

[FULL COMMITTEE PRINT]

118TH CONGRESS } HOUSE OF REPRESENTATIVES { REPORT
2d Session } 118-XXX

MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND
RELATED AGENCIES APPROPRIATIONS BILL, 2025

_____, 2024.—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

together with

MINORITY VIEWS

[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, 2025.

INDEX TO BILL AND REPORT

Table with 3 columns: Description, Page Number Bill, Page Number Report. Rows include Purpose of the Bill, Summary of Committee Recommendation, Title I—Department of Defense (Military Construction, NATO Security Investment Program, etc.), Title II—Department of Veterans Affairs (Veterans Benefits Administration, etc.), and 54-839.

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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 \$378,643,794,000 in total budget authority for the fiscal year 2025 programs and activities funded in the bill. This is an increase of \$49,395,186,000 above the fiscal year 2024 enacted level and \$769,252,000 above the President’s request.

The bill includes \$231,123,794,000 for mandatory programs and \$147,526,000,000 for discretionary programs.

The bill provides \$17,957,000,000 for military construction and family housing. This is \$718,000,000 below the fiscal year 2024 enacted level and \$411,321,000 above the budget request.

The bill provides \$337,501,444,000 for fiscal year 2025 for the Department of Veterans Affairs, which is an increase of \$30,196,000,000 above the fiscal year 2024 enacted level. Of the total, \$208,323,794,000 is provided for mandatory benefit programs and \$129,177,646,000 is provided for discretionary programs.

Of the total for fiscal year 2025, \$112,582,000,000 for veterans’ healthcare was advanced in the Consolidated Appropriations Act, 2024 (P.L. 118–42).

For fiscal year 2026, the Committee recommendation includes \$131,439,000,000 in advance appropriations for the four veterans’ medical care accounts, and \$22,800,000,000 for the Cost of War Toxic Exposures Fund. The Committee recommendation also includes \$222,227,506,000 in advance appropriations for mandatory benefits programs.

The Committee recommendation provides a total of \$385,354,000, which is \$85,956,000 below the fiscal year 2024 enacted level and \$500,000 above the budget request, 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 2026 budget justification: Expenditures for fiscal year 2024 and expected expenditures for fiscal year 2026, respectively, for (1) all contracts for advertising services; and (2) contracts for the advertising services of (I) socially and economically disadvantaged small businesses concerns (as defined in section 8(a)(4) of the Small Business Act (15 U.S.C. 637(a)(4)); and (II) women- and minority-owned businesses.

TITLE I

DEPARTMENT OF DEFENSE

MILITARY CONSTRUCTION OVERVIEW

Appropriation, fiscal year 2024	\$18,675,000,000
Budget request, fiscal year 2025	17,545,679,000
Committee recommendation, fiscal year 2025	17,957,000,000
Change from enacted level	-718,000,000
Change from budget request	+411,321,000

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

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 \$6,000,000 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 envi-

ronmental 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 and can be taken away if the authority is abused. This exclusion applies to projects authorized in this budget year as well as projects authorized in prior years for which construction has not been completed. Planning and design costs associated with military construction and family housing projects may also be excluded from these guidelines. In instances where prior approval for a reprogramming request for a project or account has been received from the Committees on Appropriations of both Houses of Congress, the adjusted amount approved becomes the new base for any future increase or decrease via below-threshold reprogramming (provided that the project or account is not a Congressional interest item as defined above).

In addition to these guidelines, the Services are directed to adhere to the guidance for military construction reprogramming actions and notifications, including the pertinent statutory authorities contained in DOD Financial Management Regulation 7000.14-R and relevant updates and policy memoranda. The Committee further encourages the Office of the Director of National Intelligence to use a format similar to that used by the Office of the Secretary of Defense to submit reprogramming requests.

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

- (1) components of the facility may be repaired by replacement. Such replacement can be up to current standards or codes;
- (2) interior arrangements and restorations may be included as repair;
- (3) additions and new facilities, may be done concurrently with repair projects as long as the final conjunctively funded project is a complete and usable facility; and (4) the appropriate Service Secretary shall notify the appropriate committees 21 days prior to carrying out any repair project with an estimated cost in excess of \$7,500,000.

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

Work in Progress or Planned (WIP) Curve.—The Committee directs the Services and the Office of the Secretary of Defense (on behalf of itself and defense agencies) to submit a WIP curve for each

project requested in a budget submission above \$90,000,000 with the form 1391 justification to the congressional defense committees. The Committee also directs the Secretary of Defense to report to the congressional defense committees quarterly, beginning in the second quarter of fiscal year 2024 and each quarter thereafter, of projects that remain unawarded from the current and prior fiscal years and the reasons for delay.

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

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

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

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.

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 Department of Defense is encouraged to study, develop, and utilize advanced manufacturing capabilities to the extent practicable.

Barracks.—The Committee remains concerned about the inadequate conditions of DOD unaccompanied housing and continues to direct the Department to expeditiously address the findings of the

Government Accountability Office (GAO) report entitled, “Military Barracks: Poor Living Conditions Undermine Quality of Life and Readiness” (GAO-23-105797).

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. The Committee further notes the need for building materials and heating systems to undergo rigorous testing, including in extreme temperature and conditions.

Camp Bull Simons Child Development Center.—The Committee is concerned with the lack of affordable and accessible childcare for servicemembers stationed at Camp Bull Simons and Eglin Air Force Base. The Army and the Air Force stood up a task force to review, and propose, solutions to construct a child development center that would meet the needs of affected families. The Committee directs the Secretaries of the Army and the Air Force to provide a briefing within 30 days of filing this report and every 60 days thereafter on the status of the task force review and of the Departments’ ongoing efforts to find a solution to the childcare deficiencies for servicemembers stationed at Camp Bull Simons and Eglin Air Force Base.

Demolition of Excess Infrastructure.—The bill includes \$75,000,000 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 diverts resources away from current requirements.

The Committee understands that recent technological advancements of non-nuclear soil and asphalt density gauges conform to American Society for Testing and Materials standards and encourages the Department of Defense to continue exploring the application of these innovative technologies in future military construction projects.

Family Housing and CDC Heating and Air Conditioning.—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 (CDC). 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.

Infrastructure Needs to Support Alliance with the Philippines.—The Committee notes the importance of the recently reinvigorated alliance with the Philippines. To better understand the Department of Defense’s needs to support the expanded alliance, the Committee directs the Secretary of Defense to provide a report, not later than 180 days after the date of the enactment of this Act, summarizing the plans for military construction and associated infrastructure

needs to maximize the effectiveness of an enhanced posture in and alliance with the Philippines.

Joint Civilian-Military Infrastructure in Alaska.—The Committee notes the potential benefit of infrastructure that is jointly used by both military and non-military users, especially in remote locations. The Committee directs the Assistant Secretary of Defense for Energy, Installations, and Environment to provide a report within 180 days of enactment of this Act detailing potential opportunities for joint-use infrastructure investments in Alaska, strategies for maximizing the utilization of existing infrastructure, and areas for potential future investment to achieve cost savings and operational efficiencies.

Laboratory Infrastructure.—The Committee is concerned that aging laboratory infrastructure threatens the ability of Services to maintain the advanced technology necessary to keep ahead of U.S. adversaries across all domains. Accordingly, the Committee provides an additional \$75,000,000 for planning and design for laboratory infrastructure projects. The Services are directed to provide a spend plan not later than 90 days after enactment of this Act regarding the use of these funds.

Linear Power Generation.—The Committee understands that fuel agnostic linear generators can achieve over 50% net system efficiency, are compatible with more than 22 fuel types, and can house 2 megawatts of power in a standard 20-foot shipping container. These systems can shift between different fuel types in real-time without depleting fuel tanks or requiring hardware changes. The committee encourages the DoD to invest in scalable, fuel agnostic linear power generation as a means of improving grid resiliency at military installations.

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.

Qatar.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Defense shall submit to the Committee on Appropriations, a report detailing the burden sharing contributions by the State of Qatar to support the United States military presence at Al Udeid Air Base and elsewhere in Qatar, and joint operations between United States and Qatari military forces. Such report shall include all host country contributions, including facilities access, construction and maintenance, operating costs, logistics support, physical security, and any other financial or in-kind contributions.

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. The Committee encourages the Department to continue investing in innovative infrastructure projects to increase infrastructure resiliency and reduce costs.

Remote Pacific Locations.—The Committee is aware of the strategic importance of geographic remote Pacific locations, yet the Department has failed to respond to direction included in House Report 117–391 requesting a classified briefing on military construction needs at Wake Island, Midway, Guam, Tinian, the Republic of Marshall Islands, the Federated States of Micronesia, the Republic of Palau, and other locations in the Pacific Islands. The Committee directs the Assistant Secretary of Defense for Sustainment, in conjunction with USINDOPACOM and Services to promptly provide this briefing due to the major infrastructure failures at Wake Island, unresolved Mawar damage on Guam, the significant funds requested for fiscal year 2025, and the significant planned investment for these locations across the Future Years Defense Plan.

Transient Military Housing.—The Committee is concerned about the shortcomings in the administration of transient military housing within the Navy and Air Force. According to a 2021 GAO study, while significant differences exist in how the services administer their respective programs, the Army’s transient housing program, which is administered by the Assistant Secretary for Installations, Energy and Environment, uses accepted industry accounting methods, has improved the physical condition of Army lodging facilities at every Army installation in the U.S., generates annual budget savings, and has seen a dramatic increase in military traveler satisfaction. The Committee directs both the Navy and Air Force to provide a report, not later than 180 days after enactment of this Act, on how both Services can effectively adopt the best practices of the Army as they administer transient military housing. This report should include whether both services should consider transferring existing jurisdictions to most effectively administer these critical programs.

MILITARY CONSTRUCTION, ARMY

Appropriation, fiscal year 2024	\$2,022,775,000
Budget request, fiscal year 2025	2,311,157,000
Committee recommendation, fiscal year 2025	2,217,757,000
Change from enacted level	+194,982,000
Change from budget request	– 93,400,000

The Committee recommends \$2,217,757,000 for the Army in fiscal year 2025, of which \$87,100,000 is for the following projects in the following amounts:

State	Location	Project	Amount
FL	Naval Air Station Key West	Joint Interagency Task Force South Command and Control Facility.	\$70,000,000
NC	Fort Liberty	Automated Infantry Platoon Battle Course	14,200,000
WA	Joint Base Lewis-McCord	Airfield Fire & Rescue Station	2,900,000

Within the total for Military Construction, Army, the recommendation includes \$334,738,000 for planning and design, which is \$10,000,000 above the budget request; and \$186,119,000 for unspecified minor construction, which equal to the budget request.

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

Engineer Research & Development Center (ERDC).—The Committee notes that U.S. Army Corp of Engineers’ ERDC has limited and outdated testing infrastructure that impacts its mission to de-

velop advanced airfield and pavement research requirements related to high heat resistance and sustainability. The Committee supports the development of the Jet Engine Thrust Simulator (JETS) facility to further this critical research and encourages the Army Futures Command and ERDC to take steps to advance this important project.

Oahu Wildland Fire Center.—The Committee understands the critical role the Army’s wildland firefighters in Hawaii play in preventing wildfires on Army training lands on Oahu and assisting non-military partners during emergencies elsewhere on the island. To better understand the condition of the Army’s existing facilities on Oahu, the Committee directs the Assistant Secretary of the Army for Installations, Energy and Environment to provide a report, not later than 90 days after the date of the enactment of this Act, summarizing the infrastructure investment needs to support these efforts.

Tobyhanna Army Depot.—The Committee views Tobyhanna Army Depot as an advantageous location for the build-out of physical space for future Army Materiel Command (AMC) manufacturing of microelectronics, including semi-conductors. As such, the Committee requests that the Army keep the Committee informed of AMC construction needs at Tobyhanna Army Depot.

U.S. Indo-Pacific Command Pilot (USINDOPACOM).—The recommendation includes \$66,000,000 to for the pilot program for minor military construction projects as established by the Fiscal Year 2024 National Defense Authorization Act.

MILITARY CONSTRUCTION, NAVY AND MARINE CORPS

Appropriation, fiscal year 2024	\$5,531,369,000
Budget request fiscal year 2025	4,540,899,000
Committee recommendation, fiscal year 2025	4,332,414,000
Change from enacted level	-1,198,955,000
Change from budget request	-208,485,000

The Committee recommends \$4,332,414,000 for the Navy and Marine Corps in fiscal year 2025, of which \$70,480,000 is for the following project in the following amount:

State	Location	Project	Amount
FL	Marine Corps Support Facility Blount Island.	Communications Infrastructure	\$4,300,000
FL	Naval Air Station Jacksonville ...	Child Development Center	6,900,000
FL	Naval Air Station Pensacola	Hurricane Consolidated (A) School Dorm	10,600,000
FL	Naval Station Mayport	Waterfront Emergency Power	13,700,000
VA	Fort Story	Child Development Center	2,000,000
VA	Naval Air Station OCEANA	Unaccompanied Housing	16,000,000
VA	Naval Air Station OCEANA	Child Development Center	2,000,000
GU	Guam	Guam Defense Access Roads	14,980,000

Within the total for Military Construction, Navy and Marine Corps, the recommendation includes \$877,946,000 for planning and design, which is the same as the budget request; and \$233,620,000 for unspecified minor construction, which is equal to the budget request.

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

Battle Damage Requirements in Shipyard Infrastructure Optimization Program (SIOP).—As the Navy executes its 20-year, \$21 bil-

lion SIOP, it will make infrastructure improvements that will last generations and support both peacetime and wartime requirements, to include responding to battle damage. The Committee directs the Naval Facilities Engineering Systems Command and Naval Sea Systems Command to provide a joint report within 180 days of the enactment of this Act (1) summarizing the ability of existing shipyard infrastructure to support wartime battle damage requirements, (2) how SIOP is incorporating any shortfalls in meeting battle damage requirements into its long-term infrastructure plan at the naval public shipyards, and (3) any possible benefits of coordinating these efforts with the U.S. Coast Guard's SIOP.

Drydocks.—The Committee recognizes the critical strategic and logistics role public shipyards play in the security of the nation. The Committee strongly supports efforts to modernize and improve facilities at the Navy's four public shipyards, including for the multi-mission dry dock (M2D2), and to address the complex maintenance needs of the Navy's current and future active fleet. The current modernization plans for Pearl Harbor Naval Shipyard and Intermediate Maintenance Facility (IMF) include converting Dry Dock 4 to focus on depot-level maintenance for nuclear submarines. To better understand the Navy's options for a floating dry dock at Pearl Harbor Naval Shipyard and IMF to address any infrastructure shortfalls, the Committee directs the Assistant Secretary of the Navy for Energy, Installations, and Environment to provide a report within 180 days of enactment of this Act (1) detailing potential locations for mooring a floating drydock, (2) a list of the individual major military construction projects needed to support a floating drydock, (3) the earliest a floating drydock could be brought into service given the timelines associated with the required military construction, and (4) how a floating drydock would be used to ensure extra capacity for potential crisis and conflict in the Indo-Pacific.

Ground-Based Midcourse Defense Planning and Design.—The Committee recognizes the need for an additional Ground-Based Midcourse Defense capability, both in total number of ballistic missile interceptors and sites from which those interceptors can engage ballistic missile threats. The Committee directs the Missile Defense Agency to bring planning and design of an additional East Coast based Ground-Based Midcourse Defense interceptor site to 35 percent complete.

Infrastructure Needs at Naval Air Station Corpus Christi.—The Committee recognizes the unique importance of the Naval Aviation Training Enterprise and is alarmed at the number of the poor and failing facilities that the Navy identified in its November 9, 2023 report to Congress, particularly at Naval Air Station Corpus Christi. The Committee urges the Navy to address the needs at Naval Air Station Corpus Christi, particularly as related to construction and other improvements for unaccompanied and family housing, child and youth development centers, and quality of life projects for servicemembers and their families.

Joint Base Pearl Harbor-Hickam Drinking and Wastewater Infrastructure.—The Committee is concerned about wastewater discharges from Joint Base Pearl Harbor-Hickam's aging wastewater facility and the condition of the base's drinking water systems. To help the Committee fully understand the long-term infrastructure

needs at the base, the Committee directs the Assistant Secretary of the Navy for Energy, Installations, and Environment, to provide a report within 120 days after enactment of this Act summarizing: (1) any actions needed to bring Joint Base Pearl Harbor-Hickam Infrastructure's Installation Development Plan into compliance with Navy regulations, (2) staffing needs for planning these military construction projects, and (3) efforts to coordinate long-term infrastructure needs with major tenants across the joint base.

Naval Aviation Training Enterprise.—The Committee notes the importance of the Naval Aviation Training Enterprise and encourages the Navy to prioritize infrastructure projects within the coastal Naval Aviation Training Enterprise, especially those that build, remodel, and restore unaccompanied and family housing, child and youth development centers, and quality of life projects for servicemembers and their families.

Naval Station Pensacola B3260 Hanger.—Hurricane Sally in 2020 caused hundreds of millions of dollars in damage to numerous facilities at Naval Air Station Pensacola, forcing the Navy to condemn a hangar used by the world-famous Blue Angels flight demonstration squadron. The Committee directs the Secretary of the Navy to provide a report detailing the status of repairs to the hangar, as well as the necessary short- and long-term investments required to properly address the damage caused by Hurricane Sally, within 90 days of enactment of this Act.

Port Improvements on Tinian Island.—The Committee notes that the Department of the Navy has previously acknowledged the critical nature of the Tinian Port Joint Area Development Plan in the Commonwealth of the Northern Mariana Islands. The Committee directs the Assistant Secretary of the Navy for Energy, Installations, and Environment to provide a report, not later than 180 days after the date of the enactment of this Act, summarizing (1) the major and minor military construction projects under consideration by the Department of the Navy to support port operations on the Island of Tinian, (2) design options to help maximize U.S. Marine Corps and U.S. Air Force training capabilities on the Island of Tinian, (3) efforts to coordinate the work and develop the requirements with the Commonwealth Ports Authority of the Commonwealth of the Northern Mariana Islands, and (4) actions the Navy can take to accelerate these projects.

Unexploded Ordinance on Military Construction in Guam.—The Committee continues to recognize the significant environmental, planning, and construction activities on Guam and the impact unexploded ordinance removal has on these projects. The Committee directs the Assistant Secretary of the Navy for Installations, Energy, and Environment within 180 days of enactment to provide a report on efforts to address this issue and to help keep construction projects on-time and on-budget.

