

[FULL COMMITTEE PRINT]

116TH CONGRESS } HOUSE OF REPRESENTATIVES { REPORT
2d Session } 116-XXX

MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND
RELATED AGENCIES APPROPRIATIONS BILL, 2021

_____, 2020.—Committed to the Committee of the Whole House on the State of the
Union and ordered to be printed

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

R E P O R T

[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, 2021.

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PURPOSE OF THE BILL

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

SUMMARY OF COMMITTEE RECOMMENDATION

The Committee recommends \$250,926,222,000 in total budget authority, including emergency funding, for the fiscal year 2021 programs and activities funded in the bill. The fiscal year 2021 recommendation represents an increase of \$15,214,696,000 above the comparable fiscal year 2020 enacted level and \$2,262,624,000 above the President’s request. Of the increase over the fiscal year 2020

enacted level, \$10,081,909,000 is in mandatory programs. Included in the total budget authority is \$135,434,234,000 in mandatory budget authority and \$115,491,988,000 in discretionary budget authority, which includes \$12,493,988,000 in emergency funding.

The Committee recommendation highlights the continued commitment to our servicemembers and their families and to our Veterans. In overall discretionary budget authority, including emergency and overseas contingency funding, the bill is 4.7 percent above the fiscal year 2020 enacted level. While the Committee recommendation continues essential support for servicemembers and Veterans, it does not provide funds for projects or activities that lacked sufficient justification or urgency.

The programs funded in the bill for the Department of Defense (DOD) address the priorities of the Department's Agencies and the Services for the numerous facility challenges that they face. The funds provided support readiness improvements with new construction, family housing, and continued cleanup of military bases closed during previous Base Realignment and Closure rounds, support Combatant Commanders' requirements where appropriate, and ensure that our military personnel and their families' quality of life is preserved.

The total recommended funding level for military construction and family housing, including Overseas Contingency Operations, is \$10,440,000,000 which is \$1,519,526,000 below the fiscal year 2020 enacted level (not including hurricane disaster funding) and \$2,276,675,000 above the budget request. The recommendation provides funding for Family Housing, construction on our bases, including barracks, health facilities and schools, and support for critical overseas investments as well as an additional \$135,000,000 to address privatized family housing issues. Within the total, \$350,000,000 is included for the European Deterrence Initiative and construction, which helps ensure the protection of our allies and protects the warfighter. The recommendation also supports \$1,809,972,000 for the Services' unfunded priorities that are more than 35 percent complete in design and can be executed in fiscal year 2021. Finally, the total provides \$554,500,000 for the Services' cost to complete projects, which are previously appropriated projects that have experienced an increase in cost from the original contract award.

The total recommended funding level for fiscal year 2021 for the Department of Veterans Affairs, including emergency funding, is \$240,210,107,000, an increase of \$22,347,382,000 over the fiscal year 2020 enacted level. Of the total, \$135,434,234,000 is provided for mandatory benefit programs and \$104,775,873,000, including \$12,493,988,000 in emergency funding, is allocated to discretionary programs such as medical care, claims processing, and construction. In this bill, discretionary funding for the Department of Veterans Affairs is recommended at 13 percent over the fiscal year 2020 enacted level. Of the total for fiscal year 2021, \$87,636,650,000 for medical care has been appropriated in advance.

In addition, the Committee recommendation includes \$94,183,260,000 in advance appropriations for fiscal year 2022 for the four health care accounts of the Department and \$145,311,218,000 in advance appropriations for mandatory benefits programs in fiscal year 2022.

The Committee recommendation provides a total of \$276,115,000 for the four Related Agencies: the American Battle Monuments Commission (ABMC), the U.S. Court of Appeals for Veterans Claims, Arlington National Cemetery, and the Armed Forces Retirement Home. The recommendation represents an increase of \$21,015,000 above the budget request. These funds are provided to ensure that these agencies are able to continue their missions of honoring the service and sacrifice of our servicemembers and Veterans.

MANAGEMENT AND OVERSIGHT INITIATIVES

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

The fiscal year 2021 appropriations Act and the accompanying report address management challenges of the Federal agencies it funds, including directives to strengthen financial and program management, eliminate redundancy, and improve implementation and oversight of initiatives that support the mission of this bill. The Committee will use every means at its disposal to reduce mismanagement that results in waste, fraud, and abuse.

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

Customer Service Standards.—The Committee continues to support efforts to improve customer service in accordance with Executive Order 13571—Streamlining Service Delivery and Improving Customer Service. The Committee directs the Secretary of Veterans Affairs to develop standards to improve customer service and incorporate the standards into the performance plans required under 31 U.S.C. 1115. The Committee requests a report on the progress the Secretary has made on this issue within 60 days of enactment of the Act.

Federal Law Enforcement.—The Committee notes that the Commerce, Justice, Science, and Related Agencies Appropriations Act, 2021 directs the Attorney General to establish a training program to cover the use of force and de-escalation, racial profiling, implicit bias, and procedural justice, to include training on the duty of Federal law enforcement officers to intervene in cases where another law enforcement officer is using excessive force, and make such training a requirement for Federal law enforcement officers. The Committee further notes that several offices funded by this Act employ Federal law enforcement officers and are Federal Law Enforcement Training Centers partner organizations. The Committee

directs such offices to adopt and follow the training program established by the Attorney General, and to make such training a requirement for its Federal law enforcement officers. The Committee further directs such offices to brief the House and Senate Committees on Appropriations on their efforts relating to training no later than 90 days after the Attorney General has established such a training program.

In addition, the Committee directs such offices, to the extent that such offices have not already done so, to submit their use of force data to the Federal Bureau of Investigation (FBI)'s National Use of Force Data Collection database. The Committee further directs such offices to brief the House and Senate Committees on Appropriations no later than 90 days after enactment of this Act on their current efforts to tabulate and submit its use of force data to the FBI.

Department of Defense Military Family Housing.—Privatized housing has come under scrutiny in recent years. Complaints of inadequate housing across the DOD enterprise include lack of repairs, rodents, mold, cracks in walls and peeling paint. The military housing privatization initiative (MHPI) was established by Congress in 1996 as a tool to help DOD improve the quality of life for its servicemembers by improving the condition of their housing. MHPI is a public/private venture (PPV) where private sector developers may own, operate, maintain, improve and assume responsibility for military family housing. The private entity is responsible for managing the construction, renovation, and day-to-day maintenance and services for the community. The PPV housing may be located on or off government property and may be former military family housing. Congress has mandated that all military family housing in the United States be eventually privatized. In order to address ongoing concerns regarding unacceptable housing conditions, the recommendation includes \$135,000,000 in section 127. Although these funds are not proposed in the budget request, the Committee believes additional resources are required in order to secure a satisfactory outcome to enhance the Services' ability to provide oversight and management, including personnel to track current and future issues that may occur in privatized housing. The Committee also includes report language directing DOD to submit various reports and maintain a maintenance database to track any issues that may be prevalent in the future. The Committee notes that the general welfare of a servicemember's family contributes to the overall state of readiness for DOD.

VA Electronic Health Record Modernization (EHRM).—After at least a decade of Congressional encouragement to DOD and VA to develop a single electronic health record (EHR), VA finalized a contract in 2018 to acquire the same EHR system that DOD is adopting. The bill includes \$2,627,000,000 for EHRM and continues strict quarterly reporting of timelines, performance milestones, costs, implementation, and change management. The bill also continues the requirement for GAO to review EHRM implementation so that Congress can be informed of any problems at a point where they can be promptly and economically addressed.

Disability Claims and Appeals.—Due to the significant investments Congress has provided in recent years, VA has been able to hire the staff, acquire the technology, and change work processes

necessary to significantly reduce the disability claims backlog. But as the number of claims continues to increase and the number of appeals skyrockets once claims are decided, VA again runs the risk of falling into serious claims and appeals backlogs. This is of particular concern as VA receives additional claims under the Blue Water Navy Vietnam Veterans Act. The Committee recognizes this threat and provides resources within the Veterans Benefits Administration to support staffing, scanning of records, and other efforts to respond to Blue Water Navy claims. The Committee additionally provides increases to the Board of Veterans Appeals and the Court of Appeals for Veterans Claims to help ensure the prompt resolution of cases. The Committee hopes that with these additional investments and the recently passed legislation to reform the appeals process, Congress will have taken the necessary management action to prevent Veterans from enduring excessive wait times to receive the disability benefits they deserve.

Information Technology (IT).—The Committee continues to include bill language indicating that funds for information technology systems development are available only for the projects and in the amounts specified in the report. The bill limits the amount of funds that can be transferred into the IT account to ten percent of the total of either the source or destination account. The bill contains language that permits the reprogramming of funds among development projects upon prior notification to, and approval by, the Committees.

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

Department of Defense Civil Cemeterial Expenses.—The Committee rejects the proposed cut in the President's budget request and instead provides \$81,815,000 for Arlington National Cemetery so that it can maintain a consistent level of services and ensure that critical operations continue.

Armed Forces Retirement Home (AFRH).—The Committee continues to provide funding for AFRH to work on deferred maintenance projects and directs AFRH to provide an expenditure plan for these projects. Additionally, the bill makes operations and maintenance funds available for two years to allow AFRH to make more effective use of its funds. These efforts will ensure that AFRH is well-positioned to continue to improve its standing and increase revenue for the long term. The Committee notes that efforts are underway to stabilize the AFRH Trust Fund and reduce reliance on transfers from the General Fund, and directs AFRH to continue making progress toward improving AFRH's sustainability.

Army Corps of Engineers Updates on VA projects.—The Committee is concerned that VA projects under management of the

Army Corps of Engineers (USACE) might be delayed due to administrative delays during the initial transitional phase between projects being authorized and appropriated by Congress, and an interagency agreement being signed. Accordingly, the Committee directs VA to continue to provide monthly updates on all current and subsequent VA construction projects worth more than \$100 million and jointly managed by VA and USACE. Regular reports for certain projects may be submitted on a quarterly basis if the Department and Committee come to an agreement that more frequent reports are not necessary.

Historic Preservation Study.—Section 106 of the National Historic Preservation Act requires Federal agencies to take into account the effects of their undertakings on historic properties. The Section 106 process seeks to accommodate historic preservation concerns through consultations with interested parties with a goal of commencing consultations during the early stages of project planning. The consultations seek to identify historic properties potentially affected by any undertaking, assess their potential effects and find ways to avoid, minimize or mitigate adverse effects on a historic property. This consultative process generally includes State Historic Preservation Offices (SHPOs), and a Federal agency can provide various assistance to a SHPO under limited circumstances. To better assess this assistance and determine what additional support may be needed to help the services more effectively work with SHPOs, the Assistant Deputy Under Secretary of Defense Energy, Installations, and Environment shall issue a report within 180 days of enactment of this Act detailing: (1) discretionary services provided by the Department to SHPOs, such as tailored training, cultural resources surveys, data recovery, and data recordation; (2) systemic departmental challenges to obtaining historical designation from SHPOs; (3) best practices for enhancing the Section 106 compliance; and (4) potential regulatory and legal options for accelerating individual project reviews at the installation level.

Advertising and 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 2022 budget justification: Expenditures for fiscal year 2020 and expected expenditures for fiscal year 2022, 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 2020	\$11,315,000,000
Budget request, fiscal year 2021	7,813,563,000
Recommended in the bill	10,090,000,000
Bill compared with:	
Appropriation, fiscal year 2020	-1,225,000,000
Budget request, fiscal year 2021	+2,276,437,000

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

In addition to the notification and reporting requirements for military construction programs contained in Title 10, United States Code, the Committee's recommendations include several provisions requiring DOD to report on various aspects of military construction programs, or to provide notification to the Committee when certain actions are taken. The Committee also retains prior approval authority for any reprogramming of funds exceeding a specific threshold.

Reprogramming Guidelines.—The following reprogramming guidelines apply for all military construction and family housing projects. A project or account (including the sub-elements of an account) that has been specifically reduced by Congress in acting on the budget request is considered to be a Congressional interest item and as such, prior approval is required. Accordingly, no reprogramming to an item specifically reduced below the threshold by Congress is permitted, except that DOD may seek reprogramming for appropriated increments.

The reprogramming criteria that applies to military construction projects is 25 percent of the funded amount or \$2,000,000, and includes new housing construction projects and improvements. To provide the Services the flexibility to proceed with construction contracts without disruption or delay, the costs associated with environmental hazard remediation such as asbestos removal, radon abatement, lead-based paint removal or abatement, and any other legislated environmental hazard remediation may be excluded, if such remediation requirements could not be reasonably anticipated at the time of the budget submission. Reprogramming is a courtesy provided to DOD and can be taken away if the authority is abused. This exclusion applies to projects authorized in this budget year, as well as projects authorized in prior years for which construction has not been completed. Planning and design costs associated with military construction and family housing projects may also be excluded from these guidelines. In instances where prior approval for a reprogramming request for a project or account has been received from the Committees on Appropriations of both Houses of Congress, the adjusted amount approved becomes the new base for any future increase or decrease via below-threshold reprogramming

(provided that the project or account is not a Congressional interest item as defined above).

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

Diversion of Military Construction Funds for a Border Wall.—On February 15, 2019, President Trump declared a National Emergency for the purpose of using section 2808 of title 10, United States Code to bypass congressional intent and divert valuable military construction funding from previously approved national security projects to fund a border wall instead. Congress chose not to fund this wall in the Consolidated Appropriations Act, 2019 (P.L. 116–6). The Committee notes there is bipartisan opposition to the action taken by the President, as both the House and Senate voted to disapprove the President’s emergency declaration. Despite bipartisan congressional opposition, the fiscal year 2020 budget request for military construction included \$7,200,000,000 to restore funding (up to \$3,600,000,000) that would be diverted for the wall as well as provide the next installment of wall funding (\$3,600,000,000). Throughout the fiscal year 2020 appropriations cycle, the Committee rejected the Administration’s proposal and made clear that Congress would not provide resources to “backfill” these projects. This position was ratified when the final enacted appropriation for fiscal year 2020 explicitly included zero funds to backfill projects whose funding had been redirected.

In defiance of such unmistakable congressional intent, on April 28, 2020 DOD announced its intention to cancel fiscal year 2020 Overseas Contingency Operations Funds for the European Deterrence Initiative in order to provide the necessary resources to backfill projects originally funded in fiscal years 2018 and 2019 and subsequently canceled for the border wall in 2019. The Committee previously appropriated these funds for disaster recovery, flood protection, military base construction projects, defense of Europe against Russia aggression and to maintain and improve military readiness. As such, the Committee expects that the resources should indeed be used for those specific purposes. The Committee believes that the deferral or ultimate cancellation of those projects will inhibit military construction project planning in the future and diminish military readiness. The Committee emphasizes that in the interest of national security and constitutional prerogatives, military construction funding should only be used for the purpose they are provided, which is to support DOD’s mission, military readiness, servicemembers, and their families.

The accompanying fiscal year 2021 bill includes language that protects both previously appropriated projects, as well as fiscal year 2021 projects funded in this bill from being used as a source for border wall projects. The Committee believes that Congress must assert its role as a co-equal branch of the Federal government and insist upon the appropriate and constitutional use of appropriated funds.

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

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

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

Work in Progress or Planned (WIP) Curve.—The Committee directs the Services and the Office of the Secretary of Defense (on behalf of itself and defense agencies) to submit a WIP curve for each project requested in a budget submission above \$90,000,000 with the form 1391 justification to the congressional defense committees. The Committee acknowledges that there is an alarming amount of unawarded prior-year military construction projects, and therefore the Committee directs the Secretary of Defense to report to the congressional defense committees quarterly, beginning in the second quarter of fiscal year 2021 and each quarter thereafter of projects that remain unawarded from the current and prior fiscal years and the reasons for delay.

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

Bid Savings.—The Committee directs the Secretary of Defense to continue to submit 1002 reports on military construction bid savings at the end of each fiscal quarter to the Subcommittees on Military Construction, Veterans Affairs, and Related Agencies 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. Therefore, the Committee recommendation includes four projects that have been incrementally funded; however, the full authorization of the projects will be provided in the fiscal year 2021 National Defense Authorization Act.

Hawaii Infrastructure Readiness Initiative.—The Committee recognizes the strategic and critical role the Hawaii Infrastructure Readiness Initiative (HIRI) plays in DOD's strategic plans for the Indo-Pacific region. At the direction of Congress, United States Army Pacific created the HIRI to address critical priorities established in its military construction submissions and major restoration and maintenance (R&M) programming requests. According to the Army's analysis, 45 percent of the infrastructure in Hawaii is failed or failing, putting efforts to meet operational needs at risk. To remedy this issue, HIRI allocates between \$50,000,000 and \$150,000,000 per year through fiscal year 2030 to address major infrastructure needs, and has a ten-year cost of \$1,100,000,000. The program addresses several major facility and infrastructure deficiencies, including aviation maintenance facilities, operations facilities, tactical equipment maintenance facilities, Pohakuloa Training Area, West Loch Ammunition Storage, and base operations. Continued and consistent funding is needed at a time of growing national security needs in the Pacific. Therefore, the Committee directs the Secretary of the Army to certify that the Initiative's plan for the next 10 fiscal years does not create gaps in funding that will result in inconsistent program implementation that could undermine the interconnected nature of HIRI's projects.

Adequate Childcare for Military Families.—The Committee is aware of the importance of secure and adequate childcare for military families. DOD has argued that these childcare services and benefits help support their recruiting, retention and readiness goals, and that there is generally a high level of satisfaction among servicemembers who use DOD childcare services. However, the success of the program depends, in part, on ensuring adequate facilities for child development centers (CDCs) and School Age Care (SAC) Program facilities, preferably on military installations. Hearings before the subcommittee have noted a lack of facilities in some locations. Thus, the Committee directs the Service Secretaries to submit a report to the congressional defense committees no later than 180 days after enactment of this Act detailing (1) all installations that have CDCs and SAC facilities, (2) the physical condition of these facilities, and (3) the length of time military families must wait before enrolling their children into CDCs and SAC programs.

Quality of Life (QOL) Project Funding and Priority List.—In recognition of the difficulties the lack of QOL facilities can cause for

servicemembers and their families, the Committee provides an additional \$152,000,000 for the construction of three Child Development Centers (CDCs) on Army installations, as identified on the unfunded requirements list submitted to Congress. Understanding that stable family life is a key component of mission readiness and retention, the Committee believes the Services should make QOL projects, particularly CDCs, a priority in their annual budget requests and directs the Service Secretaries to submit a report to the congressional defense committees, no later than 90 days after enactment of this Act, to address QOL shortfalls. The report should identify the installations that are most in need of QOL projects in fiscal year 2022 and the following four fiscal years, the specific projects needed, and associated funding requirements. In addition, the Committee directs the Secretary to create a unified list of QOL projects to be submitted with the annual budget request.

Review of Area Cost Factors for the Indo-Pacific.—The DOD Facilities Pricing Guide (UFC 3–701–01) supports a spectrum of facility planning, investment, and analysis needs for each Service. This guide reflects updated cost, pricing data, and methodologies used to prepare the military’s construction budget. It is essential for project scoping and cost estimates built using this guide to be accurate for the effective utilization of scarce taxpayer resources. The methodology behind these estimates must take into account the unique market specific considerations, especially in geographically isolated locations in the Indo-Pacific, including Hawaii. Therefore, the Committee directs the Secretary to submit a report to the congressional defense committees, no later than 180 days after enactment of this Act, that: (1) compares initial price guide estimates to final construction costs for each of fiscal years 2015 through 2019 for construction projects in the Indo-Pacific, to include Hawaii; (2) describes factors unique to construction on Indo-Pacific islands that are included in the Services’ pricing estimates based on the DOD Facilities Pricing Guide; (3) compares military and private sector construction costs in the Indo-Pacific for buildings of comparable purposes; (4) describes the major cost factors considered by private sector construction companies operating in the Indo-Pacific that are not considered by the military and why; and (5) analyzes the effect of ocean shipping rates and U.S. ocean shipping laws on construction costs and regulatory and legal options for reducing those costs.

Naval Air Weapons Station (NAWS) China Lake Earthquake Recovery Efforts.—NAWS China Lake is a critical installation that serves as a cornerstone of our national defense architecture. The Committee appreciates the Navy’s efforts to rebuild NAWS China Lake as expeditiously as possible and recognizes the important role that supporting communities will play with the rebuilding effort. By strengthening ties with the local community, the Committee believes that this action enables the base to be rebuilt in a timely manner while also fostering a good return on taxpayer funds. In order to help facilitate good communication and long-term, strategic planning by local stakeholders and to assist with congressional oversight responsibilities, the Committee directs the Secretary to produce a biannual publicly releasable report that provides an update on the rebuilding efforts of NAWS China Lake until all work is complete. The report should not only discuss the past, present, and future construction efforts, but also highlight op-

portunities that local community members may be able to help address. The report shall be submitted to the Committees on Appropriations and be posted online.

Federally Recognized Tribes.—The Committee notes our Nation’s commitment to honoring treaty and trust obligations to Federally Recognized Tribes. While military operations and facility protection are important, upholding our commitments to Indian Country must be an equal priority. It has been observed that DOD has struggled to proactively engage with affected Tribes at the start of the planning process to ensure meaningful consultation can occur. Moreover, the Department does not identify sufficient funds to cover mitigation and alternatives should they be agreed upon. To understand the scale of this problem, the Committee directs the Secretary of Defense to provide the Committee a list of military construction projects related to mitigation and/or changes to projects were required within the past five years where consultation with a Federally Recognized Tribe, the outcome of each consultation, a list of all project modifications and/or mitigation requests made by the Tribe (or Tribes) in question for each project, the cost of each measure, and which modifications and or mitigations were adopted no later than 180 days after enactment of this Act. Further DOD is encouraged to each establish a central account from which mitigation projects can be funded.

Military Construction Planning for the Indo-Pacific Region.—According to the National Defense Strategy, the United States is seeking to strengthen our nation’s alliances and partnerships in the Indo-Pacific Region with a networked security architecture capable of deterring aggression, maintaining stability, and ensuring free access to common domains. This effort will include significant military construction requirements throughout the Indo-Pacific region. Properly executing this investment requires advance planning and design work to develop DD Form 1391s matched to mission-critical requirements. Thus, the Committee directs the Assistant Secretary of Defense (Sustainment) to submit a report to the congressional defense committees within 180 days of enactment of this Act detailing: (1) the number of DD Form 1391s for facilities in the Indo-Pacific generated by each military service and agency for fiscal year 2015 through fiscal year 2020, (2) the number of military construction projects in the Indo-Pacific that were included in the Future Years Defense Program for each military service and agency for fiscal year 2015 through fiscal year 2020, and (3) efforts by the department to accelerate planning and design efforts by the Services to better align departmental strategies with executable projects.

Efficiency within the Military Construction Accounts.—The Committee supports military construction projects that incorporate requirements from Active Duty, Reserve and Guard components in order to maximize efficiency, eliminate the need for multiple construction projects and reduces costs.

Cross Laminated Timber.—The Committee is aware that the use of cross laminated timber and other mass timber products as a building material has the potential for reducing costs and increasing functionality of various military structures. The Committee encourages the Secretary of Defense to expand the application of

these innovative technologies in future military construction projects.

Defense Access Roads (DAR) Program.—The Committee supports Defense Access Roads as a vital mechanism to improve transportation infrastructure at domestic installations and their surrounding communities. The Fiscal Year 2020 National Defense Authorization Act clarified that appropriated funds for the DAR Program may be used to cover the cost of repairing damage or mitigating infrastructure risk to access roads caused by recurrent flooding or sea level fluctuation. The Committee urges the Department to identify military installations with transportation infrastructure affected by sea level fluctuation and recurrent flooding and, through the appropriate contacts at affected installations and sites, work with surrounding local communities to identify affected transportation infrastructure and conduct transportation needs assessments to understand the magnitude of the improvement required.

Investing in Multi-hazard Resilient Defense Infrastructure Planning, Development, and Testing.—The Committee supports the Department's continued focus on building lasting and resilient military installations, including its update of hurricane-resistant building codes for bases, barracks, hospitals, and airfields, and consideration of the effects of severe drought and desertification on military installations and missions. In addition to Department-wide initiatives, such as revised structure planning, conservation programs and modeling new installations with the threat of sea-level rise in mind, the Committee encourages the Department to prioritize investing in climate-sustainable infrastructure projects that have yielded positive results. To support these efforts, the bill includes section 512 prohibiting the use of funds to construct facilities that do not meet resiliency standards.

Broadband In/Around Military Installations.—The Committee is concerned with the lack of broadband access at remote or rural installations across the United States. The absence of high-quality broadband significantly limits professional development and employment opportunities for military spouses, exacerbating existing workforce challenges faced by spouses who often relocate their families every two to three years. It also means children of servicemembers may not have the resources to complete their homework and can create difficulty accessing the telemedicine services military families need when specialists and advanced treatment facilities are hours of driving away. Therefore, the Secretary is directed to provide a report to the congressional defense committees no later than 90 days after enactment of this Act that discusses broadband access at remote and rural military installations, identifies installations that lack such access, and assesses the availability of low-cost broadband technologies that could extend access to these installations.

Ultra-High Performance Concrete.—The Committee is aware of the Department of Defense's collaboration with Federally designated research universities to accelerate research on the development of additive manufacturing techniques and processes that use superior and resilient building products, in particular ultra-high performance concrete. Additive manufacturing will be critical for rapidly enhancing the resilience and readiness of military installations, base housing, roads and bridges in a cost-effective manner.

The Committee encourages the Secretary of Defense to expand the application of these innovative technologies and building products in future military construction projects.

MILITARY CONSTRUCTION, ARMY

Appropriation, fiscal year 2020	\$1,178,499,000
Budget request, fiscal year 2021	650,336,000
Recommended in the bill	608,336,000
Bill compared with:	
Appropriation, fiscal year 2020	- 570,163,000
Budget request, fiscal year 2021	- 42,000,000

Military Construction, Army.—The bill includes \$608,336,000 for the following projects in the following amounts:

Project	Amount
Yuma Proving Ground—Ready Building	\$14,000,000
Fort Carson—Physical Fitness Facility	28,000,000
Fort Gillem—Forensic Laboratory	71,000,000
Fort Gordon—Advanced Individual Training Barracks Complex, Phase 3	80,000,000
Wheeler Army Airfield—Aircraft Maintenance Hangar	89,000,000
Fort Polk—Information Systems Facility	25,000,000
McAlester APP—Ammunition Demolition Shop	35,000,000
Carlisle Barracks—General Instruction Building, Increment 2	38,000,000
Humphreys Engineering Center—Training Support Facility	51,000,000
Planning and Design	126,436,000
Minor Construction	50,900,000
Total, Military Construction, Army	608,336,000

Within the total for Army planning and design, the recommendation includes \$8,000,000 for a SOUTHCOM headquarters replacement facility, as requested by the Command.

In addition, for unfunded requirements and cost to complete projects of the Army, the bill includes \$567,500,000 in sections 123 and 126 for the following projects in the following amounts:

Project	Amount
Cost to Complete (Section 126)	
Fort Irwin—Multi-purpose Range	\$23,000,000
Lucius D. Clay Kaserne—Controlled Humidity	2,500,000
Kwajalein Atoll—Air Traffic Control Tower	17,500,000
White Sands Missile Range—Information Systems Facility	20,000,000
Fort Drum—Railhead	9,000,000
Fort Sill—AIT Barracks Complex, Phase 2	19,000,000
Fort Jackson—Trainee Barracks Complex 3, Phase 2	19,000,000
Fort Jackson—Reception Barracks Complex, Phase 1	18,200,000
Corpus Christi Army Depot—Powertrain Facility	4,300,000
Fort Hood—Battalion Headquarters Complex	19,200,000
Fort Hood—Vehicle Maintenance Shop	10,500,000
Camp Bullis—Vehicle Maintenance Shop	11,600,000
Camp Williams—Live Fire Shoothouse	4,100,000
Fort Belvoir—Vehicle Maintenance Shop	15,000,000
Joint Base Langley-Eustis—AIT Barracks Complex, Phase 4	32,000,000
Total, Cost to Complete, Army	224,900,000
Unfunded Requirements (Section 123)	
Fort Jackson—Trainee Barracks Complex 3, Phase 2	\$7,000,000
Fort Wainwright—Unaccompanied Enlisted Personnel Housing	59,000,000
Schofield Barracks—Child Development Center	39,000,000
Fort Shafter—Child Development Center—School Age	58,000,000
Fort Wainwright—Child Development Center	55,000,000
Fort McCoy—Transient Training Enlisted Barracks	29,200,000
Fort McCoy—Transient Training Enlisted Barracks	29,200,000
Caserma Renato Del Din—Access Control Point	10,200,000

Project	Amount
Military Ocean Terminal Concord—Ammunition Holding Area	46,000,000
Fort Detrick—Incinerator Facility	10,000,000
Total, Unfunded Requirements, Army	342,600,000

Immediate Response Force.—The Committee is concerned that without significant investment, the Army is not prepared to maintain the requirements of the Immediate Response Force (IRF) to be able to deploy anywhere in the world within 18 hours. In order to deter aggression against US interests and maintain an effective global deterrent, there are significant military construction needs at several installations that cannot be sufficiently mitigated with other funding sources. The Committee urges the Army to prioritize facilities that will support the global mission of the IRF and maintain this critical capability.

Motor Pools.—In order to be able to deploy on command and conduct decisive full-spectrum operations, the Army must have well-maintained and ready-to-deploy equipment. The readiness of this equipment relies on an effective, comprehensive maintenance program, which in turn, enhances and facilitates training and warfighting. This is particularly important for units that rely on armored vehicles as their primary weapons system. However, quality maintenance requires appropriately designed, sized, supplied, and staffed motor pools and maintenance facilities. The Committee requests a report on the condition, current and anticipated capacity requirements, and modernization needs of motor pools that support the rapid deployment of armored combat units within 90 days after enactment of this Act. The report should include information on recent upgrades and construction of motor pools, as well as planned investments included in the future years defense program.

Firefighting Houses and Equipment.—The Secretary of the Army is directed to provide a report to the Committee, within 180 days of enactment of this Act, regarding firehouses, firefighting equipment, and firefighting personnel on military installations in non-contiguous states and territories. This report should include a timeline, details, and projected costs for the building of any firehouses on DOD installations that have firefighting personnel but have substandard working and living conditions for personnel and their equipment, suited to their mission and needs. The report also should include information on remediation efforts to mitigate substandard conditions and to protect personnel and equipment.

Land Use and Housing Issues at U.S. Army Garrison.—The Committee is aware of the Army's desire to examine various options to address land use and housing issues at U.S. Army Garrison Hawaii. Among the options under consideration is an unsolicited gift of real property under Army Regulation 1-100, The Army Gift Program. Although the gift process requires a National Environmental Policy Act (NEPA) Environmental Impact Assessment, the Committee notes that members of the local community may have expectations regarding the land use rules for properties that may have been designated solely for agricultural and other non-housing uses. To provide the greatest public transparency possible consistent with existing law, the Committee directs the Secretary of the Army to provide to the congressional defense committees a report no later than 180 days after enactment of this Act on: (1) what state and

county land use laws in the State of Hawaii would be negated if the Army processes a land proffer under NEPA and (2) the Army’s public engagement plan for ensuring reasonable community engagement before accepting a proffer.

MILITARY CONSTRUCTION, NAVY AND MARINE CORPS

Appropriation, fiscal year 2020	\$2,449,632,000
Budget request fiscal year 2021	1,975,606,000
Recommended in the bill	1,611,914,000
Comparison with:	
Appropriation, fiscal year 2020	– 837,718,000
Budget request, fiscal year 2021	– 363,692,000

Military Construction, Navy and Marine Corps.—The bill includes \$1,611,914,000 for the following projects in the following amounts:

Project	Amount
Camp Pendleton—1st MARDIV Operations Complex	\$68,530,000
Camp Pendleton—I MEF Consolidated Information Center, Increment 2	37,000,000
LeMoore—F-35C Hangar 6, Phase 2 (MOD 3/4)	98,070,000
LeMoore—F-35C Simulator Facility and Electrical Upgrade	59,150,000
San Diego—Pier 8 Replacement, Increment 2	98,500,000
Twentynine Palms—Wastewater Treatment Plant	76,500,000
JB Pearl Harbor-Hickam—Waterfront Improvements Wharves S1,S11–13,S20–21	48,990,000
Joint Base Pearl Harbor-Hickam—Waterfront Improvements Wharves S8–S10	65,910,000
Kittery—Multi-mission Drydock 1 Extension, Phase 1	160,000,000
Fallon—Range Training Complex, Phase 1	29,040,000
Camp Lejeune—II MEF Operations Center and Replacement, Increment 2	20,000,000
Norfolk—E-2D Training Facility	30,400,000
Norfolk—MH-60 & CMV-22B Corrosion Control & Paint Facility	17,671,000
SW Asia—Ship to Shore Utility Services	68,340,000
Souda Bay—Communications Center	50,180,000
Andersen AFB—Ordnance Operations Admin	21,280,000
Joint Region Marianas—Base Warehouse	55,410,000
Joint Region Marianas—Central Fuel Station	35,950,000
Joint Region Marianas—Central Issue Facility	45,290,000
Joint Region Marianas—Combined EOD Facility	37,600,000
Joint Region Marianas—DAR Bridge Improvements	40,180,000
Joint Region Marianas—DAR Road Strengthening	70,760,000
Joint Region Marianas—Distribution Warehouse	77,930,000
Joint Region Marianas—Individual Combat Skills Training	17,430,000
Joint Region Marianas—Joint Communications Upgrade	22,000,000
Rota—MH-60R Squadron Support Facilities	60,110,000
Planning and Design	160,710,000
Minor Construction	38,983,000
Total, Military Construction, Navy and Marine Corps	1,611,914,000

In addition, for unfunded requirements and cost to complete projects of the Navy and Marine Corps, the bill includes \$910,837,000 in sections 123 and 126 for the following projects in the following:

Project	Amount
Cost to Complete (Section 126)	
Joint Region Marianas—Hardening Petroleum Oil, and Lubricant Infrastructure	\$19,200,000
NAS Key West—Aircraft Maintenance Hangar	37,200,000
NAS Whiting Field—Air Traffic Control Tower	7,900,000
NAS Point Mugu—Missile Assembly Building and High Explosive Magazine	13,100,000
MCAS Cherry Point—F-35B Vertical Lift Fan Test Facility	7,000,000
MCAS Beaufort—Recycling and Hazardous Waste Facility	10,000,000
Camp Lejeune—Water Treatment Plant Replacement, Hadnot Point	50,500,000
Total, Cost to Complete, Navy and Marine Corps	144,900,000

Project	Amount
Unfunded Requirements (Section 123)	
Yuma—Bachelor Enlisted Quarters	\$31,537,000
NC TAMSLANT Cutler—Perimeter Security	26,100,000
Camp Pendleton—Combat Water Survival Training Facility	25,200,000
Comalpa—Long Range Maritime Patrol Aircraft Hangar and Ramp	28,000,000
Seal Beach—Magazines	46,800,000
Port Hueneme—Combat Vehicle Maintenance Facility	43,500,000
Mechanicsburg—Machinery Control Development Center	74,600,000
Point Mugu—Directed Energy Test Facility	26,700,000
Norfolk—Sub Logistics Support	9,400,000
Coronado—CMV-22 Hangar	75,800,000
NS Guam—X-Ray Wharf Berth 2	94,500,000
NOSC Minneapolis—Joint Reserve Intel Center	12,800,000
Whidbey Island—E/A-18G Fleet Readiness Squadron Training Facility	29,900,000
Norfolk—CMV-22 Airfield and Hangar Improvements	56,100,000
NAS Jacksonville—Consolidated Ordnance Operations Facility	14,300,000
Yorktown—Ordnance Facilities	71,800,000
Camp Pendleton—Combat Water Survival Training Facility	25,200,000
Camp Pendleton—Warehouse Consolidation and Modernization	21,800,000
MCAS Cherry Point—Fitness Center Replacement and Training Pool	51,900,000
Total, Unfunded Requirements, Navy and Marine Corps	765,937,000

Marine Corps Military Construction Projects in Darwin, Australia.—The Committee is concerned that the Navy has not properly synchronized or planned the necessary construction projects needed for a Marine Corps presence in the INDOPACOM AOR. The Committee directs the Secretary of Navy to provide a master plan, in unclassified and classified format, to the congressional defense committees. The plan should outline by fiscal year and dollar amount the planned military construction projects to support Marines in Darwin no later than 90 days after enactment of this Act.

Support Planning for Unmanned Vehicles.—The Committee notes that the Navy's recent budget submissions include significant investments into the research, development and procurement of unmanned undersea vehicles (UUVs), Extra Large Unmanned Undersea Vehicles (XLUUVs), Medium Unmanned Surface Vehicles (MUSVs) and Large Unmanned Surface Vehicles (LUSVs). These platforms are part of an effort to shift the Navy to a new fleet architecture that is more widely distributed. These vessels will require changes to the support requirement at various Naval installations throughout the globe that were built for manned naval vessels. Thus, the Committee directs the Department of the Navy to submit a report to the congressional defense committees within 180 days of enactment of this Act detailing: (1) the current capability of existing pier and related shore infrastructure to support unmanned vehicles, (2) currently planned investments to prepare pier and related shore infrastructure to support unmanned vehicles, and (3) plans for utilizing existing public naval shipyards to support unmanned vehicles.

Shipyard Infrastructure Optimization Plan.—The Committee recognizes that Project Labor Agreements (PLAs) promote economy and efficiency in contracting, as well as foster labor-management stability and ensure compliance with worker protection laws. The Committee is also aware that the first military construction project which used a PLA, the Explosive Handling Wharf at Naval Base Kitsap, came under budget by more than \$250,000,000 when it was completed in 2016. For these reasons, the Committee encourages the Department of the Navy to utilize PLAs for military construc-

tion projects that will take place at the Navy’s four public shipyards as part of the Shipyard Infrastructure Optimization Plan.

