Calendar No. 173

115TH CONGRESS, *1st Session* | SENATE | REPORT 115–130

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

JULY 13, 2017.—Ordered to be printed

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

REPORT

[To accompany S. 1557]

The Committee on Appropriation reports the bill (S. 1557) 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, reports favorably thereon and recommends that the bill do pass.

Amounts in new budget authority

Total of bill as reported to the Senate	$200,887,098,000
Amount of 2017 appropriations	189,862,366,000
Amount of 2018 budget estimate	201,453,868,000
Bill as recommended to Senate compared to—	
2017 appropriations	+11,024,732,000
2018 budget estimate	−566,770,000

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BACKGROUND

PURPOSE OF THE BILL

The Military Construction, Veterans Affairs, and Related Agencies appropriations bill provides necessary funding for the planning, design, construction, alteration, and improvement of military facilities worldwide. It also finances the cost of military family housing and the U.S. share of the NATO Security Investment Program. In addition, the bill provides funding, including environmental remediation, for base closures and realignments authorized by law. The bill provides resources to the Department of Veterans Affairs for veterans benefits and healthcare and funding for U.S. cemeteries and battlefield monuments both in the United States and abroad, including the American Battle Monuments Commission and Arlington National Cemetery. Additionally, the bill funds the U.S. Court of Appeals for Veterans Claims and the Armed Forces Retirement Homes.

COMMITTEE RECOMMENDATION

The Committee recommends new budget authority totaling $200,887,098,000 for fiscal year 2018 military construction, family housing, base closure, veterans healthcare and benefits, including fiscal year 2019 advance appropriations for veterans medical care and appropriated mandatories, and related agencies. This includes $107,723,000,000 in mandatory funding and $93,164,098,000 in discretionary funding. The table at the end of the report displays the Committee recommendation in comparison with the current fiscal year and the President's fiscal year 2018 request.

APPROPRIATIONS FOR FISCAL YEAR 2018

	Budget request	Senate recommendation
New budget authority	$201,453,868,000	$200,887,098,000
Previous advances provided for fiscal year 2018 for medical care	66,385,032,000	66,385,032,000
Previous advances provided for fiscal year 2018 for appropriated mandatories	103,935,996,000	103,935,996,000
Less advances provided for fiscal year 2019 for medical care	−70,699,313,000	−70,700,000,000
Less advances provided for fiscal year 2019 for appropriated mandatories	−107,709,727,000	−107,710,000,000
Total appropriations for fiscal year 2018	193,365,856,000	192,798,126,000

OVERVIEW AND SUMMARY OF BILL

The Military Construction, Veterans Affairs, and Related Agencies appropriations bill funds an array of programs that are vital to America's military personnel and their families, and to the Nations' veterans. For U.S. military forces and their families worldwide, the bill funds critical infrastructure, ranging from mission es-

sential operational and training facilities to key quality-of-life facilities, including barracks, family housing, child care centers, schools, and hospitals.

For America's 21.4 million veterans, the bill provides the necessary funding for veterans benefits and healthcare, from prescription drugs and clinical services to the construction of hospitals and other medical facilities throughout the Nation.

The bill also funds veterans cemeteries in the United States and provides funding for four independent agencies—the American Battle Monuments Commission, the U.S. Court of Appeals for Veterans Claims, Arlington National Cemetery, and the Armed Forces Retirement Homes.

TITLE I

MILITARY CONSTRUCTION

ITEMS OF SPECIAL INTEREST

HEARINGS

The Subcommittee on Military Construction, Veterans Affairs, and Related Agencies held one hearing related to the fiscal year 2018 military construction budget request. Witnesses included representatives of the Army, Navy, Marine Corps, Air Force, and the Office of the Secretary of Defense.

SUMMARY OF COMMITTEE RECOMMENDATIONS

The fiscal year 2018 budget request for military construction and family housing totals $9,782,451,000. The Committee recommends $9,536,000,000, which is $246,451,000 below the President's budget request.

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 reprogrammings to an item specifically reduced below the threshold by the Congress are permitted.

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, provided that 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.

Furthermore, in instances where prior approval of a reprogramming request for a project or account has been received from the Committee, the adjusted amount approved becomes the new base for any future increase or decrease via below-threshold reprogrammings (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 reprogrammings and notifications, including the pertinent statutory authorities contained in Department of Defense [DoD] Financial Management Regulation 7000.14–R and relevant updates and policy memoranda.

REAL PROPERTY MAINTENANCE

The Committee recommends a continuation of the following general rules for repairing a facility under "Operation and Maintenance" account funding:

—Components of the facility may be repaired by replacement, and such replacement may be up to current standards or code.

—Interior arrangements and restorations may be included as repair, but additions, new facilities, and functional conversions must be performed as military construction projects.

—Such projects may be done concurrent with repair projects, as long as the final conjunctively funded project is a complete and usable facility.

—The appropriate Service Secretary shall submit a 21-day notification prior to carrying out any repair project with an estimated cost in excess of $7,500,000.

The Department is directed to continue to report on the real property maintenance backlog at all installations for which there is a requested construction project in future budget requests. This information is to be provided on the form 1390. In addition, for all troop housing requests, the form 1391 is to continue to show all real property maintenance conducted in the past 2 years and all future requirements for unaccompanied housing at that installation.

INCREMENTAL FUNDING

In general, the Committee supports full funding for military construction projects. However, it continues to be the practice of the Committee to provide incremental funding for certain large projects, despite administration policy to the contrary, 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 recommends incremental funding for three projects.

OTHER MATTERS

Naval Shipyard Modernization.—The Committee is concerned with likely impacts to Fleet readiness and operational availability of Navy ships and submarines in the absence of significant long-term improvements to public shipyard infrastructure and major dry dock capacity. In a 2013 report to Congress pursuant to the requirements in Section 2865 of the Fiscal Year 2012 National Defense Authorization Act (Public Law 112–81), the Navy identified a $3,450,000,000 maintenance backlog comprising more than 1,000 facilities at the public shipyards.

The Committee is aware that public shipyards involved in Navy ship maintenance face a number of challenges in completing maintenance on time, including unanticipated work requirements, workforce inexperience, workload fluctuations, and inadequate facilities.

These challenges are exacerbated by the failing conditions of facilities across all four public shipyards. For example, Norfolk Naval Shipyard has 130 facilities in failing condition, including 17 mission-critical facilities. These deteriorated facility conditions combined with an inefficient and outdated layout of functions at the yards have a direct, negative impact on the readiness of naval forces as well as the life, safety and health of sailors and the civilian workforce at the public shipyards. At the Portsmouth Naval Shipyard, increasing workload is making it difficult to schedule necessary maintenance on its three nuclear qualified dry docks. Within the next 5 years, the workload at Portsmouth will exceed the available capacity of the dry docks. Additionally, critical components will reach the end of their service life soon, placing great strain on the ability to support maintenance on *Los Angeles*- and *Virginia*-class submarines. Significant military construction is needed to expand and modernize Dry Dock 1 to meet the growing maintenance requirements of the submarine fleet.

The Committee also notes that while the Navy has prioritized dry docks and piers over other failing facilities, it is nevertheless taking risks in its dry dock infrastructure. Without significant dry dock investments, the public shipyards will be unable to meet the Navy's surface and subsurface maintenance and inactivation requirements through 2040. For example, at Pearl Harbor Naval Shipyard, the Navy has identified an urgent requirement to extend Dry Dock 3 and build a 500 foot-long concrete lock at the entrance of the dry dock. These improvements are essential to sustain Fleet readiness in the Pacific and provide maintenance for *Virginia*-class submarines but remain unprogrammed in the Navy's Future Years Defense Plan budget for military construction. Similarly, at Puget Sound Naval Shipyard in Washington State, the Navy has been forced to develop mitigation strategies to maximize the use of Dry Dock 1 to accommodate *Los Angeles*-class submarine availabilities and inactivations, as well as availabilities on all *Virginia*-class submarines.

Finally, the Committee notes that the Navy is investing in existing facilities that may not be ideally designed, placed, sized or configured to support the current work processes, leading to inefficiencies in ship repair functions. In order for resources to be expended prudently for maximum benefit for shipyard operations, the Navy must first review industrial processes, logistics streams and workload distribution to develop a facilities plan that optimizes ship repair processes. Therefore, the Committee directs the Secretary of the Navy to submit a report by February 1, 2018, providing an engineering master plan for the optimal placement of facilities and major equipment to support ship repair functions at each public shipyard, including an investment strategy to address the infrastructure requirements at each shipyard. The report shall include the following elements:

—A review of current and projected workload requirements for ship repairs to assess efficiencies in the use of existing facilities including consideration of new ship characteristics, obsolescence of facilities, siting of facilities and equipment, and various constrained process flows;

—An analysis of life cycle costs to repair and modernize existing mission essential facilities versus the cost to consolidate functions into modern, right-sized waterfront facilities to meet current and programmed future mission requirements;
—A review of the progress made in prioritizing and funding projects that facilitate implementation of the hub concept for ship repair in order to improve process efficiencies, and contribute to availability cost and schedule reductions;
—A Master Plan for each shipyard incorporating the results of a review of industrial processes, logistics streams and workload distribution required to support ship repairs at each shipyard and the facilities requirements to support optimized processes; and
—An updated investment strategy planned for each public shipyard, including timelines to complete the masterplan for each shipyard, a list of projects and brief scopes of work, and cost estimates necessary to complete projects for mission essential facilities.

Informed by the results of this study, the Committee urges the Navy to prioritize infrastructure investment in its shipyards within the Department's future years military construction budget planning.

Federal, State and Local Intelligence Collaboration.—The Committee is aware that several States utilize National Guard facilities for intelligence fusion centers according to their respective State authorities. These centers allow Federal, State, local, and tribal law enforcement officials to collaborate and share intelligence and threat information, and co-locating them with National Guard facilities offers opportunities for cost savings. Therefore, the Committee urges the Department, the services, and the National Guard Bureau to prioritize needed workplace replacement projects, including Sensitive Compartmented Information Facility [SCIF] projects to conduct State and Federal intelligence analysis, in the fiscal year 2019 and future budget submissions.

Historic Buildings.—The Committee recognizes the historical value of many of our Nation's military installations, and the need for preserving these historic sites for posterity. However, the Committee is also aware of the challenges of maintaining historical buildings, particularly those that are still in use today. On certain military installations, these historical structures are still used for housing and other purposes, which can lead to a struggle to balance maintaining hospitable living and work environments with preserving the historical status of the building. The Committee requests that the Government Accountability Office conduct a review that assesses historical structures or sites on Department installations in the United States that may be utilized for housing and for other purposes. The review shall include qualitative analysis as it relates to State and Federal regulatory standards for habitation, and also provide recommendations concerning the Department's processes and procedures for assessing whether certain structures or sites require renovation to meet State and Federal regulatory standards for habitation or other uses as warranted.

DoD Installation Energy Policy.—Department of Defense [DoD] installation energy use accounts for nearly a quarter of all Federal

Government energy consumption. In fiscal year 2015, according to DoD's Annual Energy Management Report, the Department spent $3,900,000 on installation energy. While DoD has made great strides in increasing installation energy efficiency and reducing overall energy consumption, more needs to be done to bring down the energy costs throughout the Department. DoD must also ramp up its efforts to enhance energy security on its installations through a range of actions, including investing in renewable energy and smart technology that can shield mission-critical operations from disruptions to the power grid. According to a January 2017 report commissioned by the Pew Charitable Trusts ("Power Begins at Home: Assured Energy for U.S. Military Bases"), DoD could enhance energy security on installations and save hundreds of millions of dollars annually by investing in microgrids and renewable energy systems, and by increasing energy efficiency on military bases. The report found that microgrid power systems are more reliable than the stand-alone diesel generators typically used for backup power and could save $8,000,000 to $20,000,000 over a 20-year period. The report also found that DoD could save as much as $1,000,000,000 a year simply by increasing the use of commercially available energy efficiency measures in its facilities. The Committee notes that military installations in Hawaii are among those at the forefront of DoD's efforts to increase energy efficiency and security, including projects to develop net-zero energy military housing and installation facilities, upgrade and retrofit systems to improve energy and water efficiency, and demonstrate microgrid technology. The Committee supports DoD's investments in energy efficiency, renewable energy systems, and energy security, including through the Energy Resilience and Conservation Investment Program [ERCIP]. The fiscal year 2018 ERCIP request of $150,000,000 provides funding for 26 projects, including 7 energy resilience, 12 energy efficiency, 5 renewable energy, and 2 water conservation projects. The Committee recommends an increase of $15,000,000 above the request for ERCIP and encourages the Department to prioritize funding for energy-related projects, including renewable energy projects, to mitigate risk to mission-critical assets and promote energy security and efficiency at military installations.

Major Range and Test Facility Base [MRTFB].—The Committee recognizes the strategic importance of the key Department of Defense [DoD] installations, ranges and facilities that comprise the Major Range and Test Facility Base [MTRFB]. These ranges, which include Army, Navy, Air Force and Defense Agency facilities in more than 20 locations, are designated by DoD as "national assets" because of their critical role in maintaining the Nation's military technological advantage. However, the Committee is concerned about the lack of investment and sustainment of these facilities. For example, White Sands Missile Range in New Mexico, which is the Nation's largest overland testing facility, has not received a military construction project in support of test and evaluation missions in over a decade. As a result, support for critical testing on missile systems such as the Standard Missile-2 [SM2], Patriot Missile system [PAC3], JASSM, CALCM, and others may be adversely impacted. The Barking Sands Tactical Underwater Range at the

Pacific Missile Range Facility in Hawaii exceeded its 20-year design service life in 2014. Key underwater cables have been repeatedly repaired in recent years, but the Navy has determined that future repairs of the seafloor cables are not feasible. The Air Force Development Test Center's [AFDTC] overall mission is to plan conduct, and evaluate testing of U.S. and allied nonnuclear munitions, electronic combat, target acquisitions, weapon delivery, base intrusion protection, and supporting systems. AFDTC carries out this work at Eglin Air Force Base, FL, whose land test areas encompass 463,000 acres, and water test areas cover 86,500 square miles in the Gulf of Mexico, the largest DoD test and training area in the world.

In order to continue to conduct safe and robust testing of our military's newest munitions and systems, deployed by our fastest and longest-range aircraft, surface, and subsurface vessels, test and training range infrastructure and instrumentation must be modernized. The lack of needed investment at MRTFB facilities jeopardizes future technology development and threaten the Nation's ability to counter emerging threats. The Committee therefore directs the Secretary of Defense to submit a comprehensive MRTFB modernization plan within 180 days of enactment of this act outlining a timetable and specific actions for repair, replacement and renovation of infrastructure, equipment and instrumentation at mission-critical facilities.

Infrastructure to Support Third Offset Capabilities.—The Committee notes that the Department of Defense is increasing investments in a number of technology areas to support the Third Offset strategy, an effort to offset declining technological superiority over near peer rivals using targeted investments in advanced technologies and through the development of new operational concepts using existing and next generation systems. This includes increased funding in undersea warfare, robotics, directed energy, hypersonics, and precision munitions, among other areas. The Committee is concerned that these investments are not being matched by coordinated funding of modern research and testing infrastructure that will ensure that these new systems and technologies are developed and tested as efficiently and quickly as possible, and are deployed to operational forces as soon as feasible. In testimony to the Subcommittee on Defense, Deputy Secretary of Defense Robert Work acknowledged the importance of investing in this type of research infrastructure, although the current Future Years Defense Plan includes very few military construction projects that support research or testing activities. The Committee directs the Secretary of Defense to develop a plan for investments in research and testing infrastructure, including through major military construction projects that support development of Third Offset capabilities. The strategy should make clear how the infrastructure investments will be timed so that they are coordinated with planned programs of record. The Committee directs that the plan be delivered to the congressional defense committees no later than 1 year after the date of enactment of this act.

Water Conservation on Military Installations.—The Senate Report accompanying H.R. 5325 (S. Rept. 114–237) included language highlighting the status of water use on military installations, the

vulnerability of installations to water scarcity, and water conservation potential at military installations based on both reduced water use and cost savings. The report directed the Secretary of Defense to report to the Committees on Appropriations of both Houses of Congress on the current status of water demand and potential water conservations opportunities across U.S. military installations, including water usage rates, water scarcity vulnerabilities, water conservation potential from reduced water usage, and potential cost savings from water conservation technologies. The Committee notes that the report is currently 90 days overdue and directs the Secretary to provide the report no later than October 1, 2017.

Sea Level Rise and Coastal Erosion.—The Committee is concerned about the increasingly harmful impact of sea level rise and flooding on facilities at DoD's coastal military installations, both in the United States and overseas. A June 30, 2014, Government Accountability Office [GAO] report to Congress, (GAO–14–446, "Climate Change Adaptation: DoD Can Improve Infrastructure Planning and Processes to Better Account for Potential Impacts") assessed 15 sites at defense installations in the U.S. that are vulnerable to the effects of climate change and provided recommendations to improve readiness and reduce fiscal exposure for DoD.

Among several compelling findings, GAO noted that DoD officials are concerned that the combination of thawing permafrost, decreasing sea ice, and rising sea levels on the Alaskan coast have increased coastal erosion at several Air Force radar early warning and communication installations. Further, Navy officials are concerned that if a storm surge occurs while a submarine is undergoing maintenance while sitting in a dry dock, substantial repair costs likely would be needed. Officials told GAO that if salt water floods the submarine's systems, it could result in severe damage.

In a July 23, 2015, report to Congress regarding the security implications of climate-related risks, the Department noted that it had 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. Senate Report 114–237 accompanying the fiscal year 2017 Military Construction, Veterans Affairs, and Related Agencies Appropriations Act included language directing the Secretary of Defense to report to the congressional defense committees not later than 120 days after the enactment of the act on the findings of that assessment. The Committee notes that the fiscal year 2017 Military Construction, Veterans Affairs, and Related Agencies Appropriations Act was signed into law on September 29, 2016, and that the report is currently more than 90 days overdue. The Committee therefore directs the Secretary to comply with the directive not later than October 1, 2017.

Understanding the costs associated with mitigation of climate vulnerabilities is essential to an accurate assessment of future DoD infrastructure costs. The Committee believes that DoD must be proactive in assessing the potential effects of projected climate change on the design, operation, maintenance, and repair of buildings; utility systems; and storm water management systems. DoD requires its components to manage the risks associated with these

effects, including changes—as appropriate—to design and construction standards. The GAO has noted that extreme weather events have caused tens of millions of dollars in damage to DoD infrastructure and that these types of extreme weather events are expected to become more frequent or severe with climate change. The Committee expects that DoD will implement an effective approach to analyzing and addressing the potential impacts of climate change on military construction projects during the design phase to mitigate the need for future costly repair or restoration requirements.

Therefore, the Committee directs the Comptroller General to undertake a study of DoD's progress in developing a means to account for potentially damaging weather in project design, and to report to the Committees on Appropriations of both Houses of Congress not later than 180 days after enactment of this act. At a minimum, the Comptroller General should answer the following questions:

—What is known about the historical and projected costs for facilities maintenance and repair beyond expected repair costs of DoD infrastructure stemming from damage or degradation caused by weather effects associated with climate change?

—What best practices has DoD adopted for incorporating climate change adaptation into the design of military construction or facilities sustainment, restoration, or modernization projects?

—To what extent has DoD developed a systematic process for ensuring climate change or severe weather effects are accounted for in the design of military construction and facilities sustainment, modernization, or restoration projects?

Local Hiring in Military Construction.—In March 2015 the Federal Highway Administration and the Federal Transit Administration implemented a Local Labor Hiring Pilot Project which aims to increase local, low income and veteran employment in construction projects funded by those agencies. The pilot project was recently extended through 2022. The Committee encourages the Department of Defense to consider implementing a similar pilot project with respect to military construction. The Secretary of Defense is directed to report to the Congressional defense committees within 6 months of the date of enactment of this act on the feasibility of implementing such a program.

Remotely Piloted Aircraft and Joint Use Military/Civilian Airports.—The Committee is concerned that many existing Airport Joint Use Agreements [AJUA] were not written to accommodate the increasing use of remotely piloted aircraft [RPAs]. In some instances, a long term AJUA may need significant modifications to allow for the use of RPAs and to calculate the appropriate Federal compensation. Therefore, the Committee directs the Secretary of Defense to conduct a review of the authorities needed to update AJUAs and associated compensation for airfields impacted by a transition to RPA missions, and to report such findings to the congressional defense committees no later than March 30, 2018.

Special Operations Command Training Opportunities.—Abandoned mine land and surface reclamation projects throughout the Nation can provide a unique environment for military training and range capabilities, to include mobility and irregular warfare opportunities for the Special Operations Command [SOCOM]. The Com-

mittee urges SOCOM to work with the National Guard Bureau and the States on the development of such sites to meet its unique training requirements.

Viability of Armed Forces Reserve Centers.—The Committee is aware of the proposed closure of certain recently constructed reserve centers due to a lack of usage. This raises concerns about the adequacy and accuracy of the personnel and unit forecasting that led to the construction of such facilities. The Committee directs the Department of Defense to submit a report on the status of all reserve centers constructed during the last 15 years, to include those facilities that were built as part of the 2005 BRAC round. The report should include a detailed assessment of individual facility usage rates, identify underutilized or unutilized facilities, include an assessment of the cause of any utilization shortfalls, and include a review of any personnel or units re-stationed away from recently constructed facilities.

Accidental window fall prevention.—The Committee is concerned about the risks of unintentional falls from windows in military family housing. Deaths and injuries often occur when children push against window screens or climb onto furniture located near an open window. Therefore, not later than 180 days after the date of enactment of this act, the Committee directs the Department of Defense to update its Unified Facilities Criteria [UFC] for Family Housing (UFC 4–711–01) to require that all new and existing residential buildings have corrosion-resistant screens that meet the ANSI/SMA6001 specifications for at least Medium loads, or successor standard; or that windows shall be equipped with window fall prevention screens, guards, or other devices that comply with ASTM F2006 or ASTM F2090, or a successor standard.

The Committee also directs the Department of Defense, in updating its UFC for family housing, to: (1) specify that military housing privatization partners shall be required to include window fall prevention screens, guards, or other devices for military housing and shall not be allowed to seek waivers or exemptions; (2) conduct an oversight program to ensure that all military housing be equipped with window fall prevention screens, guards, or other devices; and (3) establish an awareness campaign that educates families on window fall risks and window fall prevention measures. The Secretary of each military department shall brief the Committee within 1 year of enactment of this act on the following: (a) the extent to which the Secretary is in compliance with the requirements of the updates to UFC 4–711–01; and (b) a plan for retrofitting existing military family housing units that are not in compliance with the revised UFC 4–711–01.

Military Construction Funding Initiatives.—The bill includes funding for military construction initiatives to address important unfunded priorities included in the Department of Defense's unfunded priority lists provided to Congress. The Committee notes that in recent years the military construction budget requests have been at historically low levels. Amounts budgeted for facility sustainment, restoration, and modernization are similarly low. The infrastructure initiatives in unfunded priority lists would ordinarily appear as part of the annual budget request, but were not included as the military construction budget remains severely constrained.

For this reason, the Committee includes an additional $68,800,000 for the Army, $110,100,000 for the Navy and Marine Corps, $127,300,000 for the Air Force, $83,500,000 for the Army National Guard, $24,000,000 for the Air National Guard, $30,000,000 for the Army Reserve, and $35,100,000 for the Air Force Reserve. All additional funding is reserved for projects that were included in the unfunded priority lists submitted to Congress.

Rescissions.—The Committee recommends an administrative provision rescinding prior year unobligated funds due primarily to project bid savings and the slow execution of projects.

MILITARY CONSTRUCTION OVERVIEW

Appropriations, 2017	$7,726,000,000
Budget estimate, 2018	9,782,451,000
Committee recommendation	9,536,000,000

MILITARY CONSTRUCTION ACCOUNTS—PROGRAM DESCRIPTION

The military construction appropriation provides for acquisition, construction, installation, and equipment of temporary or permanent public works, military installations, facilities, and real property for the Department of Defense. This appropriation also provides for facilities required as well as funds for infrastructure projects and programs required to support bases and installations around the world.

MILITARY CONSTRUCTION, ARMY

Appropriations, 2017	$513,459,000
Budget estimate, 2018	920,394,000
Committee recommendation	930,394,000

COMMITTEE RECOMMENDATION

The Committee recommends $930,394,000 for the Army for fiscal year 2018. This amount is $416,935,000 above the fiscal year 2017 enacted level and $10,000,000 above the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

Defense Laboratory Enterprise Facilities and Infrastructure.—The Committee is concerned the unspecified minor military construction [UMMC] request is insufficient to support the Army Laboratories. Threats continue to emerge, construction costs continue to rise, and outdated laboratory facilities continue to age. Congress established a higher threshold for UMMC specifically for laboratories so that the services can keep up with threats that evolve faster than can be addressed through the normal military construction planning process. However, the Army has funded very few laboratory revitalization projects and the request for UMMC has remained flat. Therefore, an additional $10,000,000 is provided to supplement unspecified minor construction projects.

Sunflower Army Ammunition Plant.—The Committee understands that the U.S. Army is currently managing the environmental remediation of the Sunflower Army Ammunition Plant [SFAAP] property in excess of 9,000 acres in DeSoto, Kansas, which was conveyed to Sunflower Redevelopment, LLC [SRL]

through the Army and the General Services Administration on August 3, 2005. Ten years after the conveyance, on October 29, 2015, the Army reinforced its responsibility in writing, "the Army is committed to programming the necessary resources to carry out a long-term clean-up and has, for execution in fiscal year 2016, awarded several services contracts for the short term requirements." The Army further wrote it would "issue competitively sourced clean-up contracts, with Army oversight to ensure its Comprehensive Environmental Response, Compensation, and Liabilities Act [CERCLA] § 120(h) obligation at Sunflower." The Army confirmed its intention "to conduct in-depth coordination with Sunflower Redevelopment, LLC [SRL] to ensure SRL's redevelopment priorities are synchronized with the Army managed clean-up activities." However, the Committee is disappointed to learn that the Army has neglected to communicate regularly with SRL and far less than the in-depth coordination commitment made by the Army. The Committee recently learned of ongoing risk assessments of contaminated portions of SFAAP and expects the Army will work in consultation and coordination with SRL to ensure transparency. The Committee further expects that the findings and recommendations of such assessment will receive approval from State and Federal regulators regarding allowable levels of contaminants including, but not limited to, pesticides, asbestos or other contaminants subject to remediation for commercial use of the property. The Committee directs the Secretary of the Army to deliver the assessment and brief the Committee on its findings and to provide a plan that ensures SRL's redevelopment priorities are synchronized with Army managed cleanup activities.

Military Construction at Depots and Arsenals.—The Committee is concerned about the need to maintain critical investment in Army depots and arsenals. Maintaining the physical infrastructure of depots and arsenals, which allows these installations to operate at peak efficiency, is essential to maintaining military readiness. However, the Future Years Defense Program [FYDP] for military construction at Army depots and arsenals does not reflect the need for investment in the infrastructure of these facilities, with only two depot or arsenal military construction projects included in the most recent FYDP, both in fiscal year 2020. For example, the Detroit Arsenal which hosts the Army's Tank-automotive and Armaments Command [TACOM] Life Cycle Management Command and the U.S. Army Tank Automotive Research Development and Engineering Center, requires an electrical substation to meet electrical demand for existing missions at the installation. The Army, which included this project in its fiscal year 2018 list of unfunded priorities, noted that the Arsenal must currently rely on substations located outside its perimeter, presenting vulnerability and mission security issues. The Committee therefore urges the Army to prioritize and accelerate construction of the Detroit Arsenal substation and other critical arsenal and depot military construction and infrastructure maintenance investments within the fiscal year 2019 FYDP.

Badger Army Ammunition Plant.—In 2011, an Army Feasibility Study concluded that an offsite drinking water treatment system was needed as part of a comprehensive groundwater cleanup rem-

edy for the former Badger Army Ammunition Plant [BAAP]. Accordingly, in 2015, the Town of Merrimac, Wisconsin, designed and approved a sanitation district required by the Army to support such a system, and as recently as May 2016, the Army noted in writing that "design of the municipal drinking water system has been initiated." Recently, however, the Army reversed its plans to construct and operate the drinking water system. The Committee is concerned about this decision, its potential to delay the provision of clean drinking water to homes near the site, and the Army's lack of public communication regarding the decision.

Therefore, the Committee expects the Army to conduct required human health risk assessments expeditiously, and if needed, use expedited contracting authorities. Additionally, the Committee urges the Army to hold regular public meetings to update and engage with local stakeholders. The Committee expects the Army to integrate local priorities in its remediation plans. Furthermore, within 90 days of the date of enactment of this act, the Secretary of the Army shall submit to the Committee a report and provide a corresponding briefing regarding the Army's rationale and process for approving plans to construct and operate a drinking water system and its subsequent decision to terminate such plans, as well as the Army's completed and planned actions for environmental restoration at the site.

MILITARY CONSTRUCTION, NAVY AND MARINE CORPS

Appropriations, 2017	$1,021,580,000
Budget estimate, 2018	1,616,665,000
Committee recommendation	1,565,665,000

COMMITTEE RECOMMENDATION

The Committee recommends $1,565,665,000 for Navy and Marine Corps military construction for fiscal year 2018. This amount is $544,085,000 above the fiscal year 2017 enacted level and $51,000,000 below the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

Navy Strategic Laydown and Dispersal.—The Committee recognizes the inherent risk of natural and man-made hazards associated with the stationing of U.S. capital ships at major ports, and the Navy's corresponding requirement for the strategic dispersal of its fleet in the Pacific and Atlantic to mitigate that risk. During the next Future Years Defense Program [FYDP], the Navy will begin to expand the fleet as it seeks to achieve its new force structure goal of having a 355-ship fleet. The Navy's own internal guidance on making decisions regarding strategic basing requires that the Navy consider strategic dispersal strategies and that these strategies be factored into homeporting decisions to limit the risk associated with natural disasters or man-made catastrophe. The Committee believes that strategic dispersal should be a key consideration in expanding the fleet, and that, as a first step, the Navy should program military construction funding for necessary infrastructure to achieve strategic dispersal of its fleet, beginning with the budget request and FYDP for fiscal year 2019.

Innovative Ship Design & Technology Integration Collaboration Center.—The Navy has experienced numerous cost overruns on recent ship acquisition and development programs. As the Navy has been tasked by the Administration to reach a fleet size of 355 ships, it is essential that early stage design efforts are comprehensive and detailed and account for flexibility and adaptability in ship designs that allow for rapid reconfiguration, technology and modular systems integration, as well as design allowances for likely upgrades. To accomplish this will require considerable time, effort and strain on the Navy's ship design community. The Committee is concerned that the Navy has not established the infrastructure and associated facilities that allow for effective collaboration, productivity, and innovation in ship design and recommends that the Navy prioritize future military construction programs to include a facility for an Innovative Ship Design & Technology Integration Collaboration Center. Such a Collaboration Center would provide a Navy venue to bring together all relevant ship design personnel, technologists and stakeholders to ensure that all future ship, submarine and unmanned vehicle designs are developed in a comprehensive, efficient and collaborative manner to prevent extended ship construction timelines. The Committee directs the Navy to provide a report no later than March 30, 2018 detailing a plan to invest in infrastructure and facilities that will foster collaborative ship design.

