-addictive opioid alternatives, veterans face significant barriers to access due to overly restrictive and inconsistently applied prior authorization requirements within the VA Pharmacy Benefits Management (PBM). Clinicians report Criteria for Use language may be interpreted too rigidly, limiting clinical discretion and, in some cases, creating standards more burdensome than those applied to opioids with known risks of dependence. The Committee directs the Secretary to review and revise, as appropriate, PBM prior authorization criteria and Criteria for Use language for non-opioid acute

pain therapies to ensure policies are clinically appropriate, consistently applied nationwide, and do not require unnecessary conditions—such as documented opioid allergy—when not supported by FDA labeling or medical standards of care. The Committee requests a report within 180 days after the enactment of this Act detailing utilization, approval and denial rates (including in Community Care), common reasons for denials, and steps taken to ensure timely, clinically appropriate access to non-addictive opioid alternatives for veterans.

Opioid Prescribing Practices.—According to the National Institute on Drug Abuse, a significant number of veterans take a large amount of prescription drugs, often due to high rates of chronic pain and mental health conditions stemming from their military service. This can lead to over-prescribing of medications like opioids, potentially causing addiction and other health complications. The Committee directs the Department to submit a report to the House and Senate Committees on Appropriations not later than 180 days after enactment of this Act detailing: (1) current policies, procedures, and clinical guidelines governing opioid prescribing within VA facilities; (2) trends in opioid prescribing over the past five fiscal years; (3) oversight mechanisms used to monitor prescribing practices and identify potential overprescribing; and (4) any additional actions the Department plans to take to ensure opioids are prescribed only when clinically appropriate.

Therapeutic Massage Services.—The Committee is concerned about Veterans' ability access to non-pharmacological, non-opioid, pain management therapies, such as Medical Massage Therapy (MMT). VA's directives to the community care program's third-party administrators to apply Medicare rules to MMT have resulted in a mass exodus of MMT providers from the provider networks. Misapplication of inapplicable CMS rules to MMT has resulted in the TPA's cutting reimbursement rates by as much as 40 percent and often below the cost to provide these services. This has resulted in the MMT program no longer being available in all of Kansas, Minnesota, Tennessee, and Wyoming; most of Vermont, Maine, and Montana; parts of Arizona and New Hampshire and portions of other states. The Committee urges the Department to reevaluate its directives on MMT.

VA Transdermal Fentanyl Tapering.—The Committee is aware that veterans receiving care through the Department experience disproportionately high rates of opioid use disorder, chronic pain conditions, and prolonged dependence on high-dose opioid therapies, including transdermal fentanyl patches. The Committee is further aware that existing tapering protocols and medication-assisted treatment modalities do not adequately address the specific clinical challenges associated with transdermal fentanyl dependency, contributing to elevated rates of withdrawal-related relapse and overdose mortality among the veteran population. The Committee believes the VA should continue to evaluate innovative, evidence-based approaches that enhance patient safety, reduce opioid-related harm, and promote responsible stewardship of taxpayer resources. The Committee urges the Department to evaluate a patented graduated dose barrier device designed to support clinician-directed, individualized tapering of transdermal fentanyl in veterans who, in consultation with their providers, seek to safely re-

duce opioid exposure while maintaining appropriate pain management.

PHARMACEUTICAL ISSUES

Next Generation Broad-Spectrum Antibiotics.—The Committee is aware of next generation oral antibiotics that have been approved for the treatment of multidrug resistant infections (including wounds, soft tissue and abscess infections) that, left untreated or undertreated, can result in limb loss or death. The Committee encourages VHA to ensure that broad spectrum, next generation antibiotics are available on the VHA formulary without restrictive criteria for use to treat veterans whose infections are unlikely to respond adequately to older and potentially less effective antibiotics.

Novel Program for Optimizing Pain Management.—The Committee recommends the continued deployment and expansion of the Novel Program for Optimizing Pain Management. Consistent with direction included in House Report 119–161 and Senate Report 119–43, the Committee continues to support the use of innovative clinical decision support tools and improved prescribing practices to enhance the treatment of acute and chronic pain while reducing the risks of tolerance, dependence, misuse, addiction, and diversion associated with prescription pain medications. The Committee expects VA to ensure that these capabilities are available to providers across Veterans Health Administration facilities and Care in the Community providers to promote consistent pain management practices.

Prescription Drug Quality.—The availability of safe and effective prescription drugs has significant implications for the health of U.S. veterans, the workload of Veterans' Health Administration personnel, and federal spending. The U.S. experiences over three drug recalls a day, and production of most drugs and active pharmaceutical ingredients (API) has shifted to China and India. The VHA is one of the largest purchasers of pharmaceuticals in the United States but has no way to distinguish between higher- and lower-quality pharmaceutical manufacturers. Currently, the Uniformed Services University of the Health Sciences' (USUHS) Center for Health Services Research (CHSR) is piloting a system to evaluate the quality of drug products for essential medicines and develop a scoring tool for potential use in Department of Defense procurement. The Committee looks forward to receiving the report as directed in House Report 119–161 and annually thereafter on the progress of this effort.

POST-TRAUMATIC STRESS DISORDER 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 \$42,100,000 for the Center.

Rapid Acting Novel Therapeutics.—The Committee recognizes the persistent mental health crisis facing veterans, including high rates of post-traumatic stress disorder (PTSD), suicide risk, depression, and related conditions, and the limitations of existing treatment options for veterans with complex and treatment-resistant presentations. The Committee is aware of emerging late-stage clinical evidence supporting the potential of rapid-acting novel thera-

peutics currently under FDA review and the VHA ongoing research efforts, including multi-site clinical trials and coordinated implementation planning. The Committee further directs the Department to ensure that implementation science and infrastructure planning proceed concurrently with clinical validation in alignment with regulatory timelines and to provide a briefing to the Committees on Appropriations not later than 180 days after enactment detailing research progress, and readiness milestones.

Service Dogs for Veterans' Mental Health.—The Committee is aware of the positive impact service dogs have on military veterans suffering from post-traumatic stress disorder (PTSD) and those who have experienced military sexual trauma (MST). The Committee looks forward to the submission of the requested in H. Rpt. 119–161 related to service dogs.

Women Veterans Network.—The Committee continues to support the role of Women Veterans Network (WoVeN), a national peer support network for women veterans managed by the National Center for PTSD-Women's Health Sciences Division.

RURAL HEALTH

Office of Rural Health (ORH).—The bill includes \$349,000,000 for rural health to improve access and quality of care for the more than 3,000,000 enrolled veterans residing in rural and highly rural areas.

Office of Rural Health Operating Plan.—The Committee directs the Office of Rural Health to submit not later than 60 days after enactment of this Act an operating plan for fiscal year 2026 funding, as well as for the fiscal year 2027 funding provided in advance by this Act.

Rural Access Network for Growth Enhancement (RANGE).—The RANGE Program provides case management and treatment services to mentally ill veterans in rural areas. The bill includes sufficient funding to 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).

Rural and Tribal Healthcare Access.—The Committee recognizes that veterans in rural and Tribal communities often face significant barriers to care, including long travel distances, provider shortages, and limited access to specialty services. Native American veterans may face additional challenges related to geographic isolation and jurisdictional complexities between Federal and Tribal health systems that can further limit access to care. These challenges can delay treatment and contribute to poorer health outcomes for veterans in underserved regions. The Committee applauds the integrated rural healthcare delivery model implemented at the Northern Arizona VA Health Care System and encourages the Department of Veterans Affairs to consider expanding this model to VA facilities with the greatest need, taking into account rural veteran populations, provider shortages, and geographic access barriers. The Committee further encourages the use of mobile clinics, telehealth, and targeted clinical staffing to improve access to timely care for rural and Tribal veterans.

Transportation Challenges.—The Committee encourages the Office of Rural Health to use no less than fiscal year 2026 for the continued partnership between the Veterans Transportation Program

and the Office of Rural Health to continue providing transportation to VA appointments for veterans who live in rural areas.

SUBSTANCE USE DISORDER CARE

The bill includes \$236,933,000 for Substance-Use Disorder (SUD) efforts to ensure veterans can receive timely SUD specialty services.

Naloxone by Mail.—The Committee encourages the Department to increase Veteran access to allow veterans to request overdose reversal medication (naloxone) online or by phone and receive it by mail.

Non-Prescription Distribution of Naloxone.—The Committee supports expanded veteran access to overdose reversal medication (naloxone) through non-prescription distribution at VA facilities. The Committee directs the Department to consider new naloxone distribution models including anonymous access whenever a VA facility is open. The Committee directs the Department to report to the Committee within 90 days of enactment on the budgetary needs, physical infrastructure, and monitoring required for program management.

Substance Abuse Education and Outreach.—The Committee recognizes the ongoing work of the Department to reduce substance use disorder among veterans. The Committee supports new and innovative solutions, including internet-based substance abuse education programs, 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 FDA approved medication-assisted treatment and counseling.

Tobacco Harm Reduction.—The Committee is concerned that smoking rates among veterans remain significantly higher than among civilians, with approximately 27 percent of Iraq and Afghanistan veterans using tobacco daily compared to 11.5 percent of civilians. While the Department operates a tobacco cessation program, publicly available information on program outcomes is limited. The Committee encourages the Department to coordinate with the FDA to incorporate information on FDA-authorized nicotine products that may be less harmful than continued cigarette smoking as part of a broader tobacco cessation and harm reduction strategy. The Committee also notes that the Honoring our PACT Act recognizes chronic obstructive pulmonary disease (COPD) as a presumptive condition related to toxic exposure, which may increase related claims and demand for care. Given the relationship between smoking and COPD, the Department should consider strengthening cessation efforts by incorporating evidence-based harm reduction approaches aimed at reducing cigarette use among veterans.

SUICIDE PREVENTION

Collaboration on Gun Safety and Storage.—The Committee is aware of 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 con-

tinues to support collaboration across public and private sectors to end the national tragedy of suicide and encourages VA medical centers to focus particular efforts on collaboration with state and local law enforcement and health officials in states that have adopted gun safety laws to adopt programs and protocols on firearms safety and storage regarding veterans who may be struggling with suicidal thoughts.

Firearm Lockbox Program.—The Committee supports VA’s efforts to address veteran suicide prevention, and the firearm lockbox program is a critical element. As VA implements this program, the Committee is concerned that funding limitations may impact the scope and reach of this initiative within the broader National Strategy for Preventing Veteran Suicide. The Committee encourages VA to ensure that access to firearms storage resources for Veterans is included in training for employees of the Veterans Crisis Line.

Lethal Means Safety Training.—To prevent suicide among Veterans, VA has implemented mandatory lethal means safety training for clinical health care providers in VHA facilities, but the training remains optional for other VA employees, and for all community care providers and family caregivers. 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 training for all VHA and VBA employees who regularly interact with Veterans.

Public-Private Upstream Veteran Suicide Prevention Initiative.—The Committee supports funding of community-based organizations that serve as part of a public-private partnership with the Department to address upstream prevention needs of veterans. To better support veterans, the Committee encourages the Department to fund community based, non-profit organizations that serve in a statewide capacity, and have and coordinate an extensive network of public and private sector partners to increase access to critical services for veterans with the goal of preventing suicide; increasing access to care and services; and improving well-being outcomes for veterans.

Suicide Prevention Coordinators.—The Committees recognize the importance of suicide prevention coordinators and encourages the Department to fully staff these positions and improve veterans’ access to these coordinators.

Suicide Prevention Data.—The Committee urges the Department to reconsider data metrics collected for its annual suicide prevention report. Currently, the Department only tracks how many veterans die by suicide had interactions with VA through medical or mental health appointments. The Committee encourages the Department to consider additional metrics, including, but not limited to, disability compensation, education and employment benefit use, home loan use and foreclosure assistance and participation in housing and food insecurity programs. This additional data collection allows the VA to show the correlation between VA benefit usage and the veterans who die by suicide. It will also allow analysis of the benefits which have a greater impact on upstream suicide prevention.

Suicide Prevention Using Predictive Modeling.—The Committee remains supportive of Department’s efforts to continue to address the growing number of Veteran suicides but recognizes that there is a need to improve early suicide indicators and detection using AI and machine learning technologies that improve operational efficiency and effectiveness throughout veteran service delivery. The Committee encourages the Department to consider using all government service delivery channels (as defined in the Government Services Delivery Improvement Act (P.L. 118–231) with omnichannel capabilities and real-time analytics to ensure that interactions with a veteran can be used to gain appropriate insights that help the VA better identify veterans at-risk in real time and allows for the proper use of resources and decisive actions to be taken.

