

LEGISLATIVE AND OVERSIGHT ACTIVITIES DURING THE
118TH CONGRESS BY THE SENATE COMMITTEE ON
VETERANS' AFFAIRS

MARCH 12, 2025.—Ordered to be printed

Mr. MORAN, from the Committee on Veterans' Affairs,
submitted the following

R E P O R T

Pursuant to paragraph 8 of rule XXVI of the Standing Rules of the Senate, the Committee on Veterans' Affairs (hereinafter, "Committee") submits its report on legislative and oversight activities during the 118th Congress.

I. HEARINGS AND MEETINGS

A. First Session (2023)

During the First Session of the 118th Congress, the Committee held 20 hearings. At those hearings, there were 115 witness appearances.

Two hearings (April 26 and July 12) focused exclusively on legislation pending before the Committee. Testimony offered at these hearings covered 33 bills.

The Committee held three business meetings, including two meetings to discharge nominations.

On February 16, nine measures were favorably reported out of Committee.

The Committee held three joint hearings with the House Committee on Veterans' Affairs in order to receive legislative presentations from veterans service organizations. These hearings were held on February 28, March 1, and March 8.

The Committee held one joint hearing with the Senate Armed Services Committee to examine the military to civilian transition. This hearing was held on October 18.

B. Second Session (2024)

During the Second Session of the 118th Congress, the Committee held 11 hearings, including one field hearing. At those hearings, there were 84 witness appearances.

The Committee held one business meeting.

On May 1, one measure was favorably reported out of Committee.

The Committee held three joint hearings with the House Committee on Veterans' Affairs in order to receive legislative presentations from veterans service organizations. These hearings were held on March 6, March 7, and March 13.

The Committee held one joint hearing with the Senate Special Committee on Aging to examine services for veterans and their caregivers. This hearing was held on June 5.

C. List of Hearings and Meetings Held in the 118th Congress

(1) Thursday, February 16, 2023

Business Meeting: Meeting to Consider Legislation Pending before the Committee

- S. 10, VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support Act of 2023 (Committee Print)
- S. 30, Fiscal Year 2023 Veterans Affairs Major Medical Facility Authorization Act (Committee Print)
- S. 106, Commitment to Veteran Support and Outreach Act (Committee Print)
- S. 112, A bill to amend title 38, United States Code, to strengthen benefits for children of Vietnam veterans born with spina bifida, and for other purposes.
- S. 132, Daniel J. Harvey Jr. and Adam Lambert Improving Servicemember Transition to Reduce Veteran Suicide Act (Committee Print)
- S. 141, Elizabeth Dole Home Care Act (Committee Print)
- S. 185, Native American Direct Loan Improvement Act of 2023
- S. 216, RESPECT Act of 2023
- S. 326, VA Medicinal Cannabis Research Act of 2023

(2) Thursday, February 16, 2023

Nomination Hearing: Pending Nomination of Joshua D. Jacobs, of Washington, to be Under Secretary for Benefits of the Department of Veterans Affairs

(3) Tuesday, February 28, 2023

Joint Hearing with the House of Representatives to Receive the Legislative Presentation of Disabled American Veterans

(4) Wednesday, March 1, 2023

Joint Hearing with the House of Representatives to Receive the Legislative Presentation of Multiple Veterans Service Organizations (The American Legion, Paralyzed Veterans of America, Student Veterans of America, Iraq and Afghanistan Veterans of America, National Association of State Directors of Veterans Affairs, Black Veterans Empowerment Council, Vietnam Veterans of America, Fleet Reserve Association, National Congress of American Indians, National Guard Association of the United States)

(5) Wednesday, March 8, 2023

Joint Hearing with the House of Representatives to Receive the Legislative Presentation of Multiple Veterans Service Organizations (Veterans of Foreign Wars of the United States, Jewish War Veterans of the U.S.A., Wounded Warrior Project, Tragedy Assistance Program for Survivors, Military Officers Association of America, American Veterans, Gold Star Wives of America, Inc., Military Order of the Purple Heart, Blinded Veterans Association, National Association of County Veterans Service Officers)

(6) Wednesday, March 8, 2023

Business Meeting: Meeting to Consider Pending Nomination of Joshua D. Jacobs, of Washington, to be Under Secretary for Benefits of the Department of Veterans Affairs

(7) Wednesday, March 15, 2023

Hearing: Examining the Future Path of VA's Electronic Health Record Modernization Program

(8) Wednesday, March 22, 2023

Hearing: Strengthening Methods of Recruitment and Retention for VA's Workforce

(9) Wednesday, April 19, 2023

Hearing: Veterans Consumer Protection: Preventing Financial Exploitation of Veterans and Their Benefits