United States Marine Corps Forces, Pacific Headquarters Needs Assessment.—The Committee is concerned about the condition of the infrastructure at Camp H. M. Smith, which was built in 1942 and whose planned major upgrades have been repeatedly delayed. The Committee directs the Deputy Commandant for Installations and Logistics to provide a report within 180 days after enactment of this Act summarizing: (1) the Marine Corps' current assessment of the condition of Marine Corps Forces, Pacific Headquarters' in-

frastructure and (2) a plan for addressing failed or failing infrastructure, to include a detailed timeline, estimated cost, and specific projects that must be completed to meet Operational Plan requirements.

MILITARY CONSTRUCTION, AIR FORCE

Appropriation, fiscal year 2024	\$2,741,424,000
Budget request, fiscal year 2025	3,187,126,000
Committee recommendation, fiscal year 2025	3,268,276,000
Change from enacted level	+526,852,000
Change from budget request	+81,150,000

The Committee recommends \$3,268,276,000 for the Air Force in fiscal year 2025, of which \$299,000,000 is for the following projects in the following amounts:

State	Location	Project	Amount
AR	Ebbing Air National Guard Base	Academic Training Center	\$70,000,000
CA	Beale Air Force Base	Multi-Doman Operations Complex	53,000,000
FL	Tyndall Air Force Base	Fire Crash/Rescue Station	46,000,000
LA	Barksdale Air Force Base	ADAL Child Development Center	22,000,000
NE	Offutt Air Force Base	Survivable Airborne Operations Center	10,000,000
UT	Hill Air Force Base	F-35 T-7A East Campus Infrastructure	28,000,000
TX	JBSA-Lackland Air Force Base ..	Military Training Classrooms/Dining Facility 4 ...	70,000,000

Within the total for Military Construction, Air Force, the recommendation includes \$459,926,000 for planning and design, which is \$20,000,000 above the budget request; and \$129,600,000 for unspecified minor construction, which is equal to the request.

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

Air Force Infrastructure Hardening.—The Committee remains concerned with the hardening of aircraft hangers and shelters on Pacific bases, as detailed in House Report 118–122, and directs the Air Force to report to the Committee not later than 90 days after enactment of this Act on the use of funding provided in prior fiscal years and plans for the use of funds provided in this Act to this objective.

Ground Based Strategic Deterrent (GBSD) Infrastructure.—The Committee is encouraged by the Air Force’s future years defense program expectations for military construction related to the GBSD. The Committee requests that the Air Force continue engaging with Congress on its infrastructure needs related to the GBSD.

U.S. Space Forces Indo-Pacific Headquarters Study.—The Committee is concerned that significant infrastructure shortfalls on Joint Base Pearl Harbor-Hickam could negatively impact Space Force Indo-Pacific’s ability to carry out its role as the Space Force Component to U.S. Indo-Pacific Command and as the Joint Force Space Component Commander. The Committee directs the Assistant Secretary of the Air Force for Energy, Installations and Environment to provide a report within 180 days after enactment of this Act summarizing: (1) the Department’s assessment of the current Space Forces Indo-Pacific’s headquarters (2) the plan for addressing short-term facility requirements in the next five years, to include a detailed timeline, estimated cost, and specific projects, and (3) the long-term plan for fully meeting operational capability facility requirements for Space Forces Indo-Pacific.

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.

MILITARY CONSTRUCTION, DEFENSE-WIDE

Appropriation, fiscal year 2024	\$3,161,782,000
Budget request, fiscal year 2025	3,733,763,000
Committee recommendation, fiscal year 2025	3,500,083,000
Change from enacted level	+388,301,000
Change from budget request	–233,680,000

The Committee recommends \$3,500,083,000 for Military Construction, Defense-Wide, in fiscal year 2025, of which \$47,920,000 is for the following projects in the following amounts:

State	Location	Project	Amount
AL	Anniston Army Depot	Small Arms Warehouse	\$14,500,000
AL	Anniston Army Depot	General Purpose Warehouse	3,420,000
NC	Fort Liberty	SOF Mackall Company Operations Facilities	30,000,000

Within the total for Military Construction, Defense-Wide, the recommendation includes \$395,131,000 for planning and design, which is \$27,920,000 above the budget request; and \$88,265,000 for unspecified minor construction, which is equal to the budget request.

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

Energy Resilience and Conservation Investment Program (ERCIP).—The Committee provides \$636,000,000 for ERCIP construction, the same as the budget request. The Committee supports the Department’s efforts to improve energy resilience, contribute to mission assurance, save energy, and reduce energy costs through ERCIP. The Committee encourages the Department to continue using all available tools and authorities to ensure the timely execution of ERCIP projects. Additionally, as the Department works to achieve base energy independence, the Committee encourages the Department to leverage new energy technologies.

Special Operations Command Pacific (SOCPAC) Headquarters Needs Assessment.—The Committee is aware that SOCPAC, has personnel spread across Hawaii due to facility space limitations at its primary headquarters at Camp H. M. Smith. To better assess possible military construction projects that could consolidate these locations, the Committee directs U.S. Special Operations Command to provide a report within 180 days after enactment of this Act summarizing: (1) the operational impacts of having personnel spread across Hawaii, (2) SOCPAC’s total square foot and operational requirements for operations on Oahu, and (3) construction options for overcoming facility shortfalls.

MILITARY CONSTRUCTION, ARMY NATIONAL GUARD

Appropriation, fiscal year 2024	\$620,647,000
Budget request, fiscal year 2025	362,129,000
Committee recommendation, fiscal year 2025	367,129,000
Change from enacted level	-253,518,000
Change from budget request	+5,000,000

The Committee recommends \$367,129,000 for the Army National Guard in fiscal year 2025.

Within the total for Military Construction, Army National Guard, the recommendation includes \$30,529,000 for planning and design, which is \$5,000,000 above the budget request; and \$45,000,000 for unspecified minor construction, which is equal to the budget request.

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

MILITARY CONSTRUCTION, AIR NATIONAL GUARD

Appropriation, fiscal year 2024	\$295,526,000
Budget request, fiscal year 2025	190,792,000
Committee recommendation, fiscal year 2025	195,792,000
Change from enacted level	-99,734,000
Change from budget request	+5,000,000

The Committee recommends \$195,792,000 for the Air National Guard in fiscal year 2025, including \$15,792,000 for planning and design, which is \$5,000,000 above the budget request; and \$40,200,000 for unspecified minor construction, which is equal to the budget request.

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

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

MILITARY CONSTRUCTION, ARMY RESERVE

Appropriation, fiscal year 2024	\$151,076,000
Budget request, fiscal year 2025	255,032,000
Committee recommendation, fiscal year 2025	265,032,000
Change from enacted level	+113,956,000
Change from budget request	+10,000,000

The Committee recommends \$265,032,000 for the Army Reserve in fiscal year 2025, of which \$5,000,000 is for the following projects in the following amounts:

State	Location	Project	Amount
KY	Fort Knox	ARAC Support Facilities	5,000,000

Within the total for Military Construction, Army Reserve, the recommendation includes \$41,508,000 for planning and design, which is \$10,000,000 above the budget request; and \$3,524,000 for unspecified minor construction, which is equal to the budget request.

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

MILITARY CONSTRUCTION, NAVY RESERVE

Appropriation, fiscal year 2024	\$51,291,000
Budget request, fiscal year 2025	29,829,000
Committee recommendation, fiscal year 2025	67,329,000
Change from enacted level	+16,038,000
Change from budget request	+37,500,000

The Committee recommends \$50,499,000 for the Navy Reserve in fiscal year 2025, of which \$37,500,000 is for the following projects in the following amounts:

State	Location	Project	Amount
TX	Naval Air Station Fort Worth	Maintenance Hanger	\$37,500,000

Within the total for Military Construction, Navy Reserve, the recommendation includes \$3,219,000 for planning and design, which is equal to the budget request.

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

MILITARY CONSTRUCTION, AIR FORCE RESERVE

Appropriation, fiscal year 2024	\$331,572,000
Budget request, fiscal year 2025	69,263,000
Committee recommendation, fiscal year 2025	50,499,000
Change from enacted level	-281,073,000
Change from budget request	-18,764,000

The Committee recommends \$50,499,000 for the Air Force Reserve in fiscal year 2025, which includes \$3,798,000 for planning and design, which is the \$3,236,000 above the budget request; and \$5 for unspecified minor construction, which is equal to the request.

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

NORTH ATLANTIC TREATY ORGANIZATION SECURITY INVESTMENT PROGRAM

Appropriation, fiscal year 2024	\$293,434,000
Budget request, fiscal year 2025	433,864,000
Committee recommendation, fiscal year 2025	433,864,000
Change from enacted level	+140,430,000
Change from budget request	-----

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.

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

DEPARTMENT OF DEFENSE BASE CLOSURE ACCOUNT

Appropriation, fiscal year 2024	\$489,174,000
Budget request, fiscal year 2025	447,961,000
Committee recommendation, fiscal year 2025	547,961,000
Change from enacted level	+58,787,000
Change from budget request	+100,000,000

The Committee recommends \$547,961,000 for the Base Closure account, which is \$100,000,000 above the budget request. The Committee continues to be concerned about the extent of per- and polyfluoroalkyl substance (PFAS) contamination at closed U.S. military installations and the Environmental Protection Agency’s announcement in April establishing PFAS drinking water standards further highlights the urgency of this issue. Therefore, the agreement includes an additional \$50,000,000 above the budget request to increase the pace of cleanup at the military installations affected by PFAS. 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 2024	\$1,970,751,000
Budget request, fiscal year 2025	1,983,864,000
Committee recommendation, fiscal year 2025	2,013,864,000
Change from enacted level	+43,113,000
Change from budget request	+30,000,000

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

Housing Oversight.—The Committee continues to be concerned that Military Housing Privatization Initiative (MHPI) companies are neglecting their responsibilities outlined in their partnership agreements with the Services to provide adequate and livable housing for servicemembers and their families. Additionally, an April 2023 GAO report found significant deficiencies in the Department’s oversight of privatized housing. Adequate and safe housing is paramount to military readiness, recruitment, and retention, and as such the Committee remains concerned about the unacceptable conditions of some privatized military housing, including mold, lead paint, poor water quality, and other health and safety issues. The Committee provides an additional \$30,000,000 above the budget request to expand oversight of the entire housing portfolio, including government-owned and controlled family housing and privatized family and unaccompanied housing. The Committee requests an expenditure plan detailing the planned use of these funds within 30 days of enactment of this Act, including the specific, additional oversight activities these funds above the budget request will support.

The Committee is concerned that Servicemembers and their families have developed respiratory diseases, lead poisoning, and other

health conditions as a result of these poor living conditions. Not later than 120 days after enactment of this Act, the Committee directs each Service to update its report to the Committees on Appropriations of both Houses of Congress 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.

The Committee further directs the Services to provide a briefing no later than 120 days after enactment of this Act detailing steps being taken to improve the conditions of each Service’s privatized housing portfolio and to expeditiously implement the recommendations issued in GAO’s report, “DOD Can Further Strengthen Oversight of Its Privatized Housing Program” (GAO–23–105377). The Committee encourages the Services to look at the feasibility and reasonability of utilizing advanced technology to more quickly and accurately improve housing inspections, such as utilizing aerial imagery and probable weather analysis.

FAMILY HOUSING CONSTRUCTION, ARMY

Appropriation, fiscal year 2024	\$304,895,000
Budget request, fiscal year 2025	276,647,000
Committee recommendation, fiscal year 2025	276,647,000
Change from enacted level	– 28,248,000
Change from budget request	– – –

FAMILY HOUSING OPERATION AND MAINTENANCE, ARMY

Appropriation, fiscal year 2024	\$395,485,000
Budget request, fiscal year 2025	475,611,000
Committee recommendation, fiscal year 2025	485,611,000
Change from enacted level	+90,126,000
Change from budget request	+10,000,000

FAMILY HOUSING CONSTRUCTION, NAVY AND MARINE CORPS

Appropriation, fiscal year 2024	\$277,142,000
Budget request, fiscal year 2025	245,742,000
Committee recommendation, fiscal year 2025	245,742,000
Change from enacted level	– 31,400,000
Change from budget request	– – –

FAMILY HOUSING OPERATION AND MAINTENANCE, NAVY AND MARINE CORPS

Appropriation, fiscal year 2024	\$373,854,000
Budget request, fiscal year 2025	377,217,000
Committee recommendation, fiscal year 2025	387,217,000
Change from enacted level	+13,363,000
Change from budget request	+10,000,000

FAMILY HOUSING CONSTRUCTION, AIR FORCE

Appropriation, fiscal year 2024	\$237,097,000
Budget request, fiscal year 2025	221,549,000
Committee recommendation, fiscal year 2025	221,549,000
Change from enacted level	– 15,548,000
Change from budget request	– – –

FAMILY HOUSING OPERATION AND MAINTENANCE, AIR FORCE

Appropriation, fiscal year 2024	\$324,386,000
Budget request, fiscal year 2025	326,250,000
Committee recommendation, fiscal year 2025	336,250,000
Change from enacted level	+11,864,000
Change from budget request	+10,000,000

FAMILY HOUSING OPERATION AND MAINTENANCE, DEFENSE-WIDE

Appropriation, fiscal year 2024	\$50,785,000
Budget request, fiscal year 2025	52,156,000
Committee recommendation, fiscal year 2025	52,156,000
Change from enacted level	+1,371,000
Change from budget request	---

DEPARTMENT OF DEFENSE FAMILY HOUSING IMPROVEMENT FUND

Appropriation, fiscal year 2024	\$6,611,000
Budget request, fiscal year 2025	8,195,000
Committee recommendation, fiscal year 2025	8,195,000
Change from enacted level	+1,584,000
Change from budget request	---

DEPARTMENT OF DEFENSE MILITARY UNACCOMPANIED HOUSING
IMPROVEMENT FUND

Appropriation, fiscal year 2024	\$496,000
Budget request, fiscal year 2025	497,000
Committee recommendation, fiscal year 2025	497,000
Change from enacted level	+1,000
Change from budget request	---

ADMINISTRATIVE PROVISIONS

The bill includes a total of 33 administrative provisions, 33 of which were effective in fiscal year 2024.

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

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

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

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

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

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

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

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

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

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

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

The bill includes section 112 establishing a preference for United States contractors for military construction in the United States territories and possessions in the Pacific and on Kwajalein Atoll, or countries bordering the Arabian Gulf, except bids by Marshallese contractors for military construction on Kwajalein Atoll.

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

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

The bill includes section 115 allowing the use of expired or lapsed funds to pay the cost of associated supervision, inspection, overhead, engineering and design on those projects and on subsequent claims.

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

(INCLUDING TRANSFER OF FUNDS)

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

(INCLUDING TRANSFER OF FUNDS)

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

The bill includes section 119 requiring that funds in this title be the sole source of all operation and maintenance for flag and general officer quarter houses and limits the repair on these quarters to \$20,000 per unit annually without notification.

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

(INCLUDING TRANSFER OF FUNDS)

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

The bill includes section 122 allowing the transfer of funds in accordance with reprogramming guidelines.

The bill includes section 123 prohibiting the use of funds for projects at Arlington National Cemetery.

The bill includes section 124 providing funds for certain projects identified in the respective military department’s unfunded priority and cost to complete list for fiscal year 2025.

The bill includes section 125 directing all amounts appropriated to Military Construction (all accounts) be immediately available and allotted for the full scope of the authorized project.

The bill includes section 126 extending the eligibility of unobligated funding for fiscal year 2018, 2019, and 2020 projects that have not lapsed.

The bill includes section 127 defining the congressional defense committees.

The bill includes section 128 providing additional funds for planning and design for construction improvements to laboratory facilities.

The bill includes section 129 providing additional funds for the Air Force for expenses incurred as a result of natural disasters.

The bill includes section 130 providing funds for planning and design for child development centers.

The bill includes section 131 providing funds for planning and design for barracks.

The bill includes section 132 providing funds for unspecified minor construction for demolition.

The bill includes section 133 prohibiting 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 2024 ¹	\$307,305,393,000
Budget request, fiscal year 2025 ¹	337,425,926,000
Committee recommendation, fiscal year 2025 ¹	337,501,440,000
Change from enacted level	+30,196,047,000
Change from budget request	+75,517,000
Fiscal year 2026 advance budget request	376,466,506,000
Fiscal year 2026 Committee recommendation in the bill	376,466,506,000
Change from budget request	---

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

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.

Congressional Oversight of VA’s Actions on Abortion.—The bill prohibits funding to implement, administer, or otherwise carry out the Department’s illegal actions in the interim final rule published September 9, 2022. The interim final rule clearly violated Section 106 of the Veterans Health Care Act of 1992 (P.L. 102–585; Title 38 U.S.C. 1710 note). The Committee directs the Department to provide a report within 30 days of enactment, and every 180 days thereafter, to the Committee on Appropriations of the United

States House of Representatives and the Committee on Appropriations of the United States Senate containing the following information, disaggregated by State: (1) the number of abortions the Department has provided in VA facilities since September 9, 2022; (2) the number of abortions performed elsewhere and funded by the Department since September 9, 2022; (3) under which exception each abortion provided or funded by the Department has qualified; (4) the total amount expended on each abortion; and (5) the criteria used and documentation required by the Department to determine when an exception allowing for an abortion applies.

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. Therefore, 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-disabled 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.

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.

VETERANS BENEFITS ADMINISTRATION

COMPENSATION AND PENSIONS

(INCLUDING TRANSFER OF FUNDS)

Fiscal year 2024 enacted level	\$161,850,524,000
Fiscal year 2025 enacted level	182,310,515,000
Fiscal year 2025 budget year request	9,820,699,000
Committee 2025 budget year recommendation	9,820,699,000
Fiscal year 2026 advance appropriation request	204,481,753,000
Committee 2026 advance appropriation recommendation	204,481,753,000
Comparison with:	
Fiscal year 2025 enacted level	+22,171,238,000
Fiscal year 2026 advance budget request	---

This appropriation provides funds for service-connected compensation payments to an estimated 6,094,446 veterans and 562,448 survivors in fiscal year 2025. In addition, pension payments will be funded for an estimated 150,678 veterans and 112,179 survivors. The average payment per compensation case for veterans in fiscal year 2025 is estimated to be \$24,307 and pension payments are projected to be \$14,063.

The appropriation includes authority to transfer funding not to exceed \$22,816,000 in fiscal year 2026 to General Operating Expenses, Veterans Benefits Administration (VBA) and Information Technology Systems. These funds are for the administrative ex-

penses 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 \$9,820,699,000 in additional funding for fiscal year 2025 for a total of \$192,131,214,000 for the fiscal year, which includes the advance appropriation provided in the prior fiscal year. For fiscal year 2026, the Committee recommendation includes an advance appropriation of \$204,482,000,000.