TELEHEALTH AND CONNECTED CARE

The bill includes \$6,676,902,000 for telehealth and connected care, which includes home telehealth, home telehealth prosthetics, and clinic-based telehealth.

The Committee directs the Department to continue to expand telehealth availability, including the facilitation of public private partnerships, to include additional mental health, primary care, and rehabilitation services as a means to deliver care in rural and underserved communities.

The Department 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.

VA Telehealth Benefits.—VA Telehealth Services are transforming how veterans access high-quality VA care by making it easier for veterans to connect with health specialists from across the country. Not later than 180 days after the enactment of this Act, the Secretary shall submit a report to the House and Senate Committees on Appropriations on the wait times for VA telehealth services and the active public-private partnerships that enable and enhance telehealth access to Veterans. The report shall include an update on obligations of public-private partnerships (P3s) included in the Mission Act of 2018.

Veteran Access to Telehealth.—The Committee urges the Department to continue efforts to improve and expand access to telehealth services. The Committee requests a report not later than 120 days of enactment of this Act on the estimated number of veterans who lack access to telehealth services according to the best available data, including the number of Veterans who lack necessary access to the internet.

Veterans Telehealth in the U.S. Virgin Islands.—The Committee urges the Secretary of Veterans Affairs to expand telehealth infrastructure, services, and connectivity for eligible veterans residing in the U.S. Virgin Islands.

WHOLE HEALTH

The Committee recommendation includes \$116,107,000, Whole Health. The Committee supports the Whole Health model of care and the expansion of Whole Health to all VA facilities.

Adaptive Sports.—The Committee provides \$30,193,000 for National Veterans Sports Programs, including \$16,000,000 for adaptive sports programs. The Committee recognizes the significant improvements that adaptive sports and recreational therapy have on veterans' mental and physical health. It applauds the efforts of community providers of these grants, especially in rural areas, who have been able to utilize this key program in successfully reintegrating veterans back into their communities. The Committee recognizes the game of golf as a means of therapy and rehabilitation, have allowed veteran participants to realize demonstrable improvements in mental and physical health, while also being highly cost-effective. Introducing veterans to golf has been shown to produce significant positive health outcomes for veterans in all communities, including in rural communities, that lead to greater integration and participation by these veterans in their families and communities. As such, the Committee urges the Department to explore opportunities to increase veteran participation in the game of golf for therapeutic purposes.

Continued Support and Expansion of Whole Health.—The Committee is pleased by data from the Department which continues to demonstrate an ability to provide efficient and effective patient-centered, integrative care to veterans, especially those who are struggling with opioid use disorder and chronic pain. The Committee is aware of the National Academies of Sciences, Engineering, and Medicine's recommendation that the Department expand its Whole Health System (WHS) to all veterans. The Department's independent evaluation of the program finds that participation by veterans increased more than 140 percent, resulting in a 24 percent decrease in total health care costs among enrolled veterans.

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.

Prescription Produce.—The Committee is concerned with food insecurity among the veteran population and requests the Office of Nutrition & Food Services work with clinicians to determine the feasibility of delivery and coverage work streams to facilitate integration of a local produce prescription service delivery. The Committee awaits the update requested in House Report 119–161.

Veterans Health Through Wellness and Nutrition.—The Committee recognizes the importance of optimizing physical and cognitive health among veterans receiving care through the VHA. Many veterans experience service-connected injuries, chronic disease, metabolic disorders, cancer survivorship challenges, traumatic brain injury, and other conditions for which targeted nutrition interventions and medically indicated dietary supplementation may improve recovery, rehabilitation outcomes, functional capacity, and overall quality of life. The Committee directs the Secretary of Veterans Affairs to provide a report to the Committee on Appropriations of the House of Representatives and Senate no later than

180 days after enactment of this Act on the advisability and feasibility of providing medically indicated dietary supplementation to eligible veterans receiving care through the VHA. The report shall identify categories of veterans for whom dietary supplementation is commonly recommended by a VA medical professional or registered dietitian; describe the types of supplementation most frequently recommended in clinical practice; whether such supplements are third-party certified; provide an overview of current statutory and regulatory limitations governing the use of appropriated funds for such purposes and the circumstances.

WOMEN VETERANS HEALTH CARE

The recommendation includes a total of \$1,444,000,000 to support care for women, the Office of Women's Health and programmatic efforts, including the childcare initiative. Within this amount, VA is encouraged to continue hiring women primary care providers and increase the number of peer support specialists for women veterans.

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 Department should be prepared to offer screening to eligible younger women veterans, especially women at higher risk for breast cancer, should a physician determine medical necessity, or risk factors warrant, screening before age 40. The Committee supports this effort to ensure that women veterans have access to and receive adequate and timely care and requests an update on the Department's implementation of this policy.

Breast Cancer Risk Assessment Awareness for Female Veterans.—The Committee recognizes that breast cancer is the most diagnosed cancer among American women and notes that more research needs to be done to better understand the potential link between breast cancer and toxic exposure. The Committee further recognizes that the Department through implementation of the SERVICE Act, provides eligible Veterans with access to breast cancer risk assessments and clinically appropriate mammograms, including for those who may have experienced toxic exposures during military service. These risk assessments evaluate factors such as military service history, potential toxic exposures, and family and personal medical history to help determine whether additional screening, including mammography, is warranted. The Committee is concerned that many Veterans may be unaware of the availability of these risk assessments and associated screening services. Therefore, the Committee urges the VHA Office of Women's Health, to develop and implement a public awareness campaign with existing funds to inform Veterans and health care providers about existing breast cancer risk assessment tools and screening eligibility available through VA. Such outreach should include targeted communication to female Veterans particularly those who served in locations associated with potential toxic exposures. The Committee further directs the Secretary to brief the Committee not later than 180 days after enactment of this Act on the Department's strategy to increase awareness and utilization of these breast cancer risk assessment services.

Care for Women.—The Committee recognizes that women are now the fastest growing cohort within the veteran community. The increased number of women using VHA services necessitates a greater investment of resources to provide and expand VA's services to women veterans and ensure women veterans' health needs, which often differ from men, are met. The Committee supports continued efforts to identify and address the unique issues experienced by women veterans. VA is encouraged to continue redesigning its women's healthcare delivery system and improving its facilities to ensure women receive equitable, timely, and high-quality healthcare.

Ensuring Access to Quality Care.—The Committee recognizes the Deborah Sampson Act is the most comprehensive legislation for women veterans in a decade that helps address barriers that women veterans may face when accessing VA care and benefits. The Committee directs VA to continue to ensure women veterans have access to high quality, well-coordinated care and robust services as required by the law.

Maternity Healthcare and Coordination Programs.—The Committee is pleased that the Department established maternity healthcare and coordination programs to coordinate prenatal and postpartum care provided in the community which have been successful in ensuring that veterans can receive high-quality, appropriate care and robust support during and after pregnancy. The Committee supports these programs and encourages the Department to continue to ensure veterans have access to high-quality, well-coordinated care, and robust services and directs the Department to continue to implement the Protecting Moms Who Served Act (P.L. 117–69).

WORKFORCE AND STAFFING ISSUES

Clinical Resource Hubs (CRH).—The Committee notes CRH's operate as a hub-and-spoke staffing model to address provider shortages, particularly in rural and underserved areas. Persistent mental health workforce vacancies continue to limit CRHs' ability to reduce wait times and meet demand. The Committee encourages the Department allocate proper resources that aligns with documented access gaps while remaining fiscally responsible within the broader Medical Services account. The Committee is directed to brief the Committee not later than 120 days after enactment on CRH mental health staffing levels and vacancy rates by VISN, average wait times for CRH-delivered mental health services, rural and highly rural veteran utilization, and a plan to achieve and sustain full staffing capacity.

Expanding Recruitment.—The Committee recognizes the challenge the Department has in the recruitment and retention of clinicians. To help the Department better keep pace with other providers and continue to train its workforce to improve their service to veterans, the Committee urges the Department to explore potential options to enhance recruitment and retention, such as expanding benefits to relocate to underserved VA medical facilities and expanding reimbursement to clinicians for Continuing Professional Education, regardless of individual specialty or board certification.

Expedited Hiring Authority.—The Committee strongly encourages the Department to focus hiring efforts on converting clinical

trainees to full VA employment immediately upon completion of their residencies through the utilization of the expedited hiring authority granted to VA by Title 38.

Staffing Report.—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.

Staffing at Richard A. Pittman Community-Based Outpatient Clinic.—The Committee recognizes the crucial role this clinic has in expanding primary care and specialty health care services to veterans across California’s Central Valley. The Committee urges the Department to continue meeting staffing requirements to ensure clinic operations are not uninterrupted.

VHA Physician Salaries.—The Committee understands that one of the biggest hurdles in retaining health care professionals within the VA health care system is the agency’s ability to compete with market pay rates. The Committee highlights the VA COMPETES Act, which became law as a part of the Elizabeth Dole Act in 2025 and allows the Secretary to waive pay caps for physicians. The Committee urges the Department to assess how pay caps are contributing to physician shortages for key services and how adjusting pay caps may alleviate these shortages.

Women’s Health Care at Northport VA Medical Center.—The Committee is concerned that the Northport VA Medical Center currently lacks a female obstetrician-gynecologist on staff, a gap that undermines the ability of women Veterans to receive comprehensive, gender-sensitive care from a provider of their choosing at their local VA facility. The Committee recognizes that women are the fastest-growing segment of the Veteran population and that access to female specialty care providers is essential to ensuring women Veterans are well-served at their local VA. The Committee urges the prioritization of a female obstetrician-gynecologist at the Northport VA Medical Center. The Secretary shall report to the Committees on Appropriations of the House of Representatives and Senate not later than 180 days after enactment of this Act on the steps taken to address this staffing gap.

MEDICAL COMMUNITY CARE

Fiscal year 2026 enacted level	\$34,000,000,000
Fiscal year 2027, appropriation	1,027,000,000
Fiscal year 2027 advance appropriation (enacted)	38,700,000,000
Committee 2028 advance appropriation recommendation	42,000,000,000

The Committee provides \$1,027,000,000 in additional to the previously enacted amount of \$38,700,000,000 for fiscal year 2027. The Committee recommendation includes an advance appropriation of \$42,000,000,000 for fiscal year 2028 for Medical Community Care, of which \$2,000,000,000 is available until September 30, 2029.

Cost Growth.—The Committee is concerned with the growth of community care at the expense of medical care received at VHA. As stated in P.L. 115–182, veterans can be referred to community care if: the Department cannot schedule an appointment within 20 days for primary care or 28 days for specialty care, when the drive time is longer than 30 minutes for primary care or sixty minutes for specialty care, or when VA is not available to provide a service

that the veteran needs. The Committee directs the Department to report to the Committee on the average wait times for veterans who receive an appointment in the community and if there are veterans who were referred to community care who did not meet the criteria as outlined in P.L. 115–182.

Dystonia.—The Committee continues to note the connection between traumatic brain injury (TBI) and dystonia. The Committee requests a report within 90 days of enactment of this Act on efforts to pursue collaborative opportunities with the dystonia stakeholder community and related federal agencies.

Eyeglass Fittings.—The Committee supports the inclusion of eyeglass lens fittings as a covered medical service under the Veterans Community Care Program and directs the Secretary of Veterans Affairs to implement the amendment to section 1701(6)(C) of title 38, United States Code, in a manner that expands access for veterans, particularly those in rural communities who face wait times or geographic barriers to VA optical services. The Committee directs the Secretary to ensure that any veteran eligible for community care under section 1703 of title 38, United States Code, may schedule an appointment for a fitting for eyeglass lenses with a non-Department provider in geographic proximity to the veteran without administrative impediment. The Committee further directs the Secretary to prioritize network development in areas where VA medical center optical services are unavailable, have extended wait times, or are otherwise inaccessible to eligible veterans.