MILITARY CONSTRUCTION, AIR FORCE

Appropriation, fiscal year 2020	\$1,687,230,000
Budget request, fiscal year 2021	767,132,000
Recommended in the bill	569,792,000
Bill compared with:	
Appropriation, fiscal year 2020	- 1,117,438,000
Budget request, fiscal year 2021	- 197,340,000

Military Construction, Air Force.—The bill includes \$569,792,000 for the following projects in the following amounts:

Project	Amount
Schriever AFB—Consolidated Space Operations Facility	\$88,000,000
JB McGuire-Dix-Lakehurst—Munitions Storage Area	22,000,000
JB San Antonio—BMT Recruit Dormitory 8, Increment 2	36,000,000
JB San Antonio—T—XADAL Ground Based Training System Simulator	19,500,000
Hill AFB—GBSD Mission Integration Facility, Increment 2	68,000,000
JB Langley-Eustis—Access Control Point Main Gate with Land Acquisitions	19,500,000
Joint Region Marianas—Stand Off Weapons Complex, MSA 2	56,000,000
Al Udeid—Cargo Marshalling Yard	26,000,000
Planning and Design	166,192,000
Minor Construction	68,600,000
Total, Military Construction, Air Force.	569,792,000

In addition, for unfunded requirements and cost to complete projects of the Air Force, the bill includes \$594,500,000 in sections 123 and 126 for the following projects in the following amounts:

Project	Amount
Cost to Complete (Section 126)	
FE Warren AFB—Weapons Storage Facility	\$12,000,000
Joint Base Andrews—Consolidate Communications Center	13,000,000
Eglin AFB—Advanced Munitions Technology Complex	35,000,000
Scott AFB—Add/Alt Consolidated Communications Facility	3,000,000
Joint Base Charleston—Fire and Rescue Station	5,000,000
Joint Base Langley-Eustis—Targeting Center Facility	10,000,000
Joint Base Langley-Eustis—Fuel System Maintenance Dock	7,000,000
Hanscom AFB—Vandenberg Gate Complex	6,000,000
US Air Force Academy—Air Force Cyberworx	17,000,000
RAF Lakenheath—Consolidate Corrosion Control Facility	35,500,000
Cannon AFB—Dangerous Cargo Pad Relocate CATM	2,000,000
Shaw AFB—CPIP MQ-9 MCE Group	5,000,000
Patrick AFB—Main Gate	5,000,000
Andersen AFB—Munitions Storage Igloos Phase 3	8,000,000
Yokota AB—Fuel Receipt and Distribution Upgrades	3,000,000
Total, Cost to Complete, Air Force	166,500,000
Unfunded Requirements (Section 123)	
Hill AFB—GBSD Organic Software Sustainment Center	\$132,000,000
Fort Worth JRB—F-35 Squadron Ops/Aircraft Maintenance Unit	25,000,000
US Air Force Academy—Cadet Preparatory School Dormitory	49,000,000
Joint Base Andrews—Crash Rescue Station #1	26,000,000
Edwards AFB—Flight Test Engineering Laboratory Complex	40,000,000
Ellsworth AFB—B-21 2-Bay Low Observable Restoration Facility	96,000,000
Space Command (various locations)—Planning and Design	60,000,000
Total, Unfunded Requirements, Air Force	428,000,000

The recommendation does not include funding for the three Air Force projects requested for Tinian. The Committee directs the Secretary of the Air Force to provide an update to the congressional defenses committees on the timeline and updated costs for exe-

cutting military construction on the island and the role of the airfield and related support infrastructure to support INDOPACOM AOR no later than 120 days after enactment of this Act.

The Weapons Technology Integration Center (WTIC).—The Committee is concerned that the WTIC infrastructure is old, inefficient, and lacking in secure areas. As directed by the National Security Strategy (NSS) and National Defense Strategy (NDS), to keep our asymmetric military advantage, the Nation needs to modernize our weapon systems, and be able to do so at the speed of relevance. The WTIC would enable the US to achieve these needs with modern, secure laboratory space that allows the digital transition in weapons research and development and increases collaboration across a multi-disciplinary workforce that enables rapid transition of technologies to the warfighter. The Committee directs the Secretary of the Air Force to report to the congressional defense committees on the total cost of the WTIC and what fiscal years the replacement construction would be submitted no later than 60 days after enactment of this Act.

MIT Lincoln West Lab CSL/MIF, Increment 3.—The Committee is concerned that the Air Force did not submit a request for the final increment of the MIT-Lincoln West Lab CSL/MIF in the fiscal year 2021 budget request. The Committee provided increments 1 and 2 in fiscal years 2019 and 2020. The Committee understands the importance of labs to the Air Force, especially MIT-Lincoln Lab and is perplexed as to why the final increment has not been requested. Therefore, the Committee directs the Secretary of the Air Force to report to the congressional defense committees no later than 60 days after enactment of this Act on the status of obligation and execution for increments 1 and 2, the fiscal year in which the third increment will be requested and the amount and a timeline for completion of the project.

Air Traffic Control Towers.—The Committee is concerned that the Air Force's ATC Towers have been neglected over the years, and funding for military construction has been deferred to the out years of budget submissions. Many of the air towers are deteriorating and antiquated, creating significant life, safety, and health concerns. In some cases, towers have developed extensive mold issues and contain health risks related to the use of asbestos and lead-based paint. Additionally, obstructed views in some cases prevent 100 percent positive visual control of aircraft landing and taxiing on the airfield. The Committee urges the Air Force to prioritize funding for these towers in a much timelier manner. The Committee believes that these towers are valuable national security assets that the Department of the Air Force should maintain in a manner that will ensure their vital role in protecting United States national security interests.

Air Education and Training Command (AETC).—The Committee recognizes the importance of adequate facilities for basic military training, flight training, and the other training missions of the AETC. Outdated and inadequate AETC facilities, including dormitories, harm the Air Force's ability to recruit, train, and retain Airmen and increase operations and maintenance costs. The Committee urges the Air Force to prioritize funding for AETC facility design, construction, and construction improvements because of the

critical role training plays in force readiness for future threats to U.S. national security.

Air Education and Training Command Drainage Projects.—The Committee recognizes the adverse impact that flooding and other infrastructure challenges have had on AETC facilities, equipment, operations, and training. The Committee also recognizes the steps that the Air Force has taken to begin mitigating the damage through multi-year projects. The Committee supports these efforts and urges the Secretary of the Air Force to prioritize these projects.

Access Control Points at Air Force and Air National Guard Installations in Urban Areas.—The Committee expects the Air Force to accelerate funding for current access control point construction projects to installations that face high-security risks to critical missions. Priority in allocating funds shall be given to access control points in heavily congested areas in large urban settings that place major transportation links at risk of incident closures, or that are required for heavy traffic hazard mitigation, airport security and installation force protection.

MILITARY CONSTRUCTION, DEFENSE-WIDE

Appropriation, fiscal year 2020	\$2,362,529,000
Budget request, fiscal year 2021	2,027,520,000
Recommended in the bill	2,234,517,000
Comparison with:	
Appropriation, fiscal year 2020	– 128,012,000
Budget request, fiscal year 2021	+206,997,000

Military Construction, Defense-Wide.—The bill includes \$2,234,517,000 for the following projects in the following amounts:

Project	Amount
Anniston Army Depot—Demilitarization Facility	\$18,000,000
Fort Greely—Communications Center	48,000,000
Fort Huachuca—Laboratory Building	33,728,000
Yuma—SOF Hangar	49,500,000
Beale AFB—Bulk Fuel Tank	22,800,000
Fort Carson—SOF Tactical Equipment Maintenance Facility	15,600,000
Hurlburt Field—SOF Combat Aircraft Parking Apron, North	38,310,000
Hurlburt Field—SOF Special Tactics Ops Facility (23 STS)	44,810,000
Fort Knox—Van Voorhis Elementary School	69,310,000
Bethesda Naval Hospital—MEDCEN Addition/Alteration, Increment 4	100,000,000
Fort Meade—NSAW Recapitalize Building, Increment 3	250,000,000
Fort Leonard Wood—Hospital Replacement, Increment 3	40,000,000
St. Louis—NGA West (N2W) Complex Phase, Increment 2	119,000,000
Kirtland AFB—Administrative Building	46,600,000
Fort Bragg—SOF Group Headquarters	53,100,000
Fort Bragg—SOF Military Working Dog Facility	17,700,000
Fort Bragg—SOF Operations Facility	43,000,000
Wright Patterson AFB—Hydrant Fuel System	23,500,000
Fort Hood—Fuel Facilities	32,700,000
JEB Little Creek-Story—SOF DCS Operations Facility & Command Center	54,500,000
JEB Little Creek-Story—SOF NSWG-2 NSWTG CSS Facilities	58,000,000
Joint Base Lewis-McChord—Fuel Facilities (Lewis Main)	10,900,000
Joint Base Lewis-McChord—Fuel Facilities (Lewis North)	10,900,000
Manchester—Bulk Fuel Storage Tanks, Phase 1	82,000,000
CONUS Unspecified—Training Target Structure	14,400,000
Rhine Ordnance Barracks—Medical Center Replacement, Increment 9	200,000,000
Def Fuel Support Point Tsurumi—Fuel Wharf	49,500,000
Energy Resilience & Conservation Investment Program	439,497,000
Planning and Design	179,976,000
Minor Construction	69,186,000
Total, Military Construction, Defense-Wide	2,234,517,000

Energy Resilience and Conservation Investment Program (ERCIP).—The Committee supports DOD’s investments in energy efficiency, resilience, renewable energy systems, and energy security, and as such provides \$439,497,000 for the Energy Resilience and Conservation Program, an increase of \$296,997,000 above the request. The recommendation also includes an increase of \$10,000,000 for planning and design specifically for ERCIP.

The bill includes \$296,997,000 for the following projects in the following amounts:

Project	Amount
Unfunded Requirements ERCIP—Defense-Wide:	
Fort Bragg—SOTF Chilled Water Upgrade	\$6,100,000
Fort Smith—ANG PV Arrays and Battery Storage	2,600,000
Joint Base Anacostia Bolling—Industrial Controls System Modernization	8,749,000
NSA Bethesda—NSAB—16 Replace Chillers 3 Through 9	13,840,000
Fort Benning—Construct 4.8MW Generation & Microgrid	17,000,000
Wright Patterson AFB—Intelligence Facility Central Utility Plant	35,000,000
NAWS China Lake—Solar Energy Storage System	8,950,000
Fort Rucker—10MW Generation & Microgrid	24,000,000
Memphis ANG—PV Arrays and Battery Storage	4,780,000
Joint Base Anacostia Bolling—PV Carports	25,221,000
Joint Base Anacostia Bolling—DIA HQ Cooling Towers and Cond Pumps	1,963,000
MTA Camp Shelby—10MW Generation Plant and Microgrid System	30,000,000
Aguadilla-Ramey—Microgrid Control System	8,400,000
Camp Grayling—600 kW Gas-Fired Microturbine	5,700,000
Fort Allen—Microgrid Control System	10,400,000
MTA Camp Shelby—Electrical Distribution	9,700,000
NSA Andersen—ICS Infrastructure Andersen Smart Grid	16,970,000
Mountain Home AFB—Water Treatment Plant and Pump Station	31,000,000
Fort Drum—Well Field Expansion Project	22,000,000
Pentagon—Three High Efficiency Trim Chillers	12,024,000
Pentagon—Recommissioning of HVAC Systems, Part B	2,600,000
Total, Military Construction, Defense-Wide, ERCIP	296,997,000

Investment in Renewable Energy Systems.—The Committee supports the military’s continued investment in renewable energy systems, including the use and application of solar energy for mobility and resilience capabilities at defense military installations including military bases, barracks, hospitals, and airfields. Such investments have yielded positive results such as increased resiliency and cost-savings. The Committee encourages DOD to prioritize funding for renewable energy-related projects, including solar, to mitigate risk to mission-critical assets and to promote energy security and efficiency at military installations. Accordingly, the Committee requests a report no later than 180 days after enactment of this Act, detailing DOD’s plans for further development of renewable energy systems at military installations and a timeline and goals for increased utilization.

Renewable Energy Supply Investment.—The Committee recognizes the advances the Department has made in increasing sustainable and renewable energy supply to its facilities and encourages the continued investment in renewable energy systems, including the use of solar energy, which is vital to preserving national security and ensuring military preparedness and response. Construction of resilient, renewable energy infrastructure on military bases, both foreign and domestic, aids our military in building defenses against threats such as natural disasters, extreme weather, and cyber-attacks, and decreases our military’s vulnerabilities while reducing energy costs.

Tripler Army Medical Center Parking Assessment.—The Tripler Army Medical Center and the Spark M. Matsunaga Veterans Affairs (VA) Medical Center share a facility on the Island of Oahu. As the largest military and Veterans medical facility in the Pacific Basin, it is responsible for nearly 450,000 beneficiaries who are eligible to receive care at the facility. According to the Army's own assessment using formulas included in the Department of Defense Unified Facilities Criteria (UFC) 4-510-01, Design: Medical Military Facilities, the facility should have 5,936 parking stalls to accommodate its workforce and patients. However, the facility only has 3,713 stalls. The facility is also not readily accessible to public transit, making ground transportation with parking the only reasonable option. Due to this geographic fact and parking shortfall, veterans and servicemembers have difficulty finding parking, which is particularly challenging for elderly veterans, wounded soldiers and those who have difficulty walking unassisted. Therefore, the Committee directs the Secretary of the Army and the Director of the Defense Health Agency to submit a joint report to the congressional defense committees no later than 180 days after enactment of this Act detailing the efforts to: (1) update the facility's master infrastructure plan and (2) address the parking shortfall at the facility, to include the possible location, cost, and timeline for building a new parking garage that sufficiently fulfills the parking demands for both the Army and VA.

Energy Conservation.—The Committee commends DOD's forward posture on the need to improve energy resilience and mission assurance, save energy, and reduce energy costs. As DOD works to construct new facilities and upgrade facilities, the Committee directs DOD to increase the integration of alternative energy sources, particularly through renewable sources, throughout military facilities and installations. The Committee directs the Secretary of Defense to provide an updated report no later than 60 days after enactment of this Act on DOD's strategy to: (1) provide latest summary of progress toward achieving Defense base energy independence, including Guard and Reserve facilities; (2) increase energy conservation efforts and on energy cost savings; (3) improved unit readiness; (4) and opportunities for return on investments of existing and planned projects.

Defense Information Systems Agency (DISA).—The Committee recognizes the need to move the Joint Spectrum Center (JSC) from the David Taylor Research Center (DTRC) site in Annapolis, Maryland. DTRC was closed 2005 under Base Realignment and Closure process and the surrounding facilities and grounds are no longer maintained by the Federal government. JSC's current building at the DTRC site contains asbestos, significant infrastructure problems, and cannot meet Anti-Terrorism Force Protection (AT/FP) security standards. Failure to meet these security standards requires ongoing security waivers by JCS's parent organization, DISA, for its remaining lease term. JSC's relocation and existing lease termination were authorized in the Fiscal Year 2008 National Defense Authorization Act and were intended to ensure JSC personnel are performing JSC's mission in a building that meets all required AT/FP, environmental protection, and building safety requirements. The Committee reminds the Department of its responsibility to ensure the safety and security of military and civilian personnel and

recommends DISA begin the process to relocate JSC’s to a more suitable facility as soon as possible.

GUARD AND RESERVE INITIATIVE

Regional Training Institutes.—The Committees recognize the importance of Regional Training Institutes (RTI) across the country for the readiness of Army National Guard (ARNG) and are concerned about the lack of infrastructure to support the mission of the RTIs. For example, the RTI at Fort Hood is lacking sufficient facilities to provide the proper training to achieve optimum readiness. The Committee urges the Department to prioritize facilities for this important and vital mission of ARNG and Army Reserve.

MILITARY CONSTRUCTION, ARMY NATIONAL GUARD

Appropriation, fiscal year 2020	\$210,819,000
Budget request, fiscal year 2021	321,437,000
Recommended in the bill	349,437,000
Bill compared with:	
Appropriation, fiscal year 2020	+138,618,000
Budget request, fiscal year 2021	+28,000,000

Military Construction, Army National Guard.—The bill includes \$349,437,000 for the following projects in the following amounts:

Project	Amount
Tucson—National Guard Readiness Center	\$18,100,000
Peterson AFB—National Guard Readiness Center	15,000,000
Shelbyville—National Guard/Reserve Center Building Add/Alt	12,000,000
Frankfort—National Guard/Reserve Center Building	15,000,000
Brandon—National Guard Vehicle Maintenance Shop	10,400,000
North Platte—National Guard Vehicle Maintenance Shop	9,300,000
Joint Base McGuire-Dix-Lakehurst—National Guard Readiness Center	15,000,000
Columbus—National Guard Readiness Center	15,000,000
Hermiston—Enlisted Barracks, Transient Training	9,300,000
Joint Base Charleston—National Guard Readiness Center	15,000,000
McMinnville—National Guard Readiness Center	11,200,000
Fort Worth—Aircraft Maintenance Hangar Addition/Alt	6,000,000
Fort Worth—Vehicle Maintenance Shop Addition/Alt	7,800,000
Nephi—National Guard Readiness Center	12,000,000
Appleton—National Guard Readiness Center Add/Alt	11,600,000
Fort Allen—National Guard Readiness Center	37,000,000
St. Croix—Army Aviation Support Facility (AASF)	28,000,000
St. Croix—CTS Ready Building	11,400,000
Planning and Design	44,593,000
Minor Construction	45,744,000
Total, Military Construction, Army National Guard	349,437,000

In addition, for unfunded requirements of the Army National Guard in section 123, the bill includes \$34,835,000 for the following projects in the following amounts:

Project	Amount
Unfunded Requirements (Section 123)	
Hermiston—Enlisted Barracks Transient Training	\$15,735,000
Bakersfield—Vehicle Maintenance Shop	9,300,000
Ardmore—Vehicle Maintenance Shop	9,800,000
Total, Unfunded Requirements, Army National Guard	34,835,000

Army National Guard (ARNG) Readiness Center Transformation Master Plan.—The ARNG completed its Readiness Center Transformation Master Plan (RCTMP) in 2015; however, since that time,

the investment in executing the military construction required under the RCTMP has not kept up with the demand. The Committee is concerned that the mission readiness of these critical facilities is further deteriorating, and it encourages increased investments in ARNG Readiness Centers over the FYDP. Further, given the changing conditions of readiness centers across the country since the last RCTMP was completed, the Committee encourages the ARNG to update the RCTMP to ensure its current military construction priorities align with the Transformation Master Plan. Accordingly, the Committee provides an additional \$15,000,000 in Army National Guard planning & design for completion of a Readiness Center Transformation Master Plan update.

Army National Guard Readiness Centers Investment.— The Committee appreciates the Army’s prioritization of Army National Guard Readiness Centers in its budget request for fiscal year 2021. The Committee remains concerned by the failure of the Army to prioritize investment in ARNG Readiness Centers and arsenals. These facilities are critical to protecting the homeland and responding to domestic emergencies. Their deteriorating conditions are detrimental to the readiness of the ARNG and, in some cases, present significant safety concerns. The Committee encourages the Army to accelerate investments in Readiness Centers in the fiscal year 2022 budget request and Future Years Defense Program and include \$1,200,000,000 for the ARNG Transformation Plan.

Army National Guard Infrastructure and Unspecified Minor Military Construction.—The Committee is concerned with the state of ARNG infrastructure across the country. The ARNG has been continuously underfunded for the last several decades. The Committee is aware that reviews have found that billions of dollars will be needed to bring Readiness Centers up to modern standards, yet despite that little progress has been made. With new higher thresholds for Unspecified Minor Military Construction (UMMC), many smaller projects can be accomplished with an increase in this account. While not completely solving the ARNG military construction appropriations issue, this will speed up projects across the country and increase the readiness of the ARNG. The Committee provides \$13,000,000 for this effort in fiscal year 2021 and directs DOD to properly budget for the UMMC account in future years.

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

MILITARY CONSTRUCTION, AIR NATIONAL GUARD

Appropriation, fiscal year 2020	\$164,471,000
Budget request, fiscal year 2021	64,214,000
Recommended in the bill	64,214,000
Comparison with:	
Appropriation, fiscal year 2020	– 100,257,000
Budget request, fiscal year 2021	– – –

Military Construction, Air National Guard.—The bill includes \$64,214,000 for the following projects in the following amounts:

Project	Amount
Montgomery Regional Airport—F-35 Simulator Facility	\$11,600,000
Joint Base Andrews—F-16 Mission Training Center	9,400,000
Joint Base San Antonio—F-16 Mission Training Center	10,800,000
Joint Region Marianas—Space Control Facility 5	20,000,000
Planning and Design	3,414,000
Minor Construction	9,000,000
Total, Military Construction, Air National Guard	64,214,000

In addition, for unfunded requirements of the Air National Guard, the bill includes \$54,700,000 in section 123 for the following projects in the following amounts:

Project	Amount
Unfunded Requirements (Section 123)	
Hector International Airport—Consolidated RPA Operational Facilities	\$17,500,000
Montgomery International Airport—Base Supply Complex	10,200,000
Camp Murray—Air Support Operations Complex	27,000,000
Total, Unfunded Requirements, Air National Guard	54,700,000

Wildland Fire Mission.—The Committee directs the National Guard Bureau to prioritize the remodeling and replacement of Air National Guard (ANG) Wing Buildings that support the wildland fire suppression mission and utilize the Modular Airborne Fire Fighting System but are not in compliance with Executive Order 13423. The Committee requests a report within 60 days of enactment of this Act regarding the condition of ANG facilities that support the wildland fire-fighting mission.

MILITARY CONSTRUCTION, ARMY RESERVE

Appropriation, fiscal year 2020	\$60,928,000
Budget request, fiscal year 2021	88,337,000
Recommended in the bill	88,337,000
Bill compared with:	
Appropriation, fiscal year 2020	+27,409,000
Budget request, fiscal year 2021	—

Military Construction, Army Reserve.—The bill includes \$88,337,000 for the following projects in the following amounts:

Project	Amount
Gainesville—ECS TEMF Warehouse	\$36,000,000
Devens RFTS—Automated Multipurpose Machine Gun Range	8,700,000
Asheville—Army Reserve Center & Land	24,000,000
Fort McCoy—Scout Reconnaissance Range	14,600,000
Planning and Design	1,218,000
Minor Construction	3,819,000
Total, Military Construction, Army Reserve	88,337,000

In addition, for unfunded requirements and cost to complete projects of the Army Reserve, the bill includes \$59,100,000 in sections 123 and 126 for the following projects in the following amounts:

Project	Amount
Cost to Complete (Section 126)	
Fort McCoy—Transient Training Barracks	\$1,000,000

Project	Amount
Yakima—ECS/TEMF	7,000,000
Starkville—Reserve Center	2,200,000
Total, Cost to Complete, Army Reserve	10,200,000
Unfunded Requirements (Section 123)	
Wright Patterson AFB—Area Maintenance Support Activity	\$11,300,000
Sheridan—Area Maintenance Support Activity	18,900,000
Yakima—Equipment Concentration Site Warehouse	16,200,000
Fort McCoy—Transient Trainee Barracks	2,500,000
Total, Unfunded Requirements, Army Reserve	48,900,000

MILITARY CONSTRUCTION, NAVY RESERVE

Appropriation, fiscal year 2020	\$54,955,000
Budget request, fiscal year 2021	70,995,000
Recommended in the bill	70,995,000
Comparison with:	
Appropriation, fiscal year 2020	+16,040,000
Budget request, fiscal year 2021	---

Military Construction, Navy Reserve.—The bill includes \$70,995,000 for the following projects in the following amounts:

Project	Amount
Reisterstown—Reserve Training Center	\$39,500,000
Hill AFB—Naval Operations Support Center	25,010,000
Planning and Design	3,485,000
Minor Construction	3,000,000
Total, Military Construction, Navy Reserve	70,995,000

In addition, for cost to complete projects of the Navy Reserve, the bill includes \$3,500,000 in section 126 for the following projects in the following amounts:

Project	Amount
Cost to Complete (Section 126)	
Marine Corps Reserve Station Galveston—Reserve Center Annex	\$3,500,000
Total, Unfunded Requirements, Navy Reserve	3,500,000

MILITARY CONSTRUCTION, AIR FORCE RESERVE

Appropriation, fiscal year 2020	\$59,750,000
Budget request, fiscal year 2021	23,117,000
Recommended in the bill	23,117,000
Bill compared with:	
Appropriation, fiscal year 2020	−36,633,000
Budget request, fiscal year	---

Military Construction, Air Force Reserve.—The bill includes \$23,117,000 for the following projects in the following amounts:

Project	Amount
Fort Worth—F-35A Simulator Facility	\$14,200,000
Planning and Design	3,270,000
Minor Construction	5,647,000
Total, Military Construction, Air Force Reserve	23,117,000

NORTH ATLANTIC TREATY ORGANIZATION SECURITY INVESTMENT
PROGRAM

Appropriation, fiscal year 2020	\$172,005,000
Budget request, fiscal year 2021	173,030,000
Recommended in the bill	173,030,000
Comparison with:	
Appropriation, fiscal year 2020	+1,025,000
Budget request, fiscal year 2021	---

The North Atlantic Treaty Organization Security Investment Program (NSIP) consists of annual contributions by North Atlantic Treaty Organization (NATO) member countries. The program finances the costs of construction needed to support the roles of the major NATO commands. The investments cover facilities such as airfields, fuel pipelines and storage, harbors, communications and information systems, radar and navigational aids, and military headquarters, both within NATO Nations and for “out of area” operations such as Afghanistan.

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

DEPARTMENT OF DEFENSE BASE CLOSURE ACCOUNT

Appropriation, fiscal year 2020	\$398,526,000
Budget request, fiscal year 2021	300,447,000
Recommended in the bill	580,447,000
Bill compared with:	
Appropriation, fiscal year 2020	+181,921,000
Budget request, fiscal year 2021	+280,000,000

The recommendation provides an additional \$80,000,000 for the Navy to accelerate environmental remediation at installations closed under previous Base Closure and Realignment (BRAC) rounds. Furthermore, the Navy shall provide to the Committee a spend plan for these additional funds no later than 60 days after enactment of this Act.

Perfluorooctane Sulfonate (PFOS) and Perfluorooctanoic Acid (PFOA).—The Committee is concerned about the extent of PFOS/PFOA contamination at U.S. military installations and how that contamination is measured. The Committee believes the Department should prioritize protecting servicemembers, their families, and the Department’s civilian employees from the health problems associated with exposure to these chemicals that are linked in various ways to developmental delays in fetuses and children; premature births and low birth weights; decreased fertility; immune suppression; liver damage; respiratory disorders; metabolic disorders; and prostate, kidney, and testicular cancer. Therefore, the Committee includes an additional \$200,000,000 above the budget request within the Base Closure Account to increase the pace of cleanup at the military installations affected by PFOS/PFOA.

PFOS/PFOA Regulation and Research.—Recognizing that this issue is not limited to DOD and affects many communities across the Nation, the Committee is encouraged by the Environmental

Protection Agency’s (EPA) February 2020 announcement that it plans to regulate PFOS/PFOA and to require that proposed new uses be reviewed under the Toxic Substances Control Act. DOD and affected communities are urged to work closely with EPA on these regulatory initiatives. DOD is also encouraged to engage the research community so as to ensure that it is using the best and most up-to-date science to guide DOD remediation plans and processes.

PFOS/PFOA Reporting Requirement.—In fiscal year 2020, the Committee directed the Department to keep it apprised of new findings of PFOS/PFOA at BRAC sites. The Committee recognizes that the Services have provided some information. However, the Committee is concerned that the process for identifying PFOS/PFOA contamination at BRAC sites and determining the appropriate remediation plan is not transparent. Therefore, the Deputy Assistant Secretary of Defense for Environment is directed to report to the congressional defense committees no later than 30 days after this report is been filed with the Clerk of the U.S. House of Representatives, and quarterly thereafter, on the progress the Department is making on identifying and remediating PFOS/PFOA at closed military installations. At a minimum, the first report should include information on the existing process and make recommendations for improving its transparency; identifying all detections of PFOS/PFOA and existing remediation sites plans; and estimating current and future costs and timelines for remediation.

FAMILY HOUSING OVERVIEW

Appropriation, fiscal year 2020	\$1,324,002,000
Budget request, fiscal year 2021	1,351,392,000
Recommended in the bill	1,351,392,000
Bill compared with:	
Appropriation, fiscal year 2020	+27,390,000
Budget request, fiscal year 2021	---

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 Support Costs and Management Accounts.—The recommendation includes \$135,000,000 within Housing Support Costs under Family Housing Operation and Maintenance accounts for the Services. The funding is to increase the Services’ ability to provide oversight and management, and personnel to track current and future issues that may occur in military family housing.

Privatized Military Housing.—Quality military housing a key component of military readiness and military family stability. Recognizing the chronic underinvestment in military housing on domestic military installations and related readiness concerns, Congress authorized the Military Privatized Housing Initiative (MPHI) as part of the National Defense Authorization Act for Fiscal Year 1996, (P.L. 104–106). Under MPHI, the Department partnered with private sector companies to build and renovate military housing.

Through MPHI, military housing improved. However, serious shortcomings were uncovered over the past two years. Through the Committee's oversight work, unsafe conditions, mold contamination, and unresponsive and unhelpful private partners were brought to light.

The Committee recognizes the efforts of the Services to improve their management and oversight of their private sector partners and appreciates the new requirements developed by the House and Senate Armed Services Committees in the National Defense Authorization Act for Fiscal Year 2020, (P.L. 116-92). However, the Committee continues to have numerous concerns and requests the Services report back to the Committee within 90 days of enactment of this Act, except as otherwise noted, regarding the following issues.

The Committee is concerned that the Services do not have the ability to readily assess the satisfaction of servicemembers with the quality of their privatized homes and housing communities because existing installation reporting systems do not capture this type of information. The Committee requests that the Services provide a report analyzing this concern and include options and recommendations.

At this time, the Tenant Bill of Rights, as proscribed by the National Defense Authorization Act for Fiscal Year 2020, has been implemented except for Rights #16, #17, and #18. The Committee directs the Services to report on the status of implementation of these Rights.

The Committee remains concerned with the number and seriousness of complaints regarding mold. It directs DOD to work with the private sector partners to prioritize funding for mold remediation and report on its efforts.

The Committee expects the Services to hold their private sector partners to a standard of both good performance and accurate and transparent reporting to military commanders and managers regarding their actions and practices. The Services should not tolerate any systemic or specific instances of dishonesty, deception, or fraud by their private sector partners. Instead, they should remain actively engaged with them and keep the Committee informed of any issues as they arise.

The Committee is concerned that claim settlement non-disclosure agreements between servicemember tenants and private sector partners that are not part of a litigated matter but purport to bar tenants from reporting or speaking out about their housing conditions may have contributed to delays in addressing ongoing health and safety threats in military housing, as well as mismanagement by MHPI companies. The Committee directs the Services to prevent, to the extent practicable, the use of non-disclosure agreements by MHPI companies in the settlement of non-litigated housing condition-related claims with military tenants and report to the Committee if a non-disclosure agreement has been used within 30 days of discovering the use.

Military Privatized Housing.—The Committee remains concerned about the ability of the Department to readily assess the quality of its privatized housing. The quality of military housing is a key component of military readiness and quality of life. The National Defense Authorization Act for Fiscal Year 1996 (P.L. 104-106) au-

thorized DOD to work with the private sector to build and renovate military housing. The Committee's oversight work identified unsafe conditions, including faulty electrical issues to mold contamination, at privatized military housing across the Nation.

The Committee directs DOD to work with the private contractor management companies to prioritize funding for mold remediation in military housing in a timelier manner.

The Committee believes that the health of our servicemembers is of the utmost importance and substandard living conditions negatively affect the ability to recruit and retain servicemembers to the detriment of United States national security interests.

In addition, DOD conducted extensive work to obtain an overview status report about these facilities since they do not feed into standard defense installations systems. As a result of the requirements established by Congress, the Tenant Bill of Rights was created and implemented with the exception of Rights 16, 17, and 18 therefore, the Committee directs the Services to report to the Committee no later than 60 days after enactment of this Act on the status of implementation of the remaining three Rights.

Military Housing Privatization Initiative (MHPI) Private Companies Standard of Conduct and Department of Defense Standard of Oversight.—The Committee expects the Department and Services to hold the private property management companies for military housing to a standard of both good performance and accurate and transparent reporting to military commanders and managers regarding their actions and practices. The Department and Services should not tolerate any systemic or specific instances of dishonesty, deception, or fraud from their private sector housing partners but should remain actively engaged with the private partners and keep the Committee informed of any issues as they arise.

Non-disclosure Agreement Use for Claim Settlements Outside of Litigation within the MHPI.—The Committee is concerned that claim settlement non-disclosure agreements between servicemember tenants and housing property management companies that are not part of a litigated matter but purport to bar tenants from reporting or speaking out about their housing conditions may have contributed to delays in addressing ongoing health and safety threats in military housing as well as mismanagement by MHPI companies. The Committee therefore directs the Department and Services to do everything possible to prevent the use of non-disclosure agreements by the MHPI companies in the settlement of non-litigated housing condition-related claims with military tenants and report to the Committee if a non-disclosure agreement has been used within 30 days of discovering the use.

Leasing Reporting Requirements.—The Secretary of Defense is directed to report to the Committees on Appropriations of both Houses of Congress quarterly on the details of all new or renewed domestic leases entered into during the previous quarter that exceeds the cost threshold set by 10 U.S.C. 2828(b)(2), including certification that less expensive housing was not available for lease. For foreign leases, the Department is directed to: (1) perform an economic analysis on all new leases or lease/contract agreements where more than 25 units are involved; (2) report the details of new or renewed lease agreements that exceed the cost threshold

set by 10 U.S.C. 2828(e)(1) 21 days before entering into such an agreement; and (3) base leasing decisions on the economic analysis.

FAMILY HOUSING CONSTRUCTION, ARMY

Appropriation, fiscal year 2020	\$141,372,000
Budget request, fiscal year 2021	119,400,000
Recommended in the bill	119,400,000
Bill compared with:	
Appropriation, fiscal year 2020	- 21,972,000
Budget request, fiscal year 2021	--

The bill includes \$4,500,000 for the following cost to complete project in the following amount in section 126:

Project	Amount
Project Amount Cost to Complete (Section 126)	
Fort Gordon—Army Family Housing Construction	\$4,500,000
Total, Cost to Complete, Family Housing Construction, Army	4,500,000

FAMILY HOUSING OPERATION AND MAINTENANCE, ARMY

Appropriation, fiscal year 2020	\$357,907,000
Budget request, fiscal year 2021	367,142,000
Recommended in the bill	367,142,000
Bill compared with:	
Appropriation, fiscal year 2020	+9,235,000
Budget request, fiscal year 2021	--

FAMILY HOUSING CONSTRUCTION, NAVY AND MARINE CORPS

Appropriation, fiscal year 2020	\$47,661,000
Budget request, fiscal year 2021	42,897,000
Recommended in the bill	42,897,000
Bill compared with:	
Appropriation, fiscal year 2020	- 4,764,000
Budget request, fiscal year 2021	--

FAMILY HOUSING OPERATION AND MAINTENANCE, NAVY AND MARINE CORPS

Appropriation, fiscal year 2020	\$317,870,000
Budget request, fiscal year 2021	346,493,000
Recommended in the bill	346,493,000
Bill compared with:	
Appropriation, fiscal year 2020	28,623,000
Budget request, fiscal year 2021	--

FAMILY HOUSING CONSTRUCTION, AIR FORCE

Appropriation, fiscal year 2020	\$103,631,000
Budget request, fiscal year 2021	97,214,000
Recommended in the bill	97,214,000
Bill compared with:	
Appropriation, fiscal year 2020	- 6,417,000
Budget request, fiscal year 2021	--

FAMILY HOUSING OPERATION AND MAINTENANCE, AIR FORCE

Appropriation, fiscal year 2020	\$295,016,000
Budget request, fiscal year 2021	317,021,000
Recommended in the bill	317,021,000
Bill compared with:	
Appropriation, fiscal year 2020	+22,005,000
Budget request, fiscal year 2021	--

FAMILY HOUSING OPERATION AND MAINTENANCE, DEFENSE-WIDE

Appropriation, fiscal year 2020	\$57,000,000
Budget request, fiscal year 2021	54,728,000
Recommended in the bill	54,728,000
Bill compared with:	
Appropriation, fiscal year 2020	-2,272,000
Budget request, fiscal year 2021	---

DEPARTMENT OF DEFENSE FAMILY HOUSING IMPROVEMENT FUND

Appropriation, fiscal year 2020	\$3,045,000
Budget request, fiscal year 2021	5,897,000
Recommended in the bill	5,897,000
Bill compared with:	
Appropriation, fiscal year 2020	+2,852,000
Budget request, fiscal year 2021	---

DEPARTMENT OF DEFENSE MILITARY UNACCOMPANIED HOUSING
IMPROVEMENT FUND

Appropriation, fiscal year 2020	\$500,000
Budget request, fiscal year 2021	600,000
Recommended in the bill	600,000
Bill compared with:	
Appropriation, fiscal year 2020	+100,000
Budget request, fiscal year 2021	---

ADMINISTRATIVE PROVISIONS

The bill includes a total of 30 Administrative provisions, 27 of which are effective in fiscal year 2020.

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

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

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

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

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

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

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

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

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

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

The bill includes section 111 establishing a preference for United States architectural and engineering services where the services

are in Japan, NATO member countries, or countries bordering the Arabian Sea.

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

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

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

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

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

(INCLUDING TRANSFER OF FUNDS)

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

(INCLUDING TRANSFER OF FUNDS)

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

The bill includes section 119 requiring that funds in this title be the sole source of all operation and maintenance for flag and general officer quarter houses and limits the repair on these quarters to \$15,000 per year without notification.

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

(INCLUDING TRANSFER OF FUNDS)

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

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

The bill includes section 123 providing additional funds for various military construction accounts and requires a spend plan for each.

The bill includes section 124 defining the congressional defense committees.

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 providing additional funds for cost to complete projects identified by the Services.

The bill includes section 127 providing additional funds for family housing operation and maintenance.

The bill includes section 128 prohibiting the use of funds for any other purpose not specified in the bill.

The bill includes section 129 prohibiting the use of funds in this Act and previous Acts for the construction of a wall, barrier, fence, or road along the Southern border of the United States or a road to provide access to a wall, barrier, or fence constructed along the Southern border of the United States or for any military construction projects for which previously appropriated funds were rescinded or postponed by the emergency declaration of a national emergency on February 15, 2019.

