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MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES APPROPRIATIONS BILL, 2018

JUNE 22, 2017.— Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. DENT, from the Committee on Appropriations, submitted the following

R E P O R T

together with

MINORITY VIEWS

[To accompany H.R. 2998]

The Committee on Appropriations submits the following report in explanation of the accompanying bill making appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2018, and for other purposes.

CONTENTS

	Page
Purpose of the Bill	2
Summary of Committee Recommendation	2
Comparative Statement of New Budget Authority	5
Management and Oversight Initiatives	18
Item of Interest	19
Department of Defense:	
Military Construction	19
NATO Security Investment Program	31
Family Housing Construction and Operation and Maintenance	32
Department of Defense Family Housing Improvement Fund	34
Department of Defense Military Unaccompanied Housing Improvement Fund	34
Department of Defense Base Closure Account	34
Administrative Provisions	34
Department of Veterans Affairs:	
Veterans Benefits Administration	37
Veterans Health Administration	43
National Cemetery Administration	69
Departmental Administration	71

Administrative Provisions 81
Related Agencies:
American Battle Monuments Commission 85
U.S. Court of Appeals for Veterans Claims 86
Cemeterial Expenses, Army 86
Armed Forces Retirement Home 86
Administrative Provisions 87
Department of Defense:
Overseas Contingency Operations 87
Administrative Provisions 88
General Provisions 88
House of Representatives Report Requirements 89
Statement of General Performance Goals and Objectives 89
Rescissions 90
Transfer of Funds 90
Disclosure of Earmarks and Congressionally Directed Spending Items 91
Changes in Application of Existing Law 92
Appropriations Not Authorized by Law 95
Program Duplication 97
Directed Rule Making 97
Full Committee Votes 97
Ramseyer Rule 97
Comparison With the Budget Resolution 100
Five-Year Projection of Outlays 100
Assistance to State and Local Governments 100
State Project List 101
Minority Views 117

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 for 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 bill also funds programs to ensure that all veterans receive the benefits and medical care that they have earned as a result of the sacrifices they have made in their service to our country. 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 $192,752,435,000 in budget authority for the fiscal year 2018 programs and activities funded in the bill. The fiscal year 2018 recommendation is an increase of $7,424,221,000 above the fiscal year 2017 enacted level and $573,421,000 below the President's request. Of the increase over the fiscal year 2017 enacted level, $1,415,954,000 is in mandatory programs. Included in the total budget authority is $103,948,435,000 in mandatory budget authority and $88,804,000,000 in discretionary budget authority.

The Committee recommendation highlights the continued commitment to our servicemembers and their families and to our vet-

erans. In discretionary budget authority, the bill is 7.3 percent over the fiscal year 2017 enacted level. The bill includes an increase in military construction, which is 25.5 percent above the fiscal year 2017 level, and an increase in the Department of Veterans Affairs budget, which is 5.3 percent over the fiscal year 2017 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 were less mission-critical. Where it was prudent, the Committee recommendation rescinds prior year funding that is no longer needed for the purpose for which it was appropriated while leaving sufficient resources to close out contracts. Finally, the recommendation rescinds unobligated balances in certain military construction accounts.

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

The total recommended funding level for military construction and family housing, including base and Overseas Contingency Operations funding, including the European Reassurance Initiative, is $10,223,000,000, which is $2,077,267,000 above the fiscal year 2017 enacted level and $197,581,000 below the budget request. The recommendation includes funding for Family Housing, funding for necessary construction on our bases, including barracks, health facilities and schools, and support for critical overseas investments.

The total funding level for fiscal year 2018 for the Department of Veterans Affairs is $182,277,635,000, an increase of $5,336,299,000 over the fiscal year 2017 enacted level. Of the total, $103,948,435,000 is provided for mandatory benefit programs and $78,329,200,000 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 5.3 percent over the fiscal year 2017 enacted level. For fiscal year 2018, $66,385,032,000 for medical care has been appropriated in advance, and the recommendation includes an additional $2,650,000,000 in newly identified needs for VA, focusing on funds required to support staff previously hired under the Choice Act, mental health and suicide prevention, opioid abuse prevention, hepatitis C treatment, homelessness, long-term care, and caregiver stipends. The recommendation includes $2,894,000,000, an increase of $50,000,000 over the President's budget request for the administrative costs of Veterans Benefits Administration, including funding for scanning claims and staff overtime. The bill also provides $156,096,000 for the Board of Veterans Appeals, a $500,000 increase over the request, to target the growing caseload of appeals of initial benefits decisions. In addition, the Committee recommendation includes $70,699,313,000 in advance appropriations for fiscal year 2019 for the four health care accounts of the Department and $107,709,727,000 in advance appropriations for mandatory benefits programs for fiscal year 2019.

The following table compares amounts recommended in the bill to the President's request and amounts appropriated in fiscal year 2017:

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE I - DEPARTMENT OF DEFENSE					
Military Construction, Army	513,459	920,394	923,994	+410,535	+3,600
Military Construction, Navy and Marine Corps	1,021,580	1,616,665	1,558,085	+536,505	-58,580
Military Construction, Air Force	1,491,058	1,738,796	1,540,474	+49,416	-198,322
Military Construction, Defense-Wide	2,025,444	3,114,913	2,791,272	+765,828	-323,641
Total, Active components	5,051,541	7,390,768	6,813,825	+1,762,284	-576,943
Military Construction, Army National Guard	232,930	210,652	210,652	-22,278	---
Military Construction, Air National Guard	143,957	161,491	161,491	+17,534	---
Military Construction, Army Reserve	68,230	73,712	73,712	+5,482	---
Military Construction, Navy Reserve	38,597	65,271	65,271	+26,674	---
Military Construction, Air Force Reserve	188,950	63,535	63,535	-125,415	---
Total, Reserve components	672,664	574,661	574,661	-98,003	---
North Atlantic Treaty Organization Security Investment Program	177,932	154,000	177,932	---	+23,932
Chemical demilitarization construction, Defense-Wide	---	---	---	---	---
Department of Defense Base Closure Account	240,237	255,867	290,867	+50,630	+35,000
Total, Military Construction	6,142,374	8,375,296	7,857,285	+1,714,911	-518,011
Family Housing Construction, Army	157,172	182,662	182,662	+25,490	---
Family Housing Operation and Maintenance, Army	325,995	346,625	346,625	+20,630	---
Family Housing Construction, Navy and Marine Corps	94,011	83,682	83,682	-10,329	---
Family Housing Operation and Maintenance, Navy and Marine Corps	300,915	328,282	328,282	+27,367	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Family Housing Construction, Air Force	61,352	85,062	85,062	+23,710	---
Family Housing Operation and Maintenance, Air Force	274,429	318,324	318,324	+43,895	---
Family Housing Operation and Maintenance, Defense-Wide	59,157	59,169	59,169	+12	---
DoD Military Unaccompanied Housing Improvement Fund	---	623	623	+623	---
Department of Defense Family Housing Improvement Fund	3,258	2,726	2,726	-532	---
Total, Family Housing	1,276,289	1,407,155	1,407,155	+130,866	---
ADMINISTRATIVE PROVISIONS					
Military Construction, Army (Sec. 126) (rescission)	-29,602	---	-10,000	+19,602	-10,000
Military Construction, Navy and Marine Corps (H. Sec. 126) (rescission)	---	---	-10,000	-10,000	-10,000
Defense Access Roads (Sec. 132)	---	---	---	---	---
Military Construction, Air Force (Sec. 127) (rescission)	-51,460	---	---	+51,460	---
Military Construction, Defense-Wide (Sec. 126) (rescission)	-141,600	---	-27,440	+114,160	-27,440
Military Construction, Defense-Wide - Planning and Design (Sec. 127)	-30,000	---	---	+30,000	---
Military Construction, Army (Sec. 125)	40,500	---	43,800	+3,300	+43,800
Military Construction, Navy and Marine Corps (Sec. 125)	227,099	---	126,900	-100,199	+126,900
Military Construction, Air National Guard (Sec. 125)	---	---	41,900	+41,900	+41,900
Military Construction, Army National Guard (Sec. 125)	67,500	---	56,000	-11,500	+56,000
Military Construction, Army Reserve (Sec. 125)	30,000	---	56,000	+26,000	+56,000
NATO Security Investment Program (Sec. 127) (rescission)	-30,000	---	---	+30,000	---

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AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
42 USC 3374 (Sec. 128)	-25,000	---	---	+25,000	---
Military Construction, Air Force (Sec. 125)	149,500	---	70,300	-79,200	+70,300
Military Construction, Defense-Wide (S. Sec. 125)	---	---	---	---	---
Military Construction, Air National Guard (Sec. 125)	11,000	---	---	-11,000	---
Military Construction, Navy and Marine Corps (Sec. 126)	89,400	---	---	-89,400	---
Military Construction, Air Force Reserve (Sec. 125)	---	---	44,100	+44,100	+44,100
Family Housing, Army	---	---	---	---	---
NATO Security Investment Program (Sec. 126)	---	---	-25,000	-25,000	-25,000
Family Housing Construction, Army (Sec. 126)	---	---	-18,000	-18,000	-18,000
Family Housing Construction, Navy and Marine Corps (Sec. 126)	---	---	-8,000	-8,000	-8,000
Family Housing Construction, Air Force (Sec. 126)	---	---	-20,000	-20,000	-20,000
Total, Administrative Provisions	307,337	---	320,560	+13,223	+320,560
Appropriations	(614,999)	---	(439,000)	(-175,999)	(+439,000)
Rescissions	(-307,662)	---	(-118,440)	(+189,222)	(-118,440)
Total, title I, Department of Defense	7,726,000	9,782,451	9,585,000	+1,859,000	-197,451
Appropriations	(8,033,662)	(9,782,451)	(9,703,440)	(+1,669,778)	(-79,011)
Rescissions	(-307,662)	---	(-118,440)	(+189,222)	(-118,440)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE II - DEPARTMENT OF VETERANS AFFAIRS					
Veterans Benefits Administration					
Compensation and pensions:					
Advance from prior year	(86,083,128)	(90,119,449)	(90,119,449)	(+4,036,321)	---
Current year request	---	---	---	---	---
Subtotal, current year	86,083,128	90,119,449	90,119,449	+4,036,321	---
Advance appropriation, FY 2019	90,119,449	95,768,462	95,768,462	+5,649,013	---
Readjustment benefits:					
Advance from prior year	(16,340,828)	(13,708,648)	(13,708,648)	(-2,632,180)	---
Current year request	---	---	---	---	---
Subtotal	16,340,828	13,708,648	13,708,648	-2,632,180	---
Advance appropriation, FY 2019	13,708,648	11,832,175	11,832,175	-1,876,473	---
Veterans insurance and indemnities:					
Advance from prior year	(91,920)	(107,899)	(107,899)	(+15,979)	---
Current year request	16,605	12,439	12,439	-4,166	---
Subtotal	108,525	120,338	120,338	+11,813	---
Advance appropriation, FY 2019	107,899	109,090	109,090	+1,191	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Veterans housing benefit program fund:					
(indefinite)	---	---	---	---	---
(Limitation on direct loans)	(500)	(500)	(500)	---	---
Administrative expenses	198,856	178,626	178,626	-20,230	---
Vocational rehabilitation loans program account	36	30	30	-6	---
(Limitation on direct loans)	(2,517)	(2,356)	(2,356)	(-161)	---
Administrative expenses	389	395	395	+6	---
Native American veteran housing loan program account	1,163	1,163	1,163	---	---
General operating expenses, VBA	2,856,160	2,844,000	2,894,000	+37,840	+50,000
Total, Veterans Benefits Administration	107,009,205	110,746,380	110,796,380	+3,787,175	+50,000
Appropriations	(3,073,209)	(3,036,653)	(3,086,653)	(+13,444)	(+50,000)
Advance appropriations, FY 2019	(103,935,996)	(107,709,727)	(107,709,727)	(+3,773,731)	---
Advances from prior year appropriations	(102,515,876)	(103,935,996)	(103,935,996)	(+1,420,120)	---
Veterans Health Administration					
Medical services:					
Advance from prior year	(51,673,000)	(44,886,554)	(44,886,554)	(-6,786,446)	---
Current year request	1,078,993	1,031,808	1,031,808	-47,185	---
Supplemental funding for opioid abuse prevention (P.L. 115-31) /1	50,000	---	---	-50,000	---
Medical Services (Sec. 217) (rescission)	-7,246,181	---	---	+7,246,181	---
Subtotal	45,555,812	45,918,362	45,918,362	+362,550	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Advance appropriation, FY 2019	44,886,554	49,161,165	49,161,165	+4,274,611	---
1/ Funding for opioid abuse prevention was included in the FY17 supplemental. In FY18, it is provided within the amount recommended by the Committee.					
Medical community care:					
Advance from prior year	---	(9,409,118)	(9,409,118)	(+9,409,118)	---
Transfer from medical care accounts	---	---	---	---	---
Current year request	7,246,181	254,000	254,000	-6,992,181	---
Subtotal	7,246,181	9,663,118	9,663,118	+2,416,937	---
Advance appropriation, FY 2019	9,409,118	8,384,704	8,384,704	-1,024,414	---
Medical support and compliance:					
Advance from prior year	(6,524,000)	(6,654,480)	(6,654,480)	(+130,480)	---
Current year request	---	284,397	284,397	+284,397	---
Subtotal	6,524,000	6,938,877	6,938,877	+414,877	---
Advance appropriation, FY 2019	6,654,480	7,239,156	7,239,156	+584,676	---
Medical facilities:					
Advance from prior year	(5,074,000)	(5,434,880)	(5,434,880)	(+360,880)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017
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(Amounts in thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Current year request	247,668	1,079,795	1,079,795	+832,127	---
Subtotal	5,321,668	6,514,675	6,514,675	+1,193,007	---
Advance appropriation, FY 2019	5,434,880	5,914,288	5,914,288	+479,408	---
Medical and prosthetic research	675,366	640,000	698,228	+22,862	+58,228
Medical care cost recovery collections:					
Offsetting collections	-2,637,000	-3,271,000	-2,507,000	+130,000	+764,000
Appropriations (indefinite)	2,637,000	3,271,000	2,507,000	-130,000	-764,000
Subtotal	---	---	---	---	---
DoD-VA Joint Medical Funds (transfers out)	(-274,731)	(-297,137)	(-297,137)	(-22,406)	---
DoD-VA Joint Medical Funds (by transfer)	(274,731)	(297,137)	(297,137)	(+22,406)	---
DoD-VA Health Care Sharing Incentive Fund (Transfer out)	(-15,000)	(-15,000)	(-15,000)	---	---
DoD-VA Health Care Sharing Incentive Fund (by transfer)	(15,000)	(15,000)	(15,000)	---	---
Total, Veterans Health Administration	68,437,059	73,989,313	74,047,541	+5,610,482	+58,228
Appropriations	(2,052,027)	(3,290,000)	(3,348,228)	(+1,296,201)	(+58,228)
(By transfer)	(289,731)	(312,137)	(312,137)	(+22,406)	---
Advance appropriations, FY 2019	(66,385,032)	(70,699,313)	(70,699,313)	(+4,314,281)	---
Advances from prior year appropriations	(63,271,000)	(66,385,032)	(66,385,032)	(+3,114,032)	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
National Cemetery Administration					
National Cemetery Administration	286,193	306,193	306,193	+20,000	---
Departmental Administration					
General administration	345,391	346,891	346,891	+1,500	---
Board of Veterans Appeals	156,096	155,596	156,096	---	+500
Information technology systems	4,278,259	4,055,500	4,135,500	-142,759	+80,000
Office of Inspector General	160,106	159,606	160,106	---	+500
Construction, major projects	528,110	512,430	410,530	-117,580	-101,900
Construction, minor projects	372,069	342,570	342,570	-29,499	---
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	45,000	---	---
Total, Departmental Administration	5,975,031	5,707,593	5,686,693	-288,338	-20,900
Administrative Provisions					
JIF rescission	-40,000	---	---	+40,000	---
General rescission (Sec. 233)	-169,000	---	-399,972	-230,972	-399,972
General reduction (Sec. 234)	-23,000	---	-71,188	-48,188	-71,188
Total. Administrative Provisions	-232,000	---	-471,160	-239,160	-471,160
Total, title II	181,475,488	190,749,479	190,365,647	+8,890,159	-383,832
Appropriations	(11,363,460)	(12,340,439)	(12,356,579)	(+993,119)	(+16,140)

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Rescissions	(-209,000)	---	(-399,972)	(-190,972)	(-399,972)
(By transfer)	(289,731)	(312,137)	(312,137)	(+22,406)	---
Advance Appropriations, FY 2019:					
Mandatory	(103,935,996)	(107,709,727)	(107,709,727)	(+3,773,731)	---
Discretionary	(66,385,032)	(70,699,313)	(70,699,313)	(+4,314,281)	---
Advances from prior year appropriations:					
Mandatory	(102,515,876)	(103,935,996)	(103,935,996)	(+1,420,120)	---
Discretionary	(63,271,000)	(66,385,032)	(66,385,032)	(+3,114,032)	---
(Limitation on direct loans)	(3,017)	(2,856)	(2,856)	(-161)	---
Discretionary	(77,522,887)	(83,027,313)	(82,643,481)	(+5,120,594)	(-383,832)
Advances from prior year less FY 2019 advances	(-3,114,032)	(-4,314,281)	(-4,314,281)	(-1,200,249)	---
Net discretionary	(74,408,855)	(78,713,032)	(78,329,200)	(+3,920,345)	(-383,832)
Mandatory	(103,952,601)	(107,722,166)	(107,722,166)	(+3,769,565)	---
Advances from prior year less FY 2019 advances	(-1,420,120)	(-3,773,731)	(-3,773,731)	(-2,353,611)	---
Net mandatory	(102,532,481)	(103,948,435)	(103,948,435)	(+1,415,954)	---
Total mandatory and discretionary	176,941,336	182,661,467	182,277,635	+5,336,299	-383,832

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE III - RELATED AGENCIES					
American Battle Monuments Commission					
Salaries and expenses	75,100	75,100	75,100	---	---
Foreign currency fluctuations account	---	---	---	---	---
Total, American Battle Monuments Commission	75,100	75,100	75,100	---	---
U.S. Court of Appeals for Veterans Claims					
Salaries and expenses	30,945	33,608	33,600	+2,655	-8
Department of Defense - Civil					
Cemeterial Expenses, Army					
Salaries and expenses	70,800	70,800	78,800	+8,000	+8,000
Armed Forces Retirement Home - Trust Fund					
Operation and maintenance	41,300	41,300	41,300	---	---
Capital program	1,000	1,000	1,000	---	---
Payment from General Fund	22,000	22,000	22,000	---	---
Total, Armed Forces Retirement Home	64,300	64,300	64,300	---	---
Total, title III	241,145	243,808	251,800	+10,655	+7,992

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
TITLE IV - OVERSEAS CONTINGENCY OPERATIONS					
Overseas Contingency Operations					
Army	---	124,000	131,458	+131,458	+7,458
Additional funding for planning and design (P.L. 115-31)	39,500	---	---	-39,500	---
Navy	38,409	---	13,390	-25,019	+13,390
Additional funding for construction (P.L. 115-31)	66,708	---	---	-66,708	---
Subtotal	105,117	---	13,390	-91,727	+13,390
Air Force	11,440	207,200	275,522	+264,082	+68,322
Additional funding for construction (P.L. 115-31)	93,000	---	---	-93,000	---
Subtotal	104,440	207,200	275,522	+171,082	+68,322
Defense-Wide	---	---	22,400	+22,400	+22,400
Army National Guard					
Additional funding for planning and design (P,L. 115-31)	12,000	---	---	-12,000	---
Air National Guard					
Additional funding for construction (P.L. 115-31)	13,000	---	---	-13,000	---
Army Reserve					
Additional funding for planning and design (P.L. 115-31)	10,000	---	---	-10,000	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Navy Reserve					
Additional funding for construction (P.L. 115-31)	4,525	---	---	-4,525	---
Air Force Reserve					
Additional funding for planning and design (P.L. 115-31)	9,000	---	---	-9,000	---
Subtotal	297,582	331,200	442,770	+145,188	+111,570
European Reassurance Initiative					
Army	18,900	15,700	15,700	-3,200	---
Navy	21,400	18,500	18,500	-2,900	---
Air Force	68,280	270,830	159,130	+90,850	-111,700
Additional funding for planning and design (P.L. 115-31)	12,300	---	---	-12,300	---
Subtotal	80,580	270,830	159,130	+78,550	-111,700
Defense-Wide	5,000	1,900	1,900	-3,100	---

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR 2017
AND BUDGET REQUESTS AND AMOUNTS RECOMMENDED IN THE BILL FOR 2018
(Amounts in thousands)

	FY 2017 Enacted	FY 2018 Request	Bill	Bill vs. Enacted	Bill vs. Request
Administrative Provision					
Military Construction, Air Force (Sec. 101, P.L. 115-31) (rescission)	-12,300	---	---	+12,300	---
Subtotal	113,580	306,930	195,230	+81,650	-111,700
Counterterrorism Support					
Air Force	8,571	---	---	-8,571	---
Total, title IV	419,733	638,130	638,000	+218,267	-130
Grand total	189,862,366	201,413,868	200,840,447	+10,978,081	-573,421
Appropriations	(19,638,267)	(22,366,698)	(22,311,819)	(+2,673,552)	(-54,879)
Rescissions	(-516,662)	---	(-518,412)	(-1,750)	(-518,412)
Rescission of OCO	(-12,300)	---	---	(+12,300)	---
Advance appropriations, FY 2019	(170,321,028)	(178,409,040)	(178,409,040)	(+8,088,012)	---
Overseas contingency operations	(432,033)	(638,130)	(638,000)	(+205,967)	(-130)
Advances from prior year appropriations	(165,786,876)	(170,321,028)	(170,321,028)	(+4,534,152)	---
(By transfer)	(289,731)	(312,137)	(312,137)	(+22,406)	---
(Transfer out)	(-289,731)	(-312,137)	(-312,137)	(-22,406)	---
(Limitation on direct loans)	(3,017)	(2,856)	(2,856)	(-161)	---

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, and information requests, and reviews by the Government Accountability Office and the Inspectors General to promote strong financial and program management, oversight and leadership at the Department of Defense, the Department of Veterans Affairs, and other agencies under the jurisdiction of this bill.

The fiscal year 2018 appropriations Act and the accompanying report address management challenges of the Federal agencies funded herein, 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.

Department of Defense (DOD).—In addition to the notification and reporting requirements for military construction programs contained in Title 10, United States Code, the Committee's recommendations include several provisions requiring the Department of Defense to report on various aspects of military construction programs, 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.

Department of Veterans Affairs (VA).—With the $182,277,635,000 provided for the VA in this bill and the increase in the number of veterans seeking VA medical services, the Committee believes it is important to strengthen its tools to monitor spending as well the operating procedures of the VA workforce. The following initiatives demonstrate the Committee's oversight focus:

VA Electronic health record.—After at least a decade of Congressional encouragement to DOD and VA to develop a single electronic health record, the VA Secretary has just announced that he is directing VA to acquire the same electronic health record that DOD is adopting. While enthusiastic about the Secretary's choice, the Committee has watched an integrated electronic record emerge and crash multiple times. Therefore, the Committee includes bill language fencing 75 percent of the development funding for the new electronic health record until VA provides extensive data on: the solicitation to Cerner Corporation; how the new record will replicate the DOD record while adding VA-specific features; a strategic plan with timeline, performance milestones, annual and life-cycle costs; plans to maintain current functionality and integration with DOD health records during the transition; and complete implementation and change management plans.

Disability claims and appeals.—Thanks to the significant investments Congress has provided over the past six years, VA has been able to hire the staff, acquire the technology, and change work processes necessary to reduce the disability claims backlog to an "effective" zero. 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

$50,000,000 above the Veterans Benefits Administration President's request to support staff overtime and digital claims scanning. The Committee hopes that with this additional investment and the recently passed legislation to reform the appeals process, Congress will have taken the necessary management action to prevent veterans from enduring excessive waits to claim the disability benefits they deserve.

Information technology (IT).—The Committee continues to include bill language prohibiting obligation or expenditure of funds for information technology systems development, modernization and enhancement until VA submits to the Committees a certification of the amounts. The bill limits the amount of funds that can be transferred into IT to 10 percent of the total of either the source or destination account. The bill contains language which permits the reprogramming of funds among development, modernization and enhancement projects upon prior notification to, and approval by, the Committees.

Stricter control of construction funding.—In response to the egregious management of the Denver hospital construction project, the Committee includes bill language to fence funding for major construction projects over $100,000,000 in cost until VA certifies that it has contracted with a non-VA governmental entity to design and manage the project. Several additional bill language provisions are included to enhance the Committee's capacity to conduct oversight on VA's facility construction efforts including: (1) no funding greater than $5,000,000 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.

ITEM OF INTEREST

Construction Contracting Outreach.—In House Report 114–497 the Committee directed the Secretaries of the Army, Navy and the VA to ensure that their respective regional and district offices responsible for construction projects inform and engage local construction industry contractors, especially small businesses, minority-owned businesses, and women-owned business, about Federal procurement opportunities and the bidding process. The Committee directs the Secretaries of each agency to submit a report to the congressional defense committees on outreach efforts conducted in fiscal year 2017 within 180 days of enactment of this Act.

TITLE I

DEPARTMENT OF DEFENSE

MILITARY CONSTRUCTION OVERVIEW

Fiscal year 2017 enacted level (including rescissions)	$7,726,000,000
Fiscal year 2018 budget request	9,782,451,000
Committee recommendation in the bill (including rescissions)	9,585,000,000
Comparison with:	
Fiscal year 2017 enacted level	1,859,000,000
Fiscal year 2018 budget request	(197,451,000)

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, maintenance, research and development, supply, medical care, and force protection, as well as unaccompanied housing, utilities infrastructure, and land acquisition.

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) which has been specifically reduced by the 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 the Congress is permitted, except that the Department of Defense may seek reprogramming for appropriated increments.

The reprogramming criteria that apply to military construction projects (25 percent of the funded amount or $2,000,000, whichever is less) continue to apply to new housing construction projects and to improvements over $2,000,000. 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. 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 to 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 Department of Defense Financial Management Regulation 7000.14–R and relevant updates and policy memoranda. The Committee further encourages the Office of the Director of National Intelligence to use a format similar to that used by the Office of the Secretary of Defense to submit reprogramming requests.

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

(1) components of the facility may be repaired by replacement. Such replacement can be up to current standards or codes;

(2) interior arrangements and restorations may be included as repair;

(3) additions, new facilities, and functional conversions must be performed as military construction projects. Such projects 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. The Committee strongly encourages the services and defense agencies to indicate the plant replacement value of the facility to be repaired on each such notification.

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 over $100,000,000 with the 1391 justification to the congressional defense committees.

Transfer of funds to and from the Foreign Currency Fluctuations, Construction, Defense Account.—The Committee directs the Department of Defense to submit a quarterly report to the Committees on Appropriations of both Houses of Congress on the transfer of funds from military construction and family housing accounts to the Foreign Currency Fluctuations, Construction, Defense account. The report shall specify the amount transferred to the Foreign Currency account from each military construction and/or family housing account, and all other accounts for which an appropriation is provided in this Act, during the preceding fiscal quarter, and the amounts transferred from the Foreign Currency account to the above accounts during the same period. This report shall be submitted not later than 30 days after the close of each fiscal quarter. In addition, the Department of Defense shall notify the Committees on Appropriations of both Houses of Congress within 7 days of transferring any amount in excess of $10,000,000 to or from the Foreign Currency account.

Bid savings.—The Committee has ascertained from cost variation notices required by 10 U.S.C. 2853 that the Department of Defense continues to have bid savings on previously appropriated military construction projects. The Committee's recommendation therefore includes rescissions to the Army, Navy and Marine Corps, and Air Force family housing construction accounts. 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 Subcommittee on Military Construction, Veterans Affairs, and Related Agencies of both the House and Senate.