Advanced Electric Ship Testbed.—The Committee notes the Navy's continued development of advanced ship electric power systems to support the integration of high power weapons and sensors. The Navy's development of these technologies requires continued investment in its major testing ranges to ensure that these systems are compatible with the fleet, including new classes of ships. A cost-effective approach would be a land-based demonstration site representative of an integrated ship power system that includes power generation, energy storage, power distribution, and power loads, and that provides for testing of high power weapons and sensors. The Committee directs the Navy to assess the feasibility of developing a land-based advanced electric ship testbed to test and evaluate high power weapons and systems, identifying what technologies the Navy must still mature to build such a testbed and the factors that would influence the siting of a testbed, such as cost, security, integrated electric grid, ability to integrate a weapon system on site, minimal encroachment, access to the open ocean for eventual operationally relevant testing. The Committee directs the Department to submit this report no later than March 30, 2018.

Navy Yard Land Acquisition.—The Committee does not recommend providing $60,000,000 as requested by the Navy to acquire four acres of land adjacent to the Navy Yard in Southeast Washington, D.C., to provide an anti-terrorism force protection [ATFP] buffer zone. Although the Committee supports enhancing ATFP measures at the Navy Yard, it is concerned by the high price of the land acquisition and by the budget justification explanation that the Navy's recommended use of the land is for a Navy Museum. The Committee questions whether the Navy fully explored alternative options for the acquisition and use of the land, including consultation with other Federal agencies to evaluate the poten-

tial use of this parcel to meet pending land acquisition requirements for other Federal agencies. The Committee also notes that the proposed land acquisition addresses only a portion of the Navy Yard's ATFP deficiencies. The Secretary of the Navy is therefore directed to provide a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act on a Government-wide assessment of the potential uses by other Federal agencies for the proposed Navy Yard land acquisition and a comprehensive ATFP Master Plan for the Navy Yard.

MILITARY CONSTRUCTION, AIR FORCE

Appropriations, 2017	$1,491,058,000
Budget estimate, 2018	1,738,796,000
Committee recommendation	1,569,296,000

COMMITTEE RECOMMENDATION

The Committee recommends $1,569,296,000 for the Air Force in fiscal year 2018. This amount is $78,238,000 above the fiscal year 2017 enacted level and $169,500,000 below the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

Air Force Ballistic Missile Facilities.—The Committee is concerned with the deteriorating infrastructure of the ground-based intercontinental ballistic missile [ICBM] facilities at Malmstrom Air Force Base [AFB], Montana; Minot AFB, North Dakota; and F.E. Warren AFB, Wyoming. The Missile Alert Facilities [MAF] at these bases are in advanced states of disrepair. For example, the Committee is aware that the power lines providing electricity to these ICBM launch facilities were constructed in the 1960s in conjunction with the deployment of the original Minuteman ICBM. In order to ensure these launch facilities retain a reliable source of power through 2075, the expected lifespan of the Ground Based Strategic Deterrent [GBSD] program, these power lines eventually will require replacement. In April 2017, the Air Force provided the Committee with a study that highlighted the need to recapitalize the MAFs. The report also noted that while the Air Force is developing plans to recapitalize MAFs, the Air Force does not have a reliable estimate of military construction requirements at this time.

Infrastructure is critically important to the nuclear mission, and the Committee urges the Secretary of the Air Force to finalize MAF recapitalization requirements; upon being finalized, the Secretary of the Air Force is directed to provide these MAF recapitalization requirements to the Committee. The report should include an assessment of the reliability of existing power lines, a review of Federal partnerships with local electrical cooperatives to build and maintain power lines, and an estimate of when investments in electrical power will be required. The Committee also directs the Secretary of the Air Force to provide an assessment of the lessons learned in fielding the prototype Weapons Storage Facility at F.E. Warren, and the timeline to replace Weapons Storage Facilities at Malmstrom and Minot.

Presidential Aircraft Recapitalization Complex.—The Committee notes that the work in progress curve submitted with the budget request shows that the Air Force cannot execute the full request

of $254,000,000. Therefore, the Committee provides $100,000,000 for the first increment of this project.

KC–46 Main Operating Base 4.—The Committee notes that the budget request included a funding wedge for the KC–46 Main Operating Base 4. Shortly after the budget submission, the Secretary of the Air Force announced that the first aircraft would arrive at Joint Base McGuire-Dix-Lakehurst in fiscal year 2021 and the first aircraft will arrive at Travis Air Force Base in fiscal year 2023. Accordingly, the Committee provides funding for the specific KC–46 Main Operating Base 4 projects at the designated locations rather than the unspecified wedge. Furthermore, as a result of the Secretary of the Air Force's sequencing decision, the Committee defers funding on three associated projects at Travis Air Force Base pending further review, and directs the Air Force to promptly provide an updated schedule for these projects.

Launch Support and Infrastructure Modernization.— The Launch and Test Range System [LTRS] located at the Eastern Range (Patrick AFB, Cape Canaveral AS and Kennedy SC, FL) and the Western Range (Vandenberg AFB, CA) consists of ground based surveillance, navigation, flight operations and analysis, command and control, communications and weather assets used to support space missions. The mission is to provide DOD, NASA and commercial customers a highly reliable, integrated system to support spacecraft launch, ballistic missile and aeronautical testing. The Committee is concerned with the current state of space launch support and infrastructure as launch schedules continue to increase in tempo. The Committee directs the Secretary of Defense to provide a report to the congressional defense committees not later than 120 days after the enactment of this act on the plan for the implementation of launch support and infrastructure modernization program. The report shall include a description of plans and the resources needed to improve launch support infrastructure, utilities, support equipment, and range operations; a description of plans to streamline and normalize processes, systems, and products at the Eastern and Western ranges, to ensure consistency for range users; and recommendations for improving transparency, flexibility, and responsiveness in launch scheduling.

MILITARY CONSTRUCTION, DEFENSE-WIDE

(INCLUDING TRANSFER OF FUNDS)

Appropriations, 2017	$2,025,444,000
Budget estimate, 2018	3,114,913,000
Committee recommendation	2,612,583,000

COMMITTEE RECOMMENDATION

The Committee recommends $2,612,583,000 for projects considered within the Defense-Wide account in fiscal year 2018. This amount is $587,139,000 above the fiscal year 2017 enacted level and $502,330,000 below the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

Hydrant Fuel Systems in Support of Humanitarian Assistance and Disaster Relief Operations.—The Committee notes that the De-

partment of Defense has a long history of successfully conducting urgently needed humanitarian assistance and disaster relief [HADR] missions. In recent years HADR missions have responded to major earthquakes, tsunamis, typhoons, hurricanes, floods, and the nuclear disaster in Fukushima, Japan. The Committee believes that hydrant fuel systems capable of supporting large scale fueling of heavy aircraft are an essential component of our HADR capability. The Committee encourages the services and the Defense Logistics Agency to prioritize construction and enhancement of these systems in locations that serve as staging bases for HADR operations.

Fort Bliss Hospital Replacement.—The Committee is deeply concerned about the past performance of the Army Corps of Engineers [the Corps] in its management of major Defense Health Agency [DHA] construction projects. Recently, the Corps reached a $22,000,000 settlement with its contractors involved with the Irwin Army Community Hospital at Fort Riley, Kansas. The settlement resulted from "design deficiencies and associated delays." Earlier this year, the Committee approved a $74,000,000 reprogramming request to cover cost overruns on the Fort Bliss Hospital replacement project. This additional funding was needed to cover "design errors, design omissions, and settlement of contractor requests for equitable adjustments." These are two examples of a pattern of mismanagement and a lack of accountability from the Corps that raise questions about the cost estimates and the planned execution of major projects included in DHA's fiscal year 2018 budget request, which represents an increase of more than $550,000,000 from the fiscal year 2017 enacted level. Given that DHA already has 45 active construction projects underway worldwide totaling more than $5,000,000,000, the need for effective and efficient project management is clear.

The Committee is not convinced that the $251,000,000 requested as the final increment for the Fort Bliss Hospital will, in fact, be the final increment. Continued delays and an extensive backlog of contractor claims against the Corps will likely result in another increment or another request to reprogram funds onto the project. This is a subject the Committee will conduct extensive oversight on in the coming months. As a result, the Committee provides $100,000,000 for Increment 8 of the Fort Bliss Hospital Replacement and directs the Secretary of the Army not later than 90 days after the enactment of this act to submit a report listing projects managed by the Army Corps of Engineers that resulted in a settlement with a contractor, to include settlement cost, dating back to 2010.

Fort Leonard Wood Hospital Replacement.—The Committee notes that the work in progress curve submitted by the Defense Health Agency shows it is unable to execute the full $250,000,000 request in fiscal year 2018. Therefore, the Committee provides $100,000,000 for the first increment of this project.

National Geospatial Intelligence Agency West Campus.—The Committee is concerned that the Administration chose to request funding for this project in two phases, rather than incrementally. The Committee notes that similar large buildings designed for intelligence missions for the National Security Agency are incremen-

tally funded. The work in progress curve submitted with the budget request shows that the NGA can only execute a fraction of the $381,000,000, and will not take possession of the required land until the 4th quarter of fiscal year 2018. The Committee believes this is a textbook example of a project that should be incrementally funded. Therefore, the Committee provides $175,000,000 for the first increment of this project.

MILITARY CONSTRUCTION, ARMY NATIONAL GUARD

Appropriations, 2017	$232,930,000
Budget estimate, 2018	210,652,000
Committee recommendation	210,652,000

COMMITTEE RECOMMENDATION

The Committee recommends $210,652,000 for Military Construction, Army National Guard for fiscal year 2018. This amount is $22,278,000 below the fiscal year 2017 enacted level and equal to the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

Army National Guard Readiness Center Transformation Plan.—The Committee remains concerned by the deteriorating condition of the Army National Guard Readiness Center national portfolio and the Army's lack of an implementable investment plan to address it. In April 2017, the Army submitted a report on a plan to implement the National Guard's "Affordable Readiness" Transformation Plan, as required by last year's Committee report. However, the Army failed to include any meaningful investment strategy for closing the gap between the resources required by the "Affordable Readiness" scenario's 15-year implementation timeline and the resources currently budgeted by the Department over the same period. Therefore, the Committee directs the Army to provide a report no later than March 30, 2018 on such an investment strategy, including detailed estimates of the annual resources, activities, and possible budgetary tradeoffs required to make progress toward the "Affordable Readiness" scenario. Further, the Committee encourages the Department to use the National Readiness Portfolio to prioritize investment in facilities with low readiness ratings, and to examine where efficiencies and cost-sharing can be achieved by co-locating Readiness Centers with other public facilities.

MILITARY CONSTRUCTION, AIR NATIONAL GUARD

Appropriations, 2017	$143,957,000
Budget estimate, 2018	161,491,000
Committee recommendation	161,491,000

COMMITTEE RECOMMENDATION

The Committee recommends $161,491,000 for Military Construction, Air National Guard for fiscal year 2018. This amount is $17,534,000 above the fiscal year 2017 enacted level and equal to the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

MILITARY CONSTRUCTION, ARMY RESERVE

Appropriations, 2017	$68,230,000
Budget estimate, 2018	73,712,000
Committee recommendation	73,712,000

COMMITTEE RECOMMENDATION

The Committee recommends $73,712,000 for Military Construction, Army Reserve for fiscal year 2018. This amount is $5,482,000 above the fiscal year 2017 enacted level and equal to the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

MILITARY CONSTRUCTION, NAVY RESERVE

Appropriations, 2017	$38,597,000
Budget estimate, 2018	65,271,000
Committee recommendation	65,271,000

COMMITTEE RECOMMENDATION

The Committee recommends $65,271,000 for Military Construction, Navy Reserve for fiscal year 2018. This amount is $26,674,000 above the fiscal year 2017 enacted level and equal to the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

MILITARY CONSTRUCTION, AIR FORCE RESERVE

Appropriations, 2017	$188,950,000
Budget estimate, 2018	63,535,000
Committee recommendation	63,535,000

COMMITTEE RECOMMENDATION

The Committee recommends $63,535,000 for Military Construction, Air Force Reserve for fiscal year 2018. This amount is $125,415,000 below the fiscal year 2017 enacted level and equal to the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

NORTH ATLANTIC TREATY ORGANIZATION

SECURITY INVESTMENT PROGRAM

Appropriations, 2017	$177,932,000
Budget estimate, 2018	154,000,000
Committee recommendation	154,000,000

PROGRAM DESCRIPTION

The North Atlantic Treaty Organization [NATO] appropriation provides for the U.S. cost share of the NATO Security Investment Program for the acquisition and construction of military facilities and installations (including international military headquarters) and for related expenses for the collective defense of the NATO Treaty area.

COMMITTEE RECOMMENDATION

The Committee recommends $154,000,000 for the North Atlantic Treaty Organization Security Investment Program [NSIP] for fiscal year 2018 as requested. This amount is $23,932,000 below the fiscal year 2017 enacted level and equal to the budget request.

DEPARTMENT OF DEFENSE BASE CLOSURE ACCOUNT

Appropriations, 2017	$240,237,000
Budget estimate, 2018	255,867,000
Committee recommendation	255,867,000

PROGRAM DESCRIPTION

Section 2711 of the National Defense Authorization Act for Fiscal Year 2014 (Public Law 112–239) consolidated the Base Closure Account 1990 and the Base Closure Account 2005 into a single Department of Defense Base Closure Account. The Base Closure Account provides for cleanup and disposal of property consistent with the four closure rounds required by the base closure acts of 1988 and 1990, and with the 2005 closure round required by the Defense Base Closure and Realignment Act of 1990 (10 U.S.C. 2687 note).

COMMITTEE RECOMMENDATION

The Committee recommends a total of $255,867,000 for the Department of Defense Base Closure Account for fiscal year 2018. This amount is $15,630,000 above the fiscal year 2017 enacted level and equal to the budget request. Funds provided for fiscal year 2018 are for environmental cleanup and ongoing operations and maintenance.

FAMILY HOUSING OVERVIEW

Appropriations, 2017	$1,276,289,000
Budget estimate, 2018	1,407,155,000
Committee recommendation	1,409,437,000

FAMILY HOUSING ACCOUNTS—PROGRAM DESCRIPTION

The Family Housing appropriation provides funds for military family housing construction activities, operation and maintenance, the Family Housing Improvement Fund, and the Homeowners Assistance Program. Construction accounts provide funding for new construction, improvements and the Federal Government share of housing privatization. Operation and maintenance accounts fund costs associated with the maintenance and leasing of military family housing, including utilities, services, management, and furnishings.

COMMITTEE RECOMMENDATION

The Committee recommends $1,409,437,000 for Family Housing Construction, Operations and Maintenance, and the Department's family housing improvement fund for fiscal year 2018. This amount is $133,148,000 above the fiscal year 2017 enacted level and $2,282,000 above the budget request.

FAMILY HOUSING OPERATION AND MAINTENANCE, ARMY

Appropriations, 2017	$325,995,000
Budget estimate, 2018	346,625,000
Committee recommendation	348,907,000

COMMITTEE RECOMMENDATION

The Committee recommends $348,907,000 for family housing operation and maintenance, Army for fiscal year 2018. This amount is $22,912,000 above the fiscal year 2017 enacted level and $2,282,000 above the budget request.

FAMILY HOUSING OPERATION AND MAINTENANCE, NAVY AND MARINE CORPS

Appropriations, 2017	$300,915,000
Budget estimate, 2018	328,282,000
Committee recommendation	328,282,000

COMMITTEE RECOMMENDATION

The Committee recommends $328,282,000 for family housing operation and maintenance, Navy and Marine Corps, in fiscal year 2018. This amount is $27,367,000 above the fiscal year 2017 enacted level and equal to the budget request.

FAMILY HOUSING OPERATION AND MAINTENANCE, AIR FORCE

Appropriations, 2017	$274,429,000
Budget estimate, 2018	318,324,000
Committee recommendation	318,324,000

COMMITTEE RECOMMENDATION

The Committee recommends $318,324,000 for family housing operation and maintenance, Air Force, in fiscal year 2018. This amount is $43,895,000 above the fiscal year 2017 enacted level and equal to the budget request.

FAMILY HOUSING OPERATION AND MAINTENANCE, DEFENSE-WIDE

Appropriations, 2017	$59,157,000
Budget estimate, 2018	59,169,000
Committee recommendation	59,169,000

COMMITTEE RECOMMENDATION

The Committee recommends $59,169,000 for family housing operation and maintenance, Defense-Wide, for fiscal year 2018. This amount is $12,000 above the fiscal year 2017 enacted level and equal to the budget request.

FAMILY HOUSING CONSTRUCTION, ARMY

Appropriations, 2017	$157,172,000
Budget estimate, 2018	182,662,000
Committee recommendation	182,662,000

COMMITTEE RECOMMENDATION

The Committee recommends $182,662,000 for Army Family Housing Construction in fiscal year 2018. This amount is

$25,490,000 above the fiscal year 2017 enacted level and equal to the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

FAMILY HOUSING CONSTRUCTION, NAVY AND MARINE CORPS

Appropriations, 2017	$94,011,000
Budget estimate, 2018	83,682,000
Committee recommendation	83,682,000

COMMITTEE RECOMMENDATION

The Committee recommends $83,682,000 for Family Housing Construction, Navy and Marine Corps. This amount is $10,329,000 below the fiscal year 2017 enacted level and equal to the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

FAMILY HOUSING CONSTRUCTION, AIR FORCE

Appropriations, 2017	$61,352,000
Budget estimate, 2018	85,062,000
Committee recommendation	85,062,000

COMMITTEE RECOMMENDATION

The Committee recommends $85,062,000 for Family Housing Construction, Air Force, in fiscal year 2018. This amount is $23,710,000 above the fiscal year 2017 enacted level and equal to the budget request. Further detail of the Committee's recommendation is provided in the State table at the end of this report.

DEPARTMENT OF DEFENSE FAMILY HOUSING IMPROVEMENT FUND

Appropriations, 2017	$3,258,000
Budget estimate, 2018	2,726,000
Committee recommendation	2,726,000

PROGRAM DESCRIPTION

The Family Housing Improvement Fund appropriation provides for the Department of Defense to undertake housing initiatives and to provide an alternative means of acquiring and improving military family housing and supporting facilities. This account provides seed money for housing privatization initiatives.

COMMITTEE RECOMMENDATION

The Committee recommends $2,726,000 for the Family Housing Improvement Fund in fiscal year 2018. This amount is $532,000 below the fiscal year 2017 enacted level and equal to the budget request.

DEPARTMENT OF DEFENSE MILITARY UNACCOMPANIED HOUSING IMPROVEMENT FUND

Appropriations, 2017	.....
Budget estimate, 2018	$623,000
Committee recommendation	623,000

PROGRAM DESCRIPTION

The Military Unaccompanied Housing Improvement Fund appropriation provides for the Department of Defense to undertake housing initiatives and to provide an alternative means of acquiring and improving military unaccompanied housing and supporting facilities. This account provides seed money for housing privatization initiatives.

COMMITTEE RECOMMENDATION

The Committee recommends $623,000 for the Military Unaccompanied Housing Improvement Fund in fiscal year 2018. This amount is equal to the budget request.

ADMINISTRATIVE PROVISIONS

Sec. 101. The Committee includes a provision that restricts payments under a cost-plus-a-fixed-fee contract for work, except in cases of contracts for environmental restoration at base closure sites.

Sec. 102. The Committee includes a provision that permits the use of funds for the hire of passenger motor vehicles.

Sec. 103. The Committee includes a provision that permits the use of funds for defense access roads.

Sec. 104. The Committee includes a provision that prohibits construction of new bases inside the continental United States for which specific appropriations have not been made.

Sec. 105. The Committee includes a provision that limits the use of funds for purchase of land or land easements.

Sec. 106. The Committee includes a provision that prohibits the use of funds to acquire land, prepare a site, or install utilities for any family housing except housing for which funds have been made available.

Sec. 107. The Committee includes a provision that limits the use of minor construction funds to transfer or relocate activities among installations.

Sec. 108. The Committee includes a provision that prohibits the procurement of steel unless American producers, fabricators, and manufacturers have been allowed to compete.

Sec. 109. The Committee includes a provision that prohibits payments of real property taxes in foreign nations.

Sec. 110. The Committee includes a provision that prohibits construction of new bases overseas without prior notification.

Sec. 111. The Committee includes a provision that establishes a threshold for American preference of $500,000 relating to architect and engineering services for overseas projects.

Sec. 112. The Committee includes a provision that establishes preference for American contractors for military construction in the United States territories and possessions in the Pacific, and on Kwajalein Atoll, or in countries bordering the Arabian Gulf.

Sec. 113. The Committee includes a provision that requires notification of military exercises involving construction in excess of $100,000.

Sec. 114. The Committee includes a provision that permits funds appropriated in prior years to be available for construction authorized during the current session of Congress.

Sec. 115. The Committee includes a provision that permits the use of expired or lapsed funds to pay the cost of supervision for any project being completed with lapsed funds.

Sec. 116. The Committee includes a provision that permits obligation of funds from more than 1 fiscal year to execute a construction project, provided that the total obligation for such project is consistent with the total amount appropriated for the project.

Sec. 117. The Committee includes a provision that permits the transfer of funds from Family Housing Construction accounts to the DoD Family Housing Improvement Fund and from Military Construction accounts to the DoD Military Unaccompanied Housing Improvement Fund.

Sec. 118. The Committee includes a provision that provides transfer authority to the Homeowners Assistance Fund.

Sec. 119. The Committee includes a provision that requires all acts making appropriations for military construction be the sole funding source of all operation and maintenance for family housing, including flag and general officer quarters, and limits the repair on flag and general officer quarters to $35,000 per unit per year without prior notification to the congressional defense committees.

Sec. 120. The Committee includes a provision that provides authority to expend funds from the "Ford Island Improvement" account.

Sec. 121. The Committee includes a provision that allows the transfer of expired funds to the Foreign Currency Fluctuation, Construction, Defense Account.

Sec. 122. The Committee includes a provision that allows the reprogramming of military construction and family housing construction funds among projects and activities within the account in which they are funded.

Sec. 123. The Committee includes a provision that prohibits the use of funds in this title for planning and design and construction of projects at Arlington National Cemetery.

Sec. 124. The Committee includes a provision defining the congressional defense committees.

Sec. 125. The Committee includes a provision providing additional funds for unfunded military construction priorities.

Sec. 126. The Committee includes a provision rescinding unobligated balances from the Military Construction Defense-Wide account.

Sec. 127. The Committee includes a provision prohibiting the use of funds in this title to close or realign Naval Station Guantanamo Bay, Cuba. The provision is intended to prevent the closure or transfer 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.

Sec. 128. The Committee includes a provision regarding the consolidation or relocation of a U.S. Air Force RED HORSE Squadron outside of the United States.

TITLE II

DEPARTMENT OF VETERANS AFFAIRS

ITEMS OF SPECIAL INTEREST

HEARINGS

The Subcommittee on Military Construction, Veterans Affairs, and Related Agencies held one hearing related to the fiscal year 2018 and 2019 Department of Veterans Affairs [VA] budget request. The subcommittee heard testimony from Poonam L. Alaigh, M.D., Acting Under Secretary for Health, Veterans Health Administration, Mr. Thomas J. Murphy, Acting Under Secretary for Benefits, Veterans Benefits Administration, Mr. Ronald E. Walters, Interim Under Secretary for Memorial Affairs, National Cemetery Administration, and the Honorable David J. Shulkin, Secretary of the Department of Veterans Affairs.

SUMMARY OF COMMITTEE RECOMMENDATIONS

The Committee recommendation includes $182,366,088,000 for the Department of Veterans Affairs for fiscal year 2018, including $103,948,996,000 in mandatory spending and $78,417,092,000 in discretionary spending. The Committee also recommends $70,700,000,000 in advance appropriations for veterans medical care for fiscal year 2019 and $107,710,000,000 in advance appropriations for appropriated mandatories for fiscal year 2019.

DEPARTMENT OVERVIEW

The Veterans Administration was established on July 21, 1930, as an independent agency by Executive Order 5398, in accordance with the act of July 3, 1930 (46 Stat. 1016). This act authorized the President to consolidate and coordinate Federal agencies specially created for or concerned with the administration of laws providing benefits to veterans, including the Veterans' Bureau, the Bureau of Pensions, and the National Home for Disabled Volunteer Soldiers. On March 15, 1989, the Veterans Administration was elevated to Cabinet-level status as the Department of Veterans Affairs.

VA's mission is to serve America's veterans and their families as their principal advocate in ensuring they receive the care, support, and recognition they have earned in service to the Nation. As of September 30, 2016, there were an estimated 21.4 million living veterans, with 21.3 million of them residing in the United States and Puerto Rico. There were an estimated 25.1 million dependents (spouses and dependent children) of living veterans in the United States and Puerto Rico, and there were 598,000 survivors of deceased veterans receiving VA survivor benefits in the United States and Puerto Rico. Thus, approximately 47.0 million people, or 14.4

percent of the total estimated resident population of the United States and Puerto Rico, were recipients or potential recipients of veterans benefits from the Federal Government. VA's operating units include the Veterans Benefits Administration, Veterans Health Administration, National Cemetery Administration, and staff support offices.

The Veterans Benefits Administration [VBA] provides an integrated program of nonmedical veterans benefits. VBA administers a broad range of benefits to veterans and other eligible beneficiaries through 56 regional offices and a records processing center in St. Louis, Missouri. The benefits provided include: compensation for service-connected disabilities; pensions for wartime, needy, and totally disabled veterans; vocational rehabilitation assistance; educational and training assistance; home buying assistance; estate protection services for veterans under legal disability; information and assistance through personalized contacts; and six life insurance programs.

The Veterans Health Administration [VHA] develops, maintains, and operates a national healthcare delivery system for eligible veterans; carries out a program of education and training of healthcare personnel; conducts medical research and development; and furnishes health services to members of the Armed Forces during periods of war or national emergency. A system consisting of 144 VA Hospitals; 22 Health Care Centers [HCC]; 210 Multi-Specialty Community-Based outpatient clinics; 527 Primary Care Community-Based outpatient clinics; 305 Outpatient Services Sites; 135 community living centers; 115 domiciliary residential rehabilitation treatment programs [DRRTP]; 300 readjustment counseling vet centers; and 80 mobile vet centers is maintained to meet the VA's medical mission.

The National Cemetery Administration [NCA] provides for the interment of the remains of eligible deceased servicemembers and discharged veterans in any national cemetery with available grave space; permanently maintains these graves; provides headstones and markers for the graves of eligible persons in national and private cemeteries; administers the grant program for aid to States in establishing, expanding, or improving State veterans cemeteries; and provides certificates to families of deceased veterans recognizing their contributions and service to the Nation. In 2018, cemetery activities will encompass 136 national cemeteries, one national veterans' burial ground, and 33 soldiers' lots and monument sites.

Staff support offices include the Office of Inspector General, Boards of Contract Appeals and Veterans Appeals, and General Administration offices, which support the Secretary, Deputy Secretary, Under Secretary for Benefits, Under Secretary for Health, Under Secretary for Memorial Affairs, and General Counsel.

Contracting Oversight.—The Committee is concerned about the lack of transparency in the contract oversight process, given the substantial changes that are made by modifications, as well as the lack of visibility into contractor performance. For major contracts, whenever the Secretary provides notice to a contracted service provider that the service provider is failing to meet contractual obligations, VA must submit to the Committees on Appropriations and Veterans Affairs of both Houses of Congress notification of such

failure, along with: an explanation of the reasons for providing such notice; a description of the effect of such failure, including with respect to cost, schedule, and requirements; a description of the actions taken by the Secretary to mitigate such failure; and a description of the actions taken by the contractor to address such failure, and no later than 45 days after the last day of each quarter for the duration of the contract, submit to the Committees a report detailing any material change or modifications made to the contract, if any, and a justification for such modifications; and publish on the Internet website of the Department information about the contract and the modifications made to the contract, if any.

Regrettable Turnover.—The Committee is concerned the Department has failed to follow-up on repeated recommendations of the Office of Inspector General to review data on regrettable turnover and consider implementing measures to reduce such losses. Given the staffing demands on the Department and the challenges it faces in recruiting personnel, VA should work expeditiously to better understand why personnel leave the Department and work to mitigate such losses.

Veterans Service Centers.—The Committee remains concerned that in many small communities access to information and resources from VA can be difficult. Private, non-profit centers can help bridge the gap, provide subject matter experts and service providers to assist in a wide-variety of circumstances, including but not limited to homelessness, unemployment, VA benefits and disability, financial assistance, VA healthcare, education assistance, travel assistance, and community events. The Committee encourages the Department to evaluate the feasibility of establishing a competitive grant program to support local Veterans Service Centers including those that were previously funded under the Army Reserve's Army Strong Community Center program. The Department is directed to report back to the Committees on Appropriations of both Houses of Congress on progress made or statutory changes needed to establish such a program.

Financial Management and Health Care Delivery.—The Committee is aware of and fully supports the VA's Financial Management Business Transformation [FMBT] effort to procure a new core accounting and financial management system. However, a new system, by itself, will not likely fix the Department's persistent inability to reliably and accurately estimate budgetary needs for delivering healthcare to veterans. VA healthcare remains on the Government Accountability Office's [GAO] High Risk List in part due to the Department's inability to ensure its resourcing is improving veterans' timely access to quality healthcare services. According to the GAO report Managing Risks and Improving VA Health Care (GAO–17–317 High Risk Series): "VA faces challenges regarding the reliability, transparency, and consistency of its budget estimates for medical services, as well as weaknesses in tracking obligations for medical services and estimating budgetary needs for future years." VA faced multi-billion dollar healthcare budget shortfalls in fiscal year 2005 and in fiscal year 2015. And again this year, the Department faces a budgetary failure and has presented Congress with an urgent need for additional resources in the Choice Fund to maintain the Veterans Choice Program and its pro-

vider network built by third party administrators. The Committee cannot reconcile how an Agency with 18 consecutive years of unmodified ("clean") audit opinions on its consolidated financial statements can have such dysfunction. The Department is aware its data and budgeting system for veteran healthcare is ineffective and not scalable to accurately project appropriations in future years, but has not taken definitive action to make improvements to their system. The Committee requires the Department, in consultation with the Office of Management and Budget, to pursue a comprehensive healthcare modeling system and consider solutions and best practices from third party administrators or other healthcare systems as it relates to informing the Department of reforms to more accurately forecast the cost of healthcare for veterans. The Department is directed to provide an update on progress in this effort to the Committees on Appropriations of Houses of Congress within 120 days, as well as furnish quarterly reports on all major facets of the initiative, to include cooperation with an independent audit conducted by GAO.