The bill includes section 130 prohibiting the construction of a facility on a military installation bearing the name of a confederate officer unless a process has been initiated to rename the installation.

TITLE II

DEPARTMENT OF VETERANS AFFAIRS

Fiscal year 2020 enacted level ¹	\$217,862,725,000
Fiscal year 2021 budget request ¹	240,245,173,000
Committee recommendation in the bill ¹	240,210,107,000
Comparison with:	
Fiscal year 2020 enacted	+22,347,382,000
Fiscal year 2021 budget request	- 35,066,000
Fiscal year 2022 advance budget request	239,494,478,000
Fiscal year 2022 Committee recommendation in the bill	239,494,478,000

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

The Department of Veterans Affairs (VA) provides health care for 9,300,000 Veteran enrollees, disability compensation benefits to over 5,700,000 Veterans and survivors, pension benefits for over 392,000 Veterans and survivors, life insurance for nearly 5,800,000 Veterans, servicemembers and their families, educational assistance for nearly 950,000 trainees, and interment of 137,000 Veterans and eligible family members in national cemeteries. To serve adequately the Nation's Veterans, VA employs more than 400,000 people, making it one of the largest Federal agencies in terms of employment.

Resiliency.—The Stafford Act requires VA and its facilities to be prepared to support local communities in the event of a major disaster or medical emergency. In such a scenario, VA's ability to adequately respond relies heavily upon the energy resiliency of its medical centers. VA Medical Centers must be able to recover from energy disruptions and have access to reliable power to ensure it can handle a significant emergency. To ensure VA is adequately prioritizing the reliability of its energy and water infrastructure, the Committee directs VA to provide a report within 180 days of enactment of this Act detailing VA's plans to develop energy resilient medical facilities, including planned investments in distributed generation, energy and water efficiency efforts, and other improvements that can protect mission-critical operations at VA facilities from disruptions to the power grid. This plan should include details

on VHA energy engineering and VHA energy contracting staffing needs.

Native Hawaiian, Pacific Islander and United States-Affiliated Pacific Islander Veteran Health Care.—Native Hawaiian, Pacific Islander, and United States-Affiliated Pacific Islanders disproportionately serve in the U.S. military and therefore represent significant numbers of Veterans across the United States and Pacific, particularly in rural and remote locations. While VA has centers dedicated to health policy, innovation, health economics and more, the Committee notes that VA would benefit from additional research, service, and education to improve the lives of Native Hawaiian, Pacific Islander and U.S.-Affiliated Pacific Islander Veterans. In performing this effort, VA should consider partnering with non-government institutions and universities to examine telehealth and telepharmacy; models of interprofessional primary care, including the integration of pharmacists and behavioral health; electronic health records and data analytics; health workforce; and indigenous people innovation.

Fraud Protection System.—VA continues to face challenges preventing fraud, waste, and abuse (FWA), despite previous efforts. A January 2019 report issued by a VA-established FWA panel recommended six specific actions VA could adopt to reduce FWA, including a recommendation to expand the Department’s use of data analytics and predictive modeling capabilities across the enterprise, creating a holistic view of FWA, and providing comprehensive prevention solutions. VA is encouraged to investigate the feasibility of establishing a department-wide Fraud Prevention System that uses predicative modeling and other analytics technologies to identify and prevent FWA.

Women Veteran Transitional Housing Support.—The Committee recognizes the need for transitional and supportive housing services for women Veterans who are experiencing homelessness or housing insecurity. The Committee also recognizes that in the past, Veteran services were primarily designed for men and do not always meet the needs of women Veterans. Women Veterans struggling with the acclimation to civilian and community life often find themselves in at-risk circumstances that may differ from those of men, and therefore women Veterans require specialized interventions and programming. The Committee encourages the Department to work with the Department of Defense and the Department of Labor to provide robust gender-specific case management services for women Veterans transitioning from military service.

VETERANS BENEFITS ADMINISTRATION (VBA)

COMPENSATION AND PENSIONS

(INCLUDING TRANSFER OF FUNDS)

Appropriation, fiscal year 2021	\$118,246,975,000
Budget request, fiscal year 2021	2,813,922,000
Recommended in the bill, fiscal year 2021	2,813,922,000
Budget request, fiscal year 2022	130,227,650,000
Recommended in the bill, fiscal year 2022	130,227,650,000
Bill compared with:	
Appropriation, fiscal year 2021	+11,980,675,000
Budget request, fiscal year 2022	— — —

This appropriation provides funds for service-connected compensation payments to an estimated 5,724,000 Veterans, survivors, and dependents in fiscal year 2021. In addition, pension payments will be funded for 393,000 Veterans and their survivors. The average payment per compensation case for Veterans in fiscal year 2021 is estimated at \$19,974 and pension payments are projected at \$14,186.

The appropriation includes authority to transfer funding not to exceed \$20,115,000 in fiscal year 2022 to General Operating Expenses, Veterans Benefits Administration and Information Technology Systems. These funds are for the administrative expenses of implementing cost-saving provisions required by the Omnibus Budget Reconciliation Act of 1990 (P.L. 101–508), the Veterans’ Benefits Act of 1992 (P.L. 102–568), and the Veterans’ Benefits Improvements Act of 1994 (P.L. 103–446). These cost-saving provisions include verifying pension income against Internal Revenue Service and Social Security Administration (SSA) data; establishing a match with SSA to obtain verification of Social Security numbers; and applying the VA pension cap for Medicaid-eligible single Veterans and surviving spouses alone in Medicaid-covered nursing homes. The bill also continues to include language permitting this appropriation to reimburse such sums as may be earned to the Medical Care Collections Fund to help defray the operating expenses of individual medical facilities for nursing home care provided to pensioners.

Pro-bono Legal Services.—The Committee recognizes an unmet need for holistic programs that offer pro-bono legal services to Veterans and their dependents. The Committee acknowledges existing VA initiatives that guide Veterans during benefit-related interactions with administrative agencies and believes that public land-grant university law schools are suited to complement existing agency efforts in underserved areas.

Financial Hardship and Bankruptcy.—The Committee continues to support VA programs, such as disability-related benefits, that seek to address the root causes of Veteran and dependent financial hardship, which is a known contributory factor to negative outcomes such as mental health issues, substance use disorder, and suicide.

Performance Measures and Communication Efforts.—The Committee remains interested in VA’s implementation of performance measures in response to the findings of the Government Accountability Office (GAO) report entitled, “Better Measures Needed to Assess Regional Office Performance in Processing Claims” (GAO 19–15). The Committee encourages VA to continue to improve regional office communication with Veterans Service Organizations (VSOs) and congressional caseworkers, including discussions surrounding the feasibility of locating satellite congressional member offices within VA Medical Centers (VAMCs).

READJUSTMENT BENEFITS

Appropriation, fiscal year 2021	\$12,578,965,000
Budget request, fiscal year 2022	14,946,618,000
Recommended in the bill, fiscal year 2022	14,946,618,000
Bill compared with:	
Appropriation, fiscal year 2021	+2,367,653,000
Budget request, fiscal year 2022	— — —

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

VetSuccess on Campus (VSOC).—The Committee recognizes the tremendous value of counseling in assisting the transition of Veterans from military service to academic life. Therefore, the Committee encourages VBA to continue to expand the availability of services through the VSOC program to additional sites, with particular attention to geographic regions without current access to VSOC programs, or where travel time makes current VSOC programs difficult to access.

Vocational Rehabilitation and Employment.—The Committee supports the work of vocational rehabilitation and employment programs that provide no-cost, wrap-around support services for the Veterans community, including career track and job readiness programs. These services help participants develop both job-specific knowledge and abilities, as well as the attitudes, habits, and behaviors needed to successfully secure and retain employment and earn family-sustaining wages in occupations that offer opportunities for career progression.

Veteran Readiness and Employment Service Counselor to Client Ratio.—The Committee continues to encourage the Department to seek opportunities to expand staffing counselors within the Veteran Readiness and Employment Service (VR&E), formerly known as the Vocational Rehabilitation and Employment Service, in order to maintain a ratio of 125 Veterans to one full-time equivalent (FTE) position, and to provide the comprehensive individualized services that these Veterans have earned. The Committee is also concerned about reports that Veterans experience frustration when being transferred from one counselor to another, often without proper notification to the Veteran. The Committee urges the Department to put procedures in place to improve implementation of the program by ensuring a smooth transition when Veterans are transferred among counselors.

Improving Technology to Deliver GI Bill Benefits.—The Committee notes that to fully achieve the promise of the Harry W. Colmery Veterans Educational Assistance Act (P.L. 115–48), also known as the “Forever GI Bill,” and other educational benefits provided to Veterans, a modernized information technology platform is needed to provide GI Bill beneficiaries with the world-class experience they have earned and deserve. The Committee encourages VBA to pursue a digital platform that will provide faster and more accurate payments to GI Bill beneficiaries and ensure Veterans and their families have more convenient options when interacting

with the Veterans Benefit Administration, including the use of mobile phones and electronic correspondence.

GI Bill Allowance for Housing.—The Post-9/11 GI Bill allowance for housing is a critical benefit to GI Bill recipients. The Committee is aware that in municipalities covered by more than one military housing area, GI Bill housing benefits may differ substantially throughout the municipality, creating inequities. The Committee directs the Department to review whether housing benefits in municipalities covered by more than one military housing area are adequate to meet the financial needs of GI Bill recipients located in those areas and to report to the Committee on Appropriations no later than 180 days after enactment of this Act on whether changes to the housing benefit are needed to ensure fairly distributed housing benefits that provide sufficient assistance to students. The Committee encourages VA to incorporate into this review publicly available housing data, including the median rent in affected municipalities, as paid by the same population used to calculate the housing allowance. Additionally, the Committee urges the Department to raise this issue as part of the DOD–VA working group on GI Bill issues.

Cyber Training.—The Committee urges VA to establish a cyber training pilot program that, in addition to training VA’s internal cyber workforce, can be scaled up and offered to transitioning military to help Veterans reintegrate into the workforce. In doing so, VA should also consider collaboratively working with the Centers of Academic Excellence in Cybersecurity (CAE–C) community to jointly develop cyber curriculums, hands-on skills development, and performance-based assessment solutions that align specifically to work roles within the National Initiative for Cybersecurity Education (NICE) Cyber Workforce Framework and can be integrated into the cyber training program.

Transition Coordination.—The Committee believes that VA, in consultation with the Departments of Labor and Defense, should further coordinate efforts and resources to ensure Veterans have a successful transition to civilian life. This includes sharing information on community resources, including nonprofits and VSOs, that are available to the Veteran and their family as they depart the service. The Committee also urges VA to explore options for Veterans to access hands-on job placement services that connect Veterans directly with employers, and encourages VA to look at successful state and local programs in this area.

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

GI Bill Comparison Tool.—The Committee emphasizes the importance of providing Veterans with the necessary information to make informed decisions when selecting institutions of higher education (IHE). The Committee strongly urges VA to make available through the GI Bill Comparison Tool, in a searchable format, the following information: whether an IHE is a minority serving insti-

tution (MSI), a gender-specific institution, or a religiously-affiliated school. These categories should be broken down into subcategories that specify the type of MSI and religious affiliation.

VETERANS INSURANCE AND INDEMNITIES

Appropriation, fiscal year 2021	\$129,224,000
Budget request, fiscal year 2021	2,148,000
Recommended in the bill, fiscal year 2021	2,148,000
Budget request, fiscal year 2022	136,950,000
Recommended in the bill, fiscal year 2022	136,950,000
Bill compared with:	
Appropriation, fiscal year 2021	+7,726,000
Budget request, fiscal year 2022	---

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.

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

VETERANS HOUSING BENEFIT PROGRAM FUND PROGRAM ACCOUNT

	Program Account	Limitation on direct loans for specially adapted housing loans	Administrative Expenses
Appropriation, fiscal year 2020	---	(\$500,000)	\$200,377,391
Budget request est., fiscal year 2021	---	(500,000)	204,400,000
Recommended in the bill	---	(500,000)	204,400,000
Bill compared with:			
Appropriation, fiscal year 2020	---	---	+4,022,609
Budget request, fiscal year 2021	---	---	---

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

Department guaranty, the lender is protected against loss, up to the amount of the guaranty, if the borrower fails to repay the loan.

Home Loan Income Verification.—The Committee is aware of the Department’s denial of home loan guarantees to Veterans solely on the basis of the Veteran’s documented income being derived from state-legalized cannabis activities, and has previously expressed concern that confusion on this issue hinders Veterans’ ability to fully understand and consider how employment decisions could affect future eligibility for earned benefits. 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 directs the VA 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 2020	\$57,729	(\$2,008,232)	\$401,880
Budget request, fiscal year 2021	33,826	(2,469,522)	424,272
Recommended in the bill	33,826	(2,469,522)	424,272
Bill compared with:			
Appropriation, fiscal year 2020	– 23,903	(461,290)	+22,392
Budget request, fiscal year 2021	– – –	– – –	– – –

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 \$1,260 (based on indexed chapter 31 subsistence allowance rate) are available to service-connected disabled Veterans enrolled in vocational rehabilitation programs when the Veteran is temporarily in need of additional assistance. Repayment is made in monthly installments, without interest, through deductions from future payments of compensation, pension, subsistence allowance, educational assistance allowance, or retirement pay. Most loans are repaid in full in less than one year. The Federal Credit Reform Act of 1990 (P.L. 101–508) requires budgetary resources to be available prior to incurring a direct loan obligation.

It is estimated that the Department will make 2,376 loans in fiscal year 2021, with an average amount of \$1,040.

NATIVE AMERICAN VETERAN HOUSING LOAN PROGRAM

Administrative expenses:	
Appropriation, fiscal year 2020	\$1,186,000
Budget request, fiscal year 2021	1,163,000
Recommended in the bill	1,186,000
Bill compared with:	
Appropriation, fiscal year 2020	– – –
Budget request, fiscal year 2021	+23,000

The Native American Veteran Housing Loan Program, as authorized by title 38 United States Code, chapter 37, subchapter V, provides the Secretary with authority to make direct housing loans to Native American Veterans for the purpose of purchasing, constructing, or improving dwellings on trust lands, including Hawaiian Home Lands, Native Hawaiians, Alaska Natives, and Native

Americans enroll in the military at higher rates than non-Natives. These loans are available to purchase, construct, or improve homes to be occupied as Veterans' residences.

GENERAL OPERATING EXPENSES, VETERANS BENEFITS
ADMINISTRATION

Appropriation, fiscal year 2020	\$3,125,000,000
Budget request, fiscal year 2021	3,207,000,000
Recommended in the bill	3,187,000,000
Bill compared with:	
Appropriation, fiscal year 2020	+62,000,000
Budget request, fiscal year 2021	- 20,000,000

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

The bill makes available through September 30, 2022, up to ten percent of these funds.

The Committee provides \$3,187,000,000 for the General Operating Expenses, VBA account, to enable VBA to deliver the benefits that our Veterans rely on.

In addition, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (P.L. 116–136) included \$13,000,000 for VBA to prevent, prepare for, and respond to coronavirus.

Blue Water Navy Veterans.—The Committee continues to closely follow the implementation of the Blue Water Navy Vietnam Veterans Act (P.L. 116–23). The Committee provides requested funds to support implementation of the law, including staffing, scanning of records, and correspondence with Veterans. The Committee continues the requirement that VA report to the Committees on Appropriations of both Houses of Congress on a quarterly basis information related to claims considered under the Blue Water Navy Vietnam Veterans Act. This information should include timeliness measures as well as grant and denial rates for these claims.

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

Conditions Presumptively Associated with Agent Orange.—The Committee is aware that VA has not yet acted in response to the 2018 report from the National Academies of Science, Engineering, and Medicine that concluded that bladder cancer, hypothyroidism, Parkinson-like syndromes, and hypertension all have at least “limited or suggestive” evidence of an association with exposure to Agent Orange herbicides. The Committee notes that the “limited or suggestive” threshold has been deemed sufficient by VA in years past to add multiple prior conditions to the category of diseases presumptively recognized by VA as service-connected. However, Veterans with these four particular conditions have been made to

wait for fair treatment in light of VA's inaction on adding these conditions to the presumptive category. The Committee is concerned that VA officials intend to wait for evidence these conditions are caused by, rather than associated with, exposure to Agent Orange. As such, the Committee reminds the Department that there is no legal requirement that sets causation as the standard. To the contrary, the Department's apparent policy runs counter to statutory text and longstanding case law, including the landmark *Nehmer v. U.S. Department of Veterans Affairs* case. The Committee directs the Department to report to the Committees on Appropriations of both Houses of Congress no later than 60 days after enactment of this Act, detailing the legal basis the Department is relying upon to demand causation as the standard for adding these four conditions to the presumptively service-connected category. Further, the Committee expects the Department to act on the conclusions of the National Academies of Science, Engineering, and Medicine in a fair and expeditious manner to avoid causing Veterans additional delays in receiving the benefits they have earned.

Equitable Relief.—The Committee reiterates that it 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, 2021, the Secretary shall submit to the Committees a report containing a statement as to the disposition of each case recommended to the Secretary for equitable relief under 38 U.S.C 503 during the preceding calendar year.

Military Sexual Trauma (MST) Claims.—The 2018 Inspector General's report found that almost half of denied MST-related claims were not properly adjudicated in accordance with VBA policies. The Committee is concerned that VBA has not implemented all of the recommendations of the Inspector General's report and that OIG's concerns regarding VBA's process for reevaluating previously denied claims has resulted in a new audit of VBA. The Committee directs VA to report to the Committee by October 31, 2020, on implementation of the Inspector General's recommendations, and to consult with the Committee prior to any changes in the system for handling MST-related claims. The Committee welcomes VBA's expressed commitment to engaging with MST survivors and willingness to incorporate input from MST survivors in its training for MST claim processors. However, the Committee is concerned that research has shown that MST-related claims by males are less likely to be approved than those filed by females. The Committee urges VBA to investigate this discrepancy and to ensure that input from male MST survivors is also incorporated in training. The Committee is also 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. Therefore, the Committee urges VA to support the extension of the relaxed evidentiary standard to all those suffering from mental health dis-

orders as a result of MST. Further, the Committee urges VA to continue to report to the Committees on Appropriations of both Houses of 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).

Veterans Benefits Staffing in Remote Locations.—The Committee directs VBA to continue to improve access and outreach to Veterans living in remote and underserved areas, such as the Commonwealth of the Northern Mariana Islands, by increasing staff presence in these areas. VA shall provide the necessary staff and resources to provide more frequent outreach and ensure access to benefits, and must also ensure the Veterans in these areas are notified when a benefits counselor is available to provide assistance and information about the VA claims process and benefits available to Veterans and their families. Additionally, the Committee directs VA to assess the feasibility of placing at least one full-time Veterans Benefits Counselor in remote and underserved areas that do not have a VA Benefits Office, such as the Northern Mariana Islands, and providing such staff the necessary support, space and equipment, and funds to travel to other areas within each jurisdiction where Veterans reside on a regular basis. The Committee directs the Department to report to the Committee on this assessment no later than 180 days after enactment of this Act. The report shall include information on the beneficiary population (Veterans, spouses, and dependents), including their feedback on VBA services, the demand for direct VBA assistance, VBA’s current efforts to serve the beneficiary population, and the plan to serve them in the future. The Committee also encourages the department to assess the feasibility of having such staff conduct outreach to Veterans living in the Freely Associated States.

VETERANS HEALTH ADMINISTRATION (VHA)

The Department operates the largest Federal medical care delivery system in the country, with 148 hospitals, 116 residential rehabilitation treatment programs, 135 nursing homes, 300 Vet Centers, 80 Mobile Vet Centers, and 765 Community-Based outpatient Clinics (CBOCs). Approximately 7,200,000 patients will be treated in fiscal year 2021.

The Veterans Health Administration budget is comprised of five accounts: Medical Services, Medical Community Care, Medical Support and Compliance, Medical Facilities, and Medical and Prosthetic Research. For the first four accounts, the Administration has requested total resources for fiscal year 2022 of \$94,183,260,000 in direct appropriations to fund the four advance appropriations of VHA. The Committee provides an additional \$2,328,268,000 for the first four accounts for fiscal year 2021, which is equal to the budget request. In addition, VA will receive an estimated \$4,403,000,000 in the Medical Care Collections Fund in fiscal year 2021. The Committee also provides \$840,000,000 for Medical and Prosthetic Research.

VA Fourth Mission.—The Committee encourages VA, as part of its Fourth Mission, to support national, state, and local emergency management, public health, and safety efforts in response to the COVID–19 national public health emergency, when called upon by

the Department of Health and Human Services and/or the Federal Emergency Management Agency, and to take steps to identify and make available VA resources and facilities, such as hospital beds and medical personnel, that can be utilized to help address this unprecedented national emergency.

Health Navigator.—Section 731 of the National Defense Authorization Act for Fiscal Year 2018 (P.L. 115–91) required the Secretary of Defense to conduct a pilot program to improve health outcomes and patient experience for beneficiaries with complex medical conditions. The Committee believes that VA should conduct a similar pilot and looks forward to the results of the report due no later than January 1, 2021 containing an evaluation of its success. The Committee will continue to address this issue as the bill moves through the process.

MEDICAL SERVICES

Fiscal year 2020 enacted level	\$51,411,165,000
Fiscal year 2021 enacted level	56,158,015,000
Fiscal year 2021 budget year request	497,468,000
Committee 2021 budget year recommendation	497,468,000
Fiscal year 2022 advance appropriation request	58,897,219,000
Committee 2022 advance appropriation recommendation	58,897,219,000
Comparison with:	
Fiscal year 2021 enacted level	+2,739,204,000
Fiscal year 2022 advance budget request	---

The bill provides the request of \$58,897,219,000 for advance fiscal year 2022 funding. The Committee has included bill language to make available through September 30, 2023, \$1,500,000,000 of the Medical Services advance appropriation for fiscal year 2022. The Committee provides an additional \$497,468,000 to be available for fiscal year 2021, of which \$40,000,000 is provided for mental health for a total of \$10,297,500,000; \$40,000,000 is provided for homelessness initiatives for a total of \$1,928,508,000; \$30,000,000 is provided for rural health for a total of \$300,000,000; \$35,000,000 is provided for gender-specific care for women for a total of \$660,691,000; \$20,000,000 is provided for Whole Health initiatives for a total of \$83,600,000; \$85,008,000 is provided for suicide prevention efforts for a total of \$312,635,000, as requested in the budget; \$75,000,000 is provided for precision oncology, as requested in the budget; \$64,650,000 is provided for opioid prevention and treatment for a total of \$503,660,000, as requested in the budget; \$93,810,000 is provided for medical equipment; and \$14,000,000 is provided for other initiatives specified by the Committee.

In addition, the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116–123) included \$30,000,000 and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (P.L. 116–136) included \$14,432,000,000 for the Medical Services account to prevent, prepare for, and respond to coronavirus, including related impacts on health care delivery, and for support to Veterans who are homeless or at risk of becoming homeless.

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.

Caregivers Program.—The caregivers program provides an unprecedented level of benefits to families with Veterans seriously injured in the line of duty in post-9/11 service. These benefits include stipends paid directly to the family caregiver, enrollment for the family member in the VA Civilian Health and Medical Program (CHAMPVA), an expanded respite benefit, and mental health treatment. The Committee provides the request of \$1,195,486,000 for the caregivers. The Committee also continues the requirement from the fiscal year 2018 conference report on quarterly reporting on obligations for the caregivers program.

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

MENTAL HEALTH

The Committee provides \$10,297,500,000 for mental health programs, which is \$40,000,000 above the request. Of the amounts provided for mental health programs in fiscal year 2021, \$1,939,329,000 shall be used for suicide prevention and treatment programs. Specifically, \$312,635,000 shall be used for suicide prevention outreach, which is \$90,870,000 above fiscal year 2020. With the additional funds, the Committee directs the Department to implement suicide safety plans that address parking lot suicides and expand the Coaching Into Care Program to better help Veterans, their family members, and other loved ones find the appropriate services at their local VA facilities and/or in their community. The Committee requests a report within 90 days of enactment of this Act on the Department's plans.

The Department should also continue to engage with Veterans Service Organizations (VSOs) to help remove the stigma that is associated with seeking mental healthcare. Furthermore, VA is directed to remove barriers that affect a Veteran when trying to receive mental healthcare and to implement a twenty-first century outreach program that incorporates social media and other electronic means to reach Veterans before they are at a crisis point.

In addition, the Committee directs VA to engage with DOD to help servicemembers transition from active duty to civilian life to ensure that mental health needs are addressed throughout the transition process. 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.

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

The Committee has repeated 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.

Community Clinic Mental Health Services.—The Committee remains concerned that in-person mental healthcare is not available to all Veterans who require this care. VA is encouraged to ensure critical in-person mental health services are available at facilities that currently are not served, even on a temporary basis.

Mental Health Services.—Women Veterans are twice as likely as women in the general population to die by suicide. To address this alarming trend, the Committee encourages VA to take aggressive steps to improve mental health services for women Veterans and ensure that women's mental health needs, which often differ from men in prevalence and expression, are met.

Post-Traumatic Growth Programs.—The Committee recognizes there is a shortage of adequate, timely, and effective mental health care available to Veterans across the United States. As the Department continues to highlight Veterans' mental healthcare and suicide prevention as a key priority, there is an opportunity to explore effective alternative treatments focused on the area of post-traumatic growth. The Committee continues to encourage the establishment of a pilot program to study the effectiveness and benefits of nonprofit post-traumatic growth programs to determine the outcomes of such programs in contrast to traditional models of mental healthcare, the possible integration of such nonprofit programs into mental healthcare programs provided by the Department, and the budgetary impacts of such integration.

Post-Traumatic Stress Disorder (PTSD) Service Dogs.—The Committee recognizes the positive role that service, guide, and hearing dogs have played in mitigating Veterans' disabilities and providing assistance and rehabilitation. The Energy and Water, Legislative Branch, and Military Construction and Veterans Affairs Appropriations Act, 2019 (P.L. 115–244) urged VA to prioritize support of veterinary healthcare and other benefits for service dogs for wounded warriors. The Committee also notes that VA is currently engaged in a study to assess the potential therapeutic effectiveness of service dogs in the treatment of PTSD and that the study was originally expected to be completed in June 2020. However, the Committee is concerned that the report detailing the results and economic impact of the study will be delayed, and the results of the study will be broken up into two reports. The Committee directs

VA to expeditiously provide the results of the study to the Committees on Appropriations of both Houses of Congress within 30 days of enactment of this Act and further requires monthly reports on the status of the study until it is fully completed beginning 30 days after this report is filed. The Committee is interested in the possibility of providing service dogs to Veterans with a mental health mobility disorder related to post-traumatic stress or traumatic brain injury. According to the Department, as many as 20 percent of those who served in Iraq or Afghanistan are diagnosed with post-traumatic stress. This disorder can cause debilitating symptoms in Veterans, leading to depression, social isolation, and suicide. Studies demonstrate that service dogs provide support to Veterans by mitigating their disability, allowing for professional and social reintegration. Currently, waiting lists for service dogs average between 18 and 24 months, with intensive compulsory training costing an average of \$25,000 per service dog, which makes this an expensive option for Veterans. The Committee looks forward to this study and will address this issue as the bill moves through the process.

Service Dogs for Veterans.—The assistance that service, guide, and hearing dogs provide to Veterans, especially those with mobility, visual, auditory, psychological, or psychiatric disabilities, is encouraging and sometimes life-saving. However, the Committee is aware of the time and cost of appropriately training a dog and matching it with a Veteran. As such, the Committee requests a comprehensive report within 180 days of enactment of this Act regarding potential options and estimated costs associated with each option, as practicable, to help meet the increasing demand from Veterans for service dogs. The report should include information on the number of service dogs matched with Veterans and in training, accreditation standards and the number of accredited service dog training organizations, and estimated current and future demand for service dogs. The Department should consult with accredited service dog training organizations and the Wounded Warrior Service Dog Program, which is funded through the Defense Health Program and is managed by the Uniformed Services University of the Health Sciences, on the benefits and challenges of the existing model for training and matching service dogs with Veterans.

Public-Private Partnerships.—The Committee is concerned by the alarming number of suicides committed by Veterans each day. While the Committee appreciates the important work being done by the Department to combat suicide and improve mental health among Veterans, more can and must be done. The Committee recommends the Department actively seek out public-private partnerships, in particular with research universities, teaching hospitals, and other partners, to expand upon its existing efforts related to suicide prevention, PTSD, traumatic brain injury (TBI), and substance use disorders. The Secretary shall report to the Committee no later than 60 days after enactment of this Act on the status of creating public-private partnerships related to suicide prevention, PTSD, TBI, and substance use disorders. Of the funds provided for mental health programs in fiscal year 2021, no less than \$5,000,000 is to expand the public-private partnerships.

Law Enforcement Liaison.—The Committee appreciates VHA's past efforts in working to educate the law enforcement community

regarding the unique issues facing Veterans, especially those returning from combat operations. Such education is invaluable in cases where Veterans are determined to be an immediate threat to themselves or others. In such instances, it is imperative that the Veteran's needs be addressed in an expeditious, humane, and respectful manner.

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

Post-Traumatic Stress Disorder Research.—The Committee welcomes the Secretary's commitment to addressing mental health in the Veteran population. The Committee also recognizes the importance of the National Center for PTSD at VA in promoting better prevention, diagnoses, and treatment of PTSD. Consistent with findings from the VA National Center for PTSD, the Committee recognizes that some groups of Veterans, including African-Americans and Latino-Americans, are more likely to develop PTSD. As such, the Committee directs VHA in coordination with the VA National Center for PTSD to provide a report no later than 180 days after enactment of this Act detailing whether cultural competency training is provided to healthcare professionals serving Veterans of color, and at what stage(s) in their career, and analyzing whether minority Veterans receive quality and culturally appropriate care. This report should also include recommendations on how to address the unique mental health needs of minority Veterans, and disparities, whether perceived or real, in the care they receive.

Adverse Childhood Experiences (ACEs).—ACEs exist within the Veteran population at a substantially higher rate than the general public. These experiences correlate with significant negative health outcomes, including on behavioral, mental, and physical health. The Committee encourages VA to track ACEs among Veterans and target individualized treatment. To ensure appropriate treatment from the moment a Veteran enters VA, it is critical that VA coordinate with DOD to obtain information on ACEs from servicemembers and provide a seamless transition in care.

Agritherapy.—An increasing number of states now have programs that assist Veterans in starting farms, and many Veterans turning to farming suffer from PTSD. The benefits of agritherapy have been reported in the news media; however, limited research and insufficient opportunities exist to offer the benefits of agritherapy to those suffering from PTSD. VA is encouraged to work with the Department of Agriculture on providing agritherapy programs to Veterans. Additionally, the Committee supports a pilot program to train Veterans in agricultural vocations, including urban and vertical farming, while also tending to behavioral and mental health needs with behavioral healthcare services and treatments from licensed providers at no fewer than three locations.

Mental Health Data on Asian Pacific American Veterans.—The Committee recognizes the lack of mental health data specific to Asian Pacific American Veterans. The Committee directs the Department to submit a report within 90 days after enactment of this Act on its data collection efforts.

Military Sexual Assault.—The Committee is aware of the high prevalence of sexual assault, among both men and women, during their service. Effects from this assault persist once servicemembers return home and can manifest in mental health disorders such as depression, PTSD, SUDs, eating disorders, and anxiety. Because sexual trauma is so prevalent, the Committee recommends that all Veterans seeking treatment services are screened for sexual assault using an evidence-based screening tool in order to successfully treat those who have experienced assault.

Military Sexual Trauma-Related Care for Servicemembers at VA Facilities.—The Veterans Access, Choice and Accountability Act of 2014 (P.L. 113–146), as amended, allows all servicemembers regardless of duty status to receive military sexual trauma-related care from VA, although a VA directive limits the access to servicemembers to Vet Centers only. VA has invested considerable resources to increase the capacity of the VA health care system to provide a range of mental health and medical care services to assist those who have experienced military sexual assault. The Committee believes that servicemembers would benefit from greater access to this capacity and directs the Secretary to provide to the Committee no later than 90 days after enactment of this Act a plan to expand access to military sexual trauma-related care at all VA health facilities.

Aiding Military Personnel Transitioning to Civilian Life.—Military Personnel transitioning to civilian life have reported significant challenges in reintegrating into civilian culture. Filmmaking has been used as a therapeutic intervention to enhance the community reintegration of Veterans by encouraging self-reflection and interactions with other Veterans about shared experiences. The Committee notes the outcomes of filmmaking workshops among Veterans, which included Veteran engagement in mental health care, improved attitudes toward engaging in mental health care, mitigating symptoms of PTSD and depression, and reported perception of community interest in their experience as Veterans. Accordingly, VA is urged to make funds available to implement these workshops at VA medical centers across the country so that all Veterans struggling with PTSD and depression can benefit from this encouraging therapy.

Timely Mental Health Checks.—The Committee recognizes that Veterans are significantly more likely to suffer from trauma, PTSD, or to die by suicide than civilians and often times are undiagnosed. To combat the increasing suicide rate among Veterans, the Committee strongly recommends that VA identify, establish, and support programs that promote mental health screenings for Veterans preparing to transition to civilian life. It is the Committee's understanding that these mental health screenings should occur within 30 days of a Veteran's end of service date to ensure they have the proper resources needed to transition to civilian life.

Post-Deployment Rehabilitation and Evaluation Program (PREP).—The Committee believes that the physical rehabilitation and mental health needs of our active duty servicemembers and Veterans is a top priority. The Post-Deployment Rehabilitation and Evaluation Program (PREP) run by VA is an inpatient initiative that focuses on an individualized evaluation for servicemembers and Veterans to treat combat-related physical, cognitive and men-

tal health systems. The Committee believes it is important to expand the number of servicemembers and Veterans able to receive care through this initiative. The Committee is pleased to see further investment in fiscal year 2020 in PREP and expects to see VA continue the trend of furthering the investment in the program in fiscal year 2021. The Committee directs VA to include programmatic information and funding levels for PREP in future budget requests.

Wrongfully Turned Away Due to “Bad Paper”.—The Committee is concerned about reports that VA has erroneously and unlawfully turned away Veterans who seek VA care and whose DD Form 214, Certificate of Release or Discharge from Active Duty, does not reflect an “Honorable Discharge,” also known as “bad paper.” Studies have shown that higher rates of Veterans with bad paper suffer from mental health conditions. The Committee directs the Secretary to submit a report no later than 90 days after enactment of this Act on (1) actions taken, such as requiring VHA staff to notify denied Veterans of their appeal rights and VHA staff retraining, to eliminate wrongful turn away of Veterans, and (2) plans to collaborate with VSOs, Veterans Claims Officers, and state and local Veterans services on correcting any misinformation on eligibility of VA care for all Veterans.

Modeling and Simulation Treatment of PTSD.—As a mechanism to explore treatments for PTSD, the Committee is aware that the use of modeling and simulation technology has enabled the development of innovative and immersive therapies, which can extend trauma management therapy protocol. The Committee encourages the establishment of a Trauma Management Therapy pilot program that utilizes exposure therapy involving virtual reality in combination with group therapy for the treatment of individuals with symptoms relating to PTSD. House Report 116–63 directed VA to provide a report detailing the feasibility of such a pilot program and the metrics required. The Committee further directs the Department to update this report to include the feasibility of allowing these technologies to provide treatment through telehealth to treat PTSD within 90 days of enactment of this Act.

Collaboration on Gun Safety and Storage.—The Committee supports continued collaboration across public and private sectors to end the national tragedy of suicide, and encourages VA medical centers to collaborate with state and local law enforcement and health officials in states that have adopted extreme risk protection orders, also known as “red flag” laws, and similar gun safety laws, to adopt programs and protocols on firearm safety and storage to assist Veterans who may be struggling with suicidal thoughts.

SUICIDE PREVENTION OUTREACH

VetsCorps.—The Committee continues to strongly support the VetsCorps pilot program directed in House Report 116–63. The VetsCorps, comprised of Veterans themselves, will conduct outreach and recruitment to bring in Veterans who have not been served by the Department and will connect them with available programs and services. The VetsCorps should be designed to reach Veterans wherever they are and provide a personal connection to VA, including peer-to-peer Veteran support networks with VetsCorp for Veterans who are trained in suicide prevention and

crisis intervention to help other Veterans transition from military service to civilian life. The Committee continues to direct the pilot be carried out at no fewer than six sites, targeted to regions with low rates of VA utilization and including at least one rural and urban site. The Committee directs the Department to provide quarterly reports on the status of the implementation of the VetsCorp pilot program. Furthermore, at the conclusion of the pilot, the Committee directs the Department to report to the Committees on Appropriations of both Houses of Congress on the effectiveness of the pilot program at reaching Veterans, particularly those in need, and increasing utilization of VA services and evaluate the cost-effectiveness of the program compared to existing outreach efforts.

GRIT Suicide Prevention Mobile Application.—The Committee supports the Department's current efforts to use twenty-first century technology to promote social connectedness in order to prevent Veteran suicides. The Department, in collaboration with technology organizations, is developing mobile applications and online platforms in an effort to reach more Veterans, such as the Getting Results in Transition (GRIT) mobile application for transitioning servicemembers and Veterans. The Committee directs the Department to continue its efforts to work with technology organizations to develop and implement innovative platforms to prevent Veteran suicide and requests a report within 90 days of enactment of this Act on the status of these efforts.

Veterans Suicide Prevention Grant Program.—The Committee continues to support VA's efforts to coordinate suicide prevention efforts across Federal agencies, prioritize research activities, and strengthen coordination across the public and private sectors under the PREVENTS Initiative.

Social Media.—The Committee encourages the Department to investigate using social media platforms to identify and engage Veterans at risk of suicide and work with academic partners to develop and test tools for identifying and engaging these veterans.

Artificial Intelligence and Machine Learning.—The Committee urges the Department to utilize its growing electronic data resources to provide improved services to Veterans, including preventing Veteran suicides, and notes that commercial off-the-shelf tools, such as artificial intelligence and machine learning software, can provide predictive analysis and can help prevent suicides before they occur.