Hearing Healthcare Access.—The Committee commends for exploring an expanding the community-based dental care program that allows eligible Veterans to receive routine services in their local communities. The Committee encourages the Department to examine whether a similar approach could be applied to hearing health services, including hearing evaluations and hearing aid services. The Committee believes that expanding access to community-based hearing care could improve timeliness of care, reduce unnecessary travel for Veterans, and alleviate capacity constraints within VA facilities. The Committee directs the Department to evaluate options for establishing a comparable community-based access model for hearing health services, including the feasibility of a pilot program, and to submit a report to the Committees on Appropriations of the House of Representatives and the Senate not later than 180 days after enactment of this Act describing its findings, potential implementation pathways, cost considerations, and any statutory or administrative barriers to implementation.

Long-Term Care for Veterans with Severe Traumatic Brain Injury (TBI).—The Committee continues to note the increasing 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 annual updates to Congress on the Department's progress on providing access to long-term care to veterans with severe TBIs.

MEDICAL SUPPORT AND COMPLIANCE

Fiscal year 2026 enacted level	\$11,480,000,000
Fiscal year 2027 advance appropriation (enacted)	12,000,000,000
Committee 2028 advance appropriation recommendation	12,000,000,000

The Committee recommendation includes an advance appropriation of \$12,000,000,000 for fiscal year 2028 for Medical Support and Compliance, of which \$350,000,000 shall remain available through September 30, 2029.

Veteran Healthcare Navigation and Care Coordination.—The Committee recognizes the growing complexity veterans face when navigating care across multiple systems, including VA facilities, community care providers, Medicare, and other non-VA insurance plans. Many veterans, particularly those dually enrolled in VA healthcare and Medicare, struggle to coordinate appointments, understand benefit eligibility, manage referrals between systems, and ensure continuity of care across providers. The Committee directs the Department of Veterans Affairs to submit a report to Congress, not later than 180 days after enactment of this Act, examining the potential benefits of care coordination and healthcare navigation services for veterans who receive care through multiple systems. The report should assess the challenges veterans face coordinating care across VA, community care, Medicare, and other non-VA insurance plans; best practices in care coordination that improve patient outcomes and reduce overall costs; the feasibility of integrating third-party care coordination services into VA’s Community Care Network; and recommendations for pilot programs to test innovative care coordination models for veterans with complex, multi-system healthcare needs.

MEDICAL FACILITIES

Fiscal year 2026 enacted level	\$9,845,917,000
Fiscal year 2027 advance appropriation (enacted)	11,700,000,000
Committee 2028 advance appropriation recommendation	13,540,000,000

The Committee recommendation includes an advance appropriation of \$13,540,000,000, for fiscal year 2028 for Medical Facilities, of which \$500,000,000 shall remain available until September 30, 2028.

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, unless prevented by an order issued by a federal or state court, commence construction of the CBOC by no later than September 30, 2026, as provided in the lease. Furthermore, the Committee directs the Secretary to provide monthly reports to the House and Senate Committees on Appropriations on the CBOC’s progress until completion and activation. The Committee also directs the Secretary to examine any lessons learned, determine what additional actions can be taken by VA to complete this project, and provide a briefing to the Committee focused on what legislative remedies to the current situation exist and what legislative actions are needed to ensure this situation never happens again.

Food Pantry Program.—The Committee recognizes the success of the Department’s food pantry program in easing veteran access to quality food and reducing stigma around veteran food insecurity. The Committee understands the Department collaborates with non-profit organizations to identify potential VA medical centers with the need and capacity for enrolling in this program and encourages VA to ensure that at least one VA medical center in a dense urban area offers food on-site. The Committee directs VA to identify the additional funds necessary to scale up the food pantry program.

Lactation Spaces at VA Facilities.—The Committee recognizes the obstacles female veterans face when trying to nurse their children in VA facilities. The Committee requests VA ensures that each medical center contains a lactation space.

Personal Protective Equipment.—The Committee encourages the Department to prioritize the purchase of domestically manufactured personal protective equipment in VA facilities.

Spend Plan.—The Committee expects the Department to provide, not 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 2026 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.

VA Healthcare System Patient Communication Platform Expansion.—The Committee is concerned about gaps in patient communication and health education across the Department’s healthcare system, which can hinder veterans’ access to timely, relevant health information. The Committee encourages support for the expansion and implementation of a comprehensive digital communication platform at all VA facilities. This initiative will deploy cloud-based content management systems deliver veteran-specific health education, promote VA healthcare initiatives, and improve patient engagement in real time.

VA Healthcare System Patient Communication Platform Expansion.—The Committee is concerned that the Department is allowing duplicative and fragmented communications infrastructure to needlessly risk veterans’ health outcomes and degrade the patient experience across the VA health system. While there is a modern commercial patient communications system that addresses many of the deficiencies this Committee is concerned with, it has yet to be implemented. The Committee encourages the Department to review available texting platform options that integrate SMS/text capabilities into a single COTS veteran communication and engagement platform.

Zero Water Laboratory Diagnostic Systems.—The Committee remains concerned about cost savings for VA hospital laboratories, and the need to increase water conservation efforts as the U.S. continues to experience record-breaking national disasters. The Committee supports the adaptation of laboratory modernization by implementing little to no water laboratory systems utilizing dry chemistry solutions for VA Medical Centers and Community Based Outpatient Clinics where feasible.

MEDICAL AND PROSTHETIC RESEARCH

Appropriation, fiscal year 2026	\$945,000,000
Committee recommendation, fiscal year 2027	900,000,000

The Committee recommendation includes \$900,000,000 for Medical and Prosthetic Research, available through September 30, 2027. 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. The Committee supports the budget request to include \$57,000,000 for research supported by the Toxic Exposures Fund.

In addition to this appropriation, resources from other sources, including appropriations from the medical care accounts, reimbursements from DOD, grants from the National Institutes of Health, private sources, and voluntary organizations, support the Department's researchers. The total amount estimated available for fiscal year 2027 is \$2,367,950,000.

Advanced Platform Technology (APT) Center.—The Committee recognizes the Department 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 progress in diverse areas, including artificial lung development, wound healing, and neural connected sensory prosthesis. The Committee continues to support the APT Center's efforts.

Early Cancer Detection.—The Committee recognizes that advanced analytical tools, including AI-enabled diagnostics, can significantly improve early cancer detection and associated survival and treatment outcomes. The Committee supports the Tampa VA Medical Center's plans to digitize pathology slides to support education and AI development, which will aid early cancer detection. Further, the Committee encourages VA to accelerate enterprise-wide slide digitization.

Endometriosis.—The Committee directs the Department to ensure its research program adequately addresses the unique needs and concerns of veterans with endometriosis. The Committee encourages VA to prioritize endometriosis research to expand basic, clinical, and translational research into the mechanics of endometriosis, identify early diagnostic markets, and develop new treatment methods.

Gulf War Illness Studies.—The Committee recommends the Department continue to conduct epidemiological studies regarding the prevalence of Gulf War illness, morbidity, and mortality in Persian Gulf War veterans and the development of effective treatments, preventions, and cures. The Committee is concerned by the lack of public availability of the findings of all research conducted by or for the Executive Branch relating to the health consequences of military service in the Persian Gulf theater of operations during the Persian Gulf War. The Committee urges the Department to publish disease-specific and gender-specific mortality data related specifically to Persian Gulf War veterans. Furthermore, the Committee continues to encourage the Department to strengthen the training of primary, specialty, and mental healthcare providers on the effects of Gulf War illnesses on veterans.

Herbicide-Related Toxic Exposure Research.—To understand the residual effects of Agent Orange, dioxins, and other herbicide-related toxic exposures, the Committee urges the Department to utilize reference data from existing medical records of veterans who served in Vietnam, Thailand, Guam, the Northern Mariana Islands, America Samoa, and other geographic areas where these toxic substances were dispersed to determine the percentage who have frequent or unexplained diseases compared to the civilian population.

Innovative Blood-based Biomarkers for Neurodegenerative Disorders.—The Committee recognizes the importance of blood-based biomarkers for early detection and management of complex neurodegenerative diseases amongst veterans. The Committee encourages the Department to explore additional research in this area and adopt necessary practices and policies to increase and enhance blood-based neuro testing. Key areas of focus include the further study of blood-based biomarkers in the differential diagnosis of Alzheimer's Disease from other dementias, identifying and tracking important diagnostic intervention points throughout disease progression, and risk stratification of Disease Modifying Therapy initiation. These programs are critical components of the Department's prevention-oriented care strategy and encourages ongoing refinement and modernization of screening modalities, technology platforms, and data sharing approaches across the VA enterprise.

Limb Loss.—The Committee supports the Department's comprehensive approach to care for veterans living with limb loss and those at risk of amputation. The Committee also notes that partnerships connecting veterans to peer visitors, support networks, and evidence-based educational resources play a vital role in recovery, mental health, and long-term quality of life. The Committee encourages the Department to expand efforts to reach all veteran amputees nationwide and to strengthen its current program by providing enhanced care coordination services. The Committee directs the Department to report no later than 180 days after enactment of this Act on efforts to enhance care coordination, increase veteran participation in peer support programs, and address gaps in access to limb loss resources across the continuum of care.

Metastatic Cancer Research.—The Committee supports the Department's work to achieve therapeutic advances that extend the life of metastatic cancer survivors, including through clinical trials that treat patients with diverse types of cancer, demographics, and genetics, and recognizes more studies are required to develop a comprehensive understanding of this complex process. The 2018 Department of Defense report to Congress on the Metastatic Cancer Task Force noted there are few active duty servicemembers with metastatic cancer because they are medically retired prior to metastasis. The Committee looks forward to receiving the report required in House Report 119–161 to study the correlation between service in the military, including types of service and exposure to different toxins or environments, and veterans' likelihood of a metastatic cancer diagnosis, and directs the Department to continue to increase veterans' participation. The Committee requests a briefing within 120 days of enactment on its progress.

National Intrepid Center of Excellence (NICoE).—The Committee recognizes the high-quality mental health care and neurological re-

search being conducted at the NICoE and urges the Department to expand its work with NICoE to strengthen VA's research capacity. The Committee continues to encourage the Department to pursue new collaborative initiatives with NICoE, consider public academic medical centers as partners in such efforts, and assist DOD-wide efforts to optimize research to implement solutions and deliver better health outcomes for veterans.

Non-Invasive Neurostimulation for Traumatic Brain Injury.—The Committee is aware of emerging research on non-invasive deep brain neurostimulation technologies for the treatment of traumatic brain injury (TBI) and is encouraged by early findings demonstrating potential benefits for veterans with treatment-resistant TBI. The Committee encourages the Department to support additional research evaluating the safety, efficacy, and potential clinical applications of these technologies for veterans experiencing treatment-resistant TBI.

Neuro-Interface Prosthetic Technology.—The Committee commends the Department for its efforts to advance technological research supporting veterans with limb loss. The Committee encourages further research toward the development and implementation of neurologically controlled prosthetic interfaces for veterans and active-duty service members. To advance this priority, the Department may collaborate with industry partners, as appropriate, to advance human—machine interface capabilities in prosthetic limb technology.

PFAS Research and Testing.—The Committee encourages the Department to establish a program to test veterans for PFAS exposure and to provide medical monitoring for veterans with PFAS levels indicative of significant exposure. The Department of Veterans Affairs shall submit a brief the Committee on Appropriations in the House of Representatives and Senate describing their plans to the Committee no later than 180 days after enactment.

Research Using Animals.—The Committee is aware that VA affiliates continue to conduct animal research with funding provided by non-VA sources. The Department is directed to provide a report within 180 days of enactment to the Committee on Appropriations in the House of Representatives and Senate detailing a comprehensive list of these grants including the types of research conducted, where the research is conducted including affiliate name, and justification for this research.

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 2027 is \$4,206,990,000.

NATIONAL CEMETERY ADMINISTRATION

Appropriation, fiscal year 2026	\$498,500,000
Committee recommendation, fiscal year 2027	500,000,000

The Committee recommends \$500,000,000 for fiscal year 2027. National Cemetery Administration (NCA) should prioritize maintaining the current level of services at existing cemeteries and activating new cemeteries to increase burial access. In addition, the bill includes language making ten percent of the total available until September 30, 2028.

Assessing the National Cemetery Administration’s Population Data Collection Methodology.—The Committee expressed concern in House Report 119–161 that the NCA may not be fully leveraging all available data sources to effectively target underserved veteran populations for cemetery services and currently awaits the update requested.