Incremental funding of projects.—In general, the Committee supports full funding for military construction projects if they are exe-

cutable. 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 three projects that have been incrementally funded.

High performance and sustainable building requirements.—The Committee recognizes that innovative technologies have expanded the availability of materials with lower embodied energy for facilities that require tall walls and large open spaces with minimal intermediate supports. In addition, design techniques such as advanced framing contribute to lower material costs, increased energy efficiency, and reduced waste in facilities. Therefore, the Committee directs the Secretary of Defense to incorporate the use of innovative renewable building materials, systems, and design techniques that support the requirements of UFC 1 200 02 and the goals of achieving greater efficiency and lower environmental impacts at a lower material cost. Furthermore, the Committee encourages the Department of Defense to collaborate with the United States Department of Agriculture and the United States Forest Service to advance its understanding of innovative renewable building materials and systems and jointly develop a plan on expanding their use not later than 90 days after enactment of this Act.

Federally Recognized Tribes.—The Committee notes our Nation's commitment to honoring treaty and trust obligations to Federally Recognized Tribes. While military operations and facility protection are important, upholding our commitments to Indian Country must be an equal priority. It has been observed that the Department of Defense has struggled to proactively engage with affected Tribes at the start of the planning process to ensure meaningful consultation can occur. Moreover, the Department of Defense does not identify sufficient funds to cover mitigation and or alternatives should they be agreed upon. To understand the scale of this problem, the Committee directs the Secretary to provide the Committee with a list of military construction projects where mitigation and or changes to projects within the past five years were consultation with a Federally Recognized Tribe was required, the outcome of each consultation, a list of all project modifications and/or mitigation requests made by the Tribe (or Tribes) in question for each project, the cost of each measure, and indicate which modifications and or mitigations were adopted not later than 90 days after enactment of this Act.

Facilities in excess of mission.—The Committee is concerned that Department of Defense officials have stated an estimated 22 percent of Department of Defense facilities are in excess of mission requirements. This is a fiscally unsustainable diversion of scarce resources from readiness. The Committee directs, not later than 60 days after enactment of this Act, the Secretary of Defense to provide to the congressional defense committees a report detailing each Department of Defense facility with a utilization rate of less than 50 percent of available capacity. This report should also include the number of uniformed personnel and civilian employees at each of these facilities, the annual budget for personnel, and the

operation and maintenance costs associated with each identified facility.

Water Conservation on Military Installations.—The Committee recognizes that the Department of Defense has the opportunity to play a key role in advancing our Nation's water security by implementing water conservation, reuse, and recharge practices on military installations. This should include efforts to incorporate water conservation technologies into new infrastructure design, as well as to update existing infrastructure to make it more water efficient. The Committee also recognizes that many technologies that increase water efficiency do not result in competitive returns on investment. Therefore, the Department of Defense is encouraged to implement water conservation projects that are not solely contingent on cost savings performance, but also take into account reduced water use. To assess the current status of water demand and potential water conservation opportunities across U.S. military installations, the Secretary of Defense is directed to report to the congressional defense committees not later than 180 days of enactment of this Act the following: (1) the current water usage on military installations; (2) the vulnerability of each military installation to water scarcity; and, (3) the water conservation potential according to (a) reduced water use and (b) cost savings if current water conservation technologies and efficient design were implemented at military installations.

Coastal Erosion.—Senate Report 114–57 accompanying the fiscal year 2016 Military Construction, Veterans Affairs, and Related Agencies appropriations bill included language directing the Department of Defense to include an assessment of coastal erosion and potential flooding risks in the siting of proposed military construction projects. In a July 23, 2015 report to Congress regarding the security implications of climate-related risks, the Department noted that it has directed a global screening level assessment to determine installation vulnerabilities to climate-related security risks with the goal of identifying serious vulnerabilities and developing necessary adaptation strategies. The Committee directs the Secretary of Defense to report to the congressional defense committees not later than 120 days after enactment of this Act, describing the results or the status of the vulnerability assessment, the adaptation strategies developed for vulnerable installations, and the estimated costs associated with implementing these strategies.

Recycled plastic lumber.—The Committee understands that the Department of Defense has been utilizing recycled plastic lumber in various manners on its military installations. Applications include, but are not limited to, bridge infrastructure, dunnage boards, landscape timbers, rub rails, construction sleepers, fence posts, and nailer boards. Manufactured from post-consumer and industrial waste, recycled plastic lumber is insect resistant, will not rot, splinter, crack or fail in the manner of traditional wood. Recycled plastic lumber carries positive environmental impacts by reducing deforestation, diverting waste materials from landfills and lowering greenhouse gas emissions. The Committee directs the Secretary of Defense to further explore applications for use of recycled plastic lumber, particularly recycled plastic lumber that uses no virgin plastic, in military installations, and provide a report to the

Committee not later than 120 days after enactment of this Act on its findings.

Rural Airfields.—The Committee recognizes that the active components, as well as the National Guard and reserve components, often use rural airfield facilities for refueling and training missions. This permits larger, urban airports to avoid overutilization during busy times. Additionally, rural airfields are often used by the military for emergency evacuations and staging areas. The Committee believes it is important to keep these regionally and nationally significant airfields secure and in a state of good repair. The Committee encourages the Secretary of Defense to invest in improving and updating rural airfield facilities where able, that are frequently used by the military Services and National Guard for training exercises and emergency operations.

Climate and security for Military Installations.—The Department of Defense must pay close attention to potential adverse impacts of climate change as a driver of instability. From sea level rise to increased drought and flooding across the country and the world, proper defense planning must include considerations related to climate change impacts. The Committee urges the Secretary of Defense to plan infrastructure and other projects using the best available data and science on climate change to mitigate risks to our armed forces serving domestically and abroad.

Air traffic control facilities.—The Committee is concerned that many Department of Defense Air Traffic Control facilities are unsafe, antiquated, and do not provide adequate control, communications or observation abilities for the current air traffic levels at certain locations. For example, the current facility located at Fort Benning will become wholly inadequate at the current pace of operations, and a replacement facility is necessary to ensure Air Traffic Services are available to support mission readiness and deployment platforms and the military flying community. The Committee is concerned that this could be a problem throughout the DOD enterprise with the recent reductions to the Department of Defense's Construction accounts. Therefore, the Secretary of Defense is directed to conduct a risk assessment on Air Traffic Control Facilities throughout the Defense enterprise and develop a plan to update these facilities. This assessment shall be submitted to the congressional defense committees not later than 60 days after enactment of this Act.

MILITARY CONSTRUCTION, ARMY

Fiscal year 2017 enacted level	$513,459,000
Fiscal year 2018 budget request	920,394,000
Committee recommendation in the bill	923,994,000
Comparison with:	
Fiscal year 2017 enacted level	410,535,000
Fiscal year 2018 budget request	3,600,000

The Committee recommendation includes a rescission of $10,000,000 from unobligated balances for unspecified minor construction under Administrative Provisions.

The Committee recommendation includes additional funding for the Army in section 125 under Administrative Provisions for projects on the Services Unfunded Priority lists as provided by the

Office of the Secretary of Defense and submitted to Congress in priority order.

Access Control Points.—Since September 11, 2001, the Department has made significant safety improvements at base entry points across many installations, but more needs to be done. The Committee is concerned that many of the Army's access control points do not provide adequate controls for traffic flow on and off the installation. For example, the current access control points at Picatinny Arsenal need modernization to maintain its security and to enhance commercial and personnel traffic movement. Therefore, the Secretary of Defense is directed to conduct a risk assessment of all access control points throughout the Army enterprise and develop a plan to update these facilities, including a cost estimate for each facility. This assessment shall be submitted to the congressional defense committees not later than 60 days after enactment of this Act.

MILITARY CONSTRUCTION, NAVY AND MARINE CORPS

Fiscal year 2017 enacted level	$1,021,580,000
Fiscal year 2018 budget request	1,616,665,000
Committee recommendation in the bill	1,558,085,000
Comparison with:	
Fiscal year 2017 enacted level	536,505,000
Fiscal year 2018 budget request	(58,580,000)

The Committee recommendation includes a rescission of $10,000,000 from unobligated balances for unspecified minor construction under Administrative Provisions.

The Committee recommendation includes additional funding for the Navy and Marine Corps in section 125 under Administrative Provisions for projects on the Services Unfunded Priority lists as provided by the Office of Secretary of Defense and submitted to Congress in priority order.

Marine Corps Air Station Beaufort.—The Committee is concerned that the level of aircraft noise surrounding the base has been increasing with the amount of flying hours and training. The Committee directs the Commandant of the Marine Corps to report to the congressional defense committees not later than 180 days after enactment of this Act on (1) Whether there is a need, based on environmental factors, increased training, or other factors, for the construction and maintenance of an Alternative Landing Field to service Marine Corps Air Station Beaufort; (2) Whether it is feasible to construct an Alternative Landing Field to service Marine Corps Air Station Beaufort; (3) If no determination of need or feasibility, an explanation of the reasons for that determination.

MILITARY CONSTRUCTION, AIR FORCE

Fiscal year 2017 enacted level	$1,491,058,000
Fiscal year 2018 budget request	1,738,796,000
Committee recommendation in the bill	1,540,474,000
Comparison with:	
Fiscal year 2017 enacted level	49,416,000
Fiscal year 2018 budget request	(198,322,000)

The Committee recommendation includes additional funding for the Air Force in section 125 under Administrative Provisions for projects on the Services Unfunded Priority lists as provided by the

Office of the Secretary of Defense and submitted to Congress in priority order.

Basing of KC–46 aircraft.—The Committee is concerned that the Department of the Air Force has not appropriately prioritized funding for the military construction of infrastructure necessary for the Air Force's aerial refueling recapitalization strategy. It has come to the attention of the Committee that a number of emergent construction requirements necessary for effective basing of the KC–46 at Pease Air National Guard Base and Seymour Johnson Air Base could create delays in fielding the KC–46. The Committee urges the Department of the Air Force to prioritize funding for these emergent requirements to ensure the fielding of the KC–46s without delays and the successful completion of the aerial refueling recapitalization strategy.

Construction of airfield and base camp.—The Committee is concerned that the Department of Defense has failed to report quarterly on the status of construction of airfield infrastructure and elements at the Agadez, Niger Airfield and Base Camp in support of operations by AFRICOM as requested by the Committee in the Report to accompany the Military Construction, Veterans Affairs, and Related Agencies Appropriations Bill, 2016. Therefore, the Committee directs the Department to submit a report not later than 60 days after enactment of this Act providing an updated status of construction of infrastructure elements, number of U.S. uniformed, civilian, and contracted personnel on site, and timeline for completion of construction.

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

Air Force flight line safety.—The Committee is concerned that aging air traffic control towers can negatively impact airfield operations and be safety concerns on the flight line. Control towers that are not of sufficient height do not allow personnel to adequately control aircraft and vehicle movements on the airfield, therefore, priority should be given to installations that have these safety concerns.

MILITARY CONSTRUCTION, DEFENSE-WIDE

(INCLUDING TRANSFER OF FUNDS)

Fiscal year 2017 enacted level	$2,025,444,000
Fiscal year 2018 budget request	3,114,913,000
Committee recommendation in the bill	2,791,272,000
Comparison with:	
Fiscal year 2017 enacted level	765,828,000
Fiscal year 2018 budget request	(323,641,000)

The Committee recommendation includes a rescission of $27,440,000 from unobligated balances for unspecified minor construction under Administrative Provisions.

Transfer of funds.—The accompanying bill provides transfer authority to the Secretary of Defense to allow the transfer of funds to such appropriations of the Department of Defense available for military construction or family housing as the Secretary may designate.

Rhine Ordnance Barracks Medical Center Replacement.—The Committee is concerned that the completion date for the Rhine Ordnance Barracks Medical Center Replacement's Life Cycle Cost Analysis (LCCA) (energy study) has been revised to be completed sometime mid-2017. The change in timeframe from the November 2016 completion date to incorporate recent (2016) changes in German energy law (EnEv2016) causes angst for the Committee. The original energy study that was estimated to be completed in November 2016 for the LCCA was based on energy requirements established in 2009 German law. The Committee therefore directs the Director of the Defense Health Agency to report to the congressional defense committees: (1) specific changes in German energy law that affected the energy study; (2) what US sources of energy the new German energy laws incorporate; (3) what US sources are no longer able to be used in Germany; (4) what effect the changes in law have on other military construction projects, construction costs and current utilities contracts in the region; and (5) what effect this delay may have on other aspects of the Rhine Ordnance Barracks Medical Center Replacement Project.

Ft. Bliss hospital replacement.—The Committee remains concerned about Ft. Bliss hospital replacement construction project delays and the costs to complete. This project has suffered from mismanagement and management deficiencies which have caused major delays and cost overruns. The fiscal year 2018 request included $251,330,000 for increment 8, which is to be the last funding necessary to complete the project and is to cover the remaining design errors and omissions. However, the Committee remains skeptical that this is accurate. The recommendation provides the full request and directs the Acting Director of the Facilities Division within Defense Health Agency to provide quarterly reports to the congressional defense committees on the progress of this project to include future funding requests as they are known and notice of any further delay. With growing population at Ft. Bliss, working to complete this project is of the utmost importance. Further, the Committee believes that blood processing centers should be collocated with a hospital especially during new construction of a hospital. Since construction is still ongoing with the Ft. Bliss hospital replacement project, Defense Health Agency should re-examine incorporating the center into the current construction timeline.

Therefore, the recommendation does not provide funding for the blood processing center at Ft. Bliss.

Ft. Leonard Wood hospital replacement.—The Committee is concerned that the Defense Health Agency's hospital construction program is stretched thin. Currently, DHA has 45 active construction projects in the U.S. and abroad totaling approximately $5,200,000,000. The fiscal year 2018 request is $857,721,000 which is an increase of $553,721,000 over the fiscal year 2017 enacted level. Within the increase is a request for $250,000,000 for phase 1 of the Ft. Leonard Wood hospital and $11,941,000 for a blood processing center replacement at Ft. Leonard Wood. Due to the amount of current construction the Committee believes that the DHA is unable to obligate the full amount as requested for the hospital and instead provides $150,000,000 for phase I instead of the budget request of $250,000,000. Further, the Committee believes that the blood processing centers should be collocated with the hospital especially when planning and constructing a new hospital. Therefore, the recommendation does not provide any funding for the blood processing center at Ft. Leonard Wood and directs DHA to incorporate the center into the hospital's new construction in future phases. Lastly, the Committee directs DHA to report to the congressional defense committees not later than 120 days after enactment of this Act on the status, construction timeline, and the current working estimate of the 45 active construction projects.

Parking issues at DOD facilities.—Military construction budget constraints are negatively affecting the ability of the Department of Defense to address urgent parking requirements at certain U.S. military installations. The lack of parking is a safety issue and a detriment to the well-being of employees, both civilian and military. The Committee is concerned that many DOD facilities in the Department's inventory do not have sufficient parking to meet installation requirements. Furthermore, these deficiencies can contribute to traffic congestion and are serious problems on base. The Committee is concerned that the Department does not have a coherent strategy to address the growing parking requirements at installations that have seen significant growth. For example, Fort Meade, which already was home to the National Security Agency (NSA), became the headquarters of the newly formed U.S. Cyber Command in 2010. By 2011, the Defense Information Systems Agency, which handles the Pentagon's IT and communications needs, had moved onto the base. In 2005, the base had just over 33,500 employees. Today, it has about 57,000, more than double the number of workers at the Pentagon. As a result of this growth, parking at Fort Meade has become a serious issue. Therefore, the Secretary of Defense is directed to submit to the Committee with the fiscal year 2019 military construction budget request: an updated list of unfunded requirements for parking facilities, access control points, and road construction at DOD facilities that have serious parking, access, and road congestion issues. Finally, the Secretary is further directed to submit, with the fiscal year 2019 military construction budget request, a list of how those requirements will be incorporated into their construction requests for fiscal years 2019 through 2023.

Energy Policy.—The Department of Defense is the largest consumer of energy in the Federal Government, accounting for nearly

80 percent of the Government's total energy consumption. The Committee commends the Department for its efforts to improve the energy efficiency of its facilities and installations, reduce its energy consumption, and invest in renewable energy projects and energy security. The Committee continues to support the Department's efforts to incorporate green building technologies into new facility construction and into the renovation of existing buildings, including leading-edge technologies that can minimize life-cycle costs. DOD and the Services should engage with government, industry, and academia to identify and utilize innovative technologies to reduce long-term energy costs, limit the constraints of energy and water resources on military mission capabilities and readiness, and meet congressional and DOD mandated goals for renewable energy generation and energy and water efficiency. The Committee encourages the development of net-zero energy military housing and installation facilities, upgrades and retrofits for improved energy and water efficiency, and microgrid demonstrations. The Committee supports the Department's investments in microgrid energy security and encourages the Department to continue to explore ways to mitigate the risk to mission critical assets and promote energy independence at military installations through the Energy Resilience Conservation Investment Program.

Energy Resilience Conservation and Investment Program.—On January 29, 2016 the U.S. Government Accountability Office (GAO) released a report (GAO–16–162) regarding the DOD's Energy Conservation Investment Program (ERCIP). GAO recommended that DOD improve reporting on both expected and actual savings of selected projects as well as update guidance on selecting projects to receive program funding. Currently, ERCIP is focused primarily on energy conservation projects that yield returns on investment. Recognizing that energy resiliency should also be a strategic aim of the program, the Committee urges the Department to consider ERCIP project selection criteria that also prioritizes installations' energy resiliency and security.

National Geospatial Intelligence Agency West Campus.—The Committee continues to have concerns about the new National Geospatial Intelligence Agency (NGA) West Campus Headquarters project. This project has a total cost of $821,000,000 and has been proposed in a two-phased approach with $381,000,000 requested in fiscal year 2018 with the second phase to be requested in fiscal year 2019. The project has already been de-scoped during the initial design process, the $801,000 appropriated in fiscal year 2017 has not been obligated and transferred to the Corps and, based on the work in progress curve submitted with the budget request, NGA is not able to obligate the full request of $381,000,000. Therefore, the Committee has reduced the request by $181,000,000.

SOCOM military construction requirements.—The Committee remains concerned about the lack of coordination with the Services for guidance that better defines support facilities and the horizontal (installation) infrastructure requirements to support SOCOM military construction at tenant installations. Therefore, the Committee directs the SOCOM Commander to coordinate with the Services to document and report to the congressional defense committees non-MFP–11 horizontal infrastructure projects that are necessary for execution of SOCOM construction projects not later

than 90 days after enactment of this Act. This report should include any project synchronization issues that would delay planned construction projects in the outyears.

GUARD AND RESERVE ITEMS OF INTERESTS

Enforcement of border security.—Recognizing the need to bolster resources for the enforcement of border security, the Committee urges the Army National Guard and the Air National Guard to explore public-private partnerships with state and local governments, to design, and construct facilities adjacent to our southwestern border that will support National Guard activities and house and support assets used by Customs and Border Protection and other law enforcement agencies for the terrestrial, maritime, and aerial surveillance of those borders, to include aircraft hangars suitable for unmanned aerial systems and report back to the Committee 180 days after the enactment of the this Act.

MILITARY CONSTRUCTION, ARMY NATIONAL GUARD

Fiscal year 2017 enacted level	$232,930,000
Fiscal year 2018 budget request	210,652,000
Committee recommendation in the bill	210,652,000
Comparison with:	
Fiscal year 2017 enacted level	(22,278,000)
Fiscal year 2018 budget request	– – –

The Committee recommendation includes additional funding for the Army National Guard in section 125 under Administrative Provisions for projects on the Services Unfunded Priority lists as provided by the Office of the Secretary of Defense and submitted to Congress in priority order.

MILITARY CONSTRUCTION, AIR NATIONAL GUARD

Fiscal year 2017 enacted level	$143,957,000
Fiscal year 2018 budget request	161,491,000
Committee recommendation in the bill	161,491,000
Comparison with:	
Fiscal year 2017 enacted level	17,534,000
Fiscal year 2018 budget request	– – –

The Committee recommendation includes additional funding for the Air National Guard in section 125 under Administrative Provisions for projects on the Services Unfunded Priority lists as provided by the Office of the Secretary of Defense and submitted to Congress in priority order.

MILITARY CONSTRUCTION, ARMY RESERVE

Fiscal year 2017 enacted level	$68,230,000
Fiscal year 2018 budget request	73,712,000
Committee recommendation in the bill	73,712,000
Comparison with:	
Fiscal year 2017 enacted level	5,482,000
Fiscal year 2018 budget request	– – –

The Committee recommendation includes additional funding for the Army Reserve in section 125 under Administrative Provisions for projects on the Services Unfunded Priority lists as provided by the Office of the Secretary of Defense and submitted to Congress in priority order.

MILITARY CONSTRUCTION, NAVY RESERVE

Fiscal year 2017 enacted level	$38,597,000
Fiscal year 2018 budget request	65,271,000
Committee recommendation in the bill	65,271,000
Comparison with:	
Fiscal year 2017 enacted level	26,674,000
Fiscal year 2018 budget request	– – –

MILITARY CONSTRUCTION, AIR FORCE RESERVE

Fiscal year 2017 enacted level	$188,950,000
Fiscal year 2018 budget request	63,535,000
Committee recommendation in the bill	63,535,000
Comparison with:	
Fiscal year 2017 enacted level	(125,415,000)
Fiscal year 2018 budget request	– – –

The Committee recommendation includes additional funding for the Air Force Reserve in section 125 under Administrative Provisions for projects on the Services Unfunded Priority lists as provided by the Office of the Secretary of Defense and submitted to Congress in priority order.

Air Force Reserve Hangars.—The Committee is concerned that many of the Air Force Reserve Hangars are unsafe, antiquated, and do not provide adequate protection of Air Force Reserve air assets. For example, hangers located at Homestead Air Reserve Base have become wholly inadequate due to constrained military construction budgets and are putting equipment and air assets at risk. The Committee is concerned that this could be a problem throughout the Air Force Reserve enterprise with the recent reductions to the Department of Defense's Construction accounts. Therefore, the Secretary of the Air Force is directed to conduct a risk assessment on Air Force Reserve Hangars throughout the Air Force Reserve enterprise and develop a plan to update these facilities in the 2019–2023 future years defense plan. This assessment shall be submitted to the congressional defense committees not later than 90 days after enactment of this Act.

NORTH ATLANTIC TREATY ORGANIZATION SECURITY INVESTMENT PROGRAM

Fiscal year 2017 enacted level	$177,932,000
Fiscal year 2018 budget request	154,000,000
Committee recommendation in the bill	177,932,000
Comparison with:	
Fiscal year 2017 enacted level	– – –
Fiscal year 2018 budget request	23,932,000

The Committee recommendation includes a rescission of $25,000,000 from unobligated balances under Administrative Provisions.

The North Atlantic Treaty Organization Security Investment Program (NSIP) consists of annual contributions by 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 U.S. occasionally has been forced to temporarily delay the authorization of projects due to shortfalls in U.S. obligation authority. The Committee directs the Secretary of Defense to notify the Committee within 14 days of the U.S. taking action to temporarily delay the authorization of projects, or to temporarily withhold funds from previously authorized projects, due to shortfalls in U.S. obligation authority.

FAMILY HOUSING OVERVIEW

Fiscal year 2017 enacted level	$1,276,289,000
Fiscal year 2018 budget request	1,407,155,000
Committee recommendation in the bill	1,407,155,000
Comparison with:	
Fiscal year 2017 enacted level	130,866,000
Fiscal year 2018 budget request	– – –

Family housing construction accounts provide funds for new construction, construction improvements, the Federal government 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.

Foreign currency savings and sub-account transfers.—The Committee directs that savings in family housing operation and maintenance accounts from foreign currency re-estimates be used to maintain and repair existing family housing units. The Comptroller is directed to report to the Committees on Appropriations of both Houses of Congress on how these savings are allocated 90 days after enactment of this Act. In addition, the Committee directs the services and Defense agencies to notify the Committees on Appropriations of both Houses of Congress within 30 days of a transfer of funds between sub-accounts within the family housing construction and family housing operation and maintenance accounts, if such transfer is in excess of 10 percent of the funds appropriated to the sub-account to which the funds are being transferred. Notifications to the Committees shall indicate the sub-accounts and amounts that are being used to source the transfer.

Leasing reporting requirements.—The Secretary of Defense is directed to report to the Committees on Appropriations of both Houses of Congress quarterly on the details of all new or renewed domestic leases entered into during the previous quarter that exceed the cost threshold set by 10 U.S.C. 2828(b)(2), including certification that less expensive housing was not available for lease. For foreign leases, the Department is directed to: (1) perform an economic analysis on all new leases or lease/contract agreements where more than 25 units are involved; (2) report the details of new or renewed lease agreements that exceed the cost threshold set by 10 U.S.C. 2828(e)(1) 21 days prior to entering into such an agreement; and (3) base leasing decisions on the economic analysis.

FAMILY HOUSING CONSTRUCTION, ARMY

Fiscal year 2017 enacted level	$157,172,000
Fiscal year 2018 budget request	182,662,000
Committee recommendation in the bill	182,662,000
Comparison with:	
Fiscal year 2017 enacted level	25,490,000
Fiscal year 2018 budget request	– – –

The Committee recommendation includes a rescission of $18,000,000 from bid savings under Administrative provisions.

FAMILY HOUSING OPERATION AND MAINTENANCE, ARMY

Fiscal year 2017 enacted level	$325,995,000
Fiscal year 2018 budget request	346,625,000
Committee recommendation in the bill	346,625,000
Comparison with:	
Fiscal year 2017 enacted level	20,630,000
Fiscal year 2018 budget request	– – –

FAMILY HOUSING CONSTRUCTION, NAVY AND MARINE CORPS

Fiscal year 2017 enacted level	$94,011,000
Fiscal year 2018 budget request	83,682,000
Committee recommendation in the bill	83,682,000
Comparison with:	
Fiscal year 2017 enacted level	(10,329,000)
Fiscal year 2018 budget request	– – –

The Committee recommendation includes a rescission of $8,000,000 from bid savings under Administrative provisions.

FAMILY HOUSING OPERATION AND MAINTENANCE, NAVY AND MARINE CORPS

Fiscal year 2017 enacted level	$300,915,000
Fiscal year 2018 budget request	328,282,000
Committee recommendation in the bill	328,282,000
Comparison with:	
Fiscal year 2017 enacted level	27,367,000
Fiscal year 2018 budget request	– – –

FAMILY HOUSING CONSTRUCTION, AIR FORCE

Fiscal year 2017 enacted level	$61,352,000
Fiscal year 2018 budget request	85,062,000
Committee recommendation in the bill	85,062,000
Comparison with:	
Fiscal year 2017 enacted level	23,710,000
Fiscal year 2018 budget request	– – –

The Committee recommendation includes a rescission of $20,000,000 from bid savings under Administrative provisions.

FAMILY HOUSING OPERATION AND MAINTENANCE, AIR FORCE

Fiscal year 2017 enacted level	$274,429,000
Fiscal year 2018 budget request	318,324,000
Committee recommendation in the bill	318,324,000
Comparison with:	
Fiscal year 2017 enacted level	43,895,000
Fiscal year 2018 budget request	– – –

FAMILY HOUSING OPERATION AND MAINTENANCE, DEFENSE-WIDE

Fiscal year 2017 enacted level	$59,157,000
Fiscal year 2018 budget request	59,169,000
Committee recommendation in the bill	59,169,000
Comparison with:	
Fiscal year 2017 enacted level	12,000
Fiscal year 2018 budget request	– – –

DEPARTMENT OF DEFENSE FAMILY HOUSING IMPROVEMENT FUND

Fiscal year 2017 enacted level	$3,258,000
Fiscal year 2018 budget request	2,726,000
Committee recommendation in the bill	2,726,000
Comparison with:	
Fiscal year 2017 enacted level	(532,000)
Fiscal year 2018 budget request	– – –

DEPARTMENT OF DEFENSE MILITARY UNACCOMPANIED HOUSING IMPROVEMENT FUND

Fiscal year 2017 enacted level	$– – –
Fiscal year 2018 budget request	623,000
Committee recommendation in the bill	623,000
Comparison with:	
Fiscal year 2017 enacted level	623,000
Fiscal year 2018 budget request	– – –

DEPARTMENT OF DEFENSE BASE CLOSURE ACCOUNT

Fiscal year 2017 enacted level	$240,237,000
Fiscal year 2018 budget request	255,867,000
Committee recommendation in the bill	290,867,000
Comparison with:	
Fiscal year 2017 enacted level	50,630,000
Fiscal year 2018 budget request	35,000,000

The additional funding is for the Navy to accelerate environmental remediation at installations closed under previous Base Closure and Realignment rounds. Furthermore, the Navy shall provide to the Committee a spend plan for these additional funds not later than 60 days after enactment of this Act.

