

MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND
RELATED AGENCIES APPROPRIATIONS BILL, 2022

, 2021.—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, 2022.

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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 \$279,940,055,000 in total budget authority, for the fiscal year 2022 programs and activities funded in the bill. The fiscal year 2022 recommendation represents an increase of \$28,085,503,000 above the comparable fiscal year 2021 enacted level and \$1,252,791,000 above the President's request. Of the increase over the fiscal year 2021 enacted level, \$16,709,491,000 is in mandatory programs. Included in the total budget authority is \$155,440,055,000 in mandatory budget authority and \$124,500,000,000 in discretionary budget authority.

The Committee recommendation highlights the continued commitment to our servicemembers and their families and to our Veterans. In overall discretionary budget authority, the bill is 10.1 percent above the fiscal year 2021 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, is \$10,918,400,000 which is \$2,854,400,000 more than the fiscal year 2021 enacted level and \$1,071,369,000 above the budget request. The recommendation provides critical investments in Family Housing and construction on our bases, including additional resources above the budget request for child care development centers, barracks, the Shipyard Infrastructure Optimization Plan, installation resiliency, natural disaster recovery expenses, and support for critical overseas investments. Finally, the total provides \$149,800,000 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 2022 for the Department of Veterans Affairs is \$268,586,855,000, an increase of \$25,424,618,000 over the fiscal year 2021 enacted level. Of the total, \$155,440,055,000 is provided for mandatory benefit programs and \$113,146,800,000 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 8.3 percent over the fiscal year 2021 enacted level. Of the total for fiscal year 2022, \$94,183,260,000 for medical care has been appropriated in advance.

In addition, the Committee recommendation includes \$111,287,000,000 in advance appropriations for fiscal year 2023 for the four health care accounts of the Department and \$156,586,190,000 in advance appropriations for mandatory benefits programs in fiscal year 2023.

The Committee recommendation provides a total of \$434,800,000 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 \$5,000,000 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 2022 appropriations bill 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.

The Committee notes that the Commerce, Justice, Science, and Related Agencies Appropriations Act, 2022 directs the Attorney General to continue efforts to implement training programs 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 Departments and agencies funded by this Act employ Federal law enforcement officers and are Federal Law Enforcement Training Centers partner organizations. The Committee directs such Departments and agencies to adopt and follow the training programs implemented by the Attorney General, and to make such training a requirement for its Federal law enforcement officers. The Committee further directs such Departments and agencies to brief the House and Senate Committees on Appropriations on their efforts relating to training no later than 90 days after the date of enactment of this Act.

In addition, the Committee directs such Departments and agencies, to the extent that such Departments and agencies 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 Departments and agencies to brief the House and Senate Committees on Appropriations no later than 90 days after the date of enactment of this Act on their current efforts to tabulate and submit their 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. 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 \$2,637,000,000 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. 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 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.

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 continues to make 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 admin-

istrative 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.

Advertising Contracts for Small Business.—The Committee understands that, as the largest advertiser in the United States, the Federal government should work to ensure fair access to its advertising contracts for small disadvantaged businesses and businesses owned by minorities and women. The Committee directs each department and agency to include the following information in its fiscal year 2023 budget justification: Expenditures for fiscal year 2021 and expected expenditures for fiscal year 2023, 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.

VA–DOD Joint Venture Facilities.—The Committee recognizes the significant potential to improve access, quality and cost-effectiveness of healthcare delivery to veterans, servicemembers and their families across the Indo-Pacific through greater integration of the Spark M. Matsunaga VA Medical Center and Tripler Army Medical Center VA–DOD Joint Venture. The Committee encourages the DOD and VA to seek further opportunities to cooperate and integrate medical personnel and services. Therefore the Committee directs the DOD and VA to each submit a report no later than 180 days after the enactment of this Act on (1) lessons learned from existing VA–DOD joint ventures facilities; (2) performance measures used for each joint venture to assess and manage shared healthcare resource-sharing goals; and (3) the benefits of further integration of staff and services between VA–DOD joint venture facilities to include communication channels, facility planning, primary healthcare, specialty healthcare, mental healthcare, and training.

TITLE I

DEPARTMENT OF DEFENSE

MILITARY CONSTRUCTION OVERVIEW

Appropriation, fiscal year 2021	\$8,064,000,000
Budget request, fiscal year 2022	9,847,031,000
Committee Recommendation, fiscal year 2022	10,918,400,000
Change from enacted level	+2,854,400,000
Change from budget request	+1,071,369,000

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 unac-

companied 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.

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 in-

stallation 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 2022 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.

Investing in Multi-hazard Resilient Defense Infrastructure Planning, Development, and Testing.—The Committee supports the

military's continued focus on building lasting and resilient military installations, including methods that update hurricane-resistant building codes for bases, barracks, hospitals, and airfields. It further considers the impact of severe drought and desertification as high potential instability areas and how these two hazards impact bases 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 of Defense to prioritize investing in climate-sustainable infrastructure projects that have yielded positive results like increased resiliency and cost-savings. As such, the bill includes section 411 prohibiting the use of funds to construct facilities that do not meet resiliency standards.

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 twelve projects that have been incrementally funded; however, the full authorization of the projects will be provided in the fiscal year 2022 National Defense Authorization Act.

Federally Recognized Tribes.—The Committee reminds the Services that consultations with the Tribes are required by current law and as such expects the Services to begin tribal consultations on proposed military construction projects that are likely to affect tribal lands, cultural properties or treaty rights as early as possible and preferably prior to submission of DD Form 1391 Project Data Sheet.

Child Development Centers (CDCs).—The bill includes \$213,000,000 for 7 child development center projects. This investment of resources is necessary to address both insufficient accessibility to child care facilities, as well as the poor conditions of existing facilities. Such shortfalls in capacity are an unacceptable burden to military families, leading to thousands of children of servicemembers forced onto waitlists for child care. The Committee is disappointed by the lack of attention paid to this priority in the budget requests and directs the Department to assign greater priority to CDC construction projects in future budget requests.

Unaccompanied Housing.—The Committee provides \$237,200,000 for 7 additional barracks projects to ensure that servicemembers who live in unaccompanied personnel housing have safe, modern, and secure living facilities, for a total of \$550,000,000 in fiscal year 2022.

ROTC Facilities.—The Committee is concerned that certain new ROTC sites may not have adequate infrastructure for the success of the program, particularly in non-contiguous states. The Committee directs the DOD to report back no later than 180 days after enactment of this legislation on (1) unmet requirements for ROTC facilities in non-contiguous states, particularly in states and territories with relatively new ROTC programs; and (2) options for addressing these requirements.

U.S. Indo-Pacific Command Planning and Design.—The recommendation includes \$15,000,000 for U.S. Indo-Pacific Command Planning and Design, World-Wide Unspecified (Pacific Deterrence Initiative).

DOD Strategy for Joint-Use Facilities.—When planning for facilities and infrastructure that might be used by multiple services with the DOD or by another Federal Agency, the DOD has no written long-term strategy. Instead, joint use facilities are authorized on a case-by-case basis. In the Indo-Pacific area of operations, where facility locations are limited by geography and host country agreements, this results in the potential inefficient use of facilities and infrastructure and missed opportunities to address military construction needs in a cost-effective manner. Therefore, the Committee directs the Assistant Secretary of Defense for Sustainment to report no later than 180 days after the enactment of this legislation on: (1) the overall strategy for joint use facilities in the Indo-Pacific; (2) the challenges and benefits of adding ports to the DODs joint-use planning; and (3) limitations imposed by current authorities that may hinder cost-sharing efforts.

Unfunded Priority Lists (UPL) and Future Years Defense Program (FYDP).—The Committee directs the Department of Defense to submit updated UPL and FYDP lists to the congressional defense committees for military construction projects no later than the transmission of the yearly President's Budget.

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.

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

Joint Base Pearl Harbor-Hickam.—The Committee recognizes the challenges the Navy and Air Force face to preserve key aspects of historical structures related to the December 7, 1941, attacks on Joint Base Pearl Harbor-Hickam (JBPHH), including aircraft hangars. While the JBPHH continues to maintain its hangars and works to meet its legal obligations under the National Historic Preservation Act, many of its hangar facilities have become unsafe, costly-to-maintain, or no longer used for their intended purpose. This exposes many aviation assets to the elements, shortening their useful lives and increasing operating costs. To better assess this assistance and determine what additional support may be needed to help JBPHH meet its operational needs and ensure compliance with existing laws, the Committee directs the Assistant Secretary of the Navy for Energy, Installations, and the Environment, to submit a report no later than 180 days after the enactment of this legislation describing the status of all historic aircraft hangars at JBPHH including: (1) how many hangars are no longer capable of housing aircraft; (2) current use limitations for each

hanger that can support aircraft; (3) how JBPHH uses hangers that cannot support aircraft; (4) a description of the outstanding repairs needed to ensure the efficient and effective use of the hangers; and (5) how many aircraft remain unprotected on the flight line due to lack of sufficient hangar space.

MILITARY CONSTRUCTION, ARMY

Appropriation, fiscal year 2021	\$628,900,000
Budget request, fiscal year 2022	834,692,000
Committee Recommendation, fiscal year 2022	898,692,000
Change from enacted level	+269,792,000
Change from budget request	+64,000,000

The Committee recommends \$898,692,000 for the Army in fiscal year 2022, of which \$62,010,000 is for the following projects in the following amounts:

Project	Amount
Camp Bullis at Joint Base San Antonio—Vehicle Maintenance Shop	\$10,000,000
Anniston Army Depot—Welding Facility	25,010,000
Fort Drum—Wellfield Expansion Resilience Project	27,000,000

Within the total for Military Construction, Army, the recommendation also includes \$181,649,000 for planning and design, which is \$30,000,000 above the budget request; and \$60,543,000 for unspecified minor construction, which is \$25,000,000 above the budget request.

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

Redstone Arsenal.—The Committee is concerned that the projected project timeline for the Gate 7 Access Control Point at the Redstone Arsenal is insufficient to meet current and future demands at the base. The Committee encourages the Army to expedite the planning and construction of Gate 7.

Mobilization Force Generation Installations.—The Committee is concerned that installations with rapid deployment requirements, including Mobilization Force Generation installations, have insufficient rail and transport logistics infrastructure to efficiently move equipment in support of deployments, training operations, and evolving Army requirements. Therefore, the Secretary of the Army is directed to conduct a review of rail and transport logistics infrastructure and equipment deployment methods at installations with rapid deployment requirements. This review and a plan to address the issues identified in the review, delineated by fiscal year, must be submitted to the congressional defense committees no later than 90 days after the enactment of this Act.

Army Barracks.—The Committee understands the importance of maintaining our servicemembers at the highest level of readiness as our nation continues to face new threats. A key component of that readiness is providing high-quality barracks. The Committee recommends the refurbishment of housing on installations whose condition has fallen below the Army’s high standards.

Immediate Response Force (IRF).—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 U.S. interests and maintain an ef-

fective global deterrent, there are significant military construction needs across 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.

Kawaihāpai (Dillingham) Airfield.—The Committee is aware that the Hawai'i Department of Transportation (HDOT) is seeking to cancel its lease with the U.S. Army for civilian use of Kawaihāpai (Dillingham) Airfield. The Committee encourages the U.S. Army Garrison Hawai'i to work with HDOT, the Federal Aviation Administration, and other stakeholders to assess various long-term options to maximize the use of Kawaihāpai Airfield. The Committee recognizes that a confounding lease term for HDOT is maintenance of the airfield's private water system. Potable water for the airfield comes from an on-site well. Water is distributed free of charge to the City and County of Honolulu for use at Mokuleia Beach Park, Camp Erdman YMCA, several private residences, and the Kaena Point Satellite Tracking Station, five miles to the west. The Committee directs the U.S. Army to develop a plan for establishing a water utility cooperative or other structure to manage the water system on the airfield.

MILITARY CONSTRUCTION, NAVY AND MARINE CORPS

Appropriation, fiscal year 2021	\$1,716,144,000
Budget request, fiscal year 2022	2,368,352,000
Committee Recommendation, fiscal year 2022	1,937,428,000
Change from enacted level	+221,284,000
Change from budget request	-430,924,000

The Committee recommends \$1,937,428,000 for the Navy and Marine Corps in fiscal year 2022, of which \$7,000,000 is for the following planning and design project in the following amount:

Project	Amount
Marine Corps Support Facility Blount Island—P-021 Lighterage and Small Craft Facility Center	\$7,000,000

Within the total for Military Construction, Navy and Marine Corps, the recommendation also includes \$413,252,000 for planning and design, which is \$50,000,000 above the budget request; and \$81,435,000 for unspecified minor construction, which is \$25,000,000 above the budget request.

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

Shipyards Infrastructure Optimization Plan.—The Committee recognizes the critical strategic and logistics role our public shipyards play in the security of our nation. To address chronically unmet infrastructure needs at the shipyards, the Fiscal Year 2018 National Defense Authorization Act included language directing the Department of Defense to create and implement a Shipyard Infrastructure Optimization Plan. The Committee is very concerned that the Navy's Shipyard Infrastructure Optimization Plan is falling behind schedule because details on multiple projects that are needed to properly assess and evaluate this critical recapitalization effort have not been timely and fully provided to the Committee. There are also concerns whether the Navy can maintain its current operational depot level maintenance schedule as dry docks are tempo-

rarily unavailable when they are upgraded and replaced, if current construction plans accounts for unforeseen ship and submarine maintenance, whether adequate resourcing has been provided to the managing program office to mitigate the risk of construction cost increases, and how the Navy will meet its commitment to its budget for these projects. Additionally, despite a previously enacted reporting requirement outlined in Section 346 of the National Defense Authorization Act for Fiscal Year 2021 (P.L. 116–57), no information from the Navy has been forthcoming. Therefore, the Committee directs the Navy to suspend further expenditure of the supplemental planning and design funding provided to the Shipyard Infrastructure Optimization Plan under Public Law 116–260 unless and until a detailed status report on plan implementation is transmitted to all committees of jurisdiction.

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 over \$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 construction projects that will take place at the Navy's four public shipyards as part of the Shipyard Infrastructure Optimization Plan.

The Committee is also concerned that the Navy's Shipyard Infrastructure Optimization Plan may not sufficiently account for the differences between the nation's four historical public shipyards. Each shipyard has a unique history, design, and local workforce with valuable knowledge of its respective facilities that can help ensure the proper modernization and optimization of these facilities. Rather than relying solely on a one-size-fits-all approach that is centralized without fully considering local conditions, the Committee urges the Navy's Shipyard Infrastructure Optimization Plan program office to seek more input and engagement from these local workforces and their installation leadership to efficiently and effectively build and maintain shipyards that can sustain the fleet for generations to come.

NAWS China Lake Earthquake Recovery Efforts.—NAWS China Lake is a critical installation that provides important capabilities to support our national defense. The Committee appreciates the Navy's efforts to rebuild NAWS China Lake in response to the 2019 earthquakes that caused significant damage to the installation. The Committee also applauds the close coordination with supporting communities to maximize these rebuilding efforts. The Committee directs the Navy to continue to prioritize the rebuilding efforts and maintain open communication with the supporting communities to ensure the projects stay on track for timely completion.

JB Pearl-Harbor Dry Dock 3.—The older Dry Dock 3 will be filled in during the construction of the newer and larger Dry Dock 5. The Committee is concerned that with the last scheduled availability for Dry Dock 3 in 2023 and with Dry Dock 5 not scheduled for completion until 2028, there will be a significant lack of facilities to maintain fleet readiness. Additionally, during this time the local shipyard workforce will be underutilized, adversely affecting

the local defense industrial base. Therefore, the Committee directs Naval Sea Systems Command to submit a report, no later than 180 days after enactment of this legislation, detailing (1) the impact of the current military construction timelines shipyard availabilities from FY 2024 through FY 2029, and (2) the planned utilization of the PHYNSY & IMF workforce during this same period if Dry Dock 5 is not completed before the closure of Dry Dock 3.

Hawaii Infrastructure Readiness Initiative (HIRI).—HIRI was created by Congress to address critical military construction and readiness shortfalls. Failing and failed infrastructure has put operational needs at risk. To fix this crisis, HIRI allocates between \$50 million and \$150 million per year through FY 2030 to address major infrastructure needs, with a ten-year cost of \$1.1 billion. However, it has come to the Committee’s attention that competing demands with the Army military construction plan may have caused the deferral of several HIRI projects until later years. Additionally, the Committee is concerned that the Army has arbitrarily limited annual HIRI spending to \$100 million, which has caused several inefficiencies such as the segmented construction of aviation facilities over several years in order to keep annual construction within \$100 million. Therefore, the Committee directs the Secretary of the Army to submit a report no later than 180 days after the enactment of this legislation consisting of: (1) a certified list of HIRI projects for the next 8 fiscal years; (2) a list of infrastructure requirements that cannot be met under current HIRI funding; (3) detailed criteria as to how the Army selects and prioritized HIRI projects; and (4) confirmation that the Army has not self-imposed yearly spending caps that are resulting in cost inefficiencies.

MILITARY CONSTRUCTION, AIR FORCE

Appropriation, fiscal year 2021	\$616,156,000
Budget request, fiscal year 2022	2,102,690,000
Committee Recommendation, fiscal year 2022	1,893,690,000
Change from enacted level	+1,277,534,000
Change from budget request	-209,000,000

The Committee recommends \$1,893,690,000 for the Air Force in fiscal year 2022, of which \$82,000,000 is for the following projects in the following amounts:

Project	Amount
Lackland AFB at Joint Base San Antonio—Child Development Center	\$22,000,000
Barksdale AFB—New Entrance Road and Gate Complex	36,000,000
Wright Patterson Air Force Base—Child Development Center	24,000,000

Within the total for Military Construction, Air Force, the recommendation also includes \$279,301,000 for planning and design, which is \$50,000,000 above the budget request; and \$83,884,000 for unspecified minor construction, which is \$25,000,000 above the budget request.

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

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 for AETC. Outdated and inadequate AETC facilities, including dormitories, harm the Air Force’s ability to recruit, train, and retain Airmen

and increases 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 the force readiness for future threats to national security. The Committee looks forward to receiving the report on the Secretary of the Air Forces efforts in these areas within 60 days of enactment of the Act.

Access Control Points.—The Committee encourages the Air Force to accelerate funding for current access control point construction projects at installations that face high-security risks to critical missions and to prioritize funding for 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.

Air Force Laboratory Infrastructure.—The Committee is concerned that aging laboratory infrastructure threatens the ability of the Air Force and Space Force to maintain the advanced technology necessary to keep ahead of U.S. adversaries in air, space, and cyberspace. No later than January 31, 2022, the Committee directs the Air Force to advance the top science and technology laboratories Major MILCON project or projects to a level of 35 percent complete design, based on the priorities established pursuant to section 2806 of the Duncan Hunter National Defense Authorization Act for Fiscal Year 2018 (P.L. 115–91).

MILITARY CONSTRUCTION, DEFENSE-WIDE

Appropriation, fiscal year 2021	\$2,041,909,000
Budget request, fiscal year 2022	1,957,289,000
Committee Recommendation, fiscal year 2022	2,023,416,000
Change from enacted level	– 18,493,000
Change from budget request	+66,127,000

The Committee recommends \$2,023,416,000 for Military Construction, Defense-Wide in fiscal year 2022. Within the total, the recommendation provides \$61,464,000 for unspecified minor construction, and \$261,313,000 for planning and design, including \$15,000,000 above the budget request for INDOPACOM.

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

Energy Resilience and Conservation Investment Program (ERCIP).—The Committee supports DOD’s investments in energy efficiency, resilience, renewable energy systems, and energy security, and as such provides \$382,980,000 for the Energy Resilience and Conservation Program, an increase of \$136,380,000 above the request.

Tripler Army Medical Center and Veterans Affairs.—As the largest military and veterans medical facility in the Pacific Basin, Tripler Army Medical Center and VA is responsible for nearly 450,000 beneficiaries who are eligible to receive care at the facility. Due to the constraining geography 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. According to Army’s own assessment using formulas included in the Department of Defense Unified Facilities Criteria (UFC) 4–510–01, Design: Medical Mili-

tary Facilities, the facility should have 5,936 parking stalls to accommodate its workforce and patients, but the facility only has 3,713 stalls. The facility is also not readily accessible to public transit, making ground transportation with parking the only reliable option for care. Currently there are no plans to construct a parking structure at Tripler Army Medical Center until tentative recapitalization plans for the entire facility are completed, which would further delay solutions to a problem that is already affecting elderly veterans, servicemembers and their families who depend upon this facility. Therefore, the Committee directs the Secretary of the Army and the Director of the Defense Health Agency, in consultation with the Department of Veterans Affairs, to submit a joint report to the congressional defense committees no later than 90 days after enactment of this Act detailing (1) the current parking situation and requirements of the facility over the next four years; (2) the estimated cost of constructing a parking facility separately from the recapitalization efforts of the primary Tripler Army Medical Center facility, to include likely cost items and possible category codes; and (3) estimated timeline for designing and constructing a typical parking structure in Hawaii.

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.

Military Facility Resilience Funding.—The Committee recognizes that the Armed Services must continue to improve efforts to ensure its military installations are resilient to flooding, sea level rise, and hurricanes, which are increasing in frequency and scale. The Committee continues to support efforts to improve the resilience of military installations and to encourage installations to develop plans that take into account current and future risks from extreme weather, including by utilizing modeling technologies that measure sea-level rise. Furthermore, the Committee directs the Services to prioritize and commit funding to projects that improve the resilience of military installations and their missions and notes the need to ensure that infrastructure and facilities remain operational against natural and manmade threats. Recognizing that such investments are critical to installation readiness, the agreement provides \$25,000,000 in planning and design and construction funding for each of the Services, and Defense-Wide to continue to develop projects, conduct studies and analyses, and update Unified Facilities Criteria, that will directly enhance military installation resilience. No later than 90 days after enactment of this Act the Services are directed to provide a spend plan on the funds appropriated in fiscal year 2022.

Missile Defense Capabilities on Guam.—The Committee is concerned about the lack of progress in addressing the military construction requirements to provide 360 degrees of persistent air and missile defense capability for Guam. Addressing this requirement is critical to protecting Guam, which is home to over 170,000 U.S. citizens, over 21,700 military members and their families, and vital defense assets. While the DOD has yet to settle on a qualified program of record to meet this requirement, progress can still be made to assess possible future locations and preliminary military construction planning for systems that could help protect Guam from precision, long-range strikes. Therefore, the Committee directs the Director of the Missile Defense Agency to submit a report no later than 180 days after enactment of this act detailing: (1) potential locations on Guam that could host either a large fixed or mobile platform capable of fulfilling requirements for an air and missile defense system; (2) approximate military construction costs associated with preparing each location to host a system; and (3) the time it will take before each location could be viable to the military construction need to host an acquired system.

Energy Conservation.—The Committee commends the DOD's forward posture on the need to increase energy conservation efforts, limit carbon emissions, and reduce energy costs. As the DOD works to construct new facilities and upgrade facilities, the Committee urges the Secretary to evaluate and integrate the use of new and innovative technologies, such as batteryless sensors, to monitor and manage DOD energy resources more effectively.

Alternative Fuel Infrastructure.—The Committee encourages DOD to prioritize funding for the installation of alternative fuel infrastructure at military installations to ensure continuity of operations as DOD transitions to utilizing alternative fuel vehicles.

Resilient Military Installations.—The Committee supports the Department's efforts, including updating hurricane-related building codes for bases, barracks, hospitals, and airfields and investing in energy efficiency, renewable energy and water conservation projects, to ensure U.S. military installations are resilient and encourages the Services to seek out projects that mitigate risk to mission-critical assets while also providing resiliency.

Comprehensive Energy Audits.—The Department of Defense is urged to increase the use of third-party comprehensive energy audits through the ERCIP.

Batteryless Sensor Technology.—The Committee encourages the Energy Resilience and Conservation Investment Program to support technologies, including batteryless sensor technology, to monitor and reduce energy consumption and deliver a more resilient and sustainable infrastructure for the Department of Defense.

Stormwater Best Management Practices.—The Committee commends the Department's work to address energy resiliency on military installations and encourages the Department to take similar steps to address water and flood resiliency. Of the amounts available for the Energy Resilience and Conservation Investment Program, the Committee supports investment in implementing and maintaining stormwater Best Management Practices that enhance resiliency and water quality on military installations. In addition to meeting force protection requirements, implementing and maintaining these Best Management Practices will help military instal-

lations reduce pollution runoff consistent with state-based watershed implementation plans required by the Environmental Protection Agency.

Joint Spectrum Center.—The Committee directs the Secretary of Defense to provide the Committee with an update on the facility chosen for the Joint Spectrum Center’s relocation and the timeline for execution, no later than 120 days after the enactment of this Act.

GUARD AND RESERVE INITIATIVE

Regional Training Institutes.—The Committee recognizes the importance of Regional Training Institutes (RTI) across the country for the readiness of Army National Guard (ARNG) and is 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 of Defense to prioritize facilities for this important and vital mission of ARNG and Army Reserve.

National Guard Training Center.—The Committee recognizes the importance of the National Guard Texas Training Center, which has been in development since 2010 and has had execution delays. The Committee recognizes that the Texas Training Center remains a high priority and the Texas Army National Guard shall continue its efforts to establish the Center.