(10) Wednesday, April 26, 2023

Legislative Hearing: Pending Legislation

- S. 280, BEST for Vets Act of 2023
- S. 291, A bill to amend title 38, United States Code, to establish in the Department the Veterans Economic Opportunity and Transition Administration, and for other purposes
- S. 350, Fry Scholarship Enhancement Act of 2023
- S. 414, Caring for Survivors Act of 2023
- S. 498, Veteran Education Empowerment Act
- S. 572, Ensuring Access to VA INFO Act
- S. 656, Veteran Improvement Commercial Driver License Act of 2023
- S. 740, GUARD VA Benefits Act of 2023
- S. 774, Veterans Border Patrol Training Act
- S. 897, Expedited Veteran Appeals Act of 2023
- S. 1090, A bill to direct the Secretary of Veterans Affairs to update the payment system of the Department to allow for electronic fund transfer of educational assistance to a foreign institution of higher education
- S. 1266, Love Lives On Act of 2023
- S. 1309, Student Veterans Transparency and Protection Act of 2023
- S. 1875, Veterans Second Amendment Protection Act of 2023

(11) Wednesday, May 17, 2023

Hearing: Review of the Fiscal Year 2024 Budget and 2025 Advance Appropriations Requests for the Department of Veterans Affairs

(12) Wednesday, May 31, 2023

Nomination Hearing: Pending Nomination of Tanya J. Bradsher, of Virginia, To Be Deputy Secretary of Veterans Affairs

(13) Wednesday, June 7, 2023

Hearing: An Abiding Commitment to Those Who Served: Examining Veterans' Access to Long Term Care

- (14) Wednesday, June 14, 2023
Hearing: Connections to Care: Improving Substance Use Disorder Care for Veterans in Rural America and Beyond
- (15) Wednesday, June 21, 2023
Hearing: Examining the Effectiveness of the Office of Integrated Veteran Care
- (16) Wednesday, July 12, 2023
Legislative Hearing: Pending Legislation
- S. 449, Veterans Patient Advocacy Act
 - S. 495, Expanding Veterans' Options for Long Term Care Act
 - S. 853, VA Zero Suicide Demonstration Project Act of 2023
 - S. 928, Not Just a Number Act
 - S. 1037, Department of Veterans Affairs EHRM Standardization and Accountability Act
 - S. 1040, A bill to amend title 38, United States Code, to prohibit smoking on the premises of any facility of the Veterans Health Administration, and for other purposes.
 - S. 1125, EHR Program RESET Act of 2023
 - S. 1172, Removing Extraneous Loopholes Insuring Every Veteran Emergency (RELIEVE) Act
 - S. 1315, Veterans' Health Empowerment, Access, Leadership, and Transparency for Our Heroes (HEALTH) Act of 2023
 - S. 1436, Critical Health Access Resource and Grant Extensions (CHARGE) Act of 2023
 - S. 1545, Veterans Health Care Freedom Act
 - S. 1612, Reimburse Veterans for Domiciliary Care Act
 - S. 1828, Veterans Homecare Choice Act of 2023
 - S. 1951, Department of Veterans Affairs Income Eligibility Standardization Act
 - S. 1954, Improving Whole Health for Veterans With Chronic Conditions Act
 - S. 2067, A bill to require the Secretary of Veterans Affairs to award grants to nonprofit organizations to assist such organizations in carrying out programs to provide service dogs to eligible veterans, and for other purposes.
 - S. 2259, Leveraging Integrated Networks in Communities for Veterans Act
 - S. 2263, Rural Vital Emergency Transportation Services (VETS) Act
 - S. 2649, Making Community Care Work for Veterans Act of 2023
- (17) Thursday, July 13, 2023
Business Meeting: Meeting to Consider Pending Nomination of Tanya J. Bradsher, of Virginia, To Be Deputy Secretary of Veterans Affairs
- (18) Wednesday, July 26, 2023
Hearing: Implementing the PACT Act: One Year Later
- (19) Wednesday, September 20, 2023
Hearing: Invisible Wounds of War: Improving Mental Health and Suicide Prevention Measures for Our Nation's Veterans
- (20) Wednesday, October 18, 2023
Joint Hearing With the Senate Armed Services Committee: Military to Civilian Transition: Ensuring Success After Service
- (21) Wednesday, October 25, 2023

Hearing: VA Accountability and Transparency: A Cornerstone of Quality Care and Benefits for Veterans

(22) Wednesday, November 1, 2023

Hearing: Foundation of Care: Examining Research at the Department of Veterans Affairs

(23) Wednesday, November 15, 2023

Hearing: VA's Fourth Mission: Supporting Our Nation's Emergency Preparedness and Response

(24) Friday, January 26, 2024

Field Hearing, Augusta, Maine: The State of Veterans' Long-Term Care in Maine

(25) Wednesday, January 31, 2024

Hearing: Vet Centers: Supporting the Mental Health Needs of Servicemembers, Veterans and Their Families

(26) Wednesday, February 28, 2024

Hearing: Sacred Mission: Honoring America's Veterans and Their Families at VA Cemeteries

(27) Wednesday, March 6, 2024

Joint Hearing with the House of Representatives To Receive the Legislative Presentation of Multiple Veterans Service Organizations (Veterans of Foreign Wars of the United States, Paralyzed Veterans of America, Wounded Warrior Project, National Association of State Directors of Veterans Affairs, Mission Roll Call, Blue Star Families, Iraq and Afghanistan Veterans of America, Blinded Veterans Association, Service Women's Action Network, Student Veterans of America, American Veterans)

(28) Thursday, March 7, 2024

Joint Hearing With the House of Representatives To Receive the Legislative Presentation of Disabled American Veterans