Burial Allowance and Reimbursement.—The Committee notes differences in burial allowances between service-connected disabled veterans who die and are not buried in a VA and non-service-connected burial allowance. The Committee encourages NCA examine the feasibility of a single burial allowance benefit and removal of the distinction between a non-service connected and service-connected burial allowance.

National Memorial Cemetery of the Pacific Replacement.—The Committee notes that the National Memorial Cemetery of the Pacific has essentially been closed to casketed burials since 1991 and will stop accepting cremated remains by 2036. Given that the timelines needed to design and build a new national cemetery, any effort to construct a new cemetery in Hawaii would need to start immediately to ensure veterans in Hawaii do not have to rely on national cemeteries in the Continental United States over 2,200 miles away. To better understand what options may exist for a new national cemetery in Hawaii, the Committee directs the NCA to provide a report within 180 days after enactment of this Act: (1) summarizing the processes needed to construct a new national cemetery in Hawaii, (2) the estimated cost for a new national cemetery, and (3) the minimum size of land needed to support burials for at least 50 years.

Fort Sam Houston National Cemetery Veterans Day Community Remembrance.—The Committee reaffirms its unwavering commitment to honoring the service and sacrifice of America’s veterans by strongly supporting the upkeep and dignified maintenance of our national cemeteries. These sacred grounds must be preserved not only as final resting places but as enduring symbols of gratitude where families and communities can reflect on the legacy of those who served. The Committee recognizes the importance of maintaining national traditions that honor veterans, including the annual Veterans Day commemoration at Fort Sam Houston National Cemetery, a vital event that reinforces our nation’s promise to never forget.

DEPARTMENTAL ADMINISTRATION
 GENERAL ADMINISTRATION
 (INCLUDING TRANSFER OF FUNDS)

Appropriation, fiscal year 2026	\$429,000,000
Committee recommendation, fiscal year 2027	425,000,000

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 does not provide resources for the Core Human Capital Management system. The Committee notes the required authorization for an Assistant Secretary position under the Warrior Independence and Self-Sufficiency Ethos Office.

The Committee recommendation includes \$425,000,000 for General Administration in the amounts specified below.

(\$ in thousands)

Office ¹	Amount
Office of the Secretary	\$37,200
Office of General Counsel	134,000
Office of Management	76,200
Office of Human Resources Administration	83,300
Operations, Security & Preparedness	35,600
Office of Public and Intergovernmental Affairs	15,600
Office of Congressional & Legislative Affairs	12,500
Office of Accountability & Whistleblower Protection	30,600
Total	\$425,000

The Committee has included bill language to make available through September 30, 2028, 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.

Modernization of Financial and Acquisition Systems.—The Committee is concerned that the Department’s current approach to modernizing its financial and acquisition systems through the Financial Management and Business Transformation (FMBT) program has thus far yielded little progress and encourages evaluation of a new approach. Therefore, the Committee directs the Department to provide a report of the House and Senate Committees on Appropriations within 90 days of enactment of this Act that includes an analysis to determine if a viable path forward exists to procure and deploy a flexible, modernized acquisition system, independent of the financial system modernization efforts and ensure that any effort to move in this direction includes an analysis of alternatives and the evaluation of secure FedRAMP authorized technologies.

Office of Management.—The Committee strongly supports the current structure and function of the Office of Management within the Department. The Committee directs the Department to leave this existing structure and function in place as it effectively supports the constitutional and statutory responsibilities of Congress by producing accurate, timely, and certified financial, budgetary, and execution information for affected Committees.

Quarterly Financial Information Reports.—The bill includes an administrative provision that extends the requirement for submis-

sion of the quarterly financial information required in the fiscal year 2017 bill and conference report.

Staff Relocations Within the Department.—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.

BOARD OF VETERANS APPEALS

Appropriation, fiscal year 2026	\$280,000,000
Committee recommendation, fiscal year 2027	268,000,000

The Committee recommendation includes \$268,000,000 for the Board of Veterans Appeals. Ten percent of this funding is available through September 30, 2028.

INFORMATION TECHNOLOGY SYSTEMS

(INCLUDING TRANSFER OF FUNDS)

Appropriation, fiscal year 2026	\$5,919,000,000
Committee recommendation, fiscal year 2027	5,454,000,000

The Committee recommendation includes \$5,450,000,000 for Information Technology Systems. Within the account total, the Committee allocates \$1,350,000,000 for pay and associated costs; \$3,539,200,000 for operations and maintenance; and \$118,900,000 for activations.

The bill makes available three percent of pay and associated costs and 35 percent of operations and maintenance funds until September 30, 2028. All development funds are available until September 30, 2028.

The Committee continues to include 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 Committee continues to include bill language limiting the funds available for information technology systems development to 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.

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 of the project costs included in the development funding chart above and provide an explanation for any differences in excess of \$3,000,000.

Claims Processing.—The Committee recognizes the importance of the Department’s ongoing efforts to modernize the Veterans Benefits Administration’s legacy systems. The Committee is concerned that the Department does not maintain data rights under all its technology modernization contracts. The Committee directs the De-

partment to retain robust data rights in major IT contracts to ensure security, oversight, competition, and future system migration. The Committee further encourages the use of governed artificial intelligence solutions with appropriate human oversight and measurable performance standards to improve outcomes and the Veteran experience. The Committee expects OIT to provide enterprise-wide leadership through Department-wide architecture, security, and deployment standards.

Cyber Incidents.—The Committee recognizes adversaries increasingly target the Department's information systems to disrupt healthcare delivery, benefits administration, and other mission-critical services; compromise veteran data; access sensitive personal and medical information; and establish persistent access across the VA enterprise. As cyber incidents grow in frequency and sophistication, effective data backup and recovery capabilities are essential to ensuring continuity of care and uninterrupted delivery of benefits. The Committee is concerned that the Department inconsistently implements, validates, or aligns data backup, recovery, and restoration capabilities with mission recovery requirements. This fragmented approach affects systems supporting the VHA and benefits processing. This assessment should include testing of backup integrity and restoration processes; the ability to meet defined recovery time and recovery point objectives for mission-essential systems; and adoption of architectures incorporating immutable and isolated backups to protect against destructive cyber activity, data corruption, and credential compromise.

Data Governance Analytics.—The Committee continues to support the work carried out by the Department's Office of Enterprise Integration for the continuous improvement of veterans' access and outcomes throughout their lifetimes, as outlined in VA Data Strategy. VA, as a learning enterprise, should manage, integrate, and consolidate its various data sources to ensure its data of highest quality and is used to support operational decision making. As such, the Committee encourages OEI to further coordinate enterprise-wide efforts to manage VA data as a strategic asset, in order to enhance veterans' insights and to strengthen VA's delivery of services and benefits to veterans, their families, survivors, and caregivers.

Digital Identity Solutions.—The Committee notes the growing need to modernize online identity verification solutions across government to protect against fraud, strengthen digital identity nationwide, and support American users. The agency should replace legacy checks with multi-layered, high assurance verification to deliver a more secure, seamless experience while saving taxpayer funding. The Committee therefore directs the agency to utilize commercially available, user-consented and reusable digital identity solutions that support high-assurance identity proofing and authentication independently certified to meet or exceed National Institute of Standards and Technology (NIST) Identity Assurance Level 2 (IAL2) guidelines to achieve the highest possible pass rates, fraud prevention, and cost reduction.

Generative Artificial Intelligence.—The Committee recognizes that emerging Generative Artificial Intelligence technologies can improve health outcomes for veterans by enhancing clinical decision-making, strengthening care coordination, and accelerating the

adjudication of veterans' benefits. The committee notes that effective use of such technologies depends on the Department's ability to prepare and structure its medical records, benefits documentation, claims files, and other data assets for integration into modern AI-enabled systems. The Committee requests a brief assessing the readiness of the Department's data assets for use with Generative Artificial Intelligence applications, including an evaluation of data preparation capabilities and any data readiness gaps that may limit the Department's ability to leverage such technologies to improve healthcare outcomes and benefits delivery for veterans.

Identity Governance and Administration (IGA) for AI Agents.—The Committee remains concerned that the Department has unsuccessfully remediated ongoing Identity Governance and Administration (IGA) deficiencies, despite the caution and directive in House Report 119–161. While the Committee welcomes rapid AI adoption, it is concerned by the proliferation of autonomous “Shadow IT” agents operating without an adequate non-human identity framework. Accordingly, the Committee urges the Department to establish a commercially-procured AI Identity Governance Lab and Agentic Blueprint capability to discover and govern non-human identities. Any effort shall be consistent with the interagency Continuous Diagnostics and Mitigation (CDM) program, address critical privacy gaps identified in GAO–26–107681, and align with emerging NIST standards for AI agent authorization.

IT Asset Management.—The Committee is aware of improvements made by the Office of Information Technology to the Department's IT software and hardware asset management practices and systems, which are producing significant annual cost savings, ensuring more accurate baseline inventories of assets owned, and improving the Department's ability to measure the total cost of ownership of IT assets and applications. The Committee encourages the Department to continue replicating this success across all software and hardware portfolios, and to ensure all software and hardware assets are accurately reflected in the system throughout their full lifecycles, from the time of acquisition through final disposal.

Website Archives.—The Committee reminds the Department that funds shall not be available for the purpose of the permanent deletion or removal of a federal government webpage or dataset that constitutes a federal record until 48 hours after the Department has provided written notice to the House of Representatives and Senate Appropriations Committees. Notice to these committees must include (1) confirmation that the webpage or dataset will be archived in accordance with the Federal Records Act or Presidential Records Act, as applicable, and any other applicable laws, including the Paperwork Reduction Act, and (2) justification for the deletion or removal. These requirements do not apply to regular content maintenance updates and changes to existing webpages nor to content modernization efforts that result in consolidating and redirecting content in legacy content management systems to largely equivalent content in modernized content management systems.

VA Network Security Modernization.—The Committee recognizes that persistent VA Inspector General findings, including the failure to adequately segment medical devices from general network access, and independent cybersecurity assessment's recommendation to implement zero trust architecture indicates fundamental defi-

ciencies in the Department’s network security model. The Committee urges the Chief Information Officer, in coordination with the Veterans Health Administration, Veterans Benefits Administration, and National Cemetery Administration, to conduct a comprehensive assessment of the current network security infrastructure, including all circuits, appliances, remote access solutions, medical device connectivity, and associated contracts and costs.

VETERANS ELECTRONIC HEALTH RECORD

Appropriation, fiscal year 2026	\$3,400,000,000
Committee recommendation, fiscal year 2027	3,400,000,000

The bill includes \$3,400,000,000 for Veterans Electronic Health Record. This reflects additional deployments and focus on current site optimization, sustaining infrastructure, and supporting 19 live sites. It also assumes costs for activities related to the development and rollout of VA’s Electronic Health Record Modernization (EHRM) initiative, the associated contractual costs, and the salaries and expenses of employees hired under titles 5 and 38, United States Code. [Within the total, the bill includes \$375,000,000 for the electronic health record contract; \$191,009,000 for infrastructure readiness; and \$327,890,000 for program management. Funding is made available for three fiscal years.]

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.

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. The Department 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 electronic health record deployment. It is expected that this quarterly report will provide the Committees and VA with timely information to properly oversee this effort and address important issues.

Medication Knowledge Bases and Clinical Decision Support Tools.—As the Department resumes deployment of its modernized EHR system across additional VA medical facilities, the Committee emphasizes the importance of preserving flexibility within the EHR ecosystem, particularly with respect to medication management,

drug knowledge bases, and clinical decision support (CDS) capabilities. The Committee recognizes that independent, evidence-based medication knowledge bases and CDS tools play a critical role in ensuring patient safety, supporting clinician decision-making, and keeping pace with evolving clinical guidelines. The Committee encourages the Department to ensure that its EHR remains modular and interoperable, such that the VA retains the ability to adopt, layer, or substitute external medication knowledge bases and CDS technologies, including those provided by independent vendors, as clinical needs evolve.