Signing of Veteran Death Certificates.—The Committee is concerned that the Veterans Administration is not signing death certificates of all veterans who die of natural causes and who have as their primary doctor a VA physician in a timely fashion. The Committee directs the VA to work in consultation with stakeholders to prepare a report within 45 days of passage of FY25 Appropriations bill on the average time the VA takes to sign a death certificate for a veterans family upon notice of their passing, the average number of delays lasting longer than 72-hours over the last 5 years, the total number of refusals by the VA to sign death certificates and the reasoning behind any denial over the last 5 years, and solutions to ensure that a speedy signature is done and received by the family of our passed veterans. The agency should also transmit separate copies of this report to the House and Senate Appropriations Committees.

Ensuring VBA Access for Veterans.—The Committee is concerned about closure of VBA offices in rural areas during the pandemic. Physical VBA offices are crucial in rural areas as veterans have more limited broadband access and transportation options. Accordingly, the Committee directs VA to report VBA offices at risk of closure 180 days prior to VBA realignment, including analysis used as justification of closure, necessary resources needed to prevent closure and the projected realignment of VBA staffers to nearby facilities to impacted congressional districts, as well as VA’s corresponding efforts to ensure continued services for impacted veterans in the area.

READJUSTMENT BENEFITS

Fiscal year 2024 enacted level	\$8,827,352,000
Fiscal year 2025 enacted level	13,399,805,000
Fiscal year 2025 budget year request	2,657,656,000
Committee 2025 budget year recommendation	2,657,656,000
Fiscal year 2026 advance appropriation request	17,614,235,000
Committee 2026 advance appropriation recommendation	17,614,235,000
Comparison with:	
Fiscal year 2025 enacted level	+4,214,430,000
Fiscal year 2026 advance budget request	— — —

This appropriation finances the education and training of veterans and servicemembers through the Post-9/11 GI Bill and the All-Volunteer Force Educational Assistance Program. 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 \$17,614,235,000 for fiscal year 2026.

GI Bill Comparison Tool.—The Committee emphasizes the importance of providing veterans with the necessary information to make informed decisions when selecting institutions of higher education. The Committee urges the Department to continue to monitor and assess the effectiveness of the GI comparison tool, including usage metrics, the frequency that caution flags are checked and updated, and technical performance.

GI Bill Apprenticeships and On-the-Job-Training.—The Committee directs VA to take additional actions to promote awareness and increased utilization of apprenticeships and on-the-job training [OJT] programs, including continued coordination and support to State Approving Agencies [SAAs] and programs which may incentivize increased participation by employers. The Committee directs additional support and resources be provided to SAAs for the purpose of establishing partnerships between industry and institutes of higher education. The Department is encouraged to explore options to expand the program in the future, while ensuring proper oversight of SAA contracts.

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 directs 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 VA 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. The Committee directs the Secretary to partner with the appropriate agencies outreach effort and use this information to inform VA transition programs and advise the Secretary of Defense of any changes needed to DoD Credentialing Programs to aid in smooth transition to civilian employment within 90 days of enactment of this act.

Technology for Student Veterans.—The Committee understands during the pandemic 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 VA, in consultation with the Departments of Defense and Labor, to coordi-

nate 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 VA 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. A report shall be submitted to the Appropriations Committees on these efforts within 60 days of enactment of the Act.

VET TEC Pilot Program.—The Committee expects the Department to fund the program, if authorized, at \$45,000,000 for fiscal year 2025, and encourages it to take steps to expand access by including additional providers, particularly in areas of the country where the initiative is not currently available or only allowing access to online courses, as well as to help train and employ women veterans and veterans with disabilities.

Veteran Transition Assistance Grant Program (VTAG).—The Committee continues to support VTAG and is looking forward to examining the program’s success.

Biomanufacturing Training.—The Committee directs the Department to engage with an institution of higher education with expertise in and simulated Current Good Manufacturing Practice facilities for the provision of biomanufacturing training to consider the establishment of a pilot program to provide targeted, hands-on, industrial biomanufacturing training for veterans, transitioning service members, and military spouses.

Financial Hardship and Bankruptcy.—The Committee continues to support VA programs that combat the root causes of veteran and dependent financial hardship, which is a known contributory factor to negative outcomes such as mental health issues, substance use disorder, and suicide. The Committee continues to be concerned by an inequity in current bankruptcy law that results in the inclusion of VA and DoD disability benefits in the calculation of a debtor’s disposable income, while at the same time excluding Social Security disability benefits for non-veterans.

VETERANS INSURANCE AND INDEMNITIES

Fiscal year 2024 enacted level	\$133,827,000
Fiscal year 2024 enacted level	135,119,000
Fiscal year 2025 budget year request	0
Committee 2025 budget year recommendation	0
Fiscal year 2026 advance appropriation request	131,518,000
Committee 2026 advance appropriation recommendation	131,518,000
Comparison with:	
Fiscal year 2025 enacted level	---
Fiscal year 2026 advance budget request	---

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

For fiscal year 2026, the Committee recommendation includes an advance appropriation of \$131,518,000.

VETERANS HOUSING BENEFIT PROGRAM FUND PROGRAM ACCOUNT

	Program Account	Limitation on direct loans for specially adapted housing loans	Administrative Expenses
Appropriation, fiscal year 2024	---	(\$500,000)	\$316,742,419
Budget request est., fiscal year 2025	---	(500,000)	319,596,460
Committee recommendation, fiscal year 2025	---	(500,000)	319,596,460
Change from enacted level	---	---	+2,854,2041
Change from budget request	---	---	---

The purpose of the home loan guaranty program is to facilitate the extension of mortgage credit on favorable terms by private lenders to eligible veterans. This appropriation provides for all costs, with the exception of the Native American Veterans Housing Loan Program, of the Department’s direct and guaranteed loans programs.

The Committee recommendation includes \$319,596,460 for fiscal year 2025 for administrative expenses to carry out the Veterans Housing Loan Program.

VA Home Loan Program.—The Committee has been made aware of the Department’s decision to abolish the “Participation Rule” which required listing agents to make an offer of compensation to buyer brokers, and could potentially disadvantage veterans utilizing the home loan under current rules. The Committee directs VA to study its current policy of prohibiting borrowers from paying fees or commissions to a real estate agent and determine whether this policy negatively impacts veterans when buying a home. The Department is directed to report these findings to the committee within 120 days of enactment.

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

VOCATIONAL REHABILITATION LOANS PROGRAM ACCOUNT

	Program Account	Limitation on direct loans	Administrative Expenses
Appropriation, fiscal year 2024	\$78,337	(\$2,026,000)	\$460,698
Budget request, fiscal year 2025	64,431	(1,563,660)	493,868
Committee recommendation, fiscal year 2024	64,431	(1,563,660)	493,898
Change from enacted level	–13,906	(–462,340)	+33,170
Change from budget request	---	---	---

This appropriation covers the subsidy cost of direct loans for vocational rehabilitation of eligible veterans and includes administrative expenses necessary to carry out the direct loan program. Loans of up to \$1,530 (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 \$64,431 for fiscal year 2025 for administrative expenses to carry out the Vocational Reha-

bilitation Direct Loan program. It is estimated that the Department will make 1,559 loans in fiscal year 2025.

NATIVE AMERICAN VETERAN HOUSING LOAN PROGRAM ACCOUNT

Administrative expenses:	
Appropriation, fiscal year 2024	\$2,718,546
Budget request, fiscal year 2025	5,845,241
Committee recommendation, fiscal year 2025	5,845,241
Change from enacted level	+3,126,695
Change from budget request	---

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 2025 for administrative expenses for the Native American Veteran Housing Loan Program, and \$75,000,000, 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, to remain available until expended.

GENERAL OPERATING EXPENSES, VETERANS BENEFITS
ADMINISTRATION

Appropriation, fiscal year 2024	\$3,899,000,000
Budget request, fiscal year 2025	4,035,000,000
Committee recommendation, fiscal year 2025	4,035,000,000
Change from enacted level	+136,000,000
Change from budget request	---

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 \$4,899,000,000 for fiscal year 2025 for General Operating Expenses, VBA. These resources will fully fund VA's request for fiscal year 2025 and improve VBA's ability to address compensation and benefit claims. The bill makes available through September 30, 2026, up to ten percent of these funds.

Benefits Usage.—The Committee encourages VA 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. Therefore, the Committee directs VA 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 strongly encourages VBA to continue its efforts to create digital copies of veterans' records housed at NPRC. The Committee requests VA update the analyses required by House Report 117–391 on resources needed to digitize all hard copy-only veteran records at NPRC not later than 90 days after enactment of this Act.

Equitable Relief.—The Committee understands VA is working to implement new systems and protocols to eliminate instances of administrative error. However, as VA enacts system-wide reforms, ending equitable relief for veterans who were deemed eligible for benefits in error would place an unfair burden on veterans and their families. The Secretary is directed to continue to grant or extend equitable relief to eligible veterans initially deemed eligible in instances of administrative error. Not later than April 1, 2025, the Secretary is directed to submit to the Committees on Appropriations of both Houses of Congress a report containing a statement as to the disposition of each case recommended to the Secretary for equitable relief under section 503 of title 38, United States Code during the preceding calendar year.

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 urges VBA to prioritize specialized MST training for claims processors, and to continue to involve MST survivors in the development of specialized training. The Committee additionally remains concerned that veterans suffering from a mental health disorder as a result of sexual trauma during service have different standards of evidence based on their diagnosis. The Committee recognizes that evidence in personnel files is rare, no matter the resulting condition following MST, and therefore, the Committee urges VA to support the extension of the relaxed evidentiary standard to all those suffering from mental health disorders as a result of MST. The Committee requests that the Secretary submit a report to the Committees on Appropriations of both Houses of Congress, no later than 180 days after enactment of this Act, outlining the status of MST backlogs. Further, the Committee urges VA to continue to report to Congress on information relating to claims for disabilities incurred or aggravated by MST, as provided by section 113 of the Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016 (P.L. 114–315).

Toxic Exposure Claims.—The Committee recognizes that an increase in claims and associated workload increases is continued to be expected as a result of enactment of the Honoring our Promise to Address Comprehensive Toxics Act (PACT Act) and encourages the Department to implement thorough and special training protocols to ensure accuracy and efficiency in the claims adjudication process.

Mileage Reimbursements Kiosks.—The Committee is concerned with the removal of mileage reimbursement kiosks and requests the Department to report to the Committee on Appropriations on the recent removal of mileage reimbursement kiosks from several VA facilities, which have been replaced by the online Beneficiary Travel Self Service System. The report shall include the circumstances leading to the removal of kiosks as well as the effects on veterans who rely on them. Additionally, any future plans for travel reimbursement will be detailed.

Over-The-Counter-Hearing Aids.—The Committee notes that over 2.7 million veterans are compensated for hearing loss and tinnitus, and noise exposure during military service being a major factor. The Committee encourages VA to reassess its current model for hearing aids. The lower cost of over-the-counter (OTC) hearing aids has the potential to reduce financial strain on VA's budget, freeing up resources to invest in other critical areas of veteran care and support. The Committee requests a report within 180 days of the bill's passage on VA hearing service access and cost savings from implementing OTC hearing aids for veterans receiving audiology treatment. OTC hearing aids present a cost-effective alternative, potentially enhancing access and alleviating financial pressure on the VA healthcare system.

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 the VA health care program.

Funding for veterans' health care, VA research, and the Veterans Health Administration is 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 2025, the President's Budget requested a total of \$134,037,000,000 for veterans' medical care, including funding for medical care for the treatment of conditions related to toxic exposures.

In fiscal year 2025, VA will collect an estimated \$4,389,678,000 in the Medical Care Collections Fund.

The Committee provides \$923,514,000 for Medical and Prosthetic Research for fiscal year 2025, \$55,514,000 above the requested level.

The Committee provides \$131,439,000,000, the total amount requested, in advance for fiscal year 2026. This request of discretionary advance appropriations is in conjunction with the Toxic Ex-

posures Fund advance appropriations request of \$22,800,000,000 billion in 2026.

Air Ambulance Services.—The Committee remains concerned that changes to the reimbursement rates for ground and air ambulance services may negatively impact the ability of veterans to access emergency medical services, particularly in rural and underserved areas, and commends the Department for delaying the implementation of its final rule Change in Rates that VA Pays for Special Modes of Transportation, 88 Fed. Reg. 10032, until February 16, 2025. The Committee directs the Department to delay implementation of the final rule until at minimum September 30, 2025, and urges the Department not to expend funds for any change in rates for travel by ground ambulance or for rotor wing and fixed wing air ambulance emergency or non-emergency transport without first engaging with industry stakeholders, to identify both an appropriate level of reimbursement and an effective contracting process for emergency air and ground services that does not jeopardize access to ambulance services for veteran beneficiaries. The Committee also requests that the Department submit a report within 180 days to the Committee detailing its discussions and efforts to ensure continued access for veterans to emergency health care transportation, and to report back to the Committee with its findings.

Beneficiary Travel.—The Committee continues to hear from veterans frustrated with the system and the inability of VA staff to assist them. The Department is directed to ensure the new system is user-friendly and staff are trained and available to provide the required assistance.

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 English, Spanish, and the eight other most commonly spoken languages in the United States.

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. The Committee directs VA to submit a report to the Committee on Appropriations no later than 90 days after enactment of this Act on the percentage of Chinese made devices for the 96 device medical countermeasures published by the Food and Drug Administration in 2020. The report should also include specific recommendations on how the VA can reduce its dependency on Chinese medical devices, increase the domestic supply chain, while safeguarding against shortages.

Native Hawaiian, Pacific Islander and United States-Affiliated Pacific Islander (NHPIUSAPI) Veterans Health.—The Committee continues to support the VA Center for NHPIUSAPIs. The Com-

mittee encourages VA to partner with universities in the Pacific region focusing on issues unique to the NHPISAPI community.

Timeliness of Care at VA Facilities.—The Committee recognizes the critical need for quality and timely health care for veterans. To ensure this is provided, the Committee directs the Secretary to submit a detailed report to Congress within 180 days of the enactment of this legislation regarding the average waiting periods experienced by veterans seeking health care services through VA hospitals. This report should encompass data collected from various VA healthcare facilities nationwide, including to the extent possible non-VHA operated clinics, analyzing both the duration veterans wait from initial contact to their first appointment and any subsequent waits for further medical treatments. The data presented in this report should be broken out by state to facilitate a clear understanding of regional disparities and target improvements effectively. The directive aims to ensure transparency and accountability in the administration of veteran healthcare services, and to facilitate legislative or administrative measures to enhance the efficiency and effectiveness of the VA health system.

MEDICAL SERVICES

Fiscal year 2024 enacted level	\$70,969,795,000
Fiscal year 2025 enacted level	71,000,000,000
Fiscal year 2025 budget year request	71,000,000,000
Committee 2025 budget year recommendation	0
Fiscal year 2026 advance appropriation request	75,039,000,000
Committee 2026 advance appropriation recommendation	75,039,000,000
Comparison with:	
Fiscal year 2025 enacted level	+4,039,000,000
Fiscal year 2026 advanced budget request	---

The bill includes \$75,039,000,000 for advance fiscal year 2026 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 2026 available through September 30, 2027.

Allocation of Health Funding.—The Committee continues to request a report each year, no later than 30 days after VA allocates the medical services appropriation to the VISNs, that identifies: (1) the amount of general purpose funding that is allocated to each VISN; (2) the amount of funding that is retained by central headquarters for specific purposes, with amounts identified for each purpose; and (3) the amount of funding that is retained by each VISN before allocating it to the medical centers, identifying separately the amounts retained for purposes such as network operations, network initiatives, and emergencies.

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

Support for FAS Veterans.—Since the passage of the Consolidated Appropriations Act, 2024 (Public Law 118–42), VA is no longer restricted from providing services to veterans residing in the Freely Associated States (FAS), including direct care from VA pro-

viders, telehealth, and care through contracts with community providers; shipping medications to the FAS; and reimbursing veterans for travel from their home countries to the United States. To determine how VA will provide the resources needed to implement these new authorities, the Committee directs VA within 60 days of enactment of this Act to provide the Committee with the estimated cost and the plan for implementing this law in fiscal year 2025.

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 VA 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 directs VA to submit a report to the Committee 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.

Lung Precision Oncology Program.—The Committee commends VA for launching the Lung Precision Oncology Program and its effort to expand access to lung cancer screening for veterans and accelerate the science on lung cancer prevention, detection, and treatment. The Committee is interested in the program's success since being launched and directs the Department to report to the Committee within 180 days of enactment of this Act regarding the program's efficacy.

Expanding Lung Cancer Screening for Veterans.—The Committee recognizes the importance of early detection and timely diagnosis of cancers and directs the Department to review and update its approach to lung cancer screening to optimize veterans access to screenings given the unique risk factors and evolving demographics for this patient population. As part of this update, the Committee encourages the Department to issue a request for information and corresponding public docket to receive information and recommendations regarding the latest lung cancer research, data, and clinical best practices to inform the updates to the Department's lung cancer screening guidelines and update lung cancer screening guidelines to address those exposed to toxic hazards. The Department is directed to provide a report to the Committee on Appro-

priations within 120 days of enactment of this Act regarding the steps it is taking to optimize lung cancer screening for veterans.

Digital Pathology.—The Committee recognizes the Veterans Affairs (VA) healthcare system for its efforts to modernize and enhance diagnostic capabilities using digital pathology. The utilization of digital pathology technology represents a transformative approach to pathology services that will improve efficiency and advance the quality of care provided to our nation’s veterans. Digitization provides high-resolution imaging, aiding pathologists in achieving more accurate and timely diagnoses, crucial for effective treatment. Notably, the use of digital pathology fosters the required VA collaborative environment that allows for expert consultations across VA facilities, even in the most remote settings, ensuring veterans receive the best possible care regardless of location. The transition to digital pathology streamlines laboratory workflows, reducing turnaround times for pathology reports and enhancing overall operational efficiency within VA medical facilities, and eliminates the need for physical transportation of glass slides, reducing the risk of loss or damage and optimizing resource utilization within the VA healthcare system. The cycle of cancer care for our Nation’s Veterans begins with diagnosis and staging from a pathologist. By moving our VA pathology labs to a digital format, it expedites this care cycle which is critical when it comes to a cancer diagnosis.

Molecular Diagnostics and Precision Oncology.—The Committee recommendation includes \$215,433,000 for Precision Oncology, and \$55,090,000 for molecular diagnostics which are equal to budget request. VA is encouraged to continue to provide information to clinicians on the value of using molecular diagnostics for cancer patients and on how to contribute tissue specimens to a repository started among the Department, Department of Defense, and the National Institute of Health. 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.