Suicide Prevention Outreach.—The Committee directs the Secretary to submit a report to the Committees on Appropriations of both Houses of Congress on Suicide Prevention Outreach activities within 60 days of enactment of this Act. The report should include how VA has executed Federal funding for the last two fiscal years and an assessment on what funding and resources are needed to accomplish the Department's suicide prevention outreach mission. Furthermore, the report should include the number of Veterans that VA has reached out to through the suicide prevention outreach initiative, and an analysis of the program's effectiveness, including how COVID-19 has impacted this initiative in fiscal year 2020.

Models of Care for Suicide Prevention.—Soldier and Veteran suicide remains a significant scourge on America. Despite diligent efforts to prevent suicide, the existing clinical care model does not appear to be improving outcomes. As such, the Committee encour-

ages VA to determine whether current clinical care practices should be enhanced, and new models of care developed. In making such a determination, the Department should involve its clinical leaders and experts, academia, advocate organizations, and other stakeholders and also ensure survivors of attempted suicide and families who have lost a loved one are provided the opportunity to engage in the process.

HOMELESS ASSISTANCE

The Committee provides \$1,928,508,000 for VA homeless assistance programs, which is \$40,000,000 above the budget request. Additionally, an estimated \$7,868,860,000 is provided for homeless Veterans treatment costs. Programs to assist homeless Veterans include the Homeless Providers Grant and Per Diem (GPD), Health Care for Homeless Vets (HCHV), the Domiciliary Care for Homeless Veterans, the Supportive Services for Low Income Veterans and Families (SSVF), Justice Outreach Homeless Prevention, and the Department of Housing and Urban Development-Department of Veterans Affairs Supported Housing (HUD-VASH) programs, among others.

Healthcare for Homeless Veterans.—The Committee directs the Secretary to submit a report to the Committees on Appropriations of both Houses of Congress within 90 days of enactment of this Act on the benefits of expanding the Healthcare for Homeless Veterans Program H-PACT program, to include the benefits of expanding the program, location of additional locations, to include rural areas, and additional services to improve the program.

Ending Veteran Homelessness.—The Committee recognizes the value and impact of the HUD-VASH program, which serves Veterans experiencing homelessness. Case management services are critically important to the function of the program, and public housing authorities rely on VA Medical Centers referrals to house Veterans. Due to the joint nature of HUD-VASH funding, the Committee recommends that VA's budget for case managers be increased commensurate with any increases in HUD's budget for new vouchers.

HUD-VASH Program.—The Committee continues to support the HUD-VASH program and reminds the Department to provide the annual report on distribution of HUD-VASH vouchers as requested in House Report 115-188. Furthermore, the Committee requests that this annual report also identify how many HUD-VASH vouchers are given to women Veterans with children, women Veterans without children, male Veterans with children, and male Veterans without children in each state. The report should also include the number of HUD-VASH vouchers distributed to Veterans in rural, suburban, and urban areas per state. The Committee believes that an annual report with this information will be an important data point over time to assess the success of VA's efforts to combat Veteran homelessness.

Extended HUD-VASH Support Services.—The Committee is aware of the positive role the HUD-VASH program plays in helping homeless Veterans. A key component of the program is VA's case management services. These services are designed to assist Veterans in obtaining and sustaining permanent housing and engage in needed treatment and other supportive services that im-

prove Veterans' quality of life and end their homelessness. Examples include access to a caseworker that could help prevent Veterans from hurting themselves or others, committing a serious crime, or damaging the rented property when experiencing an emergent mental health or substance abuse crisis. To assist with efforts to evaluate the case management services, the Committee directs VHA to provide a report to the Committees on Appropriations of both Houses of Congress within 180 days after enactment of this Act detailing: (1) a summary of the current agency guidance for implementing case management services after core working hours, (2) a list of any VISN that does not offer extended support services after core working hours, (3) how a VISN provides support to Veterans in locations that do not provide extended case management services after core business hours, and (4) plans to provide expanded extended case management services in locations that do not currently have these services after core business hours.

HUD-VASH Caseworker Staffing.—The Committee remains concerned that the Department is not properly staffing its HUD-VASH program to meet the needs of the homeless Veterans population, which may be contributing to increasing homelessness nationwide. As of December 31, 2019, there were over 650 vacant HUD-VASH caseworker positions across the country. Accordingly, the Committee urges the Secretary to use existing authority to contract for HUD-VASH caseworker positions when such positions have remained vacant for more than nine months and when a VA Medical Center has not used 15 percent of its allotted vouchers in the previous year. Furthermore, the Committee directs the Secretary to submit a report to the Committees on Appropriations of both Houses of Congress within 90 days of the enactment of this Act that is consistent with the report requirements set forth in Division F of the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2020 (Public Law 116-94).

Legal Assistance for the SSVF Program.—The Committee notes that university law schools are willing to work with Veterans on a pro-bono basis to provide legal assistance. This can result in additional benefits such as training law students in Veteran disability law and legal skills critical to providing advocacy within the VA system and inspiring next-generation lawyers to serve Veterans in practice. The Committee encourages the SSVF program to work with grantees to expand their legal service offerings, particularly in rural areas where access to private legal assistance can be limited. Within the funds provided, the Department is encouraged to establish one or more pilot projects to partner SSVF grantees with university law schools in rural areas to enhance legal assistance to Veterans.

Shallow Subsidy Initiative.—The Committee encourages VA to prioritize funding within the SSVF program for the Shallow Subsidy Initiative to expand the number of counties eligible to provide the Shallow Subsidy, targeting areas with high rental costs and large homeless Veteran populations.

Homeless Veterans Near the United States-Mexico Border.—The Committee notes that there may be homeless Veterans living near the United States-Mexico border who, historically, may not have been counted in point-in-time homeless surveys. The Committee directs VA to work with HUD to develop strategies and recommenda-

tions for addressing Veteran homelessness near the United States-Mexico border and to take into account these undercounted Veterans when awarding HUD-VASH vouchers. The Committee appreciates VA's efforts to implement strategies and make recommendations to decrease Veteran homelessness on the border, such as the development of a Homelessness Screening Clinical Reminder, data sharing, improving the accuracy of data, and contracting case management in rural areas.

STAFFING ISSUES

Mental Health Professionals Hiring.—The Committee continues to direct the Department to prioritize hiring mental health professionals.

Unfilled Positions.—The current number of unfilled positions at VA is nearly 49,000 system-wide. These unfilled positions include VHA physicians and mental health professionals, and the lack of these professionals negatively impacts the delivery of care for Veterans at VHA medical centers and CBOCs across the country. VHA facilities have been forced to provide care with fewer staff than are medically necessary to properly care for our Nation's Veterans. As a result, the Committee is concerned that the significant number of vacancies will lead to longer wait times for Veterans. Section 505 of the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 (P.L. 115-182), requires VA to post data on unfilled positions. The Committee expects VA to continue to comply with this mandate and expects VA to actively recruit and hire full-time professionals to fill these system-wide vacancies with the resources provided by the Committee. The Committee continues to direct the Secretary to provide a quarterly report to the Committees on Appropriations of both Houses of Congress detailing hiring initiatives and system-wide progress on hiring and specifically what actions are being taken to fill physician positions and mental health provider positions, as well as any impediments to such efforts. The report should include the resources provided for these efforts and recommendations for relevant legislation.

Medical Staff Retention.—The Committee expects VA to continue to report every six months on the number of all clinical staff directly responsible for patient care who have left VA, including a summary of the principal reasons explaining their departure, and the steps being taken to mitigate the principal reasons providers leave. The data should be aggregated at the VISN level and should also include the percentage of staff in primary care versus specialty care and mental health care, and the percentage of medical staff at each facility who complete an exit survey upon their departure. Exit surveys should be conducted anonymously, including through the use of a location that allows for privacy, is not directly visible by another employee, and does not require the departing employee to include any personally identifiable data.

Hiring Delays.—The Committee is concerned that VA's hiring and credentialing process may be contributing to longer wait times for Veterans seeking healthcare. The Committee requests VA to report on the average length of time to fill a healthcare provider slot at a representative sample of medical centers, including: the time

it takes the resource board to approve the hire of a new position; the time it takes to post the job announcement; how long the interview process takes; and the length of time for credentialing; as well as any internal VA goals that exist for the time each step in the process should take. The report should also describe how often a healthcare provider reaches the credentialing process phase of the process, but exits the process because of another opportunity outside VA. This report should be provided to the Committee no later than 60 days after enactment of this Act.

Lack of Team-based Staffing.—The Committee is encouraged by improvement in Primary Care access and wait times. However, the Committee remains concerned about primary care Patient Aligned Care Team (PACT) team staffing at VA Medical Centers. Team-based care has been shown to improve health outcomes, improve team member satisfaction, including providers, which also correlates to lower team burnout, and increases Veteran experience and satisfaction. The Committee directs VA to submit a report, no later than 120 days after enactment of this Act, providing information on the number and percentage of fully staffed and implemented PACTs as well as the number of fully trained PACTs within VA. This report should also include correlation of fully staffed PACTs to health outcomes as well as employee and Veteran satisfaction.

Staffing Shortages.—The Committee recognizes the growing shortage of VHA physicians and medical professionals has negatively affected the delivery of care for Veterans at VHA medical centers and clinics across the country. VHA facilities have been forced to provide care with fewer staff than are medically necessary to properly care for our nation's Veterans. In House Report 116–63 and in Division F of the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2020 (Public Law 116–94), the Committee requested various reports on what VHA is doing to fill medical vacancies, recruit new talent, and address workforce-training opportunities, not limited to, but including, psychiatric and behavioral health professionals. The Committee is concerned VA has not produced these reports in a timely manner and is further concerned as VA health professional staff vacancies have not decreased. The Committee directs VA to submit the staffing issues reports no later than 30 days after enactment of this Act.

ACCESS FOR RURAL VETERANS

Office of Rural Health (ORH).—The Committee provides \$300,000,000 for rural health, which is \$30,000,000 above the request, to improve access and quality of care for the more than 3,000,000 enrolled Veterans residing in rural and highly rural areas. ORH improves access and quality of care for enrolled Veterans residing in geographically rural areas. Developing evidence-based policies and innovative practices to bring healthcare to rural areas is key to serving Veterans in geographically remote areas, including remote facilities in Hawaii, many of whom would otherwise need to travel by air to reach their nearest VA facility. In addition to providing healthcare services, ORH's important work includes identifying barriers to healthcare delivery in rural areas and implementing new ways to deliver healthcare and services to Veterans in these locations. The Committee supports the Office of Rural

Health's ongoing efforts to refine and promulgate best practices and innovative and successful programs to improve care and services for Veterans who reside in rural areas, including the designation of Rural Promising Practices.

Operating Plan.—The Committee directs the Office of Rural Health to submit to the Committee no later than 30 days after enactment of this Act an operating plan for fiscal year 2021 funding, as well as for the fiscal year 2022 funding provided in advance by this Act.

VSO Wellness.—The Committee is concerned that VA is taking too much time to implement the VSO Wellness pilot program, authorized in Section 252 of the Consolidated Appropriations Act, 2018 (P.L. 115–141). This remains a priority of the Committee, and the Department is directed to implement the pilot program expeditiously. House Report 116–63 directed the Department to provide a status update on the pilot program no later than 14 days after the report was filed, and the Committee has yet to receive the status report. The Committee directs the Department to provide monthly updates on the status of the VSO Wellness pilot program, in addition to the initial status report required in House Report 116–63 no later than 14 days after this report is filed.

Rural Transportation Study.—The Committee provides funding, as requested, for the Office of Rural Health's rural transportation study by the Veterans Rural Health Resource Center, Iowa City. The Committee supports this study and directs the Secretary to provide a report with the President's Budget Request for fiscal year 2022 that assesses whether there are gaps in the Department's comprehensive rural transportation program, how they should be closed, and if additional funding is needed.

Rural Health Resource Centers.—Given the important role ORH's Rural Health Resource Centers play in expanding access to care, the Committee encourages VA to continue considering expanding these centers. ORH has played a major role in VA's overall strategy to combat opioid abuse by funding pilot programs through the Rural Health Initiative focused on pain coaching and modalities that increase Veterans' access to alternatives to opioid-centered pain management. The Committee recommends that as ORH considers expansion, combatting the opioid epidemic and non-opioid pain management in rural areas remain key components of its focus.

Vet Center Travel Reimbursement.—The Committee acknowledges continued progress in addressing transportation barriers for Veterans, especially those in rural or highly rural areas. While the Committee recognizes the important work of VSOs and the existence of the Veterans Transportation Program, a transportation gap still exists for rural and non-rural areas. The Committee directs VA to submit a report outlining the feasibility of expansion of payments and allowances for beneficiary travel in connection with Veterans receiving care from Vet Centers in (a) rural areas and (b) all areas. The Committee is aware of the Congressional Report submitted in November 2018 in response to Public Law 112–154; 126 Stat.1169, Section 104a where the Department performed a feasibility study for expansion of beneficiary travel for highly rural Veterans receiving care from Vet Centers and ultimately advised against expanding beneficiary travel to Veterans due to the lack of

software and/or automation between Vet Centers and VA Medical Centers. This report should also include an analysis of options for automating the process for information sharing and workload tracking between Vet Centers and VA Medical Centers and building an infrastructure at Vet Centers for processing beneficiary claims in order to expand beneficiary travel to Veterans traveling to Vet Centers. This report is due no later than 120 days after enactment of this Act.

Transportation Challenges.—The Committee recognizes the transportation challenges and barriers to care that rural and remote Veterans face and encourages VA to look into the feasibility of utilizing autonomous electric vehicles in the future to overcome these challenges.

Clinical Resource Hub.—The Committee supports the success of the recently established Clinical Resource Hub at the Office of Rural Health. This program is an innovative model that delivers high-quality health care services to Veterans in underserved locations. The Committee recognizes the unique challenges faced by Veterans living in rural communities who often require access to a suite of health services across a spectrum of specialty medical professionals. The Clinical Resource Hub combines telehealth services with in-person care to bring access within reach for Veterans across rural America. The Committee will continue monitoring the progress of this program through the fiscal year.

TELEHEALTH AND CONNECTED CARE

The Committee provides \$1,329,566,000 for telehealth and connected care, which includes home telehealth, home telehealth prosthetics, and clinic-based telehealth.

The Committee notes that within the total amount provided for Medical Services in the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (P.L. 116–136), VA allocated \$250,000,000 for telehealth expansion.

Telehealth Benefits.—Telehealth services increase Veteran access to care. The Committee directs VA to continue to expand telehealth availability to include additional mental health, primary care, and rehabilitation services as a means to deliver care in rural and underserved communities.

Telehealth Services.—The Committee directs VA to develop a plan to improve Veteran and provider satisfaction, increase awareness of the telehealth program, and enhance adoption of telehealth by Veterans and providers. The Department’s plan should include actions that will be taken to make telehealth more accessible to patients in highly rural areas. The Committee looks forward to the Department’s report, as directed in Division F of the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2020 (Public Law 116–94) within 60 days of enactment of the Act.

Telehealth for Maternal Fetal Medicine.—The Committee recognizes the needs of women Veterans and expanding access to maternal fetal medicine (MFM) via telehealth to ensure the health of mothers, pregnancies, and babies. The Committee also recognizes the further potential for VA to partner with universities to expand access to maternal and perinatal care via telehealth. To assist with efforts to evaluate the potential for creating pilot programs in sup-

port of MFM, the Committee directs the Department to provide a report to the Committees on Appropriations of both Houses of Congress with 180 days after enactment of this Act detailing: (1) the current extent of VA support for MFM telehealth and (2) the potential for entering into MFM partnerships with academic institutions in states that serve a high percentage of Veterans and their families in rural, isolated communities in noncontiguous states and territories.

GENDER-SPECIFIC CARE FOR WOMEN

The number of women Veterans using VHA services has increased 29 percent in five years from 423,642 women Veterans in 2014 to 545,670 in 2019. The increased number of women using VHA services necessitates the greater need to provide and expand VA's gender-specific services to women Veterans. The bill provides \$660,691,000 for gender-specific care for women, which is \$35,000,000 above the request. VA is directed to continue redesigning its women's healthcare delivery system and facilities to ensure women receive equitable, timely, and high-quality healthcare.

The additional \$35,000,000 is provided for the purposes of expanding programmatic support for women's healthcare. VA is directed to provide an expenditure plan detailing how the additional funding will be spent no later than 90 days after enactment of this Act, and the Committee further requires quarterly briefings on the expenditure of these funds. The Committee directs the delivery of care to women Veterans be through an organized program within normal business operations of VA. The women's health program is required to have appropriate staffing levels and executive support that is operationalized to ensure all aspects of care for women Veterans are available.

Program managers within each VA facility should be equipped, at a minimum, with at least one designated women's health provider, the appropriate number of nurses, administrative support, care coordinators, and peer navigators. The Committee directs VA to continue to build on its training initiatives for women's health providers and nurses in order to meet the increased demand in care. VA is further directed to provide greater resources at the field level to build visible women-specific health programs, including suicide prevention programs, reproductive mental health programs, and combined pain and opioid use programs, and the Committee requests a report within 90 days of enactment of this Act on VA's plans to provide and expand these programs for women.

The Department is further directed to prioritize hiring women primary care providers and psychologists for women's clinics using the Medical Services appropriation. To supplement VA's recruitment efforts to hire and retain women clinicians at the field and VISN levels, the Committee directs the Department to deploy a large national women-specific advertising campaign to appeal to women Veterans to receive their care at VA facilities and to women-specific healthcare providers to work at VA.

Additionally, the Committee continues to direct that Women's Health Program Managers be full-time jobs and not be tasked with supplemental responsibilities outside of their specified job descriptions.

Gender-Specific Women Veterans' Healthcare.—Women are now the fastest growing cohort within the Veteran community. The Committee remains concerned that VA is not adequately addressing the health needs of women Veterans, including obstetrics, gynecological care, and treatment for gender-specific conditions and diseases. The Committee urges VA to continue expanding access to care in these areas and ensure women Veterans' health needs, which often differ from men, are met.

Women Medical Staff.—The Committee continues to support the hiring of more women healthcare professionals in order to provide women Veterans greater opportunities to choose the gender of their healthcare provider.

Access to Gender-Specific Care for Women.—The Committee expects VA to continue to work to improve care for women Veterans. VA must provide women Veterans equitable access to the same health care services and programs as male Veterans, including VA's specialized services for substance use disorders, homelessness, and treatment for PTSD related to combat military sexual trauma. Most importantly, these programs must be tailored to meet the unique needs of women Veterans by expanding the list of requirements that facility staff inspects for compliance to align with the women's health handbook of the Veterans Health Administration. The Committee further directs VA to ensure proper coordination of care for 1) women patients with complex care needs who must frequently access gender-specific health care services in the community and 2) for women Veterans with war-related injuries and/or service conditions who are at higher risk for poor outcomes. VA should monitor these efforts and report to the Committees on Appropriations of both Houses of Congress within 120 days of enactment of this Act on its work to improve these outcomes for women Veterans.

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

Maternity Care Benefits, Survey, and Education Campaign.—The Committee requests a report within 90 days of enactment of this Act on the following data related to VA maternity care benefits: the number of eligible women Veterans and actual utilization from each of the last 10 years in each VISN, to the extent that data are available; the number of Veterans who receive prenatal care and have births at a VA facility, and the number of Veterans who receive prenatal care-related services through contracted non-VA providers; information on the transition from VA to non-VA providers and how medical records are returned to VA once a woman is postpartum, particularly if she has an underlying medical condi-

tion; and the number of maternity care coordinators in each VISN and specific data on minimum employment requirements and caseload. The Committee also directs VHA to develop a patient survey to collect feedback from women Veterans who utilize the maternity care benefit, including their satisfaction with VA maternity care benefits; whether the benefit met their needs; the patient's interaction with the maternity care coordinator; and whether there were barriers to care, providers, or specific services related to the maternity care benefit. Further, the Committee encourages VHA to develop an education campaign publicizing the maternity care benefit, including clarifying who is eligible, what the benefit covers and does not cover, and any cost sharing that may be required with the benefit. The education campaign materials should be easy for patients to understand and be easily accessible online and at each center for women's health, medical center and CBOC.

Women Veterans Peer Support.—The Committee welcomes the role of Women Veterans Network (WoVeN), a national peer support network for women Veterans in providing group support specifically tailored to the unique needs of women Veterans, including life transitions, balance, stress relief, connections, healthy living and esteem, which is run by researchers from the National Center for PTSD—Women's Health Sciences Division, which develops clinical practices to treat PTSD in women. The research component of this peer support program will drive innovation in addressing PTSD in women Veterans. The Committee provides no less than \$1,000,000 for peer support programs for women Veterans.

Combatting Maternal Mortality.—The Committee recognizes that the United States maternal mortality rates are significantly higher than many of our international counterparts. In 2018, the Center for Disease Control and Prevention found that in the United States, 658 women, including women Veterans, died from complications while giving birth. The Committee directs VA to provide a report within 90 days of enactment of this Act on the historical maternal mortality rates of women Veterans and recommendations on how to combat the rising rates.

Women Veterans Contact Call Center.—The Committee directs the Secretary to enhance the capabilities of the women Veterans contact call center to respond to requests by women Veterans for assistance with accessing health care and benefits furnished under the laws administered by the Secretary, and to refer such Veterans to resources provided by the Federal government and the community to obtain assistance with services not furnished by the Department.

Sexual Assault and Harassment Policy at VA.—The Committee continues to be concerned about the harassment women Veterans have had to endure at some VA healthcare facilities, but is pleased VHA has initiated the Stand-Up to Stop Harassment Campaign to promote a harassment-free healthcare environment for staff, Veterans and visitors to VA health facilities. The Committee directs the Secretary to provide a report no later than 90 days after enactment of this Act to the Committees on Appropriations of both Houses of Congress on VA's plan to expand and implement a similar initiative across all VA components, including implementing mandatory bystander intervention training for all employees, contractors, on-site vendors, and volunteers.

PHARMACY ISSUES

Drug Pricing Report.—Rising drug prices are a significant cost driver in healthcare. However, VA receives substantial discounts when purchasing prescription drugs. Common sense approaches such as using lower-cost generic drugs, providing care from expert pharmacists, and making drug companies compete for business can help drive down the cost of healthcare. The Committee is interested in VA's spending on prescription drugs and requests a robust report on drug pricing no later than 120 days after enactment of this Act. The report should include 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. If data is unavailable, the report should provide a detailed explanation of why.

At-home Drug Disposal for Veterans.—In 2019, over 125 million prescriptions, representing 80 percent of outpatient prescriptions were mailed directly to the Veteran's home. While extremely beneficial to Veterans, this method may contribute to the prevalence of excess, expired, unused, and unwanted prescriptions remaining in Veterans' medicine cabinets. In a recent VA study of almost 5 million Veterans with prescriptions through VA, 64 percent had at least one duplicated medication, which can increase the risk of adverse events and overdose. In addition, recent studies indicate as many as 72 percent of opioids prescribed for post-surgical pain go unused by the patient, but without active engagement at discharge, patients are highly unlikely to dispose of unused drugs leaving them vulnerable for misuse and abuse. The Committee supports VA's efforts to engage Veterans on the safe disposal of prescribed medication while continuing to pursue and advance additional methods to limit and dispose of excess medications in Veteran homes. The Committee directs the Department to provide a report within 120 days of enactment of this Act on the feasibility of conducting a pilot program to evaluate the benefits of co-dispensing at-home drug disposal products for post-surgical patients as a part of the Opioid Overdose Education and Naloxone Distribution program and drug-take back activities of the Department.

Safe Medicine.—The Committee recognizes the nation's increased reliance on foreign-based sources of medicine and active pharmaceutical ingredients. The Committee is concerned the health security risk this presents VA as it provides medicine to Veterans. The Committee requests a report within 90 days of enactment of this Act detailing potential vulnerabilities VA faces purchasing medicine from offshore sources, including dependency issues, and that addresses strategies to buy American and produce medicine domestically. The report should also provide information on VA's medicinal purchasing guidelines, with relation to drug cost and safety, to ensure VA is acquiring the safest medicine possible for Veterans.

OPIOID SAFETY INITIATIVES AND SUBSTANCE USE DISORDER CARE

Opioid Abuse.—The Committee is pleased that VA has taken an aggressive posture in reducing the volume of opioid prescriptions it dispenses and is turning to alternative approaches to pain relief, including the use of complementary medicine tools. The Committee

is pleased to see that despite the 7 percent increase in the number of Veterans using pharmacy services between 2012 and 2019, there has been a 60 percent reduction of Veterans on long-term opioids and an 82 percent reduction of Veterans receiving opioid and benzodiazepine medications together. The Committee encourages VA to continue the challenging effort to reduce opioid use among Veterans, half of whom suffer from chronic pain. The Committee provides \$503,660,000 for opioid treatment and prevention efforts, of which \$120,812,000 is provided for activities authorized by the Comprehensive Addiction and Recovery Act of 2016 (P.L. 114–198), which is \$66,758,000 above fiscal year 2020.

Opioid Therapy Risk Report.—The Committee urges VA to ensure that all VA providers who prescribe opioids use VA’s Opioid Therapy Risk Report tool consistently, including prior to initiating opioid therapy, to ensure safe prescribing and to help prevent diversion, abuse, and double-prescribing. The Committee also urges VA to further improve the timeliness of data available in the tool to allow providers to have real-time access to data. It is critical that VA clinicians have access to patients’ opioid therapy history from outside providers to ensure safe pain management care, as many Veterans also seek care from providers in the community who may prescribe them medication.

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

Substance Abuse Among Women.—In recent years, rates of problematic substance use among women Veterans have been increasing. While men have greater rates of addiction than women, many women Veterans have characteristics that make them more prone to substance use disorders than men, including past trauma (physical and sexual). As such, the Committee recommends that the Department ensures women Veterans have timely access to a full spectrum of integrated substance abuse treatment services, from detoxification to rehabilitation. Additionally, the Department should increase the availability of gender-specific substance use disorder programming and ensure all programming venues comply with the environment of care standards for women’s privacy and safety.

Substance Use Disorders.—The Committee supports new and innovative solutions to address substance use disorders and substance misuse, including efforts to intervene early with at-risk Veterans and support programs that provide Veterans and their families with the tools they need to meet these challenges, such as harm reduction techniques and confidential education that can reduce substance use, relapse, hospital visits and suicide. The Committee encourages VA to increase education among its primary care practitioners on the diagnosis and treatment of alcohol use disorders with Federal Drug Administration (FDA)-approved medication assisted treatments.

Internet-based Substance Abuse Education.—The Committee recognizes the ongoing work of VA to reduce substance use disorder

among Veterans. The Committee is aware of Substance Abuse and Mental Health Services Administration studies that conclude that 90 percent of people who die by suicide suffer from depression, substance use disorders, or both. Veterans face unique health challenges and the suicide rate among Veterans continues to be unacceptable. The Committee is aware that male Veterans have greater rates of substance abuse addiction but that the rates of problematic substance use among women Veterans is increasing. The Committee supports new and innovative solutions to intervene early with at-risk Veterans and supports programs that provide Veterans and their families with the tools they need to meet these challenges. The Committee recognizes the importance of programs that utilize harm reduction techniques and offer confidential education information that can reduce substance use, relapse, hospital visits and suicide, and therefore directs the Department to provide a feasibility study to establish a comprehensive, evidence-based and confidential internet-based substance abuse education, case management, and peer coaching pilot program within 90 days of enactment on this Act.

WHOLE HEALTH INITIATIVE

Traditionally, Veteran medical providers have focused on the physical symptoms of Veterans, zeroing in on their diseases and ailments. However, VA is continuing to work to expand this focus by incorporating a whole health model of care, which is a holistic look at the many areas of life that can affect a Veteran's health, including their work environment, relationships, diet, sleep patterns, and more. Whole Health is an approach to healthcare that empowers and enables the Veteran to take charge of their health and well-being and live their life to the fullest. The Committee is extremely pleased with the Whole Health model of care and includes \$83,600,000, which is \$20,000,000 above the request, to continue to implement and expand Whole Health to all VA facilities.

Interactive Patient Care Beyond the Inpatient Setting.—The Committee supports Whole Health as a model of care delivery at all points of care whether in VA facilities, in the community, or at home. The Committee understands that several VA Medical Centers (VAMC) are implementing the Whole Health model through interactive patient care, but the Committee is concerned about how the Department will ensure the Whole Health model is sustained when the Veteran is outside of the VA inpatient setting. To achieve success, VA must facilitate the Veteran's care team's ability to provide the same consistent and collaborative patient engagement and interactive patient care outside of VAMCs and enable the Veteran and the Veteran's care team to be actively involved in the Veteran's Whole Health Plan. The Committee directs the Department to leverage technology to facilitate management and adaptations of the Veterans Whole Health Plan, ongoing communication, and awareness of additional VA services to support fulfillment of the Whole Health Plan.

Creative Arts Therapies.—The Committee acknowledges the effective use of creative arts therapies in treating Veterans with traumatic brain injuries and psychological health conditions. The Committee supports the integration of the arts and creative arts therapies provided by VA's Office of Patient Centered Care and Cultural

Transformation through the Whole Health initiative and encourages VA's continued partnerships with healing arts providers. The Committee strongly supports the Secretary in continuing to expand these innovative programs throughout the Veterans Healthcare Networks and provides an additional \$5,000,000 to do so.

Continued Support and Expansion for Whole Health.—As of October 2017, 18 VA medical centers have received funding to implement the Whole Health System of Care (WHS). WHS, a three-year pilot program, meets the intent of the Comprehensive Addiction and Recovery Act by delivering patient-centered care and complementary and integrative health approaches to our nation's Veterans especially those who are struggling with opioid use disorder and chronic pain. In January 2020, VA released an evaluation of the WHS, which concluded: (1) the program had a positive impact on reducing opioid use among Veterans; (2) Veterans who used WHS, compared to those who did not, experienced greater improvements in perceived stress indicating improvements in overall well-being; and (3) comprehensive WHS service revealed potential savings in pharmacy costs. The Committee is pleased by the results of this evaluation and urges VA to continue supporting the WHS and to expand it beyond the 18 flagship sites in fiscal year 2021.

Whole Health Services.—The Committee supports VA's focus on Whole Health and as VA continues to expand access to Whole Health services, the Committee directs VA to analyze the accessibility and availability of each of the following services: massage, chiropractic services, whole health clinician services, whole health coaching, acupuncture, healing touch, whole health group services, guided imagery, meditation, hypnosis, yoga, Tai chi or Qi gong, equine assisted therapy, and any other services the Secretary determines appropriate, at VA medical facilities, including Medical Centers, Community-Based Outpatient Clinics, Vet Centers, and Community Living Centers. Furthermore, the Committee directs the Department to submit a report to Committees on Appropriations of both Houses of Congress on the outcomes derived from these specified Whole Health services, the resources required to expand these specified services, and the plan to provide these specified services to Veterans who reside in geographic areas where no Medical Center, Community-Based Outpatient Clinic, Vet Center, or Community Living Center is located. The report should be submitted no later than 180 days after enactment of this Act.

OTHER HEALTH ISSUES

Central Alabama Veterans Health Care System (CAVHCS).—The Committee calls the Department's attention to the urgent need to improve the care provided at and the management of CAVHCS. The Department is directed to immediately and fully correct deficiencies and problems at CAVHCS and ensure VA Southeast Network (VISN 7) is focused on providing appropriate and additional assistance to the system. The Committee directs the Department to develop a plan to resolve these problems and to fill vacancies of permanent leadership and senior member staff and to submit quarterly reports describing implementation of the plan, including current status of hiring permanent leadership and senior member staff. The Committee strongly urges the Department to fully utilize every incentive, bonus, or other measures to hire and retain perma-

ment medical staff to provide quality care for Veterans in Central Alabama. The Committee directs the Department to issue quarterly reports on all levels of permanent staffing at CAVHCS along with vacancies and efforts that are being made to fill those vacancies.

Cancer Moonshot Contribution.—The Committee supports the Beau Biden Cancer Moonshot Initiative and the Department's contribution utilizing advances in genomic science to provide targeted treatment to Veterans. The Department has identified prostate cancer, triple-negative breast cancer, and colorectal cancer as areas of priority. Due to the prevalence of various skin cancers among servicemembers, the Committee directs that skin cancer be included as a priority as well.

Rare Cancers.—The Committee is pleased by the December 2017 signing of the collaboration agreement between the Department, the John P. Murtha Cancer Center at Walter Reed National Military Medical Center, and the National Cancer Institute focused on improving cancer care for common cancers affecting servicemembers and Veterans. However, the Committee remains concerned about the need for a better understanding of, and treatment options for, rare cancers. There are 55 cancers that disproportionately affect those serving in the military and 67 percent of them are rare. Of the 396 total cancers, 374 are rare and few treatment options are available. Servicemembers are uniquely exposed to carcinogens, including asbestos, industrial solvents, nuclear radiation, depleted uranium, lead, fuels, polychlorinated biphenyls, and components of Chemical Agent Resistance Coating, all hazards that may increase the risk of cancer for servicemembers and Veterans. Therefore, the Committee directs the Department to issue a report no later than 90 days after enactment of this Act on how the collaboration between the Department, the John P. Murtha Cancer Center at Walter Reed National Military Medical Center, and the National Cancer Institute will address rare cancer, including molecular subtyping, systemic research and development gaps, and inadequacies in targeted treatment options.

Nuclear Medicine Quality Improvements.—The Committee is aware of evidence demonstrating the prevalence of extravasations in nuclear medicine procedures. Extravasations of diagnostic radiopharmaceuticals negatively affect the sensitivity and quantification of nuclear medicine scans. Extravasations can affect disease staging and treatment assessment, result in unnecessary invasive procedures and additional radiation exposure, and lead to higher costs for patients and payers. Additionally, extravasations of diagnostic and therapeutic radiopharmaceuticals can expose patient's tissue to radiation doses that far exceed dose thresholds that are known to lead to side effects. As America's largest integrated healthcare system, VHA should lead by example in acting to reduce medical errors and medical waste. The Committee encourages VHA to monitor injection quality, image extravasations when they occur, perform dosimetry, notify patients and their physicians when doses exceed reportable limits, and implement programs to reduce extravasations in the future. The Committee requests an update on this issue in the fiscal year 2022 Congressional Budget Justification.

Hospital-Acquired Pressure Ulcers and Pressure Injuries.—The Committee understands that ulcers and pressure injuries are re-

ported to be 52 percent more prevalent in VA hospitals than in non-VA hospitals, and that the application of evidence-based protocols can help prevent Hospital-Acquired Pressure Ulcers. The Committee urges VA to implement the Standardized Pressure Injury Prevention Protocol, as included in the 2019 International Clinical Practice Guidelines for the Prevention and Treatment of Pressure Ulcers/Injuries, and directs VA to provide a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this Act on steps taken to implement such protocols.

Wheelchairs.—The Committee encourages the Department to work with Veterans who are eligible to receive a wheelchair to determine the best options for restoring their maximum achievable mobility and function for daily life.

Nutrition and Food Services.—The Committee recognizes the value of proper nutrition and food's impact on one's health and remains concerned regarding the nutritional health and well-being of Veterans. Patients with three or more chronic conditions represent 35 percent of Veterans receiving VA care and account for 65 percent of VHA costs. Acknowledging the correlation between obesity and co-occurring chronic conditions, such as diabetes, the Committee directs VA to provide a report on the ways VA is currently promoting positive nutritional habits among Veterans, such as nutritional coaching and meal programs. The report should include how many Veterans the Department is currently serving in this capacity, and how to expand the initiative to more Veterans. Furthermore, the Committee urges VA to be proactive in promoting wellness and disease prevention by providing evidence-based nutritional guidelines for Veterans and their caretakers.

Produce Prescription Pilot Program.—The Committee is concerned with food insecurity among the Veteran population and recognizes the role of access to healthy produce in managing chronic disease and reducing health care utilization. The Committee is aware of produce prescription programs across the country that allow medical providers to prescribe fresh fruits and vegetables to individuals or households who are at-risk due to health status or income, often pairing these prescriptions with financial incentives or nutrition education resources. The Committee encourages the Secretary to create a pilot program to provide produce prescriptions to Veterans in partnership with community-based organizations and/or government entities with demonstrated experience and expertise in providing produce prescriptions.

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

Medical School Affiliations.—The Committee continues to be pleased with VHA's implementation of its collaborative agreements

with academically affiliated minority medical schools. The Committee encourages VHA and the Office of Academic Affiliations (OAA) to further align academic partnerships with training opportunities and patient needs of Veterans in surrounding communities and to convene a summit of minority health professions schools to achieve this goal. The Committee directs VA to provide a report to the Committees on Appropriations of both Houses of Congress on the progress. The Committee further encourages VA to identify opportunities to expand community-based inpatient and outpatient clinical facilities on the campuses of Historically Black Colleges and Universities (HBCUs) and other minority serving medical schools. The Committee recommends that VA solicit and expand its medical support systems to HBCUs that have medical facilities on their campuses. Within 120 days of enactment of this Act, the Committee directs the Department to report back to the Committees on Appropriations of both Houses of Congress on the progress of both initiatives.

Minority Veteran Care.—The Committee acknowledges the Department's efforts to streamline data collection practices through a working group and other initiatives. The Committee notes that the Veteran population is becoming increasingly diverse. According to VA's Center for Minority Veterans, more than one-third of Veterans will come from minority groups by the year 2040. The Committee also acknowledges that the Department currently has a working group, which has the goal of developing streamlined data collection processes. Accordingly, the Committee directs the Secretary to provide a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this Act that details how VA can restructure its data collection practices to more accurately and consistently capture data on the race and ethnicity of Veterans across its various systems. This report should take into consideration VA's new electronic health record system that will combine the Department's current data collecting programs and make recommendations on how the implementation of this new system can help improve data collection on Veterans.

Hispanic-Serving Institution (HSI) Affiliations with VA Health Care Facilities.—The Committee continues to be concerned by the lack of HSI medical school participation and collaboration with local VA hospitals in areas where HSI medical schools are located. The Committee urges the Secretary to develop a plan to expand local VA medical facilities' participation with HSI medical schools.

Freely Associated States (FAS) Veterans.—The Committee directs the Department to provide hospital care and medical services to Veterans in the FAS, and to provide a report within 180 days of enactment of this Act to the Committees on Appropriations of both Houses of Congress on the feasibility and advisability of establishing regional offices, sub-offices, contact units, or other subordinate offices in the FAS to provide such care and services.