The need to address inventory and excess of facilities.—The Committee is concerned about the cost of maintaining excess inventory of facilities or space at military installations and the effect on surrounding communities of underutilized bases, and encourages the Secretary to work with Congress to address the situation. The Department is encouraged to consider new options such as a Military Installations Savings Commission (MISC), to focus on integrating services, assisting in the transition of underused facilities to higher economic use, and supporting the affected communities.

ADMINISTRATIVE PROVISIONS

The bill retains 28 provisions that were in effect in fiscal year 2017. The administrative provisions included in the bill are as follows:

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 to relocate a unit of the Army that would impact more than 200 personnel.

The bill includes section 123 allowing the transfer of funds among projects and activities in accordance with the reprogramming guidelines.

The bill includes section 124 prohibiting the use of funds for projects at Arlington National Cemetery.

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

(INCLUDING RESCISSION OF FUNDS)

The bill includes section 126 rescinding funds from prior appropriations Acts.

The bill includes section 127 defining the congressional defense committees.

The bill includes section 128 prohibiting the use of funds to close or realign Naval Station Guantanamo Bay. The provision is intended to prevent the closure or realignment of the installation out of the possession of the United States, and maintain the Naval Station's long-standing regional security and migrant operations missions.

The bill does not include section 121 as requested to provide authority under a continuing resolution when an authorization bill has been enacted to obligate funds that have not been appropriated.

TITLE II

DEPARTMENT OF VETERANS AFFAIRS

Fiscal year 2017 enacted level [1]	$176,941,336,000
Fiscal year 2018 budget request [1]	182,661,467,000
Committee recommendation in the bill [1]	182,277,635,000
Comparison with:	
Fiscal year 2017 enacted	$5,336,299,000
Fiscal year 2018 budget request	(383,832,000)
Fiscal year 2019 advance budget request [1]	178,409,040,000
Fiscal year 2019 Committee recommendation in the bill [1]	178,409,040,000

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

The Department of Veterans Affairs (VA) serves approximately 48,100,000 people, 21,400,000 veterans and 26,700,000 family members of living veterans or survivors of deceased veterans. To serve adequately the nation's veterans, VA employs 364,000 people,

making it one of the largest Federal agencies in terms of employment.

VETERANS BENEFITS ADMINISTRATION (VBA)

COMPENSATION AND PENSIONS

(INCLUDING TRANSFER OF FUNDS)

Fiscal year 2018 enacted level	$90,119,449,000
Fiscal year 2019 advance budget request	95,768,462,000
Fiscal year 2019 Committee recommendation in the bill	95,768,462,000
Comparison with:	
Fiscal year 2018 enacted level	5,649,013,000
Fiscal year 2019 budget request	– – –

This appropriation will provide funds for service-connected compensation payments to an estimated 5,020,000 veterans, survivors, and dependents in 2018. In addition, pension payments will be funded for 493,000 veterans and their survivors. The average cost per compensation case for veterans in 2018 is estimated at $16,784 and pension payments are projected at $13,488.

The appropriation includes authority to transfer funding not to exceed $17,882,000 in 2018 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, Public Law 101–508, the Veterans' Benefits Act of 1992, Public Law 102–568, and the Veterans' Benefits Improvements Act of 1994, Public Law 103–446. These cost-saving provisions include verifying pension income against Internal Revenue Service (IRS) and Social Security Administration (SSA) data; establishing a match with the 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.

READJUSTMENT BENEFITS

Fiscal year 2018 enacted level	$13,708,648,000
Fiscal year 2019 advance budget request	11,832,175,000
Fiscal year 2019 Committee recommendation in the bill	11,832,175,000
Comparison with:	
Fiscal year 2018 enacted level	(1,876,473)
Fiscal year 2019 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 the Department of Defense (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 dis-

ability, as well as dependents of servicemembers who were captured or are missing in action. More than 80 percent of the funds in the account support the Post–9–11 GI Bill. Funding provided for fiscal year 2019 is a reduction from the prior year because of expected unobligated balances available from fiscal year 2018.

VETERANS INSURANCE AND INDEMNITIES

Fiscal year 2018 enacted level	$107,899,000
Fiscal year 2018 additional request	12,439,000
Fiscal year 2018 recommendation in the bill	12,439,000
Fiscal year 2019 advance budget request	109,090,000
Fiscal year 2019 Committee recommendation in the bill	109,090,000
Comparison with:	
Fiscal year 2018 enacted level	1,191,000
Fiscal year 2019 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; servicemen's indemnities, applicable to Korean conflict veterans; and veterans mortgage life insurance, applicable to individuals who have received a grant for specially adapted housing.

The amount provided will enable the Department to transfer funding to the service-disabled veterans insurance fund and transfer additional amounts for payments for policies under the veterans mortgage life insurance program. These policies are identified under the Veterans Insurance and Indemnity appropriation since they provide insurance to service-disabled veterans unable to qualify under basic NSLI. Funds provided are lower than prior year levels because of lower estimates of transfers to the various insurance funds.

VETERANS HOUSING BENEFIT PROGRAM FUND PROGRAM ACCOUNT

	Program account	Limitation on direct loans for specially adapted housing loans	Administrative expenses
Fiscal year 2017 enacted level	– – –	($500,000)	$198,856,000
Fiscal year 2018 budget request est.	– – –	(500,000)	178,626,000
Committee recommendation est. in the bill	– – –	(500,000)	178,626,000
Comparison with:			
Fiscal year 2017 enacted level	– – –	– – –	(20,230,000)
Fiscal year 2018 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 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 mort-

gage 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.

Access problems.—The Committee is concerned with the ability of veterans to benefit from the Department of Veterans Home Loan Program in areas with a large population of veterans and competitive housing markets and a shortage of appraisers approved by VA. The Committee therefore directs the Secretary to review applicable statutory, regulatory, and agency policy and report back to the Committee within 90 days of enactment a series of options to support the greater utilization of the Home Loan Program in locations with a large veterans population and competitive housing markets.

VOCATIONAL REHABILITATION LOANS PROGRAM ACCOUNT

	Program account	Limitation on direct loans	Administrative expenses
Fiscal year 2017 enacted level	$36,000	($2,517,000)	$389,000
Fiscal year 2018 budget request	30,000	(2,356,000)	395,000
Committee recommendation in the bill	30,000	(2,356,000)	395,000
Comparison with:			
Fiscal year 2017 enacted level	(6,000)	(161,000)	6,000
Fiscal year 2018 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 $1,214 (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 requires budgetary resources to be available prior to incurring a direct loan obligation.

It is estimated that the Department will make 2,402 loans in fiscal year 2018, with an average amount of $981.

NATIVE AMERICAN VETERAN HOUSING LOAN PROGRAM

Administrative expenses:	
Fiscal year 2017 enacted level	$1,163,000
Fiscal year 2018 budget request	1,163,000
Committee recommendation in the bill	1,163,000
Comparison with:	
Fiscal year 2017 enacted level	– – –
Fiscal year 2018 budget request	– – –

The Native American Veteran Housing Loan Program, as authorized by title 38 United States Code, chapter 37, subchapter V, provides the Secretary with authority to make direct housing loans to Native American veterans for the purpose of purchasing, constructing, or improving dwellings on trust lands, including Hawaiian Home Lands. Native Hawaiians, Alaska Natives and Native Americans, enroll in the military at higher rates than non-Natives.

These loans are available to purchase, construct, or improve homes to be occupied as veterans' residences.

GENERAL OPERATING EXPENSES, VETERANS BENEFITS ADMINISTRATION

Fiscal year 2017 enacted level	$2,856,160,000
Fiscal year 2018 budget request	2,844,000,000
Committee recommendation in the bill	2,894,000,000
Comparison with:	
Fiscal year 2017 enacted level	37,840,000
Fiscal year 2018 budget request	50,000,000

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

The bill makes available through September 30, 2019, up to five percent of these funds.

The Committee provides $2,894,000,000 for the General Operating Expenses, VBA account, which is $50,000,000 above the Administration request. The Committee intends that VA use these additional funds to restore some of the decrease proposed in the budget for the Veterans Claims Intake Program (VCIP) to scan paper claims and convert them into digital format. In addition, the Committee intends that VA use a portion of the additional funding to finance overtime payments if that becomes necessary to manage disability claims and appeals backlogs.

Addressing backlogs.—The Committee is pleased that VA achieved an 'effective zero' on its backlog of disability claims. However, it is concerned that the disability claims backlog is now creeping slightly upward as VA devotes more resources to non-rating claims. In addition, the appeals backlog is dramatically increasing, as the volume of initial claims decisions has risen. The Committee urges VA to use the additional resources provided to tackle both types of backlogs before they reach troubling levels.

Performance reporting.—The bill includes language directing VA to continue the specific reporting requirements on claims processing performance and backlog identified in the fiscal year 2017 enacted law. In addition, the Committee directs VA to include in this report the number of appeals, how many appeals are with the jurisdiction of VBA versus the Board of Veterans Appeals, and the median age of pending appeals.

Reforms to expedite VA appeals process.—The Committee expects the Secretary to fully implement the Government Accountability Office's (GAO) recommendations to improve the timeliness of VA's disability benefits appeals decisions and to document its progress in its monthly reports to the Committee on appeals claims processing performance. The Committee concurs with the GAO's recommendations that VA should apply sensitivity analyses when projecting staff needs, develop a more detailed workforce plan, develop a robust plan for assessing process reform, and create a schedule for information technology (IT) improvements accommodating potential process reform. The Committee also supports GAO's recommendation that any VA proposed appeals process reforms be first subject to a pilot test.

Oakland regional office.—The Committee is concerned that errors in providing dispositions on claims at the Oakland Regional Office

may have resulted in an unreasonable number of appeals. Therefore, the Committee requests that VA provide not later than 60 days after enactment of this Act the number of appeals originating in Oakland from each of the calendar years 2014–2017.

Equitable relief.—The Committee understands that 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, 2018, VA is requested to submit to the Committees a report containing a statement as to the disposition of each case recommended to the Secretary for equitable relief under 38 U.S.C 503 during the preceding calendar year.

Military sexual trauma (MST) claims.—The Committee understands VBA is developing and implementing new training initiatives and procedures for posttraumatic stress disorder (PTSD) claims related to MST. The Committee is pleased with the increased focus on this area and encourages VA to continue to build on the strides that have been made, to include intensive training and changes identifying specialized claims employees for MST-related claims. However, the Committee also realizes that, in addition to PTSD, MST can lead to other mental health disorders. The Committee urges VA to consider, in addition to PTSD, anxiety, depression, and other mental health disorders in their treatment of victims of MST. The Committee also urges VA to conduct veteran outreach initiatives and publicize benefits veterans may be entitled to as a result of MST. In addition, the Committee recognizes that MST affects both female and male veterans and encourages VA to continue its efforts to provide equal treatment and assistance for both female and male veterans.

Transition assistance.—The Committee encourages VA to expand veterans education connection centers at medical centers and outpatient clinics, such as the one established at the Louis Stokes Veterans Medical Center in Cleveland, Ohio.

Veterans service data.—The Committee notes the enduring interest in minimizing the barriers to veteran employment. Often, businesses seeking to hire veterans and take advantage of the Work Opportunity Tax Credit are faced with difficulty in verifying veterans' disabilities and service data. While the Committee recognizes the multiple means for veterans to obtain access to their DD-214 and medical records, the Committee recognizes the benefits of making these documents available to prospective employers electronically in controlled settings if privacy and confidentiality issues can be addressed. The Committee encourages the Secretary to work with the Secretary of Defense and State governors to create mechanisms to share this data to help support the employment of veterans.

State and county veteran service officers receiving access to VA records.—The Committee encourages the Secretary to work with State and county Veteran Service Officers to explore options for allowing authorized Veteran Service Officers "read only" access to Veterans Benefit Management System (VBMS) records for the pur-

pose of identifying individuals who may be eligible for State or local benefits in addition to Federal VA benefits.

Therapeutic benefits of farming.—Currently, 40 percent of the nation's farms are operated and owned by farmers over the age of 65, and over the next 15 years there will be a demand for one million new farmers. In addition, over 800,000 servicemembers will transition out of the military over the next decade. Veterans face obstacles accessing mental health services in rural and highly rural areas and filling the shortfall of working farmers could provide therapeutic benefits for veterans and transitioning servicemembers. Therefore, the Committee encourages the Department to coordinate with the Departments of Defense and Agriculture in identifying and promoting vocational programs that provide the following: educational or vocational training in agriculture-related fields, behavioral health services on-site through licensed providers, if possible, and a pathway to employment in agriculture-related fields.

Minority outreach.—The Committee is concerned that current outreach efforts to educate minority veterans about benefits to which they are entitled may not be adequate. The Committee requests that, within 180 days of enactment of this Act, VBA submit a report, in coordination with the Center for Minority Veterans, VSOs and other stakeholders, describing strategies for effective, targeted outreach to educate minority veterans and their families about available VA benefits, and VBA's plans to implement these strategies.

Vision assistive technology.—Recent innovation in vision assistive technology provides an opportunity for VA to support blind and vision-impaired veterans to become more independent and mobile. As one example, remote assistive technology exists to connect veterans with a network of certified agents via wearable smart glasses and an augmented reality dashboard that allows the agents to see what is in the blind person's vision field sees in real time. The Committee encourages VA to test a variety of these vision assistive technology devices to assess their utility in VA rehabilitation efforts.

Service dogs.—The Committee recognizes that more than 20,000 service members have been wounded in action in Operation Iraqi Freedom, Operation Enduring Freedom, Operation Inherent Resolve, and Operation Freedom's Sentinel. Many of these men and women have suffered severe injuries such as spinal cord injuries, amputations, traumatic brain injuries, and visual and hearing impairments. For many of those most severely injured warriors, service, guide and hearing dogs provide crucial tasks to mitigate a veteran's disabilities, as well as provide therapy, assistance, and rehabilitation. Currently, there is a waiting list of veterans and active military personnel who seek the support of assistance dogs. Given the growing need for service dogs and the positive impact these dogs will have on the lives of wounded service members, the Committee believes that VA should expand its participation with the accredited non-government organizations that provide assistance dogs for rehabilitation and enhanced recovery care to injured service members of all eras who have suffered service-related injuries. The Committee urges VA to prioritize support of veterinary healthcare and other benefits for service dogs for wounded warriors.

VETERANS HEALTH ADMINISTRATION (VHA)

The Department operates the largest Federal medical care delivery system in the country, with 145 hospitals, 115 domiciliary residential rehabilitation treatment programs, 136 nursing homes, 300 Vet Centers, 80 mobile Vet Centers, and 1,252 outpatient clinics which include independent, satellite, community-based, and rural outreach clinics. More than 7,000,000 patients will be treated in 2018.

The Veterans Health Administration is comprised of five accounts: Medical Services, Medical Community Care, Medical Support and Compliance, Medical Facilities, and Medical and Prosthetic Research. For the first four accounts, the Administration has requested total resources for fiscal year 2019 of $70,699,313,000 in direct appropriations to fund the four advance appropriations of the VHA. The bill also provides the requested $2,650,000,000 in additional fiscal year 2018 funding for the four Medical Care accounts. In addition, VA will receive an estimated $3,271,000,000 in Medical Care Collections Fund in fiscal year 2018. The Committee also provides $698,228,000 for medical and prosthetic research.

VA medical care is provided both at VA facilities and in non-VA community care settings. VA in-house care is financed through the Medical Services account and non-VA community care is supported through the Medical Community Care account. Non-VA care has also been provided through the mandatory Choice program, which was not funded in an appropriations bill. As the Choice program funding ends, the authorizers are developing legislation that would consolidate all non-VA care programs, including a successor program to Choice. The budget proposes to fund the successor program to Choice with continued mandatory funding, but under the same policies as the discretionary non-VA community care programs.

MEDICAL SERVICES

Fiscal year 2017 enacted level	$45,555,812,000
Fiscal year 2018 enacted level	44,886,554,000
Fiscal year 2018 additional request	1,031,808,000
Committee 2018 additional recommendation	1,031,808,000
Fiscal year 2019 advance budget request	49,161,165,000
Committee 2019 recommendation in the bill	49,161,165,000
Comparison with:	
Fiscal year 2018 enacted level	4,274,611,000
Fiscal year 2019 budget request	– – –

This appropriation provides for medical services of eligible veterans and beneficiaries in Department medical centers, outpatient clinic facilities, contract hospitals, State homes, and outpatient programs on a fee basis. VA also supports hospital and outpatient care through the private sector for certain dependents and survivors of veterans under the Department of Defense (DOD) civilian health and medical programs.

The bill provides the request of $49,161,165,000 for advance fiscal year 2019 funding as well as $1,031,808,000 in additional fiscal year 2018 funding as requested. The Committee has included requested bill language to make available through September 30, 2020, $1,400,000,000 of the Medical Services advance appropriation for fiscal year 2019.

Funding identified in the bill does not include the $2,847,000,000 in mandatory funding requested by the Administration, financed by

mandatory benefit program reductions. That proposal is within the jurisdiction of the authorizing committees.

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, that 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.

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 not later than thirty 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 issues

The Committee provides the full fiscal year 2018 budget request of $8,353,200,000 for mental health programs. Of the amounts provided for mental health programs in fiscal year 2018, $186,128,000 shall be used for suicide prevention outreach. The Department is directed to provide a report to the Committee not later than 30 days after enactment of this Act identifying a detailed expenditure plan for all suicide outreach programs.

Veterans crisis line (VCL).—According to the U.S. Census Bureau, there are 21,800,000 million veterans in the U.S. While veterans constitute only 8.5 percent of the population, they accounted for 18 percent of all deaths from suicide among adults, and, according to VA, approximately 20 veterans die from suicide every day. One tool VA has to combat high suicide rates and help those who are considering suicide is the VCL, a 24-hour, toll-free hotline that veterans can call to connect to a responder trained in crisis management. While the Crisis Line is invaluable, it is not without shortcomings and some calls are not answered in an appropriate amount of time. The Committee remains concerned by the continuing deficiencies identified at the VCL in a second investigative report from the Office of Inspector General (OIG). The Committee requests an update from VA in the form of a report due not later than September 30, 2017, detailing how VA is working to implement the recommendations from both VA OIG reports and the Government Accountability Office on the VCL. The report should address how the VCL is working to hire a permanent director; how many VCL staff (including Social Service Assistants, call responders, managers, and supervisors) have received training and orientation (including how many remain to receive such training); changes the VCL has made with its backup center contractors, including ef-

forts to track how long veterans remain in a queue to have their call answered; what percentage of calls are transferred to a non-VA hotline; how the VHA Member Services is working to collaborate with the Office of Suicide Prevention to ensure veterans are receiving appropriate clinical care; what processes are now in place to track and analyze performance data from the two VCL centers and its four contracted backup centers; and how the VCL is complying with the requirements from the No Veterans Crisis Line Call Should Go Unanswered Act.

The Committee has repeated bill language included in the fiscal year 2017 Act 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.

Suicide prevention training.—VA has implemented comprehensive, broad-ranging suicide prevention initiatives, including the toll-free Veterans Crisis Line, placement of Suicide Prevention Coordinators at all VA medical centers and large outpatient facilities, and improvements in case management and tracking. These initiatives have improved mental healthcare access for veterans across the nation. However, the Committee is interested in how VA employees are trained to deal with veterans in crisis. Veterans are at a disproportionately high risk for suicide compared to the rate of U.S. civilian adults, and these initiatives are a lifeline for many veterans. While the Committee understands that training will vary due to education and position, there must be consistent protocol across the VA enterprise when dealing with veterans in crisis. The Committee is concerned that the variations in the protocol may be a threat to the health and safety of veterans. Therefore, the Committee urges the Secretary to develop a basic protocol for all employees who deal with veterans in crisis. Furthermore, the Committee directs VHA to provide a report on the training methods currently in place at the VCL and VA medical centers not later than 90 days after enactment of this Act.

Clay Hunt SAV Act.—The Committee is pleased that VA has initiated the five pilot programs required by the Clay Hunt SAV Act. These pilots provide a community-oriented veteran peer support network carried out in partnership with an entity that has experience in peer support programs, and a community outreach team for each medical center in the five pilot areas. The networks establish peer support training guidelines, conduct training, develop teams of veteran peer support counselors and deliver peer support to veterans identified by the VA outreach teams. The Committee requests a report on the status of VA's efforts not later than 60 days after enactment of this Act.

Suicide among female veterans.—Female veterans are six times more likely to commit suicide than women in the general population. This alarming trend must be addressed by the Department without delay. The Committee directs the VA to renew its focus on improving access to mental health services for female veterans and ensure that female mental health needs, which often differ from male needs in prevalence and expression, are met.

Community clinic mental health services.—The Committee understands that VA policy requires that mental health services be available regardless of the location of the veteran—either in person, on-

site, through referral to the nearest VA medical center, through telemental health, or through community referral. Understanding that location, capacity, and availability of providers affect where a veteran receives mental health services and through which mechanism, the Committee would like a briefing to learn more about how VA establishes the method of providing mental health care in an individual community-based outpatient clinic, how VA makes the judgment that the method is adequate for the type of cases encountered at the facility, and how frequently VA reviews the adequacy of the mechanism for provision of quality mental healthcare.

Public-private partnerships.—The Committee continues to recommend that VA actively seek out public-private partnerships, in particular with research universities, teaching hospitals, and other partners, to expand upon its existing efforts related to suicide prevention, PTSD, traumatic brain injury (TBI), and substance use disorders.

National Center for Posttraumatic Stress Disorder (PTSD).—The Committee recognizes the importance of the VA National Center for PTSD in promoting better prevention, diagnoses, and treatment of PTSD. The Committee further recognizes the importance of this research for veterans, their family members and those experiencing community violence. Consistent with recommendations from the 2016 National Veterans Health Equity report, the Committee urges the Center to conduct an evidence-based analysis of neighborhood effects and other social determinants of health on PTSD in minority veterans, and propose recommendations to address disparities. This report should include an examination of how veterans' PTSD diagnoses may be exacerbated by gun violence in the neighborhoods they return to after their service.

PTSD service dogs.—The Committee is pleased that VA is conducting a pilot through the Center for Compassionate Innovation on the use of mental health mobility service dogs for veterans whose mental health disorder is so debilitating that he or she cannot leave home or move about independently. In this study, VA provides veterinary health benefits, but does not provide the actual service dogs. In addition, VA is conducting a more traditional research study on the use of service dogs for veterans with PTSD. In that study, VA supports both the purchase of the dog and its veterinary health care. The Committee hopes that the results of these two research projects will provide the evidence VA needs to finance veterinary health care for service dogs for behavioral conditions as well as physical conditions. Given that waiting lists for service dogs average between 18 and 24 months, the Committee urges VA to reconsider whether it will purchase the dogs for veterans, if research results validate the utility of service dogs for behavioral conditions.

Postpartum depression.—An estimated one out of seven new mothers experience postpartum depression. The Committee requests a report on what maternal mental health services are available to women veterans at each VISN through the VHA and the Choice program. The report should include mental health support services for women veterans who: have miscarried; had a still born baby; who have had challenges related to fertility; have or have had a high risk pregnancy; or have postpartum depression. The report should also specifically address if women veterans are screened for postpartum depression, as well as how many female

mental health professionals are available in each VA medical facility.

Law enforcement liaison.—The Committee is pleased that VHA is working with the Law Enforcement Training Center to develop education for community law enforcement to ensure the needs of veterans who are considered an immediate threat to themselves or others are addressed. The goal of the Outside Law Enforcement-First Responder Veteran Assistance Training is to provide training and education to first responders about the unique issues facing veterans (specifically recently returned combat veterans) and to increase collaboration with local first responders in the community.

Veterans treatment courts.—The Committee is aware of the successful outcome-oriented support system developed by Veterans Treatment Courts that connects veterans with appropriate treatment and services that can reduce recidivism and break the cycle of crime, arrest and incarceration. Bringing together a team that usually includes a judge, prosecutor, defense counsel, law enforcement officer, probation officer, court coordinator, treatment provider and case manager, is similar to what a veteran experienced in the military and is conducive for them to confront and correct the underlying cause of their crime. The Committee urges the Department to continue to make treatment services a priority in the treatment court system as more jurisdictions implement Veterans Treatment Courts.

Independent review of mental health care.—The Committee is aware of occasional reports of gross negligence in VA care of patients with mental health or substance abuse issues. While there are regular mechanisms within VA to investigate reports of poor quality care, including investigations by the Office of Inspector General, and less frequent reviews by outside organizations like the Joint Commission, the Committee would like to learn if there are other entities qualified and able to respond in real-time to charges of inappropriate care. The Committee requests a report not later than 60 days after enactment of this Act identifying non-VA government bodies that would be equipped to investigate on short notice allegations of poor quality VA care. This report should include a description of State protection and advocacy agencies and their role in investigating poor quality care.

Mental health services training for community providers.—Community providers play an essential role in ensuring our Nation's veterans receive the support they have earned. The Committee supports providing care to veterans within the community because while many veterans seek mental health care at VA, others choose to go to providers in their community. The Committee was pleased that VA developed a Community Provider Toolkit aimed at delivering support, therapeutic tools, and resources to community providers treating veterans for mental health concerns. While the Provider Toolkit was a positive step, challenges still remain for veterans receiving mental health care in the community. For example, civilian mental health providers are not always trained to address the unique psychological needs of veterans suffering from military sexual trauma and other mental health problems unique to veterans. Therefore, the Committee directs the Secretary to provide a report on the training methods currently offered to community mental health providers and to develop a plan to train community

providers on these unique challenges not later than 120 days of enactment of this Act.

Discrimination in PTSD claims.—The Committee is concerned that veterans of color may be disproportionately denied claims for post-traumatic stress disorder. Therefore, the Committee requests a report not later than 90 days after enactment of this Act detailing the number of claims from each of the years 2015, 2016, and 2017 related to PSTD that were filed, the number granted, and the number that were appealed. These numbers should be broken down by racial and ethnic group.

Hepatitis C

The bill provides $751,200,000 for hepatitis C treatment in fiscal year 2018, the same amount as the administration request. The Committee commends VA for its efforts to respond to the disproportionate infection rate of hepatitis C among veterans. More than 87,000 veterans have been treated with the new generation oral hepatitis C drugs, with 90 to 95 percent cure rates. These cures are having profound effects in preventing liver disease and cancer for those veterans as well as the costs otherwise borne by VA for treating these illnesses. VA indicates that 58,000 veterans in the VA healthcare system remain potential candidates for hepatitis C treatment. However, an increasing proportion of this cohort are more difficult to engage and treat, due to factors such as inability to adhere to therapy, psychosocial determinants, or unstable or uncontrolled medical comorbidities. VA is encouraged to increase its outreach efforts to screen and treat the remaining hepatitis C patients in the veteran community. The Committee requests a report not later than 60 days after enactment of this Act describing the Department's efforts to improve hepatitis C screening rates in traditional and non-traditional settings, and the utilization of innovative strategies like point-of-care testing collaboration with veterans' service organizations, voluntary health organizations, and other stakeholders.