The Committee requests an update, no later than 60 days after the enactment of this Act, describing how these funds will be used to enhance the use of molecular diagnostics, including information on the use of specific types of molecular diagnostics, such as microarray, whole exome, whole genome, and RNA–Seq which the Department is providing 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.

Metabolic Disease.—The Committee recommends that to ensure access to advanced care for all veterans, the VA Innovation Ecosystem (IE) include in its fiscal year 2025 portfolio activities expanding the VA healthcare system’s infrastructural reach to enrolled veterans residing in geographically underserved areas, including rural and highly rural. The Committee would like IE to engage industry with community stakeholders to co-develop transformative, highly deployable, mobile, and scalable advanced MRI-based solutions to identify, stratify, and manage the highly prevalent metabolic disease burden in the VA population.

CAREGIVER SUPPORT PROGRAM

Caregivers Program.—The Committee provides \$2,913,000,000, as requested, for the caregivers program. The Committee continues to require quarterly reporting on obligations for this program.

Caregiver Assistance Eligibility.—The Committee recognizes the important role of family caregivers in supporting the health and wellness of veterans. The Committee directs VA to report to the Committee on Appropriations within 180 days of enactment of this Act on the feasibility, including cost estimates, of expanding eligibility for the Program of Comprehensive Assistance for Family Caregivers and the Program of General Caregiver Support Services to include veterans with lower continuous care needs and disability ratings.

CENTERS OF EXCELLENCE

Epilepsy Center of Excellence.—The Committee encourages the Department to ensure that all veterans with epilepsy are comprehensively 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 \$76,800,000 for the Neurology Centers of Excellence. This includes \$26,800,000 for the Epilepsy Centers, \$28,000,000 for the Headache Centers, \$6,000,000 for the Multiple Sclerosis Centers, and \$16,000,000 for the Parkinson's Disease, Research, Education and Clinical Centers.

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 directs the Department to allocate robust funding for the Neurology Centers of Excellence for maintenance and expansion. The Committee also directs the Department to provide a report to the Committees on Appropriations of both Houses of Congress on the use and allocation of funds for each Center within 120 days of enactment of this Act. Additionally, the Department should provide a report to the Committees on Appropriations of both Houses of Congress no later than 180 days of enactment of this Act detailing associations between neurological disorders and military exposures, including open burn pits.

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.

Whole Family Care Partnerships.—The Committee is aware of the efforts of private organizations to support veterans and their families and recognizes that they can sometimes provide services, such as counseling and wellness programs, for the families of veterans that the Department cannot. Recognizing that Congress, the Department, and private organizations share the same goal of supporting veterans, the Committee directs the Department to build upon its existing partnerships and seek opportunities to establish new ones. The Committee is particularly interested partnerships related to mental health, including the mental health of veterans' families, and provides up to \$2,500,000 to increase outreach to this in-need underserved population.

DENTAL CARE

Dental Care.—The recommendation includes \$2,975,647,000, as requested, to provide dental care for veterans. The Committee requests that the fiscal year 2026 budget justification include information on the role, resources, and staffing required for the Assistant Under Secretary of Health for Dentistry and the Office of Dentistry.

Dental Care Report.—House Report 118–122 directed the Department to submit a report within 180 days of enactment to assess the state of VA's oral health care program and its ability to meet the needs of current and future veterans. The Committee is looking forward to receiving this report.

Veterans Oral Health.—The Committee understands that veterans may experience a large oral disease burden, and therefore an integrated and whole-person approach is needed to prevent and manage oral disease in this population, which may also enable cost savings in VA Health Care at large. The Committee looks forward to receiving the report on the Department's assessment of its oral healthcare program and its ability to meet current and future needs as required by House Report 118–122.

DIABETES CARE

Improving Standards of Care for Diabetic Foot Ulcers.—One in four veterans in the United States suffers from diabetes. The VA health system treats about 115,000 diabetic foot ulcers (DFUs) per year, and about 40 percent of patients afflicted with the condition die within five years. DFUs are frequently recurrent and require specialized wound care technology to achieve optimal outcomes. To provide effective DFU care to the VA population, the Department is encouraged to examine alternatives to current standards of care for DFU treatment. The Committee requests a report, no later than 180 days after enactment of this Act, on tissue-based products proven in clinical trials to treat hard-to-heal wounds, specifically those with proven efficacy in tissue regeneration and anti-inflammatory and anti-bacterial properties. This report should review each product's shelf life, storage requirements, source materials, and sizing options.

Reducing Type 2 Diabetes in Veterans.—The Committee commends the Department for actively engaging with industry part-

ners in a pilot study using telehealth to provide individualized ketogenic nutrition programs and medical support to reduce the incidence of diabetes in VA patients. The Committee applauds the effectiveness of the study at reducing patient dependence on diabetes medication and the clinical improvements achieved by Veterans engaged individualized ketogenic nutrition programs. The Committee is aware of existing plans within the Department to expand ketogenic diabetes telehealth services beyond the pilot study to address the healthcare needs of veterans living with Type 2 diabetes. The Committee encourages the Department to sustain and expand industry partnerships and programs focused on ketogenic diabetes telehealth services to support the health and quality of life of our Nation's veterans.

EMERGING AND NOTABLE HEALTHCARE ISSUES

Dialysis.—Over 18,000 veterans receive dialysis through the National Dialysis Services Contract. The Committee appreciates the Department's commitment to ensure care is not disrupted or diminished for the veterans who receive treatment. The Committee looks forward to working with the Department to utilize a value-based dialysis payment model.

Needle Stick Injuries.—The Committee remains interested in the Department's efforts to reduce or eliminate needlestick injury among caregivers and staff at VA facilities. The Committee encourages VA to use the most-up-to-date needle destruction technology.

Nuclear Medicine Quality Improvements.—The Committee notes that the Nuclear Regulatory Commission (NRC) has confirmed nuclear medicine extravasations can result in radiation-safety-significant doses to patients and is engaged in rulemaking to require medical event reporting of extravasations. The Committee encourages VA nuclear medicine facilities to monitor injection quality, image extravasations, conduct dosimetry, and notify patients when large extravasations occur.

Pressure Injuries.—The Committee recognizes the Department's efforts to reduce pressure injuries among veterans and its willingness to enhance the existing standard of care. Further understanding of the VA Approved Enterprise Standard (VAAES) Skin Template, and its interplay with pressure injury statistics, notably within the spinal cord trauma population, is of interest to the Committee. As such, the Committee requests a briefing from VA on this issue within 120 days of enactment of this Act aimed at advancing a comprehensive understanding and effective implementation of improvements to pressure injury care across VA and includes outside stakeholder input and participation from clinicians and researchers.

Rideshare Program.—The Committee recognizes the success of VA's temporary rideshare authority and is interested in expanding transportation services for veterans. The Committee is looking forward to the report as requested in House Report 118–122.

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 artificial intelligence (AI) can address challenging and expensive diseases by personalizing treatments and improving therapy delivery. The Committee encourages the Department to ensure that combined Bioelectronic Medicine and AI technologies are available to veterans.

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. VA is directed 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.

Migraine Prevention and Treatment.—The Committee recognizes approximately one in three servicemembers experience severe headaches and migraines and encourages the Department to ensure neuromodulation devices with FDA-indication for migraine prevention and treatment are available to veterans and to educate clinicians and veterans on such devices.

Respiratory Illness.—The Committee is aware of emerging technology that uses existing x-ray imaging equipment to derive four-dimensional models of lung function, which helps to identify respiratory illnesses and accompanying loss of lung function earlier than was previously feasible. The Committee is looking forward to learning about the program's efficacy in the required report as requested in House Report 118–122.

HOMELESS ASSISTANCE PROGRAMS

The Committee provides \$3,210,276,000 for VA homeless assistance programs, an increase of \$96,746,000 above the fiscal year 2024 enacted level and equal to the budget request. An estimated \$12,007,323,000 is provided for homeless veterans treatment costs, an increase of \$820,715,000 above the fiscal year 2024 level.

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

Healthcare for Homeless Veterans.—The Committee notes the benefits of the Homeless Patient Aligned Care Team (HPACT) program and encourages VA to expand this program to additional sites, including rural areas, and to consider additional services to

improve the program. The Committee directs the Department to explore options to expand this program to additional sites, including cost estimates, with its fiscal year 2026 budget request.

HUD-VASH Case Management.—The Committee recognizes the value and impact of the HUD-VA Supportive Housing (VASH) program, which serves veterans experiencing homelessness and pairs each HUD affordable housing voucher designated for veterans with intensive case management from VA to assist with benefits and income, mental healthcare, recovery services, and permanent housing stability. Case management services are critically important to the function of the program, and public housing authorities rely on VA Medical Centers' referrals to house veterans. Existing requirements mandate that a veteran must receive VA case management services to receive a HUD-VASH voucher. The inadequacy of staff for case management has contributed to the ongoing underutilization of HUD-VASH vouchers. Therefore, the Committee directs an increase in staffing for case management services to continue to improve the rate of lease referrals and to account for increased staffing costs and recent expansions in eligibility.

Recovery-Oriented Care.—The Committee notes the National Center for Homelessness Among Veterans' development of housing models that promote recovery-oriented care for veterans experiencing or at risk of homelessness. The Committee is looking forward to receiving the report on the program's effectiveness as requested in House Report 118-122.

Veterans Councils.—The Committee is aware of the importance of Veterans Councils and their mission to assist homeless prevention actions, and their assistance to at-risk, impoverished, and veterans of all ages and terms of service.

Supportive Housing for Veterans with Serious Mental Illness.—The Committee encourages VA to build upon the tangible achievements of the HUD-VASH program and explore whether a new model of vouchers could provide housing opportunities for low-income veterans experiencing serious mental illness who seek healthcare services from VA.

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. Within funds provided, the Department is further encouraged to pilot projects to partner SSVF grantees with university law schools in rural areas or within underserved populations to enhance legal assistance to veterans.

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, no later than 90 days following enactment of this Act, outlining how current reimbursement rates are calculated, how VHA makes locality adjustments, how VHA works to reduce the cost of prescription drugs for veterans in homes, and recommended legislative changes for Congress to consider.

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 the 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 directs VA 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. The Committee commends the progress made by the Supportive Services for Veteran Families Program but encourages data collection on women veterans with children who may not meet the VA's definition of homelessness but are homeless for parts of the year and remain at-risk.

INTIMATE PARTNER VIOLENCE ASSISTANCE PROGRAM

Intimate Partner Violence Program (IPV).—The Committee continues to support VA'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 \$16,380,187,000 for mental health programs. Of the total, \$3,161,426,000 is for suicide prevention and treatment programs, including \$582,554,000 for suicide prevention outreach and \$306,683,000 for the Veterans Crisis Line.

The Committee continues to direct the Department to focus on efforts to address parking lot suicides and connect veterans to care.

The Department is directed to provide a report to the Committee, no later than 90 days after enactment of this Act, identifying a detailed expenditure plan for all suicide outreach and treatment programs and how VA is meeting the Committee's directives.

AANHPI Veterans.—The Committee understands that Asian American, Native Hawaiian, and Pacific Islander (AANHPI) veterans have a lower use of VA and non-VA mental health services and requests a report Committee not later 180 days after enactment of this Act on reasons for such lower utilization and ways improve access of AANHPI veterans to mental health care and increase outreach to such veterans, especially for those in harder-to-reach populations, including rural communities and English-as-a-second-language households.

Faith Based Digital Applications Impact on Mental Health.—The Committee understands that recent data has shown that the use of digital, faith-based applications can have a measurable impact on mental health and wellness. The Committee directs VA to conduct a study on the effectiveness of such applications and requests a report on findings within 180 days of enactment of this Act.

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 treat-

ments from licensed providers. The Department is urged to consider including agritherapy as a Complementary and Alternative Medicine therapy.

Improving Depression Treatment with 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 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 directs VHA 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.

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

Modeling and Simulation Treatment of PTSD.—The committee commends the Department of Veterans Affairs for its innovative implementation of immersive technology to improve Veterans' health care experiences. The Committee is aware that modeling and simulation technology has enabled the development of innovative and immersive therapies, which can extend trauma management therapy protocol. The Committee requests that VA to provide a report with 90 days of enactment of this Act regarding the results of the study. Immersive technology is currently being used in 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.

Veterans Crisis Line (VCL).—The Committee provides funding to support the VCL, as requested, and continues to monitor the VCL to ensure veterans are receiving appropriate clinical care. To support this critical care, the Committee encourages VA to utilize funds provided by the bill to ensure appropriate staffing for call centers and back-up centers, provide necessary training for VCL staff, and ensure that staff are able to appropriately and effectively respond to the needs of veterans. The Committee maintains bill language requiring the VCL to: (1) provide to individuals who contact the hotline immediate assistance from a trained professional; and (2) to adhere to all requirements of the American Association of Suicidology.

MILITARY TOXIC EXPOSURE RESEARCH PROGRAM

The bill includes \$59,000,000, as requested, 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 Exposures (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 asbes-

tos, 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.

Colorectal Cancer Screening.—The Committee recognizes that early detection with screening is the most effective tool available to help prevent thousands of cancer deaths and that catching cancers in earlier stages when they are most treatable saves lives as well as provides a cost savings for the patient and the system. The Committee urges the Department of Veterans Affairs to review its policy related to colorectal cancer screening and take action to align it with the nationally recognized guideline recommendations from the United States Preventive Services Task Force (USPSTF), National Comprehensive Care Network, and the American Cancer Society. Furthermore, the Committee requests a briefing by the Department of Veteran Affairs no later than 6 months after enactment of this act to receive an update on the alignment of the colorectal screening options available to veterans.

Service-Connected Colorectal Cancer.—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 the veteran population, and if their service, including exposure to burn pits, played a role. The Committee requests the Department to report to the Committee, no later than 180 days after enactment of the Act, on the prevalence of colorectal cancer among veterans and the potential effect of exposures to burn pits and other environmental hazards during military service.

OPIOID PREVENTION AND TREATMENT PROGRAM

The bill includes \$713,049,000 for opioid treatment and prevention efforts, which is \$2,316,000 below the fiscal year 2024 enacted level. Of the total, \$254,487,000 is provided for activities authorized by the Comprehensive Addiction and Recovery Act of 2016 (P.L. 114–198).

Fentanyl Abuse Education.—The Committee recognizes the alarming rise in fentanyl overdoses as part of the opioid epidemic that is impacting our service members. The Committee urges the VA to prioritize comprehensive education and awareness initiatives for veterans on fentanyl abuse, alongside support programs aimed at reducing substance use. The Committee directs VA provide a report within 180 days of enactment on effectiveness of the ongoing initiatives.

Nonaddictive Opioid Alternatives.—The Committee remains concerned about the continued use of opioids in the veteran population. The Committee requests that the Department to provide a report to the Committee no later than 60 days after enactment of this act on veterans' access to non-opioid pain relief medications. The report should include: (1) steps the Department will take to ensure that coverage, cost-sharing, and access are not an impedi-

ment to veterans receiving these medications; (2) what actions need to be taken to ensure Tricare beneficiaries have access to prescriptions for nonaddictive opioid alternatives for both acute and chronic pain; and (3) how the Department will support continued and expanded education to providers on nonaddictive opioid alternatives.

Improvements to Opioid Management in the Military Health System.—The Committee is concerned that the Department of Veterans Affairs (VA) Pharmacy Benefits Management (PBM) Services has not conducted a class review of the opioid analgesics therapeutic class since 2017 and has not undertaken such a review following the Department of Defense and Department of Veterans Affairs’ joint publication of the guideline titled “VA/DoD Clinical Practice Guideline for the Use of Opioids in the Management of Chronic Pain, 2022”. The Committee encourages the VA PBM to evaluate the opioid analgesics therapeutic class annually, and in connection with that evaluation, consider the FDA-approved labels of therapeutics in this class as such labels may evolve from time to time, the value of consistent coverage positions across formularies that may be accessed by beneficiaries of the Veterans Health Administration, real-world evidence and health economics and outcomes research pertaining to therapeutics in this class, and the extent to which VA national formulary coverage aligns with, and enables, any applicable clinical and public health guidelines or reports.

PHARMACEUTICAL ISSUES

Drug Pricing Report.—The Committee remains interested in information regarding VA drug pricing and appreciates VA providing a report as requested in previous fiscal years on VA’s spending on prescription drugs. The Committee encourages VA to conduct this analysis annually and requests robust and routine updates to Congress, including updated information for fiscal year 2025 on prescription drug prices (net of rebates) paid by VA for the ten most frequently prescribed drugs and the ten highest-cost drugs for VA. In addition, the report should include total annual costs to VA for all prescription drugs. As VA has noted that country of origin information on drugs and active pharmaceutical ingredients is not yet available on a national level, the Committee urges the VA’s National Acquisition Center to work with the Food and Drug Administration to track this data and establish a national database for such information.

Medication Optimization for Veterans.—The Committee commends VA’s work to implement a National Pharmacogenomics Program to ensure all eligible veterans have access to appropriate, evidenced-based pharmacogenomic testing, and that VA has a robust and highly trained healthcare professional workforce to help veterans who have undergone pharmacogenomic testing. The Committee provides \$41,300,000, as requested, for this work.

Prescription Drug Quality.—The availability of safe and effective prescription drugs has significant implications for the health of veterans, the workload of VHA 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. VHA is one of the largest purchasers of pharmaceuticals in the U.S. 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 encourages the Department to explore a potential partnership with USUHS and work to develop a strategy for the use of drug quality scoring in VA procurement. The Committee directs the Department to report to the Committees on Appropriations of both Houses of Congress not later than 180 days after enactment of this Act and annually thereafter on the progress of this effort.

Novel Program for Optimizing Pain Management.—The Committee recognizes the balance between supporting access to care for veterans with pain and the veteran's risk of developing dependency for prescription pain medication. The Committee supports the implementation of a process improvement initiative that will reduce the risk of tolerance, dependence, misuse, addiction, and diversion of prescription pain medication by establishing more precise and effective prescribing guidelines to ensure veterans receive appropriate care. The Committee expects VA to deploy an innovative clinical decision support tool to evaluate and interpret the acute and chronic pain management needs for military veterans, their dependents, and/or employees of VA. The Committee supports the use of a novel care model that is available to those receiving treatment through traditional VHA hospitals/clinics and those utilizing Care in the Community. Such model should enable better value, a better standard of care, and seek to significantly reduce VA spending on pharmacy and behavioral health services. The Committee requests VA to provide a report within 180 days on its plans for the model and how it intends to phase in its use across VHA over the next several years.