VETERANS BENEFITS ADMINISTRATION

Appropriations, 2017	$105,577,085,000
Advance Appropriations, 2018	103,935,996,000
Budget estimate, 2018	3,036,653,000
Committee recommendation, 2018	3,103,214,000
Budget estimate, advance appropriations, 2019	107,709,727,000
Committee recommendation, advance appropriations, 2019	107,710,000,000

ADMINISTRATION OVERVIEW

The Veterans Benefits Administration [VBA] is responsible for the payment of compensation and pension benefits to eligible service-connected disabled veterans, as well as education benefits and housing loan guarantees.

COMMITTEE RECOMMENDATION

In fiscal year 2017, the Committee provided $103,935,996,000 in advance appropriations for the Veterans Benefits Administration for fiscal year 2018. This included $90,119,449,000 for Compensation and pensions; $13,708,648,000 for Readjustment benefits; and $107,899,000 for Veterans insurance and indemnities.

For fiscal year 2018, the Committee recommends an additional $13,000,000 for Veterans insurance and indemnities. Additionally, the Committee recommendation includes $178,626,000 for the Veterans Housing Benefit Program Fund administrative expenses; $30,000 for the Vocational Rehabilitation Loans Program account, with $395,000 for administrative expenses; $1,163,000 for the Native American Veteran Housing Loan Program account; $2,910,000,000 for General Operating Expenses, Veterans Benefits Administration account. The Committee recommendation also provides $107,710,000,000 in advance appropriations for the Veterans Benefits Administration for fiscal year 2019.

Public Law 114–223 moved the General Operating Expenses, Veterans Benefits Administration account from Departmental Administration to the Veterans Benefits Administration, its appropriate section within the act, with the instruction that the Depart-

ment should place GOE,VBA in this location with the fiscal year 2018 request. The Committee notes this did not happen, and therefore, once again, instructs the Department to adhere to this direction with the fiscal year 2019 request.

COMPENSATION AND PENSIONS

(INCLUDING TRANSFER OF FUNDS)

Appropriations, 2017	$86,083,128,000
Advance Appropriations, 2018	90,119,449,000
Budget estimate, advance appropriations, 2019	95,768,462,000
Committee recommendation, advance appropriations, 2019	95,769,000,000

PROGRAM DESCRIPTION

Compensation is payable to living veterans who have suffered impairment of earning power from service-connected disabilities. The amount of compensation is based upon the impact of disabilities on a veteran's earning capacity. Death compensation or dependency and indemnity compensation is payable to the surviving spouses and dependents of veterans whose deaths occur while on active duty or result from service-connected disabilities. A clothing allowance may also be provided for service-connected veterans who use a prosthetic or orthopedic device. In fiscal year 2018, the Department estimates it will obligate $84,598,945 for payments to 4,616,764 veterans, 419,948 survivors, and 1,137 dependents receiving special benefits.

Pensions are an income security benefit payable to needy wartime veterans who are precluded from gainful employment due to nonservice-connected disabilities which render them permanently and totally disabled. Public Law 107–103, the Veterans Education and Benefits Expansion Act of 2001, restored the automatic presumption of permanent and total nonservice connected disability for purposes of awarding a pension to veterans age 65 and older, subject to the income limitations that apply to all pensioners. Death pensions are payable to needy surviving spouses and children of deceased wartime veterans. The rate payable for both disability and death pensions is determined on the basis of the annual income of the veteran or their survivors. In fiscal year 2018, the Department estimates that the Pensions program will provide benefits to 289,178 veterans and 204,006 survivors totaling $5,989,847.

The Compensation and Pensions program funds certain burial benefits on behalf of eligible deceased veterans. These benefits provide the purchase and transportation costs for headstones and markers, graveliners, and pre-placed crypts; and provide partial reimbursement for privately purchased outer burial receptacles. In fiscal year 2018, the Department estimates the Compensation and Pensions program will obligate $243,492,000 providing burial benefits. This funding will provide 37,212 burial allowances, 26,737 burial plot allowances, 21,222 service-connected death awards, 497,644 burial flags, 373,895 headstones or markers, 41,759 graveliners or reimbursement for privately purchased outer burial receptacles, and 305 caskets and urns for the internment of the remains of veterans without next of kin.

COMMITTEE RECOMMENDATION

In fiscal year 2017, the Committee provided an advance appropriation of $90,119,449,000 for fiscal year 2018 for the Compensation and Pensions account.

The Committee recommendation includes an advance appropriation of $95,769,000,000 for Compensation and pensions for fiscal year 2019. This is $538,000 above the request to reflect proper rounding of a budget estimate.

READJUSTMENT BENEFITS

Appropriations, 2017	$16,340,828,000
Advance Appropriations, 2018	13,708,648,000
Budget estimate, advance appropriations, 2019	11,832,175,000
Committee recommendation, advance appropriations, 2019	11,832,000,000

PROGRAM DESCRIPTION

The Readjustment benefits appropriation finances the education and training of veterans and servicemembers under chapters 30, 31, 32, 33, 34, 35, 36, 37, 39, 41, 42 and 43 of title 38, United States Code. These benefits include the All-Volunteer Force Educational Assistance Program (Montgomery GI bill) and the Post 9/11 Educational Assistance Program. Basic benefits are funded through appropriations made to the readjustment benefits appropriation and by transfers from the Department of Defense. This account also finances vocational rehabilitation, specially adapted housing grants, specially adapted automobile grants for certain disabled veterans, and educational assistance allowances for eligible dependents of those veterans who died from service-connected causes or who have a total permanent service-connected disability, as well as dependents of servicemembers who were captured or missing in action.

COMMITTEE RECOMMENDATION

In fiscal year 2017, the Committee provided an advance appropriation of $13,708,648,000 for the Readjustment Benefits account for fiscal year 2018.

The Committee recommendation includes an advance appropriation of $11,832,000,000 for Readjustment benefits for fiscal year 2019. This is $175,000 below the request to reflect proper rounding of a budget estimate.

VETERANS INSURANCE AND INDEMNITIES

Appropriations, 2017	$108,525,000
Advance Appropriations, 2018	107,899,000
Budget estimate, 2018	12,439,000
Committee recommendation, 2018	13,000,000
Budget estimate, advance appropriations, 2019	109,090,000
Committee recommendation, advance appropriations, 2019	109,000,000

PROGRAM DESCRIPTION

The Veterans insurance and indemnities appropriation consists of the former appropriations for military and naval insurance, applicable to World War I veterans; National Service Life Insurance, applicable to certain World War II veterans; servicemen's indem-

nities, applicable to Korean conflict veterans; and veterans mortgage life insurance to individuals who have received a grant for specially adapted housing.

COMMITTEE RECOMMENDATION

In fiscal year 2017, the Committee provided an advance appropriation of $107,899,000 for fiscal year 2018 for the Veterans Insurance and Indemnities account. The recommendation for fiscal year 2018 also includes an additional $13,000,000. This is $561,000 above the request to reflect proper rounding of a budget estimate.

The Committee recommendation also includes an advance appropriation of $109,000,000 for Veterans insurance and indemnities for fiscal year 2019. This is $90,000 below the request to reflect proper rounding of a budget estimate.

VETERANS HOUSING BENEFIT PROGRAM FUND

	Program account	Administrative expenses
Appropriations, 2017	.....	$198,856,000
Budget estimate, 2018	.....	178,626,000
Committee recommendation	.....	178,626,000

PROGRAM DESCRIPTION

The Veterans housing benefit program fund provides for all costs associated with VA's direct and guaranteed housing loan programs, with the exception of the Native American veteran housing loan program.

VA loan guaranties are made to servicemembers, veterans, reservists, and unremarried surviving spouses for the purchase of homes, condominiums, and manufactured homes, and for refinancing loans. VA guarantees part of the total loan, permitting the purchaser to obtain a mortgage with a competitive interest rate, even without a downpayment, if the lender agrees. VA requires a downpayment be made for a manufactured home. With a VA guaranty, the lender is protected against loss up to the amount of the guaranty if the borrower fails to repay the loan.

COMMITTEE RECOMMENDATION

The Committee recommends such sums as may be necessary for funding subsidy payments, and $178,626,000 for administrative expenses for fiscal year 2018. Bill language limits gross obligations for direct loans for specially adapted housing to $500,000.

VOCATIONAL REHABILITATION LOANS PROGRAM ACCOUNT

	Program account	Administrative expenses
Appropriations, 2017	$36,000	$389,000
Budget estimate, 2018	30,000	395,000
Committee recommendation	30,000	395,000

PROGRAM DESCRIPTION

The Vocational Rehabilitation Loans Program account covers the cost of direct loans for vocational rehabilitation of eligible veterans

and, in addition, includes administrative expenses necessary to carry out the direct loan program. Loans of up to $1,214 (based on the indexed chapter 31 subsistence allowance rate) are currently available to service-connected disabled veterans enrolled in vocational rehabilitation programs, as provided under 38 U.S.C. chapter 31, 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. Virtually all loans are repaid in full and most in less than one year.

COMMITTEE RECOMMENDATION

The Committee recommends $30,000 for program costs and $395,000 for administrative expenses for the Vocational Rehabilitation Loans Program account. The administrative expenses may be paid to the General Operating Expenses, Veterans Benefits Administration account. Bill language is included limiting program direct loans to $2,356,000. It is estimated VA will make 2,402 loans in fiscal year 2018, with an average amount of $981.

NATIVE AMERICAN VETERAN HOUSING LOAN PROGRAM ACCOUNT

Appropriations, 2017	$1,163,000
Budget estimate, 2018	1,163,000
Committee recommendation	1,163,000

PROGRAM DESCRIPTION

The Native American veteran housing loan program is authorized by 38 U.S.C. chapter 37, section 3761 to provide direct loans to Native American veterans living on trust lands. The loans are available to purchase, construct, or improve homes to be occupied as veteran residences or to refinance a loan previously made under this program in order to lower the interest rate. The principal amount of a loan under this authority generally may not exceed $424,100; however, in some locations this limit may be higher depending on median area home prices. Veterans pay a funding fee of 1.25 percent of the loan amount, although veterans with a service-connected disability are exempt from paying the fee. Before a direct loan can be made, the veteran's tribal organization must sign a memorandum of understanding with VA regarding the terms and conditions of the loan. The Native American Veteran Housing Loan Program began as a pilot program in 1993 and was made permanent by Public Law 109–233, the Veterans Housing Opportunity and Benefits Act of 2006.

COMMITTEE RECOMMENDATION

The Committee recommends $1,163,000 for administrative expenses associated with this program. This is equal to the fiscal year 2017 enacted level and equal to the budget request.

GENERAL OPERATING EXPENSES, VETERANS BENEFITS ADMINISTRATION

Appropriations, 2017	$2,844,160,000
Budget estimate, 2018	2,844,000,000
Committee recommendation	2,910,000,000

PROGRAM DESCRIPTION

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

COMMITTEE RECOMMENDATION

The Committee recommends $2,910,000,000 for the General Operating Expenses, Veterans Benefits Administration account, which is $65,840,000 above the fiscal year 2017 enacted level and $66,000,000 above the budget request. The Committee has included bill language to make available through September 30, 2019, up to 10 percent of the General Operating Expenses, Veterans Benefits Administration account.

Disability Claims Processing.—The Committee has not only fully funded the budget request for claims processing in recent years, but has provided increases above the budget requests for hiring and training claims processors, bolstering the migration to electronic claims processing systems, and addressing the increasing backlog of appeals at the Board of Veterans Appeals. The Committee commends the Department on its efforts to reduce the disability claims backlog and increase the accuracy of claims decisions, yet the processing of disability claims remains a major concern of the Committee. In particular, progress in reducing the backlog seems to have stalled this year, hovering weekly between 99,000 and 90,000. The Department must consider processing all claims within 125 days with 98 percent accuracy a mandate of VBA, and the Department should fund and staff this agency accordingly. In addition to efforts to ensure there is not a recurrence of a sizeable disability claims backlog, the Department must also ensure that proper staffing and resources are available to reduce the growing wait time and backlog of disability decisions on appeal and meet demand for other benefit programs. To that end, the Committee recommends an additional $66,000,000 to VBA, GOE to hire additional claims and appellate staff, as well as to increase staff for the Vocational Rehabilitation and Employment Program. The VBA may also use these resources to finance overtime payments, if that becomes necessary, and support increased resources for the Veterans Claims Intake Program [VCIP] to scan and convert paper files into digital records. The Committee will continue to assert its oversight ability by monitoring the key agencies involved in veteran disability claims processing—VA, DoD, the Social Security Administration, and the Internal Revenue Service—these agencies as they work to better expedite the flow of interagency information needed to process claims in a timely manner. The Com-

mittee will continue to require the Department provide monthly updates on performance measures for each Regional Office.

Financial Hardship and Bankruptcy.—The Committee continues to support VA programs that combat the root causes of veteran and dependent financial hardship, which is a known contributory factor to negative outcomes such as mental health issues, substance use disorder, and suicide. For example, disability-related benefits not only honor the service and sacrifice of the veterans who receive them, but also help to replace lost wages and provide a critical source of economic well-being. The Committee is concerned by an inequity in current bankruptcy law that results in the inclusion of VA and DoD disability benefits in the calculation of a debtor's disposable income, while at the same time excluding Social Security disability benefits for non-veterans. The Department is directed to submit to the Committees on Appropriations and Veterans Affairs of both Houses of Congress a report outlining the statutory and legislative authority is needed to end this inequity.

Women Veterans Participation Rates.—The Committee directs VA to include an analysis of trends and satisfaction rates among women veterans participating in the Vocational Rehabilitation & Employment program in the annual report to Congress to ensure these services are adapting to changing demographics of veterans and the needs of women veterans with disabilities.

State Accrediting Agency Oversight.—The Committee is concerned current laws and regulations related to conflicting interests may be inadequate to identify conflicts of interest that can develop through the provision of meals or de minimus gifts to officers of State Accrediting Agencies. The Department is directed to conduct an assessment of the effectiveness of 38 U.S.C. 3683 and 38 CFR 21.4005 in preventing conflicts of interests and submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act regarding the findings.

State Approving Agencies.—Under the G.I. Bill and the Post-9/11 Veterans Educational Assistance Improvements Act of 2010 (Public Law 111–377, 38 U.S.C. Ch. 36 sec. 3670) VA contracts with States to establish State Approving Agencies [SAAs] in promoting and safeguarding quality education and training programs for veterans, ensuring greater education and training opportunities for veterans, and protecting the integrity of the G.I. Bill. The Committee is concerned VA's formula for determining each SAA's allocation fails to take into account travel times. This is of particular concern in rural States where travel between school inspections can be costly in both time and monetary expense. The Committee instructs VA to ensure SAAs have sufficient resources to cover travel expenses and accomplish their mandate under the G.I. Bill.

Rural Veterans Coordination Pilot.—Section 506 of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111–163; 38 U.S.C. 523 note) established the Rural Veterans Coordination Pilot [RVCP] at VA. Eligible grant recipients are community based organizations and/or local, State, or tribal government entities. The pilot enabled each grant recipient to support local veterans in unique ways that will be suitable for the challenges faced at these locations. Upon completion of the pilot, the

Department is directed to provide a report and recommendations to the Committee identifying effective models in which State and local entities are able to successfully coordinate multi-sector benefits for veterans and their families who reside in rural or underserved communities. The Committee urges the Department to consider extending the RVCP beyond its current deadline and expanding the program to include additional locations.

Assessment of GI Bill Utilization.—The Committee notes the Department's responsibility to provide GI bill benefits to servicemembers as they transition to civilian life and status as a veterans, however the Committee believes there is an opportunity to increase utilization of these benefits. To better understand the current utilization and drive future decisions regarding educational benefits to veterans, the Committee directs the Department to conduct a comprehensive assessment to accurately account the number of veterans utilizing their educational benefits. The first report should analyze fiscal years 2010 to 2017, but thereafter, the Committee directs the Department to submit an annual report that tracks outcomes for Post-9/11 GI bill benefits. The report should include: the number of veterans who qualify for either a partial or the full GI bill benefit; veteran use of the GI bill benefit among the total number of eligible veterans; veteran use or transfer of unused GI bill benefit to dependents; use of the GI bill benefit toward 4-year, 2-year, and vocational educational and training programs, and distinguish the programs; the average dollar amount of usage; and an aggregate graduation rate, loan default rate, and average indebtedness by degree program, type of degree, and field of study. Additionally, the Department is encouraged to make an effort to gather data on the jobs attained after graduation, specifically whether those jobs can be reasonably said to be in the field of study identified in the students' education plans. The Department is directed to submit the first report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act.

Education Benefits.—The Committee is concerned about the levels of overpayments and improper payments being paid to GI Bill beneficiaries. The Committee directs VA to work with education stakeholders to ensure that veteran educational benefits are paid in a timely and accurate manner and that efforts to recoup any overpayments or improper payments is done fairly and in a manner that is not overly burdensome on student veterans and their families. The Committee further directs VA, in collaboration with the Department of Defense and Department of Education, to provide an interagency report on the development and continued implementation of the Principles of Excellence, oversight of institutions complying with the Principles, and appropriate and timely accountability measures for educational programs receiving Federal funding. Lastly, the Committee directs VA to continue to reform the compliance survey process to allow early detection of fraudulent marketing or predatory recruiting practices among institutions of higher learning and to codify a set of tools that is sufficiently agile enough to curtail the behavior of scamming institutions that are wasting the VA education benefits of service members and their families.

Education Data Collection and Sharing.—The Committee wants for both students and VA to be able to make more evidence-based decisions when it comes to veterans' education. The Committee directs VA to work with the Department of Education and Department of Defense to ensure that there is a comprehensive database or, at a minimum, a set of robust data-sharing agreements in place between Federal entities involved in the administration of Federal resources related to veteran educational attainment. The Committee further directs VA, in collaboration with the Department of Education and Department of Defense, to provide an interagency report on data-sharing priorities, the development and implementation of subsequent data-sharing agreements, and the uses and effectiveness of the data shared.

Reforms to Expedite the Appeals Process.—The Committee directs the Secretary to fully implement the GAO's recommendation 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 GAO's recommendations that VA should apply sensitivity analyses when projecting staff needs, develop a more timely and detailed workforce plan, develop a robust plan monitoring process reform, develop a strategy for assessing process reform, and create a schedule for IT improvements that takes into account plans for potential process reform. The Committee also supports GAO's view that any VA-proposed appeals process reforms be subject to a pilot test.

Home Loan Counseling.—The Committee remains concerned about the percentage of veteran homeowners that are not using the VA home loan benefit because they were unaware of the program or because they were discouraged by their lender and/or realtor from using a VA loan. Despite significant demand among veterans for home buying counseling services and education, too few receive housing counseling or VA loan education while serving on active duty or after separating from the military. The Committee believes that in establishing the VA home loan benefit, Congress authorized and intended for VA to provide such counseling services and education in its administration of the program. Therefore, the Committee directs the Department to conduct a study to assess the feasibility of establishing a VA housing counseling program that would include a network of counselors across the country. To the extent practicable, the feasibility study should look at the Department of Housing and Urban Development's Office of Housing Counseling for opportunities to collaborate, including sharing expertise and personnel. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act on the findings of the study.

Benefits for Veterans with Service-Connected Disabilities.—The Committee notes that many veterans are eligible for a full discharge of their Federal student loan debt due to a service-connected disability, but have not received the benefits Congress intended. Under Section 437 of the Higher Education Act of 1965, borrowers who have been determined by the Secretary to be unemployable due to a service-connected condition are eligible for a full

discharge of their liability to repay their loans and are not required to submit additional documentation. Beginning in April 2016, the Department of Education established a secure data sharing agreement with the Social Security Administration [SSA] to identify Federal student loan borrowers who also receive the relevant disability payments that qualify them for loan forgiveness under the Total and Permanent Disability [TPD] loan discharge program. Approximately 387,000 disabled borrowers were positively identified with SSA in the first set of matches. However, this data sharing did not include veterans who are also eligible for loan discharge and have submitted appropriate documentation to the Department. As a result, too many eligible veterans with severe service-connected disabilities have been left out of this streamlined path to loan discharge due to a lack of communication between the Department of Education, Department of Veterans Affairs, and Federal student loan servicers. Therefore, the Department is directed, in coordination with the Department of Education (including its student loan servicers), to make every practical effort to automate the application of loan discharge to eligible veterans using information in existing Federal databases at the Departments of Education and Veterans Affairs in a timely manner so that veterans can receive the benefits due under law. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act on the plan of action for implementing this automation process.

VETERANS HEALTH ADMINISTRATION

Appropriations, 2017	$65,152,027,000
Advance appropriations, 2018	66,385,032,000
Budget estimate, 2018	3,290,000,000
Committee recommendation, 2018	3,689,262,000
Budget estimate, advance appropriations, 2019	70,699,313,000
Committee recommendation, advance appropriations, 2019	70,700,000,000

ADMINISTRATION OVERVIEW

The Veterans Health Administration [VHA] is home to the United States' largest integrated healthcare system consisting of 144 VA Hospitals; 22 Health Care Centers [HCC]; 210 Multi-Specialty Community-Based outpatient clinics; 527 Primary Care Community-Based outpatient clinics; 305 Outpatient Services Sites; 135 community living centers; 115 domiciliary residential rehabilitation treatment programs [DRRTP]; 300 readjustment counseling vet centers; and 80 mobile vet centers.

The Department of Veterans Affairs Medical Care Collections Fund [MCCF] was established by the Balanced Budget Act of 1997 (Public Law 105–33). In fiscal year 2004, Public Law 108–199 allowed the Department to deposit first-party and pharmaceutical 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 Parking Program provides funds for the construction, alteration, and acquisition (by purchase or lease) of parking garages at VA medical facilities authorized by 38 U.S.C. 8109. The Secretary

is required under certain circumstances to establish and collect fees for the use of such garages and parking facilities. Receipts from the parking fees are to be deposited into the MCCF and are used for medical services activities.

COMMITTEE RECOMMENDATION

In fiscal year 2017, the Committee provided $66,385,032,000 in advance appropriations for VA's medical care accounts for fiscal year 2018. This included $44,886,554,000 for Medical services, $9,409,118,000 for Medical community care, $6,654,480,000 for Medical support and compliance, and $5,434,880,000 for Medical facilities. The Committee also includes an Administrative Provision allowing the Department to carry forward into fiscal year 2018 certain amounts provided as an advance for fiscal year 2017.

For fiscal year 2018, the Committee recommends an additional $1,923,000,000 for Medical services, $254,000,000 for Medical community care, $100,000,000 for Medical support and compliance, and $707,000,000 for Medical facilities. Additionally, the Committee recommendation includes $705,262,000 for Medical and prosthetic research. Medical care collections are expected to be $2,507,000,000. The Committee recommendation also provides $70,700,000,000 in advance appropriations for VA's medical care accounts for fiscal year 2019.

Education Debt Reduction Program.—The Department is directed provide a breakdown of spending by VA in connection with the education debt reduction program of the Department under subchapter VII of chapter 76 of title 38, United States Code. The breakout shall include the following elements: (1) the amount spent by the Department in debt reduction payments during the three year period preceding the submittal of the report disaggregated by the medical profession of the individual receiving the payments; (2) a description of how the Department prioritizes such spending by medical profession, including an assessment of whether such priority reflects the five occupations identified in the most recent determination by VA OIG as having the largest staffing shortages in VHA; and (3) a description of the actions taken by the Secretary to increase the effectiveness of such spending for purposes of recruitment of healthcare providers to the Department, including efforts to more consistently include eligibility for the education debt reduction program in vacancy announcements of positions for healthcare providers at VA. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act detailing the findings.

Office of Patient Advocacy.—The Committee urges the Department to swiftly and comprehensively implement the reforms made to the patient advocacy program as required by the Jason Simcakoski Memorial and Promise Act [Title IX, Public Law 114–198]. The law's establishment of the Office of Patient Advocacy will ensure that patient advocates are independent of local facility management, work strictly on behalf of veterans, and are properly trained according to national standards. Furthermore, the Committee believes the Inspector General's March 2017 audit of the patient advocacy program's fiscal year 2015 operations [VA OIG 15–

05379–146] provides additional evidence of the need to institute strong operational controls and standardization to ensure program effectiveness and the reliability of complaint data. Accordingly, the Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 30 days after enactment of this act outlining progress implementing the relevant sections of Public Law 114–198 and the OIG recommendations.

Veteran Medical Debt.—The Committee is concerned that despite the Department's efforts to streamline administrative burdens of the Veterans Choice Program, VA payments to non-VA healthcare providers continue to face delays, and medical bills continue to be inappropriately assigned to veterans rather than VA. Incorrectly assigned bills and delayed payments have resulted in medical bills going into collection and damaging veterans' credit. Therefore, the Committee directs the Under Secretary for Health to consult with the Consumer Financial Protection Bureau, national credit reporting agencies, and appropriate consumer protection stakeholders and develop an action plan to protect veterans from collections efforts and credit damage due to medical bills that should have been paid by VA. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act on the status of developing an action plan.

Cross Government Credentialing of VA Healthcare Providers.—In order to better facilitate active recruitment of individuals who served in the healthcare field for the U.S. Armed Forces or while on duty with the U.S. Coast Guard, the Committee directs VA to establish coordinating relationships with the appropriate personnel divisions dealing with separating military personnel at the Departments of Defense and Homeland Security. As part of this coordination, the Department shall determine whether establishing a formal system for receiving advanced notice of separating members of the armed forces is feasible. The Committee further directs VHA to conduct an internal audit of its procedures for the recredentialing of providers when transferring within the VHA system. The Committee directs VHA to institute such policies and procedures to ensure the speedy and timely transfer of licensed personnel between facilities and to remove the unnecessary barrier of recredentaling triggered solely by a provider transferring facilities.

West Los Angeles Master Plan.—While the Committee is encouraged by recent progress made at the West Los Angeles VA Campus, the Committee continues to be concerned that approximately 3,000 veterans remain homeless in the Greater Los Angeles Area. The Committee directs VA to brief the Committees on Appropriations of both Houses of Congress each quarter on its progress toward implementing the Master Plan, ensuring that lease revenues are being used to benefit veterans, and coordinating closely with the local community.

Corporate Planning and High Performing Networks.—Various documents published by VHA, such as the Blueprint for Excellence and the fiscal year 2016 Annual Restoring Trust in Veterans Health Care Report, recognize the need for creating a high-performing, integrated health network that includes VHA providers

and facilities, other federally funded providers and facilities, and VHA-credentialed community providers and facilities. To date, VA has not articulated an overarching strategy to achieve such a goal, does not provide metrics to show progress towards achieving stated goals, and has no structure to identify accountable senior officials for such an effort. The Committee recognizes the complex and transformative nature of creating a system capable of serving veterans in the future requires direct and sustained VHA leadership involvement. To achieve this goal, the Committee directs VHA to form a corporate planning function patterned after high performing commercial healthcare delivery systems. Such function must include representation from VHA clinical leadership, and leaders from VHA offices that control, oversee, or manage facility investments, transition, facility operations, and organizational change, as well as the appropriate VA offices that are dedicated to the planning and procurement of capital infrastructure, whether built or leased by VA. The corporate planning function shall be responsible for planning and implementing a high performing, integrated health network. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act detailing the corporate planning function and a plan to achieve a high-performing, integrated health network for the next twenty years. At a minimum, the plan shall clearly articulate VA's vision of a future network, include goals VA is working towards to achieve the vision, Key Performance Indicators, and other metrics VA will use to judge success, and an organizational chart detailing the corporate planning function's direct reporting relationship to the Under Secretary of Health. The Committee recommends VA seek objective analysis and recommendations from organizations outside VA that have successfully created, implemented, or advised corporate planning functions at high-performing community healthcare systems. The Committee recommends VHA seek guidance from the leadership of the Department of Defense's Military Health System Facility Shared Service. Additionally, the Committee understands VHA is now conducting market surveys to examine how VHA can develop a high-performing network by looking at community healthcare supplies and VHA services and capabilities. The Department is directed to report to the Committees on Appropriations of both Houses of Congress the findings of these market surveys within 180 days of the completion of the surveys.

MEDICAL SERVICES

(INCLUDING TRANSFER OF FUNDS)

Appropriations, 2017	$45,421,812,000
Advance appropriations, 2018	44,886,554,000
Budget estimate, 2018	1,031,808,000
Committee recommendation, 2018	1,923,000,000
Budget estimate, advance appropriations, 2019	49,161,165,000
Committee recommendations, advance appropriations, 2019	49,161,000,000

PROGRAM DESCRIPTION

The Medical Services account provides for medical services for eligible enrolled veterans and other beneficiaries in VA healthcare facilities, including VA medical centers and VA outpatient clinics.

COMMITTEE RECOMMENDATION

In fiscal year 2017, the Committee provided an advance appropriation of $44,886,554,000 for fiscal year 2018 for the Medical Services account. The recommendation for fiscal year 2018 includes an additional $1,923,000,000 which is $891,192,000 above the budget request. The additional appropriation coupled with the advance appropriation provided for fiscal year 2018 provides the Department with total budget authority of $46,809,554,000 which is $1,387,742,000 above the fiscal year 2017 enacted amount. In addition, VA has the authority to retain co-payments and third-party collections, estimated to total $2,507,000,000 in fiscal year 2018.

The Committee recommendation also includes an advance appropriation of $49,161,000,000 for Medical services for fiscal year 2019. This is $165,000 below the request to reflect proper rounding of a budget estimate.

RURAL ACCESS TO CARE

Office of Rural Health.—The Committee recommendation includes $20,000,000 in addition to the budget request for the Office Rural Health [ORH]. Through collaborations with other VA program offices, Federal partners, State partners, and rural communities, ORH works to optimize the use of available and emerging technologies, establish new access points to care, and employ strategies to increase healthcare options for all rural veterans. Currently, ORH identifies and implements initiatives that support rural clinics and rural home-based primary care, address barriers to access and quality of healthcare delivery in rural areas, develop workforce recruitment and retention initiatives, and accelerate and expand telehealth. ORH also operates Rural Health Resource Centers and works with Federal and non-Federal community partners to share resources and expand access to care for rural veterans. Given the important role these centers play in expanding access, the Committee encourages the Department to consider expanding these centers.

ORH has played a major role in VA's overall strategy to combat opioid abuse by funding pilot programs through the Rural Health Initiative focused on pain coaching and modalities which increase veterans' access to alternatives to opioid-centered pain management. Participants of one pain coaching program—which linked professional coaches to veteran patients for biweekly meetings by phone—reported a 40 percent reduction in pain outcomes after 1 year. Another program allowed veterans to utilize noninvasive modality devices to help reduce pain intensity. Both of these programs have shown progress but more must be done. The Committee encourages ORH to build upon these programs by replicating them at additional sites. One of the objectives of VHA's Pain Management Strategy policy is to provide for an interdisciplinary, multi-modal approach to pain management, and funding for these pilot pro-

grams can help VA apply the successes of these and other programs in furtherance of this objective.