Homeless assistance

The Committee provides the full fiscal year 2018 budget request of $1,727,784,000 for VA homeless assistance programs, in addition to an estimated $5,573,956,000 for homeless veterans treatment costs. These programs include the Homeless Providers Grant and Per Diem, the Domiciliary Care for Homeless Veterans, the Supportive Services for Low Income Veterans and Families, and the Department of Housing and Urban Development—Department of Veterans Affairs Supported Housing (HUD-VASH) programs.

Enhanced use lease (EUL) authority.—The Committee believes that enhanced use lease authority, with which VA establishes a cooperative arrangement in which underutilized VA properties are made available to public or private entities in exchange for consideration allowing expanded services to veterans, has been a very valuable tool in creating housing for homeless veterans. VA currently participates in 31 EUL projects that provide supportive housing for homeless veterans. The Committee is pleased that VA expects to continue to increase the number of permanent homeless housing facilities in 2017.

Related needs of homeless veterans.—While VA has made strides in reducing veteran homelessness, its program clients need additional support beyond shelter. The Committee continues to be interested in the feasibility, advisability and cost of VA conducting a pilot program to award grants to eligible organizations to provide furniture, household items, and other assistance to formerly homeless veterans who have transitioned to permanent housing. The Committee requests an updated report on the Department's views of such a program not later than 60 days after enactment of this Act.

HUD-VASH program.—The Committee recognizes the important contributions the HUD-VASH program has made in reducing the number of homeless veterans and commends VA for implementing a case management system that keeps veterans housed longer by providing the supportive care many of them require. The Committee encourages VA to more creatively and collaboratively work with local social service agencies, especially in rural and small communities, to ensure that HUD-VASH voucher recipients are receiving the most comprehensive services available to them. Many jurisdictions around the country are implementing their own coordinated care initiatives alongside public housing programs, and in the interest of maximizing public investment and providing the best, most comprehensive care available, VA should seek to partner with local and State governments when possible. The Committee requests an annual report identifying how many HUD-VASH vouchers are given to female veterans with children, female veterans without children, male veterans with children, and male veterans without children in each State. The report should also include the number of HUD-VASH vouchers distributed to veterans in rural, suburban, and urban areas per State. An annual report will be an important data point over time to assess the success of VA's efforts to combat veteran homelessness.

Female homeless veterans.—The Committee remains committed to helping homeless veterans and commends VA for its efforts in reducing homelessness among the veteran population. However, the Committee is concerned about VA's efforts to reduce homelessness among female veterans, and particularly those veterans with minor children. These veterans may be faced with additional challenges when trying to obtain homeless services from VA. The Committee requests the Department to provide an analysis of the challenges facing homeless female veterans with minor children and the services VA has developed to address those challenges. This report should be provided to the Committee not later than 90 days of enactment of this Act.

Homeless veterans in rural areas.—The Committee continues to be concerned about VA's efforts to combat homelessness among rural veterans. The Committee encourages VA to identify ways to obtain more accurate data on homeless and at-risk veterans in rural areas, and is pleased that VA will be hosting a Homeless Evidence and Research Synthesis later this year to discuss the challenges that exist in identifying and providing services to rural and highly rural veterans. The Committee requests VA to report not later than 60 days after enactment of this Act new approaches the Department is designing to measure and address homelessness among the rural veteran population.

Construction of housing for rural homeless veterans.—The Department has made great efforts to find housing for homeless veterans and their families. However, to date, VA has not tested the concept of awarding grants to eligible entities to purchase and construct rural, single unit, tiny homes for homeless veterans, who may prefer to live in rural communities. This approach could provide a pathway to stable housing for veterans. The Committee requests the Department to outline what legislative changes would be required to establish such a program on a pilot basis, the feasibility, and estimated cost of such a program. The report should be provided to the Committee not later than 60 days after enactment of this Act.

Staffing issues

Hiring delays.— The Committee is concerned about whether the VA hiring and credentialing process may contribute to longer wait times for veterans seeking healthcare. The Committee requests VA to report on the average length of time to fill a healthcare provider slot at a representative sample of medical centers, including: the time it takes the resource board to approve the hire of a new position; the time it takes to post the job announcement; how long the interview process takes; and the length of time for credentialing; as well as any internal VA goals that exist for the time each step in the process should take. The report should also describe how often a healthcare provider reaches the credentialing process phase of the process, but exits the process because of another opportunity outside VA. This report should be provided to the Committee not later than 60 days after enactment of this Act.

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

Position vacancies.—The Committee is concerned about the large number of vacancies among senior positions at VA medical centers throughout the country. Not later than 120 days after enactment of this Act, the Secretary is requested to develop and submit to the Committee a plan describing: (1) methods to hire highly qualified medical directors for each medical center that lacks a permanent director; (2) possible impediments to staffing facilities with permanent directors; and (3) possibilities of promoting and training qualified candidates from within the VA for promotion to Senior Executive Service positions.

Nurse training programs.—The Committee encourages VA to further support the VA Nursing Academic Partnership Programs (VANAP), the Post-Baccalaureate Nurse Residency (PBNR), the VA Nursing Academic Partnerships in Graduate Education (VANAP-

GE), and the Enhancing Academic Partnerships program. These programs enhance recruitment and retention of highly trained nursing professionals, while elevating interprofessional education concentrating on behavioral health services, women's health, gerontology services, services for homeless veterans, and rural health care initiatives. These initiatives ensure that veterans and their families have access to the right provider, at the right time, by building strong partnerships between academia and VA practice.

Nursing locality pay systems.—Recognizing the importance of recruitment and retention of qualified nurses, the Committee requests VA to submit a report within 90 days of enactment of this Act that analyzes how individual VA medical centers set pay rates for nurses at their facilities and how those rates compare to pay rates set by other VAMCs within their VISN. This report should also include an analysis across VISNs about whether a consistent methodology is used when setting pay scales.

Leveraging military expertise.—The Committee recognizes that civilian medical personnel may have a difficult time communicating with military veterans due to the distinct nature of military language and culture. The Committee urges the Secretary to conduct a feasibility study regarding the expansion of existing programs that allow guard and reserve members to maintain clinical competencies by conducting a portion of their contractual reserve time at VA facilities. The Committee recommends that the Secretary consider expanding this program to leverage telemedicine technologies used by rural providers participating in the CHOICE program, as these reserve and guard personnel are in a unique position to provide expertise and military knowledge in medical communities that may be lacking.

Psychology internships.—The Committee understands that VHA each year uses the services of the Association of Psychological Postdoctoral and Internship Centers (APPIC), a non-profit organization, to help select and match clinical psychologists for available VA internships. The Committee is concerned, however, that APPIC has decided to not include psychologists from programs accredited by the Psychological Clinical Science Accreditation System (PCSAS) even though VHA has recently published new Psychologist Qualification Standards that recognize graduates of PCSAS-accredited programs. The Committee is pleased to learn that VHA is working to resolve this situation to insure that all appropriately trained and qualified psychologists are given equal access to VA internships. The Committee requests a report on the status of this issue by August 1, 2017, including a discussion of the contribution of psychology in meeting the overall healthcare mission of VA.

Recruitment incentives.—The Committee is concerned with the shortage of medical providers at VA facilities and the inability to compete with private practice in the recruitment and retention of such providers. VA is encouraged to prioritize funding for student loan repayment options and other hiring incentives, such as signing bonuses and relocation expenses, to remain competitive in efforts to recruit and retain providers. The Committee also requests VA to report not later than 90 days after enactment of this Act on the differences between student loan repayment options for VA providers versus providers serving Health Professional Shortage Areas through the National Health Service Corps.

Residency positions.—In the Veterans Access, Choice, and Accountability Act of 2014, Congress instructed VA to focus graduate medical education residency positions in those locations experiencing a shortage of physicians, those located in a community that is designated as a health professional shortage area, and to give priority to residency positions and programs in primary care and mental health. The Committee requests that VA increase its focus on these underserved locations when determining residency positions.

Access for rural veterans

Office of Rural Health.—The Committee provides the full fiscal year 2018 budget request of $250,000,000 to improve access and quality of care for the more than 3,000,000 enrolled veterans residing in rural and highly rural areas. The VA Office of Rural Health (ORH) improves access and quality of care for enrolled Veterans residing in geographically rural areas. Developing evidence-based policies and innovative practices to bring healthcare to rural areas is key to serving veterans in geographically remote areas, including remote facilities in Hawaii, many of whom would otherwise need to fly to reach their nearest VA facility. In addition to providing healthcare services, ORH's important work includes identifying barriers to healthcare delivery in rural areas and implementing new ways to deliver healthcare and services to veterans in these locations.

Operating plan.—The Committee directs ORH to submit to the Committee not later than 30 days after enactment of this Act an operating plan for fiscal year 2018 funding, as well as the fiscal year 2019 funding provided in advance by this Act.

Rural caregivers.—The report VA produced last year in response to the Committee's request for information about special barriers faced by rural caregivers identified problems such as lack of providers, hospital closings due to financial instability, internet access, unfamiliarity with available VA services, training needs, poor transportation, and social isolation. The Committee requests ORH to develop a group of policy proposals that, if adopted, could be used on behalf of rural caregivers to reduce the difficulties common to their situations. This package of possible policy options should be provided to the Committee not later than 120 days after enactment of this Act.

Telemedicine.—The Committee encourages further development and implementation of telemedicine to help veterans in rural areas. Telemedicine is useful for a number of types of appointments, including helping veterans with mental health issues. The Committee requests VA to submit a report not later than 90 days after enactment of this Act providing with an update on the uses of telemedicine in rural communities and VA plans to further expand the use of telemedicine for mental health care.

Improving access for rural veterans.—According to the most recent census data, usage of VA healthcare by rural veterans increases by level of rurality, with almost 40 percent of veterans in completely rural counties enrolled in or using the system. Rural veterans had the highest rates of disability overall and at all ages, and rural veterans from every period of service also have higher rates of disability than similar urban veterans. Rural veterans who

served during World War II (the oldest cohort) had the highest rate of disability. Rural Gulf War veterans, however, had the highest rate of service-connected disability. Healthcare services required for these cohorts may differ dramatically, and access to those services may be more difficult in rural areas. The Committee urges VA to consider age disparity among the rural veteran population when working to increase accessibility to telehealth services.

Remote areas.—The Committee directs the Department to conduct a study of the feasibility of establishing health clinics in remote and underserved areas, such as the Northern Mariana Islands, where a veteran must travel by air or sea in order to reach the nearest full service VA health facility. The study should include an evaluation of the capability of existing health care providers in these areas to meet the needs of veterans. The study should be submitted to the Committee not later than 120 days after enactment of this Act.

Facility expansion.—The Committee encourages VA to identify Community-Based Outpatient Clinic (CBOC) facilities, with a priority in rural areas, for facility expansion opportunities in order to accommodate additional patients and provide enhanced services, reducing the need for veterans to travel long distances for care. The VA is encouraged to look at existing CBOCs which are operating at full capacity, have a proven record of delivering services, and have community support to expand the facility.

Womens' issues

Women's access to medical services.—In 2010, in recognition of the increasing number of women veterans and the fact that they were not being served adequately at VA facilities, both in terms of attention to gender-specific health issues or infrastructure that could accommodate gender-specific needs, VA established a comprehensive instruction handbook specifically for healthcare services for women veterans that provided guidance in many of these areas. In 2015, Booz Allen Hamilton conducted an assessment of VA medical facility response to the 2010 guidance. In the area of facilities' ability to ensure the dignity, privacy, and security of women veterans where they receive healthcare services, the assessment found that 71 percent of the sites were not adequately designed to meet the standard in diagnostic or patient care areas and 83 percent of the sites did not meet the standard in examination rooms. While the Committee appreciates VA's system-wide attention to the needs of women, it is clear that more improvements must be made to create appropriate settings for women's care. The Committee directs VA to provide not later than 90 days after enactment of this Act a description of the locations where VA facilities do not meet the standards established in 2010 and a timeline for meeting those standards, along with associated costs.

Childbirth data.—The Committee requests a report not later than 90 days after enactment of this Act identifying the number of women veterans participating in the VA healthcare system who have given birth in the five most recent years for which data are available, how many of the pregnancies were high risk, the number of complications related to the mother or baby, and the number of maternal mortalities that occurred.

Maternity care benefit, survey, and education campaign.—The Committee requests a report on the following data related to VA maternity care benefits: the number of eligible female veterans and actual utilization from each of the last 10 years in each Veterans Integrated Service Network (VISN), to the extent that data are available; the number of veterans who receive prenatal care and have births at a VA facility, and the number of veterans who receive prenatal care-related services through contracted non-VA providers; information on the transition from VA to non-VA providers and how medical records are returned to VA once a woman is postpartum, particularly if she has an underlying medical condition; the number of maternity care coordinators in each VISN and specific data on minimum employment requirements and case load. The Committee also directs VHA to develop a patient survey to collect feedback from women veterans who utilize the maternity care benefit, including their satisfaction with VA maternity care benefits; whether the benefit met their needs; the patient's interaction with the maternity care coordinator; and whether there were barriers to care, providers, or specific services related to the maternity care benefit. Further, the Committee encourages VHA to develop an education campaign publicizing the maternity care benefit, including clarifying who is eligible, what the benefit covers, and does not cover, and any cost sharing that may be required with the benefit. The education campaign materials should be easy for patients to understand and be easily accessible online and at each center for women's health, medical center, and CBOC.

Womens' psychiatric needs.—The Committee encourages VA to offer real-time or tele-psychiatric services to pregnant and postpartum women modeled on existing evidence-based programs to adequately address women veterans' mental health needs.

Delivery of gender-specific care to female VA patients.—The Committee is concerned that VA is not adequately addressing the health needs of female veterans, including obstetrics and gynecological care, and treatment for gender-specific conditions and diseases. The Committee urges VA to continue its efforts to expand access to care in these areas and ensure efficient delivery of treatment for women veterans.

Breast cancer screening guidelines.—The Committee commends the Department of Veterans Affairs decision to offer breast cancer screening and mammography to eligible female veterans beginning at age 40, yearly mammograms at age 45, and then every other year from age 55. The Committee supports this effort to ensure that the care female veterans receive is consistent with the private sector, and the Committee will continue to monitor the Department's implementation of this policy. The Department should closely follow ongoing debate as the scientific community reaches a consensus on breast cancer screening and mammography coverage to provide veterans the best care possible. Bill language is included to ensure VA maintains this policy through fiscal year 2018.

Maternal mental health.—The Committee requests a report not later than 90 days after enactment of this Act identifying how many pregnant veterans were screened for depression in 2017, and, on average, at what points during pregnancy women were screened. The report should include how many times referrals were made based on the screening results, the number of pregnant vet-

erans who utilized treatment based on the referral, and whether they accessed care at VA or through community care, by VISN. The report should also identify the five most frequent psychosocial risks for pregnant veterans identified for each VISN during that time period.

Pharmacy issues

VA retail immunization care coordination program.—The Committee commends the VA Retail Immunization Care Coordination Program, which is a convenient way for veterans to ensure that they receive flu shots to avoid the dangerous effects of the disease. The Committee encourages VA to build upon the existing flu immunization program and expand the concept to other immunizations such as pneumococcal and zoster vaccines.

Pharmacy workflow.—The Committee requests VA to provide a report describing how it manages pharmacy workflow processes at its centers and how those processes address preparation safety, reduce waste, and improve pharmacy productivity. The report should describe any major variations among the more than 1,000 workflow systems presently in use at VA and whether there are particular systems that have achieved higher levels of safety and productivity. This report should be provided not later than 90 days after enactment of this Act.

Vaccine procurement.—The Committee is pleased that VA includes vaccines produced through recombinant DNA technology, in addition to traditionally produced vaccines, in its solicitations to facilitate the competitive process for all vaccine manufactures.

VA drug prices.—Rising drug prices are a significant cost driver in healthcare. However, VA receives substantial discounts when purchasing prescription drugs. Common sense approaches such as using lower-cost generic drugs, providing care from expert pharmacists and making drug companies compete for business can help drive down the cost of healthcare. The Committee is interested in VA's spending on prescription drugs. The Committee directs the Secretary of Veterans Affairs, to submit a report to the Committee on Appropriations not later than 120 days after the date of the enactment of this Act. The report should include prescription drug prices (net of rebates) paid by VA for the ten most frequently prescribed drugs and the ten highest-cost drugs for VA. In addition, the report should include total annual costs to the VA for all prescription drugs.

Prescription drug abuse

Comprehensive Addiction and Recovery Act (CARA).—The bill includes $55,821,000, as requested, for opioid addiction prevention and recovery efforts as authorized by CARA. Of this total, $8,991,000 is provided through the Medical Support and Compliance account.

State prescription drug monitoring programs.—The Committee notes that, with the problem of opioid use disorders escalating among veterans, it is very important that VA continue its efforts to partner with States to ensure that they have the capacity to exchange prescription drug information with VA. The Committee understands that 47 States currently have installed the technology to exchange data from their State prescription drug monitoring

boards with VA. One State and Puerto Rico have not acquired the necessary technology; three States are resolving legal issues with VA on their memoranda of understanding to share data. VA is urged to assist these remaining States to speed their exchange.

Opioid addiction treatment.—The Committee appreciates VA's submittal of a report to the Committee on VA's ongoing review of prescription practices and addiction treatment protocols for opioids. Unfortunately, the report fails to recognize the Substance Abuse and Mental Health Services Administration's (SAMHSA) recommendation for the use of all drugs approved by the Food and Drug Administration for the treatment of opioid addiction including medications that enable veterans to become free of all opioids and non-opioid alternatives that are less subject to diversion. The Committee requests an update of this report not later than 90 days after enactment of this Act that describes VA's commitment to the goal of enabling veterans to become free of all opioids and having access to non-opioid alternative medications and recovery supports. In conjunction with its overall efforts to address opioid abuse, the Committee also encourages VA to explore the use of advanced data analytics to detect and deter abuse and to treat addiction.

Oversight of VA substance abuse inspection programs.—The Committee is aware that the veteran population is at greater risk than the general population for opioid addiction. A recent GAO report recommended that the Secretary should ensure that medical centers establish an additional control procedure, such as an alternate controlled substance coordinator or a pool of extra inspectors, to help coordinators meet their responsibilities and prevent missed inspections. The Committee concurs with the GAO's recommendations and encourages the Secretary to fully implement these recommendations to improve oversight of the controlled substance abuse inspection program and to document its progress. The Committee requests that VA provide an update on its progress adopting these best practices not later than September 30, 2017.

Other health issues

Hispanic-serving institution affiliations with VA health care facilities.—The Committee is pleased with VA's effort to stimulate connections with Hispanic-serving institutions (HSIs), but continues to be concerned by the lack of HSIs' medical school participation and collaboration with local VA hospitals in areas where HSI medical schools are located. The Committee urges the Secretary to develop a plan to expand local VA medical facilities' participation with HSI medical schools and provide that report to the Committee not later than 60 days after enactment of this Act.

Historically black colleges and universities (HBCU) health professions schools.—The Committee is pleased that VA is moving forward with a symposium in June, 2017 with national VA leaders, VISN leaders, and leadership of the HBCUs that award doctoral level degrees in the health professions. The Committee requests a report on this event as well as the planned followup action at all levels of VA and the HBCU health professions schools not later than 90 days after enactment of this Act.

Minority veteran care.—The Committee recognizes that in the last ten years, the number of minority veterans enrolled in the VA health system has increased and is projected to continue to grow.

The Committee encourages the Veterans Health Administration to make preparations to accommodate this growing population of veterans. The Committee is encouraged that the Center for Minority Veterans (CMV) and Office of Health Equity (OHE) have recently published reports outlining preliminary recommendations to investigate delivery of healthcare, and to improve disparities in health outcomes in minority veterans. However, the Committee is concerned there is not a coordinated effort to convey these recommendations to all offices in the Department. Therefore, the Committee directs the Undersecretary of Health to form a working group which should include senior department executives to develop a comprehensive implementation plan of the CMV and OHE recommendations for the Department. The Advisory Committee on Minority Veterans is directed to publish, on an annual basis, a review of the Department's progress in implementing these recommendations. The Committee also directs the GAO to conduct a nationwide review of whether VA provides quality and culturally appropriate care for minority veterans. This report should include recommendations on how the Department can structure its next generation of electronic health record to collect data on quality and patient experience data by race and ethnicity.

Veterans end-of-life care.—Veterans often have a unique set of physical, psychological and emotional needs at the end of life, including post-traumatic stress disorder, service-related disabilities, and other emotional and spiritual needs. The Committee applauds VA for their efforts to develop and/or strengthen partnerships with local hospice organizations, to increase access to hospice and palliative care for veterans, and to provide information and resources to improve end-of-life care for veterans. The Committee encourages VA to continue to foster delivery models that allow veterans to receive concurrent hospice or palliative care while receiving active disease treatment.

Vietnam-age veterans and younger veterans face special challenges, compared to WWII veterans, which impact end-of-life caregiving and hospice care. The Committee requests VA to submit a report not later than 90 days after enactment of this Act identifying the unique challenges faced by Vietnam veterans receiving specialized palliative and hospice care and identifying best practices for hospice care specifically tailored to Vietnam veterans. In developing this report, VA should engage hospice and palliative care providers with Vietnam veteran-centric programs.

Volunteer physicians.—The Committee is encouraged by the success of the Physician Ambassadors Helping Veterans Pilot Program to date and encourages VA to expand these programs to additional facilities throughout the country, prioritizing VHA sites that serve the largest veteran population as well as those which experience the longest wait times.

Antimicrobial stewardship directives

The Committee is pleased with VA's efforts to reduce antibiotic use to avoid development of resistance to important drugs, without increasing 30-day readmission and mortality rates. Per the VHA Directive 1031, the VA has focused on the implementation and effectiveness of the VA Antimicrobial Stewardship Program. This program establishes stewardship programs in all VA facilities and

fosters the judicious use of antimicrobials through education, direct provider-to-provider stewardship, and surveillance, and supports and expands ongoing efforts to prevent emergence of multidrug-resistant organisms.

Regarding another aspect of antimicrobial stewardship, Congress recognizes that patient-focused, real-time clinical infectious disease surveillance and pharmacy tools are required for hospitals to meet national Antimicrobial Stewardship directives. While individual VA medical facilities have incorporated commercially-proven infectious disease and pharmacy tools, VA has not deployed a nationwide system. The Committee encourages VA to consider implementing a nationwide electronic solution for all VA medical facilities that would provide infectious disease control monitoring, provide appropriate treatment and pharmacy care plans, help prevent potential health care risks, document interventions that improve patient care, and reduce hospital costs.

Vet centers.—The Committee appreciates the efforts VA has made in terms of providing vet centers and mobile vet centers to address the varied physical and mental health needs of veterans. Given the changing dynamics and increased number of combat veterans, the Committee requests VA to provide an analysis of the need for additional vet centers to serve this population, disaggregated by Veterans Integrated Service Network. This report should be submitted to the Committee not later than 90 days after enactment of this Act.

National Veterans Sport Programs.—The bill includes $15,830,000 for the Office of National Veterans Sports Programs and Special Events, which is the same as the request and the fiscal year 2017 funding for the program. The Committee recognizes that veterans have shown marked improvements in mental and physical health from participating in adaptive sports and recreational therapy. The Committee also recognizes that adaptive sports and recreational therapy provide a lower-cost alternative to other healthcare services that produce similar health outcomes.

Colorectal cancer screening.—In 2016, the United States Preventive Services Task Force (USPSTF) identified 7 strategies to increase colorectal cancer screening, designating them as A-rated. The strategies have subsequently been adopted by the National Committee for Quality Assurances Healthcare Effectiveness Data and Information Set (HEDIS) measures, which are used by more than 90 percent of America's health plans to measure performance. The Committee encourages VA to offer all seven USPSTF strategies now recognized in the HEDIS measures to all veterans enrolled in the VA health system. Colorectal cancer remains the second leading cause of cancer death in the United States, killing 50,000 Americans every year. Treatment costs reached $6,500,000,000 last year, much of this borne by the Medicare system; overall spending is expected to exceed $20,000,000,000 annually by 2020. Many of these deaths and later-stage diagnoses could be prevented and hundreds of millions of dollars could be saved if these cancers were detected earlier through a range of scientifically proven screening techniques. Higher compliance and adherence to a testing strategy can also be achieved if more screening alternatives are offered by VA, further reducing mortality and morbidity in the veteran's population.

Veterans identification card fee.—The Veterans Identification Card Act requires the Department to issue identification cards to any requesting veteran who was discharged from the armed forces. The Committee is concerned that the law requires VA to cover the cost of issuing the cards by charging veterans a fee for the card. The Committee understands that, at this time, VA has not issued any veteran ID cards, and the actual cost of the proposed ID card has not been determined. The Department indicates that it is trying to make the costs as low as possible to facilitate the widest possible distribution of cards and will consider low-income waivers for some veterans. In addition, the Committee encourages VA to partner with private charities and individuals to assist low-income veterans with the cost of the cards.

Patients' rights.—The Committee notes that veterans' rights while in treatment at VA facilities do not match in all instances the standards at some of the nation's leading private medical institutions. The Committee urges the Secretary to analyze the differences in the rights of VA medical beneficiaries compared to those at leading private medical service providers and develop a plan no later than 180 days after enactment of this Act to better align VA's policies with common standards of leading private medical service providers.

Provision of kidney dialysis services.—The Committee is aware that VA has a long history of providing dialysis services for veterans through national contracts when VA is unable to directly provide those services. As the Choice program is reconfigured, the Committee understands that VA may consider including provision of dialysis services as part of the Choice networks rather than renewing the existing national contracts. However, VA has stated that its decision on this issue is unresolved and the national contracts may well be extended when up for renewal September 30, 2018. The Committee encourages VA to consider carefully the benefits provided by the current national contracts and whether they could be replicated as part of a Choice network. The Committee also applauds VA's desire to move to value-based care in dialysis. To start, VA should explore the Center for Medicare and Medicaid Service's renal-focused efforts to move dialysis providers nationally in more quality-focused and value-based arrangements.

Patient safety.—The Committee applauds the Department for continuing to make strides in safe, high quality healthcare through its efforts to become a high reliability organization, as recommended by the Joint Commission throughout all healthcare, and is encouraged by the interest of a number of VA facilities in innovative, proven methods for care delivery like the Military Acuity Model developed by U.S. Air Force medical staff.

Eye screening pilot.—The Committee is aware that VA has begun an experimental eye and vision screening pilot program, called Technology-Based Eye Care Services (TECS), currently in operation at the Atlanta VA Medical Center. While appreciating that VA is operating the pilot to provide eye care to veterans in areas in which it can be difficult to find timely care, the Committee is concerned that the TECS program may be offering a reduced level of care for veterans that does not conform to existing VA policy. The Committee urges VA to critically examine the use of the program

and ensure that all veterans receive a standard of care in conformity with existing VA policy.

Lung cancer screening.— The Committee notes with concern that veterans at risk for lung cancer are not always afforded the same access to lung cancer screening programs that are offered to Medicare beneficiaries. The Committee requests the Secretary to report to the Committee not later than 90 days after enactment of this Act on the steps VA is taking to make lung cancer screening broadly available to veterans at high risk for lung cancer.

Analytic surgery evaluations.—The Committee is committed to ensuring that veterans receive the most appropriate, least invasive, quality surgical care possible in order to decrease the clinical risk to patients while simultaneously reducing costs through greater efficiencies. The Committee encourages the Secretary to explore systems and approaches that would objectively compare VA surgical outcomes data against best practice data to identify unwanted variation at the procedure and surgeon level and help ensure that surgical procedures are being carried out in an efficient and high quality manner.

Delays in reimbursements.—The Committee is concerned by reports that veterans can wait months for reimbursement for the costs of their travel to VA facilities for medical treatment. The Committee directs VA to report back not later than 90 days after enactment of this Act, detailing actions VA has taken to process travel vouchers within 60 days of receipt of the voucher.