Pharmaceutical On-dose Tracking and Tracing Technologies.—The Committee is committed to providing veterans safe and reliable medication. Track and trace systems are increasingly being implemented as a technological solution to secure pharmaceutical supply chains. These systems offer the potential to minimize reimbursement fraud, facilitate fast market recalls, and help identify medicine shortages. The Committee looks forward to receiving the report requested in House Report 117–391, especially regarding solutions to prevent counterfeit medicines from entering the VA supply chain.

Weight Loss and Weight Management Tools.—According to the Centers for Disease Control and Prevention, nearly 35 percent of American adults are obese. VA estimates that 78 percent of veterans are overweight or obese. The Committee continues to encourage the Department to ensure veterans have access to evidence-based weight management interventions, including prescription medications.

Pain.—The Committee recognizes the balance between supporting access to care for veterans with pain and the veteran's risk of developing dependency for prescription pain medication. The Committee supports the implementation of a process improvement initiative that will reduce the risk of tolerance, dependence, misuse, addiction, and diversion of prescription pain medication by es-

establishing more precise and effective prescribing guidelines to ensure veterans receive appropriate care and provides up to \$5,000,000 for this purpose. The Committee expects VA to deploy an innovative clinical decision support tool to evaluate and interpret the acute and chronic pain management needs for military veterans, their dependents, and/or employees of VA. The Committee supports the use of a novel care model that is available to those receiving treatment through traditional VHA hospitals/clinics and those utilizing Care in the Community. Such model should enable better value, a better standard of care, and seek to significantly reduce VA spending on pharmacy and behavioral health services. The Committee requests the Department to provide a report within 180 days on its plans for the model and how it intends to phase in its use across VHA over the next several years.

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 \$42,000,000 for the Center, as requested.

Service Dogs for Veterans’ Mental Health.—The Committee recognizes the positive role that service, guide, and hearing dogs have played in mitigating veterans’ disabilities and providing assistance and rehabilitation. In House Report 118–122, the Committee encouraged VA to expand the number of pilot sites to include medical centers that primarily serve veterans in rural areas and in states with few VA medical facilities. Within 180 days of enactment of this Act, the Department is directed to report on ongoing efforts to expand the number of pilot sites and recommendations to help alleviate financial burdens on non-profits to implement the program, including potential partnerships with Department of Defense medical schools.

Women Veteran PTSD Research and Treatment.—The Committee recognizes the effects of PTSD may manifest differently between men and women. The Committee also notes that more women are using the VA system than ever before and over 30% of new VHA users are women. The Committee encourages the Department to continue and expand its research on the effects of PTSD and to ensure specific research on women veterans is included in these efforts. The Committee also encourages that commensurate number of women veterans relative to the total women veteran population are utilized in research studies pertaining to PTSD.

New Treatments for PTSD.—The Committee is aware of privately funded research regarding potential new treatments for PTSD and encourages the Department to monitor these efforts and review the results of existing and future clinical trials.

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, and provides up to \$3,000,000 for peer support programs for women veterans.

RURAL HEALTH

Office of Rural Health (ORH).—The bill includes \$337,455,000 for rural health, which is equal to the budget request, to improve ac-

cess and quality of care for the more than 3,000,000 enrolled veterans residing in rural and highly rural areas.

Rural Veterans Transportation Program.—The Committee encourages the Office of Rural Health to use \$10 million for the continued partnership between the Veterans Transportation Program and the Office of Rural Health to continue to provide transportation to VA appointments for veterans who live in rural areas. Further, the Committee directs the Secretary to submit a report with the President's Budget Request for FY2026 that assesses the transportation challenges faced by rural veterans.

Office of Rural Health Operating Plan.—The Committee directs the Office of Rural Health to submit no later than 30 days after enactment of this Act an operating plan for fiscal year 2025 funding, as well as for the fiscal year 2026 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).

Transportation Challenges.—The Committee recognizes the transportation challenges and barriers to care that rural and remote veterans face and directs the Office of Rural Health to increase efforts to improve transportation mobility for veterans, to allocate funding to enhance rural access and transportation services, and continue to consider utilizing accessible autonomous electric vehicles to overcome these challenges.

SUBSTANCE-USE DISORDER CARE

The bill includes \$263,881,000 for Substance-Use Disorder (SUD) efforts to ensure veterans can receive timely SUD specialty services.

Jason Simcakoski Memorial and PROMISE Act Implementation.—The Committee supports the continued implementation of the Jason Simcakoski Memorial and Promise Act, Title IX of the Comprehensive Addiction and Recovery Act of 2016 (P.L. 114–198), including updating therapy and pain management guidelines, strengthening provider education and training, and improving patient advocacy.

Medication-Assisted Treatments.—The Committee encourages VA to increase education among its primary care practitioners, and on the diagnosis and treatment of alcohol use disorders with FDA-approved medication-assisted treatments and counseling, as clinically indicated.

Tobacco Harm Reduction.—The Committee is concerned that smoking rates among U.S. military veterans is significantly higher than among the civilian population, finding that 27% of Iraq and Afghanistan combat veterans use tobacco products daily versus 11.5% of their civilian counterparts. The Committee is aware of the Department's smoking cessation program but is concerned that there is no publicly available information regarding the success of the program. The Committee is also aware that if the success rate of the tobacco cessation program reflects that of the civilian population, then over 90% of veteran participants are likely to continue

use of combustible cigarettes. The Committee directs the Department to coordinate with the Food and Drug Administration (FDA) to incorporate into the Department's smoking cessation program, information about FDA-authorized tobacco products that have been determined to be less harmful than continued cigarette smoking, such as heated tobacco products, to help reduce cigarette use amongst the veteran community.

SUICIDE PREVENTION

Lethal Means Safety Collaboration.—The Committee notes that VA has been called to partner with the Departments of Defense, Health and Human Services, Homeland Security, Justice, and the Office of Emergency Medical Services within the Department of Transportation to create and implement a coordinated approach for improving lethal means safety. The Committee looks forward to the report required by House Report 117–391 on this coordinated approach and VA's plans to incorporate the coordinated approach into the Department's existing lethal means safety initiatives.

Lethal Means Safety Training.—To ensure that every employee who regularly interacts with veterans is prepared to have a conversation that could save a veteran's life, the Committee continues to urge VA to implement mandatory lethal means safety trainings for all VA employees who regularly interact with veterans in their work, compensation and pension examiners, employees of Veterans Centers and vocational rehabilitation facilities, community care providers, and family caregivers to the extent practicable.

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 provides \$3,000,000 above the request to expand the firearms safety elements of the lockbox program to increase awareness and enable greater distribution of firearms safe storage devices. 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.

Predictive Modeling and Analytics for Veterans Suicide Prevention.—The Committee continues to be concerned by the alarming number of veterans dying by suicide each day. The Committee encourages the Department to utilize its Recovery Engagement and Coordination for Health—Veterans Enhanced Treatment (REACH VET) program, for predictive modeling and analytics to support early detection of suicidal ideations, and continue to utilize improved technologies to expand its efforts.

Suicide Prevention Coordinators.—The Committee recognizes the importance of Suicide Prevention Coordinators, who follow up with and coordinate care for veterans who have been directly referred to them by responders at the Veterans Crisis Line, and directs VA to fully staff suicide prevention coordinator positions. To better support coordinators, the Committee encourages the Department to incorporate enterprise-wide and interactive technology. The Committee directs the Secretary to outline in the next budget request

how VA medical facilities are using this technology, total program cost, and schedule to implement an enterprise-wide solution.

Zero Suicide Initiative.—The Committee expects the Department to prioritize efforts to combat veteran suicide and looks forward to receiving the report requested in House Report 118–122.

Suicide Prevention Reporting.—The Committee directs VA to incorporate full veteran benefit usage in its annual suicide prevention report to demonstrate the relationship between VA benefits and veterans who die by suicide. The report shall contain detailed usage of benefits the same way VA reports on veteran interactions with VHA. Additionally, the Committee directs VA to provide annual utilization reports on community grants for suicide prevention.

Veteran Resiliency, Suicide Prevention and Response.—The Committee notes that death by suicide in our veteran population remains an alarming crisis. Tragically, 18 to 24 Veterans die by suicide daily. The Department’s data demonstrates that veterans suicide rates have increased over the last 20 years. The Committee encourages VA to modernize current suicide prevention models to better ensure they are reaching at risk veterans.

TELEHEALTH AND CONNECTED CARE

The bill includes \$6,398,020,000 for telehealth and connected care, which includes home telehealth, home telehealth prosthetics, and clinic-based telehealth.

VA is encouraged to leverage newly gained telehealth capacity to address backlogs for disability exams and healthcare appointments when appropriate. The Committee further directs VA to continue to implement plans to improve veteran and provider satisfaction, increase awareness of the telehealth program, and enhance adoption of telehealth by veterans and providers.

VA Telehealth Benefits.—VA Telehealth Services are transforming how Veteran’s 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 of Veterans Affairs shall submit a report to the Committees on Appropriations of both Houses of Congress a report 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 VA Mission Act of 2018.

WHOLE HEALTH

The Committee recommendation includes \$119,289,000 Whole Health, as requested, which is \$11,441,000 above the fiscal year 2024 enacted level. The Committee supports the Whole Health model of care and the expansion of Whole Health to all VA facilities.

Continued Support and Expansion of Whole Health.—Since FY 2021, the Committee has consistently praised the Veterans Administration (VA) Whole Health System, citing its ability to provide efficient and effective patient-centered, integrative care to veterans, especially those who are struggling with opioid use disorder and chronic pain. In light of independent evaluations from the National

Academy of Sciences and VA, which have demonstrated both dramatic increases in program participation and decreases in total healthcare costs among enrolled Veterans, the Committee has provided \$34.3 million in additional funding since FY 2022 to help expand Whole Health to all VA health facilities nationwide. In response to “VA’s Report to Congress on Continued Support and Expansion for Whole Health” submitted in March 2023, the Committee includes \$119,300,000 million which is \$11,400,000 million above the FY 24 enacted level to support the continued expansion of Whole Health. Further, the Committee requests a report from the VA no later than 90 days following enactment of the Act regarding the status of the program’s expansion efforts to date and, if applicable, an increased cost estimate.

Adaptive Sports.—As requested, the bill provides \$30,542,000, for National Veterans Sports Programs, including \$16,500,000 for adaptive sports programs and up to \$5,000,000 equine therapy.

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 and provides up to \$5,000,000 to do so.

Equine Assisted Therapy Services.—The Department should utilize funding provided for equine therapy to conduct a comprehensive program evaluation to ensure the continued effectiveness of equine assisted therapy and services in addressing the mental health needs of veterans that participate in these programs, including through the systematic assessment and tracking of mental health issues and symptoms, and the measurement of key outcomes, such as functional improvement in veterans’ different life domains. The Committee directs the Department to provide a report to the Committees on the feasibility and cost associated with expanding access to recreational therapy options, such as equine assisted therapy and services, to all veterans enrolled in VA care within 180 days of enactment of this Act.

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 and provides up to \$5,000,000 to do so.

Medically Tailored Meals.—The Committee recognizes the ability for VA to provide food to veterans in both inpatient and non-inpatient settings under existing statutory authority. The Committee requests that medically tailored meals and food be provided, when VA providers deem it to be appropriate, in order to support a healthy food-as-medicine component and as part of a comprehensive care plan for veterans with at least one chronic health condition.

Prescription Produce.—The Committee encourages VA to explore goals 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 provides \$1,000,000 to the Veterans Health Administration to implement the 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; 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.

WOMEN VETERANS HEALTH CARE

The recommendation includes a total of \$1,323,444,000, as requested, 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.

Care for Women.—The Committee recognizes that women are the fastest growing cohort within the veteran community. The number of women veterans using VHA services has more than tripled since 2001, growing from 159,810 in 2001 to more than 600,000 today. 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.

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 departments implementation of this policy no later than 60 days after enactment of this Act.

Maternal and Infant Health Outcomes for Women Veterans.—The Committee directs the Department to provide a report within 180 days of enactment of this Act regarding the incidence of birth defects, miscarriage, stillbirth, and maternal morbidity and mortality that can be related to military service and provide recommendations to raise awareness and improve maternal and infant health outcomes.

Maternity Healthcare and Coordination Programs.—The Committee is pleased that to coordinate prenatal and postpartum care provided in the community, the Department has established maternity healthcare and coordination programs, 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 VA to continue to ensure veterans have access to high-quality, well-coordinated care, and robust services and directs VA to continue to implement the Protecting Moms Who Served Act (P.L. 117-69).

Women's Veteran Initiative.—The Committee supports continued efforts to identify and address unique issues experienced by women veterans.

Women's Health Research and Innovation.—The Committee is aware of a new joint collaborative to improve women's health research for service members and veterans that will develop a roadmap to close pressing research gaps specific to women who served in the military. Of the areas of research that will benefit women veterans, the Committee notes that 80 percent of patients diagnosed with an autoimmune disease are women. The Committee encourages VA to engage with experts who are researching autoimmune diseases in women veterans, including myalgic encephalomyelitis/chronic fatigue syndrome and Gulf War Illness, to better understand sex-based differences in disease diagnosis and treatment. The Committee requests a detailed report within 180 days of filing this report of how the Department will execute the Executive Order, what research gaps will be prioritized, and how it will engage with nationally recognized experts on diseases that impact women veterans.

WORKFORCE AND STAFFING ISSUES

Expanding Recruitment.—The Committee recognizes the challenge VA has in the recruitment and retention of clinicians. To help VA better keep pace with other providers and continue to train its workforce to improve their service to veterans, the Committee urges VA to explore potential options to enhance recruitment and retention, such as expanding 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 the VA by Title 38.

Homeless Veterans Caseworkers.—The Committee requests that the Department evaluate staffing needs for caseworkers for homeless veterans and veterans at risk of homelessness and evaluate the potential benefits and effectiveness of contracting for caseworkers in the annual Staffing Report.

Respiratory Therapists.—The Committee remains concerned with gaps in coverage of respiratory therapists at VA, particularly as additional veterans become eligible under the PACT Act. The Committee encourages VA to evaluate staffing needs for respiratory therapists using a validated data system, and to report to the Committee within 180 days of enactment of this Act on gaps in staffing for respiratory therapists.

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.

VA/HHS Collaboration on Health Workforce Shortages.—The Committee continues to encourage VA to work with the Department of Health and Human Services (HHS) to explore ways the agencies can work together, such as by creating a taskforce, to increase the availability of providers, including in the behavioral health workforce and among physicians specializing in cancer, spi-

nal cord, and neuropsychiatric conditions. This collaboration is urged to examine VA’s recruitment challenges, review programs that could enhance recruitment and retention, and to think creatively on how other Federal agencies like HHS can identify and address provider shortages. VA also is encouraged to consult with the Department of Defense to explore recruiting those who have left military service.

VA Physician Pay.—The Committee understands that one of the biggest hurdles in retaining health care professionals within VA health care system is the agency’s ability to compete with market pay rates. The Committee encourages VA to explore opportunities in which VA can better compete with market pay rates and increase pay opportunities for physicians and other identified health care professionals.

Staffing at Richard A. Pittman Community-Based Outpatient Clinic.—The Committee celebrates the recent opening of the Richard A. Pittman Community-Based Outpatient Clinic in San Joaquin County, California. 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 recommends the Department work with all relevant partners to ensure full-staffing requirements at all levels are met and sustained within the first six months of seeing patients.

MEDICAL COMMUNITY CARE

Fiscal year 2024 enacted level	\$30,342,023,000
Fiscal year 2025 enacted level	20,382,000,000
Fiscal year 2025 budget year request	---
Committee 2025 budget year recommendation	---
Fiscal year 2026 advance appropriation request	34,000,000,000
Committee 2026 advance appropriation recommendation	34,000,000,000
Comparison with:	
Fiscal year 2025 enacted level	+13,618,000,000
Fiscal year 2025 advance budget request	---

The Committee recommendation includes an advance appropriation of \$34,000,000,000 for fiscal year 2026 for Medical Community Care, of which \$2,000,000,000 is available until September 30, 2027.

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.

Third-Party Payments and Reimbursements.—The Committee continues to direct VA to provide comprehensive reports on a quarterly basis detailing the amount owed to outside providers for every state, outstanding payments over six months, the corrective actions being implemented to address these outstanding balances, and the average time for repayment.

Community Pharmacies.—In the previous fiscal year, the Committee requested a report on the feasibility and advisability of expanding the use of community pharmacies, including an assessment of cost, veteran access, and effect on rural delivery. The Committee looks forward to receiving this report and working with VA to expand healthcare access to veterans.

Ground Ambulance Providers.—The Committee is concerned that the Department is inadvertently disadvantaging veterans in connection to reimbursement for ground ambulance services. Specifically, under the Community Care Program, ground ambulance providers are required to notify VA and seek approval for payment within 72-hours. By contrast, veterans have a 30-day window to notify VA of their receipt of emergency treatment in a non-VA facility. This results in ground ambulance provider claims being denied and the burden falls upon the veterans to seek reimbursement. The Committee directs the Department to provide a briefing within 90 days of enactment of this Act regarding how the Department and its respective VISNs could reduce the financial burden on veterans by reducing the number of ground ambulance service claims that are denied for failure to meet the 72-hour notification requirement but ultimately comply with the VA’s coverage rules.

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 quarterly 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 2024 enacted level	\$10,750,000,000
Fiscal year 2025 enacted level	11,800,000,000
Fiscal year 2025 budget year request	0
Committee 2025 budget year recommendation	0
Fiscal year 2026 advance appropriation request	12,700,000,000
Committee 2026 advance appropriation recommendation	12,700,000,000
Comparison with:	
Fiscal year 2025 enacted level	+900,000
Fiscal year 2026 advance budget request	---

The Committee recommendation includes an advance appropriation of \$12,700,000,000 for fiscal year 2026 for Medical Support and Compliance, of which \$350,000,000 shall remain available through September 30, 2027.

MEDICAL FACILITIES

Fiscal year 2024 enacted level	\$8,949,485,000
Fiscal year 2025 enacted leve	9,400,000,000
Fiscal year 2025 budget year request	0
Committee 2025 budget year recommendation,	0
Fiscal year 2026 advance appropriation request	9,700,000,000
Committee 2026 advance appropriation recommendation	9,700,000,000
Comparison with:	
Fiscal year 2025 enacted level	+300,000,000
Fiscal year 2026 advance budget request	---

The Committee recommendation includes an advance appropriation of \$9,700,000,000, for fiscal year 2026 for Medical Facilities, of

which \$500,000,000 shall remain available until September 30, 2027.