(29) Wednesday, March 13, 2024

Joint Hearing With the House of Representatives To Receive the Legislative Presentation of Multiple Veterans Service Organizations (The American Legion, Jewish War Veterans of the U.S.A., Tragedy Assistance Program for Survivors, National Coalition for Homeless Veterans, Military Officers Association of America, National Association of County Veterans Service Officers, National Congress of American Indians, Vietnam Veterans of America, National Guard Association of the United States, Fleet Reserve Association)

(30) Wednesday, April 10, 2024

Hearing: Caring for All Who Have Borne the Battle: Ensuring Equity for Women Veterans at VA

(31) Wednesday, May 1, 2024

Hearing: Review of the Fiscal Year 2025 Budget and 2026 Advance Appropriations Requests for the Department of Veterans Affairs

(32) Wednesday, May 1, 2024

Business Meeting: Meeting To Consider Major Medical Lease Committee Resolution

- PSC-01-VA24: Charleston, SC, Research Lease;
- PTX-02-VA24: Conroe, TX, Community Living Center Lease;
- PTX-03-VA24: Conroe, TX, Outpatient Clinic Lease;
- PPA-04-VA24: Cumberland County, PA, Hospital Lease;

- PFL-05-VA24: Gainesville, FL, Consolidated Outpatient Clinic, Residential Rehabilitation Treatment Program, and Research Lease;
 - PTX-06-VA24: Katy, TX, Community Living Center Lease;
 - PTX-07-VA24: Katy, TX, Outpatient Clinic Lease;
 - PFL-08-VA24: Port Saint Lucie, FL, Outpatient Clinic Lease;
 - PNJ-09-VA24: Southern New Jersey, NJ, Hospital Lease;
 - and
 - PDE-10-VA24: Sussex County, DE, Hospital Lease
- (32) Wednesday, May 15, 2024
Hearing: Frontier Health Care: Ensuring Veterans' Access No Matter Where They Live
- (33) Wednesday, June 5, 2024
Joint Hearing With the Senate Special Committee on Aging: Heroes at Home: Improving Services for Veterans and Their Caregivers
- (34) Wednesday, September 18, 2024
Hearing: Providing for Veterans: Addressing Current and Future VA Budget Challenges

II. LEGISLATION

A. First Session (2023)

During the First Session, the Committee met in open session on February 16, 2023, and ordered favorably reported nine pieces of legislation to the full Senate.

- S. 10, VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support (CAREERS) Act of 2023 was ordered favorably reported with an amendment in the nature of a substitute by the Committee on February 16, 2023.
- S. 30, Fiscal Year 2023 Veterans Affairs Major Medical Facility Authorization Act passed the Senate on March 21, 2023, with an amendment, by unanimous consent. It was signed into law as Public Law 118-8 on July 18, 2023.
- S. 106, Commitment to Veteran Support and Outreach Act passed the Senate on November 16, 2023, with an amendment, by unanimous consent on November 16, 2023.
- S. 112, a bill to amend title 38, United States Code, to strengthen benefits for children of Vietnam veterans born with spina bifida, and for other purposes passed the Senate on July 13, 2023, without amendment, by unanimous consent. It was signed into law as Public Law 118-18 on October 6, 2023.
- S. 132, Daniel J. Harvey Jr. and Adam Lambert Improving Servicemember Transition to Reduce Veteran Suicide Act was ordered favorably reported, with an amendment in the nature of a substitute, by the Committee on February 16, 2023.
- S. 141, Elizabeth Dole Home Care Act was ordered favorably reported, with an amendment in the nature of a substitute, by the Committee on February 16, 2023. It was signed into law as Public Law 118-210 on January 2, 2025.
- S. 185, Native American Direct Loan Improvement Act of 2023 was ordered favorably reported, without amendment, by the Committee on February 16, 2023.

- S. 216, RESPECT Act of 2023 was ordered favorably reported, without amendment, by the Committee on February 16, 2023.
- S. 326, VA Medicinal Cannabis Research Act of 2023, was reported, without amendment, by Senator Tester on March 23, 2023. A motion to proceed to consideration of S. 326 was made on April 20, 2023. On April 26, 2023, cloture was not invoked by a vote of 57–42.

During the First Session, the Committee discharged numerous bills by unanimous consent, as follows:

- S. 777, the Veterans' COLA Act of 2023, was discharged by the Committee on March 30, 2023, by unanimous consent, and passed the Senate on the same day without amendment, by unanimous consent. It was signed into law as Public Law 118–6 on June 14, 2023.
- S. 475, a bill to designate the clinic of the Department of Veterans Affairs in Gallup, New Mexico, as the Hiroshi “Hershey” Miyamura VA Clinic, was discharged by the Committee on July 13, 2023, by unanimous consent, and passed the Senate on the same day without amendment, by unanimous consent. It was signed into law as Public Law 118–16 on October 2, 2023.
- S. 1096, Department of Veterans Affairs Office of Inspector General Training Act of 2023, was discharged by the Committee on July 13, 2023, by unanimous consent, and passed the Senate on the same day with an amendment, by unanimous consent.
- H.R. 3672, to designate the clinic of the Department of Veterans Affairs in Indian River, Michigan, as the “Pfc. Justin T. Paton Department of Veterans Affairs Clinic”, was discharged by the Committee on July 13, 2023, by unanimous consent, and passed the Senate on the same day without amendment, by unanimous consent. It was signed into law as Public Law 118–12 on July 28, 2023.
- S. 2854, A bill to require the Secretary of Veterans Affairs to enter into an agreement with the city of Fargo, North Dakota, for the conveyance of certain land of the Department of Veterans Affairs at Fargo National Cemetery, and for other purposes, was discharged by the Committee on October 19, 2023, by unanimous consent, and passed the Senate on the same day without amendment, by unanimous consent.
- H.R. 366, Korean American Valor Act, was discharged by the Committee on October 19, 2023, by unanimous consent, and passed the Senate on the same day without amendment, by unanimous consent. It was signed into law as Public Law 118–20 on November 13, 2023.
- H.R. 1226, the Wounded Warrior Access Act, was discharged by the Committee on November 2, 2023, by unanimous consent, and passed the Senate on the same day without amendment, by unanimous consent. It was signed into law as Public Law 118–21 on November 13, 2023.
- S. 656, the Veteran Improvement Commercial Driver License Act of 2023, was discharged by the Committee on November 2, 2023, by unanimous consent. It was signed into law as Public Law 118–95 on October 1, 2024.

During the First Session, the Committee also incorporated provisions within the Committee's jurisdiction into broader legislation.

B. Second Session (2024)

During the Second Session, the Committee met in open session on May 1, 2024, and ordered favorably reported a major medical facility lease resolution to the full Senate.

During the Second Session, the Committee discharged numerous bills by unanimous consent, as follows:

- S. 2181, Keeping Military Families Together Act of 2023, was discharged by the Committee on May 1, 2024, by unanimous consent, and passed the Senate on the same day without amendment, by unanimous consent. It was signed into law as Public Law 118–271 on January 4, 2025.
- S. 3126, Mark Our Place Act, was discharged by the Committee on May 1, 2024, by unanimous consent, and passed the Senate on the same day without amendment, by unanimous consent. It was signed into law as Public Law 118–134 on November 25, 2024.
- H.R. 593, To rename the Department of Veterans Affairs community-based outpatient clinic in Hinesville, Georgia, as the “John Gibson, Dan James, William Sapp, and Frankie Smiley VA Clinic”, was discharged by the Committee on May 2, 2024, by unanimous consent, and passed the Senate on the same day without amendment, by unanimous consent. It was signed into law as Public Law 118–61 on May 13, 2024.
- S. 3249, A bill to designate the outpatient clinic of the Department of Veterans Affairs in Wyandotte County, Kansas City, Kansas, as the “Captain Elwin Shopteese VA Clinic”, was discharged by the Committee on May 2, 2024, by unanimous consent, and passed the Senate on the same day without amendment, by unanimous consent. It was signed into law as Public Law 118–75 on July 30, 2024.
- S. 3285, A bill to rename the community-based outpatient clinic of the Department of Veterans Affairs in Butte, Montana, as the “Charlie Dowd VA Clinic”, was discharged by the Committee on May 2, 2024, by unanimous consent, and passed the Senate on the same day without amendment, by unanimous consent. It was signed into law as Public Law 118–76 on July 30, 2024.
- S. 3938, A bill to designate the community-based outpatient clinic of the Department of Veterans Affairs in Lynchburg, Virginia, as the “Private First Class Desmond T. Doss VA Clinic”, was discharged by the Committee on August 1, 2024, by unanimous consent, and passed the Senate on the same day without amendment, by unanimous consent. It was signed into law as Public Law 118–200 on December 23, 2024.
- H.R. 7333, To name the Department of Veterans Affairs medical center in West Palm Beach, Florida, as the “Thomas H. Corey VA Medical Center”, was discharged from Committee by unanimous consent on November 13, 2024, and passed the Senate the same day without amendment, by unanimous consent. It was signed into law on November 25, 2024, as Public Law 118–128.

- S. 3746, the Gold Star and Surviving Spouse Career Services Act, was discharged by the Committee on December 2, 2024, by unanimous consent, and passed the Senate the same day without amendment, by unanimous consent.
- S. 141, the Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act, was discharged by the Committee on December 12, 2024, by unanimous consent, and passed the Senate the same day with an amendment, by unanimous consent. It was signed into law as Public Law 118–210 on January 2, 2025.
- S. 1299, the Fairness for Servicemembers and their Families Act of 2024, was discharged by the Committee on December 17, 2024, by unanimous consent, and passed the Senate the same day with an amendment, by unanimous consent.
- H.R. 9124, To name the Department of Veterans Affairs community-based outpatient clinic in Auburn, California, as the “Louis A. Conter VA Clinic”, was discharged by the Committee on December 21, 2024, by unanimous consent, and passed the Senate the same day without amendment, by unanimous consent. It was signed into law as Public Law 118–259 on January 4, 2025.
- H.R. 8667, To rename the community-based outpatient clinic of the Department of Veterans Affairs in Cadillac, Michigan, as the “Duane E. Dewey VA Clinic”, was discharged by the Committee on December 21, 2024, by unanimous consent, and passed the Senate the same day without amendment, by unanimous consent. It was signed into law as Public Law 118–251 on January 4, 2025.
- H.R. 4955, To name the community-based outpatient clinic of the Department of Veterans Affairs in Monroeville, Pennsylvania, as the “Henry Parham VA Clinic”, was discharged by the Committee on December 21, 2024, by unanimous consent, and passed the Senate the same day without amendment, by unanimous consent. It was signed into law as Public Law 118–215 on January 2, 2025.
- H.R. 4136, U.S. Congressman Sam Johnson Memorial VA Clinic Act, was discharged by the Committee on December 21, 2024, by unanimous consent, and passed the Senate the same day without amendment, by unanimous consent. It was signed into law as Public Law 118–214 on January 2, 2025.
- S. 2513, the Veterans Benefits Improvement Act of 2024, was discharged by the Committee on December 12, 2024, by unanimous consent, and passed the Senate the same day with an amendment, by unanimous consent. It was signed into law as Public Law 118–196 on December 23, 2024.