Rural Veterans Health.—The Committee notes persistent issues for VA health facilities in rural areas to recruit and retain health providers in the face of national provider shortages and a highly competitive environment. The Committee encourages the Department to consider the expanded use of doctors of osteopathic medicine [DOs] and physician assistants [PAs] through physical facilities and expanded access to telehealth services to address the rural health provider gap. Furthermore, the Committee is concerned about lack of mental healthcare providers, counselors, and caseworkers in rural areas. The criteria used by the Department in establishing the priority of hiring and placement of mental healthcare providers, counselors, and caseworkers should take into consideration the higher rate of facility-use in rural States due to lower numbers of facilities and the increased amount of outreach they must do with geographical barriers. To better understand staffing gaps that exist in rural, highly rural and remote areas, the Department is directed to conduct an agency-wide assessment of the rural and highly rural healthcare workforce to identify geographic areas where staffing needs exist. The evaluation shall identify specific occupations within these geographic areas that are of the most need.

TELEHEALTH SERVICES

Telehealth.—The Committee held an oversight hearing on May 4, 2017, where testimony was received from experts within VA and the private sector on the topic of telehealth. The Committee is pleased to note the Department is a leader in this field of emerging technology and medicine. Telehealth creates a bridge between rural and urban centers—providers at an urban site can diagnose and provide a care plan for veterans hundreds of miles away, and therefore, VA is able to expand the resources of one facility by connecting those providers to providers in another area. Through telehealth, the Department has the means and flexibility to provide care to veterans who do not have easy access to a VA hospital or access to a VA hospital staffed with the care they need. Telehealth is not only allowing the Department to expand access to care in areas where services are limited, but telehealth also allows care to be provided more effectively and efficiently for veterans closer to home and also through direct in-home access. While VA is once again leading the healthcare industry in the expansion of in-home telehealth and remote patient monitoring services, these services are often limited by the lack of broadband service in remote and rural areas. In order to better leverage other Federal partners, the Department is directed to provide a report to the Committee on Appropriations of both Houses of Congress by January 31, 2018, regarding ongoing collaborations VA has with other Federal agencies in targeting remote and rural areas with veteran populations in order to ensure that grant programs administered by other Federal Agencies maximize coverage areas to veterans. The Committee is also aware telehealth has a potential for significant cost savings and cost avoidance for the Department, and the Department is urged to maintain its focus on this type of care, not only to better

serve veterans, but also to be a good steward of its financial resources. The positive findings from the use of telehealth for mental health services is especially encouraging to the Committee. The Committee supports the Departments expansive use of telehealth for medical services and encourages VA to strive to be even more innovative, more expansive, more connected in this area. The recommendation includes the full budget request of $1,343,883,000 for telehealth services. This is $121,108,000 more than fiscal year 2017.

PREVENTING VETERAN SUICIDE AND MENTAL HEALTHCARE

Pilot Program for Agritherapy.—An increasing number of States now have programs that assist veterans in starting farms, and many veterans turning to farming also suffer from Post-Traumatic Stress Disorder [PTSD]. The benefits of agritherapy have been reported in the news media; however limited research and insufficient opportunities exist to offer the benefits of agritherapy to those suffering from PTSD. Therefore, the Department is urged to consider agritherapy for inclusion among VA's Complementary and Alternative Medicine therapies. Additionally, the Committee directs no less than $2,000,000, made available through the Office of Rural Health, toward a pilot program to train veterans in agricultural vocations while also tending to behavioral and mental health needs with behavioral healthcare services and treatments from licensed providers at no fewer than three locations. The pilot locations may be sites that currently have an operational construct to train veterans for agricultural vocations and have the potential to expand operations that tend to veterans medical needs while creating a pathway to employment in agriculture related fields. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act detailing the metrics developed to determine the value of agritherapy as it relates to PTSD and steps taken to carry out the agritherapy pilot as directed.

Preventing Veteran Suicide.—The Committee is encouraged that the Secretary of Veterans Affairs has made preventing veteran suicide his number one clinical priority. The Committee supports the Department's "Getting to Zero" initiative, and the Committee is pleased to see the national implementation of the Recovery Engagement And Coordination for Health—Veterans Enhanced Treatment [REACH VET] program which uses predictive modeling to guide early interventions to prevent suicide for at risk veterans in VHA care. The Committee is grateful for those within the Department who work tirelessly each day to save the lives of veterans.

For years, the Department has received from this Committee above budget request amounts for suicide prevention programs, yet veteran suicide rates remain steady year after year. While additional and targeted funding increases are important, the Committee remains concerned that more should be done to prevent veterans from taking their lives. To that end, the Committee held an oversight hearing on April 26, 2017, on this topic. The hearing discussion focused on options for supporting veterans that are not currently the primary means by which the Department aims to prevent veteran suicide, such as complementary and alternative treat-

ments, job training and education, and family support, like marriage and family counseling, caregiver support, and mechanisms for connecting families caring for veterans in need.

According to data compiled by the VA Office of Suicide Prevention, veterans experience a suicide rate 50 percent higher than the general population, and female veterans commit suicide at a rate 6 times that of their civilian counterparts. The Committee notes 20 percent of veterans with PTSD have a substance abuse disorder, and substance abuse is proven to lead to increased suicidal tendencies. The Committee encourages the prioritization of funding for substance abuse counseling based treatment for veterans in order to decrease suicide rates among veterans suffering from PTSD. On average, 20 veterans die by suicide a day, and only six of those 20 are users of VHA services.

The Committee remains concerned about the alarming prevalence of suicide among rural veterans as they are more likely than urban veterans to commit suicide. The Committee urges VA to prioritize suicide prevention within rural communities and increase the availability of mental health resources available within States with great geographic barriers. The Committee continues to be concerned about the prioritization of funding for mental healthcare providers, counselors, and caseworkers in rural areas. The criteria used by the Department in establishing the priority of hiring and placement of mental healthcare providers, counselors, and caseworkers should take into consideration the higher rate of facility use in rural States due to lower numbers of facilities and the increased amount of outreach needed given geographical barriers. The Department is directed to provide additional resources to rural or highly rural medical facilities to hire medical and clinical personnel who support veterans with mental health services for the prevention of veteran suicide.

Veteran Crisis Line.—The Committee continues to be greatly concerned with the continued high rate of suicide among veterans and the growing mental health needs of veterans. Based on that concern, the Committee held an oversight hearing on April 4, 2017, titled "Preventing Veteran Suicide" and a topic of great concern and extensive discussion at the hearing was the performance of VA's Veterans Crisis Line [VCL]. A number of recent VA Inspector General and Government Accountability Office [GAO] reports have highlighted serious, ongoing and distressing deficiencies in the operational performance of the VCL. (Three reports in particular: VA Inspector General reports Veterans Crisis Line Caller Response and Quality Assurance Concerns, Canandaigua, NY (14–03540–123, dated February 11, 2016) and Evaluation of the Veterans Health Administration Veterans Crisis Line (16–03985–181, dated March 20, 2017), and the Government Accountability Office [GAO] report Veterans Crisis Line: Additional Testing, Monitoring, and Information Needed to Ensure Better Quality Service [GAO–16–373, dated May 2016]). During the hearing, it became apparent the Department had not promptly implemented the recommendations made by these oversight agencies. For example, at the time of our April 4, 2017 hearing, all seven of the recommendations from the OIG's February 2016 report remained open—some of them open a full year beyond the "target dates" for completion that VHA com-

mitted to implement. Fortunately, and shortly after the Committee's hearing, VHA did close 6 of the 7 open recommendations from that OIG report. The Committee directs the Secretary to implement the remaining recommendations of the Inspector General and the GAO immediately and with a demonstrable and necessary sense of urgency. The Committee recommends an additional $10,000,000 above the budget request to support the important work of the VCL.

Suicide Data Report.—The Department's Suicide Data Report, 2012, was an important step in understanding the prevalence, distribution, and risk factors for suicide. The Committee further directs the Secretary to conduct a new study on the prevalence of suicide among veterans, which shall include an assessment of the data provided by each State and an identification of which States should increase or improve data reporting to the Department.

Magnetic EEG/EKG-Guided Resonance Therapy.—The Committee understands Magnetic EEG/EKG-guided Resonance Therapy [MERT] has successfully treated veterans with Post Traumatic Stress Disorder [PTSD], Traumatic Brain Injuries [TBI], chronic pain, and opiate addiction. Recent non-significant risk and non-invasive clinical trials and pilot studies have produced promising results in the evolution of MERT treatment. The Committee encourages VA to undertake MERT pilot programs at up to five VA facilities of its determining to create access to MERT in treating larger populations of veterans suffering from PTSD/TBI, chronic pain, and addiction. One of these five pilot programs should demonstrate the viability of a mobile capability to provide access in rural areas.

Marriage and Family Therapists and Licensed Professional Mental Health Counselors.—The Committee remains concerned about the number of veterans committing suicide each day, and is particularly concerned that of the 20 per day, 14 have not had contact with the Department. In an effort to increase the number of mental health providers at the Department able to provide care, the Committee encourages the Department to increase efforts to hire more Licensed Professional Mental Health Counselors [LPMHCs] and Marriage and Family Therapists [MFTs]. The Committee recognizes the Department has attempted to create qualification standards to permit the employment of LPMHCs and MFTs, however, the Committee is aware obstacles remain, given that there are still thousands of vacancies in mental healthcare delivery positions. The Committee strongly urges VA to report on the number of current vacancies that could be filled by MFTs and LPMHCs, as well as develop a strategic plan for hiring more MFTs and LPMHCs to both fill vacancies and also augment current mental healthcare teams within the Department. The Committee also recommends coordinating with the Office of Management and Budget to create an Occupational Series for LPMHCs and MFTs to permit the Department to more easily hire staff able to provide mental health services to veterans in a timely manner.

National Center for Post-Traumatic Stress Disorder.—The National Center for Post-Traumatic Stress Disorder [NCPTSD] is the Federal Government's foremost center of expertise on evidence-based treatment of post-traumatic stress. The Committee continues

to support the mission and work of the NCPTSD and has provided $40,000,000 to continue the center's advancement of the clinical care and social welfare of America's veterans who have experienced trauma or suffer from PTSD through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders. In recent years, the Committee has invested in the addition of a brain bank for assisting researchers, and the expansion of the consultation program for providers so that clinicians, particularly those in rural areas, have access to expert advice on the latest evidence-based treatment for post-traumatic stress. The Committee directs the Department to ensure the NCPTSD has the appropriate number of full time staff to support both expansions. The Committee also directs the Department to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act on the activities of NCPTSD, including: (1) how the Center supports the implementation of evidence-based treatments as specified in the VA/DoD Clinical Practice Guideline for the Management of PTSD within veteran care at VA medical centers; (2) utilization of its resources and the consultation program by non-VA providers; (3) utilization of resources and the brain bank by researchers; (4) consultation and information sharing with other government entities; and (5) any resource or staffing gaps or near gaps that exist in carrying out its missions.

Treatment for Post-Traumatic Stress Disorder.—One in five veterans with Post-Traumatic Stress Disorder have a substance abuse disorder, and the Department of Health and Human Services reports there is a connection to alcohol and substance abuse leading to suicidal tendencies. VA funds many substance abuse treatment options, but should not default to prescribing medicine rather than counseling and therapy, if counseling and therapy are available options. Overmedication has continued to be an issue within VA, and the impact of therapy and counseling for substance abuse treatment is, in many cases, reported to be of equal help to a veteran. The Department should prioritize substance abuse treatment for veterans through counseling for veterans struggling with substance abuse disorder given that 20 percent of veterans with Post-Traumatic Stress Disorder have a substance abuse disorder and substance abuse is proven to lead to increased suicidal tendencies.

The Committee is aware that patient outcomes at university-based medical clinics are a viable option for providing PTSD treatment to veterans and have shown great preliminary successes. As such, the Committee directs the Department to conduct a study to determine whether this model of care presents an opportunity to provide the best patient care to veterans. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act on the feasibility of pursuing a pilot program at no fewer than 3 university sites providing PTSD treatments.

Other Than Honorable Discharge.—The Committee remains concerned that for many veterans with other-than-honorable discharges, the misconduct that precipitated that discharge may have been related to in-service mental health issues. After service in combat or other high-stress environments, or after experiencing

military sexual trauma, service members may undergo behavioral changes stemming from post-traumatic stress disorder, traumatic brain injury, major depressive disorder, and operational stress. Behavioral changes may result in injuries, which superiors often do not recognize as symptoms of mental health conditions, but instead attribute to bad character. The Committee is pleased VA is beginning to address the problem by offering emergent care for up to 90 days to veterans with other-than-honorable discharges. However, the Committee believes the Department has the statutory authority to provide care for many of these veterans. The statutory requirement under 38 U.S.C. 101 and 501 excludes only former service members whose conduct meets specific statutory bars or would justify a dishonorable discharge. The statute does not define that conduct standard explicitly, which leaves the Department with authority to adopt a standard by regulation. The Department is directed to conduct a review to align VA regulatory guidelines with the statutory authority and modern discharge characterizations issued by the Department of Defense. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act detailing the findings of the review.

WOMEN'S HEALTH

Women Veterans.—Women represent 15.5 percent of today's active duty force and 19 percent of our National Guard and Reserves. Accordingly, women veterans are enrolling for VA healthcare at record levels. As these numbers continue to rise, most VA medical facilities across the country are not equipped to handle the specific needs of the women veterans' population. Therefore, the Department should continue to expand efforts that address the current barriers to gender-specific healthcare services. The Committee continues to believe VA must be poised to address the changing demographic of today's and tomorrow's veterans in order to fulfill its mission. Toward this end, the Committee recommendation includes an additional $20,000,000 over the budget request for fiscal year 2018 to support gender-specific healthcare services. The Committee also encourages the Department to consider a mobile healthcare pilot program, prioritizing rural and high need areas, to provide gender-specific services, awareness of benefits, and outreach to women veterans utilizing mobile healthcare infrastructure. This innovative model is designed to fill the current gap in gender-specific services as VA works to expand infrastructure and hire the needed staff for specialty care.

Female Primary Care and Mental Healthcare Providers.—The Committee urges VA to make every effort to hire more women healthcare professionals and offer all women the opportunity to choose the gender of their primary care and mental healthcare providers.

Intimate Partner Violence Program.—The VA Intimate Partner Violence Program expands VA's screening, prevention, and intervention services to veterans and strengthens collaboration with community partners as well as the Caregivers Support Program and VA programs to address homelessness. The program focuses on developing a culture of safety and adopts a holistic, trauma-in-

formed, veteran-centered approach to services and support for those veterans involved in a domestic violence situation. In recent years, VHA has run this program using general funds, and at times, the program has lapsed due to a lack of funds. The Committee directs the Department to fully resource this program at $17,000,000 in fiscal year 2018 and include it as a program of interest with budget detail in the justifications accompanying the fiscal year 2019 budget submission.

ASSISTING HOMELESS VETERANS AND PREVENTING VETERAN HOMELESSNESS

Assessing Homelessness in Rural Areas.—The Committee remains concerned about the fidelity of data on homeless and at-risk veterans in rural areas and directs the Department to identify more precise ways to obtain better and more accurate data for veterans in these areas. The Committee encourages VA to evaluate whether changes to the universal homeless screening clinical reminder would result in more accurate identification of these veterans, and to report to the Committees on Appropriations of both Houses of Congress actions VA is taking to reduce homelessness among the rural veteran population.

Homeless Veterans Prevention Programs.—The Committee remains strongly supportive of VA's homeless prevention programs and as such the recommendation includes $1,747,784,000 to support these programs. This total includes an additional $20,000,000 over the current estimate of $320,000,000 for the Supportive Services for Veterans Families program. The Department has made significant progress toward ending veteran homelessness. According to VA, the number of veterans experiencing homelessness in the U.S. has declined almost 50 percent since 2010 and the 17 percent reduction between 2015 and 2016 is quadruple the previous year's annual rate of decline. As communities nationwide reach critical junctures in their efforts to end veteran homelessness, occupancy in transitional housing programs continues to decrease. The Committee directs VA to continue to encourage and support community homeless providers to adapt to the bridge housing transitional housing model, emphasizing short lengths of stay and rapid connections to permanent supportive housing. Additionally, VA should use data to adapt homelessness programs to meet the needs of the changing homeless population and expand permanent supportive housing options.

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

ees with university law schools in rural areas to enhance legal assistance to Veterans.

PREVENTING DRUG ABUSE

Oversight of Substance Inspection Programs.—The Committee understands the veteran population is at greater risk than the general population for opioid abuse and dependency. A recent GAO report recommended VA should ensure VAMCs have established an additional control procedure, such as an alternate controlled substance coordinator or a poll of extra inspectors, to help coordinators meet their responsibilities and prevent missed inspections. The Committee concurs with GAO's recommendations and directs the Secretary to fully implement these recommendations to improve oversight of the controlled substance inspection program and to document its progress.

Opioid Safety.—The Committee supports VA's Opioid Safety Initiative [OSI] and encourages continued implementation at all VA medical facilities, as directed under Title IX of Public Law 114–198, the Jason Simcakoski Memorial and Promise Act. A critical aspect of the OSI is the Opioid Therapy Risk Report tool, an electronic tool that helps providers manage their entire panel of patients prescribed pharmacotherapy for acute or chronic pain. It is imperative all VA providers who prescribe opioids use this tool consistently, including prior to initiating opioid therapy, to ensure safe prescribing, and to help prevent diversion, abuse, and double-prescribing. Public Law 114–198 required the Department to implement mandatory use of such tool for all providers prior to initiating opioid therapy to assess the risk for adverse outcomes; to implement standards with respect to the use of routine and random drug tests; to ensure providers use the tool to access the State Prescription Drug Monitoring Program [PDMP]; and to ensure the tool includes information identifying when healthcare providers access the tool and the most recent drug test for each veteran. The Committee also urges VA to further improve the timeliness of data available in the tool to allow a provider to have real-time access to data on a patient who was prescribed opioid therapy by another facility, in another State, or by mail order to prevent overprescribing and abuse potential. It is critical that VA clinicians have access to a patient's opioid therapy history from outside providers to ensure safe pain management care, as many veterans also seek care from providers in the community who may prescribe them medication. Sections 911 and 914 of Public Law 114–198 require the Department to ensure VA providers can access information in the State PDMP including by seeking to enter into memoranda of understanding with States to allow shared access of such information between VA and the States. The Department must also include such information in the Opioid Therapy Risk Report tool and require VA providers to disclose certain veteran information to State controlled substance or PDMPs. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act assessing compliance with mandatory provider use of the tool, including a timeline of implementation, the rate of compliance and compliance measures, and utilization of and reporting to State PDMPs.

Prescription Drug Monitoring Program Utility.—Opioid addiction represents a major and growing epidemic in the public health system generally and specifically among America's youngest veterans. Among combat-injured veterans serving in the wars in Afghanistan and Iraq, post-traumatic stress disorder [PTSD] and co-occurring substance use disorder [SU] is common and found to be associated with increases in opioid addiction and mortality. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress on the Department's usage of State prescription drug monitoring programs [PDMP] and databases used for detecting and reducing fraud, diversion, and abuse of prescription drugs. The report shall include—(A) an assessment of legal, technical, fiscal, privacy, or security challenges that have an impact on utility; (B) any recommendations for addressing challenges that impact the Department's access to State prescription drug monitoring programs in order to reduce fraud, diversion, and abuse of prescription drugs; and (C) an assessment of the extent to which VA providers use prescription drug management programs in delivering care and preventing prescription drug abuse.

Opioid Therapy Clinical Practice Guidelines and Training.—The Committee commends the Department for releasing the updated 2017 VA/DoD Clinical Practice Guideline [CPG] for Management of Opioid Therapy for Chronic Pain, as required under Public Law 114–198. The Committee is encouraged the new CPG includes enhanced guidance concerning contraindications and risk factors for opioid therapy, such as prescribing opioids and benzodiazepines concurrently, and for treating those with co-occurring mental health conditions, and recommendations against initiating long-term opioid therapy for chronic pain. To continue to improve chronic pain management and access to safe, quality care, the Committee directs the Department to immediately disseminate and implement the new CPG and update education and training materials for all VA employees who prescribe opioids to include the new recommendations. The Department is further directed to ensure pain management teams at each facility certify that all healthcare professionals responsible for coordinating and overseeing pain management therapy utilize the updated CPG. To ensure all providers have access to most recent scientific evidence, it is critical for opioid prescribing guidance to be as up to date and as consistent as possible across Federal agencies. As such, the Committee directs the Department to continue to routinely coordinate and consult with the Centers for Disease Control and Prevention [CDC] and other relevant groups and Federal agencies on continued implementation and compliance with the CPG and latest scientific recommendations.

Opioid Addiction Treatment Protocols.—The Committee appreciates VA's submittal of a report regarding the Department's ongoing review of prescription practices and addiction treatment protocols for opioids. According to the report, however, VA has failed to adopt the Substance Abuse and Mental Health Administration's [SAMHSA] full recommendation for treatment including "all drugs approved by the Food and Drug Administration for the treatment of opioid abuse disorder, including for maintenance, detoxification, overdose reversal, and relapse prevention; and appropriate coun-

seling and appropriate ancillary services." The Department is directed to submit a report to the Committee on Appropriations of both House of Congress no later than 180 days providing an update of this report to address VA's intent to include the full spectrum of prescription practices and addiction treatment protocols for opioids recommended by SAMHSA and prescribed in Public Law 114–198, the Comprehensive Addiction and Recovery Act of 2016.

Capabilities in Treating Addiction.—The Committee directs the Government Accountability Office to conduct a study on VA's capabilities and capacity to treat veterans with addiction. This study should include the following: (1) VA's number of residential rehabilitation beds and the average wait time; (2) the number of veterans being treated in outpatient veterans centers based on current VA resources; (3) the percentage of veterans who are referred to either non-VA outpatient or residential rehabilitation treatment and wait times for both types of treatment; (4) statistics on staffing and other pertinent resources to the treatment of veterans struggling with addiction; and (5) the availability and accessibility of alternative facilities capable of providing comparable care in rural and highly rural areas. This study should also identify which States are particularly in need of increased resources to resolve the opioid epidemic. The Committee requests an update on this study no later than 90 days following the enactment of this act and a report within 180 days.

Dependents and Prescription Drug Monitoring Programs.—The Committee commends the Department for efforts to increase participation in State prescription drug monitoring programs [PDMPs]. However, the Committee is concerned that due to deficiencies in Veterans Information Systems and Technology Architecture [VistA], VA is unable to provide information to PDMPs on non-veteran dependents who receive VA healthcare. Given the continued opioid epidemic, it is important VA correct this deficiency. Therefore, the Committee directs the Under Secretary for Health, in consultation with the Assistant Secretary for Information and Technology and General Counsel, to develop a plan to enable VA to provide relevant information on veterans' dependents to State PDMPs. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act detailing the plan, to include recommendations for additional resources or authorities necessary to address this issue.

STAFFING ISSUES

Transition of Military Healthcare Professionals.—The Committee has received reports that separating military healthcare professionals have expressed interest in transitioning to work within the VA healthcare system in the communities in which they separate. In some cases, the competencies and skills of these professionals match current local vacancies. The Committee notes in some places local VA managers lack a pathway within the VA recruitment and hiring process to ensure these experienced professionals are able to be hired where they live. The requirement that separating military healthcare professionals be recredentialed by VA through its own proprietary system creates additional applicant burden and delay.

VA is encouraged to establish a recruitment channel for separating military healthcare professionals to identify and receive expedited consideration for VA healthcare vacancies.

Certified Surgical Assistant Training.—The Committee acknowledges VHA's positive response to language in last year's report regarding the potential benefits of using full-time surgical assistants in VHA surgical operations. The Committee strongly encourages the Department to follow through in the form of a proposal to fund Surgical Assistant education and certification for retiring military medics through its Office of Academic Affiliations helping them to provide a higher level of care to their fellow veterans.

Hiring Clinical Psychologists.—The Committee understands 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 APPIC has decided to not include psychologists from programs accredited by the Psychological Clinical Science Accreditation System [PCSAS] even though VHA has just published new Psychologist Qualification Standards to encompass the graduates of PCSAS accredited programs. The Committee is pleased to learn VHA is working to resolve this situation to insure all appropriately trained and qualified psychologists are given equal access to VA internships. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act on the status of this issue.

Nursing Academic Partnerships.—The Committee encourages the Under Secretary for Health and the Chief Academic Affiliations Office to further support the VA Nursing Academic Partnership Programs [VANAP], expansion of the Post-Baccalaureate Nurse Residency [PBNR], the VA Nursing Academic Partnerships in Graduate Education [VANAP–GE], and the Enhancing Academic Partnerships programs. 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 healthcare initiatives. These initiatives ensure that our nation's veterans and their families have access to high-quality and appropriate care by building strong partnerships between academia and VA practice.

Orthotics and Prosthetics Workforce.—The Committee is concerned about the sustainability of the orthotics and prosthetics workforce treating veterans, particularly given an aging workforce with imminent retirements as well as a lack of availability of advanced degree programs necessary to train new professionals. Reports indicate that up to twenty percent of the field's 7,100 clinicians nationwide are either past retirement age or within 5 years of retiring. The Committee recognizes the contributions made by VHA's Orthotic and Prosthetic Residency Program to provide rotation opportunities throughout the VA system but acknowledges this program alone is inadequate to ensure a sustainable workforce for the future, especially in light of the skill set necessary to provide the increasingly complex, state-of-the-art orthotics and prosthetics care for OEF/OIF veterans. The Department is directed to explore

cost effective opportunities to grow the workforce pipeline in order to ensure the future orthotic and prosthetic workforce required by the nation's new generation of veterans. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act detailing the findings.

Partnerships with Academic Medical Institutions.—In 2015, the Committee included report language encouraging the Department to seek out public-private partnerships, particularly with research universities, those with and without medical schools, to expand its efforts related to suicide prevention, post-traumatic stress disorder, traumatic brain injury, and substance abuse disorders. The Committee continues to believe, as stated in report language last year, the Department should make broader use of existing partnering authority to collaborate with academic institutions, and further encourages VA to enter into partnerships with accredited medical schools and teaching hospitals for the mutually beneficial coordination, use, or exchange of health-care resources with the goal of improving access to and quality of the hospital care and medical services furnished by the Department.

Tribal Health Partnerships.—The Committee is pleased VA has implemented a robust series of partnerships with Indian Health Service facilities and tribally operated health facilities that operate under self-determination contracts and self-governance compacts with the Indian Health Service. These partnerships are necessary not only to extend care to the remote and highly rural areas where Native veterans reside but in some cases has also helped VA address capacity and personnel shortages affecting its overall beneficiary population. For example, to address longstanding staffing problems at the Wasilla Community Based Outpatient Clinic, the Alaska VA Healthcare System offers beneficiaries care at the Southcentral Foundation Benteh Nuutah Primary Care Center, a tribal facility in Wasilla. The Committee notes some of the initial 5-year partnership agreements are expiring and VA has been reluctant to renew them for an additional 5-year term, preferring instead short-term extensions. This has caused VA's tribal partners to question whether VA has a long-term commitment to continue these successful partnerships. The Committee encourages VA to express its commitment to maintain its tribal partnerships and work collaboratively with their tribal health partners on reimbursement formulas and terms going forward. The Committee notes losing these important partnerships over misunderstandings or contracting disagreements would have serious effects on VA healthcare in Alaska.

Staffing of the Alaska VA Healthcare System.—The Committee continues to be concerned about chronic staffing issues within the Alaska VA Healthcare System. As of July 2017, the Wasilla Community Based Outpatient Clinic still lacks a single full time physician even though patient demand would justify two full time physicians. The Committee understands that recruitment and retention of medical professionals to serve in Alaska is difficult, but it is also worth noting that community hospitals and tribal health facilities in Alaska have faced and overcome similar difficulties. The Committee encourages VA to formulate a strategy to permanently fill

chronic vacancies in the Alaska VA Healthcare System. This requires Central Office cooperation to ensure recruitment and retention incentives are readily available to these positions and that medical professionals offered employment are smoothly on boarded. VA should reach out to other healthcare organizations in Alaska to identify best practices for recruitment of medical professionals from out of State. The Fairbanks Memorial Hospital, for example, has expressed a willingness to partner with VA in addressing recruitment issues. The Committee encourages VA to work in collaboration with willing Alaska healthcare providers to encourage medical professionals to consider work in Alaska.

Critical Needs Occupational Staffing Model.—It is critical VHA develop a staffing model so that it can better understand, and more quickly address, its staffing needs in critical need occupations. The Committee remains concerned that after nearly 2 years, VA has failed to follow-up on repeated OIG recommendations to develop staffing models for critical need occupations, as well as set forth milestones and a timetable for further critical need occupations' staffing model development, piloting, and implementation with the urgency required given the importance of having adequate staff to appropriately care for veterans. The Committee recognizes the Department has put forward some effort to move forward the process for creating a staffing model forward but is disappointed with the pace. As such, the Department is directed to accelerate the creation of such a model so that veterans have access to the care they need.

Health Professional Scholarship Program.—The Health Professional Scholarship Program [HPSP] provides scholarships to students receiving education or training in a direct or indirect healthcare services discipline. Awards are offered on a competitive basis and are exempt from Federal taxation. In exchange for the award, scholarship program participants agree to a service obligation in a VA healthcare facility. The Committee continues to support this program and is concerned VA has not fully been utilizing this program in fiscal year 2017, based on data from fiscal year 2016. The Committee believes strongly ample resources exist within the Department to ensure hard to fill specialties are not excluded from participation. In spite of this, the Committee continues to hear VA is not utilizing these tools in the most judicious and efficient manner. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than October 30, 2017, on each profession eligible to receive HPSP scholarship and any limitation VA is placing on awards. In addition, VHA is also directed to submit to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act a strategic plan which identifies difficult to recruit occupations and outlines specific actions being taken to address those shortages.

ITEMS OF INTEREST

Hepatitis C Treatment.—The Department has received targeted and significant resources for the past 2 years from this Committee to aggressively treat and cure veterans with hepatitis C, and the Committee is pleased VA has made significant progress doing so. The Department is to be commended for innovative and directed

outreach to the cohort most likely affected by the disease, including effective marketing campaigns, partnerships with veteran service organizations, and holding weekend and after hours clinics to increase access to care. The Committee is aware VA has treated upwards of 87,000 veterans with new generation oral hepatitis C drugs which have a cure rate of more than 90 percent. The remaining cohort of veterans who have not been treated but potentially have the disease are the most difficult to contact and persuade to seek treatment, but the Committee directs VA to continue efforts to reach all veterans who would benefit from care as soon as possible.

Due to the change in drug pricing, the Committee notes VA has been able to treat more veterans with significantly less funding than was anticipated at the time of the original appropriation. Given that slightly more than half of the funding remaining available for Hepatitis C was specifically fenced in statute, the Department lacks the authority to transfer this funding before it lapses. Therefore, the Committee's recommendation includes a rescission of $751,000,000 and appropriates back the same amount to the Medical Services account to ensure that this funding does not lapse. The Committee notes, that the Department will still have more than $600,000,000 in unobligated Hepatitis C funds originally appropriated in fiscal year 2016 and directs the Department to continue to aggressively fund the Hepatitis C program consistent with the fiscal year 2018 budget request.