Medical Center Services.—The Committee reminds the Department to ensure it consults with a wide variety of stakeholders regarding any changes to services, hours, and staffing prior to making changes and to ensure veterans are not negatively affected.

Spend Plan.—The Committee expects VA to provide, no later than 30 days after enactment of this Act, an expenditure plan detailing the planned use of the funds provided. The Committee understands that some of the projects planned for fiscal year 2025 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.

Use of Autonomous Robots.—In House Report 118–122 the Committee encouraged VA to consider autonomous robots during the planning for new construction or modernization of VA hospitals and requested the VA report to the Committee not later than 180 days after the enactment of the Act on the use of robots at VA hospitals, including current use and potential benefits from expanded use in the future. The Committee looks forward to receiving this report.

Viruses and Bacteria.—The Committee encourages VA to explore initiating a pilot program that would evaluate how commercial, off-the-shelf, sensor-integrated autonomous UV technologies can reduce the transmission of viruses and bacteria in VA facilities. The Committee requests a report from VA on its efforts within 90 days of an enactment of this Act.

VA—Water Conservation at Medical Centers and Clinics.—The Committee is aware that hospital laboratories account for approximately 15% of the total hospital water usage. There have been advancements in laboratory equipment which operate with zero water input or connection to the municipal water systems. The Committee encourages the Assistant Under Secretary for Health for Support (AUSH–S) to consider water efficiency and zero water systems where feasible for VA Medical Centers and Community Based Outpatient Clinics when modernizing VA facilities and medical equipment. In addition, the Committee requests the AUSH–S to provide a report to the Committee within 180 days of enactment on the plans to implement laboratory systems that have no to little impact on the water supply in the communities they reside.

Veterans Integrated Service Network Distribution.—The Committee is interested in learning how the Veterans Integrated Services Network (VISN) (1) determines patient service catchment areas (2) assesses where to build new VA medical centers, and (3) plans the distribution of VA medical centers and outpatient clinics compared to the number of veterans in each area. The Committee requests the Department to provide a report within 180 days of enactment, that details the criteria used to determine how various types of medical facilities including VAMCs and CBOCs are distributed, and the distribution of VA medical facilities given the number of veterans in each location. Further, the report should include information on how many communities nationwide exist where veterans utilize a VAMC not within their home state.

Women Veterans Healthcare Facilities.—The Committee recognizes that some women veterans who routinely use VA primary care and women’s health services have experienced childhood or military sexual trauma which makes them uncomfortable with male healthcare providers. The Committee also acknowledges the Department’s efforts to revise care standards to align with women veterans’ preferences for care, including women-only care environments. The Committee requests a report within 120 days of enactment of this Act on the needs, utilization patterns, and preferences of women veterans, and any planned steps, including recommendations on facility modifications, to meet those needs.

Food Pantry Program.—The Committee recognizes the success of the VA food pantry program in easing veteran access to quality food and reducing stigma around veteran food insecurity. The Committee understands that VA collaborates with nonprofit organizations to identify potential VA medical centers with the need and capacity for enrolling 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.

MEDICAL AND PROSTHETIC RESEARCH

Appropriation, fiscal year 2024	\$943,000,000
Budget request, fiscal year 2025	868,000,000
Committee recommendation, fiscal year 2025	923,514,000
Change from enacted level	– 19,486,000
Change from budget request	+55,514,000

The Committee recommendation includes \$923,514,000 for Medical and Prosthetic Research, available through September 30, 2026, which is \$19,486,000 below the fiscal year 2024 level. 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.

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 2025 is \$1,437,400,000.

Limb Loss.—The Committee commends the Department’s work with veterans living with limb loss, particularly its support of programs that engage amputees to become certified peer visitors for other veterans. Over the past year, this program has trained veterans to become certified peer visitors and re-certified many to continue to provide peer support. In addition, veterans with amputations have been able to benefit from over 250 registered support groups nationwide. While these programs have touched the lives of veterans across the country in the last year, there are still many veterans who have not benefited from these and other support programs because they have not grown to keep pace with the number of veteran amputees across the country. The Committee encourages the Department to consider expanding its certified peer visitor program in fiscal year 2025 to meet the needs of all veterans. In addition, the Committee requests a report no later than 90 days after enactment of this act on the feasibility, advisability, and cost esti-

mate of expanding amputee services and educational opportunities for individuals who have received osseointegration surgery and are using osseointegration prosthetic technology.

Advanced Platform Technology (APT) Center.—The Committee applauds 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.

Endometriosis.—The Committee directs the Department to ensure its research program adequately addresses the unique needs and concerns of veterans with endometriosis. The Committee further directs 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.

Metastatic Cancer Research.—The Committee supports the Department's work to achieve therapeutic advances and 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. However, the Department's FY25 budget justification notes that there were more than 51,000 new cases among veterans in 2017. The Committee directs the Department to assess the likelihood that service in the military, including types of service, affect veterans' likelihood of a metastatic cancer diagnosis and continue to increase veterans participation in clinical trials. The Committee requests that the FY26 budget justification include an update on its progress on this issue.

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 Department is encouraged to make the findings of all research conducted by or for the Executive Branch publicly available as soon as possible and continue to publish disease-specific mortality data related specifically to Persian Gulf War veterans. The Committee continues to encourage the Department to utilize the term "Gulf War Illness," as recommended by the Institute of Medicine. The Committee appreciates the Department's work to strengthen the training of primary, specialty, and mental healthcare providers on effective assessment, diagnosis, and clinical management of Gulf War Illness.

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 Is-

lands, 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.

National Intrepid Center of Excellence (NICoE).—The Committee recognizes the high-quality mental health care and neurological research being conducted at the NICoE and directs 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.

Research Using Animals.—The Department is directed to include in any report to Congress describing animal research approved under section 247 in division A of the Consolidated Appropriations Act, 2024 (P.L. 118–42), submitted after the date of filing of this report, details on the specific alternatives to animals that were considered, why those alternatives were not chosen, and an explanation for why these animal subjects were the only viable option for this research. The Committee looks forward to the Department fully implementing its plan to eliminate the research conducted using canines, felines, or non-human primates by 2026, as directed in Public Law 118–42 and directs the Department to not approve any new animal research that would not be complete before 2026.

Kidney Disease.—The Committee applauds VA's focus on ensuring that veterans with kidney disease are provided access to the best medical care available. The value of testing for APOL1 in kidney disease patients is well documented and the Committee encourages VA to continue screening for kidney diseases for veterans, including rare and genetic, and encourages VA to prioritize funding for staffing for genetic kidney disease clinical trials at qualified VA sites. Further, the Committee urges the Department to focus resources on clinical trials for kidney disease in high-risk populations. The Department is directed to provide a report to the Committee no later than 90 days after enactment of this act on its efforts in this area. The report should include: (1) current funding levels for clinical trials related to APOL1; (2) details on ongoing trials, including the number of veterans in each trial and the trial location; and (3) funding for APOL1 research over the past 3 years.

PFAS Registry.—The Committee directs the Secretary of Veterans Affairs to (1) establish and maintain a registry for eligible individuals who may have been exposed to per- and polyfluoroalkyl substances due to the environmental release of aqueous film-forming foam on military installations to meet the requirements of military specification MIL-F-24385F; (2) develop a public information campaign to inform eligible individuals about the registry, including how to register and the benefits of registering; and (3) periodically notify eligible individuals of significant developments in the study and treatment of conditions associated with exposure to PFAS.

Wound Dressings.—The Committee is interested in effective advanced treatments for wound care, including fentonite. The Committee understands advanced methods can be used for various wounds such as diabetic ulcers, venous ulcers, burns, and pressure

wounds and can lead to improved outcomes while reducing long-term costs. The Committee requests that VA to provide a report within 90 days of enactment of this Act on its findings.

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 2025 is \$4,400,000,000.

NATIONAL CEMETERY ADMINISTRATION

Appropriation, fiscal year 2024	\$480,000,000
Budget request, fiscal year 2025	495,000,000
Committee recommendation, fiscal year 2025	495,000,000
Change from enacted level	+15,000,000
Change from budget request	---

The Committee recommends \$495,000,000 for fiscal year 2025, which is \$15,000,000 above the fiscal year 2024 enacted level. 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, 2026.

Medallions on Headstones.—The Committee is concerned with the decision to remove medallions from headstones honoring the First Special Service Forces (FSSF). The Committee requests a report on its decision to remove medallions from headstones in cemeteries honoring members of the FSSF. This report should include a justification of the National Cemetery Administration’s directive leading to the removal as well as a plan for apologies to the families of FSSF soldiers affected.

DEPARTMENTAL ADMINISTRATION

GENERAL ADMINISTRATION

(INCLUDING TRANSFER OF FUNDS)

Appropriation, fiscal year 2024	\$475,000,000
Budget request, fiscal year 2025	457,000,000
Committee recommendation, fiscal year 2024	457,000,000
Change from enacted level	– 18,000,000
Change from budget request	---

The General Administration account provides funds for the Office of the Secretary, the General Counsel, six Assistant Secretaries, and two Department-level staff offices.

The Committee recommendation includes \$457,000,000 for General Administration, a decrease of \$18,000,000 below the fiscal year 2024 enacted level.

The Committee has included bill language to make available through September 30, 2026, 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.

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

Data Governance Analytics.—The Committee continues to support the work carried out by VA'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. Of the funds provided, \$3,250,000 shall be for the Office of Enterprise Integration to further coordinate enterprise-wide efforts of managing 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.

Data on Women and Minority Veterans.—The Committee continues to recommend that, when applicable, the Secretary of Veterans Affairs display information in the annual report(s) submitted to Congress separately or women veterans and minority veterans.

Office of Resolution Management, Diversity, and Inclusion (ORMDI).—The Committee recommendation does not include any funds for diversity, equity, and inclusion programs, projects, or activities for ORMDI.

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

COVID-19 Vaccine Requirements.—The Committee is concerned about remaining COVID-19 vaccine requirements for VA employees. The Department shall produce a report on any remaining requirements for VA employees to receive the COVID-19 vaccination to continue employment. The report should prioritize scientific justification from peer reviewed research published in the last calendar year from the date of enactment.

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

Supporting Minority and Disadvantaged Contractors.—The Committee reiterates the reporting requirement included in House Report 117-81 on this topic and looks forward to receiving the requested report.

Delays With Board of Veterans Appeals.—The Committee is concerned about ongoing delays veterans and their families experience before the Board of Veterans Appeals, often causing years-long wait

times for final adjudication and resolution of claims. Within the funds provided, the Committee urges VA to prioritize hiring the staff necessary to allow the efficient processing of the Board's current inventory of cases.

BOARD OF VETERANS APPEALS

Appropriation, fiscal year 2024	\$287,000,000
Budget request, fiscal year 2025	267,000,000
Committee recommendation, fiscal year 2025	267,000,000
Change from enacted level	-20,000,000
Change from budget level	---

The Committee recommendation includes \$267,000,000 for the Board of Veterans Appeals, which is \$20,000,000 below fiscal year 2024 enacted level. Ten percent of this funding is available through September 30, 2026.

VA Board of Appeals Backlog.—Congress has provided significant funding increases to enable VA to hire the staff, acquire the technology, and change work processes necessary to significantly reduce the appeals backlog. The Committee is concerned that despite these investments, the Board of Veterans' Appeals has not adequately addressed the backlog of veterans waiting for a decision and that the inventory of pending appeals cannot be depleted with the Board of Veterans' Appeals' current policies and procedures. The Committee directs the Secretary to prioritize the processing of appeals and to submit a plan no later than 90 days after the enactment of this legislation detailing a strategy to clear the backlog of cases within 36 months.

INFORMATION TECHNOLOGY SYSTEMS

(INCLUDING TRANSFER OF FUNDS)

Appropriation, fiscal year 2024	\$6,401,000,000
Budget request, fiscal year 2025	6,231,680,000
Committee recommendation, fiscal year 2025	6,231,680,000
Change from enacted level	-169,320,000
Change from budget request	---

The Committee recommendation includes \$6,231,680,000 for Information Technology Systems, which is \$169,320,000 below the fiscal year 2024 enacted amount. Within the account total, the Committee allocates \$1,686,245,270 for pay and associated costs; \$4,544,475,000 for operations and maintenance; and \$118,900,000 for activations.

The bill makes available three percent of pay and associated costs and five percent of operations and maintenance funds until September 30, 2026. All development funds are available until September 30, 2026.

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

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

The 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 ac-

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

Small Business IT Security Partners.—The Committee urges the Office of Information Technology to increase utilization of small businesses in implementing IT security programs, including in the areas of secure storage and encryption.

VETERANS ELECTRONIC HEALTH RECORD

Appropriation, fiscal year 2024	\$1,334,142,000
Budget request, fiscal year 2025	894,000,000
Committee recommendation, fiscal year 2025	894,000,000
Change from enacted level	– 440,142,000
Change from budget request	– – –

The bill includes \$894,000,000, as requested, for Veterans Electronic Health Record, which is \$440,142,000 below the enacted level. This reduction reflects deferred deployments and focus on current site optimization, sustaining infrastructure, and supporting 6 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 Committee continues to direct the Department to manage this initiative in the Office of the Deputy Secretary and provide monthly briefings on program implementation, including updates on progress resolving outstanding issues, and to provide quarterly updates to review timelines, performance milestones, implementation, and change management progress. The Government Accountability Office is directed to continue quarterly performance reviews of EHRM deployment and to report to the Committees on each quarter.

Future Deployments.—The Committee has been encouraged by EHRM’s rollout at Captain James A. Lovell Federal Health Community Center. However, the Committee is concerned that the Department did not include funding for future deployments in this year’s request. The Committee requests a report that outlines the Department’s plan to schedule deployments, potential shortcomings

that could hinder deployments, and actions VA will take to execute a schedule within 90 days of enactment of this Act.

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.

Life-Cycle Cost Estimate.—The Committee continues to require that at least annually the Department provide a report to the Committee on Appropriation that compares current estimated costs to the revised Life Cycle Cost Estimate to the estimate provided by the Institute for Defense Analyses.

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2025	\$296,000,000
Budget request, fiscal year 2026	296,000,000
Committee recommendation, fiscal year 2026	296,000,000
Change from enacted level	---
Change from budget request	---

The Committee recommendation includes \$296,000,000 for fiscal year 2025 for the Office of the Inspector General, which is equal to the budget request. The bill makes up to ten percent of this funding available until September 30, 2026.

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

VA Claims Backlog.—OIG is encouraged to continue to review VA’s work to address the claims backlog and report to the Committee about such efforts. This report should analyze how VA’s partnership with the National Archives and Records Administration to digitally scan all paper-based military personnel files has helped address and resolve the backlog as well as any changes in wait times and size of the claims backlog.

CONSTRUCTION, MAJOR PROJECTS

Appropriation, fiscal year 2024	\$961,218,560
Budget request, fiscal year 2025	2,069,000,000
Committee recommendation, fiscal year 2025	2,069,000,000
Change from enacted level	+1,107,781,000
Change from budget request	---

The Committee recommendation includes \$2,069,000,000 for Construction, Major Projects for fiscal year 2025, of which \$1,265,300,000 shall remain available until September 30, 2029, and of which \$803,700,000 shall remain available until expended. In addition, the Committee supports the Department’s plan to allocate \$1,403,110,000 to support major construction projects in West Los Angeles, CA, Dallas, TX, and Denver, CO.

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.

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

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.

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

CONSTRUCTION, MAJOR PROJECTS

[In thousands of dollars]

Project	Amount
Veterans Health Administration (VHA)	
West Los Angeles, CA—Build New Critical Care Center Central Utility Plant, Demolition and Renovations to Building 500	1,344,810
Dallas, TX—Clinical Expansion for Mental Health, Expansion of Parking Facilities and Land Acquisition	13,300
Advanced Planning and Design—Various Stations	278,409
Asbestos	1,000
Claims Analysis—Various Stations	500
Construction & Facilities Management Staff—Various Stations	213,000
Hazardous Waste—	1,000
Non-Departmental Federal Entity Project Management Support—Various Stations	134,481
Total, VHA	1,986,500
National Cemetery Administration (NCA)	
Denver, CO—Fort Logan National Cemetery—Gravesite Expansion	45,000
	30,000
Total, NCA	75,000
General Administration/Staff Offices	
Department Advance Planning and Design Fund for Major Construction	7,500
Total, Major Construction	2,069,000

To enhance the Committee’s capacity to conduct oversight on VA’s facility construction efforts, several administrative provisions are continued in the bill: (1) No funding amount greater than \$7,000,000 may be reprogrammed between construction projects unless approved by the Committees on Appropriations of both Houses of Congress; (2) any change to the scope of a construction project is not permitted without the approval of the Committees; and (3) VA must report any bid savings of \$5,000,000 or more on projects as soon as they are identified.

CONSTRUCTION, MINOR PROJECTS

Appropriation, fiscal year 2024	\$692,000,000
Budget request, fiscal year 2025	380,453,000
Committee recommendation, fiscal year 2025	380,453,000
Change from enacted level	– 311,547,000
Change from budget request	– – –

The Committee recommendation includes \$380,453,000 for Construction, Minor Project for fiscal year 2025, of which \$342,408,000

shall remain available until September 30, 2029, and \$38,045,000 shall remain available until expended.

In addition, the Committee supports the Department's plan to allocate \$307,000,000 from the Recurring Expenses Transformational Fund.

Greater Los Angeles Healthcare System's Master Plan.—The Committee continues to encourage the VA 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, as appropriate.

GRANTS FOR CONSTRUCTION OF STATE EXTENDED CARE FACILITIES

Appropriation, fiscal year 2024	\$171,000,000
Budget request, fiscal year 2025	141,000,000
Committee recommendation, fiscal year 2025	156,000,000
Change from enacted level	- 15,000,000
Change from budget request	-----

The Committee recommendation includes \$156,000,000 for fiscal year 2025 for Grants for Construction of State Extended Care Facilities, which is \$15,000,000 below the fiscal year 2024 level. A grant may not exceed 65 percent of the total cost of the project. The bill makes this funding available until expended.

State Veterans Home Construction Grant Program.—The Committee remains concerned about compliance with State Veterans Home Construction Grant Program (SHCGP) projects that are subject to Build America, Buy America Act (BABAA) requirements. The Committee is aware that three USDVA State Veterans Home Construction Grant Program projects in Idaho. The Committee urges the Secretary to ensure it consults with the affected stakeholders to ensure veterans are not negatively affected.