During the Second Session, the Committee also incorporated provisions within the Committee’s jurisdiction into broader legislation.

C. Public Laws

Senate Vehicle

S. 30, Fiscal Year 2023 Veterans Affairs Major Medical Facility Authorization Act, is Public Law 118–8.

S. 112, A bill to amend title 38, United States Code, to strengthen benefits for children of Vietnam veterans born with spina bifida, and for other purposes, is Public Law 118–18.

S. 141, Senator Elizabeth Dole 21st Century Veterans Healthcare and Benefits Improvement Act, is Public Law 118–210.

S. 475, A bill to designate the clinic of the Department of Veterans Affairs in Gallup, New Mexico, as the Hiroshi “Hershey” Miyamura VA Clinic, is Public Law 118–16.

S. 656, Veteran Improvement Commercial Driver License Act of 2023, is Public Law 118–95.

S. 777, Veterans’ COLA Act of 2023, is Public Law 118–6.

S. 2181, Keeping Military Families Together Act of 2023, is Public Law 118–271.

S. 2513, the Veterans Benefits Improvement Act of 2024, is Public Law 118–196.

S. 3126, Mark Our Place Act, is Public Law 118–134.

S. 3249, A bill to designate the outpatient clinic of the Department of Veterans Affairs in Wyandotte County, Kansas City, Kansas, as the “Captain Elwin Shopteese VA Clinic”, is Public Law 118–75.

S. 3285, Abill to rename the community-based outpatient clinic of the Department of Veterans Affairs in Butte, Montana, as the “Charlie Dowd VA Clinic”, is Public Law 118–76.

S. 3938, A bill to designate the community-based outpatient clinic of the Department of Veterans Affairs in Lynchburg, Virginia, as the “Private First Class Desmond T. Doss VA Clinic”, is Public Law 118–200.

House Vehicle

H.R. 366, Korean American VALOR Act, is Public Law 118–20.

H.R. 593, To rename the Department of Veterans Affairs community-based outpatient clinic in Hinesville, Georgia, as the “John Gibson, Dan James, William Sapp, and Frankie Smiley VA Clinic”, is Public Law 118–61.

H.R. 1226, Wounded Warrior Access Act, is Public Law 118–21.

H.R. 3672, To designate the clinic of the Department of Veterans Affairs in Indian River, Michigan, as the “Pfc. Justin T. Paton Department of Veterans Affairs Clinic” is Public Law 118–12.

H.R. 4136, U.S. Congressman Sam Johnson Memorial VA Clinic Act, is Public Law 118–214.

H.R. 4955, To name the community-based outpatient clinic of the Department of Veterans Affairs in Monroeville, Pennsylvania, as the “Henry Parham VA Clinic”, is Public Law 118–215.

H.R. 7333, To name the Department of Veterans Affairs medical center in West Palm Beach, Florida, as the “Thomas H. Corey VA Medical Center”, is Public Law 118–128.

H.R. 8667—To rename the community-based outpatient clinic of the Department of Veterans Affairs in Cadillac, Michigan, as the “Duane E. Dewey VA Clinic, is Public Law 118–251.

H.R. 9124, To name the Department of Veterans Affairs community-based outpatient clinic in Auburn, California, as the “Louis A. Conter VA Clinic” is Public Law 118–259.

III. OVERSIGHT

In accordance with its mandate, the Committee engaged in oversight of VA health care facilities, VA regional offices, VA construction sites, State Veterans Homes, veterans cemeteries, and other entities within the Committee's jurisdiction. Summaries of various oversight activities follow.

A. First Session (2023)

From January 3, 2023, to January 5, 2023, Committee majority and minority staff traveled to Orlando, Florida, to attend the national conference for the Student Veterans of America. During this oversight visit, staff participated in a legislative panel regarding Congressional efforts to improve educational opportunities for student veterans and their families, and attended panels with VA leadership and individuals in higher education.

From February 17, 2023, to February 25, 2023, Committee majority and minority staff traveled to Guam, the Commonwealth of the Northern Mariana Islands (Saipan), and the Philippines to visit VA medical facilities and veterans' cemeteries in each location. During these oversight visits, staff met with local VA staff and conducted public roundtables with local veterans and stakeholders to discuss the unique needs and challenges of the veteran populations in these areas.