System Sustainment.—The Committee recognizes the Department’s critical juncture in its IT modernization efforts. The Committee remains concerned that competing modernization needs and priorities may create systemic challenges in software procurement and management that impacts Veterans access to quality care. The ongoing EHRM rollout, coupled with rapid technological advancement in AI and cloud-native solutions, creates tension between the need for current Commercial Off-The-Shelf (COTS) solutions and long-term strategic planning. The current approach of targeted system decommissioning and portfolio rationalization, while generating cost savings, may inadvertently limit the Department’s ability to adopt innovative COTS solutions that could enhance Veteran services and operational efficiency. In addition, the Department has identified millions in wasted spending on duplicate software licenses and poor asset management, highlighting the need for more strategic COTS procurement and oversight processes. Using COTS software may offer benefits over custom development for individual medical centers, through cost savings, faster deployment, standardization, proven reliability, and reduced IT burden. Certain COTS applications can interface with the new EHRM to reduce disruptions in Veterans’ care and the clinical teams’ productivity. The Committee urges the CIO and the Under Secretary of Health to standardize widely adopted COTS applications to improve Veterans’ access to care, clinicians’ productivity, the normalization of data, and in support of the Veterans Health Administration principles of high-reliability practices across the healthcare system where practical.

Contractor Accountability.—The Committee expects the Department to hold its contractors accountable. The Department is expected to work closely with Oracle Cerner to resolve usability problems and dramatically improve training to ensure that when deployments restart the new system can be adopted easily by clinicians and healthcare staff.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2026	\$296,000,000
Committee recommendation, fiscal year 2027	290,000,000

The Committee recommendation includes \$290,000,000 for fiscal year 2027 for the Office of the Inspector General. The bill makes up to ten percent of this funding available until September 30, 2028.

The Committee continues to request robust oversight of the Electronic Health Record Modernization initiative and medical community care claims.

CONSTRUCTION, MAJOR PROJECTS

Appropriation, fiscal year 2026	\$1,394,000,000
Committee recommendation, fiscal year 2027	660,670,000

The Committee recommendation includes \$660,670,000 for Construction, Major Projects for fiscal year 2027 which shall remain available until September 30, 2031. The Committee supports the Department's efforts for projects in Indianapolis, IN, land acquisition in San Antonio and modernization efforts at NCA facilities. The Committee recognizes the Department's intent to utilize up to \$1,450,000,000 from the Recurring Expenses Transformational Fund for associated construction costs.

The Committee reminds the Department that the budget justification submission document requirements established in section 258 of Division A of Public Law 114–223 remain in permanently in effect.

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 Committee does not provide transfer authority between twelve VA appropriations and for funds to be transferred to major or minor construction to be made available for five years.

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.

San Antonio Audie L. Murphy VA Medical Center.—The Committee is aware that the Department of Veterans Affairs has completed a feasibility study and has initiated an Environmental Impact Statement to evaluate options for replacing the Audie L. Murphy Memorial Veterans' Hospital in San Antonio, Texas. The Committee encourages the Department to continue advancing this effort and to prioritize the timely completion of the planning process. The Committee directs the Department of Veterans Affairs to submit a report to the Committees on Appropriations not later than 90 days after enactment of this Act detailing the status and findings of the feasibility study and Environmental Impact Statement, the anticipated timeline for site selection and acquisition, the projected schedule for design, construction, and project completion, and any anticipated resource requirements necessary to support replacement of the existing hospital.

Activation Planning for the El Paso VA Medical Center.—The Committee notes the ongoing construction of the new Department of Veterans Affairs medical center in El Paso, Texas, which will serve a large veteran population across West Texas and surrounding regions. The Committee directs the Department of Vet-

erans Affairs to provide a briefing to the Committee on activation planning for the facility, including workforce recruitment strategies, projected clinical staffing levels, specialty care capacity, medical equipment procurement timelines, and projected patient demand within the facility's catchment area. The briefing should also include plans for coordination with nearby Department of Defense medical facilities, including William Beaumont Army Medical Center, to ensure continuity of care for transitioning servicemembers entering the VA health system, as well as coordination with local and regional transportation providers and relevant local government entities to address potential travel burdens within the facility's catchment area and ensure veterans are able to reliably access the new facility once operational.

Construction Reports.—The Committee continues to request the Department 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.

Full Service Hospitals.—The Committee remains supportive of the establishment of a full-service VA medical center in New Hampshire; however the Department has provided no updates on the status of the feasibility study, not have they communicated a timeline for completion of a study. The Committee directs the VA to provide an update on the study within 180 days and provide the completed feasibility study to the Committee.

Greater Los Angeles Healthcare System's Master Plan.—The Committee continues to encourage the Department to engage with the Principal Developer Team responsible for the Greater Los Angeles Health Care System's Master Plan and support the operationalization of the Master Plan.

Legacy Construction Projects.—The Committee is concerned about the cancellation of the VA health care facility and columbarium in Alameda, CA and the Building 40 project at the San Francisco VA Medical Center in San Francisco, CA. The Committee directs the Department to submit a report to the House and Senate Committees on Appropriations within 60 days of enactment of this Act that includes a detailed analysis of what has been obligated on these projects, what funding remains, and a rationale for why these projects were cancelled. Additionally, the report should include detail on expired funds, and any funds reallocated to the recurring expense transformation fund associated with these projects. The report should also include details on the Department's plan to excess or dispose of the Alameda Point site and its plan to identify a new location for the Alameda Point VA health care facility and columbarium.

The Committee provides funding for Major Construction in the specified amounts below:

CONSTRUCTION, MAJOR PROJECTS

(In thousands of dollars)

Project	Amount
Veterans Health Administration (VHA):	
Indianapolis, IN—Replacement Medical Center, New Central Utility Plant, Replacement Multi-Specialty Outpatient Clinic, and Associated Parking	\$1,641,570
San Antonio, TX—Land Acquisition for New Healthcare Facility	30,000
Total, VHA	1,671,570
National Cemetery Administration (NCA):	
Bridgeville, PA—National Gravesite of the Alleghenies—Phase 4—Gravesite Development and Cemetery Improvements	97,700
Minneapolis, MN—Ft. Snelling—Gravesite Development and Cemetery Expansion	107,500
Rittman, OH—Ohio Western Reserve—Phase 4 Gravesite Development	144,000
Holly, MI—Great Lakes NC—Gravesite Expansion	34,900
Total, NCA	384,100
General Administration/Staff Offices:	
Department Advance Planning and Design Fund for Major Construction	5,000
Total, Major Construction	\$2,060,670,000

CONSTRUCTION, MINOR PROJECTS

Appropriation, fiscal year 2026	\$350,000,000
Committee recommendation, fiscal year 2027	318,000,000

The Committee recommendation includes \$318,000,000 for Construction, Minor Project for fiscal year 2027, of which \$200,000,000 shall remain available until September 30, 2031, and 118,000,000 shall remain available until expended.

In addition, the Committee supports reallocating \$50,000,000 from the Recurring Expenses Transformational Fund.

Laredo VA Clinic Modernization and Expansion.—Consistent with the Department's Strategic Capital Investment Planning process, the Committee directs the Department of Veterans Affairs to assess the Laredo VA Clinic's current and future capacity needs, including any modernization, expansion, lease, minor construction, or non-recurring maintenance actions necessary to ensure adequate access to care. Not later than 90 days after enactment of this Act, the Department shall brief the Committees on Appropriations on the current and projected veteran demand in the Laredo service area, any infrastructure, space, safety, utilization, or access gaps identified at the clinic, capital options under consideration to address such gaps, estimated costs and timelines, and any barriers to timely action.

VA Medical Center Infrastructure Project Transparency.—The Committee is concerned that the Department has not adequately communicated with Veterans and the surrounding communities regarding the status and timeline of ongoing construction efforts at VA Medical Centers, including those at the Northport VA Medical Center. Improved communication plans from the Department on the status of projects, anticipated or associated disruptions from construction, timeline changes, and impacts on facility access would benefit veterans and the community at large.

Weld County, CO Clinic.—The Committee encourages the Department review current demographic data including, veteran population density, driving distances, and existing appointment wait times to evaluate if a new clinic is required in Weld County, CO or greater Northeastern Colorado.

GRANTS FOR CONSTRUCTION OF STATE EXTENDED CARE FACILITIES

Appropriation, fiscal year 2026	\$275,000,000
Committee recommendation, fiscal year 2027	171,000,000

The Committee recommendation includes \$171,000,000 for fiscal year 2027 for Grants for Construction of State Extended Care Facilities. A grant may not exceed 65 percent of the total cost of the project. The bill makes this funding available until expended.

Cost of Care for Veterans' Homes.—The Committee is concerned with the current reimbursement rate for state and non-profit run Veterans' Homes. The Committee recognizes that the costs associated with Veterans' Homes are substantial due to the high acuity level of the veteran population served, and that current VHA rates are inconsistent with the current cost of care. The Committee directs VHA to submit a report, no later than 90 days following the adoption of this bill, outlining how current reimbursement rates are calculated, how VHA makes locality adjustments, how the VHA works to reduce the cost of prescription drugs for veterans in homes, and recommended legislative changes for Congress to consider.

Mobility Rehabilitation Technologies.—The Committee recognizes that State Veterans Homes serve an aging veteran population with significant mobility and rehabilitation needs. The Committee directs the Department to evaluate and, where appropriate, pilot innovative mobility rehabilitation technologies that may improve mobility outcomes, reduce fall risk, and support rehabilitation services for veterans receiving long-term care.

Modernization of State Home Program Digital Services.—The Committee supports efforts to modernize and digitize the State Home Program application and eligibility process, and related workflows, to ensure they are mobile responsive, user-centered, and fully compliant with Public Law 115–336. Modernization should prioritize replacing manual and paper-based processes with standardized, end-to-end electronic workflows leveraging commercial-off-the-shelf technologies; improving system performance, reliability, and scalability; and integrating responsible artificial intelligence capabilities to streamline processing and reduce administrative burden.

Resident Advocacy.—The Committee encourages installing a resident advocate in every domiciliary facility of the Department of Veterans Affairs and State Veterans Home to serve as a direct line of contact between the Secretary, veterans, and their families.

Veteran Home Infrastructure.—The Committee recognizes the longstanding role of State Veterans Homes in providing nursing, domiciliary, and adult day health care to veterans and notes recent increases in VA enrollment and demand for services. The Committee directs VA to study alternative capital and partnership models—such as lease-to-own, lease-back, public-private partnerships, and intergovernmental support arrangements—that could reduce upfront costs, accelerate delivery of modern care settings, and enable co-located services that improve access and outcomes for veterans. The Committee expects a report with financial models, legal and oversight analysis, and recommended pilots to be submitted within 120 days of enactment.

GRANTS FOR CONSTRUCTION OF VETERANS CEMETERIES

Appropriation, fiscal year 2026	\$150,000,000
Committee recommendation, fiscal year 2027	60,000,000

The Committee recommendation includes \$60,000,000 for Grants for Construction of Veterans Cemeteries. The bill makes this funding available until expended.

COST OF WAR TOXIC EXPOSURES FUND

Appropriation, fiscal year 2026	\$52,676,000,000
Committee recommendation, fiscal year 2027	54,593,000,000

The bill provides \$54,593,000,000 for the Cost of War Toxic Exposure Fund (TEF) for fiscal year 2027 for veterans medical care related to toxic exposures.

Congressional Commitment to the PACT Act.—The enactment of the Honoring our Promise to Address Comprehensive Toxics Act (PACT Act) resulted in the largest expansion of veterans benefits in a generation, providing healthcare and benefits for veterans who were exposed to burn pits, Agent Orange and other toxic substances during their military service. The PACT Act created the Cost of War Toxic Exposure Fund (TEF) which provides mandatory funding for the delivery of health care and benefits for impacted veterans. The Committee remains committed to providing full funding to the Department in order to ensure successful implementation the PACT Act.

PACT Act Incremental Costs.—The Committee directs the Department to include in its fiscal year 2027 and all future budget justification materials a detailed description of the incremental costs for implementation of the PACT Act for all requested funds on an account-by-account basis.

ADMINISTRATIVE PROVISIONS

The bill includes 61 administrative provisions. The administrative provisions included in the bill are as follows:

Section 201. Allows for the transfer of funds among three mandatory appropriations. The Administration proposal to modify this provision is not adopted.

Section 202. Allows the Department to transfer funding among the four medical appropriations accounts in fiscal year 2027. The Administration proposal to modify this provision is not adopted.

Section 203. Allows for salaries and expenses funds to be used for hire of passenger vehicles, lease of facilities or land, and purchase of uniforms.