Services to Indian veterans.—In 2010, VA entered into a memorandum of understanding (MOU) with the Indian Health Service (IHS). On January 17, 2017, the MOU was extended through June 30, 2019. Under this agreement with IHS, VA reimburses care provided to Indian veterans at IHS facilities and Tribal health programs. The agreement benefits VA, which cannot reasonably maintain full service VA facilities in low population, highly rural areas. Reimbursement rates are substantially above customary rates because of costs of providing service in highly rural locations. There is community interest in extending the VA special reimbursements to Indian urban clinics. In order to understand the impact of this expansion, the Committee requests VA to provide a comprehensive report describing how an expansion of the current agreement with IHS would integrate with care currently provided to Indian veterans in VA clinics in urban areas and through the Choice program of non-VA community care. The report should include: (1) estimates of the number of veterans who are likely to leave the VA healthcare system in urban areas to seek service through Indian urban clinics; (2) the annual estimated cost differential for VA to reimburse IHS rather than provide services directly in urban areas; (3) the potential for Indian urban clinics to qualify as providers in VA Choice provider networks; (4) estimated capacity of Indian urban clinics to treat increased Indian veteran caseloads; and (5) any data supporting the use of the higher negotiated reimbursement rate in urban settings versus highly rural areas. VA should consult with IHS in the preparation of this report, which should be provided to the Committee not later than 90 days after enactment of this Act.

Detection of early pressure ulcers in veterans.—VA has been a leader in the use of telehealth services. For veterans who have a

health problem like diabetes, chronic heart failure, chronic obstructive pulmonary disease, depression or post-traumatic stress disorder, getting treatment can be complex and inconvenient, and these innovative telehealth approaches can be lifesaving. The Committee is interested in how biometric sensor technology can be used as a diagnostic to accurately detect early pressure ulcers in veterans. The Committee urges the Secretary of VA to explore the use of early detection technology for early pressure ulcers and the possible impact it could have on the cost of care related that condition.

Outdoor recreational therapy.—The Committee supports VA utilization of outdoor recreation as a means of addressing the physiological, psychological, social, and emotional wellbeing of patients. The Committee requests a report not later than 90 days after enactment of this Act that identifies the number of recreational therapists employed by each VISN, the frequency with which recreational therapy was prescribed in fiscal year 2016 by each VISN, and whether it was prescribed by a primary care provider or specialist. The report should also describe the primary barriers providers experience in prescribing outdoor recreational therapy, including but not limited to geographical limitations, cost, lack of research basis on effectiveness or health outcomes, and physical health constraints of veterans.

Disruption in medical facility moves.—The Committee recognizes that VA is reorganizing its healthcare system as it makes decisions about locations where services will be provided by outside healthcare entities versus VA facilities. Such reorganizations can create disruption and confusion in communities. To prevent potential disruptions in the future, the Committee directs VA to submit a written notification to the community and to the State's Congressional delegation 30 days before it plans to close a healthcare facility. Such notification should identify the alternative facility or facilities where VA plans that veterans in the area will receive care; address distance and travel concerns that may occur for veterans; and provide information on the type of care available at the alternative facilities.

Organ donation policy.—The Committee is concerned that veterans may not have a complete understanding of VA policy regarding reimbursement of organ transplants. VA is requested to provide a report to the Committee not later than 60 days after enactment of this Act about VA organ donation policies, explaining such issues as: (1) which conditions qualify a veteran for an organ transplant paid for by VA; (2) whether live donation transplants are covered by VA; (3) what share of the organ transplantation cost must be financed by the veteran; (4) reimbursement policy for veterans receiving organs from non-veteran live donation, as well as possible reimbursement for the non-veteran surgical costs; and (5) whether live donation organ transplants, if reimbursed, can be financed through the Choice program or can only be performed in VA or VA-affiliated hospitals.

MEDICAL COMMUNITY CARE

Fiscal year 2017 enacted level	$7,246,181,000
Fiscal year 2018 enacted level	9,409,118,000
Fiscal year 2018 additional request	254,000,000
Committee 2018 additional recommendation	254,000,000

Fiscal year 2019 advance appropriation request	8,384,704,000
Committee 2019 advance appropriation recommendation	8,384,704,000
Comparison with:	
Fiscal year 2018 enacted level	(1,024,414,000)
Fiscal year 2019 advance budget request	– – –

The Medical Community Care account was created in the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015. It is intended to consolidate all community care programs under a single appropriation. For fiscal year 2018, the bill provides an additional $254,000,000 as requested by the Administration and for fiscal year 2019, the bill provides $8,384,704,000, of which $2,000,000,000 is available until September 30, 2022.

As the Choice program reaches the end of its mandatory funding in 2018, the authorizing committees are considering legislation to consolidate VA's traditional community care programs with a successor program to the original Choice program. The Administration has proposed to finance the successor Choice program as a mandatory program, funded with policy changes that would reduce mandatory VA benefits. Regardless of whether or not the mandatory successor program is established, the efforts to consolidate VA's multiple community care programs are important. As VA and the authorizers consider this consolidation, the Committee highlights the following issues in the current Choice program that it hopes will be addressed:

• *Exceptions to distance rules*.—The Committee is pleased that VA has continued to 'open the aperture' of care that can be provided outside of VA facilities. The Secretary now has discretion to identify "other factors" that create an unusual or excessive burden, which create eligibility for Choice services. These factors include the nature or complexity of the medical services the veteran requires; the frequency that those services must be furnished to the veteran; and the need for an attendant for a veteran to travel to a VA medical facility. The Committee encourages VA to continue to use and possibly expand these criteria, for example, in situations where the veteran is receiving chemotherapy or dialysis, as the successor program to Choice is designed. In addition, the Committee directs VA to report to the Committee not later than 60 days after enactment of this Act the number of instances during 2017 in which veterans were not permitted to use non-VA care in instances meeting the definition of "unusual or excessive burden".

• *Problems with network administrators*.—The Committee is concerned about the continued communication gaps between patients and third party administrators (TPAs) who operate the Choice provider networks. The Committee is aware of numerous complaints from veterans and community care providers about program eligibility, delays in scheduling of appointments, and inadequate resources to resolve billing issues. The Committee urges VA to work with the TPAs to restructure the Choice program to improve these issues and to work with State veterans agencies to continue to strengthen and improve the Choice program's provider network.

• *Referral delays.*—The Committee is concerned by a recent GAO report suggesting that VA has not set a limit on the number of days VA hospitals are allowed to compile relevant clinical information and send referrals to the TPAs. The Committee directs the Secretary to review this report and establish a reasonable limit on the number of days VA hospitals can take to transfer relevant clin-

ical information and referrals to TPAs to ensure that veterans receive timely care.

• *Travel burdens.*—All too often, infirm or elderly veterans are required to travel long distances or endure significant drive times to access VA care, even though local non-VA hospital care and medical services are readily available. The Committee hopes that program modifications will continue to reduce the travel burden for senior veterans needing care.

• *Delayed provider payments*.—The Committee continues to be concerned about the timeliness of reimbursements from VA to private healthcare providers. Delays in processing of such payments seriously undermine the ability to recruit and retain private healthcare providers to care for veterans. The Committee repeats its request that not later than 90 days after enactment of this Act, VA provide the Committee a comprehensive report detailing the amount owed to outside providers in each State. The report should document outstanding invoices over 6 months due and the corrective actions being implemented to address these outstanding balances. Furthermore, this report should describe any planned future actions that will prevent this problem from recurring.

• *Network administrator poor performance.*—The Committee is aware of problems experienced by veterans utilizing the Choice program, including challenges scheduling appointments; appointments being canceled without notification; and slow payments to physicians for services provided. The Committee remains concerned that VA has not included safeguards in its Choice Act contracts to hold contractors accountable for the quality and flexibility of care provided to veterans.

Choice Act staffing increases.—The Committee repeats its request for a report due not later than 90 days after enactment of this Act describing for each VISN the amount of Choice Act funding received in fiscal year 2016 to hire additional staff; the number of staff hired; the number of employees who left VA during that period; and the net gain for each of the following position categories—primary care, specialty care physicians and mental health staff.

MEDICAL SUPPORT AND COMPLIANCE

Fiscal year 2017 enacted level	$6,524,000,000
Fiscal year 2018 enacted level	6,654,480,000
Fiscal year 2018 additional request	284,397,000
Committee 2018 additional recommendation	284,397,000
Fiscal year 2019 advance budget request	7,239,156,000
Committee 2018 recommendation in the bill	7,239,156,000
Comparison with:	
Fiscal year 2018 enacted level	584,676,000
Fiscal year 2019 advance budget request	– – –

The Medical Support and Compliance appropriation funds the expenses of management and administration of the Department's health care 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 $7,239,156,000 in advance fiscal year 2019 funding, as requested, as well as $284,397,000 requested in additional fiscal year 2018 funding. The Committee has included re-

quested bill language to make available through September 30, 2020, $100,000,000 of the Medical Support and Compliance appropriation for fiscal year 2019.

MEDICAL FACILITIES

Fiscal year 2017 enacted level	$5,321,668,000
Fiscal year 2018 enacted level	5,434,880,000
Fiscal year 2018 additional request	1,079,795,000
Committee 2018 additional recommendation	1,079,795,000
Fiscal year 2019 advance budget request	5,914,288,000
Committee 2019 recommendation in the bill	5,914,288,000
Comparison with:	
Fiscal year 2018 enacted level	479,408,000
Fiscal year 2019 advance budget request	– – –

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

The bill provides $5,914,288,000 in advance fiscal year 2019 funding, as requested, as well as $1,079,795,000 in additional fiscal year 2018 funding. The Committee has included requested bill language to make available through September 30, 2020, $250,000,000 of the advance Medical Facilities appropriation for fiscal year 2019.

Spending plan.—The Committee expects VA to provide not later than 30 days after enactment of this Act an expenditure plan detailing the planned use of the funds provided. The Committee understands that some of the projects planned for fiscal year 2018 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.

Medical imaging equipment.—The Committee remains committed to helping VA in its efforts to ensure a timely process for VA medical centers to receive the medical imaging equipment that they need to take care of veterans. The Committee urges VA to adhere to their set timelines for consolidated procurements of high-tech medical equipment and strive for a 120-day turnaround for these orders. Delays to this timeline negatively impact patient and clinician access to diagnostic and imaging services, and the Committee asks VA to be mindful of these potential risks. The Committee requests that VA increase education opportunities at individual VA medical centers regarding high-tech medical equipment purchasing processes and seek ways to eliminate redundant paperwork requirements for such orders. The Committee encourages VA to share information regarding procurement processes in the area of high-tech medical equipment with VISN imaging communities and VA medical centers. In addition, the Committee urges VA to coordinate between capital equipment purchases, facilities funding for site readiness, and training of staff to use the equipment to ensure that facilities can use it as quickly as possible after purchase.

MEDICAL AND PROSTHETIC RESEARCH

Fiscal year 2017 enacted level	$675,366,000
Fiscal year 2018 budget request	640,000,000
Committee recommendation in the bill	698,228,000
Comparison with:	
Fiscal year 2017 enacted level	22,862,000
Fiscal year 2018 budget request	58,228,000

This appropriation provides for medical, rehabilitative, and health services research. The bill makes this account funding available through September 30, 2019. The Committee recognizes the importance of the research conducted by VA for veterans' quality of life and provides $58,228,000 above the request to address important research areas like genomic precision medicine and the Million Veteran Program database.

Medical research is an important aspect of the Department's programs, providing complete medical and hospital services for veterans. 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 health care 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 2018 research resources beyond the research account are $1,114,000,000.

PTSD research.—The National Center for PTSD sets the VA agenda for research and education on PTSD, with seven research divisions located at VA facilities. The Center also conducts education and training, and coordinates the VA National PTSD Brain Bank. The bill provides up to $40,000,000 for the Center in fiscal year 2018, compared to the budget request of $19,680,000.

PTSD is a clinically diagnosed psychiatric disorder that can occur following life-threatening events or exposure to traumatic events. Military service can be a strong contributor to PTSD. For example, nearly 20 percent of enlisted soldiers—approximately 300,000—who returned from Iraq and Afghanistan have reported symptoms of PTSD or major depression. The Committee urges VA to expand and strengthen its research on PTSD and trauma-related brain disorders, and use every available technology including research focused on finding a diagnostic biomarker for PTSD. Unlike other neuro-psychiatric diseases, it is not yet known how genetic variants affect a person's risk of developing PTSD. Such biomarker information may provide a mechanism to more reliably predict the risk of PTSD in different populations and afford an opportunity for preventive interventions. To address PTSD, the Committee urges the Secretary of Veterans Affairs to engage in public/private pilot projects with non-profit entities that are committed to the provision of mental health services for veterans.

The Committee recognizes the importance of the VA National Center for PTSD in promoting better prevention, diagnoses, and treatment of PTSD. The Committee further recognizes the importance of this research for veterans, their family members and those

experiencing community violence. The Committee encourages the National Center to conduct further research on the effects of PTSD for veterans who live in communities affected by violence, particularly in low-income and communities of color and how neighborhood conditions, including gun violence, may exacerbate their PTSD diagnosis.

The Committee remains concerned by the rates of PTSD among the veteran population. The Committee is aware of innovative medical and pharmacological treatments for PTSD that are currently in development, and encourages VA to maintain investments in medical research related to the treatment of PTSD. The Committee further encourages the VA to proactively pursue opportunities for public-private partnerships in developing treatments for PTSD and to expand efforts to study correlations between PTSD and military service.

As a mechanism to explore treatments for PTSD, the Committee is aware that the use of modeling and simulation technology has enabled the development of innovative and immersive therapies, which can extend trauma management therapy protocol. The Committee encourages VA to continue its research into therapeutic virtual environments using real-time modeling and simulation training.

Collaboration with private sector research.—The Committee is aware of research efforts conducted in the private sector on medical and pharmacological treatments for a number of conditions that affect veterans, such as PTSD. VA may not be able to directly finance such research efforts, but it has important assets unavailable to private sector researchers that could ensure the success of these efforts to produce treatments for veterans. However, the Committee understands that VA has not historically provided to outside researchers access to data bases or biological samples already collected in populations afflicted with the diseases being studied or provided the targeted veteran population with information or encouragement to participate in clinical trials. The Committee encourages VA to take steps to increase its cooperation with private sector researchers in these areas. The Department is directed to submit a report to the Committee not later than 90 days after enactment of this Act describing any constraints that VA may face in terms of sharing data bases and biological samples with private sector research teams or in identifying potential clinical trial participants—for example, whether it is precluded by privacy statutes or VA-specific investigational review board requirements.

Prosthetics research for female veterans.—While the number of female veterans who have been wounded in action and lost a limb is low (less than 1.5 percent), women have unique needs when they lose an arm or leg. According to VHA, female veteran amputees use more health care, rehabilitation services and are seen more frequently when compared to men. Furthermore, female veterans are also more likely to be unsuccessful in fitting of their prosthesis, to experience skin problems after lower extremity amputation, and to have greater intensity of pain. Women with upper extremity amputation are more likely to reject their prosthesis. Female veterans with lower extremity amputations have higher rates of hip and knee osteoarthritis. The Committee is concerned that VA is not properly assessing prosthetics for all veterans nor investing in

prosthetic development for female veterans. For example, special prosthetics needs occur in female veterans, especially during pregnancy. Pregnant female veterans with limb loss experience increased wear on prosthetic components, need for realignment and frequent modifications. Due to these issues, the Committee believes that VA should support additional research on rehabilitation and prosthetics meant for females and directs the GAO to examine this issue. This report should examine: (1) the number of female veterans in need of prosthetics; (2) the extent of problems female veterans have when being fitted with prosthetics; (3) whether any internal research policy changes are needed to facilitate research on prosthetics for female veterans; (4) any elements in the overall VA culture that hinder such research; and (5) current practices of VA prosthetics service models for cost effectiveness, health benefits, data collections, staff efficiency and overall patient satisfaction.

Innovative treatments.—The Committee appreciates the efforts VA has made to create a hub for research on innovative treatments through the Center for Compassionate Innovation. The Committee understands that the Center is considering developing a research project on the possible benefits of EEG/EKG-guided resonance therapy with a larger population of veterans suffering from PTSD, TBI, chronic pain, and opiate addiction. The Committee requests VA to provide a report describing the status of the Center, its budget resources, and a summary of research projects supported by the Center not later than 120 days after enactment of this Act.

Specialized and modular prosthetics research.—While VA is a global leader and pioneer in specialty care for service-connected injuries, the needs of today's veterans are changing, both within an aging population and the post-9/11 generation. The field of specialized and modular prosthetics is evolving at a faster pace than VA has been able to match. The Committee is concerned that VA does not have an effective, streamlined model of service for specialized or innovative modular prosthetics, unlike both the Departments of Defense and the Centers for Medicare and Medicaid Services, which have begun to explore this field. The Committee believes VA should conduct comparative analyses of prosthetic manufacturing processes to assess results relating to data, clinician experience, staff efficiency and training, and patient satisfaction to improve functional outcomes for veterans.

Exoskeleton rehabilitation studies.—The Committee commends VA for its research on and early use of exoskeleton technology for the rehabilitation of veterans with spinal cord injuries. The Food and Drug Administration (FDA) has also approved exoskeleton technology to provide advanced neurorehabilitation, including for individuals who have had a stroke and need physical therapy to improve their ability to walk. The Committee notes that the size of this veteran patient population is significantly greater than the spinal cord injury population, and will continue to expand as veterans age. The results for individuals with a stroke in terms of improved clinical outcomes with greater therapy efficiency have been promising and warrant greater attention. The Committee urges VA to expand its research on the efficacy of exoskeleton technology for veterans with stroke and other conditions for which FDA has approved its usage.

Canine therapy.—The Committee is aware that canine therapy for treatment of PTSD and TBI symptoms is an emerging alternative therapy to pharmaceutical treatments. While still experimental, canine therapy has demonstrated effectiveness in treating PTSD and other psychological disorders for psychiatric patients, patients with substance abuse problems, and victims of trauma. The Committee notes that canine therapy is a promising area for further research as a complementary or alternative treatment for the signature wounds of the wars in Iraq and Afghanistan. The Committee continues to encourage VA to expand its research on canine therapy to validate its therapeutic effectiveness in the treatment of PTSD and TBI.

Intergenerational effects of toxic exposures.—The Committee understands that exposure to toxic chemicals can have lifelong and intergenerational effects, the impacts of which are still being determined. The Committee recognizes that the generational effects of toxic exposure have not been sufficiently studied to determine what conditions children and grandchildren of exposed veterans may face. The Committee requests that VA provide to the Committee not later than 120 days after enactment of this Act an analysis of the feasibility of establishing a large-scale repository of data from descendants of individuals with toxic exposures. This analysis should include any limitations due to difficulty of data collection and statutory limitations on which populations VA is permitted to study.

Research transparency.—The Committee commends VA for issuing its policy and implementation plan for public access to scientific publications and digital data generated by VA research. The Committee encourages VA to continue its efforts towards full implementation of the plan, and requests that an update on progress be included in the fiscal year 2019 budget request.

Use of animals in research.—The Committee is concerned by recent reports of medical experimentation on dogs at VA research facilities, which are being reviewed by the VA Inspector General. While the Committee values the innovative and groundbreaking medical research occurring at VA medical facilities, it believes that all animal experimentation should be conducted with strict adherence to animal welfare laws and regulations. VA is instructed to submit a report to the Committee that describes: the number of VA research studies using animals compared to the total number of VA research projects; the number of animals by type used in VA research projects in fiscal year 2017; the number that were euthanized or failed to survive the experimental studies; the number of incidents reported to each Institutional Animal Care and Use Committee; any citations or critical reviews of VA animal research from the United States Department of Agriculture or the Association for Assessment and Accreditation of Animal and Laboratory Animal Care International; any personnel actions taken in response to external reviews of VA animal research projects; and the availability of these reports to the public. This report shall be submitted to the Committee not later than 90 days after enactment of this Act.

Mental health treatments.—The Committee supports the progress made by the Center for Compassionate Innovation, which operates in coordination with the private sector to identify and develop new

and emerging therapies for PTSD and other emotional disorders. The Committee recognizes that veterans and their active duty counterparts benefit from participating in creative art therapy programs, through acceptance into a service dog program, or through enrollment in other interactive community based-programs. The Committee supports the Secretary's continued expansion of these, and other innovative programs.

Burn pit exposures.—The Committee understands that many post-9/11 veterans have experienced health effects potentially associated with exposure to burn pits, the potential impacts of which are still being determined. The Committee recognizes the need for further studies into the issue of service-connected conditions caused from exposure to burn pits and urges VA to explore further options for addressing this problem.

Respiratory disease.—The Committee notes the high burden of respiratory illnesses, such as lung cancer, in the veteran population. The Committee urges VA to provide support for respiratory research proposals commensurate with the burden of respiratory disease.

MEDICAL CARE COLLECTIONS FUND

The Department of Veterans Affairs Medical Care Collections Fund (MCCF) was established by the Balanced Budget Act of 1997 (Public Law 105–33). The Department deposits first-party and pharmacy co-payments, third-party insurance payments and enhanced-use collections, long-term care co-payments, Compensated Work Therapy Program collections, Compensation and Pension Living Expenses Program collections, and Parking Program fees into the MCCF. The Department uses these funds for medical care and services to veterans. The estimate of fees that will be collected in fiscal year 2018 is $3,271,000,000.

NATIONAL CEMETERY ADMINISTRATION

Fiscal year 2017 enacted level	$286,193,000
Fiscal year 2018 budget request	306,193,000
Committee recommendation in the bill	306,193,000
Comparison with:	
Fiscal year 2017 enacted level	20,000,000
Fiscal year 2018 budget request	– – –

The National Cemetery Administration (NCA) was established in accordance with Public Law 93–43, the National Cemeteries Act of 1973. 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 136 operational national cemeteries and 33 other cemeterial installations.

The bill includes language making ten percent of the total available until September 30, 2019.

Rural cemetery access.—In H. Rept. 112–94, the Committee first expressed concern that NCA is not adequately serving the nation's veterans in rural areas. According to the fiscal year 2012 budget submission, NCA anticipated that 10 percent of all veterans would not have access to a burial option in a national, State or tribal government veteran's cemetery within 75 miles of their home. In five years, VA has only reduced this number to eight percent while receiving generous funding increase in a tight budget environment. As a result, the Committee continues to be concerned that there are geographic pockets in the country that are not being served, and VA has failed to meet its goal of having access to a burial option within 75 miles of a veteran's home. The Committee has requested a report on this issue three times and is still not satisfied with VA responses or the reports submitted to the Committee. Therefore, the Committee requests that GAO examine and provide a report not later than 120 days after enactment of this Act: (1) describing VA's plans to narrow the gap of veterans without reasonable access to burial; (2) examining the effect the NCA Urban Initiative and Rural Initiative have had on access; (3) outlining a strategy addressing the NCA shortcomings for rural areas; and (4) providing changes in policy to resolve this matter, with an estimated timeline and cost estimate for implementation.

Cemetery deferred maintenance.—The Committee was concerned about the level of deferred maintenance at NCA cemeteries and asked the Committee's Surveys and Investigations group to conduct an analysis. The group's report indicated that NCA's Facilities Condition Assessment (FCA) survey conducted every three years had several weaknesses: it does not adequately reflect true costs associated with correcting maintenance deficiencies and addressing deferred maintenance balances; maintenance priorities are not developed or weighted uniformly across districts; and costs are limited to the date on which the FCA is completed with no ability to project costs into the future. The U.S. Army Corps of Engineers developed a software system, the Sustainment Management System (SMS), that provides a predictive capability that facilitates forecasting of work requirements, cost projections, and prioritization. The Committee requests VA to report to the Committee not later than 60 days after enactment of this Act the costs associated with implementing and evaluating a pilot project using SMS to conduct FCAs across at least two districts. The Committee also encourages NCA to separate maintenance costs from costs associated with upgrades and enhancements to provide a more accurate depiction of the physical state of VA cemeteries. Thirdly, the Committee strongly recommends that VA weight and prioritize maintenance needs uniformly across districts and allocate funding proportionately to ensure that the highest priority projects are funded first.

DEPARTMENTAL ADMINISTRATION

GENERAL ADMINISTRATION

(INCLUDING TRANSFER OF FUNDS)

Fiscal year 2017 enacted level	$345,391,000
Fiscal year 2018 budget request	346,891,000
Committee recommendation in the bill	346,891,000
Comparison with:	
Fiscal year 2017 enacted level	1,500,000
Fiscal year 2018 budget request	– – –

The General Administration account provides funds for the Office of the Secretary, six Assistant Secretaries, and three independent staff offices. The Committee has included bill language to make available through September 30, 2019, up to five percent of these funds and to permit the transfer of funds in this account to the General Operating Expenses, Veterans Benefits Administration account.

VA budget office communication.—The Committee has traditionally channeled most of its inquiries and requests for information and assistance through VA budget office. The Committee reiterates its longstanding position that, while the Committee reserves the right to call upon all VA offices, the primary communication between the Committee and VA should normally be through the budget office. Responses to Committee inquiries, regardless of whether they concern funding or policy, are to be transmitted without delay by other offices within VA, unless otherwise requested by the Committee. In addition, to facilitate the work of the Committee, it expects that the Department will make available to all personal and committee staff of Members of the Committee the same direct contact with the budget office. The Committee also expects that a staff member of VA budget office will be present at every meeting held between the chairman and ranking member of the Full Committee and Subcommittee and the Secretary or other senior VA officials.

White House Veterans Complaint Hotline.—The Committee did not learn until the Secretary's "State of VA" address on May 31, 2017 that a White House veterans complaint hotline, which was mentioned during the Presidential campaign, was going into operation on June 1st. The Committee has concerns about how this new hotline will be integrated with the other hotlines already in operation in VA. VA indicates it already has an astonishing 975 customer service numbers. Those hotlines address benefits, health, insurance, cemeteries, women's issues, suicide crises, debt management, and whistleblower issues, but the sheer number of call lines makes it difficult for veterans to navigate the labyrinth and get the services they need without delays. VA has been in the process of reducing and rationalizing the current plethora of hotlines to reduce the frustration and confusion veterans feel when trying to contact the agency for help. The Committee is concerned that the creation of this new White House hotline will further confuse veterans and potentially add dangerous delays when the contractors running the hotline have to refer callers to another office in VA with the necessary expertise. The Committee expects additional information as the hotline is stood up, describing the source and size of the funding required to operate the hotline, whether the staff an-

swering calls will be VA employees, how many staff will operate the hotline on a weekly basis, what call volume is expected, what hours the hotline will be available, where the hotline will be located, how operators plan to channel calls to agency staff with the necessary expertise, and what performance measures are built into its operation. This report shall be due to the Committee not later than September 15, 2017, a month after the hotline becomes fully operational.

Central office responsiveness.—The Secretary testified before the Committee that he was committed to responding to Congressional requests in a timely way—within 14 days for urgent matters and within 30 days for less time-sensitive issues—and he acknowledged that it was not a standard the Department had met in the past. The Committee is disturbed to learn that VA has already failed to meet these performance standards, and in some cases, has failed to respond to Congressional inquiries at all. The Committee directs the Secretary to review the correspondence process within the Department and make the necessary changes to ensure that all Congressional inquiries are responded to in a consistent and timely fashion. Furthermore, not more than 30 days after this report is filed and then on a quarterly basis the Secretary shall submit to the Committee a Congressional correspondence tracker showing only by party, the date the correspondence was received and the date a response was sent.

Additional budgetary information.—The Committee continues its request that items described in the fiscal year 2015, 2016 and 2017 House reports continue to be included in the budget justifications submitted each year.