The Department is directed to continue its quarterly updates to the Committees on Appropriations of both Houses of Congress detailing the expenditures and obligations of funding hepatitis C treatment, the number of veterans treated, the number of veterans deemed cured, the projection of spending, the number of new starts for drug treatment, and number of veterans who have been cured.

DoD and VA Prescription Drug Purchasing.—The Committee believes there are potential savings in combining DoD and VA prescription drug purchasing. A 2014 GAO report surveyed 83 common drugs purchased by both Departments and found that if purchasing drugs for both Departments at the lowest DoD or VA price, the taxpayer could have realized a combined savings of $120,000,000 in 2012. GAO recommended DoD, VA, and Medicare align the structure, statutory parameters, and regulatory guidance across all Federal prescription buying programs to increase buying power and reduce costs. The Department is directed to work with the Department of Defense and submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act detailing the feasibility of aligning their structures, statutory parameters, and regulatory guidance with the Department of Defense for their prescription buying program in order to increase buying power and reduce cost.

Encouraging Public-Private Partnerships.—The Committee is aware of private-sector solutions and financial support that can effectively and efficiently develop and construct facilities that create greater access to care while reducing costs in the near and long term. The Committee encourages VA to pursue public-private partnerships to implement projects in VISN 15 and others that include but are not limited to VA facility leases, renovations, or construc-

tion to increase access to healthcare services for veterans. The Committee further directs VA to utilize existing and new authorities that permit such partnerships and potential cost-share solutions, such as Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016 and the CHIP IN for Vets Act of 2016. The Department is directed to submit reports on a quarterly basis to the Committees on Appropriations of both Houses of Congress regarding current and new projects resulting from this initiative.

Travel Reimbursement.—The Beneficiary Travel program provides eligible veterans and other beneficiaries mileage reimbursement, common carrier (plane, train, bus, taxi, light rail etc.), or when medically indicated, "special mode" (ambulance, wheelchair van) transport for travel to and from VA healthcare, or VA authorized non-VA healthcare for which the veteran is eligible. The Committee appreciates recent steps to modernize the program's processes but remains concerned about the time it takes for veterans to be reimbursed. Therefore, the Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act on steps taken to make the process to receive travel reimbursement more timely and user-friendly for veterans. The report should also include how filling vacancies in the travel office are prioritized and how the Department is addressing challenges with kiosks, particularly for veterans with disabilities such as blindness.

Hearing Aid Specialists.—The Committee understands hearing loss and tinnitus are among the most common injuries facing veterans of the recent conflicts in Iraq and Afghanistan. Hearing loss can contribute to depression, heightened stress, fatigue, and other challenges veterans face as they reintegrate into civilian life. The Committee is aware of the high demand for healthcare services among veterans and supports the recent passage of legislation aimed at addressing gaps in the provision of care within VA by allowing the Department to hire hearing aid specialists. The Committee is concerned VA has not completed the process of developing basic qualification requirements, work assignments, and qualification standards under title 38 for this occupation. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act detailing the progress made in developing and publishing this criteria and how and when VA will begin hiring such providers to offer such services.

National Veterans Sports Programs and Special Events.—The Committee supports the continued efforts of the Department to provide disabled veterans and disabled members of the Armed Forces with unique alternative therapies such as adaptive sports. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act on the status of the current adaptive sports program and recommendations for expansion of the program, as well as how the Department may better leverage grants for greater access to rural communities as well as possible integration into mental health alternative therapies. The Committee notes is has provided an additional $2,000,000 to support community-based

qualifying sports programs or other events in rural locations through the Office of Rural Health.

Enabling Independent Federal Investigations of VA Health Care.—The Committee is concerned by reports that independent Federal investigations into VA opioid prescribing practices have been hampered by the Department's inability or unwillingness to share information with investigators. The Committee places the highest priority on maintaining robust protections for veterans' privacy but emphasizes these protections are for the rights of patients, not providers. The Committee believes the Department should take every appropriate action to fully comply with investigators requests to supply relevant information in ongoing and future investigations by the Drug Enforcement Agency into potential violations of the Controlled Substances Act by VA employees, and inform the Committees on Appropriations and Veterans Affairs of both Houses of Congress if additional authorities are required to do so.

Complementary and Integrative Health.—Expanding access to comprehensive pain management and complementary and integrative health [CIH] services is vital to improving the delivery of high-quality care for our veterans, especially those struggling with co-occurring conditions like chronic pain, mental health and substance use disorders. The Committee supports VA's work in developing a plan to expand the scope of research, education, delivery, and integration of CIH into the healthcare services provided to veterans and urges robust implementation. In addition, as required under Section 932 of Public Law 114–198, VA must continue to prioritize implementation of the pilot program at VA medical centers, including polytrauma rehabilitation centers, to assess the feasibility, advisability, and methods of delivery of wellness-based programs to complement pain management and related healthcare services. While the Committee supports the progress being made to reduce misuse and abuse of opioids and to improve pain care, the Committee believes that consideration of VISNs or medical centers with a history of or current prescription rates of opioids inconsistent with the standards of appropriate and safe care should be given priority. The Committee encourages the Department to continue to expand access to CIH services as part of the VA's Whole Health System approach, and the Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress on later than 90 days after enactment of this act on the progress of the 18 flagship facilities being launched to effectuate this effort.

Antimicrobial Stewardship Program.—The Committee is aware that commercially proven integrated technology for infectious disease and pharmacy management is the industry standard for meeting national Antimicrobial Stewardship directives. While VA has successfully used these tools in a limited number of facilities, VA has not deployed it system wide. Therefore, the Committee encourages VA to implement a system wide electronic solution for all medical facilities that would provide infectious disease control monitoring, provide appropriate treatment and pharmacy care plans, help prevent potential healthcare risks, document interventions that improve patient care, and reduce hospital costs. These capa-

bilities would bring VA into compliance with all Federal and State regulatory antimicrobial program directives.

Long-Term Care.—The bill provides $8,821,657,000 as requested by the Department for long-term care. This includes the $6,073,862,000 for institutional care and $2,747,795,000 for non-institutional care. The Committee is concerned about the Department's fiscal year 2018 proposal to fund more than $690,000,000 of non-institutional care through the Choice program. Should Congress not provide additional funding for the Choice program, the Committee directs VA to fulfill its obligations to non-institutional care programs as proposed in the original fiscal year 2018 advance appropriation request. To ensure proper budgetary oversight of the non-institutional care programs, the Department is directed to report quarterly to the Committees on Appropriations of both Houses of Congress on the quarterly demand and execution of the non-institutional programs. In addition, VA is directed to include in the budget justifications accompanying the fiscal year 2019 budget request detailed data on the number of veterans receiving non-institutional care disaggregated by the appropriate medical care account.

Headache Disorders Centers of Excellence.—The Committee recognizes that over 350,000 veterans sustained traumatic brain injury [TBI] during the Global War on Terror and that chronic migraine/post-traumatic headache is the signature symptom of TBI. The Committee is concerned that veterans with chronic migraine/post-traumatic headache often do not receive specialty care, and that only three VA-affiliated physicians are certified with training in Headache Medicine by the United Council for Neurological Subspecialties. The Committee recognizes the importance of VA centers of excellence and the need for VA Headache Centers of Excellence. The Committee provides $10,000,000 for the creation of at least five headache centers to be placed at the existing sites for polytrauma and traumatic brain injury [TBI] or at locations that the Secretary sees fit.

Readjustment Counseling.—The Committee strongly supports readjustment counseling provided through the Departments 300 Vet Centers, 80 mobile Vet Centers, and the Vet Center Combat Call Center. Vet Centers are community-based counseling centers that provide a wide range of social and psychological services. These services include: professional readjustment counseling to veterans and active duty servicemembers, counseling for the victims of military sexual trauma, bereavement counseling for families who experience an active duty death, substance abuse assessments and referrals, VBA benefit information and referrals to Regional Offices, and employment counseling. Certain services also extend to the family members as a means to assist in the readjustment for veterans and active duty servicemembers. In order to bolster readjustment counseling capacity across the country, the recommendation provides an additional $15,000,000 over the budget estimate for the Vet Center program. The Committee recognizes the unique opportunities that Vet Centers provide in collaborating and developing alternative treatments with other community organizations to create programs for veterans to share experiences, develop bonds, and address common challenges. Therefore, within the additional fund-

ing provided, the Committee directs $2,500,000 be utilized to develop a program to partner with organizations that provide outdoor experiences for veterans as part of a continuum of care that helps support veterans in developing a community of support to treat combat-related injuries, including those related to behavioral health.

Increased Infectious Disease Screening.—The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act on VHA's efforts to improve HIV/AIDS and hepatitis screening rates in traditional and non-traditional settings, including to what extent the Department utilizes innovative strategies like point-of-care testing and public health outreach. The Committee notes the racial disparities in these diseases and requests that the report include a section which focuses on minority groups including but not limited to, Native Americans, Asian Americans, Pacific Islanders, Alaska Natives, Native Hawaiians, and African Americans.

Colorectal Cancer Screening.—Approximately one-third of eligible U.S. adults have never been screened for colorectal cancer despite it being the second-leading cause of cancer death in the United States. To help address this, in 2016, the United States Preventive Services Task Force [USPSTF] updated its recommendation for colorectal cancer screening, issuing it an A-grade, and included several strategies determined with high certainty to have a substantial net benefit and noted that offering choice in screening strategies may increase the number of screened individuals. 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. TRICARE covers the majority of the strategies identified by USPSTF, however VA does not offer veterans coverage for the same options and covers fewer screening methodologies. To improve colorectal cancer screening of veterans and enhance access to the most updated screening technologies, the Committee directs VA to offer all seven USPSTF strategies now recognized in the HEDIS measures to all veterans enrolled in the VA health system.

Domiciliary Program.—The Committee is concerned VA has not yet completed its assessment of the VA domiciliary program as required by Senate Report 114–237. The Committee directs VA to complete this assessment and within 60 days submit a formal report to the Committees on Appropriations of both Houses of Congress, with recommendations if applicable, addressing security gaps in the VA domiciliary program and whether the current program can meet the needs of veterans who are at heightened risk for overdose or suicide. The assessment should include alternatives to the domiciliary program if it is found that the current program cannot meet the needs of these veterans.

Sleep Disorders.—The Committee recognizes the importance of sleep, including its impacts on PTSD, TBI, and mental health. The Committee supports VA considering all treatment options for these conditions, including ensuring proper sleep health. The Committee continues to recommend the Department assign a program man-

ager for sleep disorders, including sleep apnea, which affects at least 200,000 veterans of the Persian Gulf War and Operations Iraqi Freedom and Enduring Freedom. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act on the status of this recommendation.

Stroke Care.—More than half of veterans are over age 65, putting them at an increased risk of stroke, a leading cause of serious, long-term disability and dementia. Immediate care is essential to preventing permanent disability, and it is critical the Department work to improve its stroke care and provide timely access to assessment and treatment. Unacceptably, there have been cases in which veterans have died or have suffered severe injury due to lack of timely diagnosis and treatment. A December 2015 report evaluating the quality of stroke care in VA facilities, conducted by the Department's Office of Inspector General, found several areas needing improvement, including the need to increase access to clinicians with stroke expertise, and the need to ensure compliance with current stroke care requirements at each VA facility's designated level. To improve access to providers with stroke expertise, the Committee urges VA to continue its efforts to implement stroke telemedicine, or telestroke, within VA medical centers that do not currently have around-the-clock neurological expertise available to veterans who suffer a stroke. Telestroke has proven to be beneficial in improving access to high quality stroke care in rural and underserved areas and in reducing disability and the need for long-term care following a stroke. The Committee also encourages the Department to continue to reinforce compliance with stroke care requirements, including prompt and thorough assessment, treatment, and patient education, and ensure the gathering and reporting of required stroke data elements, consistent with the recommendations in the December 2015 report.

Prosthetic Digital Health Technology.—VA's Office of Rehabilitation and Prosthetic Services shall, not later than 90 days after enactment of this act, provide a report to the Committees on Appropriations of both Houses of Congress, detailing which VA Medical Centers and Clinics this technology is available. In addition, the report shall include the number of veterans utilizing this technology, any plans for increasing the availability of this technology to more veterans, and any plans to make prosthetic related outcomes-based data collection standard throughout the Veterans Health Administration.

Caregivers.—The Committee notes the robust usage of the post-9/11 Caregiver program with its more than 23,000 approved applications, as well as the consistent reviews by caregiver families noting that the program's stipend, respite care, formal training, and support structure are critical components to its success. Given the demonstrated success of the program, the Committee encourages VA to ensure the Caregiver coordinators at each Medical Center are fully resourced and, to the maximum extent possible, assigned designated Caregiver duties as their chief and only responsibility. In addition, the Committee encourages VA to examine expansion of the program beyond the post-9/11 population. The Committee encourages VA to work with the Department of Defense in order to

develop and share best practices. The Committee recognizes many caregivers for severely wounded veterans are working dramatically reduced hours outside the home or have left the workforce completely, leading to financial hardship. This reduction in outside earnings results in difficulties meeting financial obligations, including student loan debt held by the caregiver. VA is directed to survey all caregivers currently in the program to identify those possessing outstanding student loan debt, develop a plan to monitor this issue, including future data collection and regular reports to the Committee, and report survey findings and details of the plan to the Committees on Appropriations of both Houses of Congress no later than 120 days after enactment of this act and every 6 months thereafter. The Committee is concerned by the steep decline in requested funding for the Caregivers Program. Given the increasing demand for these services and the consistent reports and findings of inconsistent or inappropriate removal of veterans from the program, the Committee questions whether the Department's request is an accurate reflection of the program's true needs. The Committee, therefore, recommends $839,828,000, which is consistent with the fiscal year 2018 advance appropriation, to continue full operation of this essential program. The Committee directs the Department to implement a freeze on reductions or removals of veterans from the program until all outstanding recommendations from the Office of Inspector General and the Comptroller General are fully implemented.

Veterans Transportation Service.—In order to ensure the Veterans Transportation Service [VTS] is improving veterans' access to healthcare and VA's ability to provide quality care in a cost effective manner, the Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act outlining the progress made on these metrics. At a minimum, the report should include analysis of the healthcare costs impacted by non-emergency medical transportation, the impact of VTS on missed appointment rates at facilities utilizing the program, and VTS impact on health outcomes for veterans.

Center for Compassionate Innovation.—The Committee understands VA has been operating a Center for Compassionate Innovation. The Center's stated purpose is to explore emerging therapies targeted to enhance veteran physical and mental well-being when other treatments have not been successful. The Committee encourages VA to always be testing and researching new and innovative treatments that may benefit veterans' lives. To more fully understand these treatments, the Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act with a description of the proposals the Center received in fiscal year 2017 and the cost and disposition of such proposals. Further, to the extent the Center undertook any projects during fiscal year 2016, the Committee directs VA to report on the status of those projects and any findings or preliminary data.

Nurse Advice Line.—The Department is directed to pursue a pilot program for a nurse advice line targeting rural areas and highly rural areas with a large percentage of veterans. Licensed Reg-

istered Nurses at the call center will triage VHA-enrolled veteran callers to the clinically appropriate care venue and provide appointment and cancellation services and information on the availability of benefits from the VA. The pilot should be based on and improve upon the nurse advice line implemented by DoD for beneficiaries under the TRICARE program. The pilot shall provide responsive service around-the-clock for callers. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act, and every 90 days thereafter, on the progress of pilot program. The reports shall contain information on utilization of the pilot, to include a description of the individuals who benefitted from advice under the pilot program, a description of any impediments in carrying out the pilot program, a description of any impediments encountered by individuals in seeking advice or services through the pilot program, a description of any cost savings to the Department, and an assessment of the feasibility and advisability of expanding the pilot program to more veterans.

Gulf War Illness.—The role of the Research Advisory Committee on Gulf War Veterans' Illnesses [RAC] was intended to provide a meaningful consultative role to help shape the Persian Gulf War research agenda, strengthen the process by which the government sets its Persian Gulf War research agenda, and lend credibility to future research activities. However, concerns continue to be raised that this role has been degraded and compromised. The RAC charter no longer requires it to assess the effectiveness of Federal Gulf War research, no longer contains a requirement for its own staff, and its purview is presently limited solely to research conducted by the Department. Determinations by the RAC and IOM that Gulf War illness is physiological and not psychological should be the basis in determining the type of medical practitioners and scientific researchers needed to create a well-qualified membership. The Committee notes the RAC has provided no new recommendations since September 2014 and encourages the RAC to renew its efforts in studying Gulf War Illness. The Committee directs the Department to brief the Committee on its efforts to address these concerns. The Committee also continues to urge the Department to restore regular reporting throughout the year of healthcare and benefits utilization by Gulf War and post-9/11 veterans, to publish these reports on the Department's Web site, and to consider for adoption the "Recommendations for New VA Gulf War-Era Data Report," adopted by the RAC on February 1, 2012.

Lung Cancer Screening.—The Committee notes with concern that not all veterans who are at high risk for developing lung cancer have access to lung cancer screening programs offered to Medicare beneficiaries. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act regarding how VHA can institute a high quality program to make lung cancer screening broadly available to the appropriate veterans who are at high risk.

Hospice Care.—From 1964 to 1975, more than nine million Americans served in the armed services, with more than one-third of them having served in Vietnam. As these Vietnam-era veterans age, many of them are facing unique end-of-life challenges related

to their combat experience that standard hospice care and palliative services are not fully equipped to address. These challenges include psychological and post-traumatic stress disorders, a history of substance abuse, and neurological conditions resulting from toxic chemical exposure. While the VA provides hospice care and palliative services to qualified veterans, the Committee is aware that organizations such as the non-profit National Partnership for Hospice Innovation are developing programs designed to meet the specific end-of-life care needs for Vietnam-era veterans. The Committee also recognizes that such an approach could be beneficial to Iraq and Afghanistan combat veterans in the future. Therefore, VA is directed to undertake a study on the feasibility of implementing hospice care protocols tailored to the unique needs of combat veterans, including Vietnam-era veterans, and is encouraged to deploy a pilot program to develop the techniques, best practices and support mechanisms to serve these veterans. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act on this effort.

Improving Federal Burn Pits Registry.—The Committee provides an additional $5,000,000 for the purpose of implementing the recommendations included in the National Academies of Sciences, Engineering, and Medicine's Assessment of the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry for improving the registry. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act assessing the cost and timeline of implementation of each of the report's recommendations.

MEDICAL COMMUNITY CARE

Appropriations, 2017	$7,246,181,000
Advance appropriations, 2018	9,409,118,000
Budget estimate, 2018	254,000,000
Committee recommendation, 2018	254,000,000
Budget estimate, advance appropriations, 2019	8,384,704,000
Committee recommendation, advance appropriations, 2019	8,385,000,000

PROGRAM DESCRIPTION

The Medical Community Care account provides for medical services for eligible enrolled veterans and other beneficiaries that is purchased from and provided by non-Department of Veterans Affairs facilities and providers, including contract hospitals, State homes, and outpatient services.

COMMITTEE RECOMMENDATION

In fiscal year 2017, the Committee provided an advance appropriation of $9,409,118,000 for fiscal year 2018 for the Medical Community Care account. The recommendation for fiscal year 2018 includes an additional $254,000,000 as included in the budget request. The additional appropriation coupled with the advance appropriation provided for fiscal year 2018 provides the Department with total budget authority of $9,663,118,000 which is $2,416,937,000 above the fiscal year 2017 enacted amount.

The Committee recommendation also includes an advance appropriation of $8,385,000,000 for Medical community care for fiscal year 2019. This is $296,000 above the request to reflect proper rounding of a budget estimate.

The Future of Community Care.—The Department is directed to continue efforts to consolidate all types of community care available to veterans within one program in the Medical Community Care account. The Committee recognizes that the Committees on Veterans Affairs of both Houses of Congress have jurisdiction over the authorization of the consolidation, as well as the current Choice Program, which has been funded with mandatory appropriations. Once the latest round of funding available for the Choice Program has been expended, the functions of the Choice Program should be merged with the functions that are currently funded by and provided for under the Medical Community Care account, and that the consolidated program should be funded by this Committee. The Committee is aware that this would significantly increase discretionary spending for community care. The Committee would like to work with all interested parties within the Congress and the Administration to increase the discretionary spending limits to accommodate such increased future costs for a consolidated community care program. At the same time, the Committee directs the Department to maintain intense focus on responsibly providing care under the Choice Program, while working diligently to build the successor program and enable the consolidation of all community care under one account that would be funded by annual appropriations.

Federally Qualified Health Centers in the Choice Program.—The Committee recognizes the importance of Federally Qualified Health Centers in [FQHCs] in providing care to Americans across the country, including the most vulnerable. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act regarding the role of FQHCs play in providing veterans care through the Veterans Choice Program and outlining opportunities for further engagement.

Community Provider Agreements.—As illustrated by the success of the former Access Received Closer to Home [ARCH] program, community provider agreements have successfully benefited veterans in rural and highly rural States by increasing access to care and significantly shortening travel times. The Committee supports sustaining continuity of care for rural veterans through community provider agreements, based on previous models such as the ARCH program, to ensure veterans do not experience a lapse in healthcare during the transition to the new Choice program and any resulting integrated networks.

Home and Community Based Services.—The Committee supports the Department's efforts to broaden veterans' options regarding long-term care support and services. As the Department realigns these programs under the Medical Community Care account, the Committee encourages VA to continue to prioritize veterans' preferences in receiving home based services. The Committee notes the positive results of pilot programs such as the Veterans Independence Program, a veterans-directed Home and Community Based Services [HCBS] grant program originally created as a pilot admin-

istered jointly by VA and the Department of Health and Human Services [HHS]. The Committee encourages enhanced cooperation with HHS to expand and grow these programs. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act on the cost avoidance associated with various non-institutional care programs. The report should include information on the demand for HCBS among the veteran population, the number of veterans currently being served by each program under HCBS, and the Department's plans to expand the size and scope of HCBS. Given the success of current HCBS pilot programs, the Department should include a cost analysis of growing the existing pilot programs prior to national expansion to leverage coordination with HHS, in addition to detail regarding the Department's efforts to coordinate with HHS on HCBS in future years. Given that mandatory eligibility for certain types of care is associated with disability levels adjudicated by VBA, this report should also include recommendations for modernizing the claims process for veterans requiring long-term care.

Non-VA Long-Term Care.—The Committee supports enabling the Department to enter into provider agreements with non-VA long-term care providers, including skilled nursing facilities, in lieu of the current onerous Federal contracting requirements.

Rural Health Continuity of Care.—The Committee notes the Access Received Closer to Home [ARCH] pilot program had been highly successful in some areas in providing healthcare services to veterans who live in the rural and highly rural States in which it operated, such as in northern Maine and in Kansas. During the pilot, VISN analysis demonstrated that more than 90 percent of veterans who received medical care though ARCH were "completely satisfied" with their care and cited significantly shortened travel and wait times to receive care. Further, the Committee is pleased the Department has made efforts to provide continuous, ARCH-like access to rural healthcare in northern Maine through the use of provider agreements. Accordingly, the Committee directs the Secretary to ensure that veterans who participated in the ARCH pilots maintain continuity of care through the use of provider agreements or other mechanisms.

MEDICAL SUPPORT AND COMPLIANCE

Appropriations, 2017	$6,498,000,000
Advance appropriations, 2018	6,654,480,000
Budget estimate, 2018	284,397,000
Committee recommendation, 2018	100,000,000
Budget estimate, advance appropriation, 2019	7,239,156,000
Committee recommendation, advance appropriation, 2019	7,239,000,000

PROGRAM DESCRIPTION

The Medical Support and Compliance account provides funds for management, security, and administrative expenses within the VA healthcare system, in addition to providing costs associated with the operation of VA medical centers and clinics, VISN offices, and the VHA Central Office in Washington, DC. This appropriation also covers Chief of Staff and Facility Director operations, quality of care oversight, legal services, billing and coding activities, procure-

ment, financial management, security, and human resource management.

COMMITTEE RECOMMENDATION

In fiscal year 2017, the Committee provided an advance appropriation of $6,654,480,000 for fiscal year 2018 for the Medical Support and Compliance account. The recommendation for fiscal year 2018 includes an additional $100,000,000 which is $184,397,000 below the budget request. The additional appropriation coupled with the advance appropriation provided for fiscal year 2018 provides the Department with total budget authority of $6,754,480,000 which is $256,480,000 above the fiscal year 2017 enacted amount.

The Committee recommendation also includes an advance appropriation of $7,239,000,000 for Medical support and compliance for fiscal year 2019. This is $156,000 below the request to reflect proper rounding of a budget estimate.

MEDICAL FACILITIES

Appropriations, 2017	$5,312,668,000
Advance appropriations, 2018	5,434,880,000
Budget estimate, 2018	1,079,795,000
Committee recommendation, 2018	707,000,000
Budget estimate, advance appropriation, 2019	5,914,288,000
Committee recommendation, advance appropriation, 2019	5,915,000,000

PROGRAM DESCRIPTION

The Medical Facilities account provides funds for the operation and maintenance of the VA healthcare system's vast capital infrastructure. This appropriation provides for costs associated with utilities, engineering, capital planning, leases, laundry, groundskeeping, housekeeping, facility repair, and property disposition and acquisition.

COMMITTEE RECOMMENDATION

In fiscal year 2017, the Committee provided an advance appropriation of $5,434,880,000 for fiscal year 2018 for the Medical Facilities account. The recommendation for fiscal year 2018 includes an additional $707,000,000 which is $372,795,000 below the budget request. The additional appropriation coupled with the advance appropriation provided for fiscal year 2018 provides the Department with total budget authority of $6,141,880,000 which is $829,212,000 above the fiscal year 2017 enacted amount.

The Committee recommendation also includes an advance appropriation of $5,915,000,000 for Medical community care for fiscal year 2019. This is $712,000 above the request to reflect proper rounding of a budget estimate.

Medical Facilities Leases Authorization.—The Committee continues to be concerned by the extensive delays in authorizing VA medical facilities leases, which would provide increased healthcare access for veterans across throughout the VA system and in many cases reduce inefficiencies and simplify veteran care by consolidating multiple existing facilities. The Committee is aware the Department recognizes the need for additional VA medical facilities and has proposed leases in its budget request, but budgetary chal-

lenges have prevented the authorization of such leases. The Committee urges the Department to continue working with the Office of Management and Budget and Congressional Budget and Veterans' Affairs Committees to identify a long-term solution to these budgetary challenges.

MEDICAL AND PROSTHETIC RESEARCH

Appropriations, 2017	$673,366,000
Budget estimate, 2018	640,000,000
Committee recommendation	722,262,000

PROGRAM DESCRIPTION

The Medical and Prosthetic Research account provides funds for medical, rehabilitative, and health services research. Medical research supports basic and clinical studies that advance knowledge leading to improvements in the prevention, diagnosis, and treatment of diseases and disabilities. Rehabilitation research focuses on rehabilitation engineering problems in the fields of prosthetics, orthotics, adaptive equipment for vehicles, sensory aids and related areas. Health services research focuses on improving the effectiveness and economy of the delivery of health services.

COMMITTEE RECOMMENDATION

The Committee recommends $722,262,000 for the Medical and Prosthetic Research account. This is $48,896,000 above the fiscal year 2017 enacted level and $82,262,000 above the budget request.

The Committee remains highly supportive of this program, and recognizes its importance both in improving healthcare services to veterans and recruiting and retaining high quality medical professionals in the Veterans Health Administration.

Through the Department's research and development program, VA has implemented a comprehensive research agenda to develop new treatments and tools for clinicians to ease the physical and psychological pain of men and women returning from war zones, to improve access to VA healthcare services, and to accelerate discoveries and applications, especially for neurotrauma, sensory loss, amputation, polytrauma, and related prosthetic needs. The Committee encourages VA to continue its research into developing novel approaches to restoring veterans with amputation, central nervous system injuries, loss of sight or hearing, or other physical and cognitive impairments to full and productive lives.

Advanced Medical Device Study.—The Committee commends VA for its research and use of exoskeleton technology. The Committee is also aware of an important pilot program to research the home-based use and medical advantages of exoskeletons for spinal cord injuries [SCI]. The Committee notes the early success that mobility-focused exoskeleton technologies are having with this patient population and the resulting improvement in health and well-being. The Committee directs the Department to undertake a study on the appropriateness and efficacy of exoskeletons in rehabilitation of patients who have suffered a stroke or traumatic brain injury.

Continuous Health Monitoring Technology.—The Committee has a longstanding interest in improving VA healthcare outcomes by

decreasing hospital acquired complications, including reducing sepsis, falls, and pressure ulcers. Recent advancements in the ability of continuous vital signs monitoring for non-ICU patients have shown a tremendous potential for improved patient outcomes. The Committee is aware of research at the James A. Haley VAMC in Tampa, Florida, and the Boise VAMC in Boise, Idaho, that shows remarkable decreases in Medical Response Team [MRT] activations, Code Blue activations, ICU transfers and, most importantly, decreases in mortality rates following these activations. Furthermore, research has shown that continuous monitoring systems have allowed the VA to recover its investment in the technology within 6 months or less. All of the positive results show a significant decrease in length of patient stay which allows facilities adopting this technology to significantly increase the number of patients seen at the facility, thereby decreasing the waiting times and backlogs that have been of great concern to this Committee. To ensure VHA is benefitting from the outcomes achieved at these facilities and civilian facilities where continuous monitoring technology is deployed, the Committee urges the VA to expeditiously proceed with research surrounding continuous monitoring technologies and complete on-going projects related to contact-free technologies being conducted by the Health Services Research and Development Service [HSRD]. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act detailing recommendations for increased deployment of proven continuous monitoring technologies within the VHA, including a proposed timeline.

Burn Pits Research.—The Committee recommends VA continue conducting medical trials, using available treatments for pulmonary, cardiovascular, and other diseases and conditions related to the exposure to open air burn pits. The Department is directed to provide an update to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act on the status and progress of such medical trials. Furthermore, where appropriate, VA is encouraged to work with private and public institutions which have already begun to research the chronic impacts of exposure to burn pits in order to develop treatments for veterans exposed to burn pits.

Public Access to Scientific Publications and Data.—The Committee commends the Department on issuing its Policy and Implementation Plan for Public Access to Scientific Publications and Digital Data from Research Funded by the Department of Veterans Affairs on July 23, 2015. The Department is directed to continue its efforts toward full implementation of the plan and directs an update on progress made be included in its fiscal year 2019 budget request.