Section 204. Provides 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.

Section 205. Requires 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.

Section 206. Allows for the use of funds appropriated in fiscal year 2027 for “Compensation and Pensions”, “Readjustment Bene-

fits”, and “Veterans Insurance and Indemnities” for payment of accrued obligations recorded in the last quarter of fiscal year 2026.

Section 207. Allows for the use of fiscal year 2027 funds to pay prior year obligations resulting from implementation of sections 3328(a), 3334, and 3712(a) of title 31, United States Code.

Section 208. Allows 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.

Section 209. Allows enhanced-use lease proceeds deducted for administrative expenses that were incurred in a prior fiscal year to be available until expended.

Section 210. Limits 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.

Section 211. Requires 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.

Section 212. Allows the Department to use enhanced-use lease funds for construction and alteration of medical facilities.

Section 213. Allows the Department to use the Medical Services appropriation for expenses related to the broader mission of medical care to veterans.

Section 214. Allows 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.

Section 215. Allows 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.

Section 216. Allows 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.

Section 217. Requires 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.

Section 218. Prohibits 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.

Section 219. Provides up to \$710,778,000 of fiscal year 2027 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.

Section 220. Permits the transfer of \$760,767,000 of fiscal year 2027 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.

Section 221. Permits 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.

Section 222. Directs 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.

Section 223. Includes language related to diabetes monitoring supplies and equipment.

Section 224. Requires 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.

Section 225. Prohibits 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 Appropriations of both Houses of Congress.

Section 226. Requires 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.

Section 227. Requires 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.

Section 228. Requires 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.

Section 229. Permits 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.

Section 230. Permits the transfer of funds between the "Board of Veterans Appeals" and "General Operating Expenses, Veterans Benefits Administration" upon approval of the Appropriations Committees on Appropriations of both Houses of Congress.

Section 231. Prohibits 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.

Section 232. Requires the Secretary to ensure that the toll-free suicide hotline provides immediate assistance from a trained pro-

fessional and adheres to all requirements of the American Association of Suicidology.

Section 233. Requires the Department to use the mammography screening guidelines announced by the Secretary on May 10, 2017, through January 1, 2028.

Section 234. Allows the use of Medical Services funding for assisted reproductive technology treatment and adoption reimbursement for veterans and their spouses.

Section 235. Prohibits any funds from being used in a manner that is inconsistent with statutory limitations on outsourcing.

Section 236. Pertains to exceptions for Indian- or Native Hawaiian-owned businesses contracting with the Department.

Section 237. Directs the elimination over a series of years of the use of Social Security numbers in VA programs.

Section 238. References 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.

Section 239. Prohibits funds from being used to transfer funding from the Filipino Veterans Equity Compensation Fund to any other VA account.

Section 240. Permits funding to be used in fiscal years 2027 and 2028 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).

Section 241. Prohibits the Department 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.

Section 242. Prohibits 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.

Section 243. Prohibits funding from being used in a manner that would increase wait times for veterans at medical facilities.

Section 244. Prohibits the use of funds in fiscal year 2027 to convert any program that received specific purpose funds in fiscal year 2026 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.

Section 245. Language regarding verification of service for coast-wise merchant seamen.

Section 246. Language regarding the use of canines, felines, and non-human primates in VA research.

Section 247. Includes language regarding staffing ratios.

Section 248. Allows fiscal year 2027 and 2028 “Medical Community Care” funds to be used to cover obligations that would have otherwise been paid by the Veterans Choice Fund.

Section 249. 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.

Section 250. Specifies an amount from the four medical care accounts for gender-specific care for women, suicide prevention programs, Caregivers program, National Center for PTSD, Neurology Center of Excellence, rural health care, veterans homelessness programs, telehealth services, opioid prevention, and the Intimate Partner Violence Assistance Program.

Section 251. Language regarding unobligated balances.

Section 252. Requires quarterly reports on the status of certain funds.

Section 253. Includes bill language for certain obligations.

Section 254. Language regarding closure of Department of Veterans Affairs facilities.

Section 255. Establishes a timeline for construction in accordance with a lease.

Section 256. Prohibits procurement of certain information technology equipment.

Section 257. Language prohibiting federal funding for administering, implementing, or enforcing the final rule issued by the Secretary of Veterans Affairs related to special modes of transportation (88 Fed. Reg. 10032).

Section 258. Prohibits funding related to contractor performance.

Section 259. Includes language related to staffing levels.

Section 260. Includes language related to a community-based outpatient clinic in Bakersfield, California.

Section 261. Includes language related to Veterans Crisis Line.

TITLE III

RELATED AGENCIES

AMERICAN BATTLE MONUMENTS COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	\$110,000,000
Committee recommendation, fiscal year 2027	107,925,000

The recommendation includes \$107,925,000 for Salaries and Expenses of the American Battle Monuments Commission (ABMC).

Identifying Improperly Buried Servicemembers.—The Committee recommendation includes \$500,000 for ABMC to award a contract for the purpose of researching and identifying American-Jewish servicemembers buried at American military cemeteries who were buried under markers incorrectly representing their religion and heritage. The research should also include identifying surviving next of kin of these servicemembers. The ABMC should prioritize making an award to an organization with a demonstrated capability and expertise in conducting such research and identification activities.

Flower Program.—The Committee recognizes the importance of the ABMC’s program allowing family members and loved ones to honor fallen service members buried or memorialized at ABMC cemeteries overseas through the placement of flowers. The Committee recognizes that the Commission is taking steps to restart the program and expects it to be operational by May 25, 2026, in time for Memorial Day. The Committee directs that not than 120 days after the program becomes operational, the Commission shall

submit a report to the Committee on: (1) the status of program implementation; (2) the number of flower orders received and fulfilled; (3) any operational or logistical challenges encountered; (4) steps taken to ensure timely processing and placement of orders; and (5) any additional resources or authorities needed to sustain and improve the program. The Committee expects the Commission to keep the Committee informed of any significant issues affecting program performance

FOREIGN CURRENCY FLUCTUATIONS ACCOUNT

The recommendation includes such sums as necessary for the Foreign Currency Fluctuations Account (FCFA). The Foreign Currency Fluctuations account addresses exchange rate imbalances between the U.S. Dollar, the European Euro, and other foreign currencies. If exchange rates change at time of expenditure, funds from FCFA are transferred to Salaries and Expenses.

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	\$49,000,000
Committee recommendation, fiscal year 2027	50,000,000

The recommendation includes \$50,000,000 for Salaries and Expenses for the United States Court of Appeals for Veterans Claims.

The Committee recognizes the Court provides veterans and their families independent judicial review of benefits decisions made by the Department of Veterans Affairs and the increasing caseload experienced in recent years. The Committee encourages expedient appointment of judges to fill current vacancies to prevent a buildup of a backlog.

DEPARTMENT OF DEFENSE—CIVIL

CEMETERIAL EXPENSES, ARMY

SALARIES AND EXPENSES

Appropriation, fiscal year 2026	\$118,780,000
Committee recommendation, fiscal year 2027	118,000,000

The recommendation includes \$118,000,000 for Salaries and Expenses for Arlington National Cemetery.

Virtual Tours.—The Committee appreciates the on-going efforts of Arlington National Cemetery (ANC) to improve the interactive tools available to visitors and understands ANC is currently working to create a three-dimensional virtual tour to improve the visitor experience.

ARMED FORCES RETIREMENT HOME

TRUST FUND

The recommendation includes a total of \$77,000,000 for the Armed Forces Retirement Home (AFRH) Trust Fund, including \$2,000,000 for capital projects and \$27,000,000 from the general fund of the Treasury.

OPERATION AND MAINTENANCE

Appropriation, fiscal year 2026	\$50,928,000
Committee recommendation, fiscal year 2027	48,000,000

The Committee makes these operation and maintenance funds available until September 30, 2028 to provide AFRH greater ability to respond to emergency situations and ensure stable operations.

CAPITAL PROGRAM

Appropriation, fiscal year 2026	\$2,072,000
Committee recommendation, fiscal year 2027	2,000,000

Capital Maintenance Spending Plan.—The Committee directs AFRH to provide, not 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 continues to direct AFRH to prioritize completing projects that are currently underway.

District of Columbia National Guard Armory.—The Committee recognizes the critical role of the District of Columbia National Guard in supporting homeland defense, disaster response, and civil support missions in the Nation’s capital. The Committee notes that the District of Columbia National Guard currently operates from facilities located at the RFK Stadium campus. As the RFK Stadium site has been transferred to the District of Columbia for redevelopment, the National Guard will be required to relocate its operations from the existing armory and associated facilities, including a potential relocation land owned by the Armed Forces Retirement Home. The Committee expects continued updates on relocation plans and cost estimates.

Sheridan Building Renovation.—The Committee reminds Armed Forces Retirement Home (AFRM) to provide quarterly reports on the status of construction projects, including obligations of funds, anticipated timelines, and any changes to the overall cost of the project. Public Law 119–4 included \$31,000,000 to complete the Sheridan Building renovation 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

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

Section 402. The bill includes language 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.

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

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

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

Section 406. The bill includes language 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.

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

Section 408. The bill includes language 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.

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

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

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

Section 412. The bill includes language prohibiting the use of funds in this Act for the renovation, expansion, or construction of any facility in the continental United States for the purposes of housing any individual who has been detained at the United States Naval Station, Guantanamo Bay, Cuba.

Section 413. The bill includes language payments to and supervision of fiduciaries.

Section 414. The bill includes language prohibiting the use of funds to support or defeat legislation pending before Congress.

Section 415. The bill includes language related to smoke free policies at VA Health Care Facilities.

Section 416. The bill includes language establishing a "Spending Reduction Account" in the bill.

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:

[TO BE PROVIDED]

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.

[TO BE PROVIDED]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 Project Funding]

Account	State	Project	Location	House Amount	House Requestor(s)
Air Force	AK	BCE Pavements and Grounds Facility	Eielson Air Force Base	\$16,000,000	Begich
Army	AL	Access Control Point (INC)	Anniston Army Depot	53,000,000	Rogers (AL)
Air Force	CA	Construct Vehicle Search Area AFRL Gate ECP: Minor Construction.	Edwards Air Force Base	4,500,000	Fong
Navy and Marine Corps.	FL	Multi Aircraft Paint & Strip Facility: Design	Naval Air Station Jacksonville	28,225,000	Rutherford
Navy and Marine Corps.	FL	Child Development Center: Design	NAS Whiting Field	4,135,000	Patronis
Air Force	GA	Moody Air Force Base	Military Working Dog Flight Operations Facility	15,900,000	Scott, A. (GA)
Navy and Marine Corps.	GU	Defense Access Roads (INC)	Naval Base Guam	16,500,000	Moylan
Air National Guard.	IA	Repair Runway 13-31 (INC)	Sioux Gateway Airport	38,500,000	Feenstra
Army Reserve	IL	Area Support Maintenance Activity: Design	Phillip H. Sheridan Army Reserve Center	1,710,000	Schneider
Army National Guard.	IN	Aircraft Maintenance Hangar (INC)	Shelbyville, Indiana	27,500,000	Shreve
Army	LA	Rotational Unit Billeting Area (INC)	Fort Polk	55,000,000	Johnson (LA)
Navy and Marine Corps.	NC	Amphibious Combat Vehicle (ACV) Operation Facilities (INC).	Camp Lejeune	24,140,000	Murphy
Defense-Wide	NC	SOF Operations Ammunition Supply Point Phase 2 (INC).	Fort Bragg	55,000,000	Hudson
Air Force	OH	Human Performance Wing Laboratory (INC)	Wright-Patterson Air Force Base	21,000,000	Turner
Air Force	OK	E-7 AWACS Squadron Operations Facility (INC)	Tinker Air Force Base	55,000,000	Cole
Air Force	TN	Installation Access Control Point Gate 2 Upgrade	Arnold Air Force Base	17,600,000	Desjarlais
Air Force	TX	Gate Repairs: Design	Dyess Air Force Base	4,500,000	Arrington
Air Force	UT	F-35 Canopy Repair Facility: Design	Hill Air Force Base	6,500,000	Moore (UT)

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):

[TO BE PROVIDED]

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.

[TO BE PROVIDED]

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:

[TO BE PROVIDED]

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.