MILITARY CONSTRUCTION, ARMY NATIONAL GUARD

Appropriation, fiscal year 2021	\$349,437,000
Budget request, fiscal year 2022	257,103,000
Committee Recommendation, fiscal year 2022	335,603,000
Change from enacted level	– 13,834,000
Change from Budget Request	+78,500,000

The Committee recommends \$335,603,000 for the Army National Guard in fiscal year 2022, of which \$15,500,000 is for the following projects in the following amounts:

Project	Amount
Camp Shelby Joint Forces Training Center—Mobilization and Annual Training Equipment Site (MATES)	
Project	\$15,500,000

Within the total for Military Construction, Army National Guard, the recommendation also includes \$72,000,000 for planning and design, which is \$50,000,000 above the budget request; and \$52,471,000 for unspecified minor construction, which is \$13,000,000 above the budget request.

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

Readiness Center Transformation Master Plan.—The Army National Guard (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 current its military construction priorities align with the Transformation Master Plan. Accordingly, the Committee provides an additional \$50,000,000 in Army National Guard planning & design and \$100,000,000 for construction.

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 2021	\$64,214,000
Budget request, fiscal year 2022	197,770,000
Committee Recommendation, fiscal year 2022	246,770,000
Change from enacted level	+182,556,000
Change from budget request	+49,000,000

The Committee recommends \$246,770,000 for the Air National Guard in fiscal year 2022, of which \$24,000,000 is for the following projects in the following amounts:

Project	Amount
New Castle County Airport—Delaware National Guard—Fuel Cell and Corrosion Control Hangar	\$17,500,000
Boise Air Terminal (Gowen Field)—Medical Training Facility	6,500,000

Within the total for Military Construction, Air National Guard, the recommendation also includes \$28,402,000 for planning and design, which is \$10,000,000 above the budget request; and \$44,088,000 for unspecified minor construction, which is \$15,000,000 above the budget request.

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

C130–J Requirements.—The Committee is concerned with the state of ANG infrastructure across the country. Specifically, many of the ANG Aviation Support Facilities are not configured to protect and properly maintain the most modernized airframes. As the Air Force continues to select ANG units to receive the most current and modernized airframes, investments must be made in current facilities. The Committee encourages the ANG to utilize unspecified minor military construction, as authorized, to speed up projects across the country and increase the readiness of the ANG.

Aviation Support Facility Relocation (AASF) and Aircraft Maintenance Hangar.—The Committee is concerned that there are existing inadequate facilities for Army National Guard aviation support. There are no other DoD aviation facilities available to support the requirement of certain aircraft. If replacement facilities are not constructed to meet maintenance and sustainment requirements it will directly result in the loss and relocation of aircraft and units. These types of facilities directly enable training, administrative,

operational, and logistical requirements Army National Guard Army Aviation mission. Therefore, the Committee urges the Director of the National Guard to provide planning and design funds to these critical projects, that would facilitate the most efficient and least costly solution.

MILITARY CONSTRUCTION, ARMY RESERVE

Appropriation, fiscal year 2021	\$88,337,000
Budget request, fiscal year 2022	64,911,000
Committee Recommendation, fiscal year 2022	77,411,000
Change from enacted level	- 10,926,000
Change from budget request	+12,500,000

The Committee recommends \$77,411,000 for the Army Reserve in fiscal year 2022, including \$12,167,000 for planning and design, which is \$5,000,000 above the budget request; and \$22,044,000 for unspecified minor construction, which is \$7,500,000 above the budget request.

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

MILITARY CONSTRUCTION, NAVY RESERVE

Appropriation, fiscal year 2021	\$70,955,000
Budget request, fiscal year 2022	71,804,000
Committee Recommendation, fiscal year 2022	84,804,000
Change from enacted level	+13,809,000
Change from budget request	+13,000,000

The Committee recommends \$84,804,000 for the Navy Reserve in fiscal year 2022, including \$13,005,000 for planning and design, which is \$7,000,000 above the budget request; and \$8,359,000 for unspecified minor construction, which is \$6,000,000 above the budget request.

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

MILITARY CONSTRUCTION, AIR FORCE RESERVE

Appropriation, fiscal year 2021	\$23,117,000
Budget request, fiscal year 2022	78,374,000
Committee Recommendation, fiscal year 2022	104,574,000
Change from enacted level	+81,457,000
Change from budget request	+26,200,000

The Committee recommends \$104,574,000 for the Air Force Reserve in fiscal year 2022, of which \$8,700,000 is for the following projects in the following amounts:

Project	Amount
Youngstown Air Reserve Station—Assault Strip Widening	\$8,700,000

Within the total for Military Construction, Air Force Reserve, the recommendation also includes \$12,330,000 for planning and design, which is \$6,500,000 above the budget request; and \$26,444,000 for unspecified minor construction, which is \$11,000,000 above the budget request.

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

NORTH ATLANTIC TREATY ORGANIZATION SECURITY INVESTMENT
PROGRAM

Appropriation, fiscal year 2021	\$173,030,000
Budget request, fiscal year 2022	205,835,000
Committee Recommendation, fiscal year 2022	205,835,000
Change from enacted level	+32,823,000
Change from budget request	-----

The North Atlantic Treaty Organization Security Investment Program (NSIP) consists of annual contributions by North Atlantic Treaty Organization (NATO) member countries. 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 2021	\$480,447,000
Budget request, fiscal year 2022	284,639,000
Committee Recommendation, fiscal year 2022	564,639,000
Change from enacted level	+84,192,000
Change from budget request	+280,000,000

The Committee recommends \$564,639,000 for the Base Closure account, which is \$84,192,000 more than fiscal year 2021 and \$280,000,000 above the budget request.

The recommendation includes an additional \$80,000,000 above the budget request 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.

The recommendation also provides an additional \$50,000,000 above the budget request for the Army to accelerate ordnance remediation at installations closed under previous Base Closure and Realignment rounds where the Army has a legal requirement to complete the clean-up by a specified date. Furthermore, the Army shall provide to the congressional defense committees a spend plan for these additional funds no later than 60 days after enactment of this Act.

Hensley Field.—The Committee is concerned that 23 years after the closure of Naval Air Station Dallas (Hensley Field) in BRAC 1998, the Department of the Navy has not yet completed environmental remediation at the former Naval Air Station Dallas. The Committee therefore instructs the Navy to work with the City of Dallas and the Texas Commission on Environmental Quality to complete the environmental remediation of former Naval Air Station Dallas.

Remediation Technologies at BRAC Sites.—The Committee is aware of promising technologies, including the supercritical water oxidation process, for destroying PFAS and encourages the Services to utilize these technologies, as appropriate, at BRAC cleanup sites.

Perfluorooctane Sulfonate (PFOS) and Perfluorooctanoic Acid (PFOA).—The Committee continues to be very concerned about the extent of PFOS/PFOA contamination at U.S. military installations and how that contamination is measured. Therefore, the Committee includes an additional \$150,000,000 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.—The Committee expects the Department to continue working with the U.S. Environmental Protection Agency on its regulatory initiatives and engaging Federal health agencies, including the Agency for Toxic Substances and Disease Registry, 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.—Over the past two fiscal years, the Committee has 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 process for identifying PFOS/PFOA contamination at BRAC sites and determining the appropriate remediation plan remains unclear. Therefore, the Deputy Assistant Secretary of Defense for Environment is directed to prepare a comprehensive report for the congressional defense committees no later than 60 days after enactment of this Act that establishes a baseline of information regarding PFOS/PFOA at closed military installations. At a minimum, the report should 1) provide a list of all closed military installations; 2) indicate whether PFOS/PFOA has been detected in drinking water and groundwater; 3) indicate the level of contamination that has been detected; 4) provide information on the likely sources of contamination; 5) explain current mitigation efforts and proposed remediation plans; 6) discuss the status of remediation; 7) provide a timeline for cleanup; and 8) estimate the total cost of detection, mitigation and remediation.

FAMILY HOUSING OVERVIEW

Appropriation, fiscal year 2021	\$1,336,592,000
Budget request, fiscal year 2022	1,423,554,000
Committee Recommendation, fiscal year 2022	1,423,554,000
Change from enacted level	+86,962,000
Change from budget request	---

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 sufficient funds within Housing Support Costs under Family Housing Operation and Maintenance accounts in order to support the Services’ ability to provide oversight and

management, and personnel to track current and future issues that may occur in military family housing.

Military Housing Privatization Initiative (MHPI).—A priority for the Committee continues to be the state of homes within the MHPI, the timeliness and thoroughness of repair and remediation of reported problems, and the Department of Defense and Services' oversight communications with tenants and the base housing property management companies. The Department is directed to report to the Committee all progress in these areas within 30 days of enactment of this Act.

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 three Rights within 60 days of enactment of this Act.

Homeownership Education.—The Committee encourages the Services to work with privatized housing partners to develop and provide basic homeownership education programs for Servicemembers and their families.

FAMILY HOUSING CONSTRUCTION, ARMY

Appropriation, fiscal year 2021	\$119,400,000
Budget request, fiscal year 2022	99,849,000
Committee Recommendation, fiscal year 2022	99,849,000
Change from enacted level	- 19,551,000
Change from budget request	- - -

FAMILY HOUSING OPERATION AND MAINTENANCE, ARMY

Appropriation, fiscal year 2021	\$352,342,000
Budget request, fiscal year 2022	391,227,000
Committee Recommendation, fiscal year 2022	391,227,000
Change from enacted level	+38,885,000
Change from budget request	- - -

FAMILY HOUSING CONSTRUCTION, NAVY AND MARINE CORPS

Appropriation, fiscal year 2021	\$42,897,000
Budget request, fiscal year 2022	77,616,000
Committee Recommendation, fiscal year 2022	77,616,000
Change from enacted level	+34,719,000
Change from budget request	- - -

FAMILY HOUSING OPERATION AND MAINTENANCE, NAVY AND MARINE CORPS

Appropriation, fiscal year 2021	\$346,493,000
Budget request, fiscal year 2022	357,341,000
Committee Recommendation, fiscal year 2022	357,341,000
Change from enacted level	+10,848,000
Change from budget request	- - -

FAMILY HOUSING CONSTRUCTION, AIR FORCE

Appropriation, fiscal year 2021	\$97,214,000
Budget request, fiscal year 2022	115,716,000
Committee Recommendation, fiscal year 2022	115,716,000
Change from enacted level	+18,502,000
Change from budget request	- - -

FAMILY HOUSING OPERATION AND MAINTENANCE, AIR FORCE

Appropriation, fiscal year 2021	\$317,021,000
Budget request, fiscal year 2022	325,445,000
Committee Recommendation, fiscal year 2022	325,445,000
Change from enacted level	+8,424,000
Change from budget request	--

FAMILY HOUSING OPERATION AND MAINTENANCE, DEFENSE-WIDE

Appropriation, fiscal year 2021	\$54,728,000
Budget request, fiscal year 2022	49,785,000
Committee Recommendation, fiscal year 2022	49,785,000
Change from enacted level	-4,943,000
Change from budget request	--

DEPARTMENT OF DEFENSE FAMILY HOUSING IMPROVEMENT FUND

Appropriation, fiscal year 2021	\$5,897,000
Budget request, fiscal year 2022	6,081,000
Committee Recommendation, fiscal year 2022	6,081,000
Change from enacted level	+184,000
Change from budget request	--

DEPARTMENT OF DEFENSE MILITARY UNACCOMPANIED HOUSING
IMPROVEMENT FUND

Appropriation, fiscal year 2021	\$600,000
Budget request, fiscal year 2022	494,000
Committee Recommendation, fiscal year 2022	494,000
Change from enacted level	-106,000
Change from budget request	--

ADMINISTRATIVE PROVISIONS

The bill includes a total of 32 Administrative provisions, 27 of which are in effect in fiscal year 2021.

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 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 124 defining the congressional defense committees.

The bill includes section 125 providing additional funds for various military construction accounts and requires a spend plan for each.

The bill includes section 126 prohibiting funds from being used to consolidate or relocate any element of RED HORSE outside of the United States until the Secretary of the Air Force provides certain requirements.

The bill includes section 127 providing additional funds for improving resilience and the effects of climate change on military installations.

The bill includes section 128 providing additional funds for child development centers.

The bill includes section 129 providing additional funds for barracks.

The bill includes section 130 providing additional funds for the Shipyard Infrastructure Optimization Program.

The bill includes section 131 providing additional funds for the Army National Guard Transformation Plan.

The bill includes section 132 providing additional funds for the Air Force and Navy and Marine Corps for expenses incurred as a result of natural disasters.

The bill includes section 133 prohibiting funds from being used for construction or planning and design of Space Force projects until a site selection audit is complete.

TITLE II

DEPARTMENT OF VETERANS AFFAIRS

Appropriation, fiscal year 2021 ¹	\$243,162,237,000
Budget request, fiscal year 2022 ¹	\$268,410,433,000
Committee recommendation, fiscal year 2022 ¹	\$268,586,855,000
Change from enacted level	+\$25,424,618,000
Change from budget request	+\$176,422,000
Fiscal year 2023 advance budget request	\$267,873,190,000
Fiscal year 2023 Committee recommendation in the bill ...	\$267,873,190,000

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

The Department of Veterans Affairs (VA) provides health care for 9,200,000 Veteran enrollees, disability compensation benefits to nearly 6,000,000 Veterans and survivors, pension benefits for over 357,000 Veterans and survivors, life insurance for more than 5,500,000 Veterans, servicemembers and their families, educational assistance for nearly 900,000 trainees, and interment of more than 130,000 Veterans and eligible family members in national cemeteries. To serve adequately the Nation’s Veterans, VA employs more than 425,000 people, making it one of the largest Federal agencies in terms of employment.

The Committee strongly supports the implementation of the Deborah Sampson Act, enacted into law as part of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116–315), and notes that the funding level provided for the Department for fiscal year 2022 will fully fund the implementation of the Deborah Sampson Act, as indicated in the Department’s budget justification materials. The Committee believes firmly that the Department should dedicate sufficient resources to support the needs of women veterans in a variety of program areas, including hiring and training staff, strategic planning,

health research, eliminating sexual harassment and sexual assault, and retrofitting existing medical facilities to make it safer and easier for women veterans to get care. The Committee directs VA to provide a plan and timeline for implementation of this law, including an expenditure plan in each of these areas, to the Committees on Appropriations of both Houses of Congress, no later than 90 days after enactment of this Act.

Sexual Harassment and Sexual Assault Protections for VA Beneficiaries and Employees.—Eliminating sexual harassment and assault at VA is critical to creating a safe and welcoming environment for veterans, their families, caregivers, and survivors, as well as VA employees. The Committee is concerned by the lack of centralized reporting mechanisms and resources for VA beneficiaries who are harassed or assaulted by VA employees or on VA property, as well as the potential for retaliation from within the Department. The Committee is further concerned that the Department has not yet issued a comprehensive sexual assault and harassment policy, as required by Section 5303 of P.L. 116–315, despite continued reports of incidences of sexual assault and harassment at the Department, and directs the Department to report to the Committee no later than 30 days after the date of enactment of this Act on the status of its efforts to comply with this statutory requirement. It is critical for VA to move swiftly with the implementation of Section 5303, create a centralized reporting mechanism with a comprehensive information technology database, and designate sexual harassment and assault prevention coordinators, so that veterans know where to turn when subjected to degrading treatment while accessing care and benefits.

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. The Committee continues to support additional research, service, and education to improve the lives of Native Hawaiian, Pacific Islander and U.S.-Affiliated Pacific Islander Veterans, and looks forward to the results of VA's feasibility study on the establishment of a dedicated VA Center for this population, as directed in Division J of the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2021 (P.L. 116–260). 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.

Women Veteran Transitional Housing Support.—The Committee recognizes the need for transitional and supportive housing services for women Veterans, and minority 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 and minority women Veterans. Women and minority 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, such as women with children escaping domestic violence, and therefore women and minority 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 and minority women Veterans transitioning from military service. Additionally, the Committee supports VA's continued investment in the Women's Health Transition Training Program, as this highly successful and innovative program helps servicewomen across every branch of our armed forces transition out of active duty service.

Eliminating Barriers to Accessing Earned Benefits for Veterans in the Outlying Areas.—The Committee directs the Department of Veterans Affairs to conduct a comprehensive review of its programs and services to identify those that are unavailable to veterans residing in outlying areas such as the Northern Mariana Islands and the Freely Associated States, the reasons for the lack of availability, and the actions needed to eliminate the barriers to access. The VA shall report its findings and recommendations to the Committee within 180 days of enactment of this paragraph.

Combatting Online Misinformation and Extremism.—The Committee is concerned by foreign and domestic actions to exploit veterans through the use of online misinformation and manipulation. These efforts to spread extremist views and conspiracy theories among the veteran community have severely damaging effects, such as spreading conspiracies that may have motivated participation in the Capitol insurrection on January 6, 2021. The Committee feels strongly that the VA should engage with the veteran community to better understand the unique vulnerabilities that Veterans face online, and that the Department should establish a comprehensive, evidence-based program to educate veterans about malign influences, transition assistance to include specialized counseling services, as well as research into operations and methods to discern against disinformation. This should include developing evidence-based social media and internet propaganda literacy programs that are appropriately targeted to different veteran populations and an understanding of appropriate counseling options. The Committee encourages the Department to engage with the Departments of Justice and Homeland Security, as well as civil society partners, in developing this program, and directs VA to report to the Committee within 60 days of the enactment of this Act on its plans to implement this program, including a cost estimate of additional resources that would assist in implementation.

Protecting Immigrant Veterans.—The Committee recognizes the value and service of immigrant veterans and is concerned about the deportation of veterans, as well as family members, workers, and other visitors interacting with VA who may also be at risk for deportation. The Committee asserts that VA should take action to prevent deportations and ensure veterans and their families feel welcome at VA, and directs the Department to undertake a review of its policies and practices within 180 days to ensure that VA is not engaging in any policies that put veterans or others at risk for deportations. VA is additionally directed to submit to the Committee a plan to implement corrections to any policies identified. This review and plan must include a clarification that mutual sup-

port agreements with federal, state and local law enforcement agencies cannot include the sharing of information that puts veterans at risk for deportation. Further, VA is directed to take steps to ensure that non-citizen Veterans are made aware of their options to naturalize as U.S. citizens. Finally, the Committee strongly urges VA to take every step possible to assist detained and previously deported veterans, including by providing administrative guidance and assistance with relevant applications and paperwork. The Department is encouraged to work with the Department of Homeland Security to develop methods that allow the Department to maintain contact with detained and previously deported veterans and ensure that they are able to access this and other VA assistance and benefits to which they are entitled.

Performance Measures.—The Committee directs the Department of Veterans Affairs to comply with title 31 of the United States Code, including the development of organizational priority goals and outcomes such as performance outcome measures, output measures, efficiency measures, and customer service measures. The Secretary 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.

VETERANS BENEFITS ADMINISTRATION (VBA)

COMPENSATION AND PENSIONS

(INCLUDING TRANSFER OF FUNDS)

Appropriation, fiscal year 2021	\$124,357,226,552
Budget request, fiscal year 2022	137,575,487,000
Committee recommendation, fiscal year 2022	137,575,487,000
Change from enacted level	+13,218,260,000
Change from budget request	---

This appropriation provides funds for service-connected compensation payments to an estimated 5,503,550 Veterans, 475,146 survivors, and 1,281 dependents in fiscal year 2022. In addition, pension payments will be funded for an estimated 209,355 Veterans and 147,472 survivors. The average payment per compensation case for Veterans in fiscal year 2022 is estimated at \$20,403 and pension payments are projected at \$13,760.

For fiscal year 2023, the bill provides an advance appropriation of \$147,569,474,000.

The appropriation includes authority to transfer funding not to exceed \$20,115,000 in fiscal year 2023 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.

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. For example, disability-related benefits not only honor the service and sacrifice of the veterans who receive them, but also help to replace lost wages and provide a critical source of economic well-being.

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).

Dependency and Indemnity Compensation.—To address concerns with the processing of Dependency and Indemnity Compensation claims where the cause of death is listed as COVID–19, the Committee directs the Department to provide additional guidance for survivors on how to request a medical opinion to determine if a service-connected cause of death exists.

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.

Disability Claims Backlogs during COVID–19.—The Committee remains concerned about delays that Veterans experience in the resolution of pending compensation and pension claims, which have reportedly worsened during the COVID–19 pandemic. The Committee urges VA to dedicate sufficient resources and attention to reducing the claims backlog to ensure that Veterans have timely access to the benefits they have earned. The Committee continues to require quarterly reporting on the status of disability claims backlog and requests that VA provide a report within 90 days of the enactment of this Act.

READJUSTMENT BENEFITS

Appropriation, fiscal year 2021	\$12,578,965,000
Budget request, fiscal year 2022	14,946,618,000
Committee recommendation, fiscal year 2022	14,946,618,000
Change from enacted level	+2,367,653,000
Change from budget request	---

This appropriation finances the education and training of Veterans and servicemembers through the Post-9/11 GI Bill and the All-Volunteer Force Educational Assistance Program. 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 finances educational assistance allowances for eligible dependents of Veterans who died from service-connected causes or have a total and permanent service-connected disability, as well as dependents of servicemembers who were captured or are missing in action. Almost 80 percent of the funds in the account support the Post-9/11 GI Bill.

For fiscal year 2023, the bill provides \$8,906,851,000.

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 understands that VA is working to make available through the GI Bill Comparison Tool, in a searchable format, the following information: whether an IHE is a minority serving institution (MSI), a gender-specific institution, or a religiously-affiliated school. The Committee looks forward to the launch of the updated GI Bill Comparison Tool.

GI Benefits During COVID-19.—Public Law 116-128 and Public Law 116-140 provided the VA temporary authority until December 21, 2021 to pay education benefits and Monthly Housing Allowance (MHA) payments to GI Bill students at the resident rate when the training modalities of programs are converted from in-person to online learning solely due to COVID-19. These laws cover situations where schools are offering hybrid training (combining online with

resident training) or schools are offering students the option to choose online training in lieu of physically, in-person training. While these changes were necessitated due to the recent COVID-19 pandemic, the Committee is aware that there have been many benefits to students and institutions in having flexibility in training modalities (i.e., in person or online training) such as giving adult students more flexibility to schedule coursework around other commitments in their lives. The Committee is also aware that industry and even the VA itself are increasingly using both online and in-person training modalities to train their employees and partners. Therefore, the Committee encourages the VA to explore options to support education benefits and MHA at the resident rate for approved resident training programs that continue to offer hybrid training in a combination of online and in-person modalities after December 21, 2021.

Technology for Student Veterans.—During the pandemic, remote learning technology such as computers and routers for internet were more important than ever for so many veteran students. The Committee directs the VA to explore options for ensuring all veteran students have access to the technology and connectivity they need to be successful in school.

Vocational Rehabilitation and Employment.—The Committee continues to support the work of vocational rehabilitation and employment programs that provide no-cost, wrap-around support services for the Veteran 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. Given the impacts of COVID-19 on employment for Veterans, the services provided by VA's vocational rehabilitation and employment programs are especially important.

Student Veterans and Access to Child Care.—The Committee requests a report no later than 120 days after the enactment of this Act on student veterans who lack access to reliable, affordable, and quality child care. The report should identify barriers that student veterans encounter in accessing child care, the number of veterans who have struggled to find reliable child care, and establish whether lack of child care has impacted veterans' ability to complete education or training programs. The report should include veterans who are in college, university, or a job training program full or part time. It also should capture veterans that use family, friend, or neighbor forms of child care and/or child care centers.

Veterans Benefits Administration, Workforce Development.—The Committee recognizes that there is an acute need to improve the coordination of federal efforts around the preparation of our national security and defense workforce. The Committee recognizes the success in the small-scale implementation of the Veterans Technology Education Course and Edith Nourse Rogers STEM Scholarship and encourages further review to inform potential expansion of the programs. The Committee directs the VA to participate and coordinate as essential federal stakeholders with the Department of Defense as it leads efforts to establish a Defense Education and Workforce Pipeline Strategy.

Student Housing Assistance.—In light of the VAOIG report in April of this year documenting how post-9/11 GI Bill Non-college degree entitlement calculations lead to differences in Housing Allowance Payments, the Committee directs the VA to submit to Congress a report on how VA is working to ensure efficient Housing Allowance Payments to all students. This report should include any recommendations for legislative proposals to change the statutory formula for charging entitlement for the pursuit of programs at educational institutions other than institutions of higher learning.

Transition assistance grant program.—The transition from military to civilian life brings significant challenges, which can be exacerbated by difficulties navigating a patchwork of different programs. The Committee believes that centralized community resources are needed to ensure veterans have a successful transition. Therefore, the Committee directs VA to work towards timely implementation of the transition assistance grant program established by Section 4304 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116–315).

VETERANS INSURANCE AND INDEMNITIES

Appropriation, fiscal year 2021	\$131,372,000
Budget request, fiscal year 2022	136,950,000
Committee Recommendation, fiscal year 2022	136,950,000
Change from enacted level	+5,578,000
Change from budget request	-----

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

For fiscal year 2023, the bill provides \$109,865,000.

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 2021	---	(\$500,000)	\$204,400,000
Budget request est., fiscal year 2022	---	(500,000)	229,500,000
Committee recommendation, fiscal year 2022	---	(500,000)	229,500,000
Change from enacted level	---	---	+25,100,000
Change from budget request	---	---	---

The purpose of the home loan guaranty program is to facilitate the extension of mortgage credit on favorable terms by private lenders to eligible Veterans. This appropriation provides for all costs, with the exception of the Native American Veterans housing

loan program, of the Department's direct and guaranteed loans programs. The 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 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 is disappointed with VA's inaction on the directive included in House Report 116-445 and again directs the VA to improve communication with eligible lending institutions to reduce confusion among lenders and borrowers on this matter and to report to the Committee on progress made no later than 180 days after the enactment of this Act.