GRANTS FOR CONSTRUCTION OF VETERANS CEMETERIES

Appropriation, fiscal year 2024	\$60,000,000
Budget request, fiscal year 2025	60,000,000
Committee recommendation, fiscal year 2025	60,000,000
Change from enacted level	-----
Change from budget request	-----

The Committee recommendation includes \$60,000,000 for Grants for Construction of Veterans Cemeteries, which is equal to the budget request. The bill makes this funding available until expended.

COST OF WAR TOXIC EXPOSURE FUND

Fiscal year 2024 enacted level	---
Fiscal year 2025 enacted level	---
Fiscal year 2025 budget year request	---
Committee 2025 budget year recommendation	---
Fiscal year 2025 advance appropriation request	22,800,000,000
Committee 2026 advance appropriation recommendation	22,800,000,000
Comparison with:	
Fiscal year 2024 enacted level	---
Fiscal year 2025 advance budget request	+22,800,000,000

The bill provides \$22,800,000,000 for the Cost of War Toxic Exposure Fund (TEF) for advance funding for fiscal year 2026 for veterans medical care related to toxic exposures.

Section 103 Expansion.—The Committee requests a briefing on how many new enrollments the Department has taken in since sec-

tion 103 expanded, metrics on staffing and work flow efficiency, and any new findings that may impact future budget requests.

ADMINISTRATIVE PROVISIONS

The bill includes 61 administrative provisions, of which 57 were in effect in fiscal year 2024 and 4 are new. The administrative provisions included in the bill are as follows:

(INCLUDING TRANSFER OF FUNDS)

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

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 202 allowing the Department to transfer funding among the four medical appropriations accounts in fiscal year 2025. The Administration proposal to modify this provision is not adopted.

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

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

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

The bill includes section 206 allowing for the use of funds appropriated in fiscal year 2025 for “Compensation and Pensions”, “Readjustment Benefits”, and “Veterans Insurance and Indemnities” for payment of accrued obligations recorded in the last quarter of fiscal year 2024.

The bill includes section 207 allowing for the use of fiscal year 2025 funds to pay prior year obligations resulting from implementation of sections 3328(a), 3334, and 3712(a) of title 31, United States Code.

(INCLUDING TRANSFER OF FUNDS)

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

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

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 210 limiting the amount of reimbursement the Office of Resolution Management, Diversity and Inclusion, the Office of Employment Discrimination Complaint Adjudication, and the Alternative Dispute Resolution function within the

Office of Human Resources and Administration can charge other offices and accounts of the Department for services provided.

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

(INCLUDING TRANSFER OF FUNDS)

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

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

(INCLUDING TRANSFER OF FUNDS)

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

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

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 216 allowing the Department to transfer the proceeds received from the transfer of real property deposited into the VA Capital Asset Fund to the Major and Minor Construction appropriations accounts and makes those funds available until expended.

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

(INCLUDING TRANSFER OF FUNDS)

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

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 219 providing up to \$594,828,000 of fiscal year 2025 funds for transfer to the Joint DOD–VA Medical Facility Demonstration Fund. Additional funding may be transferred from these accounts upon written notification to the Committees on Appropriations of both Houses of Congress.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 220 permitting the transfer of \$664,625,000 of fiscal year 2025 funding appropriated for medical accounts to the Joint DOD–VA Medical Facility Demonstration Fund for the operation of facilities designated as combined Federal medical facilities.

(INCLUDING TRANSFER OF FUNDS)

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

(INCLUDING TRANSFER OF FUNDS)

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

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

The bill includes section 224 prohibiting the original scope of work for a Major Construction project from being increased above the scope specified for that project in the original justification data provided to Congress unless approved by the Committees on Appropriations of both Houses of Congress. The Administration proposal to delete this provision is not adopted.

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

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

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

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 228 permitting the transfer to “Medical Services” from any discretionary program except “General Oper-

ating Expenses, Veterans Benefits Administration” upon approval of the Committees on Appropriations of both Houses of Congress. This provision is intended to give VA flexibility as it administers the changes to its traditional healthcare program and the MISSION Act. The Administration proposal to modify this provision is not adopted.

(INCLUDING TRANSFER OF FUNDS)

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

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

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

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

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

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

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

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

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

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

The bill includes section 239 permitting funding to be used in fiscal years 2025 and 2026 to carry out and expand the childcare pilot program authorized by section 205 of the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111–163).

The bill includes section 240 prohibiting VA from using funds to enter into an agreement to resolve a dispute or claim with an individual that would restrict the individual from speaking to Members

of Congress or their staff on any topic, except those required to be kept secret in the interest of national defense or the conduct of foreign affairs. The Administration request to delete this provision is not adopted.

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

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

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

The bill includes section 244 prohibiting the use of funds in fiscal year 2025 to convert any program that received specific purpose funds in fiscal year 2024 to a general purpose-funded program without the approval of the Committees on Appropriations of both Houses of Congress at least 30 days prior to any such action. The Administration request to delete this provision is not adopted.

The bill includes section 245 regarding verification of service for coastwise merchant seamen.

The bill includes section 246 regarding the use of canines, felines, and non-human primates in VA research.

The bill includes section 247 regarding staffing ratios.

The bill includes section 248 to allow fiscal year 2025 and 2026 “Medical Community Care” funds to be used to cover obligations that would have otherwise been paid by the Veterans Choice Fund.

The bill includes section 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.

This bill includes section 250 specifying an amount from the four medical care accounts for gender-specific care for women. The administration request to delete this provision is not adopted.

The bill includes section 251 regarding a community-based outpatient clinic in Bakersfield, California.

The bill includes section 252 requiring quarterly reports on the status of the “Veterans Medical Care and Health Fund,” established to execute section 8002 of the American Rescue Plan (P.L. 117–2).

The bill includes section 253 establishing a timeline for construction in accordance with a lease.

The bill includes section 254 regarding the use of unobligated balances to support construction projects in the CHIP-IN program.

The bill includes section 255 prohibiting federal funding for abortions except in cases of incest, rape, or life of the mother and prohibiting federal funding to implement the Department of Veterans Affairs’ Interim Final Rule on abortion.

The bill includes section 256 prohibiting federal funding for hormone therapies or surgeries for gender-affirming care.

The bill includes section 257 permitting certain flags to be flown over VA facilities.

The bill includes section 258 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).

This bill includes section 259 prohibiting federal funds for carrying out the Coronavirus Disease 2019 Vaccination for Veterans Health Administration Health Care Personnel (VHA Directive 11903).

This bill includes section 260 prohibiting federal funds for providing services to individuals who are unlawfully present in the United States and are not eligible for health care under laws administered by the Secretary of Veterans Affairs.

This bill includes section 261 prohibiting the Secretary of Veterans Affairs to use federal funding to report a person who is deemed mentally incapacitated, mentally incompetent, or to be experiencing an extended loss of consciousness who has been adjudicated as a mental defective, without the order or finding a judge, magistrate, or other judicial authority that a person is in danger to himself or herself or others.

TITLE III

RELATED AGENCIES

AMERICAN BATTLE MONUMENTS COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$158,630,000
Budget request, fiscal year 2025	89,520,000
Committee recommendation, fiscal year 2025	90,020,000
Change from enacted level	- 68,610,000
Change from budget request	+500,000

The recommendation includes \$90,020,000 for Salaries and Expenses of the American Battle Monuments Commission (ABMC).

Identifying Improperly Buried Servicemembers.—The Committee recommendation includes an additional \$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. The Committee requests a report within 180 days of enactment of this Act on progress towards identifying incorrect markers for American-Jewish servicemembers, timeline for completion, and expected future funding requirements.

ABMC Mission.—The Committee requests that ABMC submit to the Committee on Appropriations a report not later than 90 days after enactment of the Act on the role of remembrance activities including facilitating flower orders for families of the fallen in its

mission and the reason for any changes to that role and in its mission over time.

National Memorial Day Parade.—The National Memorial Day Parade is the largest Memorial Day event in the nation. The Committee encourages American Battle Monuments Commission to partner with relevant stakeholders, including the National Parks Service, the city of Washington D.C., and non-profit stakeholders to support a sustainable path forward for this important American tradition.

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.

CAPITAL PROGRAM

Appropriation, fiscal year 2024	\$44,000,000
Budget request, fiscal year 2025	---
Committee recommendation, fiscal year 2025	---
Change from enacted level	---
Change from budget request	---

The recommendation includes no funds as requested for the Capital Program Account.

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$47,200,000
Budget request, fiscal year 2025	47,300,000
Committee recommendation, fiscal year 2025	47,300,000
Change from enacted level	+100,000
Change from budget request	---

The recommendation includes \$47,300,000 for Salaries and Expenses for the United States Court of Appeals for Veterans Claims.

DEPARTMENT OF DEFENSE—CIVIL

CEMETERIAL EXPENSES, ARMY

SALARIES AND EXPENSES

Appropriation, fiscal year 2024	\$98,800,000
Budget request, fiscal year 2025	105,514,000
Committee recommendation, fiscal year 2025	105,514,000
Change from enacted level	+5,634,000
Change from budget request	---

The recommendation includes \$105,514,000 for Salaries and Expenses for Arlington National Cemetery, which is equal to the fiscal year 2025 budget request.

CONSTRUCTION

Appropriation, fiscal year 2024	\$88,600,000
Budget request, fiscal year 2025	42,000,000
Committee recommendation, fiscal year 2026	42,000,000
Change from enacted level	- 46,600,000
Change from budget request	- - -

The recommendation includes \$42,000,000 to complete the Southern Expansion, to remain available until expended. The Committee reminds the Army to include status updates in its required quarterly reports on funds obligated, including previously appropriated funds, and funds remaining for the Southern Expansion project, as well as any remaining unfunded needs to complete the project.

ARMED FORCES RETIREMENT HOME

TRUST FUND

The recommendation includes a total of \$69,520,000 for the Armed Forces Retirement Home (AFRH) Trust Fund, including \$1,000,000 for capital projects and \$25,000,000 from the general fund of the Treasury.

Redevelopment of AFRH Washington, DC Campus.—The Committee notes that the Armed Forces Retirement Home (AFRH) announced its decision to terminate the RFP from 2018 for the mixed-use development project of 80 acres of the Home’s Washington, DC campus in October, 2023. To date, AFRH has not provided congressional stakeholders or other affected parties with support for its explanation of the decision to terminate the redevelopment initiative, which is a central element of the AFRH Master Plan and a critical step toward providing a dedicated source of revenue to support the long-term sustainability of the AFRH, including the Washington, DC campus. The Committee has historically expressed concern about the use of the General Fund to support the AFRH and has directed the AFRH to increase revenues and stabilize the Trust Fund for the long term. The decision by the AFRH to terminate the project without consultation or communication with the Committee is concerning and undermines the long-term viability of the Washington, DC campus and, more importantly, the well-being of the resident veterans in its care. The Committee directs the Department to conduct and provide to the Committee, within 90 days of enactment of this Act, a detailed evaluation of the AFRH decision and justification to terminate the mixed-use redevelopment project at the AFRH Washington, DC campus. Such report shall address the following: (1) terms of the negotiated agreement AFRH claims could not be finalized, (2) the economic analysis upon which AFRH relied for its termination decision, and (3) the specific “significant changes in economic conditions” cited by AFRH for its termination decision in the fiscal year 2025 budget submission. The Committee further directs AFRH to provide the Committee its plan for achieving in a timely fashion a dedicated source of revenue to support AFRH operations, including specific milestones and costs associated with such plan.

General Fund.—The Committee continues to be concerned about the use of the General Fund to support the AFRH and directs it to make progress to increase revenues and stabilize the Trust Fund for the long term.

Land Redevelopment.—The Committee reminds AFRH of the direction in the joint explanatory statement accompanying the Consolidated Appropriations Act, 2024 (Public Law 118–42) to provide a briefing on the options for and timelines associated with the future use of the 80-acre master planned parcel.

OPERATION AND MAINTENANCE

Appropriation, fiscal year 2024	\$43,060,000
Budget request, fiscal year 2025	43,520,000
Committee recommendation, fiscal year 2025	43,520,000
Change from enacted level	+460,000
Change from budget request	---

The Committee makes these operation and maintenance funds available until September 30, 2026, as requested, to provide AFRH greater ability to respond to emergency situations and ensure stable operations.

CAPITAL PROGRAM

Appropriation, fiscal year 2024	\$8,940,000
Budget request, fiscal year 2025	1,000,000
Committee recommendation, fiscal year 2025	1,000,000
Change from enacted level	–7,940,000
Change from budget request	---

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

MAJOR CONSTRUCTION

Appropriation, fiscal year 2024	\$--
Budget request, fiscal year 2025	31,000,000
Committee recommendation, fiscal year 2025	31,000,000
Change from enacted level	+31,000,000
Change from budget request	---

The Committee reminds AFRH to provide quarterly reports on the status of this construction project, including obligations of funds, anticipated timelines, and any changes to the overall cost of the project.

ADMINISTRATIVE PROVISION

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

TITLE IV

GENERAL PROVISIONS

The bill includes a total of 22 provisions; 12 were in effect in fiscal year 2024 and 10 are new:

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

The bill includes section 402 prohibiting the use of funds for programs, projects, or activities not in compliance with Federal law re-

lating to risk assessment, the protection of private property rights, or unfunded mandates.

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

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

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

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

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

The bill includes section 408 prohibiting the use of funds to establish or maintain a computer network unless such network blocks the viewing, downloading, and exchanging of pornography, except for law enforcement investigation, prosecution, or adjudication activities.

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

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

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

The bill includes section 412 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.

The bill includes section 413 prohibiting the use of funds to support or defeat legislation pending before Congress.

The bill includes section 414 prohibiting the use of funds to implement Executive Order 13985, Executive Order 14035, Executive Order 14091 regarding diversity, equity, and inclusion activities.

The bill includes section 415 prohibiting the use of funds to promote or advance Critical Race Theory or any concept associated with Critical Race Theory.

The bill includes section 416 prohibiting discrimination based on religious beliefs related to marriage.

The bill includes section 417 prohibiting federal funding for Diversity, Equity, and Inclusion training or implementation.

The bill includes section 418 prohibiting federal funding for enforcing COVID-19 mask mandates.

This bill includes section 419 prohibiting federal funding for administering, implementing, or enforcing Executive Order No. 14057 of December 8, 2021.

The bill includes section 420 prohibiting federal funding for implementing Executive Order No. 13990, Executive Order No. 14408, Section 6 of Executive Order No. 14013, Executive Order No.

14030, Executive No. 14082, and Executive No. 14096 regarding climate initiatives.

The bill includes section 421 prohibiting the Department of Veterans Affairs from purchasing computers, printers, software, or hardware needed for an office environment from the People's Republic of China or entities that contribute to the defense industry of the Chinese Communist Party.

The bill includes section 422 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.

[TO BE PROVIDED]

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 omit-

ted 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 esti-

mates 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, [2025]:

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on March 20, 2024, entitled “Oversight Hearing—Quality of Life in the Military”. The Subcommittee received testimony from:

Sergeant Major Michael A. Weimer, U.S. Army
 Master Chief Petty Officer James A. Honea, U.S. Navy
 Sergeant Major Carlos A. Ruiz, U.S. Marine Corps
 Chief Master Sergeant David A. Flossi, U.S. Air Force
 Chief Master Sergeant John F. Bentivegna, U.S. Space Force

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on May 1, 2024, entitled “Budget Hearing—Fiscal Year 2025 Request for Army Military Construction and Family Housing”. The Subcommittee received testimony from:

The Honorable Rachel Jacobson, Assistant Secretary of the Army, Installations, Energy, and Environment Department of Veterans Affairs

Lieutenant General Kevin Vereen, Deputy Chief of Staff G9, Installation Management Command

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on April 16, 2024, entitled “Budget Hearing—Fiscal Year 2024 Request for the Department of Veterans Affairs”. The Subcommittee received testimony from:

The Honorable Denis McDonough, Secretary, Department of Veterans Affairs

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on April 11, 2024, entitled “Budget Hearing—Fiscal Year 2025 Request for Navy and Marine Corps Military Construction and Family Housing”. The Subcommittee received testimony from:

The Honorable Meredith Berger, Assistant Secretary of the Navy, Energy, Installations, and Environment

Vice Admiral Jeffrey T. Jablon, Deputy Chief of Naval Operations, Fleet Readiness, and Logistics, N4, Office of the Chief of Naval Operations

Lieutenant General Edward D. Banta, Deputy Commandant, Installations and Logistics, United States Marine Corps

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on April 17, 2023, entitled “Budget Hearing—Fiscal Year 2025 Request for Air Force and Space Force Military Construction and Family Housing”. The Subcommittee received testimony from:

Dr. Ravi I. Chaudhary, Assistant Secretary of the Air Force, Energy, Installations, and Environment, Department of the Air Force

Mr. Bruce Hollywood, Associate Chief Operations Officer, Office of the Chief Operations Officer, United States Space Force
Brigadier General Brian S. Hartless, Air Force Director of Civil Engineers, Deputy Chief of Staff for Logistics, Engineering and Force Protection, United States Air 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 2024 and budget estimates presented for fiscal year 2025.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE I - DEPARTMENT OF DEFENSE					
Military Construction					
Active Components:					
Military Construction, Army.....	2,022,775	2,311,157	2,217,757	+194,982	-93,400
Military Construction, Navy and Marine Corps.....	5,531,369	4,540,899	4,332,414	-1,198,955	-208,485
Military Construction, Air Force.....	2,741,424	3,187,126	3,268,276	+526,852	+81,150
Military Construction, Defense-Wide.....	3,161,782	3,733,763	3,500,083	+338,301	-233,680
Subtotal, Active components.....	13,457,350	13,772,945	13,318,530	-138,820	-454,415
Reserve Components:					
Military Construction, Army National Guard.....	620,647	362,129	367,129	-253,518	+5,000
Military Construction, Air National Guard.....	295,526	190,792	195,792	-99,734	+5,000
Military Construction, Army Reserve.....	151,076	255,032	265,032	+113,956	+10,000
Military Construction, Navy Reserve.....	51,291	29,829	67,329	+16,038	+37,500
Military Construction, Air Force Reserve.....	331,572	69,263	50,499	-281,073	-18,764
Subtotal, Reserve components.....	1,450,112	907,045	945,781	-504,331	+38,736
North Atlantic Treaty Organization Security Investment Program					
Department of Defense Base Closure Account.....	293,434	433,864	433,864	+140,430	---
	489,174	447,961	547,961	+58,787	+100,000
Total, Military Construction.....	15,690,070	15,561,815	15,246,136	-443,934	-315,679