COMPARISON WITH THE 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 (P.L. 93-344), as amended, the following table compares the levels of new budget authority provided in the bill with the appropriate allocations under section 302(b) of the Budget Act:

[TO BE PROVIDED]

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 (P.L. 93-344), as amended, 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.

[TO BE PROVIDED]

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 (P.L. 93-344), as amended, 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.

[TO BE PROVIDED]

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, 2027:

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on March 15, 2026, entitled “Member Day”.

- Testimony received from various Members of the U.S. House of Representatives

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on March 25, 2026, entitled “Oversight Hearing—Quality of Life in the Military”.

The Subcommittee received testimony from:

- Sergeant Major Michael R. Weimer, U.S. Army, Sergeant Major of the Army, Department of Army
- Master Chief Petty Officer John Perryman, U.S. Navy, Master Chief Petty Officer of the Navy, Department of the Navy
- Sergeant Major Carlos A. Ruiz, U.S. Marine Corps, Sergeant Major of the Marine Corps, Marine Corps
- Chief Master Sergeant David R. Wolfe, U.S. Air Force, Chief Master Sergeant of the Air Force, Department of the Air Force
- Chief Master Sergeant John F. Bentivenga, U.S. Space Force, Chief Master Sergeant of the Space Force, Space Force

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 2026 and budget estimates presented for fiscal year 2027.

House Recommendations
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request	Recommended	Enacted	Recommended vs. Request
TITLE I - DEPARTMENT OF DEFENSE					
300					300
350					350
Military Construction					
375		1,931,638	2,131,959	-249,950	+200,321
400	2,381,909	8,266,703	5,508,934	-217,890	-2,758,669
600	5,725,724	10,601,180	3,712,473	-213,800	-6,888,707
1200	3,926,273	3,402,951	3,757,301	-27,000	+354,350
1600	3,784,301				
1800					
2000	15,818,207	24,202,472	15,109,767	-708,440	-9,092,705
Subtotal, Active components.....					
2050	272,930	358,909	198,380	-74,550	-160,529
2100	292,546	525,221	281,264	-1,282	-233,957
2500	92,239	209,913	42,239	-50,000	-167,674
2800	52,295	132,272	2,255	-50,000	-130,017
3500	116,468	22,172	60,458	-56,010	+38,286
3800	826,438	1,248,487	594,596	-231,842	-653,891
Subtotal, Reserve components.....					
4500	481,832	604,270	481,832	---	-122,438
4550	465,161	372,317	465,161	---	+92,844
Program.....					
4750	17,391,638	26,427,546	16,651,356	-840,282	-9,776,190
Total, Military Construction.....					
4795					4795
Family Housing					
4800	228,558	240,495	228,558	---	-11,937
5100	388,418	468,407	388,418	---	-79,989
5200	177,597	361,670	177,597	---	-184,273
5600					5600
5900	384,108	385,609	384,108	---	-1,501
6300	274,230	243,022	274,230	---	+31,208
6800	369,765	366,756	369,765	---	+3,009
6700	53,374	63,064	52,158	-1,218	-10,908
6900	8,315	8,412	8,315	---	-97
6905					6905
Department of Defense Military Unaccompanied Housing Improvement Fund.....					
7100	497	501	497	---	-4
Total, Family Housing.....					
7201	1,884,862	2,138,138	1,883,644	-1,218	-254,492
Revolving and Management Funds.....					
7202		5,700			-5,700
National Defense Stockpile Transaction Fund.....					

House Recommendations
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request	Recommended	Enacted	Recommended vs. Request
7450					7450
Administrative Provisions					
7500					7500
Unfunded Requirements (Sec. 124):					
7510					7510 050
			150,000	+6,000	+150,000
7520	144,000		150,000	+150,000	+150,000
			150,000	+16,500	+150,000
7530				-11,500	-11,500
7532	15,500				7532 050
7534	11,000				7534 050
7536	15,000				7536 050
7538					7538 050
			50,000	+50,000	+50,000
7926					7926
7932			5,000	+5,000	+5,000
7934			5,000	+5,000	+5,000
7936			5,000	+5,000	+5,000
7989					7989
Lab Infrastructure (Sec. 128):					
8001					8001
8002	5,000		15,000	+10,000	+15,000
8003	5,000		15,000	+10,000	+15,000
8004	5,000		15,000	+10,000	+15,000
8030					8030
8032	5,000		15,000	+10,000	+15,000
8034	5,000		15,000	+10,000	+15,000
8036	5,000		15,000	+10,000	+15,000
8042					8042
8043	10,000		20,000	+10,000	+20,000
8044	25,000		20,000	-5,000	+20,000
8046	10,000		20,000	+10,000	+20,000
8375	260,500		665,000	+404,500	+665,000
8380	19,737,000	28,571,382	19,200,000	-537,000	-9,371,382
8400	(19,737,000)	(28,571,382)	(19,200,000)	(-537,000)	(-9,371,382)

House Recommendations
(Amounts in Thousands)

	FY 2026 Enacted	FY 2027 Request	Recommended	Recommended vs. Enacted	Request
TITLE II - DEPARTMENT OF VETERANS AFFAIRS					
8700					8700
Veterans Benefits Administration					
8800					8800
Compensation and pensions:					
8880	5,850,000	10,555,052	10,555,052	+4,705,052	8880 M
8885	227,240,071	246,630,525	246,630,525	+19,390,454	8885 M
8890					8890 M
8910	233,090,071	257,185,577	257,185,577	+24,095,506	8910
Subtotal, Compensation and pensions available in fiscal year.....					
8920	246,630,525	283,806,848	283,806,848	+37,176,323	8920 M
8930	-227,240,071	-246,630,525	-233,090,071	-5,850,000	8930 M
8940	252,480,525	294,381,900	307,902,354	+55,421,829	8940
Total, Compensation and pensions appropriated in this bill.....					
8980	4,877,886			-4,877,886	8980
8982	20,372,030	24,703,528	24,703,528	+4,331,498	8982 M
8990					8990 M
9018	25,249,916	24,703,528	24,703,528	-546,388	9018
Subtotal, readjustment benefits available in fiscal year.....					
9020	24,703,528	23,565,656	23,565,656	-1,137,872	9020 M
9030	-20,372,030	-24,703,528	-25,230,000	-4,877,970	9030 M
9040	29,581,414	23,565,656	23,019,184	-6,562,230	9040
Total, Readjustment benefits appropriated in this bill.....					
9080	131,518	97,893	131,518	+33,625	9080
9090					9090 M
9110	131,518	97,893	131,518	+33,625	9110
Subtotal, Veterans insurance and indemnities available in fiscal year.....					
9120	97,893	90,893	90,893	-7,000	9120 M
9125	-131,518	-97,893	-131,518	-33,625	9125 M
9150	97,893	90,893	90,893	-7,000	9150
Total, Veterans insurance and indemnities appropriated in this bill.....					

House Recommendations (Amounts in thousands)		FY 2026 Enacted	FY 2027 Request	Recommended	Enacted	Recommended vs. Request
9200	Veterans housing benefit program fund:					
9500	Credit subsidy:					
9525	Direct.....	136,000	-35,000	136,000		+171,000
9550	Guaranteed.....	1,019,000	619,000	217,312	-801,688	-401,688
	Subtotal (Credit subsidy).....	1,155,000	584,000	353,312	-801,688	-230,688
9580	(Limitation on direct loans).....	(500)	(500)	(500)		
9600	Administrative expenses.....	266,737	265,437	266,737		-18,700
9650	Subtotal (available this fiscal year).....	1,421,737	869,437	620,049	-801,688	-249,388
9700	Vocational rehabilitation loans program account.....	45	35	35	-10	
9800	(Limitation on direct loans).....	(1,394)	(1,227)	(1,227)	(-167)	
9900	Administrative expenses.....	507	513	507		-6
10000	Native American veteran housing loan program account.....					
10010	Administrative expenses.....	5,845	5,968	5,845		-123
10020	Cost of Direct Loan.....	6,865	2,604	2,604	-4,261	
10050	General operating expenses, VBA.....	3,861,000	3,811,000	3,744,000	-137,000	-67,000
10200	Total, Veterans Benefits Administration.....	287,475,631	322,708,006	322,391,468	-34,915,658	-316,517
10220	Budget year appropriations.....	(16,043,885)	(15,244,609)	(14,928,092)	(-1,115,793)	(-316,517)
10240	Advance appropriations, FY 2028.....	(271,431,946)	(307,463,397)	(307,463,397)	(+36,031,451)	
10260	Advances from prior year appropriations.....	(247,743,619)	(271,431,946)	(258,471,589)	(+10,727,970)	(-12,960,357)
10300	Veterans Health Administration					
10400	Medical services (MS):					
10405	Budget year appropriations.....	-15,889,000	100,000	100,000	+15,989,000	
10500	Advance from prior year appropriations.....	59,150,000	59,856,000	59,856,000	+706,000	
10560	Subtotal, MS available in fiscal year.....	43,261,000	59,956,000	59,956,000	+16,697,000	
10600	Advance appropriations, FY 2028.....	59,658,000	70,700,000	70,700,000	+10,842,000	
10655	Total, MS appropriated in this bill.....	43,969,000	70,800,000	70,800,000	+26,831,000	

House Recommendations
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request	Recommended	Enacted	Recommended vs. Request
10700 Medical community care (MCC):					
10745 Budget year appropriations.....	---	1,027,000	1,027,000	+1,027,000	10700
10750 Advance from prior year appropriations.....	34,000,000	38,700,000	38,700,000	+4,700,000	10745
Subtotal, MCC available in fiscal year.....	34,000,000	39,727,000	39,727,000	+5,727,000	10750
10860 Advance appropriations, FY 2028.....	38,700,000	42,000,000	42,000,000	+3,300,000	10860
10870 Total, MCC appropriated in this bill.....	38,700,000	43,027,000	43,027,000	+4,327,000	10870
10890					10890
11100 Medical support and compliance (MSC):					
11130 Budget year appropriations.....	-610,000	---	-1,650,000	-1,040,000	11100
11150 Advance from prior year appropriations.....	12,090,000	12,000,000	12,000,000	-90,000	11130
Subtotal, MSC available in fiscal year.....	11,480,000	12,000,000	10,350,000	-1,130,000	11150
11185 Advance appropriations, FY 2028.....	12,000,000	12,000,000	12,000,000	---	11185
11200 Total, MSC appropriated in this bill.....	11,390,000	12,000,000	10,350,000	-1,040,000	11200
11275					11275
11600 Medical facilities (MF):					
11601 Budget year appropriations.....	145,917	---	-754,323	-800,240	11600
11603 Advance from prior year appropriations.....	9,700,000	11,700,000	11,700,000	+2,000,000	11601
Subtotal, MF available in fiscal year.....	9,845,917	11,700,000	10,945,677	+1,099,760	11603
11710 Advance appropriations, FY 2028.....	11,700,000	13,540,000	13,540,000	+1,840,000	11710
11820 Total, MF appropriated in this bill.....	11,845,917	13,540,000	12,785,677	+839,760	11820
11880					11880
11890 Total, VA Medical Care available in fiscal year.....	98,566,917	123,385,000	120,980,677	-22,393,760	11890
12000 Medical and prosthetic research.....	945,000	922,000	800,000	-45,000	12000
12400 Medical care cost recovery collections.....	-4,279,000	-4,207,000	-4,206,980	+72,010	12400
12500 Offsetting collections.....	4,279,000	4,207,000	4,206,980	-72,010	12500
12600 Appropriations (indefinite).....	---	---	---	---	12600
12609 Subtotal.....	---	---	---	---	12609