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

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

Minority veteran population increase.—The Committee recognizes that the veteran population is becoming increasingly diverse. According to VA's Center for Minority Veterans, more than one-third of veterans will come from minority groups by the year 2040. Accordingly, the Committee directs GAO to conduct a review of the VA's data collection and reporting procedures for information on gender, race, ethnicity, and sexual orientation of veterans, and to submit a report no later than 180 days after this report is filed. This report should include how compliant VA is with existing statues and regulations related to data collection and reporting of race and ethnicity, and recommendations on how to improve these processes to better support veterans from historically underrepresented groups. The Committee further directs GAO to report and disaggregate data by race in its reports pertaining to VA, when the data is available, GAO has authority to collect it, and its inclusion is relevant to the report topic.

Small, minority-and women-owned businesses.—The Committee directs the Department to submit a quarterly report to the Com-

mittee on its efforts to work with small-, minority-, and women-owned businesses. The report shall specify the following data about use of funds appropriated under this Act: the total number of contracts awarded by the Department; the number of contracts awarded to small businesses, veteran-, minority-, and women-owned businesses; the median dollar value of contracts awarded in each category; and the median, mean and range of length of contracts awarded in each category. When data are available, this report should include data disaggregated by race and ethnicity.

Data on women and minority veterans.—The Committee recognizes the lack of data specific to women and minority veterans made available to Congress by VA. The Committee continues to recommend, when applicable and when the data exist, VA display information in the annual report(s) submitted to Congress separately for women veterans and minority veterans.

Improved patient access to VA hospitals.—The Committee is distressed that current law prevents VA from using shuttle buses to transport employees from remote parking lots to their hospital employment, thus requiring VA to allocate nearby parking lots for employee use and relegating patients to remote lots. The Committee bill includes language modifying current law to permit VA hospitals to use shuttle buses for employees so that they can reserve nearby lots for VA patients.

Kingdomware decision.—The Committee understands that the Kingdomware court decision has necessitated significant alterations in VA's contracting processes. The Committee requests VA to submit a report not later than 60 days after enactment of this Act explaining the changes in contracting requirements resulting from the court decision and describing how the changes have affected the participation of Service-Disabled Veteran-Owned Small Businesses (SDVOSBs), including whether SDVOSBs have been disadvantaged in particular industries.

Telework productivity.—The Committee expects VA to conduct vigorous oversight of its telework program, including: (1) implementing controls to verify that supervisors have completed telework training prior to entering into telework agreements with their employees and completion of the training is documented; (2) requiring documentation of regular or periodic reviews of all telework agreements in agency telework policies, including requiring supervisors to track and determine the number of actual hours employees telework in its time and attendance system; and (3) developing and implementing a plan to modernize telework productivity tracking by monitoring performance and collecting data to compare the productivity and accuracy of teleworkers to the productivity and accuracy of non-teleworkers. The plan should provide feedback to employees and measure employee productivity and accuracy.

Third party fee collection pilot.—The report that accompanied P.L. 114–113 included language instructing VA to conduct a pilot similar to the one described in Senate Report 114–57. The Committee reiterates its support for such a pilot program and expects VA to respond to Committee directives.

Management reforms.—The Committee notes that VA has not yet implemented many of the recommendations from outside reviews that address ongoing VA management challenges. Therefore, the

Committee directs VA to issue a report not later than 180 days after enactment of this Act identifying VA's responses to the recommendations on key VA management challenges identified in: (1) the Independent Assessment required by P.L. 113–146; (2) the report of the Commission on Care established in P.L. 113–146; and (3) the internal VA report issued on February 28, 2015, entitled "Task Force on Improving Effectiveness of VHA Governance". The report should delineate roles and responsibilities to optimize the organizational effectiveness and accountability of each administration, staff office, or staff organization, including the roles of key leaders of the department. In addition, GAO is directed to compile and submit to the Committee no later than 30 days after enactment of this Act a list of the most significant VA management issues on which GAO has made recommendations in reports during the past three years, along with VA responses to those recommendations.

BOARD OF VETERANS APPEALS

Fiscal year 2017 enacted level	$156,096,000
Fiscal year 2018 budget request	155,596,000
Committee recommendation in the bill	156,096,000
Comparison with:	
Fiscal year 2017 enacted level	– – –
Fiscal year 2018 budget request	500,000

The bill makes ten percent of this funding available through September 30, 2019.

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 the 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. As the disability compensations claims backlog at VA dwindles, the appeals workload at the Board increases correspondingly. Pending appeals are projected to increase by 23 percent from 115,847 at the end of 2016 to 142,756 by the end of 2018.

The bill also provides the $7,500,000 requested in the Information Technology Systems budget to support the Appeals Modernization initiative. The initiative will convert the Board's 1980's-era case control and locator system to a new, automated integrated community developed suite that is used to process initial disability claims.

INFORMATION TECHNOLOGY SYSTEMS

(INCLUDING TRANSFER OF FUNDS)

Fiscal year 2017 enacted level	$4,278,259,000
Fiscal year 2018 budget request	4,055,500,000
Committee recommendation in the bill	4,135,500,000
Comparison with:	
Fiscal year 2017 enacted level	(142,759,000)
Fiscal year 2018 budget request	80,000,000

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

Within the account total, the Committee allocates in bill language $1,230,320,000 for pay and associated costs, which is the same as the budget request; $2,486,650,000 for operations and maintenance, which is $20,000,000 above the request; and $418,530,000 for development, modernization, and enhancement, which is $60,000,000 above the request. The bill makes available $36,000,000 of pay and associated costs and $174,000,000 of operations and maintenance funds until September 30, 2019. All development, modernization, and enhancement funds are available until September 30, 2019.

The bill provides an $80,000,000 increase above the request to permit additional investment in high priority areas such as cybersecurity, the electronic health record (EHR), and conversion of legacy systems such as the financial management system and the benefits delivery network. In particular, the Committee provides $31,000,000 for the Veterans Benefits Management System (in addition to the $38,118,000 which is provided for VBMS in the General Operating Expenses, Veterans Benefits Administration account); $83,000,000 for the replacement of the Financial Management System; $65,277,000 for development of a new EHR; $22,768,000 for replacement of the NCA burial operations support system; and $7,500,000 for the Board of Veterans Appeals modernization effort.

Electronic health record.—The Committee has had a longtime interest in assuring that DOD and VA health records for servicemembers and veterans can be exchanged electronically so that doctors across the street or across the world will be able to learn the patient's health history. After multiple false starts with plans for a unified DOD–VA system and then a stand-alone VA VistA record modernization, VA has now decided to acquire by sole source contract the same EHR being developed for DOD—the Military Health System (MHS) Genesis record. VA will need to add functionality specific to the VA mission. The Committee is pleased with the decision to pursue a single EHR, which its Members have advocated for years. However, the Committee is concerned about the implications of this detour on the completion time for the project (previously promised for 2018), its cost, the ability to meet the growing need for interoperability with non-VA community providers, and the usability of the VistA modernization products already completed.

Given the substantial uncertainty at the time of Committee markup about the design of the new EHR, the Committee feels it is necessary to include bill language fencing 75 percent of funding provided for the development of the record until VA provides requested information listed in the bill language. The language requires VA to provide: a detailed explanation of the solicitation; an explanation of how the new record will replicate the DOD record with enhanced functionality for interoperability with DOD and private community providers; a strategic plan with timelines and performance milestones, a master schedule and annual and lifecycle

cost estimates; and information on the plan for transition from VistA to MHS Genesis, including how current EHR functionality and interoperability with DOD will be maintained.

An administrative provision similarly restricts 75 percent of the funding for development of the EHR that is provided by the Veterans Health Administration from either the Medical Services or the Medical Support and Compliance account until similar information is provided to the Committee. The budget request for EHR funded by VHA increases to $226,012,000—an increase of $161,012,000 from fiscal year 2017. By contrast, the EHR request in the Information Technology Systems account drops by $102,836,000 to $65,277,000. The Committee is perplexed by this substantial VHA increase, given that VA acknowledges that 2018 will be largely a developmental year when VA formulates a solicitation to acquire the type of system chosen. The Committee directs VA to provide a report not later than 60 days after publication of this report explaining the reasons for the contrasting patterns in the VHA and IT budgets and persuading the Committee that the Department has not shifted the EHR request between accounts because funding is more constrained in the smaller account.

Cost of the new electronic health record.—It is clear that the total cost of the new EHR will vastly exceed the amount requested in the budget, if the experience with the DOD record is any guide. The Committee realizes it will take VA some time to develop a reliable cost estimate for the EHR solicitation, but the Committee wants to be clear that it will not be satisfied to receive estimates that describe only phases of the project without providing total estimated project costs. The Committee will expect to be briefed about the Administration's long range strategy to finance the future costs of the new EHR within its proposed budget ceilings.

The Committee continues to include bill language prohibiting obligation or expenditure of funds for information technology systems development, modernization and enhancement until VA submits to the Committees a certification of the amounts. In addition, the Committee continues bill language permitting the transfer of funding among the three subaccounts upon approval of the Committees. The bill contains language which allows for the reprogramming of funds among development, modernization and enhancement projects upon prior notification to, and approval by, the Committees. The bill continues to include language indicating that funds for development, modernization and enhancement are available only for the projects and in the amounts specified in the report accompanying the bill.

The chart below reflects the Administration's budget request for development projects and includes the Committee's recommendation for each. 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.

Not later than 30 days after enactment of this Act, the Department is required to provide a spending plan for the $60,000,000 in additional funding the Committee provides for development, maintenance, and enhancement projects.

INFORMATION TECHNOLOGY DEVELOPMENT PROJECTS

(in thousands of dollars)

Project	Budget Request	Committee Recommendation
Electronic Health Record Interoperability and VLER Health	10,000	10,000
Electronic Health Record Replacement	50,305	50,305
Veterans Benefits Management System (VBMS)	59,904	59,904
Virtual Lifetime Electronic Record (VLER)	20,968	20,968
Veterans Customer Experience (VCE)	73,624	73,624
Other IT Systems Development	143,729	203,729
Total All Development	358,530	418,530

The Committee expects the Office of Information Technology to continue to provide an IT expenditure report to the Committees on Appropriations on a monthly basis. This report shall include a comparison to the project costs included in the development, modernization, and enhancement project funding chart included in the House report, and provide an explanation for any differences in excess of $1,000,000.

Appointment scheduling system.—The Committee is frustrated that VA has spent years attempting to modernize its appointment scheduling system, investing in two systems and ultimately abandoning them. The Department has made some patchwork changes to the current scheduling system to temporarily address some of the worst problems, and intends to test a pilot program called the Medical Appointments Scheduling System (MASS). After a false start and stop of the pilot, the Committee encourages VA to begin implementation of the pilot without delay. While it is not known if the decision on the electronic health record will ultimately influence the type of scheduling system VA will need, it is important to improve scheduling in the short term. VA is directed to inform the Committee when the pilot begins, with monthly notification every month past June, 2017, if it is delayed. The Committee directs the Secretary to submit to the Committee not later than 30 days after enactment of this Act a report that clearly defines the long-term plan of the Department to replace or modernize the legacy scheduling system, including the cost and schedule of the effort, and how the system will communicate with the increasing number of outside providers now being used by VA.

Legacy system decommissioning plan.—VA's legacy IT systems face tremendous challenges with innovation. With budgets consumed in supporting older existing applications and infrastructure, there is clearly a need to invest in new software. Many of VA's software systems are legacy systems, such as the Financial Management System (FMS) and the Burial Operations Support System (BOSS), which are over 30 years old and are in need of replacement. It is evident to the Committee that the value of these current systems decreases with every passing year. While the fiscal year 2018 OIT budget request prioritizes the replacement of these legacy systems, there is concern that OIT does not have a concrete plan for the decommissioning of VA legacy systems. An effective strategy for investing in new and innovative deployments is to retire legacy systems and simultaneously identify what system will follow and how its capabilities will improve over the old system. Therefore, the Committee directs VA to develop a Legacy System

Decommissioning Plan not later than 180 days after enactment of this Act. This plan should include, but not be limited to, the following information; (1) identify all legacy systems that will be decommissioned by fiscal year; (2) describe how long it will take to transition to each new system; (3) identify redundant legacy systems; (4) determine the capabilities gained by the replacement system; (5) identify the cost and savings associated with decommissioning each legacy system; (6) and identify which legacy systems that will be replaced by in-house development and which systems will be replaced with a commercial off the shelf system.

Veterans data protection.—The Committee encourages VA to take proactive steps to protect and prevent the unauthorized review, redistribution and modification of sensitive VA information. The fiscal year 2017 VA Information Security budget proposed the implementation of digital rights management (DRM) technologies to enhance the cybersecurity of VA's information and assets and to improve the resilience of VA networks and data. The Committee requests VA to provide a report to the Committee not later than 30 days after enactment of this Act describing whether it still intends to implement department-wide DRM capabilities, and if so, its anticipated timeline.

Digital workspace technologies.—The Committee recognizes that the use of digital workspace technologies can increase user productivity, enhance security, and allow workforce flexibility. The Committee encourages the Department to adopt strategies and programs that reduce the total life cycle costs of traditional legacy workspace infrastructure.

OFFICE OF INSPECTOR GENERAL

Fiscal year 2017 enacted level	$160,106,000
Fiscal year 2018 budget request	159,606,000
Committee recommendation in the bill	160,106,000
Comparison with:	
Fiscal year 2017 enacted level	– – –
Fiscal year 2018 budget request	500,000

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 which 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 ten percent of this funding available until September 30, 2019.

CONSTRUCTION, MAJOR PROJECTS

Fiscal year 2017 enacted level	$528,110,000
Fiscal year 2018 budget request	512,430,000
Committee recommendation in the bill	410,530,000
Comparison with:	
Fiscal year 2017 enacted level	(117,580,000)
Fiscal year 2018 budget request	(101,900,000)

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, ar-

chitectural and engineering services, assessments, and site acquisition where the estimated cost of a project is $10,000,000 or more.

The Committee recommendation makes all but $38,530,000 of these funds available for a five-year period.

Continuing the practice first established in fiscal year 2017, the bill restricts the availability of funding for major construction projects costing more than $100,000,000 until VA certifies it has signed an agreement with an appropriate non-VA government entity to serve as the design and/or construction agent for the project. For fiscal year 2018, one major construction project above the $100,000,000 threshold is funded, with restricted funds totaling $117,300,000. Within the account, the bill also provides $16,730,000 for the contract fees for the outside agent chosen for the projects. The Committee has taken this action in hopes that the gross mismanagement of the Denver, Colorado VA hospital project will never recur.

The bill provides the full request of $117,300,000 for the Livermore, California project and $140,000,000 for gravesite expansion projects. The Department is instructed to allocate the gravesite expansion funding to the sites that are expected to run out of burial space the earliest. The remainder of the budget request for activities such as planning and design, land acquisition, and hazardous waste is fully funded.

Spending plan.—No later than thirty days after enactment of the Act, the Department is required to provide a spending plan indicating how it plans to allocate the appropriated funding among the various line items within the Major Construction account, as well as which cemetery expansion projects will receive fiscal year 2018 funding.

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 $5,000,000 may be reprogrammed between construction projects unless approved by the Committees on Appropriations of both House of Congress; (2) any change to the scope of a construction project is not permitted without the approval of the Committees; and (3) VA must report any bid savings of $5,000,000 or more on projects as soon as they are identified.

Budget justification documents.—The Committee reminds the Department of the requirement in Sec. 258 of Division A of P.L. 114–223 regarding specific materials to be included in Major Construction budget justification documents for fiscal year 2017 and each fiscal year thereafter.

Training for VA personnel engaged in facility management.—The Committee continues to be concerned by the lack of training and certification provided to VA engineering, construction and facility management staff with regard to building operations and maintenance. The Committee requests a report detailing progress made by the Office of Construction and Facility Management and the Office of Health Care Engineering in training and certifying engineers, associate engineers, and covered building professionals in compliance with the Federal Buildings Personnel Training Act (FBPTA) (P.L. 111–308). The Committee believes that the number of FBPTA-compliant employees and contractors demonstrates intent to protect existing facilities and will note the total number of

certified individuals during evaluations of future requests for construction funding.

Parking facilities.—Although VA has identified numerous parking facilities projects throughout the Strategic Capital Investment Planning (SCIP) list, it continues to prioritize other projects over parking needs. The lack of prioritization of parking facilities has caused challenges for adequate parking for Veterans, doctors, nurses, and families at VA medical centers as well as CBOCs. While the SCIP process has improved, the VA construction process and ranking of projects still lacks transparency about future plans for parking at VA facilities. The Committee believes parking facility projects can be completed quickly and are vital to help veterans gain timely access to appointments, and to improve the quality of life and care given to veterans. The Committee directs VA to provide a report to the Committee not later than 60 after enactment of this Act that explains how parking facility projects are rated in the SCIP process, a timeline for completion of these pending parking facility projects, and their cost. In addition, the report should include any notable actions taken by VA medical centers to address parking issues.

Public-private partnerships.—The Committee is pleased that VA has begun a program of pilot projects to construct needed VA facilities by developing partnerships with private funders who may contribute land, facilities or financing. The Committee hopes that the track record of the pilot projects currently underway will provide strong proof of concept so that VA is granted more general authority to address its facility needs through cost-sharing with the private sector.

CONSTRUCTION, MINOR PROJECTS

Fiscal year 2017 enacted level	$372,069,000
Fiscal year 2018 budget request	342,570,000
Committee recommendation in the bill	342,570,000
Comparison with:	
Fiscal year 2017 enacted level	(29,499,000)
Fiscal year 2018 budget request	– – –

The Construction, Minor Projects appropriation provides for constructing, altering, extending, and improving any of the facilities under the jurisdiction 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 less than $10,000,000.

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

The Committee encourages VA to prioritize the need for fixing deficient roofs in its minor construction projects for medical facilities.

GRANTS FOR CONSTRUCTION OF STATE EXTENDED CARE FACILITIES

Fiscal year 2017 enacted level	$90,000,000
Fiscal year 2018 budget request	90,000,000
Committee recommendation in the bill	90,000,000
Comparison with:	
Fiscal year 2017 enacted level	– – –
Fiscal year 2018 budget request	– – –

This appropriation provides grants to assist States to construct 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.

Rural access.—The Committee appreciates the efforts by VA and the work of State Veterans Homes for their support in restorative and rehabilitative care for veterans. The Committee also recognizes the need to ensure States are equipped and prepared to meet the needs of the growing veteran population. Therefore, the Committee urges VA to include a 'rural (mileage access)' consideration as part of the statutory priority guideline of "a great need for the beds to be established at such home or facility".

GRANTS FOR CONSTRUCTION OF VETERANS CEMETERIES

Fiscal year 2017 enacted level	$45,000,000
Fiscal year 2018 budget request	45,000,000
Committee recommendation in the bill	45,000,000
Comparison with:	
Fiscal year 2017 enacted level	– – –
Fiscal year 2018 budget request	– – –

This program provides grants to assist States and tribal governments with the establishment, expansion, and improvement of veterans cemeteries which 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. The States 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.

Public-private partnerships.—In order to provide a burial option to those veterans who may not have reasonable access to a national veterans cemetery or State cemetery, the Committee encourages VA to prioritize funding under the State veterans cemetery grant program for the establishment of veterans cemeteries in rural and highly rural areas. Additionally, State and local governments are encouraged to utilize public-private partnerships that are currently available to help defray the cost of operation and maintenance of a State veterans cemetery.

ADMINISTRATIVE PROVISIONS

The bill includes 39 administrative provisions, 36 of which were included in the fiscal year 2017 bill and 3 of which are new.

(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 2018. 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 2018 for "Compensation and Pensions", "Readjustment Benefits", and "Veterans Insurance and Indemnities" for payment of accrued obligations recorded in the last quarter of fiscal year 2017.

The bill includes section 207 allowing for the use of fiscal year 2018 funds to pay prior year obligations resulting from implementation of sections 3328(a), 3334, and 3712(a) of title 31, United States Code.

(INCLUDING TRANSFER OF FUNDS)

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

The bill includes section 209 allowing the Department to obligate enhanced-use lease proceeds for administrative expenses that were incurred in a prior fiscal year during the year funds are received.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 210 limiting the amount of reimbursement the Office of Resolution Management, the Office of Employment Discrimination Complaint Adjudication, the Office of Accountability Review, the Central Whistleblower Office, the Office of Diversity and Inclusion, and the Office of the Executive Director of Accountability and Whistleblower Protection can charge other offices and accounts of the Department for services provided.

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

(INCLUDING TRANSFER OF FUNDS)

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

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

(INCLUDING TRANSFER OF FUNDS)

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

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

(INCLUDING TRANSFER OF FUNDS)

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

The bill includes section 217 requiring the Secretary to submit quarterly reports to the Committees on Appropriations of both Houses of Congress on the financial status of the Veterans Health Administration. The Administration proposed to delete this provision.

(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 before such transfer. The Administration proposal to modify this provision is not adopted.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 219 permitting the transfer of $297,137,000 appropriated for medical accounts, minor construction, and information technology systems to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund for the operation of facilities designated as combined Federal medical facilities.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 220 permitting the transfer of $306,378,000 of fiscal year 2019 advance funding appropriated for medical accounts to the Joint Department of Defense-Department of Veterans Affairs 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 Medical Facility Demonstration Fund for facilities designated as combined Federal medical facilities. The Administration proposal to modify this provision is not adopted.

(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 prohibiting funds from being used to replace the current system by which VISNs select and contract for diabetes monitoring supplies and equipment. The administration proposal to delete this provision is not adopted.

The bill includes section 224 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 5 percent of the programmed amount of the project. The Administration proposal to delete this provision is not adopted.

The bill includes section 225 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 the Congress unless approved by the Committees. The Administration proposal to delete this provision is not adopted.

The bill includes section 226 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; 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 227 limiting the funding that may be obligated from VHA accounts for the development of an electronic health record until the Secretary provides a detailed explanation of the activities associated with the development of the VA electronic health record that will be funded by the Veterans Health Administration rather than the Office of Information Technology. The Administration proposal to delete this provision is not adopted.

The bill includes section 228 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 229 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 $2,000,000. The Administration proposal to delete this provision is not adopted.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 230 permitting the transfer to "Medical Services" from any discretionary program except "General Operating Expenses, Veterans Benefits Administration" upon approval of both Appropriations Committees. This provision is intended to give VA flexibility as it administers the changes to its traditional

health care program and the Choice Act. The budget request to modify this provision is not adopted.

(INCLUDING TRANSFER OF FUNDS)

The bill includes section 231 permitting the transfer of funds between the "Board of Veterans Appeals" and "General Operating Expenses, Veterans Benefits Administration" upon approval of both Appropriations Committees. The budget request to modify this provision is not adopted.

The bill includes section 232 prohibiting the reprogramming of funds exceeding $5,000,000 among the major construction projects unless both Appropriations Committees approve the request. The Administration proposal to delete this provision is not adopted.

(RESCISSIONS OF FUNDS)

The bill includes section 233 which rescinds Medical Care advance funding and section 234 which reduces funding in current year-funded accounts to incorporate assumed absorption of the proposed 1.9 percent payraise. The Department has authority to use whatever appropriated funds are available to support the payraise if it chooses to do so.

The bill includes section 235 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 236 restricting funds from being used to close certain medical facilities in the absence of a national realignment strategy. The budget request to delete this provision is not adopted.

The bill includes section 237 language modifying current law to permit VA hospitals to use shuttle buses for employees so patients can use the closer parking lots.

The bill includes section 238 requiring VA to use the mammography screening guidelines announced by the Secretary on May 10, 2017.

The bill includes section 239 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 Administration's proposed language to provide this treatment has been modified.

TITLE III

RELATED AGENCIES

AMERICAN BATTLE MONUMENTS COMMISSION

SALARIES AND EXPENSES

The recommendation includes $75,100,000 for Salaries and Expenses of the American Battle Monuments Commission (ABMC), as requested.

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

The recommendation includes $33,600,000 for Salaries and Expenses for the United States Court of Appeals for Veterans Claims, as requested.

DEPARTMENT OF DEFENSE—CIVIL CEMETERIAL EXPENSES, ARMY

SALARIES AND EXPENSES

The agreement provides $78,800,000 for Salaries and Expenses for Arlington National Cemetery (ANC), which is $8,000,000 over the budget request. The Committee appreciates ANC's emphasis on acquisition improvements, including training, certification and workforce, to improve procurement and accountability.

The Committee has provided an additional $8,000,000 to cover a shortfall that was identified by Arlington Cemetery during budget briefs within the operations and maintenance account. The Committee therefore directs ANC to report to the Committee 30 days after floor action in the House of Representatives on any additional shortfalls that have occurred.

ARMED FORCES RETIREMENT HOME

TRUST FUND

The recommendation includes $64,300,000 for the Armed Forces Retirement Home (AFRH), which is the same as requested, although $22,000,000 of the total is provided from the general fund of the Treasury, and not the Trust Fund. The Committee notes that there are major challenges for the near and long-term sustainability of the Trust Fund, which was created to provide all resources required for operations and expenses of the two AFRH locations. The Trust Fund is replenished from a variety of sources, including fines and forfeitures and Active Duty Withholding. However, the largest source of funds, which is derived from fines and forfeitures, is diminishing. Annual outlays for the Fund have exceeded revenues since 2011, and in November 2015 the Department of Defense and AFRH officials informed the Committee that, counter to the assumptions in the fiscal year 2016 budget request, the Trust Fund balances were not sufficient to support the expenses of AFRH; therefore, the Fund was projected to be insolvent by April 2016. As an emergency measure to assure solvency for AFRH, in the fiscal years 2016 and 2017 Appropriations Acts, AFRH was provided with a total of $42,000,000 from the General Fund.

Although AFRH and the Department of Defense (DOD) were directed by Congress to develop an approach that will replenish the Trust Fund in a sustainable, reliable manner and to present that approach to the Congress in the President's Request for fiscal year 2017, and then for fiscal year 2018 along with legislative proposals,

the Administration did not do so. Instead, the budget request for AFRH for FY2018 includes a transfer of $22,000,000 from the General Fund of the Treasury. Further, the Committee has never received any information on the DOD-commissioned study of AFRH operations to include benchmarking and potential legislative changes to revise AFRH's funding model. The Committee requests further information from DOD regarding the study, including a report on its findings, cost, scope of work, deliverables, and timeline.

The Committee again asserts that the use of the General Fund is not a long-term solution, and AFRH is directed to work with DOD to develop an alternative during fiscal year 2018, to be included in the fiscal year 2019 budget request. In addition, AFRH is directed to report to the Committee quarterly, beginning immediately, on the Trust Fund balance, receipts and expenditures, and the progress of its efforts to lease property at the Washington, D.C. facility.

Administrative Provisions

The bill includes two provisions that were in effect in fiscal year 2017. The administrative provisions included in the bill are as follows:

The bill includes section 301 permitting Arlington National Cemetery to provide funds to Arlington County to relocate a water main.

The bill includes section 302 permitting funds from concessions at Army National Military Cemeteries to be used to support activities at the Cemeteries.

TITLE IV

OVERSEAS CONTINGENCY OPERATIONS

DEPARTMENT OF DEFENSE

Fiscal year 2017 enacted level	$419,733,000
Fiscal year 2018 budget request	638,130,000
Committee recommendation in the bill	638,000,000
Comparison with:	
Fiscal year 2017 enacted level	218,267,000
Fiscal year 2018 budget request	(130,000)

Note: enacted level includes fiscal year 2017 additional appropriations.

The Committee recommendation includes Overseas Contingency Operations, for military construction projects and planning and design related to the Global War on Terrorism and European Reassurance Initiative.

The recommendation does not include funding for three countries as stated in a June 2017 classified Government Accountability Office draft report.

The recommendation also includes six projects in four countries that were requested in title I but have been funded in this title.

Planning and Design.—The Committee is providing the planning and design as requested however the Committee directs that any future planning and design funds to be requested in fiscal year 2019 and beyond are to be requested as part of the base request. The Committee further directs the Secretary of Defense to submit 10 U.S.C. 2807 notifications to the congressional defense committees prior to obligation of the funds.