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Family Housing					
Family Housing Construction, Army.....	304,895	276,647	276,647	-28,248	---
Family Housing Operation and Maintenance, Army.....	395,485	475,611	485,611	+90,126	+10,000
Family Housing Construction, Navy and Marine Corps....	277,142	245,742	245,742	-31,400	---
Family Housing Operation and Maintenance, Navy and Marine Corps.....	373,854	377,217	387,217	+13,363	+10,000
Family Housing Construction, Air Force.....	237,097	221,549	221,549	-15,548	---
Family Housing Operation and Maintenance, Air Force....	324,386	326,250	336,250	+11,864	+10,000
Family Housing Operation and Maintenance, Defense-Wide	50,785	52,156	52,156	+1,371	---
Department of Defense Family Housing Improvement Fund.	6,611	8,195	8,195	+1,584	---
Department of Defense Military Unaccompanied Housing Improvement Fund.....	496	497	497	+1	---
Total, Family Housing.....	1,970,751	1,983,864	2,013,864	+43,113	+30,000
Administrative Provisions					
Unfunded Requirements (Sec. 124):					
Military Construction, Army.....	8,214	---	167,000	+158,786	+167,000
Military Construction, Navy and Marine Corps.....	182,150	---	45,000	-137,150	+45,000
Military Construction, Air Force.....	166,300	---	68,000	-98,300	+68,000
Military Construction, Defense-Wide.....	62,400	---	---	-62,400	---
Military Construction, Army National Guard.....	66,815	---	44,000	-22,815	+44,000
Military Construction, Air National Guard.....	5,200	---	33,000	+27,800	+33,000
Military Construction, Army Reserve.....	23,000	---	---	-23,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Military Installation Resilience (Sec. 128):					
Military Installation Resilience, Army.....	15,000	---	---	-15,000	---
Military Installation Resilience, Navy and Marine Corps.....	7,500	---	---	-7,500	---
Military Installation Resilience, Air Force.....	7,500	---	---	-7,500	---
Lab Infrastructure (Sec. 128):					
Lab Infrastructure, Army.....	10,000	---	15,000	+5,000	+15,000
Lab Infrastructure, Navy & Marine Corps.....	10,000	---	15,000	+5,000	+15,000
Lab Infrastructure, Air Force.....	10,000	---	15,000	+5,000	+15,000
Natural Disaster (Sec. 129):					
Military Construction, Air Force.....	150,000	---	100,000	-50,000	+100,000
Child Development Centers (Sec. 130):					
Military Construction, Army.....	15,000	---	25,000	+10,000	+25,000
Military Construction, Navy & Marine Corps.....	15,000	---	25,000	+10,000	+25,000
Military Construction, Air Force.....	15,000	---	25,000	+10,000	+25,000
Barracks Replacement (Sec. 131):					
Military Construction, Army.....	15,000	---	25,000	+10,000	+25,000
Military Construction, Navy & Marine Corps.....	15,000	---	25,000	+10,000	+25,000
Military Construction, Air Force.....	15,000	---	25,000	+10,000	+25,000
Cost to Completes (Sec 133):					
Military Construction, Air Force.....	16,000	---	---	-16,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Demolition (Sec. 132):					
Military Construction, Army.....	15,000	---	15,000	---	+15,000
Military Construction, Navy & Marine Corps.....	15,000	---	15,000	---	+15,000
Military Construction, Air Force.....	15,000	---	15,000	---	+15,000
Cost to Completes (Sec 133):					
Military Construction, Air Force.....	16,000	---	---	-16,000	---
Family Housing Improvement (Sec 135):					
Family Housing, Navy & Marine Corps.....	19,000	---	---	-19,000	---
Authorized Projects (Sec 136):					
Military Construction, Defense-Wide.....	37,100	---	---	-37,100	---
Foreign Military Training Infrastructure (Sec. 137):					
Military Construction, Air National Guard.....	83,000	---	---	-83,000	---
Total, Administrative Provisions.....	1,014,179	---	697,000	-317,179	+697,000
Total, title I, Department of Defense.....	18,675,000	17,545,679	17,957,000	-718,000	+411,321

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE II - DEPARTMENT OF VETERANS AFFAIRS					
Veterans Benefits Administration					
Compensation and pensions:					
Budget year appropriations.....	15,072,388	9,820,699	9,820,699	-5,251,689	---
Advance from prior year appropriations.....	146,778,136	182,310,515	182,310,515	+35,532,379	---
Subtotal, Compensation and pensions available in fiscal year.....	161,850,524	192,131,214	192,131,214	+30,280,690	---
Advance appropriations, FY 2026.....	182,310,515	204,481,753	204,481,753	+22,171,238	---
Less appropriations from prior year advances.....	-146,778,136	-182,310,515	-182,310,515	-35,532,379	---
Total, Compensation and pensions appropriated in this bill.....	197,382,903	214,302,452	214,302,452	+16,919,549	---
Readjustment benefits:					
Budget year appropriations.....	374,852	2,657,656	2,657,656	+2,282,804	---
Advance from prior year appropriations.....	8,452,500	13,399,805	13,399,805	+4,947,305	---
Subtotal, readjustment benefits available in fiscal year.....	8,827,352	16,057,461	16,057,461	+7,230,109	---
Advance appropriations, FY 2026.....	13,399,805	17,614,235	17,614,235	+4,214,430	---
Less appropriations from prior year advances.....	-8,452,500	-13,399,805	-13,399,805	-4,947,305	---
Total, Readjustment benefits appropriated in this bill.....	13,774,657	20,271,891	20,271,891	+6,497,234	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Veterans insurance and indemnities:					
Budget year appropriations.....	12,701	---	---	-12,701	---
Advance from prior year appropriations.....	121,126	135,119	135,119	+13,993	---
Subtotal, Veterans insurance and indemnities available in fiscal year.....	133,827	135,119	135,119	+1,292	---
Advance appropriations, FY 2026.....	135,119	131,518	131,518	-3,601	---
Less appropriations from prior year advances.....	-121,126	-135,119	-135,119	-13,993	---
Total, Veterans insurance and indemnities appropriated in this bill.....	147,820	131,518	131,518	-16,302	---
Veterans housing benefit program fund:					
Credit subsidy:					
Direct.....	-83,000	---	---	+83,000	---
Guaranteed.....	1,803,000	---	---	-1,803,000	---
Subtotal (Credit subsidy).....	1,720,000	---	---	-1,720,000	---
(Limitation on direct loans).....	(500)	(500)	(500)	---	---
Administrative expenses.....	316,742	319,596	319,596	+2,854	---
Vocational rehabilitation loans program account.....	78	64	64	-14	---
(Limitation on direct loans).....	(2,026)	(1,564)	(1,564)	(-462)	---
Administrative expenses.....	461	494	494	+33	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Native American veteran housing loan program account..	2,719	---	---	-2,719	---
Administrative expenses.....	---	5,845	5,845	+5,845	---
General operating expenses, VBA.....	3,899,000	4,035,000	4,035,000	+136,000	---
Total, Veterans Benefits Administration.....	217,244,380	239,066,860	239,066,860	+21,822,480	---
Budget year appropriations.....	(21,398,941)	(16,839,354)	(16,839,354)	(-4,559,587)	---
Advance appropriations, FY 2026.....	(195,845,439)	(222,227,506)	(222,227,506)	(+26,382,067)	---
Advances from prior year appropriations.....	(155,351,762)	(195,845,439)	(195,845,439)	(+40,493,677)	---
Veterans Health Administration					
Medical services (MS):					
Budget year appropriations.....	-3,034,205	---	---	+3,034,205	---
Advance from prior year appropriations.....	74,004,000	71,000,000	71,000,000	-3,004,000	---
Subtotal, MS available in fiscal year.....	70,969,795	71,000,000	71,000,000	+30,205	---
Advance appropriations, FY 2026.....	71,000,000	75,039,000	75,039,000	+4,039,000	---
Total, MS appropriated in this bill.....	67,965,795	75,039,000	75,039,000	+7,073,205	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Medical community care (MCC):					
Budget year appropriations.....	-2,657,977	---	---	+2,657,977	---
Advance from prior year appropriations.....	33,000,000	20,382,000	20,382,000	-12,618,000	---
Subtotal, MCC available in fiscal year.....	30,342,023	20,382,000	20,382,000	-9,960,023	---
Advance appropriations, FY 2026.....	20,382,000	34,000,000	34,000,000	+13,618,000	---
Total, MCC appropriated in this bill.....	17,724,023	34,000,000	34,000,000	+16,275,977	---
Medical support and compliance (MSC):					
Budget year appropriations.....	-1,550,000	---	---	+1,550,000	---
Advance from prior year appropriations.....	12,300,000	11,800,000	11,800,000	-500,000	---
Subtotal, MSC available in fiscal year.....	10,750,000	11,800,000	11,800,000	+1,050,000	---
Advance appropriations, FY 2026.....	11,800,000	12,700,000	12,700,000	+900,000	---
Total, MSC appropriated in this bill.....	10,250,000	12,700,000	12,700,000	+2,450,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Medical facilities (MF):					
Budget year appropriations.....	149,485	---	---	-149,485	---
Advance from prior year appropriations.....	8,800,000	9,400,000	9,400,000	+600,000	---
Subtotal, MF available in fiscal year.....	8,949,485	9,400,000	9,400,000	+450,515	---
Advance appropriations, FY 2026.....	9,400,000	9,700,000	9,700,000	+300,000	---
Total, MF appropriated in this bill.....	9,549,485	9,700,000	9,700,000	+150,515	---
Total, VA Medical Care available in fiscal year.....	121,011,303	112,582,000	112,582,000	-8,429,303	---
Medical and prosthetic research.....	943,000	868,000	923,514	-19,486	+55,514
Medical care cost recovery collections:					
Offsetting collections.....	-3,991,000	---	---	+3,991,000	---
Appropriations (indefinite).....	3,991,000	---	---	-3,991,000	---
Subtotal.....	---	---	---	---	---
Medical Care Collections Fund (MCCF) (transfer out) (Sec. 214).....	(-491,000)	---	---	(+491,000)	---
Medical Community Care and Medical Services (by transfer) (Sec. 214).....	(491,000)	---	---	(-491,000)	---
VA medical funds (transfer out) (Sec. 219).....	(-430,532)	(-594,828)	(-594,828)	(-164,296)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
DoD-VA Joint Medical Facility Demonstration Fund (by transfer) (Sec. 219).....	(430,532)	(594,828)	(594,828)	(+164,296)	---
MCCF to DoD-VA Joint Medical Facility Demonstration Fund (transfer out) (Sec. 221).....	(-20,000)	(-20,000)	(-20,000)	---	---
DoD-VA Joint Medical Facility Demonstration Fund (by transfer) (Sec. 221).....	(20,000)	(20,000)	(20,000)	---	---
VA Medical Care Funds (transfer out) (Sec. 222).....	(-15,000)	(-15,000)	(-15,000)	---	---
DoD-VA Health Care Sharing Incentive Fund (by transfer) (Sec. 222).....	(15,000)	(15,000)	(15,000)	---	---
Total, Veterans Health Administration.....	106,432,303	132,307,000	132,362,514	+25,930,211	+55,514
Budget year appropriations.....	(-6,149,697)	(868,000)	(923,514)	(+7,073,211)	(-55,514)
Advance appropriations (FY 2026).....	(112,582,000)	(131,439,000)	(131,439,000)	(+18,857,000)	---
Advances from prior year appropriations.....	(128,104,000)	(112,582,000)	(112,582,000)	(-15,522,000)	---
(By transfer).....	(956,532)	(629,828)	(629,828)	(-326,704)	---
(Transfer out).....	(-956,532)	(-629,828)	(-629,828)	(+326,704)	---
National Cemetery Administration					
National Cemetery Administration.....	480,000	495,000	495,000	+15,000	---
Departmental Administration					
General Administration.....	475,000	457,000	457,000	-18,000	---
Board of Veterans Appeals.....	287,000	267,000	267,000	-20,000	---
Information Technology Systems (IT Systems).....	6,401,000	6,231,680	6,231,680	-169,320	---
Veterans Electronic Health Record (EHR).....	1,334,142	894,000	894,000	-440,142	---
Office of Inspector General.....	296,000	296,000	296,000	---	---
Construction, major projects.....	961,219	2,069,000	2,069,000	+1,107,781	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Construction, minor projects.....	692,000	380,453	380,453	-311,547	---
Grants for construction of State extended care facilities.....	171,000	141,000	156,000	-15,000	+15,000
Grants for the construction of Veterans cemeteries.....	60,000	60,000	60,000	---	---
Total, Departmental Administration.....	10,677,361	10,796,133	10,811,133	+133,772	+15,000
Cost of War Toxic Exposures Fund					
Cost of War Toxic Exposures Fund, FY 26 Advance	---	22,800,000	22,800,000	+22,800,000	---
Appropriations.....	---	22,800,000	22,800,000	+22,800,000	---
Administrative Provisions					
Recurring Expenses Transformational Fund (Sec. 252) (non-add).....	(646,000)	---	---	(-646,000)	---
Veterans Electronic Health Record (Sec. 256) (rescission).....	-460,005	---	---	+460,005	---
Air Ambulances (Sec. 258).....	---	---	5,000	+5,000	+5,000
Veterans Health Administration (Sec. 259) (rescission) Veterans Benefits Administration, General Operating Expenses (Sec. 260) (rescission).....	-1,951,750	---	---	+1,951,750	---
General Administration (Sec. 260) (rescission).....	-30,000	---	---	+30,000	---
Board of Veterans Appeals (Sec. 260) (rescission).....	-5,000	---	---	+5,000	---
	-15,000	---	---	+15,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
Information Technology Systems (Sec. 260) (rescission)	-15,000	---	---	+15,000	---
Major Construction (Sec. 260) (rescission)	-80,219	---	---	+80,219	---
Sec. 281 Air Ambulance Amendment	---	---	---	---	---
Total, Administrative Provisions	-2,556,974	---	5,000	+2,561,974	+5,000
=====					
Total, title II, Department of Veterans Affairs	332,277,070	405,464,993	405,540,507	+73,263,437	+75,514
Budget year appropriations	(26,406,605)	(28,998,487)	(29,074,001)	(+2,667,396)	(+75,514)
Rescissions	(-2,556,974)	---	---	(+2,556,974)	---
Advance Appropriations, FY26:					
(Mandatory)	(195,845,439)	(245,027,506)	(245,027,506)	(+49,182,067)	---
(Discretionary)	(112,582,000)	(131,439,000)	(131,439,000)	(+18,857,000)	---
(By transfer)	(956,532)	(629,828)	(629,828)	(-326,704)	---
(Transfer out)	(-956,532)	(-629,828)	(-629,828)	(+326,704)	---
(Limitation on direct loans)	(2,526)	(2,064)	(2,064)	(-462)	---
Advances from prior year appropriations:					
(Mandatory)	(155,351,762)	(195,845,439)	(195,845,439)	(+40,493,677)	---
(Discretionary)	(128,104,000)	(112,582,000)	(112,582,000)	(-15,522,000)	---
Total, available this fiscal year	307,305,393	337,425,926	337,501,440	+30,196,047	+75,514
(Mandatory)	(172,531,703)	(208,323,794)	(208,323,794)	(+35,792,091)	---
(Discretionary)	(134,773,690)	(129,102,132)	(129,177,646)	(-5,596,044)	(+75,514)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE III - RELATED AGENCIES					
American Battle Monuments Commission					
Salaries and expenses.....	158,630	89,520	90,020	-68,610	+500
Total, American Battle Monuments Commission.....	158,630	89,520	90,020	-68,610	+500
U.S. Court of Appeals for Veterans Claims					
Salaries and expenses.....	47,200	47,300	47,300	+100	---
Department of Defense - Civil					
Cemeterial Expenses, Army					
Salaries and expenses.....	99,880	105,514	105,514	+5,634	---
Construction.....	88,600	42,000	42,000	-46,600	---
Total, Cemeterial Expenses, Army.....	188,480	147,514	147,514	-40,966	---
Armed Forces Retirement Home - Trust Fund					
Operation and maintenance.....	43,060	43,520	43,520	+460	---
Capital program.....	8,940	1,000	1,000	-7,940	---
Payment from General Fund.....	25,000	25,000	25,000	---	---
Subtotal, Armed Forces Retirement Home - Trust Fund.....	77,000	69,520	69,520	-7,480	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request

Armed Forces Retirement Home - Major Construction					
Major Construction.....	---	31,000	31,000	+31,000	---
Total, Armed Forces Retirement Home.....	77,000	100,520	100,520	+23,520	---
=====					
Total, title III, Related Agencies.....	471,310	384,854	385,354	-85,956	+500

OTHER APPROPRIATIONS					
FISCAL RESPONSIBILITY ACT, 2023 (P.L. 118-5)					
Cost of War Toxic Exposures Fund, FY 2024 Budget Year (non-add).....	(20,268,000)	---	---	(-20,268,000)	---
Cost of War Toxic Exposures Fund, FY 2025 Advance Appropriation (non-add).....	(24,455,000)	---	---	(-24,455,000)	---

Total, Fiscal Responsibility Act, 2023 (P.L. 118-5).....	44,723,000	---	---	-44,723,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2024
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2025
(Amounts in thousands)

	FY 2024 Enacted	FY 2025 Request	Bill	Bill vs. Enacted	Bill vs. Request
INDO-PACIFIC SECURITY SUPPLEMENTAL APPROPRIATIONS ACT, 2024					
DEPARTMENT OF DEFENSE					
Military Construction, Navy and Marine Corps (emergency)	---	---	281,917	+281,917	+281,917
Total, Indo-Pacific Security Supplemental	---	---	281,917	+281,917	+281,917
Total, Other Appropriations	---	---	281,917	+281,917	+281,917
Grand total	351,423,380 (45,552,915)	423,395,526 (46,929,020)	424,164,778 (47,416,355)	+72,741,398 (+1,863,440)	+769,252 (+487,335)
Budget year appropriations	---	---	(281,917)	(+281,917)	(+281,917)
Emergency appropriations in this bill	---	---	---	(+2,556,974)	---
Rescissions	(-2,556,974)	---	---	(+68,039,067)	---
Advance appropriations, FY26	(308,427,439)	(376,466,506)	(376,466,506)	(+24,971,677)	---
Advances from prior year appropriations	(283,455,762)	(308,427,439)	(308,427,439)	(-326,704)	---
(By transfer)	(956,532)	(629,828)	(629,828)	(+326,704)	---
(Transfer out)	(-956,532)	(-629,828)	(-629,828)	(-326,704)	---
(Limitation on direct loans)	(2,526)	(2,064)	(2,064)	(-462)	---

FULL COMMITTEE VOTES

[TO BE PROVIDED]

MINORITY VIEWS

[TO BE PROVIDED]