On February 18, 2023, Committee minority staff traveled to Russell, Kansas, to participate in the Veterans of Foreign Wars (VFW) Department of Kansas Veterans Round Up at the Bob Dole VFW Post 6240. During this oversight visit, staff met with leaders and service officers from Kansas VFW and with officials from the Veterans Benefits Administration (VBA) and the Veterans Health Administration (VHA). Staff also spoke directly with local veterans about issues related to accessing benefits, including health care and pension, from VA.

From June 13, 2023, to June 14, 2023, Committee majority and minority staff traveled to Phoenix, Arizona, to attend the VA Leadership Summit. During this oversight visit, staff participated in a legislative panel to provide Congressional updates and answer questions from attendees including medical center directors, deputy directors, chiefs of staff, and others from across the country. Staff also toured the Carl T. Hayden Veterans' Administration Medical Center.

From June 25, 2023, to July 2, 2023, Committee minority staff traveled to Kansas and Nebraska to conduct oversight visits of the Consolidated Mail Outpatient Pharmacy and Dwight D. Eisenhower VA Medical Center in Leavenworth, Kansas, the Omaha VA Medical Center in Omaha, Nebraska, and the Lincoln VA Clinic in Lincoln, Nebraska.

On June 26, 2023, Committee majority staff visited the VISN 6 Mid-Atlantic Office and the Durham VA Medical Center to take part in a VA PACT Act event and receive a tour of the Medical Center.

From June 26, 2023, to June 28, 2023, Committee minority staff traveled to Kansas and Missouri to visit VA medical facilities and community partners throughout the region. During these oversight visits, staff toured the Colmery-O'Neil Veterans' Administration

Medical Center in Topeka, Kansas, and the Community Based Out-patient Clinic (CBOC) in Lenexa, Kansas. Staff also met with local leaders from the Kansas Commission on Veterans Affairs, the Veterans of Foreign Wars, and The American Legion to discuss the needs of local veterans. Staff further met with leaders from local non-profit organizations that serve veterans, Horses & Heroes in Leavenworth, Kansas, and the Veterans Community Project in Kansas City, Missouri, to discuss their work and partnerships with VA.

On July 19, 2023, Committee majority staff attended a PACT Act summit in Boston, Massachusetts. Staff updates on VA's implementation of recent toxic exposure legislation.

From July 29, 2023, to August 3, 2023, Committee minority staff traveled to Los Angeles, California, and Denver, Colorado to visit VA facilities and attend the VA Acquisition Workforce Innovation Symposium. During these oversight visits, staff toured the West Los Angeles VA Medical Center, the Denver VA Medical Center, and the Denver Logistics Center.

From August 13, 2023, to August 19, 2023, Committee majority staff conducted oversight of VA facilities in Montana and veteran services around the state. Staff met with School Certifying Officials at the University of Montana, Montana State University, Carroll College, and Great Falls College to discuss services and challenges for student veterans using VA education benefits. Staff met with faculty from the University of Montana Payne Family Native American Center, staff of the Great Plains Veterans Services Center, and the Blackfeet Veterans Alliance to discuss programs and services for Native American veterans, including coordination between VA and the Indian Health Service, and implementation of the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program. Staff also conducted oversight visits at the Fort Harrison VA Medical Center to discuss services for veteran caregivers in the VA's Caregiver Support Program and services for women veterans including mental health care and Military Sexual Trauma support. Staff also visited the Cut Bank CBOC and the Southwest Montana Veterans Home. Staff conducted oversight visits at the Missoula Vet Center and the Great Falls Vet Center, to discuss services for women veterans, student veterans, staffing challenges, VA internship programs, and Mobile Vet Center services. Staff met with leadership from the Fort Harrison Regional processing center to discuss Veteran Readiness and Employment claims processing and staffing. Staff visited the Helena American Jobs Center and the Bozeman American Jobs Center leadership, including Department of Labor (DOL) Veterans Employment and Training Service (VETS) State Director Tom Finch, to discuss employment services for disabled veterans. Staff visited Malmstrom Air Force Base's Education and Training Center and Family Readiness Center to conduct oversight on the Transition Assistance Program and other services for transitioning servicemembers and military families.

From August 14, 2023, to August 17, 2023, Committee minority staff traveled to Kansas and Missouri to visit VA and Department of Defense facilities and speak with local stakeholders. During these oversight visits, staff toured the Robert J. Dole VA Medical Center and the Regional Office in Wichita, Kansas, as well as the CBOC in Junction City, Kansas, and the Fort Riley Army Installa-

tion. Staff also toured the Kansas City VA Medical Center and Veterans Integrated Service Network 15 Headquarters in Kansas City, Missouri. Staff further met with leaders of veteran owned businesses in Wichita and with local employees from the VA Office of the General Counsel and Office of the Inspector General in Missouri.

On August 25, 2023, Committee majority staff visited The American Legion's National Convention in Charlotte, North Carolina. Staff spoke to The American Legion's National Legislative Commission about the committee's legislative priorities.