Geriatrics and Extended Care Services.—The Committee recognizes VA's growing need to prioritize research focusing on increasingly complex and chronic conditions of aging veterans, with more than half of veterans estimated to be over the age of 65 in 2018. As VA continues to develop successful models for innovative and clinically integrated care for veterans with more than one chronic disease and declining mental and physical capabilities, the findings from these models should be widely shared to inform Federal, State

and local efforts to address the healthcare needs of America's aging population and American families. The Committee urges VA to continue to support evidence-based clinical research that reduces costs and improves the quality of care for older veterans by preventing hospital readmissions and enhancing the ability of older veterans to remain in their homes and communities safely, independently, and comfortably, through expanded tele-medicine, technological advances, coordinated care, and well-designed long-term services and supports. The Committee also recognizes the important contributions the Geriatrics and Extended Care Services [GEC] and Geriatric Research Education and Clinical Centers [GRECCs] have made in developing successful innovations in coordinated home and community-based care that benefit older veterans and provide proven, successful models that can inform development of integrated delivery systems for non-veteran seniors. The Committee encourages VA to continue utilizing its funds to bolster its existing research programs focusing on aging to meet the current and future needs of the veteran population.

Enewetak Atoll Registry Research.—The Committee is aware that thousands of veterans served on the Enewetak Atoll to clean up the island following its use for nuclear weapons testing. The Committee is also aware of many instances of veterans who conducted the cleanup suffering serious health problems, such as brittle bones, cancers, and birth defects in their children. The Committee urges the Department to study whether there is a connection between certain illnesses and the potential exposure of individuals to radiation related to service at Enewetak Atoll between January 1, 1977, and December 31, 1980.

Exposure to Agent Orange by Certain Navy Veterans.—Under the Agent Orange Act of 1991 (Public Law 102–4), most veterans of deployments to Vietnam between 1962 and 1975 became entitled to compensation for certain illnesses linked to exposure to Agent Orange defoliant, including the "Blue Water" Navy veterans who served in the Navy outside of the riverine and coastal areas. However, beginning in 2002, new Department interpretation of the law prevented Blue Water Navy veterans from collecting benefits unless they could prove to have been on a ship proven to have entered inland water or sailors who proved they had been ashore. In 2016, the Department reiterated its policy and added further restrictions by removing certain harbors that used to carry a presumption of exposure, while outside the VA a growing body of research supports the assumption of presumption of exposure. In a fact sheet published about the decision, VA noted only a 2011 Institute of Medicine study on Agent Orange exposure among Blue Water Navy veterans, which found that exposure at sea could not be proven, assuming ships followed certain best practices that veterans anecdotally report were regularly ignored. The Department is directed to submit a report to the Committees on Appropriations of both Houses of Congress no later than 90 days after enactment of this act evaluating each of the U.S. and non-U.S. studies on Agent Orange exposure since 1980 that are relevant to the question of Blue Water Navy sailors to justify the 2016 decision.

Cancer Moonshot Contribution.—The Committee supports the Beau Biden Cancer Moonshot initiative and the Department's con-

tribution utilizing advances in genomic science to provide targeted treatment to veterans. The Department has identified prostate cancer, triple-negative breast cancer, and colorectal cancer as areas of priority. Due to the prevalence of various skin cancers among service members, the Committee directs that skin cancer be included as well.

Overprescription Prevention Report.—The Committee is discouraged by multiple GAO reports retaining VHA on the "high-risk" list and the unfathomable increase in polydrug use and narcotics prescriptions by VA related to pain management and mental health treatment. Specifically, combinations of opioid and Benzodiazepines have proven fatal when taken concurrently, with research demonstrating this phenomenon for nearly 40 years. The Committee provides $500,000 to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine to conduct an assessment to research, collect, and analyze the potential overmedication of veterans during fiscal years 2010–2017 that led to veterans deaths, veterans suicides, treatment of mental disorders, pain management practices, mental health staffing levels, and combat related trauma.

Gulf War Illness Studies.—The Committee recommends the Department continue to conduct epidemiological studies regarding the prevalence of Gulf War illness, morbidity, and mortality in Persian Gulf War veterans and the development of effective treatments, preventions, and cures. The Committee is concerned by the lack of public availability of the findings of all research conducted by or for the Executive Branch relating to the health consequences of military service in the Persian Gulf theater of operations during the Persian Gulf War and by the lack of coordination by the Department in ensuring the public availability of this information. The Committee urges the Department to publish disease-specific mortality data related specifically to Persian Gulf War veterans. The Committee remains concerned by VA's ever-evolving terminology for the signature adverse health outcome of the Persian Gulf War as recognized by the Institute of Medicine [IOM]—Gulf War illness—and encourages the Department to utilize the term, "Gulf War illness," as IOM has recommended. The Committee continues to urge the Secretary to consider revising and updating the Clinical Practice Guideline for Chronic Multisymptom Illness [CMI] consistent with the July 2011 Veterans Health Initiative, "Caring for Gulf War Veterans," in that it, "cannot be reliably ascribed to any known psychiatric disorder," and to focus on recent Gulf War illness treatment research findings and ongoing Gulf War illness treatment research direction. Furthermore, the Committee once again encourages VA to strengthen the training of primary, specialty, and mental healthcare providers on the Gulf War illness case definitions recommended by IOM.

MEDICAL CARE COST RECOVERY COLLECTIONS

MEDICAL CARE COLLECTION FUND

Appropriations, 2017	$2,637,000,000
Budget estimate, 2018	2,507,000,000
Committee recommendation	2,507,000,000

MEDICAL CARE COLLECTION FUND—REVENUES APPLIED

Appropriations, 2017	−$2,637,000,000
Budget estimate, 2018	−2,507,000,000
Committee recommendation	−2,507,000,000

PROGRAM DESCRIPTION

The Medical Care Collection Fund [MCCF] was established by the Balanced Budget Act of 1997 (Public Law 105–33). In fiscal year 2004, Public Law 108–199 allowed the Department of Veterans Affairs to deposit first-party and pharmacy co-payments; third-party insurance payments and enhanced-use collections; long-term care co-payments; Compensated Work Therapy Program collections; and Parking Program fees into the MCCF. The Secretary of Veterans Affairs has the authority to transfer funds from the MCCF to the Medical Services account.

COMMITTEE RECOMMENDATION

The Committee recommendation includes the authority to retain co-payments and third-party collections, estimated to total $2,507,000,000 in fiscal year 2018.

NATIONAL CEMETERY ADMINISTRATION

Appropriations, 2017	$286,193,000
Budget estimate, 2018	306,193,000
Committee recommendation	306,193,000

ADMINISTRATION OVERVIEW

The National Cemetery Administration [NCA] was established in accordance with Public Law 93–94, the National Cemeteries Act of 1973. It has a four-fold mission: to provide for the interment in any national cemetery of the remains of eligible deceased servicemembers and discharged veterans, together with their spouses and certain dependents, and permanently maintain their graves; to provide headstones for, and to mark graves of, eligible persons in national, State, and private cemeteries; to administer the grant program for aid to States in establishing, expanding, or improving State veterans cemeteries; and to administer the Presidential Memorial Certificate Program.

COMMITTEE RECOMMENDATION

The Committee recommends $306,193,000 for the National Cemetery Administration. This is an increase of $20,000,000 above the fiscal year 2017 enacted level and equal to the budget request.

The Committee has included bill language to make available through September 30, 2019, up to 10 percent of the National Cemetery Administration appropriation.

DEPARTMENTAL ADMINISTRATION

Appropriations, 2017	$5,966,031,000
Budget estimate, 2018	5,707,593,000
Committee recommendation	5,725,391,000

ADMINISTRATION OVERVIEW

Departmental Administration provides for the administration of veterans benefits through the Veterans Benefits Administration [VBA], the executive direction of the Department, several top level supporting offices, the Board of Contract Appeals, and the Board of Veterans Appeals.

COMMITTEE RECOMMENDATION

The Committee recommends $5,725,391,000 for Departmental Administration. The amount is composed of $329,891,000 for General administration; $166,000,000 for the Board of Veterans Appeals; $4,055,500,000 for Information technology systems; $164,000,000 for the Office of the Inspector General; $512,430,000 for Construction, major projects; $342,570,000 for Construction, minor projects; $110,000,000 for Grants for construction of State extended care facilities; and $45,000,000 for Grants for the construction of State veterans cemeteries.

Public Law 114–223 moved the General Operating Expenses, Veterans Benefits Administration account from Departmental Administration to the Veterans Benefits Administration, its appropriate section within the act, with the instruction that the Department should place GOE,VBA in this location with the fiscal year 2019 request. The Committee notes this did not happen, and therefore, once again, instructs the Department to adhere to this direction with the fiscal year 2019 request.

GENERAL ADMINISTRATION

(INCLUDING TRANSFER OF FUNDS)

Appropriations, 2017	$345,391,000
Budget estimate, 2018	346,891,000
Committee recommendation	329,891,000

PROGRAM DESCRIPTION

The General Administration account provides funding for the Office of the Secretary, six assistant secretaries, and three independent staff offices.

COMMITTEE RECOMMENDATION

The Committee recommends $329,891,000 for General Administration. This amount is $15,500,000 below the fiscal year 2017 enacted level and $17,000,000 below the budget request. The Committee has included bill language to make available through September 30, 2019, up to 10 percent of the General Administration appropriation.

Filling Vacant Positions.—The Committee remains concerned about the length of time veterans are waiting for appointments, claims processing, and other essential veteran's services at VA. Exacerbating this problem has been VA's failure to hire employees for a reported 49,000 vacant positions in the Department. VA must do more to hire, recruit, and retain quality employees to provide care and services for our nation's veterans. The Department is directed to use the funds appropriated by this act to fill staff vacancies and

submit a report to the Committees on Appropriations of both Houses of Congress no later than 180 days after enactment of this act, and each month thereafter, detailing both the progress of hiring and filling vacant positions and what positions remain vacant.

Veterans Identification Card Act of 2015.—Public Law 114–31 directed the Secretary of Veterans Affairs to issue an identification card to veterans. This bill was unanimously passed by Congress and signed into law on July 20, 2015. Unfortunately, these cards are still not available to veterans. The Committee directs the Department to move swiftly in making these cards available.

BOARD OF VETERANS APPEALS

Appropriations, 2017	$155,596,000
Budget estimate, 2018	155,596,000
Committee recommendation	166,000,000

PROGRAM DESCRIPTION

As set forth in section 7101(a) of title 38 United States Code, the Board of Veterans Appeals is responsible for making final decisions on claims for veterans benefits presented to the Board for appellate review. The vast majority of the Board's workload derives from benefit claims initiated by the Veterans Benefits Administration's 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 the Regional Office determination, he or she may appeal to the Board for a final agency decision. The Board adjudicates appeals covering all areas of veterans benefits, including: service connection, increased disability ratings, total disability ratings, pensions, insurance benefits, educational benefits, home loan guaranties, vocational rehabilitation, waivers of indebtedness, fee basis medical care, and dependency and indemnity compensation.

COMMITTEE RECOMMENDATION

The Committee recommends $166,000,000 for the Board of Veterans Appeals, which is $10,404,000 above fiscal year 2017 enacted level and the budget request. The Committee has included bill language to make available through September 30, 2019, up to 10 percent of the Board of Veterans Appeals appropriation.

Growing Backlog of Appeals.—The Committee remains concerned over the growing backlog of disability claims at all stages of the appeals process but is particularly concerned about the increase at the Board of Veterans Appeals. The fiscal year 2018 justification accompanying the Department's budget submission notes the number of cases received by the Board continues to grow rapidly, projected to increase by 23 percent from 115,847 pending appeals at the end of 2016 to 142,756 pending appeals by the end of 2017. Each year since 1996, the volume of appeals received by VBA equated to 9 to 15 percent of the total claims completed in those years. The Committee understands as VBA sees increases in the number of claims, appeals at the Board increase proportionally. The Board notes that it expects the backlog to increase dramatically over the coming years without additional resources and legislative reform. To that end, the Committee recommends an additional $10,404,000 above the budget request for additional staffing

needs. In addition, BVA in conjunction with VBA shall provide a report to the Committee on Appropriations of both Houses of Congress no later than January 1, 2018, outlining a 5-year staffing plan to ensure that the appellate backlog is addressed in a timely manner.

INFORMATION TECHNOLOGY SYSTEMS

Appropriations, 2017	$4,270,259,000
Budget estimate, 2018	4,055,500,000
Committee recommendation	4,055,500,000

PROGRAM DESCRIPTION

The Information Technology [IT] Systems appropriation, along with reimbursements, funds the costs of all IT staff salaries and expenses, the operations and maintenance of all existing information technology systems, and the development of new projects and programs designed to improve the delivery of service to veterans. This appropriation also funds the costs associated with the Office of Information and Technology which oversees the functions highlighted above.

COMMITTEE RECOMMENDATION

The Committee recommends $4,055,500,000 for the Information Technology Systems account. This amount is $214,759,000 below the fiscal year 2017 enacted level and equal to the budget request. The Committee recommendation includes $1,230,320,000 for staff salaries and expenses, $2,466,650,000 for operation and maintenance of existing programs, and $358,530,000 for program development.

The Committee has appropriated the Information Technology Systems account as three subaccounts. This funding structure enhances the Committee's ability to ensure funds are executed in a manner consistent with the Department's budget submission. The Committee has provided sufficient flexibility within the subaccounts by way of authorized carryover amounts and reprogramming authority to give the Office of Information Technology as much flexibility as possible to accomplish its mission and goals, while ensuring proper accountability and oversight. The Committee will continue to work with the Department to ensure the IT projects currently underway, as well as the projects planned for the future, have the resources needed for success.

INFORMATION TECHNOLOGY DEVELOPMENT PROJECTS

[In thousands of dollars]

Project	Fiscal year 2018 budget request	Committee recommendation
Electronic Health Record [EHR] Interoperability and VLER Health	10,000	10,000
Electronic Health Record [EHR]	39,000	39,000
Veterans Benefits Management System [VBMS]	59,904	59,904
Virtual Lifetime Electronic Record [VLER]	20,968	20,968
Veterans Customer Experience	58,473	58,473
Other IT Systems Development	170,185	170,185
Total Development	358,530	358,530

Electronic Health Record.—Achieving interoperability between the health records of the Department of Veterans Affairs and the Department of Defense remains one of the highest priorities of the Committee. The Committee believes from a servicemember's initial military entrance physical to their final interaction with VA, a seamless health record should follow the individual. With the Secretary's decision on June 5, 2017, to acquire by a sole-source contract the same electronic health record system as the DoD, the Committee is unable at the time of this printing to precisely and comprehensively opine on the future of the system. The Department has proactively offered to remain in regular contact about the acquisition of the new system and the needed addition functionalities VA will pursue to address the VA-specific mission. The Committee notes there is no direct request in the budget request this year to provide funding for an acquisition. Given the lack of information about the cost of a new EHR, but the Committee's awareness of the final cost estimate of the DoD acquisition, it can be assumed the VA total cost will exceed previous estimates for VistA Evolution. To that end, in its oversight capacity, the Committee will reevaluate, with the Committee on Appropriations of the House of Representatives, the constraints on the obligation or expenditure of funding for the new acquisition at the appropriate time.

Additionally, the Committee remains concerned about the continued status of electronic health record interoperability between VA and DoD and whether lack of interoperability limits VA clinicians' ability to readily access information from DoD records, potentially impeding their ability to make the most informed decisions on treatment options, and possibly putting veterans' health at risk. Although VA and DoD have certified interoperability, there are more developed goals that can be realized. While several applications exist to facilitate health data access for clinicians, more must be done to ensure that the most relevant data is accessible in a user-friendly format to facilitate efficient clinical encounters. Both Departments must remain committed to working towards assuring continued VA and DoD interoperability as each Department adopts its new electronic health record system. The Committee directs VA and DoD to establish clear and agreed-upon metrics and goals for interoperability, to establish clear timeframes for meeting those goals, to ensure clinician feedback is sought and considered as the respective electronic medical record systems are modernized, and to update the VA/DoD Interagency Program Office guidance to reflect agreed-upon metrics and goals. The need for well-functioning, up-to-date electronic health record technology is absolutely critical as VA plans for a shift to a model of care that greatly expands its use of care in the community.

Cybersecurity.—The Committee recommends the full budget request of $340,000,000 for the VA's Office of Information Security. Over the past year, the Department has been executing an enterprise-wide cybersecurity strategy which defines a comprehensive set of actions, processes, and emerging security technologies that will further enhance the cybersecurity of VA's information and assets and improve the resilience of VA networks. To better increase oversight and to ensure VA is aggressively pursuing a robust

cybersecurity plan, the Chief Information Officer id directed submit a report to the Committees on Appropriations of both Houses of Congress no later January 1, 2018, on VA's current and future plans to increase security protocols across VA's networks. At a minimum, the CIO should include how much was obligated in in fiscal year 2017 and estimates for fiscal year 2018 to: secure the over 60,000 medical devices that connect to VA's network, implement Digital Rights Management technology, strengthen encryption services, and improve VA's cybersecurity workforce recruitment, hiring, and training. Given the sensitive nature of this topic, the CIO may provide this report as a briefing to the Committees.

Network Capabilities.—As VA maximizes the use of telehealth and remote patient monitoring technology, particularly technology that which makes use of high-resolution interfaces, enhanced and modern network capability will be needed. In order to ensure proper budgetary resources are being utilized to modernize VA's healthcare networks, the Department is directed to include in the justifications accompanying the fiscal year 2019 budget request a section specific to network modernization, including fiscal year 2018 accomplishments.

OFFICE OF INSPECTOR GENERAL

Appropriations, 2017	$159,606,000
Budget estimate, 2018	159,606,000
Committee recommendation	164,000,000

PROGRAM DESCRIPTION

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 Department of Veterans Affairs programs and operations.

COMMITTEE RECOMMENDATION

The Committee recommends $164,000,000 for the Office of Inspector General. This is $4,394,000 above the fiscal year 2017 enacted level and the budget request. The Committee has included bill language to make available through September 30, 2019, up to 10 percent of the Office of the Inspector General appropriation.

CONSTRUCTION, MAJOR PROJECTS

Appropriations, 2017	$528,110,000
Budget estimate, 2018	512,430,000
Committee recommendation	512,430,000

PROGRAM DESCRIPTION

The Construction, Major Projects account provides for constructing, altering, extending, and improving any of the facilities (including parking projects) under the jurisdiction or for the use of VA, including planning, architectural and engineering services, needs assessment, and site acquisition where the estimated cost of a project is more than the amount set forth in 38 U.S.C. 8104(a)(3)(A). Proceeds realized from Enhanced Use Lease activities may be deposited into the Construction, Major Projects and Construction, Minor Projects accounts.

COMMITTEE RECOMMENDATION

The Committee recommends an appropriation of $512,430,000 for the construction of major projects. This is $15,680,000 below the fiscal year 2017 enacted level and equal the budget request.

The following table reflects the President's budget request for major construction projects and the corresponding Committee recommendations.

MAJOR CONSTRUCTION PROJECTS

[In thousands of dollars]

Location and description	Fiscal year 2018 budget request	Committee recommendation
Veterans Health Administration [VHA]:		
Livermore, CA: Realignment and Closure of the Livermore Campus	117,300	117,300
Advance Planning and Design Fund: Various Locations	57,500	57,500
Asbestos: Various Locations	7,500	7,500
Major Construction Staff: Various Locations	27,500	27,500
Hazardous Waste: Various Locations	15,000	15,000
Judgement Fund: Various Locations	10,000	10,000
Non-Departmental Federal Entity Project Management Support	16,730	16,730
Total, VHA	251,530	251,530
National Cemetery Administration [NCA]:		
Sacremento, California: Grave Site Expansion	35,000	35,000
Bushnell, Florida: Grave Site Expansion and Cemetery Improvement Sites	51,500	51,500
Elwood, Illinois: Gravesite Expansion, Phase 3	35,000	35,000
Calverton, New York: Gravesite Expansion	50,000	50,000
Phoenix, Arizona: Gravesite Expansion	31,900	31,900
Bridgeville, Pennslyvania: Gravesite Expansion, Phase 3	39,000	39,000
Advance Planning and Design Fund	8,500	8,500
NCA Land Acquisition Fund	5,000	5,000
Total, NCA	255,900	255,900
General Administration—Staff Offices, Advance Planning Fund	5,000	5,000
Total Construction, Major Projects	512,430	512,430

The Future of VA Construction.—The Committee remains concerned about the state of VA's major construction program. In the wake of the massive cost overruns at the Denver VA Medical Center, Congress required VA to utilize the U.S. Army Corps of Engineers (the Corps) as its construction agent for all major construction projects over $100,000,000. Bringing the Corps into the VA construction process has exposed major differences between the standardized policies, practices and procedures the Corps follows in the military construction world and the procedures for major construction and capital investment VA uses in practice. This has forced VA to take a hard look at many of its construction business practices, and in many cases, implement changes to adhere to Corps polices into order for the Corps to agree to move forward managing VA projects. For example, VA traditionally views a project as a whole campus, meaning a project will consist of multiple buildings with construction timelines spanning an often indefinite number of years. In the military construction world, this would be known as a master plan, which would consist of multiple individual projects, each of which represents a complete and usable building. Each military construction project is planned in advance, has a set scope and estimated cost, and specific project details re-

flected on a form DD 1391. The Committee believes the level of analysis and rigor put into the form DD 1391 and the Department of Defense processes for construction should serve as a model for VA to follow, particularly in light of the partnership with the Corps.

Another Department of Defense process VA should begin to follow is the future years defense plan [FYDP], a document that lays out the military construction projects in the current year's budget request and the projects anticipated to be in the next 5 year's requests. Although always subject to change, the [FYDP] shows the Committee that DoD has a well-reasoned plan for the next few years to address its infrastructure needs. Contrast this with the VA's SCIP list and the differences are glaring. The SCIP list is monstrous, laying out all VA's infrastructure needs with seemingly no prioritization or indication of which projects VA intends to pursue first, and no timeline for when projects will be completed. Judging from the past several year's budget requests, correcting seismic deficiencies seems to be one of the VA's top priorities. However, other serious life, health, and safety projects seem to languish on the SCIP list. For example, the outpatient clinic at Hilo, Hawaii lies within a tsunami flood zone. While VA plans to close this facility and move to temporary space that veterans cite as difficult to get to and will likely result in a decrease in access, plans for the new permanent clinic remain stalled on the SCIP list, despite the fact that the current facility has to be closed because of the tsunami threat. The SCIP list also proves to be a very ineffective tool for the Committee to use to understand the future of VA construction. For example, projects move up or down the list from year to year without any obvious explanation to the Congressional staff who follow their home State project closely. The Committee and its staff are the primary consumers of the data included in VA's annual budget justifications to Congress, yet the SCIP list as included in the justifications is not a useful document. The Committee directs the Department to work diligently to move towards a DoD-like 5-year construction plan and concurrently craft a better way to provide construction information annually to Congress.

CONSTRUCTION, MINOR PROJECTS

Appropriations, 2017	$372,069,000
Budget estimate, 2018	342,570,000
Committee recommendation	342,570,000

PROGRAM DESCRIPTION

The Construction, Minor Projects account provides for constructing, altering, extending, and improving any of the facilities (including parking) under the jurisdiction or for the use of VA, including planning, assessment of needs, architectural and engineering services, and site acquisition, where the estimated cost of a project is equal to or less than $10,000,000. Public Law 106–117, the Veterans Millennium Health Care and Benefits Act of 1999, gave VA authority to make capital contributions from minor construction in enhanced-use leases. Proceeds realized from enhanced-use lease activities may be deposited into the Construction, Major Projects and Construction, Minor Projects accounts.

COMMITTEE RECOMMENDATION

The Committee recommends $342,570,000 for minor construction. This is $29,499,000 below the fiscal year 2017 enacted level and equal to the budget request.

The recommendation includes $193,610,000 for the Veterans Health Administration, $97,950,000 for the National Cemetery Administration, and $29,895,000 for the Veterans Benefits Administration. The Department is directed to provide an expenditure plan to the Committees on Appropriations of both Houses of Congress no later than 30 days after enactment of this act for the amount appropriated for minor construction.

GRANTS FOR CONSTRUCTION OF STATE EXTENDED CARE FACILITIES

Appropriations, 2017	$90,000,000
Budget estimate, 2018	90,000,000
Committee recommendation	110,000,000

PROGRAM DESCRIPTION

This account is used to provide grants to assist States in acquiring or constructing State home facilities for furnishing domiciliary or nursing home care to veterans, and to expand, remodel, or alter existing buildings for furnishing domiciliary, nursing home, or hospital care to veterans in State homes. The grant may not exceed 65 percent of the total cost of the project. Public Law 102–585 granted permanent authority for this program, and Public Law 106–117 provided greater specificity in directing VA to prescribe regulations for the number of beds for which grant assistance may be furnished. This program has been a successful partnership between States and VA in meeting the long-term care needs of elderly veterans for decades.

COMMITTEE RECOMMENDATION

The Committee recommends $110,000,000 for Grants for construction of State extended care facilities. This is $20,000,000 above the budget request.

Funding Prioritization.—The Committee continues to be concerned about the prioritization of funding for new State veterans homes. The criteria used by the Department when making funding decisions for new facilities should consider the unique needs of geographically small States that depend on just one facility, straining capacity and leaving those States without alternative facilities to care for veterans while their projects are pending. Similarly, the Department should also prioritize large rural States where veterans may live hundreds of miles from the next nearest facility.

GRANTS FOR CONSTRUCTION OF VETERANS CEMETERIES

Appropriations, 2017	$45,000,000
Budget estimate, 2018	45,000,000
Committee recommendation	45,000,000

PROGRAM DESCRIPTION

Public Law 105–368 amended title 38 U.S.C. 2408 and established authority to provide aid to States for establishment, expan-

sion, and improvement of State veterans cemeteries, which are operated and permanently maintained by the States. This statutory change increased the maximum Federal share from 50 percent to 100 percent in order to fund construction costs and initial equipment expenses when the cemetery is established. States remain responsible for providing the land and for paying all costs related to operation and maintenance of the cemeteries, including the costs for subsequent equipment purchases.

COMMITTEE RECOMMENDATION

The Committee recommends $45,000,000 for Grants for construction of State veterans cemeteries. This is equal to the budget request.

ADMINISTRATIVE PROVISIONS

(INCLUDING TRANSFERS AND RESCISSIONS OF FUNDS)

Sec. 201. The Committee includes a provision which outlines transfer authority and responsibilities for the Veterans Benefits Administration.

Sec. 202. The Committee includes a provision which outlines transfer authority and responsibilities for the Veterans Health Administration.

Sec. 203. The Committee includes a provision which outlines the use of funds appropriated for salaries and expenses.

Sec. 204. The Committee includes a provision mandating that only construction funds may be used for land procurement or the construction of any new hospital or home.

Sec. 205. The Committee includes a provision allowing for reimbursements to the Medical Services account.

Sec. 206. The Committee includes a provision allowing for payments of prior year obligations.

Sec. 207. The Committee includes a provision which allows for the use of funds for prior year obligations.

Sec. 208. The Committee includes a provision which allows for payments from the National Service Life Insurance Fund.

Sec. 209. The Committee includes a provision which outlines the use of funds from enhanced-use lease proceeds.

Sec. 210. The Committee includes a provision which provides for funds for the Office of Resolution Management, the Office of Employment Discrimination Complaint Adjudication, the Office of Accountability and Whistleblower Protection, and the Office of Diversity and Inclusion.

Sec. 211. The Committee includes a provision which requires disclosure of third-party reimbursement information.

Sec. 212. The Committee includes a provision which allows for the transfer of revenue derived from enhanced-use leases into the construction accounts.

Sec. 213. The Committee includes a provision which outlines authorized uses for Medical Services account funds.

Sec. 214. The Committee includes a provision which allows funds in the Medical Care Collection Fund to be transferred into the Medical Services and Medical Community Care accounts.

Sec. 215. The Committee includes a provision which allows eligible veterans in the State of Alaska to obtain medical care services.

Sec. 216. The Committee includes a provision which allows for the transfer of funds into the construction accounts.

Sec. 217. The Committee includes a provision rescinding funds from Medical services.

Sec. 218. The Committee includes a provision requiring the Secretary of Veterans Affairs to submit quarterly financial reports on the Veterans Health Administration.

Sec. 219. The Committee includes a provision outlining transfer authority for the Information Technology Systems account.

Sec. 220. The Committee includes a provision prohibiting any funds to be used to contract out any functions performed by more than 10 employees without a fair competition process.

Sec. 221. The Committee includes a provision allowing for the transfer of funds from certain accounts to the Joint Department of Defense/Department of Veterans Affairs Medical Facility Demonstration Fund, as authorized by Public Law 111–84.

Sec. 222. The Committee includes a provision allowing for the transfer of funds from certain advance appropriation accounts to the Joint Department of Defense/Department of Veterans Affairs Medical Facility Demonstration Fund, as authorized by Public Law 111–84.

Sec. 223. The Committee includes a provision allowing for the transfer of certain funds deposited in the Medical Care Collections Fund to the Joint Department of Defense/Department of Veterans Affairs Medical Facility Demonstration Fund, as authorized by Public Law 111–84.

Sec. 224. The Committee includes a provision directing a minimum of $15,000,000 be transferred from Medical Services, Medical Support and Compliance, and Medical Facilities to the Department of Defense/Department of Veterans Affairs Health Care Sharing Incentive Fund, as authorized by section 8111 of title 38, United States Code.

Sec. 225. The Committee includes a provision directing the Department to make every effort to fund State Veterans Nursing Home Construction grants on the fiscal year 2017 list.

Sec. 226. The Committee includes a provision requiring notification of all bid savings for major construction projects.

Sec. 227. The Committee includes a provision restricting scope increases for major construction projects above that specified in the original project justification.

Sec. 228. The Committee includes a provision requiring the Department to submit reports relating to the Veterans Benefits Administration on claims processing at Regional Offices.

Sec. 229. The Committee includes a provision limiting the funding from the Medical Support and Compliance account for the VistA Evolution and electronic health record interoperability projects.

Sec. 230. The Committee includes a provision requiring VA to notify the Committee 15 days prior to any organizational changes within VA of 25 or more FTE.

Sec. 231. The Committee includes a provision directing funding for non-recurring maintenance.

Sec. 232. The Committee includes a provision permitting the transfer to the Medical Services account of fiscal year discretionary 2018 appropriated funds.

Sec. 233. The Committee includes a provision permitting the transfer of funds between GOE,VBA and BVA.

Sec. 234. The Committee includes a provision prohibiting the reprogramming of funds in excess of $7,000,000 among major construction projects or programs.

Sec. 235. The Committee includes a provision rescinding unobligated balances from the DoD–VA Health Care Sharing Incentive Fund.

Sec. 236. The Committee includes a provision pertaining to Native Hawaiian small businesses.

Sec. 237. The Committee includes a provision limiting bonuses for senior executives.

Sec. 238. The Committee includes a provision directing the discontinuation of the usage of social security numbers with the Department of Veterans Affairs.

Sec. 239. The Committee includes a provision pertaining to the certification of marriage and family therapists.

Sec. 240. The Committee includes a provision restricting funds for the purpose of using groups of subject matter experts to evaluation compensation claims.