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

Cost Analysis of Community Care versus Direct Care in the United States Pacific Territories.—The Committee directs VA to conduct an analysis of the costs to send Veterans residing in the U.S. Pacific territories, including the Northern Mariana Islands, into the community to receive care, and the cost of placing or adding a full-time VA clinician to provide such services. For jurisdictions that do not have a VA Community-Based Outpatient Clinic, or full-time clinicians providing services exclusively to Veterans, the analysis should include an evaluation and comparison of costs, the quality of care provided to, and health outcomes of, Veterans receiving care through community providers. The analysis should also include feedback on access to care, the quality of care, and health outcomes from the Veterans who reside in the jurisdiction. The Department is directed to submit this report to the Committees on Appropriations of both Houses of Congress and to the Government Accountability Office (GAO) no later than 180 days after enactment of this Act. GAO is directed to review and analyze the Department's cost estimates and analysis and report to the Committees on Appropriations of both Houses of Congress whether the Department's estimates and the evaluations are comprehensive, accurate, and credible.

Audit of Hiring Practices for VA positions in the Pacific.—The Committee directs GAO to report to the Committees on Appropriations of both Houses of Congress on VA's efforts over the last 10 years to fill vacancies/positions with duty stations in the U.S. Pacific Insular Areas, to evaluate the use of current hiring authorities, and to provide recommendations on additional authorities that may be needed to recruit and retain qualified candidates to serve Veterans in these areas.

Vet Center Services.—The Committee strongly encourages VA to provide at least one full-time VA Readjustment Counseling Therapist in each state or U.S. territory that does not have a Vet Center located within its jurisdiction within 180 days of enactment of this Act to ensure parity of services for all Veterans receiving care through VA. Such staff should be provided the necessary support, space, equipment, and funds to facilitate travel to other areas within such jurisdiction where Veterans reside on a regular basis. The Committee urges VA to ensure Veterans in these areas are notified that a VA Readjustment Counseling Therapist is available to provide services to them and their families. Furthermore, no later than one year after the date this report is filed, the Committee directs VA to provide a report to the Committees on Appropriations of both Houses of Congress on the services and outreach conducted by VA in such areas, an evaluation of such activities, and an assessment of the need to establish a Vet Center in such areas that should include input from Veterans residing in these areas. If VA determines there is no need to establish a Vet Center in a particular jurisdiction, VA is directed to include in the report its plans to continue serving Veterans and their families in such areas.

Dialysis Services.—The Committee understands that VA has a long history of providing dialysis services through community dialysis providers under the Nationwide Dialysis Services contracts when VA is unable to directly provide such care. The Committee expects VA will ensure that care is not disrupted or diminished for

the Veterans who receive treatment through experienced providers under the Nationwide Dialysis Services contracts.

Reducing Airborne Infections.—The Committee recognizes airborne bacteria and viruses remain a significant source of healthcare-associated infections at health care facilities. Although High Efficiency Particulate Air (HEPA) filters are widely used to filter the air, airborne transmission still accounts for a significant portion of health care-associated infections. Within 120 days of enactment of this Act, the Committee directs VA to initiate a pilot program of new commercial, off-the-shelf technology that has the potential to capture and destroy airborne contaminants.

Creutzfeldt-Jakob Disease Monitoring.—Veterans and their dependents who resided at United States military installations in Germany, Belgium, and the Netherlands for six months or more from 1980 through 1990, and Veterans and their dependents who resided at United States military installations in Greece, Turkey, Spain, Portugal, and Italy for six months or more from 1980 through 1996 are barred from donating blood due to their potential exposure during their military service to beef that was infected with bovine spongiform encephalopathy, resulting in possible infection of Creutzfeldt-Jakob Disease (CJD), a human prion disease. The Committee is committed to understanding the residual impacts of CJD within the Veteran community. The Committee urges the Department to reference data from existing medical records of Veterans to determine the percentage of Veterans from the above referenced subgroup that have more frequent or unexplained symptoms associated with CJD compared to the civilian population. This body of data could be helpful in clarifying the extent and specifics of the medical issues suffered by Veterans from exposure to CJD.

Tobacco Use Among Veterans.—A 2018 government study found almost 30 percent of Veterans are smokers. Interventions for Veterans are critical to reduce tobacco use and lead to improved health outcomes. Women Veterans are uniquely impacted by the effects of tobacco use, including difficulty getting pregnant, early menopause, osteoporosis, cervical cancer, and breast cancer. The Committee encourages VA to continue promoting cessation and evidence-based tobacco interventions for our Veterans.

Veterans Exposed to Open Burn Pits and Airborne Hazards.—In order to provide full and effective medical care, it is essential for the Department to better understand the impacts that exposure during military service has had on the health of Veterans. Therefore, the Committee continues to support language included in House Report 116–63 on burn pits and includes \$7,500,000 to carry out responsibilities and activities of the Airborne Hazards and Burn Pits Center of Excellence.

Burn Pits Center of Excellence Expansion.—The Committee is concerned that research and clinical trials are urgently needed to develop effective treatments for Veterans exposed to toxic environmental hazards. The VA Research Advisory Committee has recommended the establishment of Centers of Excellence to facilitate the development and availability of new treatments in clinical settings. Cost effective models for rapid development of new treatments for Gulf War Illness using computational models, research funding through the Department of Defense’s Congressionally Directed Medical Research Programs, and clinical experts in environ-

mental medicine have been proven effective in partnership with VA medical centers. The Committee directs the Secretary to establish a Center of Excellence focused on toxic environmental exposures including investigations of gender-based differences in disease and treatment to leverage research funding through partnerships.

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

Health Videos for Veterans.—Hospitals and physicians' offices around the country are currently utilizing health videos in their lobbies, waiting rooms, and exam rooms to supplement and reinforce the medical care, advice, and instruction physicians are providing. The Committee notes that educational resources, such as these could result in cost savings and quality of life improvement for Veterans. The Committee encourages VHA to continue its efforts in providing informative video content to veterans in VA facility lobbies with a focus on health education and suicide prevention.

Reliance on Community Care Versus VA Medical Center and Clinic Expansion and Development.—The Committee recommends the Department develop a system to accurately compare the costs of providing care in the community, as envisioned by the MISSION Act, to the costs of providing care within the VA healthcare system. The data captured by the system should be gathered and made available in a manner that allows the accurate comparison of the cost of various services to help inform future decisions regarding the most cost-effective delivery of healthcare services to Veterans. The Committee looks forward to working with the Department to develop a medical care cost data collection system.

Residency Programs.—The MISSION Act expanded VA's support of residency programs. However, the Committee understands some states have not taken advantage of this expansion. The Committee requests a status report, within 180 days of enactment of this Act, on the implementation of the MISSION Act's residency program expansion and its efforts to encourage states, especially rural and non-contiguous states, to utilize the program.

Domiciliary Care for Veterans with Dementia.—The Committee is aware that Veterans with dementia who require less than Skilled Nursing Care are not eligible for VA domiciliary care under current regulations, and that the population of Veterans with dementia is expected to grow. The Committee appreciates the Secretary's willingness to consider appropriate revisions of regulations and directs VA to provide a report to the Committee no later than 90 days after enactment of this Act on the Department's plan to address care for such Veterans.

Antimicrobial Resistance.—The Committee recognizes the growing threat from bacterial resistant infections and is interested in novel antibiotic remedies. The Secretary is directed to submit a report to the Committees on Appropriations of both Houses of Congress on the Department's approach to preventing and managing antibiotic-resistant infections and its activities regarding novel an-

tibiotic medicines and treatments no later than 120 days after enactment of this Act.

Sleep Apnea.—Noting the Office of Inspector General report titled, “Opportunities Missed to Contain Spending on Sleep Apnea Devices and Improve Veterans Outcomes” (VAOIG–19–00021–41), the Committee directs VHA to expeditiously implement the Inspector General’s recommendations, especially that the Under Secretary coordinate with appropriate offices whether purchasing and distributing sleep apnea devices is in the best interest of the Department and Veterans and develop and provide clear guidance before any changes to current purchasing processes. Should the recommendations not be implemented within 30 days of enactment of this Act, VHA should provide a report on its proposed timeline and milestones to the Committees on Appropriations of both Houses of Congress.

Prostate and Breast Cancer Molecular Diagnostics.—Prostate cancer and breast cancer are among the most frequently detected cancers among male and female Veterans, respectively. Unfortunately, early detection and diagnosis is not yet an exact science. Advancements in molecular diagnostics have been proven to improve clinical outcomes and reduce economic spend. The Committee includes \$5,000,000 for VA to accelerate the adoption of prostate and breast cancer molecular diagnostics.

Rapid Testing and Self-Testing.—The Committee notes the growing body of public health literature touting the impact of rapid point-of-care testing and rapid self-testing for Human Immunodeficiency Virus and Hepatitis C Virus. VA is encouraged to integrate innovative testing options to ensure screening services engage hard-to-reach Veterans, including affected Veterans that do not regularly receive care at VA facilities.

Innovative Technological Solutions for Injured Veterans.—The Department is encouraged to ensure injured Veterans are integrated into product development teams so that adaptive technologies are effectively tailored to meet the needs of these Veterans.

Musical, Occupational, and Rehabilitative Therapies.—The Committee encourages VA to utilize musical, occupational, and rehabilitative therapeutic care at VA facilities. Early results of these types of care indicate improved patient outcomes and reduced overall Veteran rehabilitation time. The Committee directs VA to provide a report within 120 days of enactment of this Act on the types of new technologies and therapy models developed for the purpose of adaptive therapeutic care offered at VA facilities and a plan for how to expand this type of care across all VA facilities.

Child Care Demonstration Program.—The Committee strongly supports efforts by VA to provide access to free child care for Veterans receiving treatment at VISNs, as authorized by the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111–163), and encourages the Department to furnish qualified veterans with assistance for childcare. Past VA surveys have found that one in ten Veterans have had to either cancel or reschedule a VA healthcare appointment due to a lack of childcare. A 2015 report to Congress from VA found the program achieved a reasonable cost per hour as the number of children cared for increased. The Committee therefore expects VA to adhere to the authorized fund-

ing level given for the operation of the Veterans Access to Child Care demonstration program so that Veterans may continue uninterrupted access to medical appointments.

Epilepsy Centers of Excellence.—The Committee includes \$10,000,000 toward maintaining and expanding the Epilepsy Centers of Excellence within VA. The Committee directs the Department to provide an update on the status of these Centers to the Committee no later than 30 days after enactment of this Act.

Oral Contraceptives.—Given the findings of the 2019 study, “Financial Implications of 12-Month Dispensing of Oral Contraceptive Pills in the Veterans Affairs Health Care System”, published in JAMA Internal Medicine, VA is strongly encouraged to investigate the feasibility of offering patients the option to receive a full year’s supply of birth control at one time and ensuring Veterans are notified of that option.

Intimate Partner Violence Program.—The Committee continues to support VA’s efforts to expand its Intimate Partner Violence Program to all sites within the next three years and directs VA to expeditiously implement this program. The Committee supports VA’s plans to screen all Veterans for Intimate Partner Violence and directs the Department provide the appropriate resources to do so. Therefore, the Committee requests a report with 90 days of enactment of this Act on VA’s implementation timeline to deploy this program across the healthcare system.

Adaptive Sports.—The Committee includes \$27,048,000 for National Veterans Sports Programs, which is \$2,500,000 above the request, including \$16,000,000 for adaptive sports programs. Veterans have shown marked improvements in mental and physical health from participating in adaptive sports and recreational therapy and Veterans have expressed the need for these activities to be included in the healthcare services VA offers. The Committee also recognizes that adaptive sports and recreational therapy provide a low-cost alternative to other healthcare services that produce similar health outcomes. The Department is directed to make recreational and lifelong sports, such as open-ocean swimming, surfing, outrigger canoeing, hunting, and fishing eligible for grants.

Equine Therapy.—The Committee recommends the Department use no less than \$1,500,000 of funding provided for the adaptive sports program for equine therapy. Moreover, the Department should utilize funding to conduct a comprehensive program evaluation to ensure the continued effectiveness of equine therapy 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.

Medical Waste.—The Committee is interested in the costs and benefits of on-site medical waste treatment systems and requests a report that discusses VA’s current approach to handling regulated medical waste, the costs of installing and operating onsite systems, the incidence of their use within the VA system, and includes a comparison with other medical waste treatment options, and makes potential recommendations.

Access to Safe and Effective Therapies for Difficult to Treat Depression.—The Committee is aware of a recent international con-

sensus statement acknowledging the challenges individuals, including many Veterans, face when their depression does not respond to common therapies. The Committee supports Veterans' access to alternative, innovative treatments for difficult to treat depression, including FDA-approved medical devices, and encourages VHA to ensure access to safe and effective treatment options.

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

Coronary Heart Disease.—In House Report 115–673, the Committee directed the Department to conduct a study on non-invasive diagnostic technologies for cardiac heart disease. The Committee is aware the Department has prepared a preliminary report, but that it includes technologies not yet approved by FDA. In order to provide the greatest benefit to the greatest number of Veterans, the Committee directs the Department to provide an updated report to the Committees on Appropriations of both Houses of Congress on FDA-approved technologies within 180 days of enactment of this Act.

Joint Appointment Arrangements.—The Committee encourages the Department to pursue joint appointment arrangements between VA medical staff and other outside VA organizations, including industry, universities, and academic affiliates, and further encourages the Department to ensure that VA medical staff are granted sufficient time to engage in clinical research.

Assisted Reproductive Services.—The Committee is extremely displeased that VA does not have its own policy on providing assisted reproductive services to Veterans who have sustained serious or severe illness and/or injury while on active duty that led to the loss of their natural procreative ability, and instead relies on outdated and discriminatory guidance from DOD. VA should develop its own guidance on providing assisted reproductive services that does not discriminate against women who cannot carry their own child to term, and therefore should include gestational surrogacy benefits. The Committee directs the Department, in consultation with DOD, to review how VA can adopt a policy that removes barriers to gestational surrogacy as a covered fertility benefit for eligible Veterans. Within 90 days of enactment of this Act, VA shall provide a recommendation to the Committees on Appropriations of both Houses of Congress on how VA can fix this gap in coverage so that gestational surrogacy is included as an assisted reproductive service available to wounded Veterans with impacted fertility due to combat.

Fertility Treatment.—The Committee directs the Secretary to submit to the Committees on Appropriations of both Houses of Congress a report on the fertility treatment and counseling furnished by VA during the year preceding the submittal of the report no later than 120 days after enactment of this Act. The report should include the following: (1) the number of Veterans who received fertility treatment or counseling furnished by the Depart-

ment of Veterans Affairs, disaggregated by era of military service of such Veterans; (2) the number of spouses, partners, and gestational surrogates of Veterans who received fertility treatment or counseling furnished by the Department; (3) the cost to the Department of furnishing fertility treatment and counseling, disaggregated by cost of services and administration; (4) the average cost to the Department per recipient of fertility treatment and counseling; (5) in cases in which the Department furnished fertility treatment through the use of assisted reproductive technology, the average number of cycles per person furnished, disaggregated by type of treatment; and (6) a description of how fertility treatment and counseling services of the Department are coordinated with similar services of the Department of Defense.

Infertility Services.—The Committee recognizes the Department’s effort to allow eligible Veterans to receive in vitro fertilization (IVF) treatment or other forms of assisted reproductive technology services. However, the Committee is concerned that VA infertility services are denied to a growing number of women Veterans due to marital status. The Committee strongly encourages VHA to not disqualify unmarried women Veterans from IVF treatment due to marital status and to submit a report within 180 days of enactment of this Act on the number of unmarried women Veterans denied of these services since the inception of the program, disaggregated by state of residence, race, and age.

Affiliation Agreements with Accredited International Medical Schools.—The Committee is concerned VA may not be fully utilizing the available physician pipeline to develop its current and future physician workforce. The Committee understands there are many highly qualified United States citizens from international medical schools, but VA does not currently permit international medical students to participate in VA clinical training programs, regardless of whether the students are United States citizens. The Committee urges the Office of Academic Affiliation to consider the feasibility of allowing new affiliation agreements with accredited international medical schools that would permit students who are United States citizens from these medical schools to perform their clinical training requirements at VA facilities as space and faculty allow. OAA should submit a report to the Committee within 180 days of the enactment of this Act that describes the findings of its review.

MEDICAL COMMUNITY CARE

Fiscal year 2020 enacted level	\$15,279,799,000
Fiscal year 2021 enacted level	17,131,179,000
Fiscal year 2021 budget year request	1,380,800,000
Committee 2021 budget year recommendation	1,380,800,000
Fiscal year 2022 advance appropriation request	20,148,244,000
Committee 2022 advance appropriation recommendation	20,148,244,000
Comparison with:	
Fiscal year 2021 enacted level	+3,017,065,000
Fiscal year 2022 advance budget request	---

The Medical Community Care account was created in the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015 (P.L. 114–41). Per the MISSION Act of 2018, all community care programs are consolidated into one community care pro-

gram. For fiscal year 2022, the bill provides \$20,148,244,000, of which \$2,000,000,000 is available until September 30, 2023.

The Committee provides an additional \$1,380,800,000 to be available for fiscal year 2021 as requested in the budget request to readjust the actuarial estimates for medical community care.

In addition, the Coronavirus Preparedness and Response Supplemental Appropriations Act (P.L. 116–123) included \$30,000,000 and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (P.L. 116–136) included \$2,100,000,000 for the Medical Community Care account to prevent, prepare for, and respond to coronavirus, including related impacts on health care delivery.

Third-Party Payments and Reimbursements.—The Committee continues to be concerned about the timeliness of reimbursements by VA to private healthcare/third-party providers and believes VA has created an inefficient process that must be reformed. As VA continues the MISSION Act implementation, the Committee believes VA must prioritize efficient and prompt payment to community providers to ensure timely access to quality care. Delays in processing of such payments undermine the ability to recruit and retain private healthcare providers to service our Nation’s Veterans. House Report 116–63 required comprehensive reports on a quarterly basis detailing the amount owed to outside providers for every state, and the Committee has yet to receive a single report. The Committee reiterates the direction to provide quarterly reports to include outstanding payments over six months old and the corrective actions being implemented to address these outstanding balances as well as average time for repayment. Furthermore, the initial report should include a comprehensive plan to prevent this issue from reoccurring in the future. The Committee directs the Department to provide its first report no later than 7 days of the filing of this report.

Choice Program Third-Party Payments and Reimbursements.—The Committee recognizes the massive undertaking it took to develop and implement the Veterans Choice Program and the difficulties that patients and providers have experienced in dealing with the third-party administrators of the program. The Committee continues to await the fiscal year 2019 report, as requested in House Report 115–673 and House Report 116–63, on the effectiveness of the programs with third-party administrators, and directs the Department to provide the report no later than 7 days of the filing of this report.

Transportation Assistance.—The Committee is concerned with the lack of access to transportation for Veterans who have challenges traveling to work, school or medical appointments due to disability, illness, or financial hardships. Veterans who live in both rural and urban areas experience a lack of consistent and efficient travel, especially access to medical care. As VA continues to implement the Veterans Community Care Program, transportation to medical care and services in the community will be an even bigger obstacle for Veterans in the future. The Committee urges VA to prioritize transportation assistance for Veterans who live in both rural and urban areas, and encourages VA to work with state, regional and local groups, local VSOs, and nonprofits on transportation assistance programs and provide direct transportation serv-

ices for Veterans who have limited access to transportation networks.

Long-Term Care for Veterans with TBI.—The Committee notes 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 further notes the GAO report entitled, “Veterans Use of Long-Term Care is Increasing, and VA Faces Challenges in Meeting the Demand” (GAO–20–284), which reached a similar conclusion. The Committee remains concerned about the Department’s inability to articulate a plan to provide such residential care to Veterans with severe TBIs. The Committee directs VA to 1) ensure an adequate number of long-term residential care facilities are available; 2) provide a report within 120 days of enactment of this Act detailing VA’s plan for how it will provide long-term residential care for these Veterans if VA does not have its own facilities to do so; and 3) make publicly available and easily accessible on VA’s website a list of long-term care community providers that are within VA’s community care networks.

Long-Term Care for Veterans in Rural Areas.—The Committee notes the conclusion in GAO’s report entitled, “Veterans Use of Long-Term Care is Increasing, and VA Faces Challenges in Meeting the Demand” (GAO–20–284), that the Department faces challenges providing long-term residential care to Veterans in rural areas, and directs the Department to submit a report on the current and projected need for residential care for Veterans with severe TBI, especially in rural areas, no later than 180 days after enactment of this Act.

MEDICAL SUPPORT AND COMPLIANCE

Fiscal year 2020 enacted level	\$7,337,956,000
Fiscal year 2021 enacted level	7,914,191,000
Fiscal year 2021 budget year request	300,000,000
Committee 2021 budget year recommendation	279,880,000
Fiscal year 2022 advance appropriation request	8,403,117,000
Committee 2022 advance appropriation recommendation	8,403,117,000
Comparison with:	
Fiscal year 2021 enacted level	+488,926,000
Fiscal year 2022 advance budget request	---

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

The bill provides \$8,403,117,000 in advance fiscal year 2022 funding. The Committee has included bill language to make available through September 30, 2023, \$150,000,000 of the Medical Support and Compliance appropriation for fiscal year 2022.

The Committee provides an additional \$279,880,000 to be available for fiscal year 2021, of which \$124,000,000 is provided for logistics system enhancements, as requested in the budget and \$155,880,000 is provided for additional medical center administrative support, which is equal to the budget request. The Committee

does not include additional funding for the high reliability organization initiative requested in the budget.

In addition, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (P.L. 116–136) included \$100,000,000 for the Medical Support and Compliance account to prevent, prepare for, and respond to coronavirus, including related impacts on health care delivery.

Report on Wage Surveys for Housekeeping Aides of Department of Veterans Affairs.—The Committee directs the Secretary of Veterans Affairs, in consultation with the Secretary of Defense and the Director of the Office of Personnel Management (OPM), to submit to the Committees on Appropriations of both Houses of Congress, no later than 90 days after enactment of this Act, a report on the methodology used to conduct wage surveys for the Federal Wage System pursuant to section 5343 of title 5, United States Code, for Housekeeping Aides of the Department of Veterans Affairs. The report should include: (1) whether the methodology used to conduct wage surveys for the Federal Wage System considers differences in sanitation requirements with respect to Housekeeping Aides employed in healthcare settings versus non-healthcare settings; (2) whether the Secretary of VA requires Housekeeping Aides to receive specialized training to satisfy requirements relating to infection control at medical facilities of VA, and whether the methodology used to conduct such wage surveys considers the effectiveness of the relevant wage schedule in accounting for such requirements; and (3) how the methodology of the Department of Defense used to establish wage schedules and rates of pay pursuant to section 5343 of title 5, United States Code, for Housekeeping Aides compares to the methodology OPM used to establish rates of pay under the General Schedule pursuant to section 5332 of such title for positions involving substantially equal work.

Clinical Trials Administrative Support.—The Committee includes \$3,000,000 to provide additional administrative support to VA clinicians conducting clinical trials so that VA is better able to assist veterans navigate the clinical trials process.

MEDICAL FACILITIES

Fiscal year 2020 enacted level	\$6,141,880,000
Fiscal year 2021 enacted level	6,433,265,000
Fiscal year 2021 budget year request	150,000,000
Committee 2021 budget year recommendation	170,120,000
Fiscal year 2022 advance appropriation request	6,734,680,000
Committee 2022 advance appropriation recommendation	6,734,680,000
Comparison with:	
Fiscal year 2021 enacted level	+301,415,000
Fiscal year 2022 advance budget request	---

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

The bill provides \$6,734,680,000 in advance fiscal year 2022 funding. The Committee has included bill language to make available through September 30, 2023, \$250,000,000 of the advance Medical Facilities appropriation for fiscal year 2022.

The Committee provides an additional \$170,120,000 to be available for fiscal year 2021, of which \$150,000,000 is provided for non-recurring maintenance (NRM) projects to support the electronic health record modernization as requested in the budget, and \$20,120,000 is provided for NRM projects to repurpose vacant and underutilized space for mental health needs and to expand women's access to gender-specific care. Within the additional NRM funding for mental health, the Committee directs VA to prioritize construction to increase the number of beds available for overnight mental health treatment for Veterans. VA is directed to provide an expenditure plan detailing how the additional funding will meet both of these initiatives no later than 90 days after enactment of this Act.

In addition, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (P.L. 116–136) included \$606,000,000 for the Medical Facilities account to prevent, prepare for, and respond to coronavirus, including related impacts on health care delivery.

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 2021 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.

Community-Based Outpatient Clinic in Bakersfield, California.—The Committee remains extremely concerned about the delays to a new community-based outpatient clinic in Bakersfield, California that was authorized by Congress over 10 years ago. Accordingly, the Committee directs the Secretary to expeditiously execute the timeline, including awarding a lease no later than August 31, 2020, and beginning sitework shortly before the end of calendar year 2020. Furthermore, the Committee directs the Secretary to provide monthly update reports to the Committees on Appropriations of both Houses of Congress, which should include an assessment on maintaining the November 20, 2019 timeline and detailed reasons for any deviations from that timeline, until the new clinic in Bakersfield is activated.

Facility Transformations.—The Committee directs the Department to provide a report no later than 90 days after enactment of this Act on specific measures it takes to track and prioritize both the physical and cultural transformation within VA medical facilities to better serve women Veterans. The Committee is concerned that VA has failed to keep up with a growing population of women Veterans who deserve equitable access to medical care. When one in four women Veterans report having experienced unwanted sexual attention while serving, it is concerning that the very system intended to address their trauma is failing to foster a safe environment for them. The Committee directs the Department to prioritize funding for medical facilities to accommodate women Veterans.

Use of Smart Technologies.—The Committee continues to encourage VA to pursue a demonstration program regarding the use of innovative devices, systems, networks, and sensors to improve, enhance, and modernize methods to operate and manage VA facility energy, infrastructure, mechanical and waste management sys-

tems, emergency response, perimeter security and access, and traffic control systems that could be adapted for use by a variety of VA facilities.

Medical Facilities Realignment.—The Committee remains concerned that VA medical care realignments are being approached in an ad hoc manner by each individual VISN rather than on a comprehensive basis by VA Central Office. Moreover, such an approach may lead to inequitable and inefficient distribution of medical resources throughout the Nation. Before VA makes any decision to relocate, close, or diminish services at an existing facility, or proceeds with any such realignment already underway, consideration must be given to the impact such action would have on Veterans, especially tribal Veterans or Veterans in rural or highly rural areas. The Committee directs VA to adhere to a clear and transparent process that engages all parties from the onset and is consistent with a national realignment strategy. Since the conference report for the Consolidated Appropriations Act, 2016 (P.L. 114–113), the Committees have suspended the proposed realignment of services in VISN 23 until a report was transmitted to the Committees, and that report has not been received. The Department is again directed to comply with the request for the report and meanwhile suspend the proposed realignment of services in VISN 23 until such time as the Department transmits to the Committee a report that outlines the following: (1) a national realignment strategy that includes a detailed description of realignment plans within each VISN; (2) an explanation of the process by which those plans were developed and coordinated within each VISN; (3) a cost versus benefit analysis of each realignment, including the cost of replacing VHA services with contract or other outsourced services; (4) an analysis of how any realignment will impact tribal, rural, and highly rural Veteran healthcare within each VISN; and (5) an analysis of how any realignment will impact access to, enrollment in, and the capacity of VA PTSD and Residential Rehabilitation Treatment Program services within each VISN and nationally.

Research Facilities Infrastructure Report.—The Committee is pleased it received the Phase II Research Facilities Infrastructure report requested in House Report 116–63 and directs the Department to provide a report within 120 days of enactment on its plan to correct the infrastructure deficiencies identified in the report.

High Enrollee Growth.—The Committee is concerned that Veterans health care systems with high enrollee growth, such as those in Texas and Florida, are not receiving sufficient priority for much-needed capital improvements. The Committee urges VA to prioritize infrastructure projects in high enrollee growth systems to ensure that VA infrastructure is prepared for the growing number of Veterans needing care. Therefore, the Secretary is directed to submit to the Committees on Appropriations of both Houses of Congress a report on the infrastructure needs of high enrollee growth Veterans health care systems and a plan by fiscal year to address those needs no later than 90 days after the enactment of this Act.

VA Facility Security.—The Committee continues to encourage the Department to improve the security of its campuses and facilities to ensure the safety of Veterans, visitors, and employees and supports the Department's investments in this area. The Committee

recommends that security and technology upgrades take a holistic approach and deploy proven technologies. The Committee directs the Department to provide an update to the “Response to Security Threats” report as requested in Division J of the Explanatory Statement accompanying P.L. 114–113, and provided to the Committees on Appropriations of both Houses of Congress on May 13, 2016, to include current VA security policy, an assessment of security at VA facilities, initiatives to improve the safety of patients and staff in VA facilities, and how intelligent policing solutions could enhance security in VA facilities, within 120 days of enactment of this Act.

Facility Donations.—The Committee recognizes the vital role of VA’s health care facilities in serving the unique needs of Veterans. The Committee also recognizes the potential for innovative partnerships with community stakeholders, particularly when it comes to community donations of well-maintained medical facilities that can be converted into VA health care facilities. Therefore, the Committee encourages VA to continue working with community stakeholders that have expressed an interest in medical facility donations.

Research Lease.—The Committee supports the long-standing affiliation between the Truman VA and the University of Missouri and encourages the Department and the House Veterans Affairs Committee to expeditiously resolve outstanding budget scoring issues.

Landscaping at VA Facilities.—The Committee encourages the Department to include landscaping and the planting of trees in its designs for new or replacement facilities, as practicable.

Major Medical Lease.—The Veterans Access, Choice, and Accountability Act of 2014 (VACAA) (P.L. 113–146) authorized VA to enter into various major medical leases across the nation. This includes the Advanced Leeward Outpatient Healthcare Access (ALOHA) Project that will open a 66,000 square foot leased facility to better serve Veterans in Hawaii and those enrolled in the VA Pacific Islands Health Care System. The Committee notes that multiple lease projects were included in the fiscal year 2014 budget request and authorized in VACAA, but certain facilities have been significantly delayed and still have not opened. Therefore, the Committee directs the Secretary to provide a report to the Committees on Appropriations and Veterans Affairs of both Houses of Congress no later than 60 days after enactment of this Act detailing: (1) the timeline and explanation of events that have delayed any major medical lease authorized under VACAA that has not been awarded, including the ALOHA Project, (2) planned award dates and other major actions that need to occur for these projects to proceed, including an estimated timeline for completing each action, and (3) a summary of any concerns raised by other Federal agencies assisting the VA with awarding these projects.

MEDICAL AND PROSTHETIC RESEARCH

Fiscal year 2020 enacted level	\$800,000,000
Fiscal year 2021 budget request	787,000,000
Committee recommendation in the bill	840,000,000
Comparison with:	
Fiscal year 2020 enacted level	+40,000,000
Fiscal year 2021 budget request	+53,000,000

This appropriation provides for medical, rehabilitative, and health services research. The bill provides \$840,000,000 available through September 30, 2022. The Committee recognizes the importance of the research conducted by VA for Veterans' quality of life and health and provides \$53,000,000 above the request and \$40,000,000 above fiscal year 2020 for these activities.

Medical research, which helps ensure the best medical and hospital services for Veterans, is an important aspect of the Department's programs. The prosthetic research program is also essential in the development and testing of prosthetic, orthopedic, and sensory aids for the purpose of improving the care and rehabilitation of eligible disabled Veterans, including amputees, paraplegics, and the blind. The health services research program provides unique opportunities to improve the effectiveness and efficiency of the healthcare delivery system. Budgetary resources from a number of areas, including appropriations from the medical care accounts, reimbursements from DOD, grants from the National Institutes of Health, private proprietary sources, and voluntary organizations, provide support for the Department's researchers. Estimated fiscal year 2021 research resources in addition to those provided in the research account are \$1,263,950,000.

National Center for Post-traumatic Stress Disorder Research.—The National Center for PTSD sets the VA agenda for research and education on PTSD, with seven research divisions located at VA facilities. The Center also conducts education and training and coordinates the VA National PTSD Brain Bank. The Committee recognizes the importance of the VA National Center for PTSD in promoting better prevention, diagnoses, and treatment of PTSD, and applauds the VA National PTSD Brain Bank on its development of the largest data set of PTSD. The Committee provides \$40,000,000 for the Center in fiscal year 2021, which includes \$10,000,000 for the coordination of the VA National PTSD Brain Bank. The Committee encourages the National Center to use funding for the Brain Bank to accelerate the discovery of novel therapeutic targets for the treatment of PTSD utilizing post-mortem brain datasets, cell-based and other models for target identification and validation.

Dystonia.—The Committee notes the connection between traumatic brain injury and the onset of dystonia. The Committee further notes recent events that have led more servicemembers to be diagnosed with TBI and continues to urge VA to pursue collaboration with stakeholders to advance critical research on dystonia.

Cannabis Research.—The Committee requests an update on the status of the study on cannabis research, as described in House Report 116–63.

Access to Clinical Trials.—The Committee applauds the ongoing collaborative efforts between VA medical centers and NCI-designated comprehensive cancer centers that will allow Veterans to have access to the highest quality cancer care available, including cutting-edge clinical trials. The Committee is concerned that States with large Veteran populations are not able to access these treatments. The Committee directs VA to expand these efforts, especially as they relate to providing Veterans access to groundbreaking new treatments through clinical trials led by academic cancer centers, as well as the linking of VA oncology care with national research databases involving patients at multiple

academic cancer centers. The Committee commends the work of the NAVIGATE partnership (NCI and VA Interagency Group to Accelerate Trials Enrollment) in providing NCI funding for VA health centers, which have already established clinical trials partnerships with academic cancer centers. The Committee is concerned, however, that this partnership does not include certain States with large Veteran populations. To address this need, the Committee directs VA to provide up to \$5,000,000 to support the establishment of partnerships between VA hospitals and NCI-designated facilities that allow for Veterans to access cancer clinical trials at VA health centers. Additionally, the Committee directs the Department to provide a report within 120 days of enactment of this Act detailing best practices of VA facilities in providing access to clinical trials to Veterans.

PFAS Contamination.—The Committee directs VA to continue collaborating with the Defense Department's Per- and Polyfluoroalkyl Substances (PFAS) Task Force, academia, and other health institutions to monitor research activities, results, and publications on the health effects from PFAS.

Exposure to Herbicide-Related Toxins.—Veterans have frequently expressed long-held concerns that toxic exposure during their military service is related to adverse health conditions. The Committee is committed to understanding the residual impacts of Agent Orange/Dioxin and other herbicide-related toxic exposures among Veterans who served in Vietnam, Thailand, Guam, the Northern Mariana Islands, America Samoa, and all other geographic areas where these toxic substances were dispersed. The Committee urges the Department to reference data from existing medical records of Veterans to determine the percentage of Veterans from the above referenced subgroup that have more frequent or unexplained diseases compared to the civilian population. This body of data could be helpful in clarifying the extent and specifics of the medical issues suffered by Veterans from exposure to herbicides.

Research on Toxic Exposures.—The Committee encourages the Department to continue and expand its research on the effects of and treatments for Veterans exposed to toxins, such as Agent Orange, burn pits, PFOS/PFOA, radiation, and asbestos, during the course of their active duty service.

Prosthetics Research.—Women have different physical requirements for prosthetics compared to men. The Committee directs VA to prioritize medical and prosthetic research to adequately address prosthetics meant for women.

Neural-Enabled Prosthetics.—The Committee understands the uniqueness of limb trauma injuries sustained by servicemembers in combat. Traumatic injury or neurological diseases can also significantly alter or impair the lifestyle of the individual and their caregivers. The Committee encourages VA to fund research that will design and develop technology to offset the effects of limb amputation, orthopedic injury and disease, neuropathic pain, and other neurodegenerative diseases. Thus, the Committee includes \$25,000,000 for VA to prioritize and fund collaborative research with a coalition of universities aimed at accelerating functional recovery and rehabilitation of sensorimotor function through engineering of wirelessly activated implantable biomedical technologies

capable of focal stimulation inside nerves and that is personalized to the needs of the patient.

Gulf War Illness Studies.—Even as Congress, the Administration, and the public await the results of the National Academies of Sciences report on Gulf War illness, the Committee recommends the Department continue to conduct epidemiological studies regarding the prevalence of Gulf War Illness, morbidity, and mortality in Persian Gulf War Veterans and the development of effective treatments, preventions, and cures. The Committee encourages the findings of all research conducted by or for the Executive Branch relating to the health consequences of military service in the Persian Gulf theater of operations during the Persian Gulf War be made publicly available as soon as possible. The Committee also urges the Department to publish disease-specific mortality data related specifically to Persian Gulf War Veterans. The Committee remains concerned by VA’s ever-evolving terminology for the signature adverse health outcome of the Persian Gulf War, recognized by the Institute of Medicine (IOM) as Gulf War Illness, and encourages the Department to utilize the term, “Gulf War Illness”, as IOM has recommended. The Committee continues to urge the Secretary to consider revising and updating the Clinical Practice Guideline for Chronic Multisymptom Illness consistent with the July 2011 Veterans Health Initiative, “Caring for Gulf War Veterans” in that it cannot be reliably ascribed to any known psychiatric disorder, and to focus on recent Gulf War Illness treatment research findings and ongoing Gulf War Illness treatment research direction. Furthermore, the Committee once again encourages VA to strengthen the training of primary, specialty, and mental healthcare providers on the Gulf War Illness case definitions recommended by IOM.

Public Access to Scientific Data.—The Committee commends the Department on issuing its Policy and Implementation Plan for Public Access to Scientific Publications and Digital Data from Research Funded by the Department of Veterans Affairs on July 23, 2015. The Committee urges VA to continue its efforts towards full implementation of the plan and requires an update on progress made be included in its fiscal year 2022 budget request.