On August 28, 2023, Committee majority staff conducted oversight visits to the Baltimore and Annapolis Vet Centers.

On September 6, 2023, Committee majority staff attended the DOL VETS conference on Transition in Washington, DC, to hear from stakeholders about the challenges that veterans and their family members face when leaving military service, and participated in a panel with a focus on military spouse employment.

On September 22, 2023, Committee minority staff traveled to Wichita, Kansas, to speak at the opening of the Sedgwick County Veterans Treatment Court (VTC). During this oversight visit, staff spoke about legislative priorities and the importance of collaborative programs, as exemplified by the VTC, which is intended to coordinate resources across the federal, state, and local level to help attain positive outcomes for veterans involved with the justice system.

On October 13, 2023, Committee majority staff conducted an oversight visit of the Richmond VA Medical Center. While there, staff visited the polytrauma center to talk with patients and staff.

On October 24, 2023, Committee majority staff attended the Military Officers Association of America's Roundtable discussion on the Caregiver and Veteran Experience with Respite Care in Alexandria, VA, to hear from caregivers and veterans about their experiences in using VA's Respite Care programs.

From October 25, 2023, to October 27, 2023, Committee majority and minority staff attended the Nurses Organization of Veterans Affairs Conference in Las Vegas, Nevada. While in Nevada, Committee majority and minority staff conducted an oversight visit to the North Las Vegas VA Medical Center.

From November 1, 2023, to November 2, 2023, Committee majority and minority staff conducted oversight of PACT Act implementation and education benefit claims processing at the Buffalo Regional Office in New York. Staff met with executive leadership, frontline employees, and labor representatives to learn about operations and challenges with staffing and processing claims.

On November 17, 2023, Committee majority staff conducted an oversight visit to Martinsburg, West Virginia. Committee staff met with staff from VHA's Office of Emergency Management to better understand the agency's ability to carry out its Fourth Mission mandate and tour assets gained with funding to address the COVID-19 pandemic. Staff also visited the dental clinic and the residential rehabilitation program on campus. In addition, staff also visited a local Vet Center in Martinsburg to hear from providers about the services offered and the ongoing challenges of filling open positions.

From December 4, 2023, to December 6, 2023, Committee majority and minority staff conducted oversight of PACT Act implementation at the VBA Leadership and Partners Engagement Offsite in Kansas City, Missouri. Committee staff heard from VBA leadership, including Under Secretary for Benefits, Josh Jacobs, about claims automation and operation, outreach and engagement, production projections, and process efficiencies. Incorporating artificial intelligence and machine learning to help prepare and process claims was also discussed. Staff also heard from veteran service organizations and labor union leadership about PACT Act implementation successes and challenges.

From December 7, 2023, to December 8, 2023, Committee minority staff conducted an oversight trip to North Chicago, Illinois, to visit the Captain James A. Lovell Federal Health Care Center. During this oversight visit, staff assessed the operations of this joint VA/DOD medical facility and preparedness for the VA new electronic health record rollout.

From December 8, 2023, to December 9, 2023, Committee minority staff traveled to Topeka, Kansas, to participate in a PACT Act outreach event at the Colmery-O'Neill Veterans' Administration Medical Center. During this oversight visit, staff met with local leaders from VA and from the Kansas Commission on Veterans Affairs as well as with numerous veterans seeking information on, and assistance with, their VA benefits.

From December 11, 2023, to December 15, 2023, the Committee majority staff conducted an oversight visit to Montana. In Butte, staff visited the new CBOC to see the facility and stopped by the State Veterans Home to check in on the status of construction delays. Staff visited the VAMC in Ft. Harrison to hear from acting facility leadership regarding ongoing efforts to improve care and services locally and across the state. Staff traveled to Browning to see the site chosen for the CBOC and better understand the remaining renovations needed to open the clinic. In Kalispell and Hamilton, staff visited future CBOC sites. Staff also toured the CBOC in Missoula, hearing from staff about staffing challenges, and visited with Vet Center staff to learn about the services offered and the ongoing difficulties with outreach in such a highly rural state.

B. Second Session (2024)

From January 3, 2024, to January 5, 2024, Committee majority and minority staff traveled to Nashville, Tennessee, to attend the national conference for the Student Veterans of America. During this oversight visit, staff spoke on a panel to provide a legislative update regarding the GI Bill and Congressional efforts to improve education benefits from VA. Staff also attended panels with staff from VA and DOL and met with student veterans individually and in focus meetings to discuss issues and barriers for student veterans and how resources could be improved to better serve student veterans.

On January 22, 2024, Committee majority staff conducted an oversight visit of the Alexandria Vet Center to discuss staffing and veteran trends.

On March 18, 2024, Committee majority staff conducted an oversight visit of the Baltimore VAMC and also visited the Baltimore Station, which houses homeless veterans.

On March 21, 2024, Committee minority staff traveled to VA Central Office in Washington, DC to oversee the VA Operations Center. During this oversight visit, staff met with VA staff to discuss VA security and emergency operations, particularly procedures related to supporting local emergency response and VA's Fourth Mission.