Sec. 241. The Committee includes a provision prohibiting the transfer of funds from the Filipino Veterans Equity Compensation Fund to any other VA account.

Sec. 242. The Committee includes a provision denying or revoking the eligibility of a healthcare provider to provide non-VA care for various reasons.

Sec. 243. The Committee includes a provision relating to the availability of Construction, Major Projects funds.

Sec. 244. The Committee includes a provision relating to the availability of Construction, Major Projects funds.

Sec. 245. The Committee includes a provision regarding a childcare program.

Sec. 246. The Committee includes a provision relating to the availability of chiropractic care.

Sec. 247. The Committee includes a provision on a pilot program for the education and training of physician assistants.

Sec. 248. The Committee includes a provision on coastwise merchant seamen.

Sec. 249. The Committee includes a provision on fertility treatment and counseling for service-connected disabled veterans.

Sec. 250. The Committee includes a provision rescinding funds from the Information Technology Systems account.

Sec. 251. The Committee includes a provision related to a demand profile for healthcare services.

Sec. 252. The Committee includes a provision regarding uniform access standards for healthcare services.

Sec. 253. The Committee includes a provision regarding vacant, mostly vacant, or underutilized buildings and structures.

Sec. 254. The Committee includes a provision ensuring particular ratios of veterans to full-time employment equivalents within any VA program of rehabilitation.

Sec. 255. The Committee includes a provision indicating that no funds may be used to deny the Inspector General timely access to VA records and documents.

Sec. 256. The Committee includes a provision prohibiting funds to be used to restrict an individual's ability to speak with a Member of Congress or his or her staff.

Sec. 257. The Committee includes a provision providing authority for VHA to administer the National Veterans Sports Program.

Sec. 258. The Committee includes a provision requiring certain data to be included in the budget justifications for the Construction, Major account.

Sec. 259. The Committee includes a provision related to the Rural Veterans Coordination Pilot.

Sec. 260. The Committee includes a provision on a national realignment strategy for VA facilities.

Sec. 261. The Committee includes a provision concerning eligibility for burial at National Cemetery Administration cemeteries.

Sec. 262. The Committee includes a provision related to veteran health and wellness programs.

Sec. 263. The Committee includes a provision regarding new construction in the State Extended Care Facilities grant program.

Sec. 264. The Committee includes a provision related to eligibility for certain medical services for veterans with other than honorable discharges.

Sec. 265. The Committee includes a provision prohibiting the use of funds to interfere with the ability of veterans to participate in State-approved medicinal marijuana programs or deny services to such veterans.

TITLE III

RELATED AGENCIES

AMERICAN BATTLE MONUMENTS COMMISSION

OVERVIEW

The American Battle Monuments Commission was established by Congress in 1923 and is responsible for the following: designing, constructing, operating, and maintaining permanent American cemeteries in foreign countries; establishing and maintaining U.S. military memorials, monuments, and markers where American Armed Forces have served overseas since April 6, 1917, the date of the United States entry into World War I, and within the United States when directed by public law; and controlling the design and construction of permanent U.S. military monuments and markers by other U.S. citizens and organizations, both public and private, and encouraging their maintenance. ABMC administers, operates, and maintains 26 permanent American military cemeteries, 29 Federal memorial, monuments, and markers, and 8 non-Federal memorials located in 15 foreign countries, the U.S. Commonwealth of the Northern Mariana Islands, the British Dependency of Gibraltar, and the United States of America.

SALARIES AND EXPENSES

Appropriations, 2017	$75,100,000
Budget estimate, 2018	75,100,000
Committee recommendation	79,000,000

COMMITTEE RECOMMENDATION

The Committee recommends $79,000,000 for the Salaries and Expenses account. This amount is $3,900,000 above the fiscal year 2017 enacted level and the budget request. The recommendation includes an additional $3,900,000 to bolster the Commission's maintenance and infrastructure program, including the interpretive program. The additional funds will restore the reduction proposed in the budget request for this program and provide additional funds to accelerate the Commission's 5-year plan, not only to maintain the cemeteries and monuments honoring America's war dead, but also to preserve and communicate these veterans' stories of courage and sacrifice.

FOREIGN CURRENCY FLUCTUATIONS

The Committee includes in the accompanying act, as proposed by the administration, such sums as necessary for the Foreign Currency Fluctuations account. Funding the account in this manner allows the Commission to maintain cemeteries regardless of the volatility of foreign currency fluctuations.

UNITED STATES COURT OF APPEALS FOR VETERANS CLAIMS

OVERVIEW

The United States Court of Appeals for Veterans Claims was established by the Veterans' Judicial Review Act of 1988. The Court is an independent judicial tribunal with exclusive jurisdiction to review decisions of the Board of Veterans Appeals. It has the authority to decide all relevant questions of law; interpret constitutional, statutory, and regulatory provisions; and determine the meaning or applicability of the terms of an action by the Secretary of Veterans Affairs. It is authorized to compel action by the Secretary. It is authorized to hold unconstitutional or otherwise unlawful and set aside decisions, findings, conclusions, rules, and regulations issued or adopted by the Secretary of Veterans Affairs, the Board of Veterans Appeals, or the Chairman of the Board that are found to be arbitrary or capricious. The Court's principal office location is Washington, DC; however, it is a national court, empowered to sit anywhere in the United States.

SALARIES AND EXPENSES

Appropriations, 2017	$30,945,000
Budget estimate, 2018	33,608,000
Committee recommendation	33,608,000

COMMITTEE RECOMMENDATION

The Committee recommends $33,608,000 for the U.S. Court of Appeals for Veterans Claims. This amount is $2,663,000 above the fiscal year 2017 enacted level and equal to the budget request. The Committee recommends $800,000 to be transferred to the General Services Administration for the planning and design of a new courthouse as included in the budget request.

DEPARTMENT OF DEFENSE—CIVIL

CEMETERIAL EXPENSES, ARMY

OVERVIEW

The Secretary of the Army is responsible for the administration, operation, and maintenance of Arlington National Cemetery and the Soldiers' and Airmen's Home National Cemetery. In addition to its principal function as a national cemetery, Arlington hosts more than 3,000 public wreath laying ceremonies, approximately 100 distinguished visitor honors wreath laying ceremonies, and approximately 4,000,000 visitors annually.

SALARIES AND EXPENSES

Appropriations, 2017	$70,800,000
Budget estimate, 2018	70,800,000
Committee recommendation	81,000,000

COMMITTEE RECOMMENDATION

The Committee recommends $81,000,000 for the Salaries and Expenses account. This amount is $10,200,000 above both the fiscal year 2017 enacted level and the budget request.

The Committee convened a field hearing at Arlington National Cemetery on March 29, 2017, which was a fitting and special place to hold the Committee's first hearing of this Congress. The field hearing was very informative and productive and carefully examined the Cemetery's current operations and workload, existing expansion plans, and the serious capacity constraints on the Cemetery in the 2040–2050 timeframe.

The hearing identified a significant shortfall in the Cemetery's operating account which directly funds the Cemetery's day-to-day operations, salaries, maintenance, and expenses. The Committee determined ANC's operating account had been held artificially flat for a number of years, and this action is beginning to have deleterious effects on the Cemetery's performance and ability to meet its mission.

Arlington performs over 7,000 burial services each year for veterans and family members and an average of 27–30 each weekday. With this heavy workload, ANC cannot be under-resourced, and accordingly, the Committee has provided an additional $10,200,000 to correct this problem.

This Committee will be unwavering in its support for the Cemetery and the successful completion of the Cemetery's truly unique and honored mission. Accordingly, the Secretary of the Army is directed to include this increase in the Cemetery's baseline budget and ensure future budget requests provide ample resources for Arlington National Cemetery.

ARMED FORCES RETIREMENT HOME

TRUST FUND

OVERVIEW

Appropriations, 2017	$64,300,000
Budget estimate, 2018	64,300,000
Committee recommendation	64,300,000

COMMITTEE RECOMMENDATION

The Committee recommends authority to expend $64,300,000 from the Armed Forces Retirement Home [AFRH] Trust Fund to operate and maintain the Armed Forces Retirement Home—Washington, DC, and the Armed Forces Retirement Home—Gulfport, Mississippi.

Trust Fund Solvency.—The Explanatory Statement accompanying H.R. 5325, the Continuing Appropriations and Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, and Zika Response and Preparedness Act (Public Law 114–223) directed AFRH and the Department of Defense to submit by October 1, 2016, a proposal to ensure the long-term sustainability of the Trust Fund by replenishing the Trust Fund's revenues, not by cutting core AFRH operations. The Committee also requested further information regarding an in-depth study that DoD has undertaken to develop plans to improve Trust Fund solvency. The Committee is disappointed to note neither this report nor the requested information has been made available as directed. AFRH and DoD are directed to deliver these materials as soon as

possible to the Committees on Appropriations of both Houses of Congress.

ADMINISTRATIVE PROVISIONS

Sec. 301. The Committee includes a provision allowing the relocation of a federally owned water main.

Sec. 302. The Committee includes a provision making available funds as authorized by 10 U.S.C. 4727.

TITLE IV

OVERSEAS CONTINGENCY OPERATIONS

DEPARTMENT OF DEFENSE

The Committee recommends title IV, Overseas Contingency Operations, for military construction projects related to the Global War on Terrorism and the European Reassurance Initiative that were requested by the Administration in the Fiscal Year 2018 Overseas Contingency Operations [OCO] budget request.

MILITARY CONSTRUCTION, ARMY

The Committee recommends $139,700,000 for "Military Construction, Army", as requested in the Fiscal Year 2018 Overseas Contingency Operations budget request, for military construction and planning and design in support of Overseas Contingency Operations and the European Reassurance Initiative.

MILITARY CONSTRUCTION, NAVY AND MARINE CORPS

The Committee recommends $18,500,000 for "Military Construction, Navy and Marine Corps", as requested in the Fiscal Year 2018 Overseas Contingency Operations budget request, for planning and design in support of the European Reassurance Initiative.

MILITARY CONSTRUCTION, AIR FORCE

The Committee recommends $478,030,000 for "Military Construction, Air Force", as requested in the Fiscal Year 2018 Overseas Contingency Operations budget request, for military construction and planning and design in support of Overseas Contingency Operations and the European Reassurance Initiative.

MILITARY CONSTRUCTION, DEFENSE-WIDE

The Committee recommends $1,900,000 for "Military Construction, Defense-Wide", as requested in the Fiscal Year 2018 Overseas Contingency Operations budget request, for planning and design in support of the European Reassurance Initiative.

ADMINISTRATIVE PROVISION

SEC. 401. The Committee includes a provision which provides the contingent emergency designation for the Overseas Contingency Operations accounts.

TITLE V

GENERAL PROVISIONS

Sec. 501. The Committee includes a provision that prohibits the obligation of funds beyond the current fiscal year unless expressly so provided.

Sec. 502. The Committee includes a provision that prohibits 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.

Sec. 503. The Committee includes a provision that encourages the expansion of E-commerce technologies and procedures.

Sec. 504. The Committee includes a provision that specifies the congressional committees that are to receive all reports and notifications.

Sec. 505. The Committee includes a provision that limits funds from being transferred from this appropriations measure to any instrumentality of the United States Government without authority from an appropriations act.

Sec. 506. The Committee includes a provision regarding the posting of congressional reports on agency Web sites.

Sec. 507. The Committee includes a provision 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.

Sec. 508. The Committee includes a provision prohibiting the use of funds for the payment of first-class travel by an employee of the executive branch.

Sec. 509. The Committee includes a provision limiting the construction of facilities in the United States, its territories, or possessions for the purposes of housing individuals detained at Guantánamo Bay, Cuba.

PROGRAM, PROJECT, AND ACTIVITY

In fiscal year 2017, for purposes of the Balanced Budget and Emergency Deficit Control Act of 1985 (Public Law 99–177) or the Balanced Budget and Emergency Deficit Control Reaffirmation Act of 1987 (Public Law 100–119), the following information provides the definition of the term "program, project, and activity" for departments, agencies and programs under the jurisdiction of the Military Construction and Veterans Affairs, and Related Agencies subcommittee. The term "program, project, and activity" shall include the most specific level of budget items identified in the Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2017, the House and Senate Committee reports, and the conference report and accompanying joint explanatory statement of managers of the committee of conference.

If a sequestration order is necessary, in implementing the Presidential order, departments, and agencies shall apply any percentage reduction required for fiscal year 2017 pursuant to the provisions of Public Law 99–177 or Public Law 100–119 to all items specified in the justifications submitted to the Committees on Appropriations of the Senate and House of Representatives in support of the fiscal year 2017 budget estimates, as amended, for such departments and agencies, as modified by congressional action, and in addition, for the Department of Defense, Military Construction, the definition shall include specific construction locations as identified in the explanatory notes.

COMPLIANCE WITH PARAGRAPH 7, RULE XVI, OF THE STANDING RULES OF THE SENATE

Paragraph 7 of rule XVI requires that Committee reports accompanying general appropriations bills identify each recommended amendment which proposes an item of appropriation which is not made to carry out the provisions of an existing law, a treaty stipulation, or an act or resolution previously passed by the Senate during that session.

The Committee recommends funding for the following programs which currently lack authorization:

Title I: Department of Defense

Military Construction, Army
Military Construction, Navy and Marine Corps
Military Construction, Air Force
Military Construction, Defense-Wide
Military Construction, Army National Guard
Military Construction, Air National Guard
Military Construction, Army Reserve
Military Construction, Navy Reserve
Military Construction, Air Force Reserve

North Atlantic Treaty Organization Security Investment Program
Department of Defense Base Closure Account
Family Housing Operation and Maintenance, Army
Family Housing Operation and Maintenance, Navy and Marine Corps
Family Housing Operation and Maintenance, Air Force
Family Housing Operation and Maintenance, Defense-Wide
Family Housing Construction, Army
Family Housing Construction, Navy and Marine Corps
Family Housing Construction, Air Force
Department of Defense Family Housing Improvement Fund
Department of Defense Military Unaccompanied Housing Improvement Fund

Title II: Department of Veterans Affairs

Veterans Benefits Administration
Veterans Health Administration
National Cemetery Administration
Departmental Administration

Title III: Related Agencies

American Battle Monuments Commission
U.S. Court of Appeals for Veterans Claims
Cemeterial Expenses, Army
Armed Forces Retirement Home

COMPLIANCE WITH PARAGRAPH 7(c), RULE XXVI OF THE STANDING RULES OF THE SENATE

Pursuant to paragraph 7(c) of rule XXVI, on July 13, 2017, the Committee ordered favorably reported a bill (S. 1557) 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, provided, that the bill be subject to amendment and that the bill be consistent with the funding level approved by the subcommittee, by a recorded vote of 31–0, a quorum being present. The vote was as follows:

Yeas	Nays
Chairman Cochran	
Mr. McConnell	
Mr. Shelby	
Mr. Alexander	
Ms. Collins	
Ms. Murkowski	
Mr. Graham	
Mr. Blunt	
Mr. Moran	
Mr. Hoeven	
Mr. Boozman	
Mrs. Capito	
Mr. Lankford	
Mr. Daines	
Mr. Kennedy	
Mr. Rubio	
Mr. Leahy	
Mrs. Murray	
Mrs. Feinstein	
Mr. Durbin	
Mr. Reed	
Mr. Tester	
Mr. Udall	
Mrs. Shaheen	
Mr. Merkley	
Mr. Coons	
Mr. Schatz	
Ms. Baldwin	
Mr. Murphy	
Mr. Manchin	
Mr. Van Hollen	

COMPLIANCE WITH PARAGRAPH 12, RULE XXVI OF THE STANDING RULES OF THE SENATE

Paragraph 12 of rule XXVI requires that Committee reports on a bill or joint resolution repealing or amending any statute or part of any statute include "(a) the text of the statute or part thereof which is proposed to be repealed; and (b) a comparative print of that part of the bill or joint resolution making the amendment and of the statute or part thereof proposed to be amended, showing by stricken-through type and italics, parallel columns, or other appropriate typographical devices the omissions and insertions which would be made by the bill or joint resolution if enacted in the form recommended by the committee."

In compliance with this rule, changes in existing law proposed to be made by the bill are shown as follows: existing law to be omitted is enclosed in black brackets; new matter is printed in italic; and existing law in which no change is proposed is shown in roman.

TITLE 38—VETERANS' BENEFITS

PART II—GENERAL BENEFITS

CHAPTER 5—AUTHORITY AND DUTIES OF THE SECRETARY

SUBCHAPTER II—SPECIFIED FUNCTIONS

§ 523. Coordination and promotion of other programs affecting veterans and their dependents

PILOT PROGRAM ON USE OF COMMUNITY-BASED ORGANIZATIONS AND LOCAL AND STATE GOVERNMENT ENTITIES TO ENSURE THAT VETERANS RECEIVE CARE AND BENEFITS FOR WHICH THEY ARE ELIGIBLE

"(a) PILOT PROGRAM REQUIRED.—* * *

* * * * * * *

"[(b) DURATION OF PROGRAM.—The pilot program shall be carried out during the 2-year period beginning on the date that is 180 days after the date of the enactment of this Act [May 5, 2010].]

(b) DURATION OF PROGRAM.—The Secretary may not carry out the pilot program after September 30, 2019.

"(c) PROGRAM LOCATIONS.—

"(1) IN GENERAL.—* * *

"(2) CONSIDERATIONS.—In selecting locations for the pilot program, the Secretary shall consider the advisability of selecting locations in—

"(A) * * *

* * * * * * *

"(D) * * *

(3) ADDITIONAL LOCATIONS.—The Secretary may expand the pilot program to include additional locations if the Secretary rec-

ommends that the pilot program be expanded in the initial report submitted under subsection (g)(2)(C).

* * * * * * *

"(g) [REPORT ON PROGRAM] *REPORTS.*—

"(1) IN GENERAL.—Not later than September 30, 2017 *and not later than 180 days after the completion of the pilot program,* the Secretary shall submit to Congress a report on the pilot program.

"(2) ELEMENTS.—[The report] *Each report* required by paragraph (1) shall include the following:

"(A) * * *

* * * * * * *

"(C) The recommendations of the Secretary as to the advisability of continuing *or expanding* the pilot program.

* * * * * * *

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

SUBCHAPTER I—GENERAL

§ 1701. Definitions

For the purpose of this chapter—

(1) * * *

* * * * * * *

(6) The term "medical services" includes, in addition to medical examination, treatment, and rehabilitative services, the following:

(A) Surgical services.

* * * * * * *

(G) Travel and incidental expenses pursuant to section 111 of this title.

(H) Chiropractic services.

* * * * * * *

(8) The term "rehabilitative services" means such professional, *chiropractic,* counseling, and guidance services and treatment programs as are necessary to restore, to the maximum extent possible, the physical, mental, and psychological functioning of an ill or disabled person.

(9) The term "preventive health services" means—

(A) periodic medical and dental examinations;

* * * * * * *

(F) periodic and preventive chiropractic examinations and services;

[(F)] *(G)* immunizations against infectious diseases, including each immunization on the recommended adult immunization schedule at the time such immunization is indicated on that schedule;

[(G)] *(H)* prevention of musculoskeletal deformity or other gradually developing disabilities of a metabolic or degenerative nature;

[(H)] *(I)* genetic counseling concerning inheritance of genetically determined diseases;

[(I)] *(J)* routine vision testing and eye care services;

[(J)] *(K)* periodic reexamination of members of likely target populations (high-risk groups) for selected diseases and for functional decline of sensory organs, together with attendant appropriate remedial intervention; and

[(K)] *(L)* such other health-care services as the Secretary may determine to be necessary to provide effective and economical preventive health care.

* * * * * * *

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

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

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

CHIROPRACTIC TREATMENT

"(a) REQUIREMENT FOR PROGRAM.—* * *

* * * * * * *

"(c) LOCATION OF PROGRAM.—*(1)* The program shall be carried out at sites designated by the Secretary for purposes of the program. The Secretary shall designate at least one site for such program in each geographic service area of the Veterans Health Administration. The sites so designated shall be medical centers and clinics located in urban areas and in rural areas.

(2) The program shall be carried out at not fewer than two medical centers or clinics in each Veterans Integrated Service Network by not later than December 31, 2019, and at not fewer than 50 percent of all medical centers in each Veterans Integrated Service Network by not later than December 31, 2021.

* * * * * * *

§ 1712C. Dental insurance plan for veterans and survivors and dependents of veterans

(a) IN GENERAL.—* * *

* * * * * * *

(j) TERMINATION.—This section terminates on December 31, 2021.

§ 1712D. Mental and behavioral health care for certain individuals discharged or released from the active military, naval, or air service under conditions other than honorable

(a) IN GENERAL.—Notwithstanding section 5303(a) of this title and subject to subsection (c), the Secretary shall furnish to an eligible individual covered mental and behavioral health care.

(b) ELIGIBLE INDIVIDUALS.—For purposes of this section, an eligible individual is any of the following:

(1) An individual who—

(A) served in the active military, naval, or air service for a period of more than 180 days and was deployed in a theater of combat operations, in support of a contingency operation, or in an area at a time during which hostilities are occurring in that area, for a period of more than 30 days during such service;

(B) was discharged or released from such service by reason of committing a covered offense; and

(C) was diagnosed by a qualified mental health care provider with a mental or behavioral health condition before committing the covered offense.

(2) An individual who—

(A) served in the active military, naval, or air service for a period of more than 180 days and was deployed in a theater of combat operations, in support of a contingency operation, or in an area at a time during which hostilities are occurring in that area, for a period of more than 30 days during such service;

(B) was discharged or released from such service by reason of committing a covered offense;

(C) is diagnosed with a mental or behavioral health condition after committing such covered offense but before the expiration of the five-year period beginning on the later of—

(i) the date of the enactment of this section; or

(ii) the date on which the individual is discharged or released from such service;

(D) submits to the Secretary—

(i) a certification from a qualified mental health care provider that the provider believes such condition may have led the individual to commit such offense; and

(ii) the Certificate of Release or Discharge from Active Duty (DD Form 214) of the individual; and

(E) is determined by the Secretary pursuant to subsection (c) to have had a mental or behavioral health condition at the time

the individual committed the covered offense that contributed to the commission of the offense.

(c) DETERMINATION BY SECRETARY.—(1) Not later than 90 days after receiving the information submitted under subsection (b)(2)(D) with respect to an individual,23 the Secretary shall determine whether, at the time of committing the covered offense, the individual had a mental or behavioral health condition that contributed to the commission of the offense.

(2) If the Secretary does not make a determination under paragraph (1) with respect to a mental or behavioral health condition of an individual before the end of the 90-day period beginning on the date of the submittal of the information described in subsection (b)(2)(D), the condition is deemed to be a mental or behavioral health condition that contributed to the commission of the offense until such time as the Secretary makes the determination.

(d) INITIAL MENTAL HEALTH SCREENING.—(1) The Secretary may furnish to each individual described14 in paragraph (2) an initial mental health screening not later than the later of—

(A) five years after the date of the enactment of this section; or

(B) five years after the date on which the individual was discharged or released from the active military, naval, or air service.

(2) Individuals described in this paragraph are the following:

(A) Eligible individuals described in subsection (b)(1).

(B) Individuals described in subparagraphs (A), (B), and (C) of subsection (b)(2).

(3) The mental health screening provided to an individual under paragraph (1) shall be at no cost to the individual.

(e) NOTIFICATION OF ELIGIBILITY.—The Secretary shall notify each eligible individual described in subsection (b)(1) about the eligibility of the individual for covered mental and behavioral health care under this section not later than the later of—

(1) 180 days after the date of the enactment of this section; or

(2) 180 days after the date on which the individual was discharged or released from the active military, naval, or air service.

(f) ANNUAL REPORT.—Not less frequently than annually, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report that includes, with respect to the year preceding the submittal of the report, the following:

(1) The number of eligible individuals who were furnished covered mental and behavioral health care under this section.

(2) The number of individuals who the Secretary determined under subsection (c) did not have a mental or behavioral health condition at the time of committing a covered offense that contributed to the commission of the offense.

(3) The number of individuals who requested an initial mental health screening under subsection (d).

(4) The number of individuals who were furnished an initial mental health screening under subsection (d).

(g) DEFINITIONS.—In this section:

(1) The term "covered mental and behavioral health care" means the same types of medical services furnished by the Department to individuals with service-connected mental or behavioral health conditions to treat such conditions.

(2) The term "covered offense" means an offense for which an individual is discharged or separated from the active military, naval, or air service under conditions other than honorable but not a dishonorable discharge or a discharge by court-martial.

(3) The term "qualified mental health care provider" means a licensed or certified health care provider whose scope of practice includes diagnosing mental or behavioral health conditions and includes physicians, psychologists, psychiatric nurse practitioners, physician assistants, clinical social workers, and licensed professional counselors.

* * * * * * *

CHAPTER 24—NATIONAL CEMETERIES AND MEMORIALS

§ 2402. Persons eligible for interment in national cemeteries

(a) * * *

(1) * * *

* * * * * * *

(9)(A) * * *

(B) * * *

(i) * * *

* * * * * * *

(iii) undergoing that hospitalization or treatment at the expense of the United States.

(10) Any individual—

(A) who—

(i) was naturalized pursuant to section 2(1) of the Hmong Veterans' Naturalization Act of 2000 (Public Law 106–207; 8 U.S.C. 1423 note); and

(ii) at the time of the individual's death resided in the United States; or

(B) who—

(i) the Secretary determines served honorably with a special guerrilla unit or irregular forces operating from a base in Laos in support of the Armed Forces of the United States at any time during the period beginning February 28, 1961, and ending May 7, 1975; and

(ii) at the time of the individual's death—

(I) was a citizen of the United States or an alien lawfully admitted for permanent residence in the United States; and

(II) resided in the United States.

* * * * * * *

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 III—STATE HOME FACILITIES FOR FURNISHING DOMICILIARY, NURSING HOME, AND HOSPITAL CARE

§ 8135. Applications with respect to projects; payments

(a) * * *

* * * * * * *

(c)(1) * * *

(2) Subject to [paragraphs (3) and (5)(C)] *paragraphs (3), (4)(B), and (5)(C)* of this subsection, the Secretary shall accord priority to applications in the following order:

* * * * * * *

(4) [The Secretary] *(A) The Secretary* shall establish a list of approved projects (including projects that have been conditionally approved under paragraph (6) of this subsection), in the order of their priority, as of August 15 of each year. The Secretary shall award grants in the order of their priority on the list during the fiscal year beginning on October 1 of the calendar year in which the list was made.

(B) With respect to a project that is approved in a fiscal year but for which a grant has not been awarded under this subchapter in that fiscal year, the Secretary may not accord a lower priority on the list described in subparagraph (A) to that project in any subsequent fiscal year (as compared to the priority accorded that project in any previous fiscal year) unless the reason for such lower priority is the inclusion in such list of a project described in subparagraph (A) or (B) of paragraph (2).

* * * * * * *

(7)(A) * * *

(B) A grant may not be increased under subparagraph (A) of this paragraph by more than 10 percent of the amount of the grant initially awarded for such project, and the amount of such grant, as increased, may not exceed 65 percent of the cost of the project.

(8) In determining under subparagraphs (D), (F), and (H) of paragraph (2) whether a State has a great, significant, or limited need for beds in connection with an application under subsection (a), the Secretary shall—

(A) consider the availability and accessibility to individuals in that State of private facilities providing similar care to the care for which the application is submitted under such subsection; and

(B) accord a lower priority in the list established under paragraph (4) to applications by States with a significant number of such private facilities, as determined by the Secretary.

CONTINUING APPROPRIATIONS AND MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES APPROPRIATIONS ACT, 2017, AND ZIKA RESPONSE AND PREPAREDNESS ACT, PUBLIC LAW 114–223

DIVISION A—MILITARY CONSTRUCTION AND VETERANS AFFAIRS, AND RELATED AGENCIES APPROPRIATIONS ACT, 2017

* * * * * * *

TITLE II

DEPARTMENT OF VETERANS AFFAIRS

ADMINISTRATIVE PROVISIONS

* * * * * * *

[(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 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.] *Repealed*.

BUDGETARY IMPACT OF BILL

PREPARED IN CONSULTATION WITH THE CONGRESSIONAL BUDGET OFFICE PURSUANT TO SEC. 308(a), PUBLIC LAW 93–344, AS AMENDED

[In millions of dollars]

	Budget authority		Outlays	
	Allocation [1]	Amount in bill	Allocation [1]	Amount in bill
Comparison of amounts in the bill with the subcommittee allocation for 2018: Subcommittee on Military Construction and Veterans Affairs, and Related Agencies:				
Mandatory	97,618	97,618	97,272	[2] 97,272
Discretionary	88,211	88,849	84,677	[2] 84,683
Security	9,536	10,174	NA	NA
Nonsecurity	78,675	78,675	NA	NA
Projections of outlays associated with the recommendation:				
2018	.....	.....	.....	[3] 104,134
2019	.....	.....	.....	5,151
2020	.....	.....	.....	4,108
2021	.....	.....	.....	2,819
2022 and future years	.....	.....	.....	2,195
Financial assistance to State and local governments for 2018	NA	234	NA	[3] 52

[1] There is no section 302(a) allocation to the Committee on Appropriations for fiscal year 2018.
[2] Includes outlays from prior-year budget authority.
[3] Excludes outlays from prior-year budget authority.

NA: Not applicable.

NOTE.—Consistent with the funding recommended in the bill for overseas contingency operations and in accordance with subparagraph (A)(ii) of section 251(b)(2) of the BBEDCA of 1985, the Committee anticipates that the Budget Committee will provide, at the appropriate time, a 302(a) allocation for the Committee on Appropriations reflecting an upward adjustment of $638,000,000 in budget authority plus the associated outlays.

MILITARY CONSTRUCTION PROJECT LISTING BY LOCATION

[In thousands of dollars]

Installation and project	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
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	.....
TOTAL, ALASKA	168,900	168,900	.....
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	.....
TOTAL, ARIZONA	88,358	88,358	.....
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	+107,000
ALTER B811 CORROSION CONTROL HANGAR	.....	.....	.....
ALTER B181/185/187 SQUAD OPS/AMU	.....	.....	.....
ADAL D14 FUEL CELL HANGAR	.....	.....	.....
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	.....

MILITARY CONSTRUCTION PROJECT LISTING BY LOCATION—Continued

[In thousands of dollars]

Installation and project	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
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	.....
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	.....
TOTAL, CALIFORNIA	626,912	733,912	+107,000
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	.....
TOTAL, COLORADO	128,500	128,500	.....
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	.....	−60,000
TOTAL, DISTRICT OF COLUMBIA	97,882	37,882	−60,000
FLORIDA			
ARMY:			
EGLIN AFB:			
MULTIPURPOSE RANGE COMPLEX	18,000	18,000	.....

MILITARY CONSTRUCTION PROJECT LISTING BY LOCATION—Continued

[In thousands of dollars]

Installation and project	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
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	.....
SOF SIMULATOR & FUSELAGE TRAINER FACILITY	11,700	11,700	.....
AIR FORCE RESERVE:			
PATRICK AFB:			
GUARDIAN ANGEL FACILITY	25,000	25,000	.....
TOTAL, FLORIDA	238,118	238,118	.....
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	.....
TOTAL, GEORGIA	117,447	117,447	.....
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	.....
TOTAL, HAWAII	258,576	258,576	.....