Overseas Contingency Operations Future Year Defense Program.—The Committee is concerned that funding requested for Overseas Contingency Operations (OCO) does not follow the same process as the required Department of Defense process for planning, programming, budgeting and execution of funds required to support military operations, readiness, infrastructure and military force modernization. Therefore, the Committee directs the Secretary of Defense to provide to the congressional defense committee a future year defense program for OCO projects beginning with fiscal year 2018 and each subsequent year where military construction funds are being requested in an OCO budget submission not later than 60 days after enactment of this Act.

MILITARY CONSTRUCTION, ARMY

The Committee recommendation includes $147,158,000 for Army military construction and planning and design for Overseas Contingency Operations and European Reassurance Initiative projects.

MILITARY CONSTRUCTION, NAVY AND MARINE CORPS

The Committee recommendation includes $31,890,000 for Navy and Marine Corps military construction and planning and design for Overseas Contingency Operations and European Reassurance Initiative projects.

MILITARY CONSTRUCTION, AIR FORCE

The Committee recommendation includes $434,652,000 for Air Force military construction and planning and design for Overseas Contingency Operations and European Reassurance Initiative projects.

MILITARY CONSTRUCTION, DEFENSE-WIDE

The Committee recommendation includes $24,300,000 for Defense-Wide Overseas Contingency Operations and planning and design for Special Operations Command European Reassurance Initiative project.

ADMINISTRATIVE PROVISION

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

TITLE V

GENERAL PROVISIONS

The bill includes a total of 13 provisions: 12 provisions that are effective in fiscal year 2017 and a new provision as follows:

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

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

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

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

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

The bill includes section 506 prohibiting any funds in this Act to be used for a project or program named for an individual serving as a Member, Delegate, or Resident Commissioner of the United States House of Representatives.

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

The bill includes section 508 prohibiting the use of funds to establish or maintain a computer network unless such network blocks the viewing, downloading, and exchanging of pornography, except for law enforcement investigation, prosecution or adjudication activities.

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

The bill includes section 510 prohibiting the use of funds in this Act for any contract where the contractor has not complied with E-Verify requirements.

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

The bill includes section 512 prohibiting the use of funds in this Act for the renovation, expansion, or construction of any facility in the continental United States for the purpose of housing any individual who has been detained at the United States Naval Station, Guantanamo Bay, Cuba.

The bill includes section 513 establishing a "Spending Reduction Account" in the bill.

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

Pursuant to clause 3(f)(2) of rule XIII of the Rules of the House of Representatives, the following table lists the rescissions in the accompanying bill:

DEPARTMENT/ACTIVITY	AMOUNTS RECOMMENDED FOR RESCISSION
Department of Defense, Military Construction, Army (Sec. 126) ...	$10,000,000
Department of Defense, Military Construction, Navy and Marine Corps (Sec. 126) ...	10,000,000
Department of Defense, Defense-Wide (Sec. 126) ...	27,440,000
Department of Defense, NATO Security Investment Program (Sec. 126) ...	25,000,000
Department of Defense, Family Housing Construction, Army (Sec. 126) ...	18,000,000
Department of Defense, Family Housing Construction, Navy and Marine Corps (Sec. 126) ...	8,000,000
Department of Defense, Family Housing Construction, Air Force (Sec. 126) ...	20,000,000
Department of Veterans Affairs, Medical Services (Sec. 233) ...	313,730,000
Department of Veterans Affairs, Medical Support and Compliance (Sec. 233) ...	63,282,000
Department of Veterans Affairs, Medical Facilities (Sec. 233) ...	22,960,000

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 that allows transfer of funds from "Military Construction, Defense-Wide" to other military construction accounts and family housing.

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 $17,882,000 in fiscal year 2018 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 2018 for Compensation and Pensions, Readjustment Benefits, and Veterans Insurance and Indemnities to be transferred among those three accounts.

Language is included to transfer funds among the Medical Services, Medical 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 $47,668,000 to be transferred to General Administration and Information Technology Systems from any funds appropriated in fiscal year 2018 to reimburse six 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 account.

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 years 2018 and 2019 provided for the Department of Veterans Affairs 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 health care provided at a combined Federal medical facility to be transferred to the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund.

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

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

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

DISCLOSURE OF EARMARKS AND CONGRESSIONALLY DIRECTED SPENDING ITEMS

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

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 limiting movement of an Army unit with a testing mission.

Language is included under Title I to allow for transfer of funds among projects and activities in accordance with reprogramming guidelines.

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

Language is included under Title I that rescinds funds from prior year appropriations Acts.

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, Army National Guard.

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

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

Language is included under Title I providing additional funds for BRAC.

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, Air Force Reserve.

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

Language is included under Title I prohibiting the use of Title I funds for Arlington Cemetery.

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.

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 approval of a transfer between development, modernization, and enhancement projects in the Information Technology Systems account.

Language is included under Title II establishing time limitations and reporting requirements concerning the obligation of Major Construction funds, limiting the use of funds, and allowing the use of funds for program costs.

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 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, 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 the Secretary to maintain certain requirements in operating the toll-free suicide hotline.

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

Language is included in Title II amending section 8109(b) of Title 38 to allow the Department of Veterans Affairs to provide a shuttle

bus to transport an employee from an employee parking facility to the medical facility at which the employee works.

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 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 permit the use of funds to relocate a water main.

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

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

Language is included under Title V to prohibit the use of funds for a project or program named for a serving Member of the United States Congress.

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

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

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

Language is included under Title V prohibiting funds from being used by the Department of Defense or the Department of Veterans Affairs for the purchase or lease of a new vehicle except in accordance with Presidential Memorandum—Federal Fleet Performance, dated May 24, 2011.

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	2017	553,959	553,959	923,994
Military Construction, Navy and Marine Corps	2017	1,275,679	1,338,079	1,558,085
Military Construction, Air Force	2017	1,686,523	1,640,558	1,540,474
Military Construction, Defense-Wide	2017	2,025,444	2,025,444	2,791,272
Military Construction, Army National Guard	2017	300,430	300,430	210,652
Military Construction, Air National Guard	2017	154,957	154,957	161,491
Military Construction, Army Reserve	2017	98,230	98,230	73,712
Military Construction, Navy Reserve	2017	38,957	38,957	65,271
Military Construction, Air Force Reserve	2017	188,950	188,950	63,535
North Atlantic Treaty Organization Security Investment Program	2017	177,932	177,932	177,932
Family Housing Construction, Army	2017	157,172	157,172	182,662
Family Housing Operation and Maintenance, Army	2017	325,995	325,995	346,625
Family Housing Construction, Navy and Marine Corps	2017	94,011	94,011	83,682
Family Housing Operation and Maintenance, Navy and Marine Corps	2017	300,915	300,915	328,282
Family Housing Construction, Air Force	2017	61,352	61,352	85,062
Family Housing Operation and Maintenance, Air Force	2017	274,429	274,429	318,324
Family Housing Operation and Maintenance, Defense-Wide	2017	59,157	59,157	59,169
Department of Defense Family Housing Improvement Fund	2017	3,258	3,258	2,726
Department of Defense Military Unaccompanied Housing Improvement Fund	-	-	-	623
Base Realignment and Closure Account	2017	240,237	266,334	290,867
Dept. of Veterans Affairs, Services for Homeless Families	2017	320,000	320,000	320,000
Dept. of Veterans Affairs, Caregiver program	2017	734,628	520,932	603,939
Dept. of Veterans Affairs, Natl. Youth Sports Program	2017	10,000	15,830	15,830
Dept. of Veterans Affairs, VA-DoD Joint Incentive Fund	2017	15,000	15,000	15,000
Dept. of VA, VA-DoD Medical Facility Demo Fund	2017	*	274,731	297,137
Dept. of Veterans Affairs, Major Construction	done each yr.	---	---	410,530
Dept. of Veteran Affairs, Major Leases	done each yr.	---	---	270,102
Cemeterial Expenses, Army	2017	70,800	70,800	78,800
Armed Forces Retirement Home	2017	64,300	64,300	64,300

* amount determined jointly by DOD and VA

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.

DIRECTED RULE MAKING

The bill does not direct any rule making.

FULL COMMITTEE VOTES

No roll call votes were held.

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 222 OF THE MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES APPROPRIATIONS ACT, 2017

(Public Law 114–223, title II of division A)

[(INCLUDING TRANSFER OF FUNDS)

[SEC. 222. Of the amounts appropriated to the Department of Veterans Affairs which become available on October 1, 2017, for "Medical Services", "Medical Community Care", "Medical Support and Compliance", and "Medical Facilities", up to $280,802,000, 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

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PART VI—ACQUISITION AND DISPOSITION OF PROPERTY

* * * * * * *

CHAPTER 81—ACQUISITION AND OPERATION OF HOSPITAL AND DOMICILIARY FACILITIES; PROCUREMENT AND SUPPLY; ENHANCED-USE LEASES OF REAL PROPERTY

* * * * * * *

SUBCHAPTER I—ACQUISITION AND OPERATION OF MEDICAL FACILITIES

* * * * * * *

§ 8109. Parking facilities

(a) For the purpose of this section—

(1) The term "garage" means a structure (or part of a structure) in which vehicles may be parked.

(2) The term "parking facility" includes—

(A) a surface parking lot; and

(B) a garage.

(3) The term "eligible person" means an individual to whom the Secretary is authorized to furnish medical examination or treatment.

(b) In order to accommodate the vehicles of employees of medical facilities, vehicles used to transport veterans and eligible persons to or from such facilities for the purpose of examination or treatment, and the vehicles of visitors and other individuals having business at such facilities, the Secretary—

(1) may construct or alter parking facilities, and may acquire, by purchase, lease, condemnation, donation, exchange, or otherwise, such land or interests in land as the Secretary considers necessary for use as the site for any such construction or alteration;

(2) may acquire, by purchase, lease, condemnation, donation, exchange, or otherwise, any facility that the Secretary considers necessary for use as a parking facility; **[**and**]**

(3) may operate and maintain parking facilities**[**.**]***; and*

(4) notwithstanding subsection (a) of section 1344 of title 31, may use a passenger carrier (as such term is defined in subsection (h)(1) of such section) to transport such an employee between a parking facility and the medical facility of the Department at which the employee works.

(c)(1) Except as provided in paragraph (2) of this subsection, each employee, visitor, and other individual having business at a medical facility for which parking fees have been established under subsection (d) or (e) of this section shall be charged the applicable parking fee for the use of a parking facility at such medical facility.

(2) A parking fee shall not be charged under this subsection for the accommodation of any vehicle used to transport to or from a medical facility—

(A) a veteran or eligible person in connection with such veteran or eligible person seeking examination or treatment; or

(B) a volunteer worker (as determined in accordance with regulations which the Secretary shall prescribe) in connection with such worker performing services for the benefit of veterans receiving care at a medical facility.

(3) The Secretary shall collect (or provide for the collection of) parking fees charged under this subsection.

(d)(1) For each medical facility where funds from the revolving fund described in subsection (h) of this section are expended for—

(A) a garage constructed or acquired by the Department at a cost exceeding $500,000 (or, in the case of acquisition by lease, $100,000 per year); or

(B) a project for the alteration of a garage at a cost exceeding $500,000,

the Secretary shall prescribe a schedule of parking fees to be charged at all parking facilities used in connection with such medical facility.

(2) The parking fee schedule prescribed for a medical facility referred to in paragraph (1) of this subsection shall be designed to establish fees which the Secretary determines are reasonable under the circumstances.

(e) The Secretary may prescribe a schedule of parking fees for the parking facilities at any medical facility not referred to in subsection (d) of this section. Any such schedule shall be designed to establish fees which the Secretary determines to be reasonable under the circumstances and shall cover all parking facilities used in connection with such medical facility.

(f) The Secretary may contract (by lease or otherwise) for the operation of parking facilities at medical facilities under such terms and conditions as the Secretary prescribes and may do so without regard to laws requiring full and open competition.

(g) Subject to subsections (h) and (i) of this section, there are authorized to be appropriated such amounts as are necessary to finance (in whole or in part) the construction, alteration, and acquisition (including site acquisition) of parking facilities at medical facilities.

(h)(1) Amounts appropriated pursuant to subsection (g) of this section and parking fees collected under subsection (c) of this section shall be administered as a revolving fund and shall be available without fiscal year limitation.

(2) The revolving fund shall be deposited in a checking account with the Treasurer of the United States.

(3)(A) Except as provided in subparagraph (B) of this paragraph, no funds other than funds from the revolving fund may be expended for the construction, alteration, or acquisition (including site acquisition) of a garage at a medical facility after September 30, 1986.

(B) Subparagraph (A) of this paragraph does not apply to the use of funds for investigations and studies, surveys, designs, plans, construction documents, specifications, and similar actions not directly involved in the physical construction of a structure.

(i)(1) The expenditure of funds from the revolving fund may be made only for the construction, alteration, and acquisition (including site acquisition) of parking facilities at medical facilities and may be made only as provided for in appropriation Acts.

(2) For the purpose of section 8104(a)(2) of this title, a bill, resolution, or amendment which provides that funds in the revolving fund (including any funds proposed in such bill, resolution, or amendment to be appropriated to the revolving fund) may be expended for a project involving a total expenditure of more than $4,000,000 for the construction, alteration, or acquisition (including site acquisition) of a parking facility or facilities at a medical facility shall be considered to be a bill, resolution, or amendment making an appropriation which may be expended for a major medical facility project.

(j) Funds in a construction account or capital account that are available for a construction project or a nonrecurring maintenance project may be used for the construction or relocation of a surface parking lot incidental to that project.

* * * * * * *

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 allocation under section 302(b) of the Budget Act.

[In millions of dollars]

	302 (b) Allocation		This Bill	
	Budget Authority	Outlays	Budget Authority	Outlays
Mandatory	95,975	95,702	95,975	1/ 95,702
Discretionary	88,804	84,903	88,804	84,903
General Purpose	88,166	84,891	88,166	84,891
Overseas Contingency Operations	638	12	638	12

1/ Includes outlays from prior-year budget authority.

FIVE-YEAR PROJECTION OF OUTLAYS

Pursuant to clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and 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:

[In millions of dollars]

Outlays:	non-OCO	OCO
2018	2/ 103,820	12
2019	5,050	192
2020	3,831	216
2021	2,588	101
2022 and future years	1,967	87

2/ Excludes outlays from prior-year budget authority.

ASSISTANCE TO STATE AND LOCAL GOVERNMENTS

Pursuant to clause 3(c)(2) of rule XIII of the Rules of the House of Representatives and section 308(a)(1)(C) of the Congressional

Budget Act of 1974, the amount of financial assistance to State and local governments is as follows:

Financial assistance to State and local governments for 2018.....

	[In millions of dollars]	
Budget Authority		201
Fiscal year 2018 outlays resulting therefrom	3/	39

3/ Excludes outlays from prior-year budget authority.

STATE LIST

The following is a complete listing, by title, State and country, of the Committee's recommendations for military construction and family housing projects, including Overseas Contingency Operations projects:

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
ALABAMA		
ARMY		
FORT RUCKER		
TRAINING SUPPORT FACILITY	38,000	38,000
ALASKA		
AIR FORCE		
EIELSON AFB		
F-35A ADAL CONVENTIONAL MUNITIONS FACILITY	2,500	2,500
F-35A AGE FACILITY / FILLSTAND	21,000	21,000
F-35A CONSOLIDATED MUNITIONS ADMIN FACILITY	27,000	27,000
F-35A EXTEND UTILIDUCT TO SOUTH LOOP	48,000	48,000
F-35A OSS/WEAPONS/INTEL FACILITY	11,800	11,800
F-35A R-11 FUEL TRUCK SHELTER	9,600	9,600
F-35A SATELLITE DINING FACILITY	8,000	8,000
REPAIR CENTRAL HEAT/POWER PLANT BOILER PH 4	41,000	41,000
ARIZONA		
ARMY		
DAVIS-MONTHAN AFB		
GENERAL INSTRUCTION BUILDING	22,000	22,000
FORT HUACHUCA		
GROUND TRANSPORT EQUIPMENT BUILDING	30,000	30,000
NAVY		
YUMA		
ENLISTED DINING FACILITY & COMMUNITY BLDGS	36,358	36,358
CALIFORNIA		
ARMY		
FORT IRWIN		
LAND ACQUISITION	3,000	3,000
NAVY		
BARSTOW		
COMBAT VEHICLE REPAIR FACILITY	36,539	36,539
CAMP PENDLETON		
AMMUNITION SUPPLY POINT UPGRADE	61,139	61,139
LEMOORE		
F/A 18 AVIONICS REPAIR FACILITY REPLACEMENT	60,828	60,828
MIRAMAR		
AIRCRAFT MAINTENANCE HANGAR (INC 2)	39,600	39,600
TWENTYNINE PALMS		
POTABLE WATER TREATMENT/BLENDING FACILITY	55,099	55,099
AIR FORCE		
TRAVIS AFB		
Note: Budget request is under worldwide unspecified Air Force. The Secretary of the Air Force determined the specific projects and costs after the submission.		
AIRCRAFT 3-BAY MAINTENANCE HANGAR	---	107,000
ALTER B811 CORROSION CONTROL HANGAR	---	7,700
ALTER B181/185/187 SQUAD OPS/AMU	---	6,400
ADAL D14 FUEL CELL HANGAR	---	1,400
DEFENSE-WIDE		
CAMP PENDLETON		
AMBULATORY CARE CENTER REPLACEMENT	26,400	26,400
SOF MARINE BATTALION COMPANY/TEAM FACILITIES	9,958	9,958
SOF MOTOR TRANSPORT FACILITY EXPANSION	7,284	7,284
CORONADO		
SOF BASIC TRAINING COMMAND	96,077	96,077
SOF LOGISTICS SUPPORT UNIT ONE OPS FAC. #3	46,175	46,175
SOF SEAL TEAM OPS FACILITY	66,218	66,218
SOF SEAL TEAM OPS FACILITY	50,265	50,265

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
AIR NATIONAL GUARD		
MARCH AFB		
TFI CONSTRUCT RPA FLIGHT TRAINING UNIT	15,000	15,000
ARMY RESERVE		
FALLBROOK		
ARMY RESERVE CENTER	36,000	36,000
NAVY RESERVE		
LEMOORE		
NAVAL OPERATIONAL SUPPORT CENTER	17,330	17,330
COLORADO		
ARMY		
FORT CARSON		
AMMUNITION SUPPLY POINT	21,000	21,000
BATTLEFIELD WEATHER FACILITY	8,300	8,300
AIR FORCE		
BUCKLEY AIR FORCE BASE		
SBIRS OPERATIONS FACILITY	38,000	38,000
FORT CARSON, COLORADO		
13 ASOS EXPANSION	13,000	13,000
U.S. AIR FORCE ACADEMY		
AIR FORCE CYBERWORX	30,000	30,000
DEFENSE-WIDE		
SCHRIEVER AFB		
AMBULATORY CARE CENTER/DENTAL ADD./ALT	10,200	10,200
AIR NATIONAL GUARD		
PETERSON AFB		
SPACE CONTROL FACILITY	8,000	8,000
CONNECTICUT		
AIR NATIONAL GUARD		
BRADLEY IAP		
CONSTRUCT BASE ENTRY COMPLEX	7,000	7,000
DELAWARE		
ARMY NATIONAL GUARD		
NEW CASTLE		
COMBINED SUPPORT MAINTENANCE SHOP	36,000	36,000
DISTRICT OF COLUMBIA		
NAVY		
NSA WASHINGTON		
ELECTRONICS SCIENCE AND TECHNOLOGY LABORATORY	37,882	37,882
WASHINGTON NAVY YARD AT/FP	60,000	14,810
FLORIDA		
ARMY		
EGLIN AFB		
MULTIPURPOSE RANGE COMPLEX	18,000	18,000
NAVY		
MAYPORT		
ADVANCED WASTEWATER TREATMENT PLANT	74,994	74,994
MISSILE MAGAZINES	9,824	9,824
AIR FORCE		
EGLIN AFB		
F-35A ARMAMENT RESEARCH FAC ADDITION (B614)	8,700	8,700
LONG-RANGE STAND-OFF ACQUISITION FAC	38,000	38,000
MACDILL AFB		
KC-135 BEDDOWN OG/MXG HQ	8,100	8,100
DEFENSE-WIDE		
EGLIN AFB		
SOF SIMULATOR FACILITY	5,000	5,000
UPGRADE OPEN STORAGE YARD	4,100	4,100
HURLBURT FIELD		
SOF COMBAT AIRCRAFT PARKING APRON	34,700	34,700

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
SOF SIMULATOR & FUSELAGE TRAINER FACILITY	11,700	11,700
AIR FORCE RESERVE		
PATRICK AFB		
GUARDIAN ANGEL FACILITY	25,000	25,000
GEORGIA		
ARMY		
FORT BENNING		
TRAINING SUPPORT FACILITY	28,000	28,000
FORT GORDON		
ACCESS CONTROL POINT	33,000	33,000
AUTOMATION-AIDED INSTRUCTIONAL BUILDING	18,500	18,500
AIR FORCE		
ROBINS AFB		
COMMERCIAL VEHICLE VISITOR CONTROL FACILITY	9,800	9,800
DEFENSE-WIDE		
FORT GORDON		
BLOOD DONOR CENTER REPLACEMENT	10,350	10,350
NAVY RESERVE		
FORT GORDON		
NAVAL OPERATIONAL SUPPORT CENTER	17,797	17,797
HAWAII		
ARMY		
FORT SHAFTER		
COMMAND AND CONTROL FACILITY, INCR 3	90,000	90,000
NAVY		
JOINT BASE PEARL HARBOR-HICKAM		
SEWER LIFT STATION & RELIEF SEWER LINE	73,200	73,200
KANEOHE BAY		
LHD PAD CONVERSIONS MV-22 LANDING PADS	19,012	19,012
WAHIAWA		
COMMUNICATIONS/CRYPTO FACILITY	65,864	65,864
DEFENSE-WIDE		
KUNIA		
NSAH KUNIA TUNNEL ENTRANCE	5,000	5,000
AIR FORCE RESERVE		
JOINT BASE PEARL HARBOR-HICKAM		
CONSOLIDATED TRAINING FACILITY	5,500	5,500
IDAHO		
ARMY NATIONAL GUARD		
ORCHARD TRAINING AREA		
DIGITAL AIR/GROUND INTEGRATION RANGE	22,000	22,000
INDIANA		
ARMY		
CRANE ARMY AMMUNITION PLANT		
SHIPPING AND RECEIVING BUILDING	24,000	24,000
KANSAS		
AIR FORCE		
MCCONNELL AFB		
COMBAT ARMS FACILITY	17,500	17,500
KENTUCKY		
AIR NATIONAL GUARD		
LOUISVILLE IAP		
ADD/ALTER RESPONSE FORCES FACILITY	9,000	9,000
MAINE		
NAVY		
KITTERY		
PAINT, BLAST, AND RUBBER FACILITY	61,692	61,692

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
ARMY NATIONAL GUARD		
PRESQUE ISLE		
NATIONAL GUARD READINESS CENTER	17,500	17,500
MARYLAND		
AIR FORCE		
JOINT BASE ANDREWS		
PAR LAND ACQUISITION	17,500	17,500
PRESIDENTIAL AIRCRAFT RECAP COMPLEX	254,000	124,000
DEFENSE-WIDE		
BETHESDA NAVAL HOSPITAL		
MEDICAL CENTER ADDITION/ALTERATION INCR 2	123,800	123,800
FORT MEADE		
NSAW RECAPITALIZE BUILDING #2 INCR 3	313,968	313,968
ARMY NATIONAL GUARD		
SYKESVILLE		
NATIONAL GUARD READINESS CENTER	19,000	19,000
MASSACHUSETTS		
AIR FORCE		
HANSCOM AFB		
VANDENBERG GATE COMPLEX	11,400	11,400
AIR FORCE RESERVE		
WESTOVER ARB		
INDOOR SMALL ARMS RANGE	10,000	10,000
MINNESOTA		
ARMY NATIONAL GUARD		
ARDEN HILLS		
NATIONAL GUARD READINESS CENTER	39,000	39,000
MISSOURI		
DEFENSE-WIDE		
FORT LEONARD WOOD		
BLOOD PROCESSING CENTER REPLACEMENT	11,941	---
HOSPITAL REPLACEMENT	250,000	150,000
ST LOUIS		
NEXT NGA WEST (N2W) COMPLEX	381,000	200,000
AIR NATIONAL GUARD		
ROSECRANS MEMORIAL AIRPORT		
REPLACE COMMUNICATIONS FACILITY	10,000	10,000
NEVADA		
AIR FORCE		
NELLIS AFB		
RED FLAG 5TH GEN FACILITY ADDITION	23,000	23,000
VIRTUAL WARFARE CENTER OPERATIONS FACILITY	38,000	38,000
NEW JERSEY		
AIR FORCE		
JOINT BASE MCGUIRE-DIX-LAKEHURST		
Note: Budget request is under worldwide unspecified Air Force. The Secretary of the Air Force determined the specific projects and costs after the submission.		
2-BAY GENERAL PURPOSE MIX HANGAR	---	72,000
ADAL B2324 REGIONAL MAINTENANCE TRAINING FACILITY	---	18,000
ALTER APRON AND FUEL HYDRANT	---	17,000
ALTER BUILDINGS FOR OPS AND TFI AMU-AMXS	---	9,000
ADAL B1816 FOR SUPPLY	---	6,900
ADAL B2319 FOR BOOM OPERATOR TRAINER	---	6,100
ALTER FACILITIES FOR MAINTENANCE	---	5,800
AEROSPACE GROUND EQUIPMENT STORAGE	---	4,100
ADAL B3209 FOR FUSELAGE TRAINER	---	3,300

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
ADD TO B1837 FOR BODY TANKS STORAGE	---	2,300
ADAL 1749 FOR ATGL AND LST SERVICING	---	2,000
NAVY RESERVE		
JOINT BASE MCGUIRE-DIX-LAKEHURST		
AIRCRAFT APRON, TAXIWAY & SUPPORT FACILITIES	11,573	11,573
NEW MEXICO		
AIR FORCE		
CANNON AFB		
DANGEROUS CARGO PAD RELOCATE CATM	42,000	42,000
HOLLOMAN AFB		
RPA FIXED GROUND CONTROL STATION FACILITY	4,250	4,250
DEFENSE-WIDE		
CANNON AFB		
SOF C-130 AGE FACILITY	8,228	8,228
ARMY NATIONAL GUARD		
LAS CRUCES		
NATIONAL GUARD READINESS CENTER ADDITION	8,600	8,600
NEW YORK		
ARMY		
U.S. MILITARY ACADEMY		
CEMETERY	22,000	22,000
AIR NATIONAL GUARD		
HANCOCK FIELD		
ADD TO FLIGHT TRAINING UNIT, BUILDING 641	6,800	6,800
NORTH CAROLINA		
NAVY		
CAMP LEJEUNE		
BACHELOR ENLISTED QUARTERS	37,983	37,983
WATER TREATMENT PLANT REPLACEMENT HADNOT PT	65,784	65,784
CHERRY POINT MARINE CORPS AIR STATION		
F-35B VERTICAL LIFT FAN TEST FACILITY	15,671	15,671
DEFENSE-WIDE		
CAMP LEJEUNE		
AMBULATORY CARE CENTER ADDITION/ALTERATION	15,300	15,300
AMBULATORY CARE CENTER/DENTAL CLINIC	21,400	21,400
AMBULATORY CARE CENTER/DENTAL CLINIC	22,000	22,000
SOF HUMAN PERFORMANCE TRAINING CENTER	10,800	10,800
SOF MOTOR TRANSPORT MAINTENANCE EXPANSION	20,539	20,539
FORT BRAGG		
SOF HUMAN PERFORMANCE TRAINING CTR	20,260	20,260
SOF SUPPORT BATTALION ADMIN FACILITY	13,518	13,518
SOF TACTICAL EQUIPMENT MAINTENANCE FACILITY	20,000	20,000
SOF TELECOMM RELIABILITY IMPROVEMENTS	4,000	4,000
SEYMOUR JOHNSON AFB		
CONSTRUCT TANKER TRUCK DELIVERY SYSTEM	20,000	20,000
AIR FORCE RESERVE		
SEYMOUR JOHNSON AFB		
KC-46A ADAL FOR ALT MISSION STORAGE	6,400	6,400
NORTH DAKOTA		
AIR FORCE		
MINOT AFB		
INDOOR FIRING RANGE	27,000	27,000