NICoE Collaboration.—The Committee recognizes the high-quality mental health care and neurological research being conducted at Walter Reed National Intrepid Center of Excellence (NICoE). The Committee directs VA to strengthen its collaboration with NICoE so VA researchers and health professionals can learn from NICoE’s important work and contribution to the health community. Furthermore, as Veterans and servicemembers continue to face higher rates of brain trauma than civilians, impacting brain function, it is imperative agencies collaborate to study neurological conditions such as PTSD, bipolar, schizophrenia, depression, suicide and substance use disorders. The Committee requests a report within 120 days of enactment of this Act on existing collaborative efforts between VA and NICoE and the expansion of such collaborations. The report should also include a summary of current VA neurological research objectives, data from VA summarizing the presence among Veterans of the conditions referenced above as a percentage of VA annual inpatient hospitalizations, the percentage of the annual VA research budget over the last five years dedicated to researching those conditions, list any new or ongoing trials for

pharmacological treatments underway to address such conditions, and provide the total 2019 expenditure by VA for medications to treat these patients and its percentage of total pharmacological expenditures.

Hyperbaric Therapy.—The Committee supports continued study of the use of hyperbaric oxygen treatments for Veterans suffering from post-traumatic stress disorder.

Advanced Platform Technology (APT) Center.—The Committee is pleased about the progress being made to provide our nation's 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 make progress in diverse areas including artificial lung development, wound healing, and neurally-connected sensory prosthesis. The Committee supports the APT Center's efforts.

Regional Research Networks.—The Committee supports the Department's efforts in continuing to establish regional research networks in areas where existing small VA research programs align with a co-located academic partners. The Committee directs the Department to provide a report within 120 days of enactment of this Act on how it is achieving the following objectives and/or steps the Department can take to better meet these objectives: (1) supporting the development and/or enhancement of infrastructure and human resources required to address clinical and translational research needs in small under-resourced VA jurisdictions, (2) fostering and sustaining collaboration and coordination of clinical and translational activities within and across VA jurisdictions, and (3) addressing the broad spectrum of health challenges and concerns faced by populations served by small underfunded VA research programs.

Spinal Cord Research.—The Committee encourages the Department to work with outside organizations on spinal cord injury translational research to improve the quality of life of impaired and disabled Veterans, and provides \$10,000,000 to do so.

Rare Cancer and Molecular Diagnostics.—The Committee believes that every veteran with cancer deserves the highest quality and most medically advanced diagnosis and treatment available. Those who have served are uniquely exposed to numerous hazards, which are associated with an increased risk of cancer during and following their service. Over 60 forms of cancer disproportionately impact those who have served in the military, and the majority of those cancers are rare, defined as having fewer than six new cases per 100,000 Americans per year. Molecular diagnostics, including microarray and next generation sequencing, performed at the first occurrence of cancer can provide medical providers and patients with vital information regarding the specific tumor type and its drivers, which can lead to the most accurate precision medicine for cancer patients. Therefore, the Committee recommends that VHA provide molecular diagnostics at the time of diagnosis as well as at the time of tumor recurrence for all cancer patients. Further, the Committee requires the Department to issue a report no later than 60 days after the enactment of this Act describing the how it is using specific types of molecular diagnostics, such as microarray, whole exome, and RNA-Seq in research and development, as well

as outlining how it is collaborating with the external research community to advance understanding and research in rare cancer treatments for Veterans.

Severe Depression and Suicide Prevention.—The Committee recognizes the important work by the Departments of Veterans Affairs, Defense, and Health and Human Services, including the National Institutes of Mental Health, to study treatments for severe depression and options to prevent suicides and encourages continued collaboration on these studies, including the potential use of scopolamine in treating depression, for the benefit of Veterans, servicemembers, and the general public.

Psychological Health and TBI.—The Committee supports the Department's research efforts focusing on psychological health and traumatic brain injury.

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 2021 is \$4,403,000,000.

MCCF Third-Party Billing.—The Committee remains concerned over potential discrepancies in VA's billing and collection processes. Procedures to provide for correct billing and prompt collection must be improved at VA. Therefore, the Department is required to submit to the Committees on Appropriations of both Houses of Congress a quarterly report identifying the amount of third-party health billings that were owed to VA in the previous quarter and the amount collected. The first quarter report also should include billings and collections data for fiscal years 2017 through 2020. The report should include billings and collections data for both large claims (greater than \$1,000) and small claims (equal to or less than \$1,000). In addition, the first quarter report should also include current efforts underway to increase VA's efficiency, accuracy, and collection process, as well as what management practices are in place to provide proper oversight of the billing process, including appeals, so as to eliminate unnecessary and duplicative functions. The initial report also should include the status and results of the pilot program that emphasized the use of automated solutions and the use of private sector revenue cycle management techniques and small balance recovery and appeal processes as directed in the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2016 (P.L. 114–113).

NATIONAL CEMETERY ADMINISTRATION

Appropriation, fiscal year 2020	\$329,000,000
Budget request, fiscal year 2021	360,000,000
Recommended in the bill	349,000,000
Bill compared with:	
Appropriation, fiscal year 2020	+20,000,000
Budget request, fiscal year 2021	- 11,000,000

The National Cemetery Administration (NCA) was established in accordance with the National Cemeteries Act of 1973 (P.L. 93-43). It has a fourfold mission: to provide for the interment of, in any national cemetery with available grave space, the remains of eligible deceased servicemembers and discharged Veterans, together with their spouses and certain dependents, and to permanently maintain their graves; to provide headstones for, and to mark graves of eligible persons in National, State and Tribal, and private cemeteries; to administer the grant program for aid to States and tribal governments in establishing, expanding, or improving State and tribal government Veterans' cemeteries; and to administer the Presidential Memorial Certificate Program. This appropriation will provide for the operation and maintenance of 156 national cemeteries, including 11 cemeteries being transferred from the Department of the Army, and 33 other cemeterial installations.

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

The bill includes language making ten percent of the total available until September 30, 2022.

Prisoners of War Headstones.—The Committee is extremely disturbed by the presence of headstones of prisoners of war in Fort Sam Houston National Cemetery and Fort Douglas National Cemetery that feature swastikas and inscriptions honoring Adolf Hitler, and is pleased that the Department has agreed to take immediate steps to swiftly replace these headstones with ones that do not feature Nazi insignia or inscriptions glorifying the Nazi regime. While the Committee understands that the Department has initiated a consultation process under the National Historic Preservation Act, the Committee makes clear that this process should not unnecessarily delay action on replacing these headstones. The Committee directs VA to provide its plan for the consultation process and the timeline for removal of these headstones to the Committees on Appropriations of both Houses of Congress within 30 days after this report is filed, and further requires monthly reports on the status of the process. Furthermore, the Committee understands that VA intends to add signage at relevant cemeteries providing historical context on the burial of prisoners of war in U.S. cemeteries, and emphasizes that the design and wording of such signage must be carefully crafted in order to allow this history to be studied without causing undue pain for those most affected by it. The Committee therefore directs VA to include details on its proposal to provide historical context for headstones of prisoners of war in its report to the Committees on Appropriations of both Houses of Congress.

Rural Cemetery Access.—The Committee continues to be concerned that NCA is not adequately serving the Nation's Veterans in rural areas and that there are geographic pockets in the country

which continue to go unserved. The Committee therefore directs VA to continue to pursue efforts to ensure that a burial option, including those utilizing public-private partnerships, within 75 miles of all Veteran homes is available and accessible.

County-run Veteran Cemeteries.—The Committee is committed to ensuring Veterans’ burial needs are met and that they can be buried at a Veterans cemetery close to their home. The Committee encourages the Department to explore ways to support county-run Veteran cemeteries to further meet the needs of Veterans seeking burial.

Burial of Unclaimed Veteran Remains.—The Committee recognizes the efforts of VA to improve the burial of unclaimed Veteran remains; however, the Committee remains concerned about the current state of unclaimed Veteran remains nationally. The Committee directs VA to submit a report to the Committee on Appropriations, no later than 120 days after enactment of this Act, providing an update to the Report to Congress on Unclaimed Veterans’ Remains required by Section 303 of the Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016 (P.L. 114–315). The report shall incorporate input from the Veterans Health Administration, National Cemetery Administration, and Veterans Benefit Administration, and include what VA has done to enhance its efforts to communicate with and educate stakeholders on applicable VA burial benefits and procedures, including metrics (e.g. who was contacted, how they were contacted, etc), obstacles to such communications, and an update on tracking and reporting mechanisms and implementation of a comprehensive, web-based Memorial Benefits Management System (MBMS).

DEPARTMENTAL ADMINISTRATION

GENERAL ADMINISTRATION

(INCLUDING TRANSFER OF FUNDS)

Fiscal year 2020 enacted level	\$355,911,000
Fiscal year 2021 budget request	413,000,000
Committee recommendation in the bill	355,911,000
Comparison with:	
Fiscal year 2020 enacted level	---
Fiscal year 2021 budget request	-57,089,000

The General Administration account provides funds for the Office of the Secretary, the General Counsel, six Assistant Secretaries, and two Department-level staff offices. The Committee has included bill language to make available through September 30, 2022, 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.

In addition, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (P.L. 116–136) included \$6,000,000 for the General Administration account to prevent, prepare for, and respond to coronavirus.

VA Five Year Development Plan (VFYDP).—The Committee is very pleased that the Department has provided a VFYDP in its fiscal year 2021 budget. The Committee looks forward to reviewing the VFYDP in future VA budget submissions.

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

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

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

Performance Bonuses.—The Committee believes it is important to know how VA is allocating its resources with regard to performance bonuses. Therefore, the Committee directs VA to submit a report, no later than 90 days after enactment of this Act, which provides the aggregate total of VA performance bonuses covering the five most recent fiscal years for which the data is available. The data should be divided between bonuses for Senior Executive Service (SES) staff and non-SES staff. The report should also include the percentage of SES and non-SES employees who received a bonus and the average dollar amount of the bonuses by grade covering the same time period. The report, however, should not include any personally identifiable information.

Financial Management Business Transformation (FMBT).—The Committee provides \$221,319,000 for FMBT, of which \$13,924,000 is provided in this account and \$111,060,000 in the Information Technology Systems account. An additional \$96,335,000 will be provided from the VA customer offices through the Franchise Fund and Supply Fund. The current legacy financial management system is over 30 years old, and its imminent failure presents significant risks to VA. In the fiscal year 2018 conference report, VA was directed to provide the Committee, on a quarterly basis, a report that compares actual progress on the financial management system to the performance benchmarks and timeline provided in the first report. The Committee continues to expect the Department to continue this quarterly report throughout fiscal year 2021.

Office of Accountability and Whistleblower Protection.—The Committee views the work of the Office of Accountability and Whistleblower Protection (OAWP) as very important to the Veterans community. OAWP was established to provide support and protection to VA employees who are whistleblowers. However, on October 24, 2019, the Inspector General released a report noting failures in implementing critical aspects of the VA Accountability and Whistleblower Protection Act of 2017. During a hearing before the Committee on November 14, 2019, the Inspector General testified that the recommendations to address the concerns remained open and unimplemented. Further, the Committee understands that OAWP has not fully performed many of its core functions. For example, OAWP is required to investigate allegations by whistleblowers, including retaliation against whistleblowers, however, OAWP has a backlog of hundreds of investigations. Further, although required

to recommend actions to the Secretary for actions based on these recommendations, only one recommendation had been made during the calendar year as of the Committee's hearing. The Committee expects OAWP to complete fully, and in a timely manner, all its core functions. Further, the Committee expects OAWP to report to the Committees on Appropriations of both Houses of Congress within 60 days of enactment of this Act on its compliance with the 2017 statute, including (1) a complete listing of all recommendations for action to the Secretary; (2) a complete listing of all stays established during investigations during the previous two years; (3) progress toward eliminating the backlog of investigative cases; and (4) progress toward providing training to VA employees and supervisors.

Disadvantaged Contractors.—The Committee recognizes the need to continue to meet its goals for contracting with minority, disadvantaged, and women-owned businesses. Therefore, the Committee directs the Department to prioritize awarding contracts to contractors that consistently execute approved small business subcontracting plans. The Committee further urges the Department to prioritize minority-owned and disadvantaged contractors and subcontractors. The Committee requests a report, within 180 days of enactment of this Act and annually thereafter, detailing the number of contractors that submitted a small business subcontracting plan during the fiscal year. This report should include an analysis detailing which contractors successfully implemented subcontracting plans and recommendations on how the Department could better achieve its prime and subcontracting goals for small businesses.

Data on Women and Minority Veterans.—The Committee recognizes the lack of data specific to women and minority Veterans made available to Congress by the Department. The Committee recommends, when applicable, the Secretary display information in the annual report(s) submitted to Congress separately for women Veterans and minority Veterans.

Office of Enterprise Integration.—The Committee is supportive of the work carried out by the Office of Enterprise Integration and the Innovation Ecosystem for the continuous improvement of the Veteran experience by utilizing data analytics and data governance, in addition to other capabilities. Even with this work there are still gaps in awareness and knowledge of services in which Veterans are eligible. With this in mind, the Committee encourages the Department to prioritize funding for the Office of Enterprise Integration to streamline innovation efforts and initiatives across VA and to transform Veterans' experience by providing customized lifetime communication and outreach through various channels of communication to ensure Veterans receive eligible services and benefits from VA.

VA Chief Financial Officer.—The Committee directs the Secretary to develop and submit to the Committees on Appropriations of both Houses of Congress within 180 days of enactment of this Act, a plan to address the material weakness of the Department, as identified in the November 2019 OIG Report, "Audit of VA's Financial Statements for Fiscal Years 2019 and 2018" (VAOIG-19-06453-12). The report should include timelines for fully addressing the repeated material weakness of the Department and rec-

ommendations related to entity level controls, including the organizational structure of the office of the Chief Financial Officer of the Department, and the steps the Secretary plans to take to provide sufficient authority to the Chief Financial Officer to carry out the requirements of section 902 of title 31, United States Code.

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 are awarded VA contracts when appropriate.

BOARD OF VETERANS APPEALS

Appropriation, fiscal year 2020	\$182,000,000
Budget request, fiscal year 2021	198,000,000
Recommended in the bill	198,000,000
Bill compared with:	
Appropriation, fiscal year 2020	+16,000,000
Budget request, fiscal year 2021	---

The bill makes ten percent of this funding available through September 30, 2022.

The Board of Veterans' Appeals (BVA) is the component of VA responsible for making final decisions on behalf of the Secretary for the thousands of claims for Veterans' benefits that are presented to BVA for appellate review. The majority of BVA's workload derives from the benefit claims initiated at VBA regional offices. The appellate process has multiple steps, most of which occur at the local regional office level. If a Veteran is not satisfied with a regional office determination, he or she may appeal to BVA for a final agency decision. BVA adjudicates appeals covering all areas of Veterans' benefits, but most of the workload concerns appeals for Veterans' disability compensation or pension benefits. On February 19, 2019, VA implemented the new legislative framework that modernized the claims and appeals process and provided greater choice to Veterans by providing them three options for claims and appeals: (1) a supplemental claim; (2) a higher-level review; or (3) a direct appeal to the Board of Veterans' Appeals. BVA decided a record number of 95,000 cases in 2019, even as the number of individual issues decided within cases rose by more than 50,000 from the previous year. Additionally, BVA has increased the number of hearings held by 38 percent over the previous year.

The bill also provides the \$6,000,000 as proposed in the budget request to support phase three of the Appeals Modernization initiative. The initiative will convert the Board's 1980s-era case control and locator system to a new, automated integrated community developed suite that is used to process initial disability claims.

Off-site Teleconference Hearings.—The Committee recognizes the strides made by the Board to make it easier for Veterans to participate in appeals hearings by allowing appellants to appear before the board via teleconference from locations other than VA facilities. The Committee encourages further implementation of teleconference hearings to allow Veterans to teleconference without sacri-

ficing the security of Veterans’ personal information and without negatively impacting the outcome of their appeals. Appellants before the Board should be permitted to teleconference from a location of their choosing and via a secure internet platform established and maintained by the Secretary that protects sensitive personal information from a data breach. Further, the Committee directs the Department to submit a report to the Committee detailing the number of such teleconference hearings that have been scheduled; the number of such teleconference hearings that were cancelled; and any statistical difference in outcomes between cases heard by teleconference at location of the appellant’s choosing and those held at the principal location of the Board or by picture and voice transmission at a VA facility.

INFORMATION TECHNOLOGY SYSTEMS
(INCLUDING TRANSFER OF FUNDS)

Fiscal year 2020 enacted level	\$4,371,615,000
Fiscal year 2021 budget request	4,912,000,000
Committee recommendation in the bill	4,912,000,000
Comparison with:	
Fiscal year 2020 enacted level	+540,385,000
Fiscal year 2021 budget request	---

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

Within the account total, the Committee allocates in bill language \$1,211,238,000 for pay and associated costs, \$3,205,216,000 for operations and maintenance, and \$495,546,000 for development. The bill makes available three percent of pay and associated costs and five percent of operations and maintenance funds until September 30, 2022. All development funds are available until September 30, 2022.

In addition, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (P.L. 116–136) included \$2,150,000,000 for the Information Technology Systems account to prevent, prepare for, and respond to coronavirus, including related impacts on health care delivery.

The bill provides \$111,060,000 to continue the Financial Management Business Transformation (in addition to the \$13,924,000 provided for FMBT in the General Administration account and the \$96,335,000 provided out of the Franchise Fund and Supply Fund).

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 contains language allowing for the reprogramming of funds among development projects upon prior notification to, and approval by, the Committees on Appropriations of both Houses of Congress. The bill continues to include language indicating that funds for development are available only for the projects and in the amounts specified in the report accompanying the Act.

The chart below reflects the Committee’s recommendation for each development project. This chart will serve as the Department’s approved list of development projects, and all requested

changes are subject to the reprogramming guidelines as outlined in the accompanying Act.

INFORMATION TECHNOLOGY DEVELOPMENT PROJECTS
(In thousands of dollars)

Project	Committee Recommendation
Clinical Applications	\$95,763
Health Management Platforms	63,827
Benefits Systems	160,216
Memorial Affairs	15,130
Other IT Systems	114,550
Cybersecurity	11,380
Information/Infrastructure Management	34,680
Total All Development	495,546

The Committee expects the Office of Information and Technology 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 \$1,000,000.

Balancing VHA IT National Standards with Local, Short-term IT needs.—The Committee continues to encourage VA to vigilantly pursue its national IT goals and do all that is necessary to maintain needed national standards in IT while at the same time meeting short-term local IT needs of individual VA medical centers. VA should solicit, review, and respond in a timely fashion to short-term IT requests from its medical centers and clinics. The Committee supports keeping on track with beneficial national IT plans and standards, but the Committee also supports serving Veterans well on location in the short run. Long-term IT synchronization and short-term outstanding service should both be a part of the VA’s management strategy.

VA Forms Modernization.—The Committee supports the Department’s efforts to modernize its internal and external digital services consistent with the requirements of the 21st Century Integrated Digital Experience Act (IDEA) (P.L. 115–336). The Committee believes the 21st Century IDEA will enable the Office of Information and Technology and Veterans Experience Office to improve digital service delivery for Veterans and internal workflows. Therefore, the Committee recommendation includes \$5,000,000 to implement those 21st Century IDEA requirements that have the most significant impact on mission enhancement and that most effectively modernize Veteran-facing services; specifically, the Committee encourages the Department to modernize and secure its paper-based forms to ensure they are mobile responsive to help achieve cost savings and workflow efficiencies.

VA Medical and Prosthetic Research Program IT Infrastructure.—The Committee directs VA to submit a report providing an analysis and assessment of information technology infrastructure needs as well as projects and funding that have been allocated and/or obligated to the Medical and Prosthetic Research Program to support VA Research Infrastructure over the last 5 years as com-

pared to the overall VA IT expenditures or allocations. This report is due no later than 120 days after enactment of this Act.

Release of Names and Addresses.—To help make Veterans aware of the benefits and services they are entitled to, VA was given the authority to release the names and addresses of Veterans to non-profit organizations and Members of Congress. However, VA faces significant challenges in providing name and address information in a timely and useful manner due to reliance on legacy mainframe computer systems to store data, the labor-intensive process of pulling data from mainframe systems, reductions in IT staff, increasing numbers of Veterans, and fluctuating numbers of requests. The Committee encourages the Department to continue to make improvements to its processes, and directs a report on the stability and security of VA’s existing mainframe computer systems and estimated costs and benefits of upgrading them within 60 days of enactment of this Act.

Zero-Trust Data Protection.—The Committee encourages VA to implement a zero-trust approach to access its information systems to increase its security posture and protect personally identifiable information, personal health information, and Electronic Health Records.

Digital Protection Pilot Program.—The Committee believes it is our country’s duty to protect our Veterans, the Department of Veterans Affairs, and Congressionally Chartered VSOs from both foreign and domestic threats across the digital landscape attempting to steal money, pilfer personal information or peddle foreign influence via social media or other online campaigns. The Committee provides \$5,000,000 for a pilot program that taps into commercially available, proven, automated technology to launch a robust digital protection initiative.

Standard of Care.—The Committee is encouraged to see some VA medical facilities have or are pursuing a surgical workflow solution that provides access to surgical facilities, coordinates patient, staff and surgical resources, and adheres to surgical safety standards. The Committee encourages VHA to standardize these services across all VA medical surgical facilities to enhance Veterans’ safety and improve surgical care. Within 60 days of enactment of this Act, the Department is directed to provide a report to the Committee on its standard of care for surgical services.

OPEN Government Data Act Implementation.—The Committee encourages the department to comply with the OPEN Government Data Act, Title II of the Foundations for Evidence-Based Policy-making Act (P.L. 115–435), which requires Federal agencies to default, when possible, to making data (and metadata) public, to publish that public data in a machine-readable format, and catalog it online.

VETERANS ELECTRONIC HEALTH RECORD (EHR)

Fiscal year 2020 enacted level	\$1,500,000,000
Fiscal year 2021 budget request	2,627,000,000
Committee recommendation in the bill	2,627,000,000
Comparison with:	
Fiscal year 2020 enacted level	+1,127,000,000
Fiscal year 2021 budget request	---

The Veterans Electronic Health Record is a unified account designed to manage the effort to develop an interoperable electronic

health record system that will access seamlessly the records of Veterans in the VA system and those of the Department of Defense and of community providers. The VA system is the same as the one chosen by DOD and is planned to be rolled out with the same timeline and geographic areas as DOD in order to realize cost efficiency savings.

Within the total funding, the bill provides \$1,191,000,000 for the electronic health record contract, \$255,000,000 for program management, and \$1,181,000,000 for infrastructure support. Funding is made available for three years due to the uncertainty of the timing of obligations for this substantial effort.

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

The bill continues language requiring the Secretary to submit a quarterly report to the Committees on Appropriations of both Houses of Congress detailing obligations, expenditures, and deployment strategy by facility. VA is directed to continue quarterly briefings on performance milestones, costs, and changes to implementation and management plans, and to provide an accurate up-to-date deployment schedule each quarterly briefing. In addition, bill language is included requiring notice to and approval from the Committees on Appropriations of both Houses of Congress on any changes to the deployment schedule. Should there be any deviation from the deployment schedule, the Committee directs the Department to formally submit in writing a proposed updated deployment schedule within 7 days of notification to the Committees of any potential change. The Committee repeats the fiscal year 2020 directive for GAO to perform quarterly performance reviews of the VA electronic health record deployment. It is expected that this quarterly reporting will provide the Committees and VA with timely information to properly oversee this effort and address important issues.

The Committee is displeased with the lack of transparency and communication from the Office of Electronic Health Record Modernization and expects all status updates, changes to scheduling, cost, or overall execution of the project be communicated promptly and directly to the Committees on Appropriations of both Houses of Congress.

Interoperability with the Private Sector.—The Committee is concerned about the compatibility and interoperability of the new EHRM system with community care providers and requires updates on plans and efforts on integration with community care providers into the system to be submitted concurrently with the quarterly updates on obligations, expenditure, and deployment strategy.

Customizing VA's EHR.—The Committee is concerned that too much customization of VA's EHR system presents risk to interoperability with DOD's Military Health System (MHS) GENESIS implementation, and urges the Department to ensure all customization is fundamentally necessary to meet VA's healthcare

system needs and will not inhibit the interoperability of records between both Departments.

End-User Adoption.—The Committee directs the Department to ensure lessons learned from DOD’s MHS GENESIS rollout are taken into consideration when deploying EHRM, including that end users receive sufficient training prior to the implementation.

Medical Records Portability.—The Committee supports Veterans having real-time, seamless, and portable access to all of their medical records and urges VA to develop, as part of EHRM, the means by which Veterans can have secure, portable access to their own medical records.

Cybersecurity Implementation.—The Committee is concerned about the pace at which implementation of cybersecurity best practices are occurring at the Department, especially as VA and DOD continue to integrate electronic health information. The Committee directs the Department to identify for the Committee steps it has taken to protect data and patient records across physical, virtual, and mobile networks and the devices and systems attached to these networks. If such review warrants, the Department should consider a layered defensive strategy that includes perimeter security, segmentation within the data center to increase lateral security, and data and application protections. The Committee also urges VA to ensure that patient records being transferred from DOD to VA have the same level of security and data-level protections as provided by DOD.

Clinical Workflow Challenges.—The Committee is concerned about the significant amount of time clinicians spend on the current electronic health record documentation in their treatment of Veterans, as well as their inability to easily incorporate such information from within the Veterans’ continuum of care, particularly the community care environment. This administrative burden also means clinicians have less time to spend providing care to each patient and fewer patients are seen in a given day, potentially resulting in longer wait times for Veterans. VA’s ongoing efforts with EHRM and interoperability with DOD provide an opportunity to assess innovative technologies’ ability to solve this challenge. The EHRM technology must enhance clinicians’ efficacy so they can spend more time with patients. The Committee commends the Department’s efforts to involve clinicians at all stages of the EHRM rollout and encourages the continued collaboration with clinicians to ensure the most efficient workflow solutions are developed with clinician input.

Electronic Health Records Modernization.—The VA transition to a commercial-based EHR system continues to be challenging, and it is uncertain if this capability will be delivered across the enterprise by 2027. The Committee directs VA to maintain frequent, timely, and transparent communication with Congress. Additionally, the Committee recommends VA leverage lessons learned from the DOD’s MHS GENESIS Electronic Health Record modernization effort to ensure that this capability is delivered to transitioning servicemembers, Veterans, and outside care providers as soon as possible.

Interagency Program Office (IPO).—The Committee understands that the Department, in coordination with DOD, continues its organizational process for the IPO. The Committee is concerned that

the Director of the IPO does not have a singular supervisory entity, as this structure could present challenges with decision making and accountability. Therefore, the Committee directs the Secretary to work with the Secretary of Defense to develop a reporting structure that ensures the Director of the IPO has a single supervisory entity. The Committee notes that one of the determining factors setting the timeline for the deployment of the electronic health record is the need to improve informational technology and related infrastructure at VA facilities. Therefore, the Committee directs the Secretary to provide a report to the Committees on Appropriations of both Houses of Congress no later than December 1, 2020 on the total cost of the installation of all remaining information technology and related infrastructure required to complete the deployment of the electronic health record, and the timeline to complete this installation.

Cybersecurity for Electronic Health Records.—Recognizing the ongoing challenges of sharing data between MHS GENESIS and the Department’s EHRM initiative, the Committee requests a report within 90 days of enactment of this Act on what the Department is doing to protect Veterans’ sensitive information when implementing EHRM, and recommends the Department consider emerging technologies, such as blockchain technology, if future requirements drive a need to modify VA’s security architecture and technical solutions.

Standards of Care and Safety.—The Committee is encouraged by the Department’s use of Integrated Clinical Communities (ICC) to establish standards of care and safety and requests a report within 90 days of enactment of this Act describing its plans to evaluate and incorporate information technology applications that support ICC efforts.

OFFICE OF INSPECTOR GENERAL

Fiscal year 2020 enacted level	\$210,000,000
Fiscal year 2021 budget request	228,000,000
Committee recommendation in the bill	228,000,000
Comparison with:	
Fiscal year 2020 enacted level	+18,000,000
Fiscal year 2021 budget request	---

The Office of Inspector General (OIG) was established by the Inspector General Act of 1978 and is responsible for the audit, investigation, and inspection of all VA programs and operations. The overall operational objective is to focus available resources on areas that would help improve services to Veterans and their beneficiaries, assist managers of Department programs to operate economically in accomplishing program goals, and to prevent and deter recurring and potential fraud, waste, and inefficiencies.

The bill makes up to ten percent of this funding available until September 30, 2022.

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

In addition, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (P.L. 116–136) included \$12,500,000 for the Office of Inspector General to prevent, prepare for, and respond to coronavirus, for oversight and audit of VA programs, activities, grants and projects funded in the CARES Act.

CONSTRUCTION, MAJOR PROJECTS

Appropriation, fiscal year 2020	\$1,235,200,000
Budget request, fiscal year 2021	1,373,000,000
Recommended in the bill	1,373,000,000
Bill compared with:	
Appropriation, fiscal year 2020	+137,800,000
Budget request, fiscal year 2021	---

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

The Committee recommendation makes all but \$392,362,000 of these funds available for a five-year period.

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 will continue to receive quarterly briefings on each of the large construction projects.

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

CONSTRUCTION, MAJOR PROJECTS

(In thousands of dollars)

Project	Amount
Veterans Health Administration:	
American Lake, WA New Specialty Care Building 201	\$94,340
Long Beach, CA Mental Health & Community Living Center	50,000
Canandaigua, NY Construction & Renovation	30,000
Alameda, CA Community Based Outpatient Clinic & National Cemetery	152,868
San Diego, CA SCI & Seismic Building 11	21,260
Livermore, CA Realignment and Closure of the Livermore Campus	143,270
Dallas, TX Spinal Cord Injury	78,500
Tulsa, OK Inpatient Facility	120,000
Advance Planning and Design Fund	117,781
Asbestos	15,000
Major Construction Staff	102,719
Hazardous Waste	2,000
Judgment Fund	25,000
Non-Dept. Fed. Entity Project Management Support	79,350
Seismic Corrections	237,198
Total, VHA	1,269,286
National Cemetery Administration:	
San Antonio, TX Ft. Sam Houston Expansion	56,000
San Diego, CA Miramar Phase 2 Expansion	31,000
Advance Planning and Design Fund	2,000
NCA Land Acquisition	5,000
Total, NCA	94,000
General Administration:	
Staff Offices Advanced Planning Fund	9,714
Total, Major Construction	1,373,000

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.

Budget Justification Documents.—The Committee reminds the Department of the requirement in section 258 of Division A of the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (P.L. 114–223) regarding specific materials to be included in Major Construction budget justification documents for fiscal year 2017 and each fiscal year thereafter.

West Los Angeles VA Homeless Housing Development.—The Committee recognizes the Department’s concrete progress in implementing the Draft Master Plan for the West Los Angeles VA Campus and in fulfilling the commitments of settlement of the *Valentini v. Shinseki* litigation. The Committee encourages the Department and its Principal Developer to move quickly to deliver the more than 1,200 homeless housing units on campus, primarily through Enhanced Use Leases, and supports the Department’s efforts to address known deficiencies in utility infrastructure.

Flood and Disaster Mitigation Projects.—The Committee recognizes that deficiencies in flood and disaster mitigation infrastructure pose challenges to Veterans receiving health care, particularly when Veterans are unable to access medical facilities as a result of flooding or other infrastructure failures. The Committee further notes that state and local government infrastructure projects may enhance the resilience of VA medical facilities or the quality of life of Veterans eligible to receive care at these medical facilities. The Committee encourages VA to work collaboratively with state and local governments in support of infrastructure projects that will benefit VA facilities and the Veterans they serve.

CONSTRUCTION, MINOR PROJECTS

Appropriation, fiscal year 2020	\$398,800,000
Budget request, fiscal year 2021	400,000,000
Recommended in the bill	400,000,000
Bill compared with:	
Appropriation, fiscal year 2020	+1,200,000
Budget request, fiscal year 2021	— — —

The Construction, Minor Projects appropriation provides for constructing, altering, extending, and improving any of the facilities under the jurisdiction of, or for the use of, the Department, including planning, assessment of needs, architectural and engineering services, and site acquisition, where the estimated cost of a project is equal to or less than \$20,000,000.

As with the Major Construction account, the Committee recommendation makes these funds available for a five-year period.

The Committee encourages the Department to prioritize construction for expanding gender-specific care for women and mental health programs, in particular mental health Residential Rehabilitation Treatment Program facilities and new inpatient Substance Use Disorder treatment facilities within the VA system. The Committee also notes that inpatient Substance Use Disorder facilities are of particular importance for Veterans in rural communities.

The Committee notes that restorative and rehabilitative nursing care provided to elderly Veterans at VA community living centers is a critical part of the benefits and care promised to Veterans for

their entire life after their service to our country. Unfortunately, in some Veterans health care systems there are not enough high-quality contract nursing homes available to meet Veteran demand. The Committee urges VA to prioritize construction projects to address nursing care capacity issues across VA.

Construction of Housing for Rural Homeless Veterans.—The Department has made great efforts to find suitable housing for homeless Veterans and their families. The Committee encourages more non-traditional efforts to eliminate Veteran homelessness. For example, some cities and towns have started pilot programs using “Micro” or “Tiny Homes”, or renovated shipping containers, to help deal with homelessness. The Committee encourages VA to continue its efforts to house homeless Veterans and their families and explore the feasibility of providing “Tiny Homes” or renovated shipping containers as housing.

Expediting VA Projects.—The Committee urges VA to put in place an improved process to help guide infrastructure investments through energy performance contracts management, including Energy Savings Performance Contracts (ESPCs) and Utility Energy Savings Contracts (UESCs), in order to effectively and efficiently reduce energy costs and improve facilities for our Veterans. The Committee understands that challenges with the energy performance program include a separate round of required reviews by the Office of Capital Asset Management (OCAM) that has bottlenecked new projects, as well as problems of capacity and bandwidth for oversight and new project starts. The Committee urges VA to streamline and find efficiencies in the approval of projects in order to continue to provide Veterans the care they need.

GRANTS FOR CONSTRUCTION OF STATE EXTENDED CARE FACILITIES

Appropriation, fiscal year 2020	\$90,000,000
Budget request, fiscal year 2021	90,000,000
Recommended in the bill	90,000,000
Bill compared with:	
Appropriation, fiscal year 2020	---
Budget request, fiscal year 2021	---

This appropriation provides grants to assist States in constructing State home facilities, for furnishing domiciliary or nursing home care to Veterans, and to expand, remodel, or alter existing buildings for furnishing domiciliary, nursing home, or hospital care to Veterans in State homes. A grant may not exceed 65 percent of the total cost of the project. The bill makes this funding available until expended.

In addition, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (P.L. 116–136) included \$150,000,000 for Grants for Construction of State Extended Care Facilities to prevent, prepare for, and respond to coronavirus.

GRANTS FOR CONSTRUCTION OF VETERANS CEMETERIES

Appropriation, fiscal year 2020	\$45,000,000
Budget request, fiscal year 2021	45,000,000
Recommended in the bill	45,000,000
Bill compared with:	
Appropriation, fiscal year 2020	---
Budget request, fiscal year 2021	---

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

ADMINISTRATIVE PROVISIONS

The bill includes 51 administrative provisions, of which 49 were in effect in fiscal year 2020 in some form and 2 are new provisions. The administrative provisions included in the bill are as follows:

(INCLUDING TRANSFER OF FUNDS)

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

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 202 allowing the Department to transfer funding among the four medical appropriations accounts in fiscal year 2021. 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 2021 for "Compensation and Pensions", "Readjustment Benefits", and "Veterans Insurance and Indemnities" for payment of accrued obligations recorded in the last quarter of fiscal year 2020.

The bill includes section 207 allowing for the use of fiscal year 2021 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 the Department to obligate enhanced-use lease proceeds for administrative expenses that were incurred in a prior fiscal year during the year funds are received.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 210 limiting the amount of reimbursement the Office of Resolution Management, the Office of Employment Discrimination Complaint Adjudication, and the Office of Diversity and Inclusion 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 Veterans Health Administration.

(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 \$322,932,000 of fiscal year 2021 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 \$327,126,000 of fiscal year 2021 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 Operating Expenses, Veterans Benefits Administration” upon approval of the Committees on Appropriations of both Houses of Congress. This provision is intended to give VA flexibility as it administers the changes to its traditional healthcare program and the MISSION Act. The Administration proposal to modify this provision is not adopted.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 229 permitting the transfer of funds between the “Board of Veterans Appeals” and “General Operating Expenses, Veterans Benefits Administration” upon approval of the 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 delete 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 restricting funds from being used to close certain medical facilities in the absence of a national realignment strategy. The Administration request to delete this provision is not adopted.

The bill includes section 233 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 234 permanently allowing the use of Medical Services funding for assisted reproductive technology treatment and adoption reimbursement for Veterans and their spouses if the Veteran has a service-connected disability that results in being unable to procreate without such fertility treatment.

The bill includes section 235 prohibiting any funds from being used in a manner that is inconsistent with statutory limitations on outsourcing. The Administration request to delete this provision is not adopted.

The bill includes section 236 pertaining to exceptions for Indian- or Native Hawaiian-owned businesses contracting with VA. The Administration request to delete this provision is not adopted.

The bill includes section 237 directing the elimination over a series of years of the use of Social Security numbers in VA programs. The Administration request to delete this provision is not adopted.

The bill includes section 238 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 239 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 240 permitting funding to be used in fiscal years 2021 and 2022 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 241 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 242 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 243 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 Administration request to delete this provision is not adopted.

The bill includes section 244 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 245 prohibiting the use of funds in fiscal year 2021 to convert any program that received specific purpose funds in fiscal year 2020 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 246 eliminating category D or E pain testing on dogs.

The bill includes section 247 prohibiting the closure of the CBOC in Bainbridge, New York until the Secretary submits a completed market area assessment to the Committees on Appropriations of both Houses of Congress. The Administration proposal to delete this provision is not adopted.

The bill includes section 248 requiring the Department to update the Planning and Activating CBOC handbook every five years and provide guidance and training to employees on each update of the handbook. The Administration proposal to delete this provision is not adopted.

The bill includes section 249 to allow fiscal year 2021 and 2022 “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 250 allowing obligations and expenditures applicable to the “Medical Services” account in fiscal years 2017 through 2019 for aid to state homes remain in the “Medical Community Care” account for such fiscal years.

This bill includes section 251 specifying an amount from the four medical care accounts for gender-specific care for women.