VOCATIONAL REHABILITATION LOANS PROGRAM ACCOUNT

	Program Account	Limitation on direct loans	Administrative Expenses
Appropriation, fiscal year 2021	\$33,826	(\$2,469,522)	\$424,272
Budget request, fiscal year 2022	2,838	(1,662,758)	429,467
Committee recommendation, fiscal year 2022	2,838	(1,662,758)	429,467
Change from enacted level	- 30,988	(- 806,764)	+5,195
Change from budget request	- - -	- - -	- - -

This appropriation covers the subsidy cost of direct loans for vocational rehabilitation of eligible Veterans and includes administrative expenses necessary to carry out the direct loan program. Loans of up to \$1,300 (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 1,570 loans in fiscal year 2022, with an average amount of \$1,059.

NATIVE AMERICAN VETERAN HOUSING LOAN PROGRAM

Administrative expenses:	
Appropriation, fiscal year 2021	\$1,186,000
Budget request, fiscal year 2022	1,186,000
Committee recommendation, fiscal year 2022	1,400,000
Change from enacted level	+214,000
Change from budget request	+214,000

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.

The Committee includes increased resources in FY 2022 to boost awareness of the program through improved communication and outreach to Veterans eligible for a loan under this program.

GENERAL OPERATING EXPENSES, VETERANS BENEFITS
ADMINISTRATION

Appropriation, fiscal year 2021	\$3,180,000,000
Budget request, fiscal year 2022	3,423,000,000
Committee recommendation, fiscal year 2022	3,419,400,000
Change from enacted level	+239,400,000
Change from budget request	-3,600,000

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, 2023, up to ten percent of these funds.

The Committee provides \$3,419,400,000 for the General Operating Expenses, VBA account, to enable VBA to deliver the benefits that our Veterans rely on. VBA should prioritize use of these funds to process claims, including claims related to new Agent Orange presumptive conditions, and reduce the claims backlog.

Toxic Exposures.—The Committee has long been concerned about service-connected exposures to toxic substances, such as burn pits, Agent Orange, PFAS, radiation, and asbestos, among veterans and the VA's presumption process. The Committee is very interested in VA's research and efforts to confirm new conditions that are associated with service-related toxic exposures and encourages the Department to establish a consistent, transparent and evidence-based framework to be used to expeditiously establish new presumptions of service-connection between health conditions and toxic exposures.

Blue Water Navy Vietnam Veterans Health Care Eligibility.—Since the passage of the Blue Water Navy Vietnam Veterans Act of 2019, some veterans who were made eligible for VA Health Care benefits by the law have applied and been denied access to care. Instead, these veterans have received instructions to submit a claim for VA disability compensation to become eligible for health care because of a VA disability rating. The Committee understands

that Blue Water Navy Vietnam veterans, who are not otherwise eligible for health care due to disability or income, must undergo a VBA eligibility confirmation process before gaining access to VA Health Care. These non-rating requests from VHA to VBA for eligibility confirmation are not prioritized, so veterans may wait indefinitely to confirm their eligibility and be denied access to critical health care resources during that time. The Committee encourages the Secretary to consider ways to give these requests pertaining to VA health care benefits the same priority as VBA rating claims for disability compensation and pension. Further, the Committee requests a report on how VBA is supporting VHA efforts to enroll veterans who, like these Blue Water Navy Vietnam veterans, are eligible for VA health care only through special authority and not otherwise eligible due to disability rating or income level.

Disability Claims.—The Committee continues to be concerned about reports of delays that 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.

Burn Pits Data Tracking and Reporting.—The Committee is concerned with the lack of data concerning veteran exposure to open burn pits (burn pits), which may result in chronic health effects. The Committee believes it is vital for the VA to place a stronger emphasis on this issue by beginning to properly track cases of exposure. Such an approach will enable VA to learn more about the hazards veterans are exposed to and to better understand how to care for and coordinate veterans' resulting health issues. To date, there has been no large-scale systematic data collection or maintenance effort focused on the effects of exposure to burn pit emissions other than the Burn Pits Registry.

The Committee directs the VA to partner with the Department of Defense, TRICARE, private sector health providers, and the Centers for Medicare & Medicaid Services (CMS) system to compile a report to the Committee on Appropriations within 180 days. The report should address the following: the total number of veterans who have filed claims for disability compensation related to burn pits; the demographics of these veterans, including age, sex, and race; the medical diagnoses of the veterans and the treatment provided, approved and denied by the Secretary of Veterans Affairs and the rationale of the denials; and the locations of the open burn pits at which the covered veterans were exposed to toxic airborne chemicals and fumes. When compiling this Report, the VA is directed to make every attempt possible to track data as far back as January 1, 1990.

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, 2022, the Secretary shall submit to the Committee 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 Committee welcomes the VA’s commitment to specialized MST training for claims processors and encourages the continued inclusion of MST survivors in training programs. Because veterans filing claims for disabilities incurred or aggravated by MST may be referred to a third-party contract provider for the required Compensation and Pension (C&P) exam, the Committee directs the VA to provide information to Congress, in the form of a report, related to required, specialized MST training for both contract and VHA examiners. Further, the Committee seeks claim outcome data for veterans referred to a third-party provider as compared to those evaluated by a VHA medical provider, and requests that this data be provided at the smallest geographic-level as possible, such as zip code. The Committee remains concerned that Veterans suffering from a mental health disorder as a result of sexual trauma during service have different standards of evidence based on their diagnosis. The Committee recognizes that evidence in personnel files is rare, no matter the resulting condition following MST, therefore, the Committee urges VA to support the extension of the relaxed evidentiary standard to all those suffering from mental health disorders as a result of MST. Further, the Committee urges VA to continue to report to Congress on information relating to claims for disabilities incurred or aggravated by MST, as provided by section 113 of the Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016 (P.L. 114–315).

WWII Filipino Veterans Equity Compensation Fund.—The Committee understands the unique challenges for WWII Filipino veterans and their families to verify eligibility for the WWII Filipino Veterans Equity Compensation Fund. Although the VA has conducted outreach efforts, many WWII veterans and their families may live without adequate records or the means to communicate their eligibility for this program. The Committee directs the Department to provide a report no later than 180 days after the enactment of this Act on (1) the estimated number of remaining WWII Filipino veterans; (2) outreach barriers and documentation challenges facing WWII Filipino veterans and how the VA attempted to overcome these challenges; and (3) the feasibility and costs of options for extending the time limit for accepting initial and revised claims for the program.

VETERANS HEALTH ADMINISTRATION (VHA)

The Department operates the largest Federal medical care delivery system in the country, with 146 hospitals, 120 residential rehabilitation treatment programs, 134 nursing homes, 300 Vet Centers, 83 Mobile Vet Centers, and 783 Community-Based outpatient Clinics (CBOCs). Approximately 7,100,000 patients will be treated in fiscal year 2022.

The Veterans Health Administration budget comprises five accounts: Medical Services, Medical Community Care, Medical Support and Compliance, Medical Facilities, and Medical and Prosthetic Research. For the first four accounts, which are funded in advance, the Committee provides an additional \$3,369,000,000 for fiscal year 2022, which is \$100,000,000 above the budget request. In addition, VA will receive an estimated \$3,386,000,000 in the Medical Care Collections Fund in fiscal year 2022. The Administration has requested total resources for fiscal year 2023 of \$111,287,000,000 in direct appropriations to fund the four advance appropriations of VHA. The Committee also provides \$902,000,000 for Medical and Prosthetic Research.

Veterans Transportation.—The Committee continues to support the Department’s programs to provide Veterans across the country with transportation to VA medical facilities, making it easier for rural and disabled and impaired Veterans to receive medical care. The Committee directs the Department to allocate robust funding for these programs, including the Veterans Transportation Program and the Volunteer Transportation Network, so that they can continue to expand access to VA services for Veterans across the country.

Dispute Resolution.—The Committee urges VA to ensure that veterans are clearly advised of their rights to contest VA billing charges and determinations and of the step-by-step process for disputing billing charges. VA is further urged to ensure this information is available in publicly accessible areas at each VA medical center.

MEDICAL SERVICES

Appropriation, fiscal year 2021	\$56,655,483,000
Budget request, fiscal year 2022	58,897,219,000
Committee recommendation, fiscal year 2022	58,997,219,000
Change from enacted level	+2,341,736,000
Change from budget request	+100,000,000

The bill includes an additional \$100 million for Medical Services in fiscal year 2022 as well as \$70,323,116,000 for advance fiscal year 2023 funding. The Committee has included bill language to make \$1,500,000,000 of the Medical Services advance appropriation for fiscal year 2023 available through September 30, 2024.

Of the funds provided for fiscal year 2022, a total of \$13,179,171,000 is for mental health; a total of \$2,154,450,000 in base funding is provided for homelessness initiatives, in addition to the \$486,000,000 made available by the American Rescue Plan; a total of \$307,455,000 is for rural health; a total of \$778,500,000 is for gender-specific care for women; a total of \$83,600,000 is for Whole Health initiatives, which is \$10,000,000 above the budget request; a total of \$598,997,000 is provided for suicide prevention efforts; and a total of \$621,334,000 is provided for opioid prevention and treatment.

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. 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 level of \$1,353,133,000 for the caregivers program. The Committee also continues the requirement from the fiscal year 2018 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 \$13,179,171,000 in base funding for mental health programs. Of the amounts provided for mental health programs in fiscal year 2022, \$2,340,341,000 shall be used for suicide prevention and treatment programs. Specifically, \$598,997,000 shall be used for suicide prevention outreach, which is \$286,362,000 above fiscal year 2021. The Committee continues to direct the Department to focus on efforts to address parking lot suicides and connect Veterans to care. The Department is directed to provide a report to the Committee, no later than 90 days after enactment of this Act, identifying a detailed expenditure plan for all suicide outreach and treatment programs and how VA is meeting the Committee's directives.

The Department should continue to work to improve community outreach and increase access to care regardless of discharge status or service history. 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.

Improving the Veterans Crisis Line (VCL).—The Committee provides funding to support the VCL at a level of \$255,968,000 to meet the growing demand, and 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 maintains bill language requiring the VCL to: (1) provide to individuals who contact the hotline immediate assistance from a trained professional; and (2) to adhere to all requirements of the American Association of Suicidology.

Peer Specialist Program.—The Committee is encouraged by the success of VA's Peer Specialist program. By providing connections to their peers, this program is ensuring Veterans can access mental health benefits and resources in a supportive context. The Committee encourages VHA to explore opportunities to add new peers to support the Substance Use Disorder programs administered by OMHSP. The Committee also encourages the Peer Specialist program to ensure community-based peer mentoring organizations are activated to direct candidate Veterans to the VHA's program, and encourages eliminating barriers to participation for Veterans in law enforcement and other fields by expanding patient/participant confidentiality where appropriate.

Improving Depression Treatment with Precision Medicine.—The Committee recognizes that depression is one of the most common conditions associated with military service and combat exposure. Further, the risk of suicide increases with this diagnosis and each time a Veteran tries and fails a medication. The Committee is encouraged by ongoing genetic testing research to aid in depression treatment selection. VHA is encouraged to use pharmacogenomic tests in the treatment of depression if they have been shown to improve health outcomes of Veterans in clinical trials.

Public-Private Partnerships.—The Committee continues to be 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 that the Department continue to 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. Of the funds provided for mental health programs in fiscal year 2022, up to \$5,000,000 is included for expansion of 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.

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.

Military Sexual Assault.—The Committee continues to be 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.

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 mental 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 directs VA to include programmatic information and funding levels for PREP in future budget requests.

Post-Traumatic Growth Programs.—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 encourages the Department to continue to

collaborate, partner with and support non-profit post-traumatic growth organizations and programs.

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 Committee also notes that VA is currently completing a study to assess the potential therapeutic effectiveness of service dogs in the treatment of PTSD. The Committee remains concerned that the report detailing the results and economic impact of the study has been so long delayed and continues to require 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. VA is urged to use the results of the study to identify barriers that limit access to service dogs for Veterans with a mental health mobility disorder related to post-traumatic stress or traumatic brain injury.

National Center for Post-traumatic Stress Disorder.—Recognizing the importance of VA’s National Center for PTSD in promoting better prevention, diagnoses and treatment of PTSD, the Committee provides \$45,000,000 for the Center.

The Committee supports the Center’s continuing efforts to ensure that groups of Veterans who are more likely to develop PTSD, such as African-Americans and Latinos, receive appropriate care and support, and looks forward to receiving the report requested in House Report 116–445 on this matter.

The Committee continues to expect VA to provide cultural competency training to healthcare professionals serving Veterans of color; analyze whether minority Veterans receive quality and culturally appropriate care; ensure the unique mental health needs of minority Veterans are addressed; and correct any disparities, whether perceived or real, in care.

The Committee also encourages the Center to explore academic and interagency collaborations that investigate novel approaches, such as dietary interventions and non-invasive brain stimulations, and test new integrative treatments to treat PTSD. The Committee supports efforts by the Center to expand its partnerships, as appropriate, and participate in cooperative efforts that support medium to large scale trials on promising integrative treatments.

Alternative PTSD Treatments.—The Committee recognizes the challenges in treating and healing posttraumatic stress disorder (PTSD), and notes the Comprehensive Addiction and Recovery Act of 2016 (P.L. 114–198) authorized the Creating Options for Veterans Expedited Recovery (COVER) Commission, a federal commission tasked with providing recommendations to the President of the United States, the United States Congress, and the Secretary of Veterans Affairs to guarantee our nation’s Veterans receive the mental health care they need. The Committee directs VA to report to the Committees on Appropriations of both Houses of Congress within 90 days of enactment of this Act on its progress on implementing the COVER Commission’s ten recommendations.

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 devel-

opment of innovative and immersive therapies, which can extend trauma management therapy protocol. The Committee encourages VA to continue its Trauma Management Therapy study that explores exposure therapy involving virtual reality in combination with group therapy for the treatment of individuals with symptoms relating to PTSD, and requests a report at the conclusion of the study.

SUICIDE PREVENTION OUTREACH

VetsCorps.—The Committee continues to strongly support the VetsCorps pilot program and urges that it be fully implemented without further delay. Although VA has other outreach programs, a key and unique aspect of VetsCorps is that Veterans themselves, working with VA, proactively seek out and connect with Veterans in their communities who have not been served by the Department, in order to help connect them with available programs and services. VA should track Veterans brought into the system through this outreach. The Committee continues to direct the Department to provide quarterly reports on the status of the implementation of the VetsCorps 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.

Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families.—The Committee applauds the work of the Governor's and Mayor's Challenges to Prevent Suicide Among Service Members, Veterans, and their Families. The bill includes sufficient funding to extend this program to additional States. The Committee additionally urges VA to use up to \$1,000,000 to improve data collection with states to better inform suicide prevention activities.

Social Media.—The Committee continues to encourage 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.

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.

Lethal Means Safety Training.—Data show that individuals who reduce their access to lethal means during times of heightened risk are reducing their risk of dying by suicide. The Committee is pleased that VA has implemented mandatory lethal means safety trainings for clinical health care providers in VHA facilities. To ensure that every employee who regularly interacts with Veterans is prepared to have a conversation that could save a Veteran's life, the Committee urges VA to implement mandatory lethal means

safety trainings for all VHA and VBA employees who regularly interact with Veterans in their work, compensation and pension examiners, employees of Veterans Centers and vocational rehabilitation facilities, community care providers, and family caregivers.

Suicide Prevention Coordinators.—The Committee recognizes the importance of consistent and timely follow-up engagement with Veterans identified as at-high-risk for suicide. The Committee encourages VA to explore the use of real-time, interactive technology to help Suicide Prevention Coordinators manage and identify opportunities to improve performance.

HOMELESS ASSISTANCE

The Committee provides \$2,154,450,000 in base funding for VA homeless assistance programs, an increase of \$167,568,000 above the comparable fiscal year 2021 enacted level and fully funding the President's budget request. An estimated \$8,247,124,000 is provided for homeless Veterans treatment costs, an increase of \$247,012,000 above the comparable fiscal year 2021 enacted level. In addition, \$486,000,000 in funds made available by the American Rescue Plan (P.L. 117–2) will support VA's homelessness programs in fiscal year 2022.

Programs to assist homeless Veterans include the Homeless Providers Grant and Per Diem (GPD), Health Care for Homeless Veterans (HCHV), the Domiciliary Care for Homeless Veterans, the Supportive Services for Low Income Veterans and Families (SSVF), Veterans Justice Outreach Homeless Prevention (VJO), 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 an updated 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 and pairs each HUD affordable housing voucher earmarked for Veterans with intensive case management from VA to assist with benefits and income, mental health care, recovery services, and permanent housing stability. Case management services are critically important to the function of the program, and public housing authorities rely on VA Medical Centers referrals to house Veterans. 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 and to account for increased costs in staffing and recent expansions in eligibility.

HUD–VASH Case Manager Contracting.—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. The Committee directs the Secretary to provide quar-

terly reports on the implementation of Section 4207 of P.L. 116–315, as related to the contracting of HUD–VASH case manager positions to local community providers, as well as on the Department’s efforts to notify rural areas of the implementation of these provisions.

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 or within underserved populations 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 Veterans served by the program, 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 recommendations 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.

Chronic Homelessness.—The Committee notes that the HUD–VASH program aims to help Veterans who are homeless and their families find and sustain permanent housing, and that the HUD–VASH program prioritizes the “chronically homeless.” However, the Committee is concerned about the program’s ability to reach Veterans who may not meet the statutory definition under the McKinney-Vento Homeless Assistance Act, but still experience unstable housing. The Committee directs the Department of Veterans Affairs to provide a report to the Committee no later than 180 days after enactment of this Act that identifies the number of Veterans who meet the program’s definition of “homelessness,” but who do not meet the definition of “chronically homeless” due to being homeless for a duration less than one year or less than four separate occasions in the last three years. Further, the Department should address in its report whether unused HUD–VASH vouchers are available for use by homeless Veterans who fail to meet the definition of “chronically homeless.”

Supportive Housing for Veterans with Serious Mental Illness.—The Committee applauds the HUD–VASH program for providing

housing opportunities for Veterans experiencing homelessness and commends their success in decreasing the rate of homeless Veterans by nearly 50 percent since 2010. The Committee understands not all Veterans in need fit the traditional definition of homeless and that Veterans experiencing serious mental illness also experience difficulties acquiring housing, whether due to a co-occurring substance use disorder or conditions related to their service, including PTSD and TBI. Thus, the Committee encourages VA to build upon the tangible achievements of the HUD–VASH program and explore whether a new model of vouchers could provide housing opportunities for low-income Veterans experiencing serious mental illness who seek healthcare services from VA.

STAFFING ISSUES

Staffing Shortages.—The Committee has long recognized 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. The Committee looks forward to the comprehensive report required in the Joint Explanatory Statement accompanying the Consolidated Appropriations Act, 2021 (P.L. 116–260) on the Department’s plan to address critical workforce issues.

Addressing Mental and Behavioral Health Workforce Shortages.—The Committee remains concerned about the negative effects of VHA workforce shortages on the delivery of care for Veterans at VHA medical centers and clinics across the country, particularly in the areas of mental and behavioral health care. A VA Office of the Inspector General Report published on September 23, 2020 found severe occupational staffing shortages across 277 occupations in VHA medical centers. Some of the most common facility-designated severe occupational staffing shortages were in psychiatry, psychology, and nurse practitioners focusing on mental health and substance use disorders. The Committee continues to direct the Department to prioritize hiring mental health professionals, and encourages VA to prioritize initiatives to recruit and retain mental and behavioral health professionals at VHA medical centers and clinics to ensure Veterans with mental health conditions and substance use disorders have access to high-quality care.

VA/HHS Taskforce on Health Workforce Shortages.—The Committee encourages VA to create a taskforce with HHS to explore ways the agencies can work together to increase the availability of providers, including in the behavioral health workforce and among physicians specializing in cancer, spinal cord, and neuropsychiatric conditions. The taskforce is urged to examine VA’s recruitment challenges, review programs that could enhance recruitment and retainment, and to think creatively on how other federal agencies like HHS can identify and address provider shortages. The taskforce is also encouraged to consult with DOD to explore recruiting those who have left the military.

Medical and Nursing Understaffing.—The Committee recognizes that understaffing, especially in medical and nursing positions, is a principal obstacle to timely access to care for Veterans and encourages the Department to investigate the use of commercially

available hospital management information technologies to reduce nursing administrative workloads while simultaneously improving patient flow and access to care.

ACCESS FOR RURAL VETERANS

Office of Rural Health (ORH).—The bill includes \$307,455,000 for rural health, which is \$7,455,000 above the enacted level, 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. 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.

Office of Rural Health 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 2022 funding, as well as for the fiscal year 2023 funding provided in advance by this Act.

Transportation Challenges.—The Committee recognizes the transportation challenges and barriers to care that rural and remote Veterans face, and that the Veteran population is disproportionately both rural and mobility challenged when compared to the public at large. The Committee directs the Office of Rural Health to increase efforts to improve transportation mobility for our nation's Veterans and includes funding to enhance rural access and transportation services. Additionally, the Committee continues to encourage VA to look into the feasibility of utilizing accessible autonomous electric vehicles in the future to overcome these challenges, and requests VA report to the Committee on the benchmarks and metrics that VA will use to determine feasibility of this technology.

Rural Transportation Study.—The Committee continues to support the Office of Rural Health's rural transportation study by the Veterans Rural Health Resource Center, Iowa City, Iowa, and requests an interim report to the Committees on Appropriations of both Houses of Congress regarding initial findings by December 31, 2021.

Rural Veteran Transportation.—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 Veteran Service Organizations (VSOs) and the existence of the Veterans Transportation Program, a transportation gap still exists for many VA service areas, especially predominantly exurban and rural ones. The Committee notes that as new forms of mobility are being developed and becoming increasingly available, options like demand-responsive microtransit may help improve accessibility for Veterans, and encourages the Veterans Transportation Program to explore increased adoption of this technology.

Lack of Rural Health Providers.—The Committee is aware of a shortage of medical healthcare providers nationwide, which corresponds to persistent issues for VA health facilities in rural areas in recruiting and retaining health providers in this highly competitive environment. To address the rural health provider gap, the

Committee encourages VA to continue to consider expanded use of physician assistants, through both physical facilities and expanded access to telehealth services. The Committee directs VA to submit a report to the Committees on Appropriations of both Houses of Congress, no later than 90 days after enactment of this Act providing an update on VA hiring needs in rural areas and VA plans to address the provider gap in rural areas. The Committee also directs VA to submit an updated report to the Committees on Appropriations of both Houses of Congress providing an analysis of the hardest-to-reach rural Veterans, the barriers to accessing these Veterans, and next steps to address the needs of these Veterans, no later than 120 days after enactment of this Act.

Clinical Resource Hub.—The Committee supports the success of the 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 Committee also recognizes the impact that expanded access to telehealth services has had on rural Veterans that live beyond the reach of critical care services. 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 bill includes \$2,585,182,000 for telehealth and connected care, which includes home telehealth, home telehealth prosthetics, and clinic-based telehealth.

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. Additionally, VA is encouraged to leverage newly gained telehealth capacity to address backlogs for disability exams and health care appointments when appropriate.

Telehealth Services.—The Committee directs VA to continue to implement plans to improve Veteran and provider satisfaction, increase awareness of the telehealth program, and enhance adoption of telehealth by Veterans and providers. The Department's plans should include efforts to make telehealth more accessible to patients in highly rural areas.

Telehealth Access.—The Committee recognizes and appreciates the significant improvements made in Telehealth Service by VA in the past year. These timely improvements were critical in meeting the health care needs of our Veterans during the COVID-19 pandemic. As the pandemic travel restrictions are relaxed, the Committee urges the Department to continue to develop and implement Telehealth Services with a focus on easing the burdens of rural Veterans with limited travel options. The Committee encourages the continued growth of the Accessing Telehealth through Local Area Stations (ATLAS) program and investment in supportive peripheral technologies. The Committee also encourages the Department to continue to seek partnerships, such as ATLAS sites, to

bridge gaps in access to broadband services that prevent Veterans in rural and underserved communities from accessing telehealth resources.

ATLAS Program Implementation.—The Committee commends VA for being a leader in the adoption of connected care solutions through its Anywhere-to-Anywhere telehealth initiative, such as the ATLAS Program. Where deployed, ATLAS offers Veterans the ability to securely access VA care in purpose-built settings from easily accessed locations in their home communities. The Committee urges VA to continue the Department’s Anywhere-to-Anywhere initiative, and directs the Secretary to submit a report to the Committees on Appropriations of both Houses of Congress, no later than 180 days after enactment of this Act, that (1) details VA’s progress on, and timetable for, the expansion of the program, particularly in rural and tribal areas where in-person healthcare options are even more limited; and (2) assesses the feasibility, cost, possible partner locations and advisability of expanding the project to remote Veteran communities in the Pacific Islands Region by opening new ATLAS stations in Hawaii, Guam, American Samoa and the Freely Associated States.

Telehealth Technology and Capabilities.—While the Department has made considerable advancements in telehealth solutions for patient Veterans since the onset of the coronavirus pandemic, the Committee recognizes the further potential in the use of software as a service (SaaS) and cloud data storage systems. The Committee encourages the Department to adopt telehealth and remote monitoring device systems which utilize such software as a service model and cloud data delivery with commercial off the shelf solutions which are device agnostic and capable of integrating as many commercially available patient monitoring devices as possible.