MILITARY CONSTRUCTION PROJECT LISTING BY LOCATION—Continued

[In thousands of dollars]

Installation and project	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
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	.....
ARMY NATIONAL GUARD:			
PRESQUE ISLE:			
NATIONAL GUARD READINESS CENTER	17,500	17,500	.....
TOTAL, MAINE	79,192	79,192	.....
MARYLAND			
AIR FORCE:			
JOINT BASE ANDREWS:			
PAR LAND ACQUISITION	17,500	17,500	.....
PRESIDENTIAL AIRCRAFT RECAP COMPLEX	254,000	100,000	−154,000
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	.....
TOTAL, MARYLAND	728,268	574,268	−154,000
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	.....
TOTAL, MASSACHUSETTS	21,400	21,400	.....
MINNESOTA			
ARMY NATIONAL GUARD:			
ARDEN HILLS:			
NATIONAL GUARD READINESS CENTER	39,000	39,000	.....

MILITARY CONSTRUCTION PROJECT LISTING BY LOCATION—Continued

[In thousands of dollars]

Installation and project	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
MISSOURI			
DEFENSE-WIDE:			
FORT LEONARD WOOD:			
BLOOD PROCESSING CENTER REPLACEMENT	11,941	11,941	.....
HOSPITAL REPLACEMENT	250,000	100,000	−150,000
ST LOUIS:			
NEXT NGA WEST (N2W) COMPLEX	381,000	175,000	−206,000
AIR NATIONAL GUARD:			
ROSECRANS MEMORIAL AIRPORT:			
REPLACE COMMUNICATIONS FACILITY	10,000	10,000	.....
TOTAL, MISSOURI	652,941	296,941	−356,000
NEVADA			
AIR FORCE:			
NELLIS AFB:			
RED FLAG 5TH GEN FACILITY ADDITION	23,000	23,000	.....
VIRTUAL WARFARE CENTER OPERATIONS FACILITY	38,000	38,000	.....
TOTAL, NEVADA	61,000	61,000	.....
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	+72,000
ADAL B2324 REGIONAL MAINTENANCE TRAINING FACILITY	.....	18,000	+18,000
ALTER APRON AND FUEL HYDRANT	.....	17,000	+17,000
ALTER BUILDINGS FOR OPS AND TFI AMU–AMXS	.....	9,000	+9,000
ADAL B1816 FOR SUPPLY	.....	6,900	+6,900
ADAL B2319 FOR BOOM OPERATOR TRAINER	.....	6,100	+6,100
ALTER FACILITIES FOR MAINTENANCE	.....	5,800	+5,800
AEROSPACE GROUND EQUIPMENT STORAGE	.....	4,100	+4,100
ADAL B3209 FOR FUSELAGE TRAINER	.....	3,300	+3,300
ADD TO B1837 FOR BODY TANKS STORAGE	.....	2,300	+2,300
ADAL 1749 FOR ATGL AND LST SERVICING	.....	2,000	+2,000
NAVY RESERVE:			
JOINT BASE MCGUIRE-DIX-LAKEHURST:			
AIRCRAFT APRON, TAXIWAY & SUPPORT FACILITIES	11,573	11,573	.....
TOTAL, NEW JERSEY	11,573	158,073	+146,500
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	.....
TOTAL, NEW MEXICO	63,078	63,078	.....

MILITARY CONSTRUCTION PROJECT LISTING BY LOCATION—Continued

[In thousands of dollars]

Installation and project	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
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	.....
TOTAL, NEW YORK	28,800	28,800	.....
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	.....
TOTAL, NORTH CAROLINA	293,655	293,655	.....
NORTH DAKOTA			
AIR FORCE:			
MINOT AFB:			
INDOOR FIRING RANGE	27,000	27,000	.....
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	.....
TOTAL, OREGON	18,500	18,500	.....

MILITARY CONSTRUCTION PROJECT LISTING BY LOCATION—Continued

[In thousands of dollars]

Installation and project	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
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	.....
TOTAL, SOUTH CAROLINA	107,900	107,900	.....
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	8,300	.....
HOSPITAL REPLACEMENT INCR 8	251,330	100,000	−151,330
NAVY RESERVE:			
FORT WORTH:			
KC130–J EACTS FACILITY	12,637	12,637	.....
TOTAL, TEXAS	479,497	328,167	−151,330
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	.....
AIR FORCE RESERVE:			
HILL AFB:			
ADD/ALTER LIFE SUPPORT FACILITY	3,100	3,100	.....
TOTAL, UTAH	51,100	51,100	.....
VIRGINIA			
ARMY:			
FORT BELVOIR:			
SECURE ADMIN/OPERATIONS FACILITY, INCR 3	14,124	14,124	.....

MILITARY CONSTRUCTION PROJECT LISTING BY LOCATION—Continued

[In thousands of dollars]

Installation and project	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
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	
TOTAL, VIRGINIA	362,645	362,645	
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	
TOTAL, WASHINGTON	160,940	160,940	
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 PROJECT LISTING BY LOCATION—Continued

[In thousands of dollars]

Installation and project	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
AUSTRALIA			
AIR FORCE:			
DARWIN:			
APR—BULK FUEL STORAGE TANKS	76,000	76,000	.....
DJIBOUTI			
NAVY:			
CAMP LEMONIER:			
AIRCRAFT PARKING APRON EXPANSION	13,390	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	.....
TOTAL, GERMANY	315,450	315,450	.....
GREECE			
NAVY:			
SOUDA BAY:			
STRATEGIC AIRCRAFT PARKING APRON EXPANSION	22,045	22,045	.....
DEFENSE-WIDE:			
SOUDA BAY:			
CONSTRUCT HYDRANT SYSTEM	18,100	18,100	.....
TOTAL, GREECE	40,145	40,145	.....
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	.....
TOTAL, GUAM	313,779	313,779	.....
ITALY			
AIR FORCE:			
AVIANO AB:			
GUARDIAN ANGEL OPERATIONS FACILITY	27,325	27,325	.....
DEFENSE-WIDE:			
SIGONELLA:			
CONSTRUCT HYDRANT SYSTEM	22,400	22,400	.....

MILITARY CONSTRUCTION PROJECT LISTING BY LOCATION—Continued

[In thousands of dollars]

Installation and project	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
VICENZA:			
VICENZA HIGH SCHOOL REPLACEMENT	62,406	62,406	.....
TOTAL, ITALY	112,131	112,131	.....
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	.....
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	.....
TOTAL, JAPAN	200,641	200,641	.....
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	.....
TOTAL, PUERTO RICO	73,471	73,471	.....
QATAR			
AIR FORCE:			
AL UDEID:			
CONSOLIDATED SQUADRON OPERATIONS FACILITY	15,000	15,000	.....
TURKEY			
ARMY:			
TURKEY VARIOUS:			
FORWARD OPERATING SITE	6,400	6,400	.....
AIR FORCE:			
INCIRLIK AB:			
DORMITORY	25,997	25,997	.....

MILITARY CONSTRUCTION PROJECT LISTING BY LOCATION—Continued

[In thousands of dollars]

Installation and project	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
TOTAL, TURKEY	32,397	32,397	.....
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	.....
TOTAL, UNITED KINGDOM	193,642	193,642	.....
NATO SECURITY INVESTMENT PROGRAM	154,000	154,000	.....
WORLDWIDE UNSPECIFIED			
ARMY:			
HOST NATION SUPPORT	28,700	28,700	.....
MINOR CONSTRUCTION	31,500	41,500	+10,000
PLANNING AND DESIGN	72,770	72,770	.....
NAVY:			
PLANNING AND DESIGN	219,069	228,069	+9,000
MINOR CONSTRUCTION	23,842	23,842	.....
AIR FORCE:			
KC–46A MAIN OPERATING BASE 4	269,000	.....	−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	.....	−10,000
ENERGY RESILIENCE CONSERVATION INVESTMENT PROGRAM	150,000	165,000	+15,000
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	.....	.....	.....
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	175,717	175,717	.....
UNSPECIFIED MINOR CONSTRUCTION:			
DEFENSE-WIDE	3,000	3,000	.....
DEPARTMENT OF DEFENSE DEPENDENT EDUCATION	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	.....

MILITARY CONSTRUCTION PROJECT LISTING BY LOCATION—Continued

[In thousands of dollars]

Installation and project	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
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	.....
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			
OPERATION AND MAINTENANCE:			
UTILITIES ACCOUNT	60,251	60,251	.....
SERVICES ACCOUNT	8,930	9,106	+176
MANAGEMENT ACCOUNT	37,089	37,089	.....
MISCELLANEOUS ACCOUNT	400	400	.....
FURNISHINGS ACCOUNT	12,816	12,816	.....
LEASING	148,538	150,644	+2,106
MAINTENANCE OF REAL PROPERTY	57,708	57,708	.....
PRIVATIZATION SUPPORT COSTS	20,893	20,893	.....
SUBTOTAL, OPERATION AND MAINTENANCE	346,625	348,907	+2,282
FAMILY HOUSING, NAVY AND MARINE CORPS			
OPERATION AND MAINTENANCE:			
UTILITIES ACCOUNT	62,167	62,167	.....
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			
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	.....

MILITARY CONSTRUCTION PROJECT LISTING BY LOCATION—Continued

[In thousands of dollars]

Installation and project	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
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	
FAMILY HOUSING, ARMY			
CONSTRUCTION:			
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	
FAMILY HOUSING, NAVY AND MARINE CORPS			
CONSTRUCTION:			
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	
FAMILY HOUSING, AIR FORCE			
CONSTRUCTION:			
CONSTRUCTION IMPROVEMENTS	80,617	80,617	
PLANNING AND DESIGN	4,445	4,445	

MILITARY CONSTRUCTION PROJECT LISTING BY LOCATION—Continued

[In thousands of dollars]

Installation and project	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
SUBTOTAL, CONSTRUCTION	85,062	85,062	
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	255,867	
MILITARY CONSTRUCTION, ARMY		68,800	+68,800
MILITARY CONSTRUCTION, NAVY AND MARINE CORPS		110,100	+110,100
MILITARY CONSTRUCTION, AIR FORCE		127,300	+127,300
MILITARY CONSTRUCTION, ARMY NATIONAL GUARD		83,500	+83,500
MILITARY CONSTRUCTION, AIR NATIONAL GUARD		24,000	+24,000
MILITARY CONSTRUCTION, ARMY RESERVE		30,000	+30,000
MILITARY CONSTRUCTION, NAVY RESERVE			
MILITARY CONSTRUCTION, AIR FORCE RESERVE		35,100	+35,100
RESCISSIONS FROM PRIOR YEAR UNOBLIGATED BALANCES			
ARMY			
NAVY AND MARINE CORPS			
AIR FORCE			
DEFENSE-WIDE		−14,703	−14,703
AIR NATIONAL GUARD			
42 USC 3374 (SEC. 135)			
NATO SECURITY INVESTMENT PROGRAM			
FAMILY HOUSING CONSTRUCTION, ARMY			
FAMILY HOUSING CONSTRUCTION, NAVY AND MARINE CORPS			
FAMILY HOUSING CONSTRUCTION, AIR FORCE			
RECAP			
ARMY	920,394	930,394	+10,000
RESCISSION			
NAVY AND MARINE CORPS	1,616,665	1,565,665	−51,000
RESCISSION			
AIR FORCE	1,738,796	1,569,296	−169,500
RESCISSION			
DEFENSE-WIDE	3,114,913	2,612,583	−502,330
RESCISSION		−14,703	−14,703
ARMY NATIONAL GUARD	210,652	210,652	
RESCISSION			
AIR NATIONAL GUARD	161,491	161,491	
RESCISSION			
ARMY RESERVE	73,712	73,712	
RESCISSION			
NAVY RESERVE	65,271	65,271	
RESCISSION			
AIR FORCE RESERVE	63,535	63,535	
RESCISSION			
NATO	154,000	154,000	
RESCISSION			
CHEMICAL DEMILITARIZATION CONSTRUCTION, DEFENSE-WIDE			
RESCISSION			
DOD MILITARY UNACCOMPANIED HOUSING IMPROVEMENT FUND	623	623	
RESCISSION			
DOD FAMILY HOUSING IMPROVEMENT FUND	2,726	2,726	
RESCISSION			
HOMEOWNERS ASSISTANCE PROGRAM			
RESCISSION			
FAMILY HOUSING, ARMY	529,287	531,569	+2,282
CONSTRUCTION	(182,662)	(182,662)	
OPERATION AND MAINTENANCE	(346,625)	(348,907)	(+2,282)
RESCISSION			

MILITARY CONSTRUCTION PROJECT LISTING BY LOCATION—Continued

[In thousands of dollars]

Installation and project	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
FAMILY HOUSING, NAVY AND MARINE CORP	411,964	411,964	
CONSTRUCTION	(83,682)	(83,682)	
OPERATION AND MAINTENANCE	(328,282)	(328,282)	
RESCISSION			
FAMILY HOUSING, AIR FORCE	403,386	403,386	
CONSTRUCTION	(85,062)	(85,062)	
OPERATION AND MAINTENANCE	(318,324)	(318,324)	
RESCISSION			
FAMILY HOUSING, DEFENSE-WIDE	59,169	59,169	
CONSTRUCTION			
OPERATION AND MAINTENANCE	(59,169)	(59,169)	
RESCISSION			
BRAC	255,867	255,867	
RESCISSION			
42 USC 3374 (Sec. 135)			
ADMINISTRATIVE PROVISIONS		478,800	+478,800
RESCISSION			
GRAND TOTAL	9,782,451	9,536,000	−246,451

OVERSEAS CONTINGENCY OPERATIONS

[In thousands of dollars]

	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
CUBA			
ARMY:			
GUANTANAMO BAY NAVAL STATION:			
BARRACKS	115,000	115,000	.....
WORLDWIDE UNSPECIFIED			
ARMY:			
PLANNING AND DESIGN	9,000	9,000	.....
AIR FORCE:			
PLANNING AND DESIGN	41,500	41,500	.....
JORDAN			
AIR FORCE:			
MUWAFFAQ SALTI AIR BASE:			
MUWAFFAQ SALTI AIR BASE	143,000	.....	−143,000
AIRFIELD PAVEMENTS	.....	52,735	+52,735
ISR SHELTERS	.....	10,000	+10,000
CAS REVETMENTS/SUN SHADES	.....	11,168	+11,168
DORMITORY	.....	8,003	+8,003
CARGO MARSHALLING YARD FACILITY	.....	1,034	+1,034
SUPPORTING FACILITIES/UTILITIES	.....	60,060	+60,060
AIR FORCE:			
INCIRLIK AB:			
RELOCATE BASE MAIN ACCESS CONTROL POINT	14,600	14,600	.....
REPLACE PERIMETER FENCE	8,100	8,100	.....
TOTAL, OVERSEAS CONTINGENCY OPERATIONS	331,200	331,200	.....
ARMY	(124,000)	(124,000)	.....
AIR FORCE	(207,200)	(207,200)	.....
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	.....
HUNGARY			
AIR FORCE:			
KECSKEMET AIR BASE:			
AIRFIELD UPGRADES	12,900	12,900	.....
CONSTRUCT PARALLEL TAXIWAY	30,000	30,000	.....
INCREASE POL STORAGE CAPACITY	12,500	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	.....

OVERSEAS CONTINGENCY OPERATIONS—Continued

[In thousands of dollars]

	Budget estimate	Committee recommendation	Committee recommendation compared to budget estimate
NORWAY			
AIR FORCE:			
RYGGE:			
REPLACE/EXPAND QUICK REACTION ALERT PAD	10,300	10,300	.....
ROMANIA			
AIR FORCE:			
CAMP TURZII:			
UPGRADE UTILITIES INFRASTRUCTURE	2,950	2,950	.....
SLOVAKIA			
AIR FORCE:			
MALACKY:			
AIRFIELD UPGRADES	4,000	4,000	.....
INCREASE POL STORAGE CAPACITY	20,000	20,000	.....
SLIAC AIRPORT:			
AIRFIELD UPGRADES	22,000	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	306,930	.....
ARMY	(15,700)	(15,700)	.....
NAVY AND MARINE CORPS	(18,500)	(18,500)	.....
AIR FORCE	(270,830)	(270,830)	.....
DEFENSE-WIDE	(1,900)	(1,900)	.....
TOTAL, FY2018 OVERSEAS CONTINGENCY OPERATIONS	638,130	638,130	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2018

[In thousands of dollars]

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2017 appropriation	Budget estimate
TITLE I—DEPARTMENT OF DEFENSE					
Military Construction, Army	513,459	920,394	930,394	+416,935	+10,000
Military Construction, Navy and Marine Corps	1,021,580	1,616,665	1,565,665	+544,085	−51,000
Military Construction, Air Force	1,491,058	1,738,796	1,569,296	+78,238	−169,500
Military Construction, Defense-Wide	2,025,444	3,114,913	2,612,583	+587,139	−502,330
Subtotal	5,051,541	7,390,768	6,677,938	+1,626,397	−712,830
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	.....
Subtotal,	672,664	574,661	574,661	−98,003	.....
North Atlantic Treaty Organization Security Investment Program	177,932	154,000	154,000	−23,932	.....
Department of Defense Base Closure Account	240,237	255,867	255,867	+15,630	.....
Total, Military Construction	6,142,374	8,375,296	7,662,466	+1,520,092	−712,830
Family Housing Operation and Maintenance, Army	325,995	346,625	348,907	+22,912	+2,282
Family Housing Operation and Maintenance, Navy and Marine Corps	300,915	328,282	328,282	+27,367	.....
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	.....
Subtotal	960,496	1,052,400	1,054,682	+94,186	+2,282
Family Housing Construction, Army	157,172	182,662	182,662	+25,490	.....
Family Housing Construction, Navy and Marine Corps	94,011	83,682	83,682	−10,329	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2018—Continued

[In thousands of dollars]

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2017 appropriation	Budget estimate
Family Housing Construction, Air Force	61,352	85,062	85,062	+23,710	.....
Subtotal	312,535	351,406	351,406	+38,871	.....
DoD Family Housing Improvement Fund	3,258	2,726	2,726	−532	.....
DoD Military Unaccompanied Housing Improvement Fund	.....	623	623	+623	.....
Total, Family Housing	1,276,289	1,407,155	1,409,437	+133,148	+2,282
ADMINISTRATIVE PROVISIONS					
Military Construction, Army (Sec. 126) (rescission)	−29,602	.....	.....	+29,602	.....
Military Construction, Navy and Marine Corps (H. Sec. 126) (rescission)	.....	.....	.....	.....	.....
Military Construction, Air Force (Sec. 127) (rescission)	−51,460	.....	.....	+51,460	.....
Military Construction, Defense-Wide—Planning and Design (Sec. 127)	−30,000	.....	.....	+30,000	.....
Military Construction, Army (Sec. 125)	40,500	.....	68,800	+28,300	+68,800
Military Construction, Navy and Marine Corps (Sec. 125)	227,099	.....	110,100	−116,999	+110,100
Military Construction, Air Force (Sec. 125)	149,500	.....	127,300	−22,200	+127,300
Military Construction, Army National Guard (Sec. 125)	67,500	.....	83,500	+16,000	+83,500
Military Construction, Air National Guard (Sec. 125)	11,000	.....	24,000	+13,000	+24,000
Military Construction, Army Reserve (Sec. 125)	30,000	.....	30,000	.....	+30,000
Military Construction, Air Force Reserve (Sec. 125)	.....	.....	35,100	+35,100	+35,100
NATO Security Investment Program (Sec. 127) (rescission)	−30,000	.....	.....	+30,000	.....
42 USC 3374 (Sec. 128)	−25,000	.....	.....	+25,000	.....
Military Construction, Navy and Marine Corps (Sec. 126)	89,400	.....	.....	−89,400	.....
Military Construction, Defense-Wide (Sec. 126) (rescission)	−141,600	.....	−14,703	+126,897	−14,703
NATO Security Investment Program (Sec. 126)	.....	.....	.....	.....	.....
Family Housing Construction, Army (Sec. 126)	.....	.....	.....	.....	.....
Family Housing Construction, Navy and Marine Corps (Sec. 126)	.....	.....	.....	.....	.....
Family Housing Construction, Air Force (Sec. 126)	.....	.....	.....	.....	.....

Total, Administrative Provisions	307,337	.....	464,097	+156,760	+464,097
Appropriations	(614,999)	.....	(478,800)	(−136,199)	(+478,800)
Rescissions	(−307,662)	.....	(−14,703)	(+292,959)	(−14,703)
Total, title I, Department of Defense	7,726,000	9,782,451	9,536,000	+1,810,000	−246,451
Appropriations	(8,033,662)	(9,782,451)	(9,550,703)	(+1,517,041)	(−231,748)
Rescissions	(−307,662)	.....	(−14,703)	(+292,959)	(−14,703)
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)	.....
Subtotal, current year	86,083,128	90,119,449	90,119,449	+4,036,321	.....
Advance appropriation, fiscal year 2019	90,119,449	95,768,462	95,769,000	+5,649,551	+538
Readjustment benefits:					
Advance from prior year	(16,340,828)	(13,708,648)	(13,708,648)	(−2,632,180)	.....
Subtotal	16,340,828	13,708,648	13,708,648	−2,632,180	.....
Advance appropriation, fiscal year 2019	13,708,648	11,832,175	11,832,000	−1,876,648	−175
Veterans insurance and indemnities:					
Advance from prior year	(91,920)	(107,899)	(107,899)	(+15,979)	.....
Current year request	16,605	12,439	13,000	−3,605	+561
Subtotal	108,525	120,338	120,899	+12,374	+561
Advance appropriation, fiscal year 2019	107,899	109,090	109,000	+1,101	−90
Veterans housing benefit program fund:					
(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	2,910,000	+53,840	+66,000
Total, Veterans Benefits Administration	107,009,205	110,746,380	110,813,214	+3,804,009	+66,834

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2018—Continued

[In thousands of dollars]

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2017 appropriation	Budget estimate
Appropriations	(3,073,209)	(3,036,653)	(3,103,214)	(+30,005)	(+66,561)
Advance appropriations, fiscal year 2019	(103,935,996)	(107,709,727)	(107,710,000)	(+3,774,004)	(+273)
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	1,923,000	+844,007	+891,192
Supplemental funding for opioid abuse prevention (Public Law 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	46,809,554	+1,253,742	+891,192
Advance appropriation, fiscal year 2019	44,886,554	49,161,165	49,161,000	+4,274,446	−165
Medical community care:					
Advance from prior year	.....	(9,409,118)	(9,409,118)	(+9,409,118)	.....
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, fiscal year 2019	9,409,118	8,384,704	8,385,000	−1,024,118	+296
Medical support and compliance:					
Advance from prior year	(6,524,000)	(6,654,480)	(6,654,480)	(+130,480)	.....
Current year request	.....	284,397	100,000	+100,000	−184,397
Subtotal	6,524,000	6,938,877	6,754,480	+230,480	−184,397
Advance appropriation, fiscal year 2019	6,654,480	7,239,156	7,239,000	+584,520	−156
Medical facilities:					
Advance from prior year	(5,074,000)	(5,434,880)	(5,434,880)	(+360,880)	.....

Current year request	247,668	1,079,795	707,000	+459,332	−372,795
Subtotal	5,321,668	6,514,675	6,141,880	+820,212	−372,795
Advance appropriation, fiscal year 2019	5,434,880	5,914,288	5,915,000	+480,120	+712
Medical and prosthetic research	675,366	640,000	722,262	+46,896	+82,262
Medical care cost recovery collections:					
Offsetting collections	−2,637,000	−2,507,000	−2,507,000	+130,000	.....
Appropriations (indefinite)	2,637,000	2,507,000	2,507,000	−130,000	.....
Subtotal	.....	.....	.....	.....	.....
DoD–VA Joint Medical Funds (transfer 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	74,406,262	+5,969,203	+416,949
Appropriations	(2,052,027)	(3,290,000)	(3,706,262)	(+1,654,235)	(+416,262)
Rescissions	.....	.....	.....	.....	.....
(By transfer)	(289,731)	(312,137)	(312,137)	(+22,406)	.....
Advance appropriations, fiscal year 2019	(66,385,032)	(70,699,313)	(70,700,000)	(+4,314,968)	(+687)
Advances from prior year appropriations	(63,271,000)	(66,385,032)	(66,385,032)	(+3,114,032)	.....
National Cemetery Administration					
National Cemetery Administration	286,193	306,193	306,193	+20,000	.....
Departmental Administration					
General administration	345,391	346,891	329,891	−15,500	−17,000
Board of Veterans Appeals	156,096	155,596	166,000	+9,904	+10,404
Information technology systems	4,278,259	4,055,500	4,055,500	−222,759	.....
Office of Inspector General	160,106	159,606	164,000	+3,894	+4,394
Construction, major projects	528,110	512,430	512,430	−15,680	.....
Construction, minor projects	372,069	342,570	342,570	−29,499	.....
Grants for construction of State extended care facilities	90,000	90,000	110,000	+20,000	+20,000
Grants for the construction of veterans cemeteries	45,000	45,000	45,000	.....	.....
Total, Departmental Administration	5,975,031	5,707,593	5,725,391	−249,640	+17,798

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2018—Continued

[In thousands of dollars]

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2017 appropriation	Budget estimate
Administrative Provisions					
JIF rescission (Sec. 235)	−40,000		−15,000	+25,000	−15,000
General rescission (Sec. 233)	−169,000			+169,000	
General reduction (Sec. 234)	−23,000			+23,000	
Proposed mandatory disability exams language		40,000			−40,000
Medical services (Sec. 217) (rescission)			−751,000	−751,000	−751,000
Information technology services (Sec. 250) (rescission)			−30,000	−30,000	−30,000
Construction, major projects:					
Sec. 243(a) rescission (emergency)					
Sec. 243(b) reappropriation (emergency)					
Sec. 244(a) rescission			−10,000	−10,000	−10,000
Sec. 244(b) reappropriation			10,000	+10,000	+10,000
Sec. 244(c) rescission			−410,000	−410,000	−410,000
Sec. 244(d) reappropriation			410,000	+410,000	+410,000
Total. Administrative Provisions	−232,000	40,000	−796,000	−564,000	−836,000
Total, title II	181,475,488	190,789,479	190,455,060	+8,979,572	−334,419
Appropriations	(11,363,460)	(12,380,439)	(12,841,060)	(+1,477,600)	(+460,621)
Reappropriations			(420,000)	(+420,000)	(+420,000)
Reappropriations (emergency)					
Rescissions	(−209,000)		(−1,216,000)	(−1,007,000)	(−1,216,000)
Rescissions (emergency)					
(By transfer)	(289,731)	(312,137)	(312,137)	(+22,406)	
Advance Appropriations, fiscal year 2019:					
(Limitation on direct loans)	(3,017)	(2,856)	(2,856)	(−161)	
Advances from prior year less fiscal year 2019 advances					
Advances from prior year less fiscal year 2019 advances					

TITLE III—RELATED AGENCIES					
American Battle Monuments Commission					
Salaries and expenses	75,100	75,100	79,000	+3,900	+3,900
Foreign currency fluctuations account	.....	.....	.....	.....	.....
Total, American Battle Monuments Commission	75,100	75,100	79,000	+3,900	+3,900
U.S. Court of Appeals for Veterans Claims					
Salaries and expenses	30,945	33,608	33,608	+2,663	.....
Department of Defense—Civil					
Cemeterial Expenses, Army					
Salaries and expenses	70,800	70,800	81,000	+10,200	+10,200
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	257,908	+16,763	+14,100
TITLE IV—OVERSEAS CONTINGENCY OPERATIONS					
Overseas Contingency Operations					
Army	.....	124,000	124,000	+124,000	.....
Additional funding for planning and design (Public Law 115–31)	39,500	.....	.....	−39,500	.....
Navy	38,409	.....	.....	−38,409	.....
Additional funding for construction (Public Law 115–31)	66,708	.....	.....	−66,708	.....
Subtotal	105,117	.....	.....	−105,117	.....
Air Force	11,440	207,200	207,200	+195,760	.....
Additional funding for construction (Public Law 115–31)	93,000	.....	.....	−93,000	.....
Subtotal	104,440	207,200	207,200	+102,760	.....
Defense-Wide	.....	.....	.....	.....	.....

COMPARATIVE STATEMENT OF NEW BUDGET (OBLIGATIONAL) AUTHORITY FOR FISCAL YEAR 2017 AND BUDGET ESTIMATES AND AMOUNTS RECOMMENDED IN THE BILL FOR FISCAL YEAR 2018—Continued

[In thousands of dollars]

Item	2017 appropriation	Budget estimate	Committee recommendation	Senate Committee recommendation compared with (+ or −)	
				2017 appropriation	Budget estimate
Army National Guard:					
Additional funding for planning and design (Public Law 115–31)	12,000			−12,000	
Air National Guard:					
Additional funding for construction (Public Law 115–31)	13,000			−13,000	
Army Reserve:					
Additional funding for planning and design (Public Law 115–31)	10,000			−10,000	
Navy Reserve:					
Additional funding for construction (Public Law 115–31)	4,525			−4,525	
Air Force Reserve:					
Additional funding for planning and design (Public Law 115–31)	9,000			−9,000	
Subtotal	297,582	331,200	331,200	+33,618	
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	270,830	+202,550	
Additional funding for planning and design (Public Law 115–31)	12,300			−12,300	
Subtotal	80,580	270,830	270,830	+190,250	
Defense-Wide	5,000	1,900	1,900	−3,100	
Administrative Provision					
Military Construction, Air Force (Sec. 101, Public Law 115–31) (rescission)	−12,300			+12,300	
Subtotal	113,580	306,930	306,930	+193,350	
Counterterrorism Support					
Air Force	8,571			−8,571	

Total, title IV	419,733	638,130	638,130	+218,397	.....
Grand total	189,862,366	201,453,868	200,887,098	+11,024,732	−566,770
Appropriations	(19,638,267)	(22,406,698)	(22,649,671)	(+3,011,404)	(+242,973)
Reappropriations	.....	.....	(420,000)	(+420,000)	(+420,000)
Reappropriations (emergency)	.....	.....	.....	.....	.....
Rescissions	(−516,662)	.....	(−1,230,703)	(−714,041)	(−1,230,703)
Rescission of OCO	(−12,300)	.....	.....	(+12,300)	.....
Rescissions (emergency)	.....	.....	.....	.....	.....
Advance appropriations, fiscal year 2019	(170,321,028)	(178,409,040)	(178,410,000)	(+8,088,972)	(+960)
Overseas contingency operations	(432,033)	(638,130)	(638,130)	(+206,097)	.....
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)	.....

[1] Funding for opioid abuse prevention was included in the fiscal year 2017 supplemental. In fiscal year 2018, it is provided within the amount recommended by the Committee.

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