TITLE III

RELATED AGENCIES

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

AMERICAN BATTLE MONUMENTS COMMISSION

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	\$84,100,000
Budget request, fiscal year 2021	75,100,000
Recommended in the bill	84,100,000
Bill compared with:	
Appropriation, fiscal year 2020	---
Budget request, fiscal year 2021	+9,000,000

The recommendation includes \$84,100,000 for Salaries and Expenses of the American Battle Monuments Commission (ABMC).

The Committee notes the significant maintenance needs of the American Battle Monuments around the world, which are specifically designed to honor our fallen servicemembers. The Committee continues to direct ABMC to emphasize maintaining and repairing existing monuments and memorials in a proactive and timely manner that honors the service, achievements, and sacrifices of the United States Armed Forces.

Non-Federal Memorials.—The Committee appreciates ABMC’s continued dialogue and engagement with non-Federal sponsors of memorials and other community stakeholders. The Committee encourages ABMC to continue these efforts and to have productive exchanges with those looking to best preserve memorials that reflect significant historical moments.

Pacific Battle Commemorations.—The Committee is grateful for ABMC’s commitment to telling the World War II story at its sites and visitors centers and urges ABMC to ensure the story of the Pacific theater is fully told. The Committee requests that ABMC report to the Committees on Appropriations of both Houses of Congress on its efforts to commemorate World War II battles in the Pacific at existing ABMC sites.

World War I Memorial Preservation.—The Committee supports the preservation and rehabilitation of World War I memorials across the country and in Europe to honor the more than four million men and women who bravely served the United States and fought to preserve our freedom.

FOREIGN CURRENCY FLUCTUATIONS ACCOUNT

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

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	\$35,400,000
Budget request, fiscal year 2021	38,900,000
Recommended in the bill	37,100,000
Bill compared with:	
Appropriation, fiscal year 2020	+1,700,000
Budget request, fiscal year 2021	–1,800,000

The recommendation includes \$37,100,000 for Salaries and Expenses for the United States Court of Appeals for Veterans Claims (the Court).

Caseload.—The Committee recognizes that caseloads at the Court continue to increase and directs the Court to continue using available resources to respond effectively to the growing demand. While the recommendation does not include requested funding to reconfigure the Court’s physical space for recalled, retired Judges, the Committee encourages the Court to continue to use them efficiently to address increasing caseloads.

DEPARTMENT OF DEFENSE—CIVIL

CEMETERIAL EXPENSES, ARMY

SALARIES AND EXPENSES

Appropriation, fiscal year 2020	\$80,800,000
Budget request, fiscal year 2021	70,800,000
Recommended in the bill	81,815,000
Bill compared with:	
Appropriation, fiscal year 2020	+1,015,000
Budget request, fiscal year 2021	+11,015,000

The recommendation includes \$81,815,000 for Salaries and Expenses for Arlington National Cemetery (the Cemetery), which is \$11,015,000 above the fiscal year 2021 budget request. The Committee has provided this additional funding to respond to increased costs and to maintain current services.

The Committee has previously noted its concern that the budget request for the Cemetery’s operating account has been continually inadequate to maintain the current level of services, and reiterates that it is unacceptable for the Cemetery’s budget request to fall short of reflecting real needs.

Updated Interment Policy.—The Committee is aware that the Secretary of the Army has proposed revised criteria for interment at the Cemetery to preserve it as an active burial ground well into the future, and understands that these criteria will be published as a draft rule in the Federal Register for public comment. The Com-

mittee notes that it will continue to follow closely to ensure that the Cemetery can continue to live up to its mission to honor those who have served.

CONSTRUCTION

Southern Expansion.—The Committee remains strongly supportive of the Southern Expansion project and recognizes its importance in extending the life of our Nation’s most prestigious cemetery.

ARMED FORCES RETIREMENT HOME

TRUST FUND

The recommendation includes \$73,100,000 for the Armed Forces Retirement Home (AFRH), including \$8,800,000 for capital projects, although \$22,000,000 of the total is provided from the general fund of the Treasury, and not the Trust Fund. The Committee makes these operation and maintenance funds available until September 30, 2022, as requested, to provide AFRH greater ability to respond to emergency situations and ensure stable operations.

In addition, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (P.L. 116–136) included \$2,800,000 for AFRH to prevent, prepare for, and respond to coronavirus.

Land Redevelopment.—The Committee understands that AFRH has selected a developer to redevelop the 80-acre master planned parcel on the Washington campus and directs AFRH to continue to report to the Committee on the progress of the redevelopment project and the status of the lease negotiations.

OPERATION AND MAINTENANCE

Appropriation, fiscal year 2020	\$63,300,000
Budget request, fiscal year 2021	64,300,000
Recommended in the bill	64,300,000
Bill compared with:	
Appropriation, fiscal year 2020	+1,000,000
Budget request, fiscal year 2021	-- --

General Fund.—The Committee has previously expressed concern about the use of the General Fund to support the work of AFRH. The Committee is pleased that efforts are underway to increase revenues and stabilize the AFRH Trust Fund for the long term, and directs AFRH to continue to make progress in this area and report to the Committee on its further initiatives to improve sustainability and maintain the high-quality services provided to AFRH residents.

CAPITAL PROGRAM

Appropriation, fiscal year 2020	\$12,000,000
Budget request, fiscal year 2021	6,000,000
Recommended in the bill	8,800,000
Bill compared with:	
Appropriation, fiscal year 2020	–3,200,000
Budget request, fiscal year 2021	+2,800,000

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

rects AFRH to prioritize completing projects that are currently underway.

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

OVERSEAS CONTINGENCY OPERATIONS

DEPARTMENT OF DEFENSE

Appropriation, fiscal year 2020	\$644,526,000
Budget request, fiscal year 2021	349,762,000
Recommended in the bill	350,000,000
Bill compared with:	
Appropriation, fiscal year 2020	- 294,526,000
Budget request, fiscal year 2021	+238,000

The recommendation includes Overseas Contingency Operations for military construction projects and planning and design related to the European Deterrence Initiative (EDI).

MILITARY CONSTRUCTION, ARMY

Appropriation, fiscal year 2020	\$78,168,000
Budget request, fiscal year 2021	15,873,000
Recommended in the bill	16,111,000
Bill compared with:	
Appropriation, fiscal year 2020	- 62,057,000
Budget request, fiscal year 2021	+238,000

The recommendation includes \$16,111,000 for Army military construction and planning and design for Overseas Contingency Operations and European Deterrence Initiative projects.

MILITARY CONSTRUCTION, NAVY AND MARINE CORPS

Appropriation, fiscal year 2020	\$94,570,000
Fiscal year 2021 budget request	70,020,000
Recommended in the bill	70,020,000
Bill compared with:	
Appropriation fiscal year 2020	- 24,550,000
Budget request, fiscal year 2021	- - -

The recommendation includes \$70,020,000 for Navy and Marine Corps military construction and planning and design for European Deterrence Initiative projects.

MILITARY CONSTRUCTION, AIR FORCE

Appropriation, fiscal year 2020	\$325,988,000
Budget request, fiscal year 2021	263,869,000
Recommended in the bill	263,869,000
Bill compared with:	
Appropriation, fiscal year 2020	- 62,119,000
Budget request, fiscal year 2021	- - -

The recommendation includes \$263,869,000 for Air Force military construction and planning and design for European Deterrence Initiative projects.

ADMINISTRATIVE PROVISION

The bill includes one provision that was in effect in fiscal year 2020.

The bill includes section 401 that designates that funding shall be available only if the President so designates all amounts and transmits such designations to Congress.

TITLE V

GENERAL PROVISIONS

The bill includes a total of 14 provisions: 12 provisions that are effective in fiscal year 2020:

The bill includes section 501 prohibiting the obligation of funds beyond the current fiscal year unless expressly so provided.

The bill includes section 502 prohibiting the use of funds for programs, projects or activities not in compliance with Federal law relating to risk assessment, the protection of private property rights, or unfunded mandates.

The bill includes section 503 encouraging all departments and agencies funded in this Act to expand the use of “E-Commerce” technologies and procedures.

The bill includes section 504 specifying the Congressional committees that are to receive all reports and notifications.

The bill includes section 505 prohibiting the transfer of funds to any instrumentality of the United States Government without authority from an appropriations Act.

The bill includes section 506 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 507 requiring all reports submitted to the Congress to be posted on official websites of the submitting agency.

The bill includes section 508 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 509 prohibiting the use of funds for payment of first-class travel by an employee of the executive branch.

The bill includes section 510 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 511 prohibiting the use of funds in this Act by the Department of Defense or the Department of Veterans Affairs for the purchase or lease of a new vehicle except in accordance with Presidential Memorandum—Federal Fleet Performance, dated May 24, 2011.

The bill includes section 512 prohibiting the use of funds in this Act to construct facilities on military installations that do not meet resiliency standards.

The bill includes section 513 prohibiting the use of funds in this Act and previous Acts for the construction of a wall, barrier, fence, or road along the Southern border of the United States or a road

to provide access to a wall, barrier, or fence constructed along the Southern border of the United States.

The bill includes section 514 designating emergency funding pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Deficit Control Act of 1985.

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.

RESCISSIONS

The bill does not contain any rescissions, as defined in clause 3(f)(2) of rule XIII of the Rules of the House of Representatives.

TRANSFER OF FUNDS

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

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

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

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

Language is included to transfer not to exceed \$20,115,000 in fiscal year 2022 from Compensation and Pensions to General Operating Expenses, Veterans Benefits Administration and Information Technology Systems. These funds are for the administrative costs of implementing cost-savings proposals required by the Omnibus Budget Reconciliation Act of 1990 and the Veterans' Benefits Act of 1992. Language is also included transferring funds to the medical care collections fund to augment funding of medical facilities for nursing home care provided to pensioners.

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

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

Language is included to provide authority for the Department of Veterans Affairs for any funds appropriated in 2021 for Compensation and Pensions, Readjustment Benefits, and Veterans Insurance and Indemnities to be transferred among those three accounts.

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

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

Language is included to permit funding up to \$71,490,000 to be transferred to General Administration and Information Technology Systems from any funds appropriated in fiscal year 2021 to reimburse three headquarters offices for services provided.

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

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

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

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

Language is included to allow the transfer of funds in fiscal year 2021 provided for the Department of Veterans Affairs to the Joint Department of Defense–Department of Veterans Affairs Medical Facility Demonstration Fund.

Language is included allowing fiscal year 2022 medical care funding to be transferred to the Joint Department of Defense–Department of Veterans Affairs Medical Facility Demonstration fund.

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

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

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

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

DISCLOSURE OF EARMARKS AND CONGRESSIONALLY DIRECTED
SPENDING ITEMS

Neither the bill nor the report contains any Congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

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

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

SECTION 219 OF THE MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES APPROPRIATIONS ACT, 2020

(Division F of Public Law 116–94)

[(INCLUDING TRANSFER OF FUNDS)]

[SEC. 219. Of the amounts appropriated to the Department of Veterans Affairs for fiscal year 2020 for “Medical Services”, “Medical Community Care”, “Medical Support and Compliance”, “Medical Facilities”, “Construction, Minor Projects”, and “Information Technology Systems”, up to \$314,409,000, plus reimbursements, may be transferred to the Joint Department of Defense—Department of Veterans Affairs Medical Facility Demonstration Fund, established by section 1704 of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111–84; 123 Stat. 3571) and may be used for operation of the facilities designated as combined Federal medical facilities as described by section 706 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2009 (Public Law 110–417; 122 Stat. 4500): *Provided*, That additional funds may be transferred from accounts designated in this section to the Joint Department of Defense—Department of Veterans Affairs Medical Facility Demonstration Fund upon written notification by the Secretary of Veterans Affairs to the Committees on Appropriations of both Houses of Congress: *Provided further*, That section 220 of title II of division C of Public Law 115–244 is repealed.]

TITLE 38, UNITED STATES CODE

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PART II—GENERAL BENEFITS

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

SUBCHAPTER I—GENERAL

Sec.
1701. Definitions.

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

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1720J. *Provision of assisted reproductive technology or adoption reimbursements for certain disabled veterans.*

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

* * * * *

§ 1720J. *Provision of assisted reproductive technology or adoption reimbursements for certain disabled veterans*

(a) *PROVISION OF SERVICES.*—*Subject to the availability of appropriations, the Secretary may provide—*

(1) *fertility counseling and treatment using assisted reproductive technology to a covered veteran or the spouse of a covered veteran; or*

(2) *adoption reimbursement to a covered veteran.*

(b) *LIMITATIONS.*—*Amounts made available for the purposes specified in subsection (a) are subject to the requirements for funds contained in section 508 of division H of the Consolidated Appropriations Act, 2017 (Public Law 115–31).*

(c) *DEFINITIONS.*—*In this section:*

(1) *The term “adoption reimbursement” means reimbursement for the adoption-related expenses for an adoption that is finalized after the date of the enactment of this section under the same terms as apply under the adoption reimbursement program of the Department of Defense, as authorized in Department of Defense Instruction 1341.09, including the reimbursement limits and requirements set forth in such instruction, as in effect on the date of the enactment of this section.*

(2) *The term “assisted reproductive technology” means benefits relating to reproductive assistance provided to a member of the Armed Forces who incurs a serious injury or illness on active duty pursuant to section 1074(c)(4)(A) of title 10, as described in the memorandum on the subject of “Policy for Assisted Reproductive Services for the Benefit of Seriously or Severely Ill/Injured (Category II or III) Active Duty Service Members” issued by the Assistant Secretary of Defense for Health Affairs on April 3, 2012, and the guidance issued to implement such policy, as in effect on the date of the enactment of this section, including any limitations on the amount of such benefits available to such a member, except that—*

(A) the periods regarding embryo cryopreservation and storage set forth in part III(G) and in part IV(H) of the first part IV of such memorandum shall not apply; and

(B) such term includes embryo cryopreservation and storage without limitation on the duration of such cryopreservation and storage.

(3) The term "covered veteran" means a veteran who has a service-connected disability that results in the inability of the veteran to procreate without the use of fertility treatment.

* * * * *

CHANGES IN APPLICATION OF EXISTING LAW

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

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

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

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

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

Language is included in various parts of the bill to enable various appropriations to remain available for more than one year for some programs for which the basic authority legislation does not presently authorize such extended availability.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Language is included under Title I to limit funds for the operation and maintenance of family housing to those provided in this appropriation and to limit amounts expended on repairs of general and flag officer quarters under certain circumstances.

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

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

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

Language is included under Title I providing additional funds for Military Construction, Army.

Language is included under Title I providing additional funds for Military Construction, Navy and Marine Corps.

Language is included under Title I providing additional funds for Military Construction, Air Force.

Language is included under Title I providing additional funds for Military Construction, Army National Guard.

Language is included under Title I providing additional funds for Military Construction, Air National Guard.

Language is included under Title I providing additional funds for Military Construction, Army Reserve.

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

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

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

Language is included under Title I providing additional funds for Military Construction, Navy and Marine Corps for cost to complete projects.

Language is included under Title I providing additional funds for Military Construction, Air Force for cost to complete projects.

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

Language is included under Title I providing additional funds for Military Construction, Navy Reserve for cost to complete projects.

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

Language is included under Title I providing additional funds for Family Housing Operations and Maintenance, Army.

Language is included under Title I providing additional funds for Family Housing Operations and Maintenance, Navy and Marine Corps.

Language is included under Title I providing additional funds for Family Housing Operations and Maintenance, Air Force.

Language is included under Title I requiring funds made available are only to be use for the purposes specifically described under each heading.

Language is included under Title I to prohibit the use of military construction funds to build a border wall, or road to access a border wall.

Language is included under Title I to prohibit the construction of a facility on a military installation bearing the name of a confederate officer unless a process has been initiated to rename the installation.

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

Language is included under Title II designating certain fiscal year 2020 advance appropriations for fiscal year 2021 within the four medical care accounts be designated as emergency funding.

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

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

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

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

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

Language is included under Title II designating certain funding within the Information Technology Systems account as emergency funding.

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

Language is included under Title II designating certain funding within the Veterans Electronic Health Record account as emergency funding.

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

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

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

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

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

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

Language is included under Title II prohibiting funds from being used to close hospitals, domiciliaries, or clinics, or conduct environmental assessment or diminish services in the Veterans Integrated Service Network 23 as part of a realignment of VA services until the Secretary provides a report that includes a national realignment strategy, a cost benefit analysis, and an inventory of buildings with historic designation.

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

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

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

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

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

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

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

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

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

Language is included under Title II prohibiting funding to be used that would increase wait times for Veterans who seek medical care.

Language is included under Title II prohibiting the use of funds in fiscal year 2020 to convert any program that received specific purpose funding in fiscal year 2019 to a general purpose-funded program.

Language is included under Title II prohibiting the use of dogs as part of the conduct of any study.

Language is included under Title II prohibiting the closure of a certain community-based outpatient clinic until the Secretary completes a market area assessment.

Language is included under Title II requiring the Secretary to update the "Planning and Activating Community Based Outpatient Clinics" handbook.

Language is included under Title II allowing for funds within the Medical Community Care account to be used for expenses that would have otherwise been payable from the Veterans Choice Fund.

Language is included under Title II allowing for obligations and expenditures applicable to the Medical Services account in fiscal years 2017 through 2019 for aid to state homes to remain in the Medical Community Care account for such fiscal years.

Language is included under Title II providing for a certain amount within the medical care accounts to be made available for gender-specific care for women.

Language is included under Title III United States Court of Appeals for Veterans Claims, Salaries and Expenses, to permit the use of funds for a pro bono program.

Language is included under Title III Cemeterial Expenses, Army, Salaries and Expenses, to permit the use of funds for parking maintenance and repairs.

Language is included under Title III Armed Forces Retirement Home to permit payment from the general fund of the Treasury to the Trust Fund.

Language is included under Title III to allow for the use of concession fees.

Language is included under Title IV providing Overseas Contingency Operations funding with an emergency designation.

Language is included under Title IV providing funds with emergency designation, for Overseas Contingency Operations and European Deterrence Initiative for the Army.

Language is included under Title IV providing funds with emergency designation, for Overseas Contingency Operations and European Deterrence Initiative for the Navy and Marine Corps.

Language is included under Title IV providing funds with emergency designation, for Overseas Contingency Operations and European Deterrence Initiative for the Air Force.

Language is included under Title IV directing the Secretary of Defense to provide, in classified and unclassified format a list of the construction projects for European Deterrence Initiative for fiscal years 2022 through 2026.

Language is included under Title V prohibiting funding beyond the current fiscal year unless expressly so provided.

Language is included under Title V to limit the use of funds for Federal entities when they are not in compliance with Federal law relating to risk assessment, the protection of private property rights, or unfunded mandates.

Language is included under Title V providing funding to expand the use of "E Commerce" technologies and procedures.

Language is included under Title V specifying the Congressional committees that are to receive all reports and notifications.

Language is included under Title V prohibiting the transfer of funds to any instrumentality of the United States Government without authority from an appropriations Act.

Language is included under Title V prohibiting the use of funds for a project or program named for an individual serving as a Member, Delegate, or Resident Commissioner of the United States House of Representatives.

Language is included under Title V requiring all reports submitted to the Congress to be posted on the official public Website of that agency.

Language is included under Title V prohibiting funds from being used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography.

Language is included under Title V prohibiting funds from being used to pay for first-class travel in violation of Federal regulations.

Language is included under Title V prohibiting funds from being used to execute a contract for goods or services where a contractor has not complied with Executive Order 12989.

Language is included under Title V prohibiting funds from being used by the Department of Defense or the Department of Veterans Affairs for the purchase or lease of a new vehicle except in accord-

ance with Presidential Memorandum Federal Fleet Performance, dated May 24, 2011.

Language is included under Title V prohibiting the use of funds in this Act to construct facilities on military installations that do not meet resiliency standards.

Language is included under Title V prohibiting the use of funds for the construction of a wall, barrier, fence, or road along the Southern border of the United States or a road to provide access to a wall, barrier, or fence constructed along the Southern border of the United States.

Language is included under Title V designating amounts in this Act by Congress are for an emergency requirement pursuant to section 251(b)(2)(A)(i) of the Balanced Budget and Emergency Control Act of 1985.

APPROPRIATIONS NOT AUTHORIZED BY LAW

Pursuant to clause 3(f)(1)(B) of rule XIII of the Rules of the House of Representatives, the following table lists the appropriations in the accompanying bill which are not authorized by law for the period concerned:

[dollars in thousands]

Agency/program	Last year of authorization	Authorization level	Appropriations in last year of authorization	Appropriations in this bill
Military Construction, Army.....	2020	1,270,999	1,178,499	608,336
Military Construction, Navy and Marine Corps.....	2020	2,774,961	2,449,632	1,611,914
Military Construction, Air Force.....	2020	1,723,579	1,687,230	569,792
Military Construction, Defense-Wide.....	2020	2,267,595	2,362,529	2,234,517
Military Construction, Army National Guard.....	2020	365,819	210,819	349,437
Military Construction, Air National Guard.....	2020	221,471	164,471	64,214
Military Construction, Army Reserve.....	2020	60,928	60,928	88,337
Military Construction, Navy Reserve.....	2020	54,955	54,955	70,995
Military Construction, Air Force Reserve.....	2020	84,550	59,750	23,117
North Atlantic Treaty Organization Security Investment Program.....	2020	144,040	172,005	173,030
Family Housing Construction, Army.....	2020	146,372	141,372	119,400
Family Housing Operation and Maintenance, Army.....	2020	457,640	357,907	367,142
Family Housing Construction, Navy and Marine Corps.....	2020	47,661	47,661	42,897
Family Housing Operation and Maintenance, Navy and Marine Corps.....	2020	432,203	317,870	346,493
Family Housing Construction, Air Force.....	2020	103,631	103,631	97,214
Family Housing Operation and Maintenance, Air Force.....	2020	380,949	295,016	317,021
Family Housing Operation and Maintenance, Defense-Wide.....	2020	57,000	57,000	54,728
Department of Defense Family Housing Improvement Fund.....	2020	3,045	3,045	5,897
Department of Defense Family Housing Improvement Fund.....	2020	500	500	600
Base Realignment and Closure Account.....	2020	392,526	398,526	580,447
Dept. of Veterans Affairs, Major Construction.....	done each yr.		1,235,200	1,373,000
Dept. of Veteran Affairs, Major Leases.....	done each yr.		682,323	535,540
Armed Forces Retirement Home.....	2020	64,300	75,300	73,100

PROGRAM DUPLICATION

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.

COMMITTEE HEARINGS

For the purposes of section 103(i) of H. Res. 6 of the 116th Congress—

The following hearings were used to develop or consider the Military Construction, Department of Veterans Affairs, and Related Agencies Appropriations Act, 2021:

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on February 27, 2020, entitled “Oversight of VA’s Electronic Health Record Modernization Implementation”. The Subcommittee received testimony from:

Dr. Melissa Glynn, Assistant Secretary for Enterprise Integration

Dr. Richard Stone, Executive in Charge, Veterans Health Administration

Mr. John H. Windom, Executive Director, Office of Electronic Health Record Modernization

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on March 3, 2020, entitled “Military Privatized Housing”. The Subcommittee received testimony from:

Colonel Scott Gerber

Ms. Linne Gherdovich

Mr. Rick Taylor, President, Facility Operations, Renovations & Construction, Balfour Beatty Communities

Mr. Heath Burleson, Corvias’ Partnership Advisor

Mr. Denis Hickey, CEO, Lendlease Americas

Mr. John Ehle, President, Hunt Military Communities

Mr. Jeff Guild, Vice President, Lincoln Military Housing

Mr. Pete Potochney, Acting Assistant Secretary of Defense (Sustainment) OSD

Ms. Elizabeth A. Field, Director, Defense Capabilities and Management (GAO)

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on March 4, 2020, entitled “Department of Veterans Affairs FY2021 Budget Overview”. The Subcommittee received testimony from:

The Honorable Robert Wilkie, Secretary of Veterans Affairs

Richard A. Stone, M.D., Executive in Charge, Veterans Health Administration

Dr. Paul R. Lawrence, Under Secretary for Benefits, Veterans Affairs

Mr. Jon Rychalski, Assistant Secretary for Management and Chief Financial Officer, Veterans Affairs

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on March 10,

2020, entitled “Member’s Day”. The Subcommittee received testimony from:

The Honorable Gilbert Cisneros, Member of Congress
 The Honorable Jared Golden, Member of Congress
 The Honorable Mike Johnson, Member of Congress
 The Honorable Jenniffer González-Colón, Member of Congress
 The Honorable Angie Craig, Member of Congress
 The Honorable Richard Hudson, Member of Congress

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on March 10, 2020, entitled “Public Witness Day”. The Subcommittee received testimony from:

Mr. Adrian M. Atizado, Deputy National Legislative Director of Disabled American Veterans

Mr. Roscoe G. Butler, Associate Legislative Director of Paralyzed Veterans of America

Mr. Carlos Fuentes, Director of National Legislative Service for Veterans of Foreign Wars of the United States

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on March 11, 2020, entitled “Impact of PFAS Exposure on Servicemembers”. The Subcommittee received testimony from:

Mr. Jim Holmes, U.S. Army and Air Force Veteran

Mr. Scott Faber, Senior Vice President of Government Affairs Environmental Working Group

Ms. Maureen Sullivan, Deputy Assistant Secretary of Defense for Environment, Department of Defense

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on May 28, 2020, entitled “Department of Veterans Affairs Response to COVID-19”. The Subcommittee received testimony from:

The Honorable Robert Wilkie, Secretary of Veterans Affairs

Dr. Paul Lawrence, Under Secretary for Benefits, Department of Veterans Affairs

Dr. Jennifer MacDonald, Chief Consultant to the Deputy Under Secretary for Health, Department of Veterans Affairs

Mr. Jon Rychalski, Assistant Secretary for Management and Chief Financial Officer, Department of Veterans Affairs

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, 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 section 308(a)(1)(B) of the Congressional Budget Act of 1974, the following table contains five-year projections prepared by the Congressional Budget Office of outlays 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 section 308(a)(1)(C) of the Congressional Budget Act of 1974, the amounts of financial assistance to State and local governments is as follows:

[TO BE PROVIDED]

FULL COMMITTEE VOTES

[TO BE PROVIDED]

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 2020 and budget estimates presented for fiscal year 2021.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE I - DEPARTMENT OF DEFENSE					
Military Construction, Army.....	1,178,499	650,336	608,336	-570,163	-42,000
Military Construction, Navy and Marine Corps.....	2,449,632	1,975,606	1,611,914	-837,718	-363,692
Military Construction, Air Force.....	1,687,230	767,132	569,792	-1,117,438	-197,340
Military Construction, Defense-Wide.....	2,362,529	2,027,520	2,234,517	-128,012	+206,997
Total, Active components.....	7,677,890	5,420,594	5,024,559	-2,653,331	-396,035
Military Construction, Army National Guard.....	210,819	321,437	349,437	+138,618	+28,000
Military Construction, Air National Guard.....	164,471	64,214	64,214	-100,257	---
Military Construction, Army Reserve.....	60,928	88,337	88,337	+27,409	---
Military Construction, Navy Reserve.....	54,955	70,995	70,995	+16,040	---
Military Construction, Air Force Reserve.....	59,750	23,117	23,117	-36,633	---
Total, Reserve components.....	550,923	568,100	596,100	+45,177	+28,000
North Atlantic Treaty Organization Security Investment Program.....	172,005	173,030	173,030	+1,025	---
Department of Defense Base Closure Account.....	388,526	300,447	580,447	+181,921	+280,000
Total, Military Construction.....	8,799,344	6,462,171	6,374,136	-2,425,208	-88,035
Family Housing Construction, Army.....	141,372	119,400	119,400	-21,972	---
Family Housing Operation and Maintenance, Army.....	357,907	367,142	367,142	+9,235	---
Family Housing Construction, Navy and Marine Corps.....	47,661	42,897	42,897	-4,764	---
Family Housing Operation and Maintenance, Navy and Marine Corps.....	317,870	346,493	346,493	+28,623	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Family Housing Construction, Air Force.....	103,631	97,214	97,214	-6,417	---
Family Housing Operation and Maintenance, Air Force...	295,016	317,021	317,021	+22,005	---
Family Housing Operation and Maintenance, Defense-Wide	57,000	54,728	54,728	-2,272	---
Department of Defense Family Housing Improvement Fund.	3,045	5,897	5,897	+2,852	---
Department of Defense Military Unaccompanied Housing Improvement Fund.....	500	600	600	+100	---
Total, Family Housing.....	1,324,002	1,351,392	1,351,392	+27,390	---
Administrative Provisions					
Unfunded Requirements - Services:					
Military Construction, Army (Sec. 123).....	79,500	---	342,600	+263,100	+342,600
Military Construction, Navy and Marine Corps (Sec. 123).....	374,529	---	765,937	+391,408	+765,937
Military Construction, Air Force (Sec.123).....	288,200	---	428,000	+139,800	+428,000
Military Construction, Army National Guard (Sec. 123).	155,000	---	34,835	-120,165	+34,835
Military Construction, Air National Guard (Sec. 123)...	57,000	---	54,700	-2,300	+54,700
Military Construction, Army Reserve (Sec. 123).....	---	---	48,900	+48,900	+48,900
Military Construction, Air Force Reserve (Sec. 124)....	24,800	---	---	-24,800	---
Military Construction, Defense-Wide (Sec. 124).....	66,880	---	---	-66,880	---
Military Construction - Military Installation Resilience (Sec. 130).....	75,000	---	---	-75,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
MATO Security Investment Program (rescission) (Sec. 125).....	-25,000	---	---	+25,000	---
Family Housing Support and Management Costs (Sec. 127).	140,800	---	135,000	-5,800	+135,000
Military Construction, Defense-Wide (Sec. 125) (rescission).....	-45,055	---	---	+45,055	---
Subtotal, Unfunded Requirements - Services.....	1,191,654	---	1,809,972	+618,318	+1,809,972
Cost to Complete Projects - Services:					
Military Construction, Army (Sec. 126).....	---	---	224,900	+224,900	+224,900
Military Construction, Navy and Marine Corps (Sec. 126).....	---	---	144,900	+144,900	+144,900
Military Construction, Air Force (Sec. 126).....	---	---	166,500	+166,500	+166,500
Military Construction, Army Reserve (Sec. 126).....	---	---	10,200	+10,200	+10,200
Military Construction, Navy Reserve (Sec. 126).....	---	---	3,500	+3,500	+3,500
Family Housing Construction, Army (Sec. 126).....	---	---	4,500	+4,500	+4,500
Subtotal, Cost to Complete Projects - Services...	---	---	554,500	+554,500	+554,500
Total, Administrative Provisions.....	1,191,654	---	2,364,472	+1,172,818	+2,364,472
Total, title I, Department of Defense.....	11,315,000	7,813,563	10,090,000	-1,225,000	+2,276,437
Appropriations.....	(11,385,055)	(7,813,563)	(10,090,000)	(-1,295,055)	(+2,276,437)
Rescissions.....	(-70,055)	---	---	(+70,055)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE II - DEPARTMENT OF VETERANS AFFAIRS					
Veterans Benefits Administration					
Compensation and pensions:					
Budget year request	1,439,931	2,813,922	2,813,922	+1,373,991	---
Advance from prior year appropriations	109,017,152	118,246,975	118,246,975	+9,229,823	---
Total, Compensation and pensions available in fiscal year 2021	110,457,083	121,060,897	121,060,897	+10,603,814	---
Advance appropriations	118,246,975	130,227,650	130,227,650	+11,980,675	---
Less appropriations from prior year advances	-109,017,152	-118,246,975	-118,246,975	-9,229,823	---
Total, Compensation and pensions appropriated in this bill	119,686,906	133,041,572	133,041,572	+13,354,666	---
Readjustment benefits:					
Budget year request	---	---	---	---	---
Advance from prior year appropriations	14,065,282	12,578,965	12,578,965	-1,486,317	---
Total, Readjustment benefits available in fiscal year 2021	14,065,282	12,578,965	12,578,965	-1,486,317	---
Advance appropriations	12,578,965	14,946,618	14,946,618	+2,367,653	---
Less appropriations from prior year advances	-14,065,282	-12,578,965	-12,578,965	+1,486,317	---
Total, Readjustment benefits appropriated in this bill	12,578,965	14,946,618	14,946,618	+2,367,653	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Veterans insurance and indemnities:					
Budget year request	17,620	2,148	2,148	-15,472	---
Advance from prior year appropriations	111,340	129,224	129,224	+17,884	---
Total, Veterans insurance and indemnities available in fiscal year 2021	128,960	131,372	131,372	+2,412	---
Advance appropriations	129,224	136,950	136,950	+7,726	---
Less appropriations from prior year advances	-111,340	-129,224	-129,224	-17,884	---
Total, Veterans insurance and indemnities appropriated in this bill	146,844	139,098	139,098	-7,746	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Veterans housing benefit program fund:					
Credit subsidy:					
Direct.....	-7,000	-18,000	-18,000	-11,000	---
Guaranteed.....	708,000	1,681,000	1,681,000	+973,000	---
Subtotal (Credit subsidy).....	701,000	1,663,000	1,663,000	+962,000	---
(Limitation on direct loans).....	(500)	(500)	(500)	---	---
Administrative expenses.....	200,377	204,400	204,400	+4,023	---
Vocational rehabilitation loans program account:					
(Limitation on direct loans).....	58	34	34	-24	---
Administrative expenses.....	(2,008)	(2,470)	(2,470)	(+462)	---
Native American veteran housing loan program account.....	402	424	424	+22	---
General operating expenses, VBA.....	1,186	1,163	1,186	---	+23
Total, Veterans Benefits Administration.....	3,125,000	3,207,000	3,187,000	+62,000	-20,000
Appropriations.....	136,440,738	153,203,309	153,183,332	+16,742,594	-19,977
Advance appropriations.....	(5,485,574)	(7,892,091)	(7,872,114)	(+2,386,540)	(-19,977)
Advances from prior year appropriations.....	(130,955,164)	(145,311,218)	(145,311,218)	(+14,356,054)	---
Total, Veterans Health Administration.....	(123,193,774)	(130,955,164)	(130,955,164)	(+7,761,390)	---
Medical services (MS):					
Budget year request.....	---	497,468	497,468	+497,468	---
Advance from prior year.....	51,411,165	56,158,015	56,158,015	+4,746,850	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Reclassification of prior year appropriations.....	---	---	-5,594,318	-5,594,318	-5,594,318
Reclassification of prior year appropriations (emergency).....	---	---	5,594,318	+5,594,318	+5,594,318
Total, MS available in fiscal year 2021.....	51,411,165	56,655,483	56,655,483	+5,244,318	---
Advance appropriations.....	56,158,015	58,897,219	58,897,219	+2,739,204	---
Less appropriations from prior years.....	-51,411,165	-56,158,015	-56,158,015	-4,746,850	---
Total, MS appropriated in this bill.....	56,158,015	59,394,687	59,394,687	+3,236,672	---
Medical community care (MCC):					
Advance from prior year.....	10,758,399	17,131,179	17,131,179	+6,372,780	---
Reclassification of prior year appropriations.....	---	---	-3,847,180	-3,847,180	-3,847,180
Reclassification of prior year appropriations (emergency).....	---	---	3,847,180	+3,847,180	+3,847,180
Budget year request.....	4,521,400	1,380,800	1,380,800	-3,140,600	---
Veterans Choice Fund (by transfer).....	(615,000)	---	---	(-615,000)	---
Total, MCC available in fiscal year 2021.....	15,279,799	18,511,979	18,511,979	+3,232,180	---
Advance appropriations.....	17,131,179	20,148,244	20,148,244	+3,017,065	---
Less appropriations from prior years.....	-10,758,399	-17,131,179	-17,131,179	-6,372,780	---
Total, MCC appropriated in this bill.....	21,652,579	21,529,044	21,529,044	-123,535	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Medical support and compliance (MSC):					
Budget year request.....	98,800	300,000	279,880	+181,080	-20,120
Advance from prior year.....	7,239,156	7,914,191	7,914,191	+675,035	---
Reclassification of prior year appropriations.....	---	---	-886,235	-886,235	-886,235
Reclassification of prior year appropriations (emergency).....	---	---	886,235	+886,235	+886,235
Total, MSC available in fiscal year 2021.....	7,337,956	8,214,191	8,194,071	+856,115	-20,120
Advance appropriations.....	7,914,191	8,403,117	8,403,117	+488,926	---
Less appropriations from prior years.....	-7,239,156	-7,914,191	-7,914,191	-675,035	---
Total, MSC appropriated in this bill.....	8,042,991	8,703,117	8,682,997	+670,006	-20,120
Medical facilities (MF):					
Budget year request.....	---	150,000	170,120	+170,120	+20,120
Advance from prior year.....	6,141,880	6,433,265	6,433,265	+291,385	---
Reclassification of prior year appropriations.....	---	---	-441,385	-441,385	-441,385
Reclassification of prior year appropriations (emergency).....	---	---	441,385	+441,385	+441,385
Total, MF available in fiscal year 2021.....	6,141,880	6,583,265	6,603,385	+461,505	+20,120
Advance appropriations.....	6,433,265	6,734,680	6,734,680	+301,415	---
Less appropriations from prior years.....	-6,141,880	-6,433,265	-6,433,265	-291,385	---
Total, MF appropriated in this bill.....	6,433,265	6,884,680	6,904,800	+471,535	+20,120