GENDER-SPECIFIC CARE FOR WOMEN

Women are now the fastest growing cohort within the Veteran community. The number of women Veterans using VHA services has increased 32 percent in six years from 423,642 women Veterans in 2014 to 560,737 in 2020. The increased number of women using VHA services necessitates a greater investment of resources in order to provide and expand VA’s gender-specific services to women Veterans and ensure women Veterans’ health needs, which often differ from men, are met. The bill provides \$778,500,000 for gender-specific care for women, which is \$117,809,000 above the fiscal year 2021 enacted level. The bill also includes \$104,946,000 for the purpose of expanding programmatic support for women’s healthcare. The Committee supports continued efforts to identify and address the unique issues experienced by women veterans. VA is directed to continue redesigning its women’s healthcare delivery system and facilities to ensure women receive equitable, timely, and high-quality healthcare.

VA is directed to provide an expenditure plan no later than 90 days after enactment of this Act, detailing how the funding for gender-specific care and for programmatic support will be spent. Furthermore, the Committee requires quarterly briefings on the expenditure of these funds. The Committee continues to direct the delivery of care to women Veterans be through an organized program within normal business operations of VA. The women’s health pro-

gram 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. As such, 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.

The Committee also supports the work of the Office of Women's Health at the Veterans Health Administration and directs the Department to invest resources in strategic planning regarding women Veterans, as required in the Deborah Sampson Act enacted as part of P.L. 116-315.

Women Providers.—The Committee is encouraged by the Department's recognition of the need to hire additional women's health personnel nationally. The desire for women Veterans to seek care from women providers extends beyond specialties traditionally dominated by women, such as gynecology and mental health. Therefore, the Committee encourages the Department to hire women providers in specialties within the Department with lower rates of such providers, in order to more accurately represent the growing number of women Veterans seeking services. In addition, the Committee is also strongly supportive of efforts by the Department to train and hire Women's Health Primary Care Providers (WH-PCP). The Department is directed to report to the Committees on Appropriations of both Houses of Congress within 180 days of enactment of this Act on the total number of women providers providing care in the Department, the total number of women providers in each care specialty, and the number of women providers in each specialty as a percentage of total providers within that respective specialty. In addition, the Department is urged to note separately for each reporting requirement the number of women providers hired since September 30, 2020.

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 De-

partment 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.

Peer Support for Women Veterans.—Peer support programs offered at VA have proven effective in improving health outcomes, and they continue providing vital support to Veterans across the nation. The Committee includes funding for VA to hire new qualified peer support specialists to broaden its programs and provide targeted support for the gender-specific health needs of women Veterans. Additionally, the Committee welcomes the role of the Women Veterans Network (WoVeN), a national peer support network for women Veterans run by researchers from the National Center for PTSD—Women's Health Sciences Division. The research component of this peer support program will drive innovation in addressing PTSD in women Veterans. The bill includes \$1,000,000 for peer support programs for women Veterans.

Maternity Health Care and Coordination Programs.—The Committee notes that the United States has the highest maternal mortality rate among high-income countries and significant racial and ethnic disparities in maternal health outcomes. Some of the causes of adverse maternal health outcomes can be even more prevalent in Veterans, such as military sexual trauma, which is linked with risk factors for pregnancy-related complications. The Committee is pleased that to coordinate prenatal and postpartum care provided in the community, VA has established maternity health care and coordination programs, which have been successful in ensuring that Veterans can receive high-quality, culturally appropriate care and robust support during and after pregnancy. The Committee supports these maternity health care and coordination programs and encourages VA to continue to ensure Veterans have access to high-quality, well-coordinated care and robust services to address social determinants of maternal health, including access to housing, nutrition, and transportation. The Committee further encourages VA to provide trainings for community maternity care providers so that nurses, midwives, and physicians caring for pregnant and postpartum Veterans understand the unique needs of their Veteran patients, particularly related to mental and behavioral health conditions that might have been caused or exacerbated by military service or the transition back to civilian life.

Doula Access.—According to studies published by the National Institutes of Health, expectant mothers who are matched with a doula have better birth outcomes than those who are not. Doula-assisted mothers were four times less likely to have a low birth weight, two times less likely to experience a birth complication involving themselves or their baby, and significantly more likely to initiate breastfeeding. Additionally, pregnant Veterans have been found to be disproportionately impacted by mental health disorders, further highlighting the need for maternal support. Recog-

nizing the positive impact that doula can have on maternal health outcomes, the Committee strongly urges VA to support the use of doula for expectant mothers and explore ways to improve access to doula support services.

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 remains interested in information regarding VA drug pricing and appreciates VA providing a report as requested in Fiscal Years 2020 and 2021 on VA's spending on prescription drugs. The Committee encourages VA to conduct this analysis annually and requests robust and routine updates to Congress. In addition to cost information, the report is suggested to include country of origin information on drugs and active pharmaceutical ingredients.

At-home Drug Disposal for Veterans.—The Committee is aware that many unused and unwanted prescription opioids and other powerful medications remain in homes and are subject to diversion. This is too often the beginning of a pathway to dependence, addiction, and overdose. Furthermore, medication take-back programs are proving to be difficult to access for many Americans and inadequate to broadly impact disposal behavior. The Committee notes that newer technologies to deactivate and safely dispose of prescription drugs in the home have been shown through independent research to lead to improved outcomes. The Committee is pleased that in response to the direction in House Report 116-445, VA concluded that a pilot program to evaluate the benefits of co-dispensing at-home drug disposal products for post-surgical patients is both appropriate and feasible. VA is directed to move forward with this demonstration and evaluation initiative.

Safe Medicine.—The Committee recognizes that the Nation's increased reliance on foreign-based sources of medicine and active pharmaceutical ingredients may present a health security risk to VA as they provide medicine for our Veterans. The Committee continues to encourage VA to examine potential vulnerabilities and safety risks VA faces purchasing medicine from off-shore sources, including supply chain and dependency issues, and encourages VA to address strategies to buy American and produce medicine domestically.

OPIOID SAFETY INITIATIVES AND SUBSTANCE USE DISORDER CARE

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 encourages VA to continue the challenging effort to reduce opioid use among Veterans, half of whom suffer from chronic pain. The bill includes \$621,334,000 for opioid treatment and prevention efforts, which is \$148,639,000 above fiscal year 2021, and of which \$245,666,000 is provided for activities authorized by the Comprehensive Addiction and Recovery Act of 2016 (P.L. 114-198). With Veteran opioid ad-

diction numbers outpacing those for the rest of the U.S. population, and the full effects on the coronavirus global pandemic on Veteran opioid addiction still unknown, this funding will allow VA to reach more Veterans in need of assistance with their opioid addiction and lessen the numbers who fall victim to COVID-19. The bill also includes \$155,970,000 for Substance Use Disorder (SUD) efforts to ensure greater number of Veterans can receive SUD specialty services.

Jason Simcakoski Memorial and PROMISE Act Implementation.—The Committee supports robust funding to facilitate 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.

Behavioral Health and Substance Use Screening.—The Committee continues to be 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 Use Disorders.—The Committee recognizes the ongoing work of VA to reduce substance use disorder among Veterans. The Committee is aware of the Substance Abuse and Mental Health Services Administration studies concluding 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 problematic substance use 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 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. Additionally, 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 includes \$1,000,000 in the bill to establish a comprehensive, evidence-based and confidential internet-based substance abuse education, case management, and peer coaching pilot program. The Committee directs the Department to report to the Committees on Appropriations of both Houses of Congress within 60 days of enactment of this Act on the efforts made in establishing this program.

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 in the bill, which is \$10,000,000 above the request, to continue to implement and expand Whole Health to all VA facilities.

Continued Support and Expansion for Whole Health.—Recent data about the Whole Health System reveals participation increased more than 140 percent between 2017 and 2019, resulting in a 24 percent drop in total healthcare costs among the participating Veterans. Additionally, a recent survey found that 97 percent of Veterans are interested in using Whole Health. The Committee is pleased by this evidence that points to the ability of the Whole Health System to deliver care efficiently and effectively to our nation's Veterans, and urges VA to continue supporting the program and to expand it further in fiscal year 2022.

Creative Arts Therapies.—The Committee continues to acknowledge the effective use of creative arts therapies and arts and humanities partnerships in treating Veterans with traumatic brain injuries and psychological health conditions. The Committee supports the ongoing 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, particularly in areas that are serving rural, isolated or underserved Veteran populations, and includes \$5,000,000 to do so.

OTHER HEALTH ISSUES

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 VA's work through the Airborne Hazards and Burn Pits Center of Excellence on diagnoses, mitigation, and treatment of conditions related to airborne hazards and 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 notes that 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 environmental medicine have been proven effective in partnership with VA medical centers. The Committee directs the Secretary to continue activities as described in House Report 116-445 to establish and expand 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.

Neurology Centers of Excellence.—The Committee recognizes the increasing number of Veterans affected by neurologic conditions, including but not limited to epilepsy, headache, multiple sclerosis, and Parkinson’s disease. The Department is directed to significantly increase its investment to maintain and expand existing centers of excellence within VA dedicated to these conditions to enhance their value in coordinating innovative clinical care, education, and research efforts. No later than 120 days after enactment of this Act, the Committee directs the Secretary to submit a report to the Committees on Appropriations of both Houses of Congress providing details on opportunities to enhance care for Veterans with neurologic conditions, including potential collaboration between the neurology centers of excellence.

Epilepsy Centers of Excellence.—The bill 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 60 days after enactment of this Act.

Headache Disorders Centers of Excellence.—The Committee recognizes that chronic headache disorders commonly affect Veterans, particularly as a result of traumatic brain injuries and other injuries sustained during the Global War on Terror. In fiscal year 2018, Congress provided VHA with \$10,000,000 for the establishment of at least five Headache Disorders Centers of Excellence (HCoEs), and VHA currently maintains 14 active HCoE sites. To ensure equitable access to specialized Headache Medicine services for all Veterans that seek them, the bill includes \$20,000,000 for continued support of the active sites, as well as expansion of the HCoE system to include a total of at least 28 sites nationally. These sites will provide equitable access to specialty consultation, direct health care delivery, education of VHA health care providers, and research to improve the care and clinical outcomes of Veterans. Further, the Committee expects VHA to provide sustained support for the HCoE system to ensure the successful recruitment and retention of health care providers with specialty training in Headache Medicine.

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 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 permanent medical staff to provide quality care for Veterans in Central Alabama. The Committee directs the Department to issue a report, no later than 60 days after enactment of this Act, on all levels of permanent staffing at CAVHCS along with vacancies and efforts that are being made to fill those vacancies.

Nuclear Medicine Quality Improvements.—The Committee understands that the Nuclear Regulatory Commission and Centers for Medicare and Medicaid Services are considering regulatory actions to improve nuclear medicine injection quality. The Committee continues to encourage VA to monitor injection quality, as well as image extravasations and perform dosimetry and notify patients when they occur, and urges the Department to adopt any new regulatory requirements.

Hospital-Acquired Pressure Ulcers and Pressure Injuries.—The Committee understands that Veterans treated at VA hospitals are more vulnerable to pressure injuries and commends VA for the March 2019 guidance (VHA Directive 1352) on Prevention and Management of Pressure Injuries. The Committee urges VA to update VHA Directive 1352 to follow the 2019 International Guidelines for the Prevention and Treatment of Pressure Injuries as VA's standard of care that was led and co-published by the US National Pressure Injury Advisory Panel. Furthermore, the Committee directs VHA to report to the Committees on Appropriations of both Houses of Congress within 120 days of enactment of this Act with a timeline to implement the Standardized Pressure Injury Prevention Protocol (SPIPP) Checklist to improve pressure injury prevention and support the development of best practices through the VHA medical system.

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 directed in House Report 116-445 that VA provide a report on Veterans' nutritional habits. The Committee expects this report to be completed in a timely manner, and urges that it reflect the experiences of a range of individuals from various demographics of age, gender, and with varying health conditions. Furthermore, the Committee continues to urge 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 further 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 understands that VA has demonstrated interest in supporting efforts to provide produce prescriptions to Veterans in partnership with community-based organizations and/or government entities with demonstrated experience and expertise, and provides up to \$2,000,000 for VA to provide guidance and resources for VA facilities to develop local programs and pursue strategies for patient education and outreach.

Long-Term Care.—The Committee notes the aging of the Veteran population and supports long-term care that focuses on facilitating Veteran independence, enhancing quality of life, and supporting the family members of Veterans.

Long-Term Care Facilities for Spinal Cord Injuries and Disorders.—The Committee is concerned with the lack of long-term care options for Veterans with spinal cord injuries and disorders (SCI/D), as well as with the uneven geographic distribution of these facilities. Currently, the Department operates six facilities, with only one located west of the Mississippi River. While the Committee understands that the development, design, and funding processes for SCI/D long-term care facilities has extensive timeframes, projects that would address the geographic distribution have not been properly included in long-term planning documents. The Committee directs the Department to provide a report to the Committees on Appropriations of both Houses of Congress within 120 days of enactment of this Act on the strategy to address long-term care needs for Veterans with SCI/D that address the geographic imbalance of current facilities.

Expanded Access to Noninstitutional Long Term and Extended Care.—The Committee is aware that Veterans prefer to receive long-term and extended care services in their local communities. The Committee encourages VA to increase the number of local VA Medical Center partnerships with Programs of All-Inclusive Care (PACE). For Veterans at high risk of nursing home placement, such collaborations will enable them to continue living safely in their homes and enjoy improved quality of life, heightened independence, and increased support for their family caregivers. Additional PACE–VAMC partnerships will provide better outcomes and higher quality of care for Veterans, while reducing costs by preventing or delaying nursing home placement. For these reasons, the Committee urges the Department to ascertain if its eligibility criteria for PACE should be expanded to facilitate serving more Veterans with this proven model of care.

Medical School Affiliations.—The Committee continues to be pleased with VA's improvements to its academic affiliation activities with minority medical schools. As such, VA is urged to expand collaboration with minority medical schools in order to enhance medical training initiatives, improve patient care, and provide educational opportunities for our nation's Veterans. The Committee also urges the Veterans Health Administration and Office of Academic Affiliations to maintain this ongoing commitment to minority health professions schools and provide an updated report to the Committees on Appropriations of both Houses of Congress within 90 days of enactment of this Act on the progress of these efforts.

Minority Veteran Care.—The Committee notes that the Veteran population is becoming increasingly diverse and that 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 supports the Office of Health Equity's efforts to address health disparities among Veterans and directs VA to provide adequate resources to make sure that VA can provide high quality medical care to all groups of Veterans. The Committee remains concerned with not only ongoing healthcare disparities between Veterans of varying ethnicities, but also VA's difficulties in report-

ing on these disparities. The Committee acknowledges that the Department currently has a working group which has the goal of developing streamlined data collection processes. The Committee looks forward to the report directed in House Report 116-445 on 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. Additionally, the Committee directs VA to submit a report to the Committees on Appropriations of both Houses of Congress within 180 days of enactment of this Act on the costs, feasibility and advisability of regularly collecting racial data for all major benefits programs and disaggregating the data by ethnic categories as defined by the Office of Management and Budget Race and Ethnic Standards for Federal Statistics and Administrative Reporting.

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 that 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 that 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. The Committee appreciates that VA is undertaking a review of its air filtration standards as a result of the coronavirus pandemic, which has increased the urgency of addressing airborne contaminants, and directs VA to provide a report to the Committee with the results of the review no later than 60 days after this review is completed. In House Report 116-445, the Committee directed VA to initiate a pilot program of new commercial, off-the-shelf technology that has the potential to capture and destroy airborne contaminants, and reiterates that this pilot should be carried out expeditiously to ensure that facilities are not using outdated technology and putting Veterans at risk.

Negative Air Room Containment Systems for Pandemic and Surge Capabilities.—The Committee expresses concern about the scalability and surge capacity of negative room containment systems. The Department is directed to explore options for portable negative air room technology in order to increase readiness and respond to surge capacity during pandemics and other medical events at Veterans installations.

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 continues to urge 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.

Molecular Diagnostics for All Cancers.—The Committee believes that every Veteran with cancer deserves the highest quality and most medically advanced diagnosis and treatment available, given their heightened exposure to hazards during their service that may be associated with an increased risk of cancer. Molecular diagnostics and precision oncology, performed at the first occurrence of cancer, can provide vital information regarding the specific tumor type and its drivers, which can lead to the most accurate precision medicine for patients. The Committee commends the Department's Precision Oncology Program and includes up to \$15,000,000 to accelerate the adoption of molecular diagnostics for numerous cancers, which includes rare cancers. VA is encouraged to provide information to clinicians on the value of using molecular diagnostics to cancer patients and on how to contribute tissue specimens to a repository started among the Department, Department of Defense and NIH. The Committee further directs the Department to issue a report no later than 60 days after the enactment of this Act describing how these funds will be used to enhance the use of molecular diagnostics, including information on the use of specific types of molecular diagnostics, such as microarray, whole exome, whole genome, and RNA Seq.

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.

Oral Contraceptives.—Given the potential advantages for patients in receiving a full year's supply of hormonal contraceptive products at once, and 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, the Committee urges the Department to encourage prescribers to proactively offer patients the option to receive a full year's supply, when medically appropriate. The Committee requests a report within 90 days of enactment of this Act on how VA is implementing this option for all Veterans with hormonal contraceptive prescriptions and efforts to ensure patients are notified of that option.

Intimate Partner Violence Program.—The Committee continues to support VA's efforts to expand its Intimate Partner Violence Program, which provides a holistic approach that involves understanding, recognizing and responding to the effects of all types of trauma, with the ultimate goals to end violence, prevent further violence, and promote healthy relationships.

Adaptive Sports.—The bill provides \$27,048,000 for National Veterans Sports Programs, including \$16,000,000 for adaptive sports

programs, and recommends that the Department use no less than \$1,500,000 of funding provided for the adaptive sports program for equine therapy. Additionally, the Committee understands that VA is currently conducting a study that will inform opportunities to further expand and integrate recreation therapy and creative arts therapy across inpatient rehabilitation settings, outpatient clinics, and in Veterans' home communities, and looks forward to the results of this study. The Committee recognizes the significant improvements that adaptive sports and recreational therapy have on Veterans' mental and physical health, as well as the efforts of community providers, especially in rural areas, who have been able to use this key program to successfully reintegrate Veterans back into their communities. The Committee acknowledges that community providers of adaptive sports grants spend considerable time and effort in planning and implementing their Veteran service programs.

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.

Assisted Reproductive Services.—The Committee considers the limitations of VA's current policy for providing assisted reproductive services to be completely unacceptable. Such services include in vitro fertilization (IVF) treatment for 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. It is outrageous that VA infertility services are denied to a growing number of Veterans due to marital status, and it is similarly unacceptable that Veterans who cannot use their own genetic material or carry their own child to term are being discriminated against with the current barriers to coverage for donated gametes and gestational surrogacy. The Committee finds the current reproductive services policy to be discriminatory, unjust, and antiquated. The Committee directs VA to submit a report within 180 days of enactment of this Act with a recommendation for a new policy that is non-discriminatory and equitable. The Committee notes that Veterans have different needs than active duty servicemembers, and it is imperative that VA be able to create a unique policy that benefits the population it serves. Additionally, the Committee is concerned by the inequities presented when VA must maintain different sets of eligibility standards for different types of reproductive services, such as intrauterine insemination or in vitro fertilization. VA should develop a policy recommendation for providing assisted reproductive services that does not discriminate against women who cannot carry their own child to term, couples who need the use of donated gametes to conceive, and couples who would otherwise be ineligible under the existing policy, including same-sex couples.

Fertility Treatment Data.—The Committee remains concerned by the Department's challenges in tracking how many Veterans have been able to access fertility treatment or have been denied these benefits. The Committee looks forward to the report required in the Joint Explanatory Statement accompanying the Consolidated Ap-

ropriations Act, 2021 (P.L. 116–260) detailing the number of Veterans and spouses who have received fertility treatment, and those who are ineligible, and directs VA to provide this report annually. Additionally, future reports should include information on partners of Veterans who have received fertility treatment or counseling, as well as information on Veterans who are denied these benefits as a result of their infertility not having been determined to be service-connected. The Department is further urged to develop a system for better understanding the population of Veterans who are denied or determined to be ineligible for these benefits, as the Committee understands they currently may not be properly captured in data systems.

Adoption Reimbursement and Assisted Reproductive Services.—The Committee directs VA to provide a report to the Committees on Appropriations of both Houses of Congress within 90 days of enactment of this Act on the Department’s outreach and education activities to make Veterans aware of the adoption reimbursement and assisted reproductive services benefits available to them under Sec. 234 of P.L. 116–260 and in previous Acts. The Committee is concerned that many Veterans who could benefit from these options may not be aware of the full range of services available to them, and urges the Department to increase its efforts to ensure Veterans are informed about these services, including during earlier medical visits.

Medication Optimization for Veterans.—The Committee recognizes that many Veterans have at least one gene variant that impacts medication efficacy or safety and that over half of Veterans are prescribed at least one drug where pharmacogenomic information would be critical to drug or dose selection to prevent patient harm. Those taking several medications are at the highest risk of negative drug-gene and drug-drug interactions leading to adverse drug events (ADEs), including death. Training health care professionals on the use of pharmacogenomic testing, analysis, alerting, and entry into electronic health records are essential parts of precision medicine and can save Veterans’ lives, improve outcomes and lower expenditures. Therefore, the bill includes \$5,000,000 for the Department to continue to expand the use of clinically validated, evidence-based pharmacogenomic analysis, testing and clinical decision support tools to assess Veterans, especially polypharmacy patients, and those at higher risk for ADEs.

Acute Post-Surgical Pain Management.—The Committee recognizes the notable reduction in prescription opioids for Veterans who utilize the VA health care system. The Committee credits this to VA’s focus on transforming chronic pain management with alternative therapies and an aggressive educational effort on safe and responsible use of prescription opioids. One further area of opportunity is the need to balance acute pain management and opioid use post-surgery. The Committee is aware that some non-opioid options may not be a good option for Veterans with liver problems and others may be more effective for post-surgical acute pain management. The Committee recognizes that Enhanced Recovery After Surgery (ERAS) refers to evidence-based protocols that standardize care to minimize pain, reduce opioid administration, expedite patient recovery, decrease perioperative complications and shorten hospital length of stay. The Committee encourages VA to broadly

adopt ERAS protocols and ensure that frontline clinicians have full access to a range of post-surgical pain management tools.

Commercially Available Pain Management Review.—While chiropractic care is authorized for use for Veterans Health Administration enrollees with a referral, the Committee notes that Veterans with chronic pain and severe disabilities, including Veterans with spinal cord injuries and traumatic brain injuries, may seek other pain management care outside of the services offered by the Department. The Committee encourages the Department to conduct reviews of commercially available options for pain management not currently authorized for use by enrollees.

Continuous Glucose Monitors.—The Committee understands that Veterans are three times more likely than non-Veterans to have diabetes, which, if untreated, may lead to higher risk of heart disease, kidney failure, limb amputations, and blindness. The Committee is encouraged by innovations in diabetes treatment options, including recent technological advancements to continuous glucose monitoring systems (CGMs) and appreciates the Department's decision to facilitate access to CGMs during the public health emergency by suspending certain coverage criteria. The Committee requests that the Secretary provide a report to the Committees on Appropriations of both Houses of Congress detailing VA's coverage criteria as it relates to frequency of blood glucose testing, including the clinical rationale for these criteria, no later than 90 days after enactment of this Act.

Diabetes Care Management.—The Committee directs the Veterans Health Administration and the Center for Care and Payment Innovation to explore the utilization of episode-based alternative payment models for chronic care management, to include diabetes and digital diabetes care management.

Focused Ultrasound Technology.—The Committee supports the development and adoption of innovative technologies that provide less invasive treatment alternatives, reduce complications and other adverse side effects, and lower healthcare costs. The Committee encourages VA to explore the use of focused ultrasound technologies for use in cancer, neurological, and women's health indications, which may give Veterans access to non-invasive treatments for conditions that often have higher incidence rates in the Veterans' population like prostate cancer and Parkinson's disease.

Infertility and Sexual Assault.—The Committee expresses concern with the high incidence of infertility among Veterans, particularly in those who experienced sexual assault or harassment during their service. The Committee urges the Veterans Health Administration to conduct trainings among their infertility specialists on the specific needs of this population and requests a report to the Committees on Appropriations of both Houses of Congress within 180 days of the enactment of this Act on how VA is implementing medically-informed best practices for these health care providers.

Reducing Blood Contamination.—The Committee is aware that blood culture contamination leads to enormous clinical implications, laboratory ramifications, and economic costs. The Committee directs VA to prioritize the development and implementation of a specific quality measure for blood contamination based on a recommendation of less than 1% blood culture contamination rate within 6 months of enactment. VA is directed to report to the Com-

mittees on Appropriations of both Houses of Congress within 180 days of the enactment of this Act detailing the implementation of this standard of care across the VA medical system.