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House Recommendations (Amounts in thousands)		FY 2026 Enacted	FY 2027 Request	Recommended	Recommended vs. Enacted	Request
12625	Medical Care Collections Fund (MCCF) (transfer out) (Sec. 214)	(-666,000)	---	---	(+666,000)	12625
12645	Medical Community Care and Medical Services (by transfer) (Sec. 214)	(666,000)	---	---	(-666,000)	12645
12665	VA medical funds (transfer out) (Sec. 219)	(-654,954)	(-710,776)	(-710,776)	(-55,824)	12665
12685	DoD-VA Joint Medical Facility Demonstration Fund (by transfer) (Sec. 219)	(654,954)	(710,776)	(710,776)	(+55,824)	12685
12690	MCCF DoD-VA Joint Medical Facility Demonstration Fund (transfer out) (Sec. 220)	(-739,918)	(-760,767)	(-760,767)	(-20,849)	12690
12695	DoD-VA Joint Medical Facility Demonstration Fund (by transfer) (Sec. 220)	(739,918)	(760,767)	(760,767)	(+20,849)	12695
12700	VA Medical Care Funds (transfer out) (Sec. 222)	(-15,000)	(-15,000)	(-15,000)	---	12700
12705	DoD-VA Health Care Sharing Incentive Fund (by transfer) (Sec. 222)	(15,000)	(15,000)	(15,000)	---	12705
12730	Total, Veterans Health Administration	106,849,917	140,289,000	137,962,677	+31,012,760	12730
12800	Budget year appropriations	(-15,408,083)	(2,049,000)	(-377,323)	(+15,030,760)	12800
12850	Advance appropriations (FY 2027)	(122,258,000)	(136,240,000)	(138,240,000)	(+15,982,000)	12850
12860	Advances from prior year appropriations	(14,940,000)	(122,258,000)	(122,258,000)	(+7,318,000)	12860
12862	VA Medical Care	98,586,917	123,385,000	120,980,677	+22,383,760	12862
12864	(Medical Services)	43,261,000	59,958,000	59,958,000	+16,697,000	12864
12866	(Medical Community Care)	34,000,000	39,727,000	39,727,000	+5,727,000	12866
12868	(Medical Support and Compliance)	11,480,000	12,000,000	10,350,000	-1,130,000	12868
12872	(Medical Facilities)	9,845,917	11,700,000	10,945,677	+1,099,760	12872
12969	(By transfer)	(2,075,872)	(1,486,545)	(1,486,545)	(-589,327)	12969
12970	(Transfer out)	(-2,075,872)	(-1,486,545)	(-1,486,545)	(+589,327)	12970
13000	National Cemetery Administration	498,500	505,000	500,000	+1,500	13000
13100	National Cemetery Administration	498,500	505,000	500,000	+1,500	13100
13400	Departmental Administration	429,000	517,000	425,000	-4,000	13400
13515	General Administration	280,000	268,000	268,000	-12,000	13515
13517	Board of Veterans Appeals	709,000	765,000	693,000	-16,000	13517
13800	Subtotal	709,000	765,000	693,000	-16,000	13800
(1) - IiseBA (cyby+2dfff) - Filters: I,0,6,P						
Military Construction and VA						

House Recommendations
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request	Recommended	Enacted	Recommended vs. Request
13800 Information Technology Systems (IT Systems).....	5,819,000	6,308,000	5,454,000	-465,000	-854,000
14000 Veterans Electronic Health Record (EHR).....	3,400,000	4,240,000	3,400,000	---	-840,000
14300 Office of Inspector General.....	280,000	284,000	280,000	-6,000	-6,000
14800 Construction, major projects.....	1,394,000	3,689,000	990,670	-733,500	-2,423,500
14800 Construction, minor projects.....	356,000	861,000	316,000	-32,000	-543,000
15400 Grants for construction of State extended care facilities.....	275,000	171,000	171,000	-104,000	---
15800 Grants for the construction of Veterans cemeteries.....	150,000	60,000	60,000	-90,000	---
16100 Total, Departmental Administration.....	12,483,000	15,788,000	11,046,670	-1,446,330	-4,751,330
16300 Cost of War Toxic Exposures Fund					
16310 Budget Year Appropriations.....	52,676,000	54,593,000	54,593,000	+1,917,000	---
16400 Administrative Provisions					
16646 Recurring Expenses Transformational Fund (Sec. 252) (non-aadj).....	(900,000)	---	(1,459,000)	(+559,000)	(+1,450,000)
17400 Total, title II, Department of Veterans Affairs.....	459,993,248	533,893,006	526,393,836	-66,400,588	-7,489,170
17500 Budget year appropriations.....	(66,303,302)	(88,189,603)	(80,690,439)	(+14,387,137)	(-7,489,170)
17700 Advance Appropriations, FY28:					
17710 (Mandatory).....	(271,431,946)	(307,463,397)	(307,463,397)	(+36,031,451)	---
17720 (Discretionary).....	(122,258,000)	(138,240,000)	(138,240,000)	(+15,982,000)	---
17730 (By transfer).....	(2,075,872)	(1,486,545)	(1,486,545)	(-589,327)	---
17740 (Transfer out).....	(-2,075,872)	(-1,486,545)	(-1,486,545)	(+589,327)	---
17750 (Limitation on direct loans).....	(1,894)	(1,727)	(1,727)	(-167)	---
17800 Advances from prior year appropriations:					
17810 (Mandatory).....	(247,743,819)	(271,431,946)	(258,471,589)	(+10,727,970)	(-12,960,357)
17820 (Discretionary).....	(114,940,000)	(122,258,000)	(122,258,000)	(+7,318,000)	---
17890 Total, available this fiscal year.....	428,986,921	481,879,555	461,420,028	+32,433,107	-20,459,527
18000 (Mandatory).....	(312,302,505)	(337,163,993)	(323,972,953)	(+11,670,448)	(-13,191,045)
18005 (Discretionary).....	(116,684,416)	(144,715,557)	(137,447,075)	(+20,762,859)	(-7,268,482)
18010 Advances from prior year less FY 2027 advances	-23,688,327	-36,031,451	-48,991,808	-25,303,481	-12,960,357
18012 Total, VA Medical Care available this fiscal year.....	74,898,590	87,353,549	71,988,869	-2,909,721	-15,364,680
18020 Net mandatory.....	-23,688,327	-36,031,451	-48,991,808	-25,303,481	-12,960,357
18030 (Discretionary).....	98,586,917	123,385,000	120,980,677	+22,393,760	-2,404,323

(1) - HseBA (cybr-2diff) - Filters: I, O, G, P Military Construction and VA 4/13/2026 11:12 AM Page: 7

		House Recommendations (Amounts in thousands)				
		FY 2026 Enacted	FY 2027 Request	Recommended	Recommended vs. Enacted	Request
18100	TITLE III - RELATED AGENCIES					18100
18200	American Battle Monuments Commission					18200
18300	Salaries and expenses.....	110,000	107,925	107,925	-2,075	18300
18500	Total, American Battle Monuments Commission.....	110,000	107,925	107,925	-2,075	18500
18600	U.S. Court of Appeals for Veterans Claims					18600
18700	Salaries and expenses.....	49,000	50,300	50,000	+1,000	-300
18800	Department of Defense - CIVIL					18800
18900	Cemeterial Expenses, Army					18900
19000	Salaries and expenses.....	118,780	118,780	118,000	-780	-780
19090	Total, Cemeterial Expenses, Army.....	118,780	118,780	118,000	-780	-780
19100	Armed Forces Retirement Home - Trust Fund					19100
19200	Operation and maintenance.....	50,928	48,000	48,000	-2,928	19200
19400	Capital program.....	2,072	2,000	2,000	-72	19400
19450	Payment from General Fund.....	27,000	27,000	27,000	--	19450
19452	Subtotal, Armed Forces Retirement Home - Trust Fund.....	80,000	77,000	77,000	-3,000	19452
19600	Total, Armed Forces Retirement Home.....	80,000	77,000	77,000	-3,000	19600
19700	Total, title III, Related Agencies.....	357,780	354,005	352,925	-4,855	-1,080

(1) - hseBA (cbyr*2diff) - Filters: I.O.G.P

Military Construction and VA

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House Recommendations (Amounts in thousands)		FY 2026 Enacted	FY 2026 Request	Recommended	Enacted	Recommended vs. Request	Request
20070	Grand total.....	480,088,028	562,818,393	545,946,761	+65,858,733	-16,871,632	20070
20075	Budget year appropriations.....	(86,398,082)	(117,114,989)	(100,243,364)	(+13,845,282)	(-16,871,632)	20075
20210	Advance appropriations, FY26.....	(393,689,946)	(445,703,397)	(445,703,397)	(+52,013,451)	---	20210
20310	Advances from prior year appropriations.....	(362,689,619)	(393,689,946)	(360,729,669)	(+18,045,970)	(-12,960,357)	20310
20320	(By transfer).....	(2,075,372)	(1,466,245)	(1,466,245)	(-589,327)	---	20320
20406	(Transf. out).....	(-2,075,372)	(-1,466,245)	(-1,466,245)	(+589,327)	---	20406
20406	(Limitation on direct loans).....	(1,894)	(1,727)	(1,727)	(-167)	---	20406
20423	CONGRESSIONAL BUDGET RECAP						20423
20500	Scorekeeping adjustments:						20500
20600	Department of Veterans Affairs:						20600
20700	Mandatory (VBA):	247,743,619	271,431,946	258,471,589	+10,727,970	-12,960,357	20700
20730	Plus advances provided in prior years.....	-271,431,946	-307,463,397	-307,463,397	-36,031,451	---	20730 M
20751	Less advances for subsequent years.....						20751
20760	Discretionary (VHA):	114,940,000	122,258,000	122,258,000	+7,318,000	---	20760
20781	Plus advances provided in prior years.....	-122,258,000	-138,240,000	-138,240,000	-15,982,000	---	20781
20801	Less advances for subsequent years.....						20801
20900	Total, adjustments.....	-31,006,327	-52,013,451	-64,973,808	-33,967,481	-12,960,357	20900
21000	Total (including adjustments).....	449,081,701	510,804,942	480,972,953	+31,891,252	-29,831,989	21000
21100	Amounts in this bill.....	(480,088,028)	(562,818,393)	(545,946,761)	(+65,858,733)	(-16,871,632)	21100
21200	Scorekeeping adjustments.....	(-31,006,327)	(-32,013,451)	(-84,973,606)	(-33,967,481)	(-12,960,357)	21200
21400	Total mandatory and discretionary.....	49,993,673	59,993,673	59,993,673	+31,891,252	-29,831,989	21400
21500	Mandatory.....	(312,362,505)	(337,163,996)	(323,972,853)	(+11,670,446)	(-13,191,045)	21500
21700	Mandatory (total).....	(312,302,505)	(337,163,996)	(323,972,853)	(+11,670,446)	(-13,191,045)	21700
21800	Discretionary.....	(136,779,196)	(173,640,944)	(157,000,000)	(+20,220,804)	(-16,640,944)	21800
22000	Discretionary (total).....	(136,779,196)	(173,640,944)	(157,000,000)	(+20,220,804)	(-16,640,944)	22000
22021							22021

House Recommendations
(Amounts in thousands)

	FY 2026 Enacted	FY 2027 Request	Recommended	Enacted	Recommended vs. Request
DISCRETIONARY RECAP BY FUNCTION					
22100					
22200					
22400					
22500					
22600					
22800					
22900					
23150					
23200					
23400					
23600					
23700					
23740					
23800					
23800					
24000					
24100					
24200					
24300					
24400					
24500					
22100					
22200	312,302,505	337,163,988	323,972,953	+11,670,448	-13,191,045
22400	312,302,505	337,163,988	323,972,953	+11,670,448	-13,191,045
22500					
22600	19,737,000	28,571,382	19,200,000	-537,000	-9,371,382
22800					
22900	18,455,279	21,684,562	16,819,323	-1,635,956	-4,865,239
23150	98,686,917	123,385,000	120,890,677	+22,393,760	-2,404,323
23200	251,719,196	295,898,944	279,258,000	+27,538,804	-16,640,944
23400	136,779,196	173,640,944	157,000,000	+20,220,804	-16,640,944
23600					
23700	136,779,196	173,640,944	157,000,000	+20,220,804	-16,640,944
23740	136,779,196	173,640,944	157,000,000	+20,220,804	-16,640,944
23800					
23800	136,779,196	173,640,944	157,000,000	+20,220,804	-16,640,944
24000					
24100	19,737,000	28,571,382	19,200,000	-537,000	-9,371,382
24200	19,737,000	28,571,382	19,200,000	-537,000	-9,371,382
24300	117,042,196	145,069,562	137,800,000	+20,757,804	-7,269,562
24400					
24500	117,042,196	145,069,562	137,800,000	+20,757,804	-7,269,562

FULL COMMITTEE VOTES

[TO BE PROVIDED]

MINORITY VIEWS

[TO BE PROVIDED]