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Medical and prosthetic research.....	800,000	787,000	840,000	+40,000	+53,000
Medical care cost recovery collections:					
Offsetting collections.....	-3,729,000	-4,403,000	-4,403,000	-674,000	---
Appropriations (indefinite).....	3,729,000	4,403,000	4,403,000	+674,000	---
Subtotal.....	---	---	---	---	---
Medical Care Collections Fund (MCCF) (transfer out) (Sec. 214).....	(-446,000)	(-784,000)	(-784,000)	(-338,000)	---
Medical Community Care and Medical Services (by transfer) (Sec. 214).....	(446,000)	(784,000)	(784,000)	(+338,000)	---
VA medical funds (transfer out) (Sec. 219).....	(-314,409)	(-322,932)	(-322,932)	(-8,523)	---
DoD-VA Joint Medical Facility Demonstration Fund (by transfer) (Sec. 219).....	(314,409)	(322,932)	(322,932)	(+8,523)	---
MCCF to DoD-VA Joint Medical Facility Demonstration Fund (transfer out) (Sec. 221).....	(-17,000)	(-18,000)	(-18,000)	(-1,000)	---
DoD-VA Joint Medical Facility Demonstration Fund (by transfer) (Sec. 221).....	(17,000)	(18,000)	(18,000)	(+1,000)	---
VA Medical Care Funds (transfer out) (Sec. 222).....	(-15,000)	(-15,000)	(-15,000)	---	---
DoD-VA Health Care Sharing Incentive Fund (by transfer) (Sec. 222).....	(15,000)	(15,000)	(15,000)	---	---
Total, Veterans Health Administration.....	93,056,850	97,298,528	97,351,528	+4,294,678	+53,000
Appropriations (budget year).....	(5,420,200)	(3,115,268)	(3,168,268)	(-2,251,932)	(+53,000)
Advance appropriations (FY 2022).....	(87,636,650)	(94,183,260)	(94,183,260)	(+6,546,610)	---
Advances from prior year appropriations.....	(75,550,600)	(87,636,650)	(87,636,650)	(+12,086,050)	---
Reclassification of prior year appropriations.....	---	---	(-10,769,118)	(-10,769,118)	(-10,769,118)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Reclassification from prior year appropriations (emergency).....	---	---	(10,769,118)	(+10,769,118)	(+10,769,118)
(By transfer).....	(1,407,409)	(1,139,932)	(1,139,932)	(-267,477)	---
(Transfer out).....	(-792,409)	(-1,139,932)	(-1,139,932)	(-347,523)	---
National Cemetery Administration					
National Cemetery Administration.....	329,000	360,000	349,000	+20,000	-11,000
Departmental Administration					
General administration.....	355,911	413,000	355,911	---	-57,089
Board of Veterans Appeals.....	182,000	198,000	198,000	+16,000	---
Information Technology Systems (IT Systems).....	4,371,615	4,912,000	4,371,615	---	-540,385
Emergency appropriations.....	---	---	540,385	+540,385	+540,385
Subtotal, IT Systems.....	4,371,615	4,912,000	4,912,000	+540,385	---
Veterans Electronic Health Record (EHR).....	1,500,000	2,627,000	1,442,515	-57,485	-1,184,485
Emergency appropriations.....	---	---	1,184,485	+1,184,485	+1,184,485
Subtotal, EHR.....	1,500,000	2,627,000	2,627,000	+1,127,000	---
Office of Inspector General.....	210,000	228,000	228,000	+18,000	---
Construction, major projects.....	1,235,200	1,373,000	1,373,000	+137,800	---
Construction, minor projects.....	398,800	400,000	400,000	+1,200	---
Grants for construction of State extended care facilities.....	90,000	90,000	90,000	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Grants for the construction of Veterans cemeteries.....	45,000	45,000	45,000	---	---
Total, Departmental Administration.....	8,388,526	10,286,000	10,228,911	+1,840,385	-57,089
Appropriations.....	(8,388,526)	(10,286,000)	(8,504,041)	(+115,515)	(-1,781,959)
Emergency appropriations.....	---	---	(1,724,870)	(+1,724,870)	(+1,724,870)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Administrative Provisions					
Medical Support and Compliance (rescission) (Sec. 253)	-10,000	---	---	+10,000	---
DOD-VA Health Care Sharing Incentive Fund (rescission) (Sec. 253)	-15,949	---	---	+15,949	---
Veterans Electronic Health Record (rescission) (Sec. 253)	-70,000	---	---	+70,000	---
Medical and Prosthetic Research (rescission) (Sec. 253)	-50,000	---	---	+50,000	---
Board of Veterans Appeals (rescission) (Sec. 253)	-8,000	---	---	+8,000	---
National Cemetery Administration (rescission) (Sec. 253)	-1,000	---	---	+1,000	---
Medical Services (rescission) (Sec. 253)	-350,000	---	---	+350,000	---
Total, Administrative Provisions	-504,949	---	---	+504,949	---
Total, title II, Department of Veterans Affairs.					
Appropriations	237,710,165	261,147,837	261,112,771	+23,402,606	-35,066
Emergency appropriations	(19,623,300)	(21,653,359)	(19,893,423)	(+270,123)	(-1,759,936)
(Emergencies in this bill)	---	---	(12,493,988)	(+12,493,988)	(+12,493,988)
(Reclassification of prior year appropriations (emergency))	---	---	(1,724,870)	(+1,724,870)	(+1,724,870)
Reclassification of prior year appropriations	---	---	(10,769,118)	(+10,769,118)	(+10,769,118)
Rescissions	(-504,949)	---	(-10,769,118)	(-10,769,118)	(-10,769,118)
Advance Appropriations:					
(Mandatory)	(130,955,164)	(145,311,218)	(145,311,218)	(+14,356,054)	---
(Discretionary)	(87,636,650)	(94,183,260)	(94,183,260)	(+6,546,610)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
(By transfer).....	(1,407,409)	(1,139,932)	(1,139,932)	(-267,477)	---
(Transfer out).....	(-792,409)	(-1,139,932)	(-1,139,932)	(-347,523)	---
(Limitation on direct loans).....	(2,508)	(2,970)	(2,970)	(+462)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Advances from prior year appropriations:					
(Mandatory).....	(123,193,774)	(130,955,164)	(130,955,164)	(+7,761,390)	---
(Discretionary).....	(75,550,600)	(87,636,650)	(87,636,650)	(+12,086,050)	---
Total, available this fiscal year.....	217,862,725	240,245,173	240,210,107	+22,347,382	-35,066
(Mandatory).....	(125,352,925)	(135,434,234)	(135,434,234)	(+10,081,909)	---
(Discretionary).....	(92,510,400)	(104,810,939)	(104,775,873)	(+12,265,473)	(-35,066)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE III - RELATED AGENCIES					
American Battle Monuments Commission					
Salaries and expenses.....	84,100	75,100	84,100	---	+9,000
U.S. Court of Appeals for Veterans Claims					
Salaries and expenses.....	35,400	38,900	37,100	+1,700	-1,800
Department of Defense - Civil					
Cemeterial Expenses, Army					
Salaries and expenses.....	80,800	70,800	81,815	+1,015	+11,015
Armed Forces Retirement Home - Trust Fund					
Operation and maintenance.....	41,300	42,300	42,300	+1,000	---
Capital program.....	12,000	6,000	8,800	-3,200	+2,800
Payment from General Fund.....	22,000	22,000	22,000	---	---
Total, Armed Forces Retirement Home.....	75,300	70,300	73,100	-2,200	+2,800
Total, title III, Related Agencies.....	275,600	255,100	276,115	+515	+21,015

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE IV - OVERSEAS CONTINGENCY OPERATIONS					
Overseas Contingency Operations					
Military Construction, Army.....	33,800	---	---	-33,800	---
Military Construction, Air Force.....	66,000	---	---	-66,000	---
Military Construction, Defense-Wide.....	---	---	---	---	---
Subtotal, Overseas Contingency Operations.....	99,800	---	---	-99,800	---
European Deterrence / Reassurance Initiative					
Military Construction, Army.....	78,168	15,873	16,111	-62,057	+238
Military Construction, Navy and Marine Corps.....	94,570	70,020	70,020	-24,550	---
Military Construction, Air Force.....	325,888	263,869	263,869	-62,119	---
Military Construction, Defense-Wide.....	46,000	---	---	-46,000	---
Subtotal, European Deterrence / Reassurance Initiative.....	544,726	349,762	350,000	-194,726	+238
Total, Overseas Contingency Operations.....	644,526	349,762	350,000	-294,526	+238

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
 AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
 (Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE V - NATURAL DISASTER RELIEF					
Military Construction, Navy and Marine Corps (emergency).....	3,477,000	---	---	-3,477,000	---
Military Construction, Air Force (emergency).....	2,605,200	---	---	-2,605,200	---
Military Construction, Defense-Wide (emergency).....	77,175	---	---	-77,175	---
Military Construction, Army National Guard (emergency)	66,000	---	---	-66,000	---
Military Construction, Army Reserve (emergency).....	3,300	---	---	-3,300	---
	=====	=====	=====	=====	=====
Total, title V, Natural Disaster Relief (emergencies).....	6,228,675	---	---	-6,228,675	---
	=====	=====	=====	=====	=====

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
OTHER APPROPRIATIONS					
SECOND CORONAVIRUS PREPAREDNESS AND RESPONSE SUPPLEMENTAL APPROPRIATIONS ACT, 2020 (P. L. 116-127 DIV A)					
Department of Veterans Affairs					
Medical Services (emergency)	30,000	---	---	-30,000	---
Medical Community Care (emergency)	30,000	---	---	-30,000	---
Total, Second Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020...	60,000	---	---	-60,000	---
EMERGENCY APPROPRIATIONS FOR CORONAVIRUS HEALTH RESPONSE AND AGENCY OPERATIONS (P. L. 116-136 DIV B)					
DEPARTMENT OF VETERANS AFFAIRS					
Veterans Benefits Administration					
General Operating Expenses (emergency)	13,000	---	---	-13,000	---
Veterans Health Administration					
Medical Services (emergency)	14,432,000	---	---	-14,432,000	---
Medical Community Care (emergency)	2,100,000	---	---	-2,100,000	---
Medical Support and Compliance (emergency)	100,000	---	---	-100,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Medical Facilities (emergency).....	606,000	---	---	-606,000	---
Total, Veterans Health Administration.....	17,238,000	---	---	-17,238,000	---
Departmental Administration					
General Administration (emergency).....	6,000	---	---	-6,000	---
Information Technology Systems (emergency).....	2,150,000	---	---	-2,150,000	---
Office of Inspector General (emergency).....	12,500	---	---	-12,500	---
Grants for Construction of State Extended Care Facilities (emergency).....	150,000	---	---	-150,000	---
Total, Departmental Administration.....	2,318,500	---	---	-2,318,500	---
Total, Department of Veterans Affairs.....	19,569,500	---	---	-19,569,500	---
RELATED AGENCIES					
Armed Forces Retirement Home Payment from General Fund (emergency).....	2,800	---	---	-2,800	---
Total, Emergency Appropriations for Coronavirus Health Response and Agency Operations.....	19,572,300	---	---	-19,572,300	---
Total, Other Appropriations.....	19,632,300	---	---	-19,632,300	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2020
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2021
(Amounts in thousands)

	FY 2020 Enacted	FY 2021 Request	Bill	Bill vs. Enacted	Bill vs. Request
Grand total.....	275,806,266	269,566,262	271,828,886	-3,977,380	+2,262,624
Appropriations.....	(31,283,955)	(29,722,022)	(30,259,538)	(-1,024,417)	(+537,516)
Emergency appropriations in this bill.....	(25,860,975)	---	(12,493,988)	(-13,366,987)	(+12,493,988)
(Emergencies).....	(25,860,975)	---	(1,724,870)	(-24,136,105)	(+1,724,870)
(Reclassification of prior year appropriations (emergency)).....	---	---	(10,769,118)	(+10,769,118)	(+10,769,118)
Reclassification of prior year appropriations.....	---	---	(-10,769,118)	(-10,769,118)	(-10,769,118)
Rescissions.....	(-575,004)	---	---	(+575,004)	---
Advance appropriations.....	(218,591,814)	(239,494,478)	(239,494,478)	(+20,902,664)	---
Overseas contingency operations.....	(644,526)	(349,762)	(350,000)	(-294,526)	(+238)
Advances from prior year appropriations.....	(198,744,374)	(218,591,814)	(218,591,814)	(+19,847,440)	---
(By transfer).....	(1,407,409)	(1,139,932)	(1,139,932)	(-267,477)	---
(Transfer out).....	(-792,409)	(-1,139,932)	(-1,139,932)	(-347,523)	---
(Limitation on direct loans).....	(2,508)	(2,970)	(2,970)	(+462)	---

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

ALABAMA		
AIR NATIONAL GUARD		
MONTGOMERY REGIONAL AIRPORT		
F-35 SIMULATOR FACILITY.....	11,600	11,600
DEFENSE-WIDE		
ANNISTON ARMY DEPOT		
DEMILITARIZATION FACILITY.....	18,000	18,000
TOTAL ALABAMA.....	29,600	29,600
ALASKA		
DEFENSE-WIDE		
FORT GREELY		
COMMUNICATIONS CENTER.....	48,000	48,000
TOTAL, ALASKA.....	48,000	48,000
ARIZONA		
ARMY		
YUMA PROVING GROUND		
READY BUILDING.....	14,000	14,000
DEFENSE-WIDE		
FORT HUACHUCA		
LABORATORY BUILDING.....	33,728	33,728
YUMA		
SOF HANGAR.....	49,500	49,500
ARMY NATIONAL GUARD		
TUCSON		
NATIONAL GUARD READINESS CENTER.....	18,100	18,100
TOTAL, ARIZONA.....	115,328	115,328
CALIFORNIA		
NAVY		
CAMP PENDLETON		
1ST MARDIV OPERATIONS COMPLEX.....	68,530	68,530
I MEF CONSOLIDATED INFORMATION CENTER (INC 2).....	37,000	37,000
LEMOORE		
F-35C HANGAR 6 PHASE 2 (MOD 3/4).....	128,070	98,070
F-35C SIMULATOR FACILITY & ELECTRICAL UPGRADE.....	59,150	59,150
SAN DIEGO		
PIER 8 REPLACEMENT (INC 2).....	128,500	98,500
TWENTYNINE PALMS		
WASTEWATER TREATMENT PLANT.....	76,500	76,500
DEFENSE-WIDE		
BEALE AFB		
BULK FUEL TANK.....	22,800	22,800
TOTAL, CALIFORNIA.....	520,550	460,550
COLORADO		
ARMY		
FORT CARSON		
PHYSICAL FITNESS FACILITY.....	28,000	28,000
AIR FORCE		
SCHRIEVER AFB		
CONSOLIDATED SPACE OPERATIONS FACILITY.....	88,000	88,000
DEFENSE-WIDE		
FORT CARSON		
SOF TACTICAL EQUIPMENT MAINTENANCE FACILITY.....	15,600	15,600
ARMY NATIONAL GUARD		
PETERSON AFB		
NATIONAL GUARD READINESS CENTER.....	15,000	15,000
TOTAL, COLORADO.....	146,600	146,600
FLORIDA		
DEFENSE-WIDE		
HURLBURT FIELD		
SOF COMBAT AIRCRAFT PARKING APRON-NORTH.....	38,310	38,310

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
SOF SPECIAL TACTICS OPS FACILITY (23 STS).....	44,810	44,810
ARMY RESERVE		
GAINESVILLE		
ECS TEMF/WAREHOUSE.....	36,000	36,000
TOTAL, FLORIDA.....	119,120	119,120
GEORGIA		
ARMY		
FORT GILLEM		
FORENSIC LABORATORY.....	71,000	71,000
FORT GORDON		
ADV INDIVIDUAL TRAINING BARRACKS CPLX, PH3.....	80,000	80,000
TOTAL, GEORGIA.....	151,000	151,000
HAWAII		
ARMY		
WHEELER ARMY AIR FIELD		
AIRCRAFT MAINTENANCE HANGAR.....	89,000	89,000
NAVY		
JOINT BASE PEARL HARBOR-HICKAM		
WATERFRONT IMPROVEMENTS WHARVES S1, S11-13, S20-21	48,990	48,990
WATERFRONT IMPROVEMENTS WHARVES S8-S10.....	65,910	65,910
TOTAL, HAWAII.....	203,900	203,900
INDIANA		
ARMY NATIONAL GUARD		
SHELBYVILLE		
NATIONAL GUARD/RESERVE CENTER BUILDING ADD ALT....	12,000	12,000
TOTAL, INDIANA.....	12,000	12,000
KENTUCKY		
DEFENSE-WIDE		
FORT KNOX		
VAN VOORHIS ELEMENTARY SCHOOL.....	69,310	69,310
ARMY NATIONAL GUARD		
FRANKFORT		
NATIONAL GUARD/RESERVE CENTER BUILDING.....	15,000	15,000
TOTAL, KENTUCKY.....	84,310	84,310
LOUISIANA		
ARMY		
FORT POLK		
INFORMATION SYSTEMS FACILITY.....	25,000	25,000
TOTAL, LOUISIANA.....	25,000	25,000
MAINE		
NAVY		
KITTERY		
MULTI-MISSION DRYDOCK 1 EXTENSION PH1.....	160,000	160,000
TOTAL, MAINE.....	160,000	160,000
MARYLAND		
DEFENSE-WIDE		
BETHESDA NAVAL HOSPITAL		
MEDCEN ADDITION/ALTERATION (INC 4).....	180,000	100,000
FORT MEADE		
NSAW RECAPITALIZE BUILDING (INC 3).....	250,000	250,000
AIR NATIONAL GUARD		
JOINT BASE ANDREWS		
F-16 MISSION TRAINING CENTER.....	9,400	9,400
NAVY RESERVE		
REISTERSTOWN - CAMP FRETTERD MILITARY RESERVATION		
RESERVE TRAINING CENTER.....	39,500	39,500
TOTAL, MARYLAND.....	478,900	398,900

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

MASSACHUSETTS		
ARMY RESERVE		
DEVENS RESERVE FORCES TRAINING AREA		
AUTOMATED MULTIPURPOSE MACHINE GUN RANGE.....	8,700	8,700
TOTAL, MASSACHUSETTS.....	8,700	8,700
MISSISSIPPI		
ARMY NATIONAL GUARD		
BRANDON		
NATIONAL GUARD VEHICLE MAINTENANCE SHOP.....	10,400	10,400
TOTAL, MISSISSIPPI.....	10,400	10,400
MISSOURI		
DEFENSE-WIDE		
FORT LEONARD WOOD		
HOSPITAL REPLACEMENT (INC 3).....	40,000	40,000
ST. LOUIS		
NGA WEST (N2W) COMPLEX PHASE (INC 2).....	119,000	119,000
TOTAL, MISSOURI.....	159,000	159,000
MONTANA		
AIR FORCE		
MALMSTROM AFB		
WEAPONS STORAGE AND MAINTENANCE FACILITY (INC 2)..	25,000	---
TOTAL, MONTANA.....	25,000	---
NEBRASKA		
ARMY NATIONAL GUARD		
NORTH PLATTE		
NATIONAL GUARD VEHICLE MAINTENANCE SHOP.....	9,300	9,300
TOTAL, NEBRASKA.....	9,300	9,300
NEVADA		
NAVY		
FALLON		
RANGE TRAINING COMPLEX, PHASE 1.....	29,040	29,040
TOTAL, NEVADA.....	29,040	29,040
NEW JERSEY		
AIR FORCE		
JOINT BASE MCGUIRE-DIX-LAKEHURST		
MUNITIONS STORAGE AREA.....	22,000	22,000
ARMY NATIONAL GUARD		
JOINT BASE MCGUIRE-DIX-LAKEHURST		
NATIONAL GUARD READINESS CENTER.....	15,000	15,000
TOTAL, NEW JERSEY.....	37,000	37,000
NEW MEXICO		
DEFENSE-WIDE		
KIRTLAND AFB		
ADMINISTRATIVE BUILDING.....	46,600	46,600
TOTAL, NEW MEXICO.....	46,600	46,600
NORTH CAROLINA		
NAVY		
CAMP LEJEUNE		
II MEF OPERATIONS CENTER REPLACEMENT (INC 2).....	20,000	20,000
DEFENSE-WIDE		
FORT BRAGG		
SOF GROUP HEADQUARTERS.....	53,100	53,100
SOF MILITARY WORKING DOG FACILITY.....	17,700	17,700
SOF OPERATIONS FACILITY.....	43,000	43,000
ARMY RESERVE		
ASHEVELLE		

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
ARMY RESERVE CENTER/LAND.....	24,000	24,000
TOTAL, NORTH CAROLINA.....	157,800	157,800
OHIO		
DEFENSE-WIDE		
WRIGHT-PATTERSON AFB		
HYDRANT FUEL SYSTEM.....	23,500	23,500
ARMY NATIONAL GUARD		
COLUMBUS		
NATIONAL GUARD READINESS CENTER.....	15,000	15,000
TOTAL, OHIO.....	38,500	38,500
OKLAHOMA		
ARMY		
MCALESTER APP		
AMMUNITION DEMOLITION SHOP.....	35,000	35,000
TOTAL, OKLAHOMA.....	35,000	35,000
OREGON		
ARMY NATIONAL GUARD		
HERMISTON		
ENLISTED BARRACKS, TRANSIENT TRAINING.....	9,300	9,300
TOTAL, OREGON.....	9,300	9,300
PENNSYLVANIA		
ARMY		
CARLISLE BARRACKS		
GENERAL INSTRUCTION BUILDING (INC 2).....	38,000	38,000
TOTAL, PENNSYLVANIA.....	38,000	38,000
SOUTH CAROLINA		
ARMY NATIONAL GUARD		
JOINT BASE CHARLESTON		
NATIONAL GUARD READINESS CENTER.....	15,000	15,000
TOTAL, SOUTH CAROLINA.....	15,000	15,000
TENNESSEE		
ARMY NATIONAL GUARD		
MCMINNVILLE		
NATIONAL GUARD READINESS CENTER.....	11,200	11,200
TOTAL, TENNESSEE.....	11,200	11,200
TEXAS		
AIR FORCE		
JOINT BASE SAN ANTONIO		
BMT RECRUIT DORMITORY 8 (INC 2).....	36,000	36,000
T-X ADAL GROUND BASED TRNG SYS SIM.....	19,500	19,500
DEFENSE-WIDE		
FORT HOOD		
FUEL FACILITIES.....	32,700	32,700
ARMY NATIONAL GUARD		
FORT WORTH		
AIRCRAFT MAINTENANCE HANGAR ADDITION/ALT.....	6,000	6,000
VEHICLE MAINTENANCE SHOP ADDITION/ALT.....	7,800	7,800
AIR NATIONAL GUARD		
JOINT BASE SAN ANTONIO		
F-16 MISSION TRAINING CENTER.....	10,800	10,800
AIR FORCE RESERVE		
FORT WORTH		
F-35A SIMULATOR FACILITY.....	14,200	14,200
TOTAL, TEXAS.....	127,000	127,000

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

UTAH		
AIR FORCE		
HILL AFB		
GBSD MISSION INTEGRATION FACILITY (INC 2).....	68,000	68,000
ARMY NATIONAL GUARD		
NEPHI		
NATIONAL GUARD READINESS CENTER.....	12,000	12,000
NAVY RESERVE		
HILL AFB		
NAVAL OPERATIONAL SUPPORT CENTER.....	25,010	25,010
TOTAL, UTAH.....	105,010	105,010
VIRGINIA		
ARMY		
HUMPHREYS ENGINEER CENTER		
TRAINING SUPPORT FACILITY.....	51,000	51,000
NAVY		
NORFOLK		
E-2D TRAINING FACILITY.....	30,400	30,400
MH60 & CMV-22B CORROSION CONTROL & PAINT FACILITY.	17,671	17,671
AIR FORCE		
JOINT BASE LANGLEY-EUSTIS		
ACCESS CONTROL POINT MAIN GATE WITH LAND ACQ.....	19,500	19,500
DEFENSE-WIDE		
JOINT EXPEDITIONARY BASE LITTLE CREEK-STORY		
SOF DCS OPERATIONS FAC. AND COMMAND CENTER.....	54,500	54,500
SOF NSWG-2 NSWTG CSS FACILITIES.....	58,000	58,000
TOTAL, VIRGINIA.....	231,071	231,071
WASHINGTON		
DEFENSE-WIDE		
JOINT BASE LEWIS-MCCHORD		
FUEL FACILITIES (LEWIS MAIN).....	10,900	10,900
FUEL FACILITIES (LEWIS NORTH).....	10,900	10,900
MANCHESTER		
BULK FUEL STORAGE TANKS PHASE 1.....	82,000	82,000
TOTAL, WASHINGTON.....	103,800	103,800
WISCONSIN		
ARMY NATIONAL GUARD		
APPLETON		
NATIONAL GUARD READINESS CENTER ADD/ALT.....	11,600	11,600
ARMY RESERVE		
FORT MCCOY		
SCOUT RECONNAISSANCE RANGE.....	14,600	14,600
TOTAL, WISCONSIN.....	26,200	26,200
CONUS UNSPECIFIED		
DEFENSE-WIDE		
CONUS UNSPECIFIED		
TRAINING TARGET STRUCTURE.....	14,400	14,400
TOTAL, CONUS CLASSIFIED.....	14,400	14,400
BAHRAIN ISLAND		
NAVY		
SW ASIA		
SHIP TO SHORE UTILITY SERVICES.....	68,340	68,340
TOTAL, BAHRAIN ISLAND.....	68,340	68,340
GERMANY		
DEFENSE-WIDE		
RHINE ORDNANCE BARRACKS		
MEDICAL CENTER REPLACEMENT (INC 9).....	200,000	200,000
TOTAL, GERMANY.....	200,000	200,000

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

GREECE		
NAVY		
SOUDA BAY		
COMMUNICATION CENTER.....	50,180	50,180
TOTAL, GREECE.....	50,180	50,180
GUAM		
NAVY		
ANDERSON AFB		
ORDNANCE OPERATIONS ADMIN.....	21,280	21,280
JOINT REGION MARIANAS		
BACHELOR ENLISTED QUARTERS H (INC 2).....	80,000	---
BASE WAREHOUSE.....	55,410	55,410
CENTRAL FUEL STATION.....	35,950	35,950
CENTRAL ISSUE FACILITY.....	45,290	45,290
COMBINED EOD FACILITY.....	37,600	37,600
DAR BRIDGE IMPROVEMENTS.....	40,180	40,180
DAR ROAD STRENGTHENING.....	70,760	70,760
DISTRIBUTION WAREHOUSE.....	77,930	77,930
INDIVIDUAL COMBAT SKILLS TRAINING.....	17,430	17,430
JOINT COMMUNICATION UPGRADE.....	166,000	22,000
AIR FORCE		
JOINT REGION MARIANAS		
STAND OFF WEAPONS COMPLEX, MSA 2.....	56,000	56,000
AIR NATIONAL GUARD		
JOINT REGION MARIANAS		
SPACE CONTROL FACILITY 5.....	20,000	20,000
TOTAL, GUAM.....	723,830	499,830
JAPAN		
NAVY		
YOKOSUKA		
PIER 5 (BERTHS 2 AND 3) (INC 2).....	74,692	---
DEFENSE-WIDE		
YOKOSUKA		
KINNICK HIGH SCHOOL.....	30,000	---
DEF FUEL SUPPORT POINT TSURUMI		
FUEL WHARF.....	49,500	49,500
TOTAL, JAPAN.....	154,192	49,500
MARIANA ISLANDS		
AIR FORCE		
TINIAN		
AIRFIELD DEVELOPMENT, PHASE 1 (INC 2).....	20,000	---
FUEL TANKS W/ PIPELINE/HYDRANT SYSTEM (INC 2).....	7,000	---
PARKING APRON (INC 2).....	15,000	---
TOTAL, MARIANA ISLANDS.....	42,000	---
PUERTO RICO		
ARMY NATIONAL GUARD		
FORT ALLEN		
NATIONAL GUARD READINESS CENTER.....	37,000	37,000
TOTAL, PUERTO RICO.....	37,000	37,000
QATAR		
AIR FORCE		
AL UDEID		
CARGO MARSHALLING YARD.....	26,000	26,000
TOTAL, QATAR.....	26,000	26,000

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

SPAIN		
NAVY		
ROTA		
MH-60R SQUADRON SUPPORT FACILITIES.....	60,110	60,110
TOTAL, SPAIN.....	60,110	60,110
VIRGIN ISLANDS		
ARMY NATIONAL GUARD		
ST CROIX		
ARMY AVIATION SUPPORT FACILITY (AASF).....	28,000	28,000
CTS READY BUILDING.....	11,400	11,400
TOTAL, VIRGIN ISLANDS.....	39,400	39,400
NATO SECURITY INVESTMENT PROGRAM.....	173,030	173,030
WORLDWIDE UNSPECIFIED		
ARMY		
HOST NATION SUPPORT.....	39,000	39,000
PLANNING AND DESIGN.....	129,436	69,436
SOUTHCOM PLANNING AND DESIGN.....	---	8,000
OTHER PLANNING AND DESIGN.....	---	10,000
MINOR CONSTRUCTION.....	50,900	50,900
SUBTOTAL, ARMY.....	219,336	177,336
NAVY		
PLANNING AND DESIGN.....	165,710	160,710
MINOR CONSTRUCTION.....	38,983	38,983
SUBTOTAL, NAVY.....	204,693	199,693
AIR FORCE		
PLANNING AND DESIGN.....	296,532	166,192
MINOR CONSTRUCTION.....	68,600	68,600
SUBTOTAL, AIR FORCE.....	365,132	234,792
DEFENSE-WIDE		
ENERGY RESILIENCE AND CONSERVATION INVESTMENT PROGRAM.....	142,500	439,497
PLANNING AND DESIGN		
DEFENSE-WIDE.....	24,897	10,647
DEFENSE-WIDE ERCIP.....	---	24,250
INDOPACOM PLANNING AND DESIGN.....	---	10,000
DEFENSE HEALTH AGENCY.....	64,406	64,406
DEPARTMENT OF DEFENSE EDUCATION AGENCY.....	27,746	27,746
NATIONAL SECURITY AGENCY.....	10,303	10,303
SPECIAL OPERATIONS COMMAND.....	32,624	32,624
SUBTOTAL, DEFENSE-WIDE.....	302,476	619,473
UNSPECIFIED MINOR CONSTRUCTION		
DEFENSE-WIDE.....	3,000	3,000
DEFENSE HEALTH AGENCY.....	20,000	20,000
DEFENSE LOGISTICS AGENCY.....	9,726	9,726
DEPARTMENT OF DEFENSE EDUCATION AGENCY.....	8,000	8,000
MISSILE DEFENSE AGENCY.....	4,922	4,922
SPECIAL OPERATIONS COMMAND.....	17,698	17,698
THE JOINT STAFF.....	5,840	5,840
SUBTOTAL, UNSPECIFIED MINOR CONSTRUCTION.....	69,186	69,186
ARMY NATIONAL GUARD		
PLANNING AND DESIGN.....	29,593	44,593
MINOR CONSTRUCTION.....	32,744	45,744
AIR NATIONAL GUARD		
PLANNING AND DESIGN.....	3,414	3,414
MINOR CONSTRUCTION.....	9,000	9,000
ARMY RESERVE		
PLANNING AND DESIGN.....	1,218	1,218
MINOR CONSTRUCTION.....	3,819	3,819
NAVY RESERVE		

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
PLANNING AND DESIGN.....	3,485	3,485
MINOR CONSTRUCTION.....	3,000	3,000
AIR FORCE RESERVE		
PLANNING AND DESIGN.....	3,270	3,270
MINOR CONSTRUCTION.....	5,647	5,647
SUBTOTAL, WORLDWIDE UNSPECIFIED.....	1,729,490	2,177,147
FAMILY HOUSING, ARMY		
ITALY		
VICENZA		
FAMILY HOUSING NEW CONSTRUCTION (130 UNITS).....	84,100	84,100
KWAJALEIN		
REPLACEMENT CONSTRUCTION (24 UNITS).....	32,000	32,000
PLANNING AND DESIGN.....	3,300	3,300
SUBTOTAL, CONSTRUCTION.....	119,400	119,400
OPERATION AND MAINTENANCE		
UTILITIES ACCOUNT.....	41,183	41,183
SERVICES ACCOUNT.....	8,135	8,135
MANAGEMENT ACCOUNT.....	39,716	39,716
MISCELLANEOUS ACCOUNT.....	526	526
FURNISHINGS ACCOUNT.....	18,004	18,004
LEASING.....	123,841	123,841
MAINTENANCE OF REAL PROPERTY.....	97,789	97,789
PRIVATIZATION SUPPORT COSTS.....	37,948	37,948
SUBTOTAL, OPERATIONS AND MAINTENANCE.....	367,142	367,142
FAMILY HOUSING, NAVY AND MARINE CORPS		
JAPAN		
YOKOSUKA		
CONSTRUCTION PLANNING AND DESIGN (66 UNITS).....	37,043	37,043
PLANNING AND DESIGN.....	3,128	3,128
PLANNING AND DESIGN FOR USMC/DPRI GUAM.....	2,726	2,726
SUBTOTAL, CONSTRUCTION.....	42,897	42,897
OPERATION AND MAINTENANCE		
UTILITIES ACCOUNT.....	58,429	58,429
SERVICES ACCOUNT.....	16,743	16,743
MANAGEMENT ACCOUNT.....	51,006	51,006
MISCELLANEOUS ACCOUNT.....	350	350
FURNISHINGS ACCOUNT.....	17,977	17,977
LEASING.....	62,658	62,658
MAINTENANCE OF REAL PROPERTY.....	85,630	85,630
PRIVATIZATION SUPPORT COSTS.....	53,700	53,700
SUBTOTAL, OPERATION AND MAINTENANCE.....	346,493	346,493
FAMILY HOUSING, AIR FORCE		
JAPAN		
KADENA		
CONSTRUCTION IMPROVEMENTS (117 UNITS).....	94,245	94,245
PLANNING AND DESIGN.....	2,969	2,969
SUBTOTAL, CONSTRUCTION.....	97,214	97,214
OPERATION AND MAINTENANCE		
UTILITIES ACCOUNT.....	43,173	43,173
MANAGEMENT ACCOUNT.....	64,732	64,732
SERVICES ACCOUNT.....	7,968	7,968
FURNISHINGS ACCOUNT.....	25,805	25,805
MISCELLANEOUS ACCOUNT.....	2,184	2,184
LEASING.....	9,318	9,318
MAINTENANCE OF REAL PROPERTY.....	140,666	140,666
PRIVATIZATION SUPPORT COSTS.....	23,175	23,175
SUBTOTAL, OPERATION AND MAINTENANCE.....	317,021	317,021

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

FAMILY HOUSING, DEFENSE-WIDE		
OPERATION AND MAINTENANCE		
NATIONAL SECURITY AGENCY		
UTILITIES ACCOUNT.....	13	13
FURNISHINGS ACCOUNT.....	82	82
LEASING.....	12,996	12,996
MAINTENANCE OF REAL PROPERTY.....	32	32
DEFENSE INTELLIGENCE AGENCY		
UTILITIES ACCOUNT.....	4,100	4,100
FURNISHINGS ACCOUNT.....	645	645
LEASING.....	36,860	36,860

SUBTOTAL, OPERATION AND MAINTENANCE.....	54,728	54,728
DOD MILITARY UNACCOMPANIED HOUSING IMPROVEMENT FUND....	600	600
DOD FAMILY HOUSING IMPROVEMENT FUND.....	5,897	5,897
BASE REALIGNMENT AND CLOSURE		
BASE REALIGNMENT AND CLOSURE ACCOUNT.....	300,447	580,447
TOTAL, BASE REALIGNMENT AND CLOSURE.....	300,447	580,447
ADMINISTRATIVE PROVISIONS		
UNFUNDED REQUIREMENTS - SERVICES		
MILITARY CONSTRUCTION, ARMY (Sec. 123).....	---	342,600
MILITARY CONSTRUCTION, NAVY AND MARINE CORPS (Sec. 123).....	---	765,937
MILITARY CONSTRUCTION, AIR FORCE (Sec. 123).....	---	428,000
MILITARY CONSTRUCTION, ARMY NATIONAL GUARD (Sec. 123).....	---	34,835
MILITARY CONSTRUCTION, AIR NATIONAL GUARD (Sec. 123).....	---	54,700
MILITARY CONSTRUCTION, ARMY RESERVE (Sec. 123).....	---	48,900
FAMILY HOUSING SUPPORT AND MANAGEMENT COSTS (Sec. 131).....	---	135,000

SUBTOTAL, UNFUNDED REQUIREMENTS - SERVICES.....	---	1,809,972
COST TO COMPLETE PROJECTS - SERVICES		
MILITARY CONSTRUCTION, ARMY (Sec. 126).....	---	224,900
MILITARY CONSTRUCTION, NAVY AND MARINE CORPS (Sec. 126).....	---	144,900
MILITARY CONSTRUCTION, AIR FORCE (Sec. 126).....	---	166,500
MILITARY CONSTRUCTION, ARMY RESERVE (Sec. 126).....	---	10,200
MILITARY CONSTRUCTION, NAVY RESERVE (Sec. 126).....	---	3,500
FAMILY HOUSING CONSTRUCTION, ARMY (Sec. 126).....	---	4,500

SUBTOTAL, COST TO COMPLETE PROJECT.....	---	554,500

ADMINISTRATIVE TOTAL.....	---	2,364,472
=====		
GRAND TOTAL.....	7,813,563	10,090,000
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OVERSEAS CONTINGENCY OPERATIONS
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

GERMANY		
AIR FORCE		
RAMSTEIN		
EDI: RAPID AIRFIELD DAMAGE REPAIR STORAGE.....	36,345	36,345
SPANGDAHLEM AB		
EDI: RAPID AIRFIELD DAMAGE REPAIR STORAGE.....	25,824	25,824
TOTAL, GERMANY.....	62,169	62,169

ROMANIA		
AIR FORCE		
CAMPPIA TURZII		
EDI: DANGEROUS CARGO PAD.....	11,000	11,000
EDI: ECAOS DABS-FEV STORAGE COMPLEX.....	68,000	68,000
EDI: PARKING APRON.....	19,500	19,500
EDI: POL INCREASE CAPACITY.....	32,000	32,000
TOTAL, ROMANIA.....	130,500	130,500

SPAIN		
NAVY		
ROTA		
EDI: EOD BOAT SHOP.....	31,760	31,760
EDI: EXPEDITIONARY MAINTENANCE FACILITY.....	27,470	27,470
TOTAL, SPAIN.....	59,230	59,230

OVERSEAS CONTINGENCY OPERATIONS
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

WORLDWIDE UNSPECIFIED		
PLANNING AND DESIGN		
ARMY.....	11,903	12,141
NAVY.....	10,790	10,790
AIRFORCE.....	54,800	54,800
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TOTAL, PLANNING AND DESIGN.....	77,493	77,731
MINOR CONSTRUCTION		
ARMY.....	3,970	3,970
AIRFORCE.....	16,400	16,400
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TOTAL, MINOR CONSTRUCTION.....	20,370	20,370
GRAND TOTAL.....	349,762	350,000

MINORITY VIEWS
[TO BE PROVIDED]