Diabetic Foot Ulcers.—The Committee recognizes that expanding access to remote patient diabetes monitoring provides more opportunities for continual Veteran monitoring, improving care outcomes at a lower cost than traditional methods and without the need for in-person encounters. The Committee supports the Department's Initiative to End Diabetic Limb Loss, which uses remote temperature monitoring in early detection of diabetic foot ulcers, preventing the need for amputations and other costly and life altering procedures. The Committee supports the Department's current expansion and evaluation of its remote patient remote monitoring pilot program, and urges that it be expanded to additional VISNs and greater numbers of Veterans at high risk of amputation as soon as is feasible. The Committee further directs the Department to provide a report to the Committee on Appropriations of both Houses of Congress within 60 days after the conclusion of the pilot detailing the amputation rate of Veterans participating in the pilot program as compared to non-participating Veterans.

Bladder Cancer Testing.—The Committee recognizes that cancer is the second most common cause of death in Veterans, and bladder cancer is the fourth most common cancer among the Department's patient population. VA performs roughly 40,000 cystoscopies annually and diagnoses approximately 3,100 new cases of bladder cancer each year. In the wake of the COVID-19 pandemic, new cancer diagnoses and testing has decreased significantly. The Committee is pleased the Department has taken an aggressive posture in reducing bladder cancer through the Cooperative Studies Program 2022, Screening Asymptomatic Veterans for Bladder Cancer Early Detection (SAVE). The Committee acknowledges that an increase in non-invasive testing may decrease the burden of surveillance and long-term management, and is encouraged by technological developments, such as non-invasive diaper inserts that monitor moisture and test urine content. The Committee directs VA to increase access to at-home, non-invasive diagnostic, and surveillance testing for bladder cancer to reduce burdens on Veterans, improve early detection and maximize healthcare outcomes for Veterans.

Safe Syringes for VA Health Workers.—The Committee recognizes the importance of safety for VA health workers providing vaccines to Veterans, particularly in light of the COVID-19 vaccination effort. The Committee is concerned about the risks that inconsistencies in standards of procured syringes present to VA healthcare staff who deliver intravenous medicines and vaccines and requests a report to the Committees on Appropriations of both Houses of Congress within 90 days of enactment of this Act detailing the Department's syringe procurement standards and strategies to purchase syringes from domestic producers.

Hyperbaric Oxygen Therapy.—The Committee encourages the Department to provide hyperbaric oxygen treatment to Veterans suffering from chronic post-traumatic stress disorder, as appropriate.

MEDICAL COMMUNITY CARE

Appropriation, fiscal year 2021	\$18,511,979,000
Budget request, fiscal year 2022	23,417,244,000
Committee recommendation, fiscal year 2022	23,417,244,000
Change from enacted level	+ 4,905,265
Change from 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 program. For fiscal year 2023, the bill provides an advance appropriation of \$24,156,659,000, of which \$2,000,000,000 is available until September 30, 2024.

The Committee provides an additional \$3,269,000,000 to be available for fiscal year 2022 as proposed in the budget request in response to readjusted actuarial estimates for medical community care.

Third-Party Payments and Reimbursements.—The Committee continues to be concerned about the timeliness of reimbursements by VA to private healthcare/third-party providers. 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. The Committee continues to direct VA to provide comprehensive reports on a quarterly basis detailing the amount owed to outside providers for every state, outstanding payments over six months old and the corrective actions being implemented to address these outstanding balances, and average time for repayment.

Long-Term Care for Veterans with Severe Traumatic Brain Injury (TBI).—The Committee continues to note the increasing prevalence of deployment-related traumatic brain injuries. This increase continues to demonstrate the longstanding need for providing adequate long-term specialty care for Veterans suffering from severe TBIs. The Committee appreciates the VA’s progress on this issue and directs VA to (1) ensure an adequate number of long-term residential care facilities tailored to care for Veterans with severe TBIs are available and (2) consider entering into agreements to provide long-term specialty care for Veterans suffering from severe TBIs where VA-provided direct care is not available.

Shortage of VA Community Care Providers in Rural Areas.—The Committee is aware that certain rural regions of the country are experiencing a shortage in private health care providers electing to participate in VA’s Community Care Program, as authorized by the VA MISSION Act (P.L. 115–182). The Committee encourages the Secretary to continue working with its partners to recruit private health care providers in rural communities to participate in the Community Care Network System to serve veterans in their local communities. The Committee requests a report within 60 days of enactment of this Act regarding the Department’s and its partners’ outreach strategies to private health care providers located in rural areas regarding this program.

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 also recommends that VHA solicit “360-degree” feedback from VA medical center directors on their service and funding needs. The Committee continues to look forward to working with the Department to develop and refine a medical care cost data collection system.

MEDICAL SUPPORT AND COMPLIANCE

Appropriation, fiscal year 2021	\$8,214,191,000
Budget request, fiscal year 2022	8,403,117,000
Committee recommendation, fiscal year 2022	8,403,117,000
Change from enacted level	+ 188,926,000
Change from 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 \$9,673,409,000 in advance fiscal year 2023 funding. The Committee has included bill language to make \$200,000,000 of the Medical Support and Compliance appropriation for fiscal year 2023 available through September 30, 2024.

MEDICAL FACILITIES

Appropriation, fiscal year 2021	\$6,583,265,000
Budget request, fiscal year 2022	6,734,680,000
Committee recommendation, fiscal year 2022	6,734,680,000
Change from enacted level	+151,415
Change from 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 \$7,133,816,000 in advance fiscal year 2023 funding. The Committee has included bill language to make available through September 30, 2024, \$350,000,000 of the advance Medical Facilities appropriation for fiscal year 2023.

Of the funds provided for non-recurring maintenance (NRM), the Committee directs VA to prioritize projects that expand women’s access to gender-specific care and that repurpose vacant and under-utilized space for mental health needs, particularly projects that 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.

Spend Plan.—The Committee expects VA to provide, no later than 30 days after enactment of this Act, an expenditure plan de-

tailoring the planned use of the funds provided. The Committee understands that some of the projects planned for fiscal year 2022 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.

Facility Transformations.—The Committee remains 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 and to make it safer and easier for women veterans to get care. This includes correcting environment of care deficiencies, such as adding doors, curtains, and soundproofing in treatment and check-in areas.

Community-Based Outpatient Clinic in Bakersfield, California.—The Committee remains concerned that a new Bakersfield CBOC remains unbuilt over a decade after Congress authorized this facility in P.L. 111–82. The Committee directs the Secretary to expeditiously execute Lease No. 36C10F20L0008 and activate the CBOC by the third quarter of Fiscal Year 2023, as provided in the lease. The Committee directs the Secretary to provide monthly reports on the CBOC’s progress until completion and activation.

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 VA take a holistic approach to security and technology upgrades by exploring the deployment of proven technologies that allow for greater interoperability within the VA and with outside first responders, protect VA employees and patients, enhance accountability and transparency, and provide actionable, real-time data.

VA Facility Leases.—The Committee supports the 21 leases proposed in the FY22 budget request but acknowledges the challenges related to their authorization. Recognizing that the primary obstacle is not related to appropriations, the Committee continues to direct the Department to work with the Office of Management and Budget and Congress, including the Budget and Veterans Affairs Committees of the House and Senate, to resolve the issues that inhibit VA’s ability to execute leases for medical, research and administrative offices and facilities.

Energy Monitoring.—The Committee commends the Department for its efforts to improve energy resilience, reduce energy waste, and limit energy costs. As the VA explores additional ways to conserve energy, the Committee encourages the VA to increase its use of advanced technologies, such as batteryless sensor networks, that can reduce energy consumption, enhance operational readiness, and equip operations and maintenance personnel with tools to monitor and manage energy resources more effectively.

West Los Angeles VA Homeless Housing Development.—The Committee is aware of the ongoing effort to redevelop the West Los Angeles VA, one of the largest VA facilities in the country that serves

one of the largest homeless veteran populations in the United States. The Greater Los Angeles Healthcare System's Master Plan calls for the delivery of more than 1,200 units of housing for veterans experiencing homelessness. This plan would include the completion of seismic retrofits and construction on seismically deficient buildings, including those that were previously funded as Major Construction projects. The Committee urges the Department to work with its Principal Developer to expeditiously finalize this portion of the project, which is crucial to ensuring the rest of the Master Plan may proceed toward its goal of delivering housing for veterans in need.

MEDICAL AND PROSTHETIC RESEARCH

Appropriation, fiscal year 2021	\$815,000,000
Budget request, fiscal year 2022	882,000,000
Committee recommendation, fiscal year 2022	902,000,000
Change from enacted level	+87,000
Change from budget request	+20,000

This appropriation provides for medical, rehabilitative, and health services research. The bill provides \$902,000,000 available through September 30, 2023. The Committee recognizes the importance of the research conducted by VA for Veterans' quality of life and health and provides \$20,000,000 above the request and \$87,000,000 above fiscal year 2021 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 2022 research resources in addition to those provided in the research account are \$1,350,700,000.

The Committee is pleased that toxic exposures will be an area of focus for VA's research programs in fiscal year 2022 and supports VA's plan to launch the Military Exposure Research Program. 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, open burn pits, per- and polyfluoroalkyl substances (PFAS), radiation, and asbestos, during the course of their active duty service.

Per- and Polyfluoroalkyl Substances (PFAS) Research.—The Committee is deeply concerned about the impact of PFAS at military bases on servicemembers, their families, and surrounding communities, and recognizes that the effects of PFAS exposure may continue for servicemembers once they are under the care of the VA. While the Committee directs VA to continue collaborating with the Defense Department's Per- and Polyfluoroalkyl Substances (PFAS) Task Force, academia, and other health institutions and

agencies to monitor research activities, results, and publications on the health effects from PFAS, the Committee also believes that VA can and should play an active role in research on the effects of PFAS exposure and health monitoring as it relates to our Veterans.

Gender-Specific Impacts of Toxic Exposure.—The Committee recognizes the gender-specific impacts of toxic exposure and remains concerned that the VA is not adequately addressing the healthcare needs of women Veterans. In order to provide full and effective medical care, it is essential for the Department to understand the health effects of women Veterans exposed to toxins during their service. The Committee encourages the Department to continue and expand its research on the effects of toxic exposure and ensure gender-specific research on women Veterans is included in these efforts.

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.

Women Veterans Research.—Women Veterans have unique health needs that are substantially different than both civilian women and men Veterans. The Committee directs the Department to ensure its research program adequately addresses the unique needs and concerns of women Veterans. Additionally, the Committee continues to direct VA to prioritize medical and prosthetic research to adequately address prosthetics meant for women, given that women have different physical requirements for prosthetics compared to men.

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 this line of research, including through 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.

Access to Clinical Oncology Trials.—The Committee continues to applaud the ongoing collaborative efforts between VA medical centers and NCI-designated comprehensive cancer centers that allow Veterans to have access to the highest quality cancer care avail-

able, including cutting-edge clinical trials for cancers that occur at high rates in the Veteran population, such as prostate, lung and melanoma. In each of Fiscal Years 2020 and 2021, the Committee provided \$5,000,000 to expand these efforts to ensure that States with large Veteran populations are able to access these treatments. The Committee appreciates that the Department has begun to implement this initiative and looks forward to being kept apprised of further progress. To continue this forward progress, the Committee directs VA to allocate not less than \$10,000,000 to support these new partnerships between VA hospitals and NCI-designated facilities that allow for Veterans to access cancer clinical trials at VA health centers consistent with the guidance provided in the FY2020 and FY2021 Committee reports.

Gulf War Illness Studies.—The Committee recommends the Department continue to conduct epidemiological studies regarding the prevalence of Gulf War Illness, morbidity, and mortality in Persian Gulf War Veterans and the development of effective treatments, preventions, and cures. The Committee continues to encourage 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 continues to encourage the Department to utilize the term “Gulf War Illness” for the signature adverse health outcome of the Persian Gulf War, as recommended by the Institute of Medicine (IOM). Furthermore, the Committee once again encourages VA to strengthen the training of primary, specialty, and mental healthcare providers on the current and soon to be revised Gulf War Illness case definitions recommended by IOM, as well as education and training of VA clinicians on effective assessment, diagnosis, and clinical management of Gulf War Illness. The Committee notes that this education and training should be aligned with the recently completed revision of the Clinical Practice Guidelines for Chronic Multisymptom Illness.

Dystonia.—The Committee continues to urge the VA to pursue collaborative efforts with the dystonia stakeholder community and related federal agencies. The Committee also requests an update on relevant research projects that examine the connection between traumatic brain injury (TBI) and dystonia.

Cannabis Research.—The Committee notes that VA has made progress on cannabis research and continues to request updates on the status of this research, as described in House Report 116–63.

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.

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). As Veterans and servicemembers continue to face higher rates of brain trauma than civilians, impacting brain function, agencies should

continue to collaborate to study neurological conditions such as PTSD, bipolar, schizophrenia, depression, suicide and substance use disorders. The Committee directs VA to expand its work with NICoE to strengthen VA's research capacity, streamline servicemembers' access to preventive care, and share best practices so health professionals can learn from NICoE's important work and contribution to the health community. The Committee encourages the VA to pursue new collaborative initiatives with NICoE and consider public academic medical centers as partners in such efforts. Furthermore, the Committee encourages VA to assist DOD with their efforts to optimize research to implement solutions and deliver better health outcomes for Veterans.

Advanced Platform Technology (APT) Center.—The Committee applauds VA for 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 drive dramatic progress in diverse areas including artificial lung development, wound healing, and neurally-connected sensory prosthesis. The Committee supports the APT Center's efforts.

Spinal Cord Research.—The Committee recognizes the severity of spinal cord injuries sustained by servicemembers in combat and supports additional research in this area. Thus, the Committee encourages the Department to work with outside organizations on spinal cord injury research to cure paralysis and improve the quality of life of impaired and disabled Veterans, and includes \$10,000,000 to do so.

Severe Depression and Suicide Prevention.—The Committee is concerned with the continuing problem of suicide among Veterans, and notes the need for ongoing efforts to improve methods of suicide risk mitigation. The Committee supports VA's commitment to understanding Veteran suicide and applying epidemiological findings to inform Veteran suicide prevention while also proactively implementing outreach, programs, and interventions to end suicide. Studies conducted by the National Institutes of Mental Health (NIMH) investigating the use of Scopolamine in treating depression and suicide prevention have shown promising initial results in rapidly decreasing patients' Montgomery-Asberg Depression Rating Scale (MADRS) scores, with over 50% of patients achieving remission. The Committee directs the Department to collaborate with the Departments of Defense and Health and Human Services to further validate the findings of the NIMH study, including potentially conducting a joint study. The Department is requested to provide a report to the Committee not later than 180 days after the enactment of this Act describing its plan to validate these findings.

Nanoscale Next-Generation Nonsurgical Neurotechnology.—The Committee acknowledges the potential for benefit in collaboration between the VA and DARPA in developing and testing neurotechnology for Veteran movement rehabilitation. The Committee is aware of the success of DARPA's Next-Generation Nonsurgical Neurotechnology (N3) program, which presents the opportunity to help wounded warriors control their own limbs via muscle stimulation/rehabilitation and regain independence without invasive surgery. The Committee directs VA to continue to work to

gether with DARPA, particularly to include disabled Veteran candidates in DARPA's human clinical trials of the nanoscale minimally invasive brain computer interface and demonstrate the potential benefits of this emerging neurotechnology in restoring movement and offering independence without invasive surgical procedures.

Tinnitus Research.—The Committee encourages the Department to work with academic partners, as appropriate, to address and improve the outcomes for Veterans experiencing problematic tinnitus, including research to identify contributing factors associated with tinnitus onset and progression to chronic tinnitus and develop novel interventional therapies and self-management models.

Research Facilities and Academic Affiliates.—The close partnership between the VA and its academic affiliates has led to development of new health care specialties, modern models of delivery and has grown into the most comprehensive academic health system partnership in history. The Department's academic affiliation network has also provided an effective pathway for VA to recruit highly qualified health care professionals into its health care system. While this partnership has led to a number of clinical innovations and better quality of care for Veterans, there are areas where the affiliation could be better leveraged, including through shared research space. VA is encouraged to consider greater utilization of available research space available at its academic affiliates to support its work, especially given growing capital needs at its own facilities. Leveraging these partnerships to include greater use of research space on a shared basis could prove to be useful, especially for principal investigators who are both VA clinicians and on faculty at the respective affiliate. Therefore, the Committee directs the Secretary to report back no later than 90 days after enactment of this Act, on locations where the Department has, can, or plans to employ arrangements that would allow for sharing agreements between local VA Medical Centers to utilize existing research space at an academic affiliate.

Metastatic Cancer Research.—While recent research has revealed that there is a genetic basis for susceptibility to metastatic cancer or resistance to metastasis, more research is required to develop a comprehensive understanding of this complex process. Clinical trials are an important aspect of that progress, and diverse representation of patients in clinical trials is integral to the development of medications and therapies that effectively treat disease. Ethnicity, gender, age and genetics all play a role in the safety and efficacy of a treatment for an individual. Therefore, in order to achieve representation of the demographics of the United States population in these trials, the Committee directs the VA to partner with DOD to fully implement the outstanding recommendations in this area made to the Department by DOD's April 2018 Task Force Report to Congress on Metastatic Cancer.

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 Ther-

apy 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 2022 is \$3,386,000,000.

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 Committee continues to require the Department 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 reports 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 reports should also include updates on 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.

NATIONAL CEMETERY ADMINISTRATION

Appropriation, fiscal year 2021	\$352,000,000
Budget request, fiscal year 2022	394,000,000
Committee recommendation, fiscal year 2022	392,000,000
Change from enacted level	+40,000,000
Change from budget request	–2,000,000

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 158 national cemeteries and 34 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, 2023.

Prisoners of War Headstones.—The Committee appreciates the Department’s actions to replace headstones of prisoners of war that feature swastikas and inscriptions glorifying the Nazi regime. The Committee understands that this replacement work has been partially completed, and strongly urges the Department to expeditiously complete the project. The Committee continues to direct VA to provide monthly reports on the status of this process to the Committees on Appropriations of both Houses of Congress. Further-

more, the Committee continues to direct VA to include in these monthly reports details on its proposal to provide interpretive signs and historical context at cemeteries with headstones of prisoners of war, and reminds the Department to carefully craft the design and wording of planned interpretive signage to provide the appropriate historical context but be sensitive to those most affected by it.

Rural Cemetery Access.—The Committee remains 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. The Committee directs the Department to report to the Committees on progress made in this regard, and on strategies to address the remaining need in the future, within 60 days of enactment of this Act.

DEPARTMENTAL ADMINISTRATION

GENERAL ADMINISTRATION

(INCLUDING TRANSFER OF FUNDS)

Appropriation, fiscal year 2021	\$365,911,000
Budget request, fiscal year 2022	401,200,000
Committee recommendation, fiscal year 2022	396,911,000
Change from enacted level	+31,000,000
Change from budget request	–4,289,000

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, 2023, 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.

VA Five Year Development Plan (VFYDP).—The Committee is very pleased that the Department has provided a VFYDP in its fiscal year 2022 budget and 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 \$19,590,000 for FMBT. 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 2022.

Supporting Minority and 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, disaggregated by race and ethnicity. 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.

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.

21st Century IDEA Act Compliance for the Center for Women Veterans.—The Committee supports the mission of VA's Center for Women Veterans to monitor and coordinate VA's administration of health care and benefits services, and programs for women Vet-

erans. The Committee also supports the full implementation of the 21st Century IDEA (Public Law 115–336) and the need for a customized, self-service website that serves as a centralized source for the provision to women veterans of information about the benefits and services available to them under laws administered by the Secretary. Therefore, the bill includes \$1 million for the Center for Women Veterans to stand up a user-friendly, mobile responsive website that fully implements the requirements of PL 115–336. The Committee believes this improved digital service delivery for women veterans will increase participation in VA benefits and services and reduce service costs. The Committee directs the Secretary of the VA to brief the appropriate committees of Congress not later than 180 days following enactment of this Act on plans to modernize its Center for Women Veterans Health website and digital service delivery programs.

Center for Women Veterans.—The Committee recognizes that the Center for Women Veterans (CWV) serves to monitor and coordinate the Department of Veterans Affairs administration of health care and benefits services, and programs for women veterans and to serve as an advocate for cultural transformation, both within VA and in the general public, in recognizing the service and contributions of women Veterans and women in the military. The CWV is tasked with 12 specific functions under title 38 of U.S. Code. The Committee directs VA to submit a report to the Committees on Appropriations of both Houses of Congress within 120 days of enactment of this act detailing: (1) how the work of the Center fulfills these 12 Congressionally-mandated functions, including data on the Center’s previous success and outcomes on delivering these functions; (2) how the Center is coordinating with other VA entities to meet those functions; (3) any challenges in fulfilling those statutorily mandated functions, including any specific budgetary constraints; and (4) a strategic plan for meeting these functions in the next two years.

Grant and Federal Assistance Oversight.—The Committee is aware that the VA lacks a departmental office to support and oversee its growing number of grants and federal assistance programs, which could impact program implementation and public reporting of data, such as through USAspending reports. The Committee encourages the VA to ensure grant programs are stood up effectively and in a timely manner, and that improvements are made to internal systems responsible for informational updates to grant assistance listings, CFDA numbers, and USAspending reports.

Federated Learning.—The Office of Enterprise Integration’s Innovation Center is encouraged to utilize commercially available federated learning solutions to expand diagnostic and medical care services that can be provided at rural VA clinics with limited or no broadband capabilities.

ASSET AND INFRASTRUCTURE REVIEW

Appropriation, fiscal year 2021	---
Budget request, fiscal year 2022	\$5,000,000
Committee recommendation, fiscal year 2022	5,000,000
Change from enacted level	+5,000,000
Change from budget request	---

This appropriation funds the work of the “Asset and infrastructure Review Commission” (the Commission), an independent commission established in the VA MISSION Act of 2018 (P.L. 115–182), Title II, section 202. The Commission will review VA’s recommendations to modernize or realign VHA facilities, including leased facilities. The Commission will conduct public hearings and provide a report to the President on the VA’s plan along with any additional recommendations from the Commission. Support staff will conduct in-depth field hearings to receive input from Veterans, Veterans Service Organizations, local VA providers, and local government. The staff of the Commission are anticipated to begin preparatory work in the first months of FY 2022.

BOARD OF VETERANS APPEALS

Appropriation, fiscal year 2021	\$196,000,000
Budget request, fiscal year 2022	228,000,000
Committee recommendation, fiscal year 2022	228,000,000
Change from enacted level	+32,000,000
Change from budget level	---

The bill makes ten percent of this funding available through September 30, 2023.

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.

Prior to COVID–19, the Board was on target to reach its goal of conducting a record 24,300 hearings in 2020 and the number of pending hearing requests was 77,621. Due to the effects of the pandemic, the Board completed 15,669 hearings in 2020, resulting in 86,849 pending hearing requests.

In March 2020, BVA fully implemented a virtual tele-hearing solution, allowing Veterans to participate in hearings before the Board via voice and video transmission over the Internet using non-VA cell phones and laptops. This technology, designed to increase hearing show rates, also provides greater access and flexibility, especially for rural Veterans and representatives. Approximately 97% of hearings are now virtual.

INFORMATION TECHNOLOGY SYSTEMS
(INCLUDING TRANSFER OF FUNDS)

Appropriation, fiscal year 2021	\$4,912,000,000
Budget request, fiscal year 2022	4,842,800,000
Committee recommendation, fiscal year 2022	4,842,800,000
Change from enacted level	-69,200,000
Change from 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 \$1,414,215,000 for pay and associated costs, \$3,131,585,000 for operations and maintenance, and \$297,000,000 for development. The bill makes available three percent of pay and associated costs and five percent of operations and maintenance funds until September 30, 2023. All development funds are available until September 30, 2023.

The Committee encourages VA to allocate sufficient resources for IT improvements that support research and research facilities.

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

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

The chart below reflects the Committee's allocation for development projects. 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	\$103,624
Health Management Platforms	69,096
Health Research and Development	8,660
Benefits Systems	87,390
Memorial Affairs	9,030
Cybersecurity	11,200
Information/Infrastructure Management	8,000
Total All Development	297,000

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 \$3,000,000.

Cybersecurity Strategy.—The Committee is pleased that the Department is updating its cybersecurity strategy and plans to publish it by the end of 2021 and encourages it to remain vigilant against current and future cybersecurity challenges.

Technology Investments.—As the Department of Veterans Affairs rolls out its enterprise applications and moves toward more agile development, the Committee encourages the Department to review and consider the Department of Defense’s success implementing the Software Factory concept of operations.

21st Century IDEA 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 IDEA (Public Law No. 115–336). The Committee believes that the 21st Century IDEA will enable the VA’s Office of Information Technology and Veterans Customer Experience to improve digital service delivery for both Veterans and internal workflows.

Encrypted Communications for Telehealth.—In coordination with the Veterans Health Administration and Office of Electronic Health Records Modernization, the Office of Information Technology is directed to utilize the best technologies, such as end-to-end encrypted communications with zero-trust architecture, that can reliably serve Veterans and healthcare providers.

Veterans Affairs Sexual Harassment Tracking.—The Committee directs the Department to develop a centralized data supporting system cataloging sexual harassment and assault complaint data pursuant to Section 5303 of the Deborah Sampson Act.

Digital Protection Pilot Program.—The Committee continues to believe that it is our country’s duty to protect our Veterans, the Department of Veterans Affairs (VA), 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. In Fiscal Year 2021, the Committee provided \$5,000,000 million for a “Digital Protection Pilot Program” within the Office of Information Technology Systems at VA to use commercially available, proven, automated technology to continuously detect, disrupt and disable these threats. The Committee directs the Department to provide a report on the status of implementation of the “Digital Protection Pilot Program” within 90 days of the enactment of this Act.