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
OHIO		
AIR NATIONAL GUARD		
TOLEDO EXPRESS AIRPORT		
NORTHCOM - CONSTRUCT ALERT HANGAR	15,000	15,000
OKLAHOMA		
AIR FORCE		
ALTUS AFB		
KC-46A FTU FUSELAGE TRAINER PHASE 2	4,900	4,900
OREGON		
AIR NATIONAL GUARD		
KLAMATH FALLS IAP		
CONSTRUCT CORROSION CONTROL HANGAR	10,500	10,500
CONSTRUCT INDOOR RANGE	8,000	8,000
SOUTH CAROLINA		
ARMY		
FORT JACKSON		
RECEPTION BARRACKS COMPLEX, PH1	60,000	60,000
SHAW AFB		
MISSION TRAINING COMPLEX	25,000	25,000
DEFENSE-WIDE		
SHAW AFB		
CONSOLIDATE FUEL FACILITIES	22,900	22,900
SOUTH DAKOTA		
AIR NATIONAL GUARD		
JOE FOSS FIELD		
AIRCRAFT MAINTENANCE SHOPS	12,000	12,000
TENNESSEE		
AIR NATIONAL GUARD		
MCGHEE-TYSON AIRPORT		
REPLACE KC-135 MAINTENANCE HANGAR AND SHOPS	25,000	25,000
TEXAS		
ARMY		
CAMP BULLIS		
VEHICLE MAINTENANCE SHOP	13,600	13,600
FORT HOOD		
BATTALION HEADQUARTERS COMPLEX	37,000	37,000
AIR FORCE		
JOINT BASE SAN ANTONIO		
AIR TRAFFIC CONTROL TOWER	10,000	10,000
BMT CLASSROOMS/DINING FACILITY 4	38,000	38,000
BMT RECRUIT DORMITORY 7	90,130	90,130
CAMP BULLIS DINING FACILITY	18,500	18,500
DEFENSE-WIDE		
FORT BLISS		
BLOOD PROCESSING CENTER	8,300	---
HOSPITAL REPLACEMENT INCR 8	251,330	251,330
NAVY RESERVE		
FORT WORTH		
KC130-J EACTS FACILITY	12,637	12,637
UTAH		
AIR FORCE		
HILL AFB		
UTTR CONSOLIDATED MISSION CONTROL CENTER	28,000	28,000
DEFENSE-WIDE		
HILL AFB		
REPLACE POL FACILITIES	20,000	20,000

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
AIR FORCE RESERVE		
HILL AFB		
ADD/ALTER LIFE SUPPORT FACILITY	3,100	3,100
VIRGINIA		
ARMY		
FORT BELVOIR		
SECURE ADMIN/OPERATIONS FACILITY, INCR 3	14,124	14,124
JOINT BASE LANGLEY-EUSTIS		
AIRCRAFT MAINTENANCE INSTRUCTIONAL BLDG	34,000	34,000
JOINT BASE MYER-HENDERSON		
SECURITY FENCE	20,000	20,000
NAVY		
DAM NECK		
ISR OPERATIONS FACILITY EXPANSION	29,262	29,262
JOINT EXPEDITIONARY BASE LITTLE CREEK - STORY		
ACU-4 ELECTRICAL UPGRADES	2,596	2,596
NORFOLK		
CHAMBERS FIELD MAGAZINE RECAP PH 1	34,665	34,665
PORTSMOUTH		
SHIP REPAIR TRAINING FACILITY	72,990	72,990
YORKTOWN		
BACHELOR ENLISTED QUARTERS	36,358	36,358
DEFENSE-WIDE		
JOINT EXPEDITIONARY BASE LITTLE CREEK - STORY		
SOF SATEC RANGE EXPANSION	23,000	23,000
NORFOLK		
REPLACE HAZARDOUS MATERIALS WAREHOUSE	18,500	18,500
PENTAGON		
PENTAGON CORR 8 PEDESTRIAN ACCESS CONTROL PT	8,140	8,140
S.E. SAFETY TRAFFIC AND PARKING IMPROVEMENTS	28,700	28,700
SECURITY UPDATES	13,260	13,260
PORTSMOUTH		
REPLACE HARARDOUS MATERIALS WAREHOUSE	22,500	22,500
ARMY NATIONAL GUARD		
FORT PICKETT		
TRAINING AIDS CENTER	4,550	4,550
WASHINGTON		
ARMY		
JOINT BASE LEWIS-MCCHORD		
CONFINEMENT FACILITY	66,000	66,000
YAKIMA		
FIRE STATION	19,500	19,500
NAVY		
INDIAN ISLAND		
MISSILE MAGAZINES	44,440	44,440
ARMY NATIONAL GUARD		
TURNWATER		
NATIONAL GUARD READINESS CENTER	31,000	31,000
WISCONSIN		
ARMY RESERVE		
FORT MCCOY		
AT/MOB DINING FACILITY	13,000	13,000
WYOMING		
AIR FORCE		
F. E. WARREN AFB		
CONSOLIDATED HELO/TRF OPS/AMU AND ALERT FAC	62,000	62,000
CONUS CLASSIFIED		
DEFENSE-WIDE		
CLASSIFIED LOCATION		
BATTALION COMPLEX, PH 1	64,364	64,364

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
AUSTRALIA		
AIR FORCE		
DARWIN		
APR - BULK FUEL STORAGE TANKS	76,000	76,000
DJIBOUTI		
NAVY		
CAMP LEMONIER		
AIRCRAFT PARKING APRON EXPANSION	13,390	---
GERMANY		
ARMY		
STUTTGART		
EIC: COMMISSARY	40,000	40,000
WIESBADEN		
EIC: ADMINISTRATIVE BUILDING	43,000	43,000
DEFENSE-WIDE		
RHINE ORDNANCE BARRACKS		
MEDICAL CENTER REPLACEMENT INCR 7	106,700	106,700
SPANGDAHLEM AB		
SPANGDAHLEM ELEMENTARY SCHOOL REPLACEMENT	79,141	79,141
STUTTGART		
ROBINSON BARRACKS ELEM. SCHOOL REPLACEMENT	46,609	46,609
GREECE		
NAVY		
SOUDA BAY		
STRATEGIC AIRCRAFT PARKING APRON EXPANSION	22,045	22,045
DEFENSE-WIDE		
SOUDA BAY		
CONSTRUCT HYDRANT SYSTEM	18,100	18,100
GUAM		
NAVY		
JOINT REGION MARIANAS		
AIRCRAFT MAINTENANCE HANGAR #2	75,233	75,233
CORROSION CONTROL HANGAR	66,747	66,747
MALS FACILITIES	49,431	49,431
NAVY-COMMERCIAL TIE-IN HARDENING	37,180	37,180
WATER WELL FIELD	56,088	56,088
DEFENSE-WIDE		
ANDERSEN AFB		
CONSTRUCT TRUCK LOAD & UNLOAD FACILITY	23,900	23,900
AIR FORCE RESERVE		
JOINT REGION MARIANAS		
RESERVE MEDICAL TRAINING FACILITY	5,200	5,200
ITALY		
AIR FORCE		
AVIANO AB		
GUARDIAN ANGEL OPERATIONS FACILITY	27,325	---
DEFENSE-WIDE		
SIGONELLA		
CONSTRUCT HYDRANT SYSTEM	22,400	---
VICENZA		
VICENZA HIGH SCHOOL REPLACEMENT	62,406	62,406
JAPAN		
NAVY		
IWAKUNI		
KC130J ENLISTED AIRCREW TRAINER FACILITY	21,860	21,860
DEFENSE-WIDE		
IWAKUNI		
CONSTRUCT BULK STORAGE TANKS PH 1	30,800	30,800

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
KADENA AB		
SOF MAINTENANCE HANGAR	3,972	3,972
SOF SPECIAL TACTICS OPERATIONS FACILITY	27,573	27,573
OKINAWA		
REPLACE MOORING SYSTEM	11,900	11,900
SASEBO		
UPGRADE FUEL WHARF	45,600	45,600
TORRI COMMO STATION		
SOF TACTICAL EQUIPMENT MAINTENANCE FACILITY	25,323	25,323
YOKOTA AB		
AIRFIELD APRON	10,800	10,800
HANGAR/AIRCRAFT MAINTENANCE UNIT	12,034	12,034
OPERATIONS AND WAREHOUSE FACILITIES	8,590	8,590
SIMULATOR FACILITY	2,189	2,189
KOREA		
ARMY		
KUNSAN AB		
UNMANNED AERIAL VEHICLE HANGAR	53,000	53,000
MARIANA ISLANDS		
AIR FORCE		
TINIAN		
APR LAND ACQUISITION	12,900	12,900
PUERTO RICO		
DEFENSE-WIDE		
PUNTA BORINQUEN		
RAMEY UNIT SCHOOL REPLACEMENT	61,071	61,071
ARMY RESERVE		
AGUADILLA		
ARMY RESERVE CENTER	12,400	12,400
QATAR		
AIR FORCE		
AL UDEID		
CONSOLIDATED SQUADRON OPERATIONS FACILITY	15,000	---
TURKEY		
ARMY		
TURKEY VARIOUS		
FORWARD OPERATING SITE	6,400	---
AIR FORCE		
INCIRLIK AB		
DORMITORY	25,997	---
UNITED KINGDOM		
AIR FORCE		
ROYAL AIR FORCE FAIRFORD		
EIC RC-135 INFRASTRUCTURE	2,150	2,150
EIC RC-135 INTEL AND SQUAD OPS FACILITY	38,000	38,000
EIC RC-135 RUNWAY OVERRUN RECONFIGURATION	5,500	5,500
ROYAL AIR FORCE LAKENHEATH		
CONSOLIDATED CORROSION CONTROL FACILITY	20,000	20,000
F-35A 6-BAY HANGAR	24,000	24,000
F-35A F-15 PARKING	10,800	10,800
F-35A FIELD TRAINING DETACHMENT FACILITY	12,492	12,492
F-35A FLIGHT SIMULATOR FACILITY	22,000	22,000
F-35A INFRASTRUCTURE	6,700	6,700
F-35A SQUADRON OPERATIONS AND AMU	41,000	41,000
DEFENSE-WIDE		
MENWITH HILL STATION		
RAFMH MAIN GATE REHABILITATION	11,000	11,000

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
NATO SECURITY INVESTMENT PROGRAM	154,000	177,932
WORLDWIDE UNSPECIFIED		
ARMY		
HOST NATION SUPPORT	28,700	28,700
MINOR CONSTRUCTION	31,500	41,500
PLANNING AND DESIGN	72,770	72,770
NAVY		
PLANNING AND DESIGN	219,069	219,069
MINOR CONSTRUCTION	23,842	23,842
AIR FORCE		
KC-46A MAIN OPERATING BASE 4	269,000	---
Note: The recommended funding is provided under Travis Air Force Base, CA and Joint Base McGuire-Dix-Lakehurst, NJ as determined by the Secretary of the Air Force.		
PLANNING AND DESIGN	97,852	97,852
MINOR CONSTRUCTION	31,400	31,400
DEFENSE-WIDE		
CONTINGENCY CONSTRUCTION	10,000	---
ENERGY RESILIENCE CONSERVATION INVESTMENT PROGRAM	150,000	150,000
PLANNING AND DESIGN		
DEFENSE WIDE	23,500	23,500
DEFENSE HEALTH AGENCY	40,220	40,220
DEPARTMENT OF DEFENSE DEPENDENT EDUCATION	26,147	26,147
DEFENSE INFORMATION SYSTEMS AGENCY	1,150	1,150
DEFENSE LOGISTICS AGENCY	23,012	23,012
MISSILE DEFENSE AGENCY	---	10,000
NATIONAL SECURITY AGENCY	20,000	20,000
SPECIAL OPERATIONS COMMAND	39,746	39,746
WASHINGTON HEADQUARTERS SERVICE	1,942	1,942
SUBTOTAL, PLANNING AND DESIGN	1,109,850	850,850
UNSPECIFIED MINOR CONSTRUCTION		
DEFENSE-WIDE	3,000	3,000
DEPARTMENT OF DEFENSE DEPENDENT EDUCTION	8,000	8,000
DEFENSE HEALTH AGENCY	10,000	10,000
DEFENSE LOGISTICS AGENCY	2,039	2,039
JOINT CHIEFS OF STAFF	11,490	11,490
MISSILE DEFENSE AGENCY	3,000	3,000
NATIONAL SECURITY AGENCY	3,000	3,000
SPECIAL OPERATIONS COMMAND	7,384	7,384
SUBTOTAL, UNSPECIFIED MINOR CONSTRUCTION	47,913	47,913
ARMY NATIONAL GUARD		
PLANNING AND DESIGN	16,271	16,271
MINOR CONSTRUCTION	16,731	16,731
AIR NATIONAL GUARD		
PLANNING AND DESIGN	18,000	18,000
MINOR CONSTRUCTION	17,191	17,191
ARMY RESERVE		
PLANNING AND DESIGN	6,887	6,887
MINOR CONSTRUCTION	5,425	5,425

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
NAVY RESERVE		
PLANNING AND DESIGN	4,430	4,430
MINOR CONSTRUCTION	1,504	1,504
AIR FORCE RESERVE		
PLANNING AND DESIGN	4,725	4,725
MINOR CONSTRUCTION	3,610	3,610
FAMILY HOUSING, ARMY		
GEORGIA		
FORT GORDON		
FAMILY HOUSING NEW CONSTRUCTION	6,100	6,100
MASSACHUSETTS		
NATICK SOLDIER SUPPORT CENTER (28 UNITS)	21,000	21,000
KOREA		
CAMP HUMPHRIES		
FAMILY HOUSING NEW CONSTRUCTION Inc 2	34,402	34,402
KWAJALEIN		
FAMILY HOUSING NEW CONSTRUCTION (22 UNITS)	31,000	31,000
GERMANY		
SOUTH CAMP VILSECK		
FAMILY HOUSING NEW CONSTRUCTION (36 UNITS)	22,445	22,445
CONSTRUCTION IMPROVEMENTS - BAUMHOLDER (96 UNITS)	34,156	34,156
ITALY		
PLANNING AND DESIGN	33,559	33,559
SUBTOTAL, CONSTRUCTION	182,662	182,662
OPERATION AND MAINTENANCE		
UTILITIES ACCOUNT	60,251	60,251
SERVICES ACCOUNT	8,930	8,930
MANAGEMENT ACCOUNT	37,089	37,089
MISCELLANEOUS ACCOUNT	400	400
FURNISHINGS ACCOUNT	12,816	12,816
LEASING	148,538	148,538
MAINTENANCE OF REAL PROPERTY	57,708	57,708
PRIVATIZATION SUPPORT COSTS	20,893	20,893
SUBTOTAL, OPERATION AND MAINTENANCE	346,625	346,625
FAMILY HOUSING, NAVY AND MARINE CORPS		
MARIANA ISLANDS		
NSA ANDERSON		
REPLACEMENT HOUSING PHASE II	40,875	40,875
BAHRAIN		
SW ASIA		
CONSTRUCTION OF ON-BASE GENERAL FLAG OFFICER QUARTERS	2,138	2,138
CONSTRUCTION IMPROVEMENTS	36,251	36,251
PLANNING AND DESIGN	4,418	4,418
SUBTOTAL, CONSTRUCTION	83,682	83,682
OPERATION AND MAINTENANCE		
UTILITIES ACCOUNT	62,167	62,167

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
SERVICES ACCOUNT	15,649	15,649
MANAGEMENT ACCOUNT	50,989	50,989
MISCELLANEOUS ACCOUNT	336	336
FURNISHINGS ACCOUNT	14,529	14,529
LEASING	61,921	61,921
MAINTENANCE OF REAL PROPERTY	95,104	95,104
PRIVATIZATION SUPPORT COSTS	27,587	27,587
SUBTOTAL, OPERATION AND MAINTENANCE	328,282	328,282
FAMILY HOUSING, AIR FORCE		
CONSTRUCTION IMPROVEMENTS	80,617	80,617
PLANNING AND DESIGN	4,445	4,445
SUBTOTAL, CONSTRUCTION	85,062	85,062
OPERATION AND MAINTENANCE		
UTILITIES ACCOUNT	47,504	47,504
MANAGEMENT ACCOUNT	53,464	53,464
SERVICES ACCOUNT	13,517	13,517
FURNISHINGS ACCOUNT	29,424	29,424
MISCELLANEOUS ACCOUNT	1,839	1,839
LEASING	16,818	16,818
MAINTENANCE	134,189	134,189
PRIVATIZATION SUPPORT COSTS	21,569	21,569
SUBTOTAL, OPERATION AND MAINTENANCE	318,324	318,324
FAMILY HOUSING, DEFENSE-WIDE		
OPERATION AND MAINTENANCE		
NATIONAL SECURITY AGENCY		
UTILITIES	268	268
FURNISHING	407	407
LEASING	12,390	12,390
MAINTENANCE OF REAL PROPERTY	655	655
DEFENSE INTELLIGENCE AGENCY		
UTILITIES	4,100	4,100
FURNISHINGS	641	641
LEASING	39,716	39,716
DEFENSE LOGISTICS AGENCY		
UTILITIES	86	86
FURNISHINGS	6	6
SERVICES	14	14
MANAGEMENT	319	319
MAINTENANCE OF REAL PROPERTY	567	567
SUBTOTAL, OPERATION AND MAINTENANCE	59,169	59,169
DOD MILITARY UNACCOMPANIED HOUSING IMPROVEMENT FUND	623	623
DOD FAMILY HOUSING IMPROVEMENT FUND	2,726	2,726
BASE REALIGNMENT AND CLOSURE		
BASE REALIGNMENT AND CLOSURE ACCOUNT	255,867	290,867
MILITARY CONSTRUCTION, ARMY	---	43,800
MILITARY CONSTRUCTION, NAVY AND MARINE CORPS	---	126,900
MILITARY CONSTRUCTION, AIR FORCE	---	70,300
MILITARY CONSTRUCTION, ARMY NATIONAL GUARD	---	56,000
MILITARY CONSTRUCTION, AIR NATIONAL GUARD	---	41,900
MILITARY CONSTRUCTION, ARMY RESERVE	---	56,000
MILITARY CONSTRUCTION, NAVY RESERVE	---	---

MILITARY CONSTRUCTION
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
MILITARY CONSTRUCTION, AIR FORCE RESERVE	---	44,100
RESCISSIONS FROM PRIOR YEAR UNOBLIGATED BALANCES		
ARMY	---	-10,000
NAVY AND MARINE CORPS	---	-10,000
AIR FORCE	---	---
DEFENSE-WIDE	---	-27,440
AIR NATIONAL GUARD	---	---
42 USC 3374 (SEC. 135)	---	---
NATO SECURITY INVESTMENT PROGRAM	---	-25,000
FAMILY HOUSING CONSTRUCTION, ARMY	---	-18,000
FAMILY HOUSING CONSTRUCTION, NAVY AND MARINE CORPS	---	-8,000
FAMILY HOUSING CONSTRUCTION, AIR FORCE	---	-20,000

OVERSEAS CONTINGENCY OPERATIONS
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
TITLE IV		
FY 2018 OVERSEAS CONTINGENCY OPERATIONS		
OVERSEAS CONTINGENCY OPERATIONS		
CUBA		
ARMY		
GUANTANAMO BAY NAVAL STATION		
BARRACKS	115,000	115,000
WORLDWIDE UNSPECIFIED		
ARMY		
PLANNING AND DESIGN	9,000	10,058
AIR FORCE		
PLANNING AND DESIGN	41,500	41,500
DJIBOUTI		
NAVY		
CAMP LEMONIER		
AIRCRAFT PARKING APRON EXPANSION	---	13,390
ITALY		
AIR FORCE		
AVIANO AB		
GUARDIAN ANGEL OPERATIONS FACILITY	---	27,325
DEFENSE-WIDE		
SIGONELLA		
CONSTRUCT HYDRANT SYSTEM	---	22,400
JORDAN		
AIR FORCE		
MUWAFFAQ SALTI AIR BASE		
MUWAFFAQ SALTI AIR BASE	143,000	---
AIRFIELD PAVEMENTS	---	52,735
ISR SHELTERS	---	10,000
CAS REVETMENTS/SUN SHADES	---	11,168
DORMITORY	---	8,003
CARGO MARSHALLING YARD FACILITY	---	1,034
SUPPORTING FACILITIES/UTILITIES	---	60,060
QATAR		
AIR FORCE		
AL UDEID		
CONSOLIDATED SQUADRON OPERATIONS FACILITY	---	15,000
TURKEY		
ARMY		
TURKEY VARIOUS		
FORWARD OPERATING SITES	---	6,400
AIR FORCE		
INCIRLIK AB		
RELOCATE BASE MAIN ACCESS CONTROL POINT	14,600	14,600
REPLACE PERIMETER FENCE	8,100	8,100
DORMITORY	---	25,997
TOTAL, OVERSEAS CONTINGENCY OPERATIONS	331,200	442,770
EUROPEAN REASSURANCE INITIATIVE		
ESTONIA		
AIR FORCE		
AMARI AIR BASE		
POL CAPACITY PHASE II	4,700	4,700
TACTICAL FIGHTER AIRCRAFT PARKING APRON	9,200	9,200

OVERSEAS CONTINGENCY OPERATIONS
(AMOUNTS IN THOUSANDS)

	BUDGET REQUEST	HOUSE
HUNGARY		
AIR FORCE		
KECSKEMET AIR BASE		
AIRFIELD UPGRADES	12,900	---
CONSTRUCT PARALLEL TAXIWAY	30,000	---
INCREASE POL STORAGE CAPACITY	12,500	---
ICELAND		
AIR FORCE		
KEFLAVIK		
AIRFIELD UPGRADES	14,400	14,400
LATVIA		
AIR FORCE		
LIELVARDE AIR BASE		
EXPAND STRATEGIC RAMP PARKING	3,850	3,850
LUXEMBOURG		
AIR FORCE		
SANEM		
ECAOS DEPLOYABLE AIRBASE SYSTEM STORAGE	67,400	67,400
NORWAY		
AIR FORCE		
RYGGE		
REPLACE/EXPAND QUICK REACTION ALERT PAD	10,300	---
ROMANIA		
AIR FORCE		
CAMP TURZII		
UPGRADE UTILITIES INFRASTRUCTURE	2,950	2,950
SLOVAKIA		
AIR FORCE		
MALACKY		
AIRFIELD UPGRADES	4,000	---
INCREASE POL STORAGE CAPACITY	20,000	---
SLIAC AIRPORT		
AIRFIELD UPGRADES	22,000	---
WORLDWIDE UNSPECIFIED		
ARMY		
PLANNING AND DESIGN	15,700	15,700
NAVY		
PLANNING AND DESIGN	18,500	18,500
AIR FORCE		
PLANNING AND DESIGN	56,630	56,630
DEFENSE-WIDE		
SOCOM		
PLANNING AND DESIGN	1,900	1,900
TOTAL, EUROPEAN REASSURANCE INITIATIVE	306,930	195,230

MINORITY VIEWS

The fiscal year (FY) 2018 Military Construction, Veterans Affairs, and Related Agencies Appropriations bill funds critical military construction, family housing and quality of life improvements and enhancements for our brave men and women in uniform and their families. This bill provides $88.7 billion in total discretionary funding. This is $6 billion above the FY 2017 enacted funding level but $573 million below the FY 2018 budget request.

The bill funds military construction at $9.5 billion, which is $197 million below the FY 2018 request. It rejects President Trump's proposed cut to the North Atlantic Treaty Organization (NATO) Security Investment Program and restores funding to the FY 2017 enacted level of $178 million. Additionally, Base Realignment and Closure is funded at $291 million, which is an increase of $35 million. The bill provides $78.3 billion in discretionary funding for the Department of Veterans Affairs, which is $3.9 billion above the FY 2017 enacted level but $384 million below the President's request. The recommendation also includes the budget request of $70.7 billion in discretionary funds for the FY 2019 advance appropriations for VA medical services. The bill includes $75.1 million, equal to the FY 2017 enacted level, for our heroes who have made the ultimate sacrifice and are honored in the battle monuments and cemeteries funded in this bill.

We are pleased the bill continues to build on efforts to end the veterans' claims backlog that began in FY 2015. The bill continues both the aggressive monthly reporting requirements from each specific regional office on claims processing performance as well as quarterly reports on remediation efforts at the poorest performing regional offices.

The Committee has had a longstanding interest in ensuring that DOD and VA health records for service members and veterans can be exchanged electronically so doctors across the street or across the world can best treat patients. After multiple false starts with plans for a unified DOD–VA system and then a stand-alone VA VistA record modernization, VA has now decided to acquire the same electronic health record system (EHR) being developed for DOD—the MH Genesis record. We are pleased with VA's decision to pursue a single EHR, which many Members have advocated for years. However, we are concerned about the implications of this detour on the completion time for the project (previously promised for 2018), project cost, and the ability to meet the growing need for interoperability with non-VA community providers. Therefore, it is appropriate to fence 75 percent of funding until VA provides certain information. The Committee does not intend to delay the progress of acquiring a new system, but believes continuing close oversight is necessary to ensure that the new system will have the necessary capabilities to provide superior care.

We are also pleased that the bill provides the full FY 2018 budget request of $8.4 billion for mental health programs, of which $186 million dollars is for Suicide Prevention, $13 million above the FY 2017 enacted level. Furthermore, the bill repeats language first included in the FY 2017 bill requiring the Veterans Crisis Line (VCL) to provide immediate assistance from a trained professional and to adhere to all requirements of the American Association of Suicidology. The funding and the bill language are vital pieces in helping VA combat veterans suicide.

Two Democratic amendments were offered during the markup. We were pleased the Majority accepted the Democratic amendment that bars counselors at the VCL from being subject to any hiring freeze. With over twenty veterans tragically taking their own lives each day, it is critical that the VCL is properly staffed. Unfortunately, the Majority opposed the second amendment, which would have prohibited the use of funds to establish a White House Veterans Complaint Hotline, a political proposal from President Trump that would make it more difficult for veterans to receive timely services they earned. VA currently has 975 customer service numbers in operation for veterans to call. They cover issues ranging from benefits to debt management. We believe we need to use our resources wisely and establishing this new hotline would only confuse and frustrate our veterans when they are looking for help. And, worse, it could potentially add dangerous delays in service.

We are extremely pleased that the bill provides access to IVF treatment, which is consistent with the VA's goal to support veterans and improve their quality of life. We believe that veterans who are unable to conceive children deserve the care and support they need to start a family.

While there are numerous measures to praise in the bill, we are concerned that the increases in this bill will result in deep cuts to programs in the other yet-to-be-considered appropriations bills. Veterans rely on programs across the government that are funded in the other appropriations bills, such as afterschool programs, job training, and public transportation. Potential cuts to those programs would make it difficult for veterans to rejoin civilian life and prosper after their service to the country. Also cutting federal jobs across the government would have a severe impact on veterans. In FY 2015, the Office of Personnel Management reported that 30.9 percent of federal jobs were occupied by veterans. Cuts across the government that would be harmful to veterans will certainly take place under the limitations set forth in the Budget Control Act (BCA). The BCA reduces the FY 2018 discretionary budget by $5 billion total, a $2 billion dollar reduction to defense and $3 billion reduction to non-defense. The only way to get back to regular order and consider each of the 12 appropriations bills is to raise the BCA caps.

NITA M. LOWEY.
DEBBIE WASSERMAN SCHULTZ.

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