VETERANS ELECTRONIC HEALTH RECORD (EHR)

Appropriation, fiscal year 2021	\$2,627,000,000
Budget request, fiscal year 2022.	2,663,000,000
Committee recommendation, fiscal year 2022	2,637,000,000
Change from enacted level	+10,000,000
Change from budget request	– 26,000,000

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.

The bill provides an increase of \$10,000,000 above the fiscal year 2021 level to support VA’s on-going efforts to deploy the new electronic health record system. Within the total funding, the bill includes \$1,416,498,000 for the electronic health record contract, \$276,705,000 for program management, and \$943,797,000 for infra-

structure 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. Additionally, the Committee directs the Department to provide updates on plans and efforts to integrate community care providers into the new EHR system. Such updates should be submitted concurrently with the quarterly reports.

In addition, bill language is included 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, and prior to implementation of the updated deployment schedule. 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.

Cybersecurity for Electronic Health Records and Blockchain Technology.—Recognizing the ongoing challenges of sharing data between MHS GENESIS and the Department’s EHRM initiative, the Committee encourages the Department to continue prioritizing efforts 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. The Committee understands that the Department is undertaking a pilot to study the use of blockchain technology to share data and looks forward to the results of the pilot being shared with the Committee.

Transparency on EHRM Third-Party Application Review.—The Committee continues to encourage VA to ensure that the new EHRM initiative provides an open architecture that allows a governance and oversight process for administering access and support to deploy third-party applications, components, and application programming interfaces. The Committee encourages the Department and the Federal Electronic Health Record Modernization Program Office to ensure the standards and evaluation criteria for commer-

cially available software, tools and products that advance interoperability and seamless care are readily available for review, such as on the EHRM webpage.

Informatics.—Based on the lessons learned at the Mann-Grandstaff VA Medical Center, the Committee notes the need for integrating informatics infrastructure and capabilities as the Department transitions additional facilities to a new electronic health record. Workflow process modelling, healthcare standards implementation, and terminology standardization are critical to multiple areas of veteran care, including staff productivity and community care. The Committee requests a report within 120 days of enactment of this Act on what the Department is doing to integrate informatics infrastructure and capabilities as the Department transitions from VistA to the new electronic health record system, including detailing the minimum informatics requirements that all facilities must meet as part of this transition.

Electronic Health Record Infrastructure.—The Committee appreciates the Department’s March 2, 2021, response to its request for a report on the total cost of the installations of all remaining information technology and related infrastructure required to complete the deployment of the electronic health record. However, in light of the Office of Inspector General’s Report #20–03178–116, *Deficiencies in Reporting Reliable Physical Infrastructure Cost Estimates for the Electronic Health Record Modernization Program*, the Committee is concerned with the accuracy and reliability of the data provided. As such, the Committee directs the Department to swiftly implement the recommended actions and to provide a new estimate that includes the information requested in Division J of the FY21 the conference agreement (P.L. 116–260).

OFFICE OF INSPECTOR GENERAL

Appropriation, fiscal year 2021	\$228,000,000
Budget request, fiscal year 2022	239,000,000
Committee recommendation, fiscal year 2022	239,000,000
Change from enacted level	+11,000,000
Change from 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, 2023.

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

Federal Electronic Health Record Management Program Office (FEHRM).—The Committee looks forward to receiving the VA Office of Inspector General audit report regarding the governance policies and practices of the FEHRM.

VA Backlog.—The OIG is encouraged to review the causes of VA’s current claims backlog and provide all appropriate feedback on the work VA is doing to address backlog issues. The OIG shall

report to the Committee on the status of the backlog, how VA is addressing the backlog, and any changes in the amount of time veterans are waiting to hear back on their claims.

CONSTRUCTION, MAJOR PROJECTS

Appropriation, fiscal year 2021	\$1,316,000,000
Budget request, fiscal year 2022	1,611,000,000
Committee recommendation, fiscal year 2022	1,611,000,000
Change from enacted level	+295,000,000
Change from budget request	---

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 \$657,326,000 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	
Biloxi, MS Restoration of Hospital/Consolidation of Gulfport	\$22,500
Portland, OR Upgrade Portland Bldg 100/101 for Seismic Retrofit and Renovation	20,000
Louisville, KY New Medical Center	93,000
San Francisco, CA New Research Facility	74,400
West Los Angeles, CA Build New Critical Care Center	40,000
Long Beach, CA Mental Health & Community Living Center	20,000
Canandaigua, NY Construction & Renovation	60,159
San Diego, CA SCI & Seismic Building 11	10,000
Dallas, TX Spinal Cord Injury	43,239
Oklahoma City, OK Construct Surgical Intensive Care Unit and Renovate Operating Room	18,103
St. Louis (JC), MO Replace Bed Tower, Clinical Bldg Expansion & Parking Garage	92,000
El Paso, TX Construct New Health Care Center	150,000
Advance Planning and Design Fund	417,699
Asbestos	12,000
Construction and Facilities	
Staff	124,600
Hazardous Waste	4,000
Judgment Fund	35,000
Non-Dept. Fed. Entity Project Management Support	132,000
Seismic Corrections	100,000
Total, VHA	1,468,700
National Cemetery Administration	
Fort Logan, CO Phase 1 Gravesite Expansion	50,000
Indiantown Gap, PA Phase 5 Gravesite Expansion	44,500
Advance Planning and Design Fund	35,000
NCA Land Acquisition	1,000
Total, NCA	130,500
General Administration	
Staff Offices Advanced Planning Fund	11,800

CONSTRUCTION, MAJOR PROJECTS—Continued

[In thousands of dollars]

Project	Amount
Total, Major Construction	1,611,000

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

CONSTRUCTION, MINOR PROJECTS

Appropriation, fiscal year 2021	\$390,000,000
Budget request, fiscal year 2022	553,000,000
Committee recommendation, fiscal year 2022	553,000,000
Change from enacted level	+163,000,000
Change from budget request	---

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.

The Committee recommendation makes \$55,300,000 of the funds provided available until expended.

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 also encourages VA to allocate sufficient resources for improvements to research facilities, particularly to address any priority deficiencies.

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.

National VA History Center.—The Committee supports the Department’s decision to establish the VA History Office and the National VA History Center (NVAHC) to collect and preserve the department’s history. Because the VA was one of the few cabinet-level agencies without an official history office, this fills a long-

standing need to develop an overarching program to collect, preserve and provide access to VA's relevant historical records and artifacts to tell a comprehensive story of VA and its predecessor organizations. The Committee encourages VA to continue restoration necessary to develop the NVAHC to serve as the principal VA-wide location for centralized VA historical collections.

GRANTS FOR CONSTRUCTION OF STATE EXTENDED CARE FACILITIES

Appropriation, fiscal year 2021	\$90,000,000
Budget request, fiscal year 2022	---
Committee recommendation, fiscal year 2022	90,000,000
Change from enacted level	---
Change from budget request	+90,000,000

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.

The American Rescue Plan Act of 2021 (P.L. 117-2) included \$500 million that allowed VA to fund all projects on the priority list, thereby eliminating the backlog of priority projects in fiscal year 2021.

Supporting grants for construction of state extended care facilities has been and will continue to be a priority of the Committee. As such, in order to ensure that VA has the resources required to address priority project applications submitted in April 2021, the bill maintains level funding of \$90 million for fiscal year 2022.

GRANTS FOR CONSTRUCTION OF VETERANS CEMETERIES

Appropriation, fiscal year 2021	\$45,000,000
Budget request, fiscal year 2022	45,000,000
Committee recommendation, fiscal year 2022	47,097,000
Change from enacted level	+2,097,000
Change from budget request	+2,097,000

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 49 administrative provisions, of which 48 were in effect in fiscal year 2021 in some form and one is a new provision. 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 2022. 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 2022 for “Compensation and Pensions”, “Re-adjustment Benefits”, and “Veterans Insurance and Indemnities” for payment of accrued obligations recorded in the last quarter of fiscal year 2021.

The bill includes section 207 allowing for the use of fiscal year 2022 funds to pay prior year obligations resulting from implementation of sections 3328(a), 3334, and 3712(a) of title 31, United States Code.

(INCLUDING TRANSFER OF FUNDS)

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

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

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 210 limiting the amount of reimbursement the Office of Resolution Management, Diversity and Inclusion, the Office of Employment Discrimination Complaint Adjudication, and the Alternative Dispute Resolution function within the Office of Human Resources and Administration can charge other offices and accounts of the Department for services provided.

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

(INCLUDING TRANSFER OF FUNDS)

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

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

(INCLUDING TRANSFER OF FUNDS)

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

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

(INCLUDING TRANSFER OF FUNDS)

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

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

(INCLUDING TRANSFER OF FUNDS)

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

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 219 providing up to \$379,009,000 of fiscal year 2022 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 \$323,242,000 of fiscal year 2023 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 modify this provision is not adopted.

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

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

The bill includes section 233 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 234 prohibiting any funds from being used in a manner that is inconsistent with statutory limitations on outsourcing.

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

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

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

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

The bill includes section 239 permitting funding to be used in fiscal years 2022 and 2023 to carry out and expand the child care pilot program authorized by section 205 of the Caregivers and Veterans Omnibus Health Services Act of 2010 (P.L. 111–163).

The bill includes section 240 prohibiting VA from using funds to enter into an agreement to resolve a dispute or claim with an individual that would restrict the individual from speaking to Members of Congress or their staff on any topic, except those required to be kept secret in the interest of national defense or the conduct of foreign affairs. The Administration request to delete this provision is not adopted.

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

The bill includes section 242 prohibiting the use of funds to deny the Inspector General timely access to information, unless a provision of law expressly refers to the Inspector General and expressly limits such access. The Administration request to modify this provision is not adopted.

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

The bill includes section 244 prohibiting the use of funds in fiscal year 2022 to convert any program that received specific purpose funds in fiscal year 2021 to a general purpose-funded program without the approval of the Committees on Appropriations of both Houses of Congress at least 30 days prior to any such action. The Administration request to delete this provision is not adopted.

The bill includes section 245 eliminating category D or E pain testing on dogs or cats.

The bill includes section 246 to allow fiscal year 2022 and 2023 “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 247 allowing obligations and expenditures applicable to the “Medical Services” account in fiscal years 2017 through 2019 for aid to state homes to remain in the “Medical Community Care” account for such fiscal years.

This bill includes section 248 specifying an amount from the four medical care accounts for gender-specific care for women.

The bill includes section 249 establishing a timeline for site preparation in accordance with a lease.

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 2021	\$84,100,000
Budget request, fiscal year 2022	84,800,000
Committee recommendation, fiscal year 2022	88,100,000
Change from enacted level	+4,000,000
Change from budget request	+ 3,300,000

The recommendation includes \$88,100,000 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.

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 2021	\$37,100,000
Budget request, fiscal year 2022	41,700,000
Committee recommendation, fiscal year 2022	41,700,000
Change from enacted level	+4,600,000
Change from budget request	---

The recommendation includes \$41,700,000 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.

DEPARTMENT OF DEFENSE—CIVIL

CEMETERIAL EXPENSES, ARMY

SALARIES AND EXPENSES

Appropriation, fiscal year 2021	\$81,815,000
Budget request, fiscal year 2022	87,000,000
Committee recommendation, fiscal year 2022	87,000,000
Change from enacted level	+5,185,000
Change from budget request	---

The recommendation includes \$87,000,000 for Salaries and Expenses for Arlington National Cemetery (the Cemetery), which is equal to the fiscal year 2022 budget request. The Committee is pleased to see an acknowledgment of its repeated direction that the Cemetery's budget requests reflect the funding needed to respond to increased costs and to maintain the current level of services.

Updated Interment Policy.—The Committee is aware that the Secretary of the Army is in the process of finalizing revised criteria for interment at the Cemetery to preserve it as an active burial

ground well into the future, and the Committee 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.

Protestant Chaplain Memorial.—The Committee strongly believes that our nation’s deceased military chaplains of all faiths should be properly honored in Arlington National Cemetery, and that the monuments located on Chaplains Hill represent a key part of this commitment. The Committee urges the Cemetery to continue to work productively with stakeholders on proposals to restore and update the Protestant Chaplain Memorial and ensure that it can continue to honor those who have served.

CONSTRUCTION

Appropriation, fiscal year 2021	\$- --
Budget request, fiscal year 2022	141,000,000
Committee recommendation, fiscal year 2022	141,000,000
Change from enacted level	+ 141,000,000
Change from budget request	-- --

The recommendation includes \$141,000,000 for planning and design and construction of Southern Expansion to remain available until expended. This will complete the anticipated \$360,000,000 cost of the Southern Expansion and road realignments to extend the life of the cemetery. The Committee provides this funding to ensure that the life of our Nation’s most prestigious cemetery is extended into the 2050 timeframe.

ARMED FORCES RETIREMENT HOME

TRUST FUND

The recommendation includes \$77,000,000 for the Armed Forces Retirement Home (AFRH), including \$9,000,000 for capital projects, although \$25,000,000 of the total is provided from the general fund of the Treasury, and not the Trust Fund.

General Fund.—The Committee continues to express concern about the use of the General Fund to support the work of AFRH. The Committee directs AFRH to continue to make progress on efforts to increase revenues and stabilize the AFRH Trust Fund for the long term, and to continue to report to the Committee on its further initiatives to improve sustainability and maintain the high-quality services provided to AFRH residents.

Land Redevelopment.—The Committee continues to be interested in the redevelopment of the 80-acre master planned parcel on the Washington campus and continues to direct AFRH to report to the Committee on the progress of the redevelopment project.

OPERATION AND MAINTENANCE

Appropriation, fiscal year 2021	\$66,300,000
Budget request, fiscal year 2022	68,000,000
Committee recommendation, fiscal year 2022	68,000,000
Change from enacted level	+1,700,000
Change from budget request	-- --

The Committee makes these operation and maintenance funds available until September 30, 2023, as requested, to provide AFRH greater ability to respond to emergency situations and ensure stable operations.

CAPITAL PROGRAM

Appropriation, fiscal year 2021	\$9,000,000
Budget request, fiscal year 2022	7,300,000
Committee recommendation, fiscal year 2022	9,000,000
Change from enacted level	---
Change from budget request	+1,700,000

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 directs 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

GENERAL PROVISIONS

The bill includes a total of 11 provisions that were in effect in fiscal year 2021:

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

The bill includes section 402 prohibiting the use of funds for programs, projects, or activities not in compliance with Federal law relating to risk assessment, the protection of private property rights, or unfunded mandates.

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

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

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

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

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

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

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

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

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

HOUSE OF REPRESENTATIVES REPORT 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 2022 for Compensa-

tion 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 \$78,417,225 to be transferred to General Administration and Information Technology Systems from any funds appropriated in fiscal year 2022 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 2022 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 2023 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

The following table is submitted in compliance with clause 9 of rule XXI, and lists the congressional earmarks (as defined in para-

graph (e) of clause 9) contained in the bill or in this report. Neither the bill nor the report contain any limited tax benefits or limited tariff benefits as defined in paragraphs (f) or (g) of clause 9 of rule XXI.

MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES
 [Community Project Funding Items]

Account	Location	Project	Amount	Requestor(s)
Air National Guard	Delaware: New Castle County Airport	Fuel Cell and Corrosion Control Hangar	\$17,500,000	Blunt Rochester
Army	Texas: Joint Base San Antonio Camp Bullis	Vehicle Maintenance Shop	\$10,000,000	Gonzales, Tony
Air Force	Texas: Joint Base San Antonio Lackland Air Force Base	Child Development Center	\$22,000,000	Gonzales, Tony
Air Force	Louisiana: Barksdale Air Force Base	New Entrance Road and Gate Complex	\$36,000,000	Johnson (LA)
Army National Guard	Mississippi: Camp Shelby Joint Forces Training Center	Mobilization and Annual Training Equipment Site (MATES) Project	\$15,500,000	Palazzo
Army	Alabama: Anniston Army Depot	Welding Facility	\$25,010,000	Rogers (AL)
Navy and Marine Corps	Florida: Marine Corps Support Facility Blount Island	Lighterage and Small Craft Facility	\$7,000,000	Rutherford
Air Force Reserve	Ohio: Youngstown Air Reserve Station	Assault Strip Widening	\$8,700,000	Ryan
Air National Guard	Idaho: Boise Air Terminal (Gowen Field)	Medical Training Facility	\$6,500,000	Simpson
Army	New York: Fort Drum	Wellfield Expansion Resilience Project	\$27,000,000	Stefanik
Air Force	Ohio: Wright Patterson Air Force Base	Child Development Center	\$24,000,000	Turner

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 220 OF DIVISION J OF THE CONSOLIDATED APPROPRIATIONS ACT, 2021

(Public Law 116–260)

AN ACT Making consolidated appropriations for the fiscal year ending September 30, 2021, providing coronavirus emergency response and relief, and for other purposes.

[(INCLUDING TRANSFER OF FUNDS)]

[SEC. 220. Of the amounts appropriated to the Department of Veterans Affairs which become available on October 1, 2021, for “Medical Services”, “Medical Community Care”, “Medical Support and Compliance”, and “Medical Facilities”, up to \$327,126,000, 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.]

TITLE 38, UNITED STATES CODE

* * * * *

PART II—GENERAL BENEFITS

* * * * *

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

SUBCHAPTER I—GENERAL

Sec.
1701. Definitions.

* * * * *

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

1710. Eligibility for hospital, nursing home, and domiciliary care.

* * * * *

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

* * * * *

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

* * * * *

§ 1720K. *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 for child development centers.

Language is included under title I for barracks.

Language is included under title I for Natural Disasters.

Language is included prohibiting funds for construction and planning and design associated with Space Force until completion of site selection reviews.

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 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 to require approval of a transfer between development projects in the Information Technology Systems account.

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 in contravention of certain breast cancer screening guidance.

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 2022 to convert any program that received specific purpose funding in fiscal year 2021 to a general purpose-funded program.

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

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 II establishing a timeline for site preparation in accordance with a lease.

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 prohibiting funding beyond the current fiscal year unless expressly so provided.

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

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

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

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

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

Language is included under Title IV 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 IV prohibiting the use of funds in this Act to construct facilities on military installations that do not meet resiliency standards.

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.....	2021	880,076	628,900	898,692
Military Construction, Navy and Marine Corps.....	2021	2,007,085	1,716,144	1,937,428
Military Construction, Air Force.....	2021	717,432	616,156	1,893,690
Military Construction, Defense-Wide.....	2021	1,886,366	2,041,909	2,023,416
Military Construction, Army National Guard.....	2021	371,272	349,437	335,603
Military Construction, Air National Guard.....	2021	90,837	64,214	246,770
Military Construction, Army Reserve.....	2021	83,795	88,337	77,411
Military Construction, Navy Reserve.....	2021	93,714	70,995	84,804
Military Construction, Air Force Reserve.....	2021	48,117	23,117	104,574
North Atlantic Treaty Organization Security Investment Program.....	2021	173,030	173,030	205,853
Family Housing Construction, Army.....	2021	119,400	119,400	99,849
Family Housing Operation and Maintenance, Army.....	2021	393,142	352,342	391,227
Family Housing Construction, Navy and Marine Corps.....	2021	42,897	42,897	77,616
Family Housing Operation and Maintenance, Navy and Marine Corps.....	2021	371,493	346,493	357,341
Family Housing Construction, Air Force.....	2021	97,214	97,214	115,716
Family Housing Operation and Maintenance, Air Force.....	2021	326,021	317,021	325,445
Family Housing Operation and Maintenance, Defense-Wide.....	2021	54,728	54,728	49,785
Department of Defense Family Housing Improvement Fund.....	2021	5,897	5,897	6,081
Department of Defense Military Unaccompanied Housing Improvement Fund.....	2021	600	600	494
Base Realignment and Closure Account.....	2021	322,868	480,447	564,639
Dept. of Veterans Affairs, Major Construction.....	done each yr.		1,316,000	1,611,000
Dept. of Veterans Affairs, Major Leases.....	done each yr.		92,630	283,381
Armed Forces Retirement Home.....	2021	70,300	75,300	77,000

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 Pursuant to cl. 3(c)(6) of rule XIII of the Rules of the House of Representatives—

The following hearings were used to develop or consider the Military Construction, Department of Veterans Affairs, and Related Agencies Appropriations Act, 2022:

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on February 16, 2021, entitled “Oversight of Military Privatized Housing”. The Subcommittee received testimony from:

Mr. Paul Cramer, Principal Deputy Assistant Secretary of Defense for Sustainment (Installations)

Ms. Elizabeth A. Field, Director, Defense Capabilities Management, Government Accountability Office (GAO)

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on February 19, 2021, entitled “Department of Veterans Affairs COVID 19 Response”. The Subcommittee received testimony from:

Dr. Richard Stone, Acting Under Secretary for Health, Veterans Health Administration accompanied by:

Dr. Kameron L. Matthews, Assistant Under Secretary for Health for Clinical Services, Veterans Health Administration

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on March 5, 2021, entitled “Status of Department of Veterans Affairs Infrastructure”. The Subcommittee received testimony from:

Mr. Tony Costa, Deputy Executive Director, Construction & Facilities Management, Department of Veterans Affairs

Mr. Edward Litvin, Deputy to the Assistant Under Secretary for Health for Administrative Operations, Veterans Health Administration

Mr. Brett Simms, Executive Director, Office of Asset and Enterprise Management, Department of Veterans Affairs

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on March 9, 2021, entitled “Challenges Facing Veterans in Accessing Fertility Services”. The Subcommittee received testimony from:

Ms. Barbara Collura, President CEO, RESOLVE: The National Infertility Association

Ms. Maureen Elias, Associate Legislative Director of Government Relations, Paralyzed Veterans of America

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on March 12, 2021, entitled “VA Specialty Healthcare: Oversight of Women’s Health, Mental Health, and Suicide Prevention, Whole Health and Homelessness”. The Subcommittee received testimony from:

Dr. David Carroll, Executive Director, Mental Health Operations, Veterans Health Administration

Ms. Laura Duke, Chief Financial Officer, Veterans Health Administration

Dr. Patricia M. Hayes, Chief Consultant, Women's Health Services, Veterans Health Administration

Dr. Kameron L. Matthews, Assistant Under Secretary for Health for Clinical Services, Veterans Health Administration

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on March 24, 2021, entitled "Remediation and Impact of PFAS". The Subcommittee received testimony from:

Mr. Mark Correll, Deputy Assistant Secretary of the Department of the Air Force (Environment, Safety and Infrastructure)

Mr. Paul Cramer, Principal Deputy Assistant Secretary of Defense for Sustainment (Installations), Department of Defense

Dr. Patricia R. Hastings, Chief Consultant, Post Deployment Health Services, Veterans Health Administration

Dr. Terry Rauch, Director of Medical Research and Development, Department of Defense

Ms. Erin Brockovich, Environmental Activist, Consumer Advocate, and President of Brockovich Research and Consulting

Dr. Jamie DeWitt, Associate Professor, East Carolina University, Department of Pharmacology & Toxicology, Brody School of Medicine

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on April 15, 2021, entitled "FY 2022 Budget Hearing: Department of Veterans Affairs". The Subcommittee received testimony from:

The Honorable Denis R. McDonough, Secretary, Department of Veterans Affairs, accompanied by:

Mr. Jon Rychalski, Assistant Secretary for Management and Chief Financial Officer, Department of Veterans Affairs

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on May 5, 2021, entitled "Related Agencies—The Year Ahead". The Subcommittee received testimony from:

The Honorable Margaret Bartley, Chief Judge, United States Court of Appeals for Veterans Claims

Mr. Robert J. Dalessandro, Acting Secretary, American Battle Monuments Commission

Ms. Karen Durham-Aguilera, Executive Director, Army National Military Cemeteries, Arlington National Cemetery

Major General Stephen T. Rippe (Ret.), Chief Executive Officer, Armed Forces Retirement Home

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on May 13, 2021, entitled "Navy and Marine Corps Quality of Life and Installations Update". The Subcommittee received testimony from:

Sergeant Major Troy Black, Sergeant Major of the Marine Corps
Lieutenant General Charles Chiarotti, Deputy Commandant, Installations and Logistics

Mr. Todd L. Schafer, Acting Assistant Secretary of the Navy for Environment, Installations and Energy

Master Chief Petty Officer Russell Smith, Master Chief Petty Officer of the Navy

Vice Admiral Ricky Williamson, Deputy Chief of Naval Operations for Fleet Readiness and Logistics

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on May 18, 2021, entitled “Air Force Quality of Life and Installations Update”. The Subcommittee received testimony from:

Chief Master Sergeant Joanne Bass, Chief Master Sergeant of the Air Force

Brigadier General William Kale, Air Force Director of Civil Engineers

Ms. Jennifer Miller, Acting Secretary of the Air Force for Installations, Environment and Energy

Chief Master Sergeant Roger Towberman, Chief Master Sergeant of the Space Force

The Subcommittee on Military Construction, Department of Veterans Affairs, and Related Agencies held a hearing on May 20, 2021, entitled “Member Day”. The Subcommittee received testimony from:

The Honorable Veronica Escobar, 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 May 24, 2021, entitled “Army Quality of Life and Installations Update”. The Subcommittee received testimony from:

Lieutenant General Jason T. Evans, Deputy Chief of Staff of the Army, G9

Sergeant Major Michael A. Grinston, Sergeant Major of the Army

Mr. J. E. “Jack” Surash, Acting Assistant Secretary of the Army for Installations, Energy and Environment

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:

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

ALABAMA		
ARMY		
REDSTONE ARSENAL		
PROPULSION SYSTEMS LAB.....	55,000	55,000
ANNISTON ARMY DEPOT		
WELDING FACILITY.....	---	25,000
TOTAL ALABAMA.....	55,000	80,000

ALASKA		
AIR FORCE		
JB ELMENDORF-RICHARDSON		
EXTEND RUNWAY 16/34, (INC. 1).....	79,000	79,000
TOTAL, ALASKA.....	79,000	79,000

ARIZONA		
AIR FORCE		
DAVIS-MONTHAN AFB		
SOUTH WILMOT GATE.....	13,400	13,400
LUKE AFB		
F-35A ADAL AMU FACILITY SQUADRON #6.....	28,000	28,000
F-35A SQUADRON OPERATIONS FACILITY #6.....	21,000	21,000
TOTAL, ARIZONA.....	62,400	62,400

CALIFORNIA		
ARMY		
FORT IRWIN		
SIMULATIONS CENTER.....	52,000	52,000
NAVY		
CAMP PENDLETON		
I MEF CONSOLIDATED INFORMATION CENTER (INC. 3)....	19,869	19,869
LEMOORE		
F-35C HANGAR 6 PHASE 2 (MOD 3/4) (INC. 2).....	75,070	50,000
SAN DIEGO ANGVS		
PIER 6 REPLACEMENT (INC. 2).....	50,000	50,000
SEAL BEACH		
MISSILE MAGAZINES (INC. 2).....	10,840	10,840
SAN NICHOLAS ISLAND		
DIRECTED ENERGY WEAPONS TEST FACILITIES.....	19,907	19,907
AIR FORCE		
EDWARDS AFB		
FLIGHT TEST ENGINEERING LAB COMPLEX.....	4,000	4,000
VANDENBERG AFB		
GBSD RE-ENTRY VEHICLE FACILITY.....	48,000	48,000
GBSD STAGE PROCESSING FACILITY.....	19,000	19,000
DEFENSE-WIDE		
CAMP PENDLETON		
VETERINARY TREATMENT FACILITY REPLACEMENT.....	13,600	13,600
CORONADO		
SOF ATC OPERATIONS SUPPORT FACILITY.....	21,700	21,700
SOF NSWG11 OPERATIONS SUPPORT FACILITY.....	12,000	12,000
TOTAL, CALIFORNIA.....	345,986	320,916

COLORADO		
DEFENSE-WIDE		
BUCKLEY AFB		
JCC EXPANSION.....	20,000	20,000
TOTAL, COLORADO.....	20,000	20,000

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

CONNECTICUT		
ARMY NATIONAL GUARD		
PUTNAM		
NATIONAL GUARD READINESS CENTER.....	17,500	17,500
TOTAL, CONNECTICUT.....	17,500	17,500
DELAWARE		
AIR NATIONAL GUARD		
NEW CASTLE COUNTY AIRPORT		
FUEL CELL AND CORRSION AND CONTROL HANGER.....	---	17,500
TOTAL, DELAWARE.....	---	17,500
DISTRICT OF COLUMBIA		
AIR FORCE		
JB ANACOSTIA BOLLING		
JOINT AIR DEFENSE OPERATIONS CENTER PHASE II.....	24,000	24,000
TOTAL, DISTRICT OF COLUMBIA.....	24,000	24,000
FLORIDA		
AIR FORCE RESERVE		
HOMESTEAD AFS		
CORROSION CONTROL FACILITY.....	14,000	14,000
PATRICK AFB		
SIMULATOR C-130J.....	18,500	18,500
TOTAL, FLORIDA.....	32,500	32,500
GEORGIA		
ARMY		
FORT GORDON		
CYBER INSTRUCTIONAL FAC (ADMIN/CDM), (INC. 2)....	69,000	69,000
DEFENSE-WIDE		
FORT BENNING		
SOF BATTALION HEADQUARTERS FACILITY.....	62,000	62,000
ARMY NATIONAL GUARD		
FORT BENNING		
POST-INITIAL MIL. TRAINING UNACCOMP. HOUSING.....	13,200	13,200
TOTAL, GEORGIA.....	144,200	144,200
HAWAII		
ARMY		
WEST LOCH NAV MAG ANNEX		
AMMUNITION STORAGE.....	51,000	51,000
DEFENSE-WIDE		
JOINT BASE PEARL HARBOR-HICKAM		
VETERUNARY TREATMENT FACILITY REPLACEMENT.....	29,800	29,800
TOTAL, HAWAII.....	80,800	80,800
IDAHO		
ARMY NATIONAL GUARD		
JEROME		
NATIONAL GUARD READINESS CENTER.....	15,000	15,000
AIR NATIONAL GUARD		
GOWEN FIELD		
MEDICAL TRAINING FACILITY.....	---	6,500
TOTAL, IDAHO.....	15,000	21,500

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

ILLINOIS		
ARMY NATIONAL GUARD		
BLOOMINGTON		
NATIONAL GUARD VEHICLE MAINTENANCE SHOP.....	15,000	15,000
TOTAL, ILLINOIS.....	15,000	15,000

KANSAS		
ARMY NATIONAL GUARD		
TOPEKA		
NATIONAL GUARD/RESERVE CENTER BUILDING.....	16,732	16,732
TOTAL, KANSAS.....	16,732	16,732

LOUISIANA		
ARMY		
FORT POLK		
JOINT OPERATIONS CENTER.....	55,000	55,000
AIR FORCE		
BARKSDALE AFB		
WEAPONS GENERATION FACILITY, (INC.1).....	40,000	40,000
ENTRANCE ROAD AND GATE COMPLEX.....	---	36,000
ARMY NATIONAL GUARD		
LAKE CHARLES		
NATIONAL GUARD READINESS CENTER.....	18,500	18,500
TOTAL, LOUISIANA.....	113,500	149,500

MAINE		
NAVY		
KITTERY		
MULTI-MISSION DRYDOCK #1 EXTENSION (INC. 2).....	250,000	250,000
ARMY NATIONAL GUARD		
SACO		
NATIONAL GUARD VEHICLE MAINTENANCE SHOP	21,200	21,200
TOTAL, MAINE.....	271,200	271,200

MARYLAND		
ARMY		
FORT MEADE		
BARRACKS.....	81,000	81,000
AIR FORCE		
JOINT BASE ANDREWS		
FIRE CRASH RESCUE STATION.....	26,000	26,000
DEFENSE-WIDE		
BETHESDA NAVAL HOSPITAL		
MEDCEN ADDITION/ALTERATION, (INC. 5).....	153,233	153,233
FORT MEADE		
NSAW RECAP BUILDNG 4, (INC. 1).....	104,100	104,100
NSAW MISSION OPS AND RECORDS CENTER (INC. 1).....	94,000	94,000
SOF OPERATIONS FACILITY.....	100,000	100,000
TOTAL, MARYLAND.....	558,333	558,333

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

MASSACHUSETTS		
AIR FORCE		
HANSCOM AFB		
NC3 ACQUISITIONS MANAGEMENT FACILITY.....	66,000	66,000
AIR NATIONAL GUARD		
BARNES MAP		
COMBINED ENGINE/ASE/NDI SHOP.....	12,200	12,200
TOTAL, MASSACHUSETTS.....	78,200	78,200

MICHIGAN		
ARMY RESERVE		
SOUTHFIELD		
AREA MAINTENANCE SUPPORT ACTIVITY.....	12,000	12,000
NAVY RESERVE		
BATTLE CREEK		
RESERVE CENTER & VEHICLE MAINTENANCE FACILITY.....	49,090	49,090
AIR NATIONAL GUARD		
ALPENA COUNTY REGIONAL AIRPORT		
AIRCRAFT MAINTENANCE HANGAR/SHOPS.....	23,000	23,000
W.K. KELLOG REGIONAL AIRPORT		
CONSTRUCT MAIN BASE ENTRANCE.....	10,000	10,000
TOTAL, MICHIGAN.....	94,090	94,090

MINNESOTA		
NAVY RESERVE		
MINNEAPOLIS		
JOINT RESERVE INTELLIGENCE CENTER.....	14,350	14,350
AIR FORCE RESERVE		
MINNEAPOLIS-ST PAUL IAP		
MISSION SUPPORT GROUP FACILITY.....	14,000	14,000
TOTAL, MINNESOTA.....	28,350	28,350

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

MISSISSIPPI		
ARMY NATIONAL GUARD		
CAMP SHELBY		
MOBILIZATION AND ANNUAL TRAINING EQUIPMENT SITE		
(MATES).....	---	15,500
AIR NATIONAL GUARD		
JACKSON IAP		
FIRE CRASH AND RESCUE STATION.....	9,300	9,300
TOTAL, MISSISSIPPI.....	9,300	24,800

MISSOURI		
DEFENSE-WIDE		
FORT LEONARD WOOD		
HOSPITAL REPLACEMENT (INC. 4).....	160,000	160,000
TOTAL, MISSOURI.....	160,000	160,000

MONTANA		
ARMY NATIONAL GUARD		
BUTTE		
NATIONAL GUARD READINESS CENTER.....	16,000	16,000
TOTAL, MONTANA.....	16,000	16,000

NEVADA		
NAVY		
FALLON		
TRAINING RANGE LAND ACQUISITION - PHASE 2.....	48,250	48,250
TOTAL, NEVADA.....	48,250	48,250

NEW MEXICO		
DEFENSE-WIDE		
KIRTLAND AFB		
ENVIRONMENTAL HEALTH FACILITY REPLACEMENT.....	8,600	8,600
TOTAL, NEW MEXICO.....	8,600	8,600

NEW YORK		
ARMY		
FORT HAMILTON		
INFORMATION SYSTEMS FACILITY.....	26,000	26,000
WATERVLIET ARSENAL		
ACCESS CONTROL POINT.....	20,000	20,000
FORT DRUM		
WELLFIED EXPANSION RESILIENCE PROJECT.....	---	27,000
AIR NATIONAL GUARD		
SCHENECTADY MUNICIPAL AIRPORT		
C-130 FLIGHT SIMULATOR FACILITY.....	10,800	10,800
AIR FORCE RESERVE		
NIAGARA FALLS IAP		
MAIN GATE.....	10,600	10,600
TOTAL, NEW YORK.....	67,400	94,400

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

NORTH CAROLINA		
NAVY		
CAMP LEJEUNE		
II MEF OPERATIONS CENTER REPLACEMENT (INC. 2).....	42,200	42,200
CHERRY POINT MARINE CORPS AIR STATION		
AIRCRAFT MAINTENANCE HANGAR.....	207,897	60,000
F-35 FLIGHTLINE UTILITES MODERNIZATION PH. 2.....	113,520	30,000
TOTAL, NORTH CAROLINA.....	363,617	132,200

NORTH DAKOTA		
ARMY NATIONAL GUARD		
DICKERSON		
NATIONAL GUARD READINESS CENTER.....	15,500	15,500
TOTAL, NORTH DAKOTA.....	15,500	15,500

OHIO		
AIR FORCE		
WRIGHT PATTERSON AFB		
CHILD DEVELOPMENT CENTER.....	---	24,000
ARMY RESERVE		
WRIGHT-PATTERSON AFB		
AR CENTER TRAINING BUILDING/UHS.....	19,000	19,000
AIR FORCE RESERVE		
YOUNGSTOWN AIR RESERVE STATION		
ASSAULT STRIP WIDENING.....	---	8,700
AIR NATIONAL GUARD		
CAMP PERRY		
RED HORSE LOGISTICS COMPLEX.....	7,800	7,800
TOTAL, OHIO.....	26,800	59,500

OKLAHOMA		
AIR FORCE		
TINKER AFB		
KC-46A 3-BAY DEPOT MAINTENANCE HANGAR.....	160,000	60,000
TOTAL, OKLAHOMA.....	160,000	60,000

PENNSYLVANIA		
ARMY		
LETTERKENNY ARMY DEPOT		
FIRE STATION.....	21,000	21,000
TOTAL, PENNSYLVANIA.....	21,000	21,000

SOUTH CAROLINA		
ARMY		
FORT JACKSON		
RECEPTION BARRACKS COMPLEX, PH2, (INC. 2).....	34,000	34,000
AIR NATIONAL GUARD		
MCENTIRE ANGCS		
F-16 MISSION TRAINING CENTER.....	9,800	9,800
TOTAL, SOUTH CAROLINA.....	43,800	43,800

SOUTH DAKOTA		
AIR FORCE		
ELLSWORTH AFB		
B-21 2-BAY LO RESTORATION FACILITY, (INC. 2).....	91,000	50,000
B-21 ADAL FLIGHT SIMULATOR.....	24,000	24,000
B-21 FIELD TRAINING DETACHMENT FACILITY.....	47,000	47,000
B-21 FORMAL TRAINING UNIT/AMU.....	70,000	70,000

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

B-21 MISSION OPERATIONS PLANNING FACILITY.....	36,000	36,000
B-21 WASHRACK & MAINTENANCE HANGAR.....	65,000	65,000
AIR NATIONAL GUARD		
JOE FOSS FIELD		
F-16 MISSION TRAINING CENTER.....	9,800	9,800
TOTAL, SOUTH DAKOTA.....	342,800	301,800

TEXAS		
ARMY		
CAMP BULLIS		
VEHICLE MAINTENANCE SHOP.....	---	10,000
AIR FORCE		
JOINT BASE SAN ANTONIO		
BMT RECRUIT DORMITORY 7.....	141,000	40,000
BMT RECRUIT DORMITORY 8 (INC. 3).....	31,000	31,000
LACKLAND AFB		
CHILD DEVELOPMENT CENTER.....	---	22,000
SHEPPARD AFB		
CHILD DEVELOPMENT CENTER.....	20,000	20,000
DEFENSE-WIDE		
JOINT BASE SAN ANTONIO		
AMBULATORY CARE CENTER PHASE 4.....	35,000	35,000
TOTAL, TEXAS.....	227,000	158,000

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

UTAH		
AIR FORCE		
HILL AFB		
GBSD ORGANIC SOFTWARE SUSTAIN CENTER (INC. 2)....	31,000	31,000
TOTAL, UTAH.....	31,000	31,000

VIRGINIA		
NAVY		
NORFOLK		
SUBMARINE PIER 3 (INC. 2).....	88,923	88,923
PORTSMOUTH		
DRY DOC SALTWATER SYSTEM FOR CVN-78.....	156,380	30,000
QUANTICO		
VEHICLE INSPECTION AND VISITOR CONTROL CENTER....	42,850	42,850
WARGAMING CENTER (INC. 2).....	30,500	30,500
DEFENSE-WIDE		
FORT BELVOIR		
VETERINARY TREATMENT FACILITY REPLACEMENT.....	29,800	29,800
PENTAGON		
CONSOLIDATED MAINTENANCE COMPLEX (RRMC).....	20,000	20,000
FORCE PROTECTION PERIMETER ENHANCEMENTS.....	8,608	8,608
PUBLIC WORKS SUPPORTS FACILITY.....	21,935	21,935
ARMY NATIONAL GUARD		
TROUTVILLE		
COMBINED SUPPORT MAINTENANCE SHOP ADDITION.....	6,900	6,900
NATIONAL GUARD READINESS CENTER ADDITION.....	6,100	6,100
TOTAL, VIRGINIA.....	411,996	285,616

WASHINGTON		
DEFENSE-WIDE		
OAK HARBOR		
ACC/DENTAL CLINIC	59,000	59,000
TOTAL, WASHINGTON.....	59,000	59,000

WISCONSIN		
ARMY RESERVE		
FORT MCCOY		
TRANSIENT TRAINING BN HQ.....	12,200	12,200
AIR NATIONAL GUARD		
TRUAX FIELD		
F-35 3-BAY SPECIALIZED HANGAR.....	31,000	31,000
MEDICAL READINESS FACILITY.....	13,200	13,200
TOTAL, WISCONSIN.....	56,400	56,400

WYOMING		
AIR NATIONAL GUARD		
CHEYENNE MAP		
COMBINED VEHICLE MAINTENANCE & ASE COMPLEX.....	13,400	13,400
TOTAL, WYOMING.....	13,400	13,400

AUSTRALIA		
AIR FORCE		
DARWIN		
SQUADRON OPERATIONS FACILITY.....	7,400	7,400
TINDAL		
AIRCRAFT MAINTENANCE SUPPORT FACILITY.....	6,200	6,200
SQUADRON OPERATIONS FACILITY.....	8,200	8,200
TOTAL, AUSTRALIA.....	21,800	21,800

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

BELGIUM		
ARMY		
SHAPE HQ		
COMMAND AND CONTROL FACILITY.....	16,000	16,000
DEFENSE-WIDE		
CHIEVRES AB		
EUROPE WEST DISTRICT SUPERINTENDENT'S OFFICE.....	15,000	15,000
TOTAL, BELGIUM.....	31,000	31,000

GERMANY		
ARMY		
EAST CAMP GRAFENWOEHR		
EDI: BARRACKS AND DINNING FACILITY	103,000	50,000
SMITH BARRACKS		
INDOOR SMALL ARMS RANGE.....	17,500	17,500
LIVE FIRE EXERCISE SHOOTHOUSE.....	16,000	16,000
AIR FORCE		
SPANGDAHLEM AB		
F/A-22 LO/COMPOSITE REPAIR FACILITY.....	22,625	22,625
DEFENSE-WIDE		
RAMSTEIN AB		
RAMSTEIN MIDDLE SCHOOL.....	93,000	93,000
TOTAL, GERMANY.....	252,125	199,125

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

GREECE		
NAVY		
SOUDA BAY		
EDI: JOINT MOBILITY PROCESSING CENTER.....	41,650	---
TOTAL, GREECE.....	41,650	---

GUAM		
NAVY		
ANDERSEN AFB		
AVIATION ADMIN BUILDING.....	50,890	50,890
JOINT REGION MARIANAS		
BACHELOR ENLISTED QUARTERS H (INC. 2).....	43,200	43,200
4TH MARINES REGIMENT FACILITIES.....	109,507	80,000
COMBAT LOGISTICS BATTALION-4 FACILITY.....	92,710	92,710
CONSOLIDATED ARMORY.....	43,470	43,470
INFANTRY BATTALION COMPANY HQ.....	44,100	44,100
MARINE EXPEDITIONARY BRIGADE ENABLERS.....	66,830	66,830
PRINCIPAL END ITEM (PEI) WAREHOUSE.....	47,110	47,110
X-RAY WHARF BERTH 2.....	103,800	51,900
JOINT COMMUNICATION UPGRADE (INC. 2).....	84,000	84,000
AIR FORCE		
JOINT REGION MARIANAS		
AIRFIELD DAMAGE REPAIR WAREHOUSE.....	30,000	30,000
HAYMAN MUNITIONS STORAGE IGLOOS, HSA2.....	9,824	9,824
MUNITIONS STORAGE IGLOOS IV.....	55,000	55,000
ARMY NATIONAL GUARD		
BARRIGADA		
NATIONAL GUARD READINESS CENTER ADDITION.....	34,000	34,000
TOTAL, GUAM.....	814,441	733,034

HUNGARY		
AIR FORCE		
KECSKEMET AIR BASE		
ERI: CONSTRUCT PARALLEL TAXIWAY.....	38,650	38,650
ERI: CONSTRUCT AIRFIELD UPGRADES.....	20,564	20,564
TOTAL, HUNGARY.....	59,214	59,214

JAPAN		
NAVY		
YOKOSUKA		
PIER 5 (BERTHS 2 AND 3) (INC. 3).....	15,292	15,292
SHIP HANDLING & COMBAT TRAINING FACILITIES.....	49,900	49,900
AIR FORCE		
KADENA AIR BASE		
AIRFIELD DAMAGE REPAIR FACILITY.....	38,000	38,000
HELICOPTER RESCUE OPS MAINTENANCE HANGAR.....	168,000	44,000
REPLACE MUNITIONS STRUCTURES.....	26,100	26,100
MISAWA AIR BASE		
AIRFIELD DAMAGE REPAIR FACILITY.....	25,000	25,000
YOKOTA AB		
CONSTRUCT CATM FACILITY.....	25,000	25,000
C-130J CORROSION CONTROL HANGAR.....	67,000	67,000
DEFENSE-WIDE		
IWAKUNI		
FUEL PIER.....	57,700	57,700
KADENA AIR BASE		
TRUCK UNLOAD FACILITIES.....	22,300	22,300
OPERATIONS SUPPORT FACILITY.....	24,000	24,000
MISAWA AIR BASE		
ADDITIVE INJECTION PUMP AND STORAGE SYSTEM.....	6,000	6,000

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

YOKOTA AB		
HANGAR/AMU.....	108,253	23,000
TOTAL, JAPAN.....	632,545	423,292
PUERTO RICO		
DEFENSE-WIDE		
PUNTA BORINQUEN		
RAMEY UNIT SCHOOL REPLACEMENT.....	84,000	84,000
TOTAL, PUERTO RICO.....	84,000	84,000
SPAIN		
AIR FORCE		
MORON		
EDI: HOT CARGO PAD.....	8,542	8,542
TOTAL, SPAIN.....	8,542	8,542

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

UNITED KINGDOM		
AIR FORCE		
RAF FAIRFORD		
EDI: CONSTRUCT DABS-FEV STORAGE.....	94,000	94,000
ROYAL AIR FORCE LAKENHEATH		
F-35A MUNITION INSPECTION FACILITY.....	31,000	31,000
F-35A WEAPONS LOAD TRAINING FACILITY.....	49,000	49,000
DEFENSE-WIDE		
RAF LAKENHEALTH		
HOSPITAL REPLACEMENT-TEMPORARY FACILITIES.....	19,283	19,283
MENWITH HILL STATION		
RAFMH MAIN GATE REHABILITATION.....	20,000	20,000
TOTAL, UNITED KINGDOM.....	213,283	213,283

WORLDWIDE CLASSIFIED		
ARMY		
FORWARD OPERATING SITE.....	31,000	31,000
TOTAL, WORLDWIDE CLASSIFIED.....	31,000	31,000

NATO SECURITY INVESTMENT PROGRAM.....	205,853	205,853

WORLDWIDE UNSPECIFIED		
ARMY		
HOST NATION SUPPORT.....	27,000	27,000
PLANNING AND DESIGN.....	124,649	154,649
MINOR CONSTRUCTION.....	35,543	60,543
SUBTOTAL, ARMY.....	187,192	242,192

NAVY		
PLANNING AND DESIGN.....	363,252	413,252
MINOR CONSTRUCTION.....	56,435	81,435
SUBTOTAL, NAVY.....	419,687	494,687

AIR FORCE		
PLANNING AND DESIGN.....	229,301	279,301
MINOR CONSTRUCTION.....	58,884	83,884
SUBTOTAL, AIR FORCE.....	288,185	363,185

DEFENSE-WIDE		
ENERGY RESILIENCE AND CONSERVATION INVESTMENT PROGRAM.....	246,600	382,980
PLANNING AND DESIGN		
DEFENSE-WIDE.....	14,194	14,194
DEFENSE-WIDE ERCIP.....	40,150	40,150
DEFENSE INTELLIGENCE AGENCY.....	11,000	11,000
DEFENSE LOGISTICS AGENCY.....	20,862	20,862
DEFENSE HEALTH AGENCY.....	35,099	35,099
DEPARTMENT OF DEFENSE EDUCATION AGENCY.....	13,317	13,317
NATIONAL SECURITY AGENCY.....	83,840	83,840
SPECIAL OPERATIONS COMMAND.....	20,576	20,576
THE JOINT STAFF.....	2,000	2,000
WASHINGTON HEADQUARTERS SERVICES.....	5,275	5,275
INDOPACOM.....	---	15,000
SUBTOTAL, DEFENSE-WIDE.....	492,913	644,293

UNSPECIFIED MINOR CONSTRUCTION		
DEFENSE-WIDE		

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
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DEFENSE-WIDE.....	3,000	3,000
DEFENSE LOGISTICS AGENCY.....	6,668	6,668
DEPARTMENT OF DEFENSE EDUCATION AGENCY.....	8,000	8,000
MISSILE DEFENSE AGENCY.....	4,435	4,435
NATIONAL SECURITY AGENCY.....	12,000	12,000
U.S., SPECIAL OPERATIONS COMMAND.....	21,746	21,746
THE JOINT STAFF.....	5,615	5,615
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SUBTOTAL, UNSPECIFIED MINOR CONSTRUCTION.....	61,464	61,464
ARMY NATIONAL GUARD		
PLANNING AND DESIGN.....	22,000	72,000
MINOR CONSTRUCTION.....	39,471	52,471
AIR NATIONAL GUARD		
PLANNING AND DESIGN.....	18,402	28,402
MINOR CONSTRUCTION.....	29,068	44,068
ARMY RESERVE		
PLANNING AND DESIGN.....	7,167	12,167
MINOR CONSTRUCTION.....	14,544	22,044
NAVY RESERVE		
PLANNING AND DESIGN.....	6,005	13,005
MINOR CONSTRUCTION.....	2,359	8,359
AIR FORCE RESERVE		
PLANNING AND DESIGN.....	5,830	12,330
MINOR CONSTRUCTION.....	15,444	26,444
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SUBTOTAL, WORLDWIDE UNSPECIFIED.....	2,131,223	2,898,603

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

FAMILY HOUSING, ARMY		
ITALY		
VICENZA		
FAMILY HOUSING NEW CONSTRUCTION	92,304	92,304
PLANNING AND DESIGN	7,545	7,545
SUBTOTAL, CONSTRUCTION	99,849	99,849
OPERATION AND MAINTENANCE		
UTILITIES ACCOUNT	43,772	43,772
SERVICES ACCOUNT	8,277	8,277
MANAGEMENT ACCOUNT	42,850	42,850
MISCELLANEOUS ACCOUNT	556	556
FURNISHINGS ACCOUNT	18,077	18,077
LEASING	128,110	128,110
MAINTENANCE OF REAL PROPERTY	111,181	111,181
PRIVATIZATION SUPPORT COSTS	38,404	38,404
SUBTOTAL, OPERATIONS AND MAINTENANCE	391,227	391,227

FAMILY HOUSING, NAVY AND MARINE CORPS		
JAPAN		
YOKOSUKA		
CONSTRUCTION PLANNING AND DESIGN	71,884	71,884
PLANNING AND DESIGN	3,634	3,634
PLANNING AND DESIGN FOR USMC/DPRI	2,098	2,098
SUBTOTAL, CONSTRUCTION	77,616	77,616
OPERATION AND MAINTENANCE		
UTILITIES ACCOUNT	56,271	56,271
SERVICES ACCOUNT	17,637	17,637
MANAGEMENT ACCOUNT	54,083	54,083
MISCELLANEOUS ACCOUNT	285	285
FURNISHINGS ACCOUNT	16,537	16,537
LEASING	62,567	62,567
MAINTENANCE OF REAL PROPERTY	95,417	95,417
PRIVATIZATION SUPPORT COSTS	54,544	54,544
SUBTOTAL, OPERATION AND MAINTENANCE	357,341	357,341

FAMILY HOUSING, AIR FORCE		
JAPAN		
YOKOTA AB		
CONSTRUCTION IMPROVEMENTS (45 UNITS)	49,258	49,258
WARNER ROBBINS AFB		
MHPI PROJECT RESTRUCTURE	6,000	6,000
OFFUTT AFB		
MHPI PROJECT RESTRUCTURE	50,000	50,000
PLANNING AND DESIGN	10,458	10,458
SUBTOTAL, CONSTRUCTION	115,716	115,716
OPERATION AND MAINTENANCE		
UTILITIES ACCOUNT	43,668	43,668
MANAGEMENT ACCOUNT	70,062	70,062
SERVICES ACCOUNT	8,124	8,124
FURNISHINGS ACCOUNT	26,842	26,842
MISCELLANEOUS ACCOUNT	2,200	2,200
LEASING	9,520	9,520
MAINTENANCE OF REAL PROPERTY	141,754	141,754
PRIVATIZATION SUPPORT COSTS	23,275	23,275
SUBTOTAL, OPERATION AND MAINTENANCE	325,445	325,445

FAMILY HOUSING, DEFENSE-WIDE		

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

OPERATION AND MAINTENANCE		
NATIONAL SECURITY AGENCY		
UTILITIES ACCOUNT.....	14	14
FURNISHINGS ACCOUNT.....	83	83
LEASING.....	13,387	13,387
MAINTENANCE OF REAL PROPERTY.....	49	49
DEFENSE INTELLIGENCE AGENCY		
UTILITIES ACCOUNT.....	4,166	4,166
FURNISHINGS ACCOUNT.....	656	656
LEASING.....	31,430	31,430
SUBTOTAL, OPERATION AND MAINTENANCE.....	49,785	49,785
DOD FAMILY HOUSING IMPROVEMENT FUND.....	6,081	6,081
DOD MILITARY UNACCOMPANIED HOUSING IMPROVEMENT FUND...	494	494
BASE REALIGNMENT AND CLOSURE		
BASE REALIGNMENT AND CLOSURE ACCOUNT	284,639	564,639
TOTAL, BASE REALIGNMENT AND CLOSURE.....	284,639	564,639

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE

ADMINISTRATIVE PROVISIONS		
UNFUNDED REQUIREMENTS - BARRACKS		
MILITARY CONSTRUCTION, ARMY (Sec. 130).....	---	90,200
MILITARY CONSTRUCTION, ARMY NATIONAL GUARD (Sec. 130).	---	24,800
MILITARY CONSTRUCTION, ARMY RESERVE (Sec. 130).....	---	122,200
-----	-----	-----
SUBTOTAL, UNFUNDED REQUIREMENTS - BARRACKS.....	---	237,200
MILITARY CONSTRUCTION, MILITARY INSTALLATION		
RESILIENCE (Sec. 128).....	---	100,000
CHILD DEVELOPMENT CENTERS (Sec. 129).....	---	147,000
MILITARY CONSTRUCTION, ARMY NATIONAL GUARD A		
TRANSFORMATION PLAN (Sec. 132).....	---	100,000
MILITARY CONSTRUCTION, NATURAL DISASTER (Sec.133).....	---	162,966
MILITARY CONSTRUCTION, NAVY AND MARINE CORPS - SIOP		
UNSPECIFIED WORLDWIDE (Sec. 131).....	---	225,000
COST TO COMPLETE PROJECTS - SERVICES		
MILITARY CONSTRUCTION, ARMY (Sec. 126).....	---	54,200
MILITARY CONSTRUCTION, AIR FORCE (Sec. 126).....	---	50,100
MILITARY CONSTRUCTION, ARMY RESERVE (Sec. 126)	---	14,000
FAMILY HOUSING CONSTRUCTION, ARMY (Sec. 126).....	---	31,500
-----	-----	-----
SUBTOTAL, COST TO COMPLETE PROJECT.....	---	149,800
ADMINISTRATIVE TOTAL.....	---	1,121,966
=====	=====	=====
GRAND TOTAL.....	9,847,031	10,918,400
=====	=====	=====

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 2021 and budget estimates presented for fiscal year 2022.

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE I - DEPARTMENT OF DEFENSE					
Military Construction, Army.....	628,900	834,692	898,692	+269,792	+64,000
Military Construction, Navy and Marine Corps.....	1,716,144	2,368,352	1,937,428	+221,284	-430,924
Military Construction, Air Force.....	616,156	2,102,690	1,893,690	+1,277,534	-209,000
Military Construction, Defense-Wide.....	2,041,909	1,957,289	2,023,416	-18,493	+66,127
Total, Active components.....	5,003,109	7,263,023	6,753,226	+1,750,117	-509,797
Military Construction, Army National Guard.....	349,437	257,103	335,603	-13,834	+78,500
Military Construction, Air National Guard.....	64,214	197,770	246,770	+182,556	+49,000
Military Construction, Army Reserve.....	88,337	64,911	77,411	-10,926	+12,500
Military Construction, Navy Reserve.....	70,995	71,804	84,804	+13,809	+13,000
Military Construction, Air Force Reserve.....	23,117	78,374	104,574	+81,457	+26,200
Total, Reserve components.....	596,100	669,962	849,162	+253,062	+179,200
North Atlantic Treaty Organization Security Investment Program.....	173,030	205,853	205,853	+32,823	---
Department of Defense Base Closure Account.....	480,447	284,639	564,639	+84,192	+280,000
Total, Military Construction.....	6,252,686	8,423,477	8,372,880	+2,120,194	-50,597
Family Housing Construction, Army.....	119,400	99,849	99,849	-19,551	---
Family Housing Operation and Maintenance, Army.....	352,342	391,227	391,227	+38,885	---
Family Housing Construction, Navy and Marine Corps.....	42,897	77,616	77,616	+34,719	---
Family Housing Operation and Maintenance, Navy and Marine Corps.....	346,493	357,341	357,341	+10,848	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Family Housing Construction, Air Force.....	97,214	115,716	115,716	+18,502	---
Family Housing Operation and Maintenance, Air Force...	317,021	325,445	325,445	+8,424	---
Family Housing Operation and Maintenance, Defense-Wide	54,728	49,785	49,785	-4,943	---
Department of Defense Military Housing Improvement Fund	5,897	6,081	6,081	+184	---
Improvement Fund.....	600	494	494	-106	---
Total, Family Housing.....	1,336,592	1,423,554	1,423,554	+86,962	---
Administrative Provisions					
Unfunded Requirements - Barracks:					
Military Construction, Army (Sec. 130).....	233,000	---	90,200	-142,800	+90,200
Military Construction, Navy and Marine Corps (Sec. 124).....	73,100	---	---	-73,100	---
Military Construction, Air Force (Sec. 124).....	60,000	---	---	-60,000	---
Military Construction, Army National Guard (Sec. 130)	49,835	---	24,800	-25,035	+24,800
Military Construction, Air National Guard (Sec. 124)	29,500	---	---	-29,500	---
Military Construction, Army Reserve (Sec. 130).....	---	---	122,200	+122,200	+122,200
Military Construction, Air Force Reserve (Sec. 124)....	25,000	---	---	-25,000	---
(rescission).....	-9,975	---	---	+9,975	---
Military Construction Defense-Wide (Sec. 126) (rescission).....	-29,838	---	---	+29,838	---
Family Housing Support and Management Costs (Sec.129)	60,000	---	---	-60,000	---
Military Construction, Military Installation Resilience (S. Sec. 128).....	15,000	---	100,000	+85,000	+100,000
Child Development Centers (Sec. 129).....	32,200	---	147,000	+114,800	+147,000
Military Construction, Defense-Wide (Sec 134)					

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
(rescission).....					
Military Construction, Army National Guard A	-131,000			+131,000	
Transformation Plan (Sec. 132).....			100,000	+100,000	+100,000
Military Construction, Natural Disaster (Sec. 133).....			162,966	+162,966	+162,966
Department of Defense Base Closure Account.....	-50,000			+50,000	
Military Construction, Navy and Marine Corps - SIOP	-48,000			+48,000	
Unspecified Worldwide (rescission).....					
Military Construction, Navy and Marine Corps - SIOP			225,000	+225,000	+225,000
Unspecified Worldwide (Sec. 131).....					
Subtotal, Unfunded Requirements - Services.....	308,822		972,166	+663,344	+972,166
Cost to Complete Projects - Services:					
Military Construction, Army (H. Sec. 126).....	48,000		54,200	+6,200	+54,200
Military Construction, Navy and Marine Corps (H. Sec. 126).....	37,700			-37,700	
Military Construction, Air Force (Sec. 126).....	75,700		50,100	-25,600	+50,100
Military Construction, Army Reserve (Sec. 126).....			14,000	+14,000	+14,000
Family Housing Construction, Army (H. Sec. 126).....	4,500		31,500	+27,000	+31,500
Subtotal, Cost to Complete Projects - Services..	165,900		149,800	-16,100	+149,800
Total, Administrative Provisions.....	474,722		1,121,966	+647,244	+1,121,966
Total, title I, Department of Defense.....	8,064,000	9,847,031	10,918,400	+2,854,400	+1,071,369
Appropriations.....	(8,332,813)	(9,847,031)	(10,918,400)	(+2,585,587)	(+1,071,369)
Rescissions.....	(-268,813)			(+268,813)	

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE II - DEPARTMENT OF VETERANS AFFAIRS					
Veterans Benefits Administration					
Compensation and pensions:					
Budget year appropriations.....	6,110,252	7,347,837	7,347,837	+1,237,585	---
Advance from prior year appropriations.....	118,246,975	130,227,650	130,227,650	+11,980,675	---
Subtotal, Compensation and pensions available in fiscal year 2022.....	124,357,227	137,575,487	137,575,487	+13,218,260	---
Advance appropriations, FY 2023.....	130,227,650	147,569,474	147,569,474	+17,341,824	---
Less appropriations from prior year advances.....	-118,246,975	-130,227,650	-130,227,650	-11,980,675	---
Total, Compensation and pensions appropriated in this bill.....	136,337,902	154,917,311	154,917,311	+18,579,409	---
Readjustment benefits:					
Advance from prior year appropriations.....	12,578,965	14,946,618	14,946,618	+2,367,653	---
Subtotal, Readjustment benefits available in fiscal year 2022.....	12,578,965	14,946,618	14,946,618	+2,367,653	---
Advance appropriations, FY 2023.....	14,946,618	8,906,851	8,906,851	-6,039,767	---
Less appropriations from prior year advances.....	-12,578,965	-14,946,618	-14,946,618	-2,367,653	---
Total, Readjustment benefits appropriated in this bill.....	14,946,618	8,906,851	8,906,851	-6,039,767	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request

Veterans insurance and indemnities:					
Budget year appropriations	2,148	---	---	-2,148	---
Advance from prior year appropriations.....	129,224	136,950	136,950	+7,726	---

Subtotal, Veterans insurance and indemnities available in fiscal year 2022.....	131,372	136,950	136,950	+5,578	---
Advance appropriations, FY 2023.....	136,950	109,865	109,865	-27,085	---
Less appropriations from prior year advances.....	-129,224	-136,950	-136,950	-7,726	---

Total, Veterans insurance and indemnities appropriated in this bill.....	139,098	109,865	109,865	-29,233	---

Veterans housing benefit program fund:					
Credit subsidy:					
Direct.....	-18,000	-41,000	-41,000	-23,000	---
Guaranteed.....	1,681,000	2,822,000	2,822,000	+1,141,000	---

Subtotal (Credit subsidy).....	1,663,000	2,781,000	2,781,000	+1,118,000	---

(Limitation on direct loans).....	(500)	(500)	(500)	---	---
Administrative expenses.....	204,400	229,500	229,500	+25,100	---
Vocational rehabilitation loans program account.....	34	3	3	-31	---
(Limitation on direct loans).....	(2,470)	(1,663)	(1,663)	(-807)	---
Administrative expenses.....	424	429	429	+5	---
Native American veteran housing loan program account..	1,186	1,186	1,400	+214	---
General operating expenses, VBA.....	3,180,000	3,423,000	3,419,400	+239,400	-3,600

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request

Total, Veterans Benefits Administration.....	156,472,662	170,369,145	170,365,759	+13,893,097	-3,386
Budget year appropriations.....	(11,161,444)	(13,782,955)	(13,779,569)	(+2,618,125)	(-3,386)
Advance appropriations, FY 2023.....	(145,311,218)	(156,586,190)	(156,586,190)	(+11,274,972)	---
Advances from prior year appropriations.....	(130,955,164)	(145,311,218)	(145,311,218)	(+14,356,054)	---
Veterans Health Administration					
Medical services (MS):					
Budget year appropriations.....	497,468	---	100,000	-397,468	+100,000
Advance from prior year appropriations.....	56,158,015	58,897,219	58,897,219	+2,739,204	---
Total, MS available in fiscal year 2022.....	56,655,483	58,897,219	58,997,219	+2,341,736	+100,000
Advance appropriations, FY 2023.....	58,897,219	70,323,116	70,323,116	+11,425,897	---
Medical community care (MCC)					
Budget year appropriations.....	1,380,800	3,269,000	3,269,000	+1,888,200	---
Advance from prior year appropriations.....	17,131,179	20,148,244	20,148,244	+3,017,065	---
Total, MCC available in fiscal year 2022.....	18,511,979	23,417,244	23,417,244	+4,905,265	---
Advance appropriations, FY 2023.....	20,148,244	24,156,659	24,156,659	+4,008,415	---
Medical support and compliance (MSC):					
Budget year appropriations.....	300,000	---	---	-300,000	---
Advance from prior year appropriations.....	7,914,191	8,403,117	8,403,117	+488,926	---
Total, MSC available in fiscal year 2022.....	8,214,191	8,403,117	8,403,117	+188,926	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Advance appropriations, FY 2023.....	8,403,117	9,673,409	9,673,409	+1,270,292	---
Medical facilities (MF):					
Budget year appropriations	150,000	---	---	-150,000	---
Advance from prior year appropriations.....	6,433,265	6,734,680	6,734,680	+301,415	---
Total, MF available in fiscal year 2022.....	6,583,265	6,734,680	6,734,680	+151,415	---
Advance appropriations, FY 2023.....	6,734,680	7,133,816	7,133,816	+399,136	---
Medical and prosthetic research.....	815,000	882,000	902,000	+87,000	+20,000
Medical care cost recovery collections:					
Offsetting collections.....	-4,403,000	-3,386,000	-3,386,000	+1,017,000	---
Appropriations (indefinite).....	4,403,000	3,386,000	3,386,000	-1,017,000	---
Medical Care Collections Fund (MCCF) (transfer out) (Sec. 214).....	(-784,000)	(-623,000)	(-623,000)	(+161,000)	---
Medical Community Care and Medical Services (by transfer) (Sec. 214).....	(784,000)	(623,000)	(623,000)	(-161,000)	---
VA medical funds (transfer out) (Sec. 219).....	(-322,932)	(-379,009)	(-379,009)	(-56,077)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
DoD-VA Joint Medical Facility Demonstration Fund (by transfer) (Sec. 219)	(322,932)	(379,009)	(379,009)	(+56,077)	---
MCCF to DoD-VA Joint Medical Facility Demonstration Fund (transfer out) (Sec. 221)	(-18,000)	(-17,000)	(-17,000)	(+1,000)	---
DoD-VA Joint Medical Facility Demonstration Fund (by transfer) (Sec. 221)	(18,000)	(17,000)	(17,000)	(-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	97,326,528	115,438,000	115,558,000	+18,231,472	+120,000
Budget year appropriations	(3,143,268)	(4,151,000)	(4,271,000)	(+1,127,732)	(+120,000)
Advance appropriations (FY 2023)	(94,183,260)	(111,287,000)	(111,287,000)	(+17,103,740)	---
Advances from prior year appropriations	(87,636,650)	(94,183,260)	(94,183,260)	(+6,546,610)	---
(By transfer)	(1,139,932)	(1,034,009)	(1,034,009)	(-105,923)	---
(transfer out)	(-1,139,932)	(-1,034,009)	(-1,034,009)	(+105,923)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request

National Cemetery Administration					
National Cemetery Administration.....	352,000	394,000	392,000	+40,000	-2,000
Departmental Administration					
General administration.....	365,911	401,200	396,911	+31,000	-4,289
Board of Veterans Appeals.....	196,000	228,000	228,000	+32,000	---
Information Technology Systems (IT Systems).....	4,912,000	4,842,800	4,842,800	-69,200	---
Veterans Electronic Health Record (EHR).....	2,627,000	2,663,000	2,637,000	+10,000	-26,000
Office of Inspector General.....	228,000	239,000	239,000	+11,000	---
Construction, major projects.....	1,316,000	1,611,000	1,611,000	+295,000	---
Construction, minor projects.....	390,000	553,000	553,000	+163,000	---
Grants for construction of State extended care facilities.....	90,000	---	90,000	---	+90,000
Grants for the construction of Veterans cemeteries.....	45,000	45,000	47,097	+2,097	+2,097
Asset Infrastructure Review Commission.....	---	5,000	5,000	+5,000	---

Total, Departmental Administration.....	10,169,911	10,588,000	10,649,808	+479,897	+61,808

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Administrative Provisions					
Medical Support and Compliance (rescission) (Sec. 254)	-15,000	---	---	+15,000	---
DOD-VA Health Care Sharing Incentive Fund (Sec. 253) (rescission)	---	---	---	---	---
Veterans Electronic Health Record (Sec. 254) (rescission)	-20,000	---	---	+20,000	---
Medical and Prosthetic Research (Sec. 254) (rescission)	-20,000	---	---	+20,000	---
Board of Veterans Appeals (Sec. 253) (rescission)	---	---	---	---	---
National Cemetery Administration (Sec. 253) (rescission)	---	---	---	---	---
Medical Services (Sec. 254) (rescission)	-100,000	---	---	+100,000	---
Information Technology Systems (Sec. 254) (rescission)	-37,500	---	---	+37,500	---
General Administration (Sec. 254) (rescission)	-12,000	---	---	+12,000	---
General Operating Expenses, VBA (Sec. 254) (rescission)	-16,000	---	---	+16,000	---
Construction, Minor Projects (Sec. 254) (rescission)	-35,700	---	---	+35,700	---
Total, Administrative Provisions	-256,200	---	---	+256,200	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Total, title II, Department of Veterans Affairs.	264,064,901	296,789,145	296,965,567	+32,900,666	+176,422
Budget year appropriations.....	(24,826,623)	(28,915,955)	(29,092,377)	(+4,266,754)	(+176,422)
Rescissions.....	(-256,200)	---	---	(+256,200)	---
Advance Appropriations, FY23:					
(Mandatory).....	(145,311,218)	(156,586,190)	(156,586,190)	(+11,274,972)	---
(Discretionary).....	(94,183,260)	(111,287,000)	(111,287,000)	(+17,103,740)	---
(By transfer).....	(1,139,932)	(1,034,009)	(1,034,009)	(-105,923)	---
(Transfer out).....	(-1,139,932)	(-1,034,009)	(-1,034,009)	(+105,923)	---
(Limitation on direct loans).....	(2,970)	(2,163)	(2,163)	(-807)	---
Advances from prior year 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)	---
Total, available this fiscal year.....	243,162,237	268,410,433	268,586,855	+25,424,618	+176,422
(Mandatory).....	(138,730,564)	(155,440,055)	(155,440,055)	(+16,709,491)	---
(Discretionary).....	(104,431,673)	(112,970,378)	(113,146,800)	(+8,715,127)	(+176,422)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE III - RELATED AGENCIES					
American Battle Monuments Commission					
Salaries and expenses.....	84,100	84,800	88,100	+4,000	+3,300
U.S. Court of Appeals for Veterans Claims					
Salaries and expenses.....	37,100	41,700	41,700	+4,600	---
Department of Defense - Civil					
Cemeterial Expenses, Army					
Salaries and expenses.....	81,815	87,000	87,000	+5,185	---
Construction.....	---	141,000	141,000	+141,000	---
Total, Cemeterial Expenses, Army.....	81,815	228,000	228,000	+146,185	---
Armed Forces Retirement Home - Trust Fund					
Operation and maintenance.....	44,300	43,000	43,000	-1,300	---
Capital program.....	9,000	7,300	9,000	---	+1,700
Payment from General Fund.....	22,000	25,000	25,000	+3,000	---
Total, Armed Forces Retirement Home.....	75,300	75,300	77,000	+1,700	+1,700
Total, title III, Related Agencies.....	278,315	429,800	434,800	+156,485	+5,000

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request

TITLE IV - OVERSEAS CONTINGENCY OPERATIONS					
Overseas Contingency Operations					
European Deterrence / Reassurance Initiative					
Military Construction, Army.....	16,111	---	---	-16,111	---
Military Construction, Navy and Marine Corps.....	70,020	---	---	-70,020	---
Military Construction, Air Force.....	263,869	---	---	-263,869	---
Military Construction, Defense-Wide.....	---	---	---	---	---
Subtotal, European Deterrence / Reassurance Initiative.....	350,000	---	---	-350,000	---
Total, Overseas Contingency Operations.....	350,000	---	---	-350,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE V - GENERAL PROVISIONS					
Medical Services (Sec. 514) (transfer out) (emergency)					
Veterans Benefits Administration, General Operating Expenses (Sec. 514) (by transfer) (emergency).....	(-167,000)			(+167,000)	
National Cemetery Administration (Sec. 514) (by transfer) (emergency).....	(140,000)			(-140,000)	
Board of Veterans Appeals (Sec. 514) (by transfer) (emergency).....	(26,000)			(-26,000)	
Medical Services transfer out (Sec.515) (emergency)....	(1,000)			(-1,000)	
Veterans Benefits Administration, General Operating Expenses (Sec. 515) (by transfer) (emergency).....	(-243,000)			(+243,000)	
Information Technology Systems (Sec.515) (by transfer) (emergency).....	(198,000)			(-198,000)	
Medical Services transfer out (Sec. 517) (emergency)..	(45,000)			(-45,000)	
Medical Community Care (Sec. 517) (by transfer) (emergency).....	(-100,000)			(+100,000)	
	(100,000)			(-100,000)	
=====					
Total, title V, General Provisions.....					
=====					

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
OTHER APPROPRIATIONS					
CONTINUING APPROPRIATIONS ACT, 2021 AND OTHER EXTENSIONS ACT (P.L. 116-159 DIV A)					
Medical Services transfer to Canteen Service Revolving Fund (transfer out) (emergency).....	(-140,000)	---	---	(+140,000)	---
Canteen Service Revolving Fund (by transfer) (emergency).....	(140,000)	---	---	(-140,000)	---
Total, Continuing Appropriations Act, 2021 and Other Extensions.....	---	---	---	---	---
Total, Other Appropriations.....	---	---	---	---	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2021
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2022
(Amounts in thousands)

	FY 2021 Enacted	FY 2022 Request	Bill	Bill vs. Enacted	Bill vs. Request
Grand total.....	272,757,216	307,065,976	308,318,767	+35,561,551	+1,252,791
Budget year appropriations.....	(33,437,751)	(39,192,786)	(40,445,577)	(+7,007,826)	(+1,252,791)
Rescissions.....	(-525,013)	---	---	(+525,013)	---
Advance appropriations, FY23.....	(239,494,478)	(267,873,190)	(267,873,190)	(+28,378,712)	---
Overseas contingency operations.....	(350,000)	---	---	(-350,000)	---
Advances from prior year appropriations.....	(218,591,814)	(239,494,478)	(239,494,478)	(+20,902,664)	---
(By transfer).....	(1,139,932)	(1,034,009)	(1,034,009)	(-105,923)	---
(Transfer out).....	(-1,139,932)	(-1,034,009)	(-1,034,009)	(+105,923)	---
(By transfer) (emergency).....	(650,000)	---	---	(-650,000)	---
(Transfer out) (emergency).....	(-650,000)	---	---	(+650,000)	---
(Limitation on direct loans).....	(2,970)	(2,163)	(2,163)	(-807)	---

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MINORITY VIEWS
[TO BE PROVIDED]