From April 1, 2024, to April 5, 2024, Committee minority staff traveled to Kansas to visit VA and DOD facilities. During this oversight visit, staff met with leaders Transition Program Managers at Fort Leavenworth and Fort Riley to discuss the transition program for servicemembers. While on base, staff connected with the Veterans of Foreign Wars Service Officer for Fort Leavenworth to discuss challenges the VFW faces when assisting veterans. Staff also visited the Wichita Regional Office, the Kansas Veterans Cemetery at Winfield, and the Fort Scott National Cemetery to discuss issues unique to their respective facilities and locations.

On May 1, 2024, Committee majority staff attended VA's Veterans' Family, Caregiver, and Survivor Advisory Committee meeting in Washington, DC, and heard from Department officials about end-of-life planning for veterans, the Pension and Fiduciary Program, the Office of Survivors Assistance, the Survivor and Memorial Program, and potential recommendations by the Advisory Committee.

On May 6, 2024, Committee minority staff traveled to Martinsburg, West Virginia to visit the VA Operations Center. During this oversight visit, staff discussed VA's plans for continuity of operations in a disaster scenario.

On May 13, 2024, Committee majority staff attended the Military Officers Association of America-Quality of Life Foundation Roundtable in Alexandria, Virginia on VA's Caregiver Support Program to discuss improvements that should be made to the Caregiver program.

From June 12, 2024, to June 14, 2024, Committee minority staff traveled to North Chicago, Illinois, to visit the Captain James A. Lovell Federal Health Care Center. During this oversight visit, which was a follow-up to the prior oversight visit in December 2023, staff discussed the progress of, and ongoing challenges associated with, the VA new electronic health record rollout.

From June 24, 2024, to June 29, 2024, Committee majority and minority staff conducted oversight visits in St. Petersburg, Florida, and San Juan, Puerto Rico. Staff visited the St. Petersburg Regional Office, Bay Pines VA Medical Center, San Juan Vet Center, 156th Air National Guard Wing, San Juan Regional Office, Fort Buchanan, Puerto Rico National Cemetery, Morovis National Cemetery, San Juan VA Medical Center, and Endeavors—a Homeless Veterans' Reintegration Program grant recipient. Committee staff also participated in a roundtable with local veterans and VSO representatives in Puerto Rico.

From June 26, 2024, to June 28, 2024, Ranking Member Moran and Committee minority staff traveled to Kansas to attend the ribbon cutting ceremony for the new VA Regional Office in Wichita with VA Secretary McDonough. During this oversight visit, Rank-

ing Member Moran and staff met with local veterans, VA staff, VSO representatives and other stakeholders and toured the new Regional Office. While in Kansas, staff also visited the Robert J. Dole VA Medical Center in Wichita and met with the owner of Flint Hills Pain Management Clinic to discuss VA community partnerships and access to new and innovative pain management treatments for veteran patients.

From June 26, 2024, to June 30, 2024, Committee minority staff traveled to Missouri and Arkansas to visit a variety of VA and community facilities. In St. Louis, Missouri, staff visited the VA Regional Office, the National Cemetery Administration's National Training Center, the National Archives and Records Administration's National Personnel Records Center, and a local non-profit service dog organization. In Little Rock, Arkansas, staff visited the VA Law Enforcement Training Center, the Veteran Villages of America, the Little Rock National Cemetery, and the Arkansas State Veterans Cemetery.

On July 30, 2024, Committee minority staff traveled to Tennessee to VA's Military Sexual Trauma National Training Symposium. During this oversight visit, staff listened to speakers, including VA Secretary Denis McDonough, and learned about efforts VA is undertaking to improve training, transparency, and the dissemination of best practices among claims processors and MST coordinators.

From August 5, 2024 to August 12, 2024, the Committee majority staff conducted an oversight visit to Montana to assess ongoing needs and improvements following significant leadership and operational shifts since summer 2023. They visited VA facilities and veteran homelessness providers, met with veterans, and held town halls with VA staff in Missoula, Kalispell, Browning, Helena, and Butte.

On August 7, 2024, Committee majority and minority staff traveled to Springfield, Illinois, to attend the AMVETS 78th National Convention. During this oversight visit, staff took questions and listened to concerns from AMVETS members about VA health care, benefits, and funding.

On August 12, 2024, to August 14, 2024, Committee minority staff traveled to Las Vegas, Nevada, to attend the summer conference for the National Association of State Approving Agencies. During this oversight visit, staff participated in a legislative panel on education issues facing veterans and their families and met with individual State Approving Agencies from across the country to discuss hurdles they are facing in current statute as well as VA policies.

From August 23, 2024, to August 26, 2024, Committee minority staff traveled to Detroit, Michigan, to attend the National Conference of the National Guard Association of the United States. During this oversight visit, staff met with representatives from the Air Force, Army, and other defense equities to discuss issues unique to the National Guard and Reserve components. Staff also met with Guardsmen from all 54 states and territories as well as the Acting Chief of the National Guard Bureau, the Chief of Staff of the Army, the Chief of Staff of the Air Force, the Acting Director of the Air National Guard, and the Air Force Assistant Secretary for Manpower and Reserve Affairs. Former National Guard Gen-

erals were also in attendance, and throughout the engagements, staff discussed Guard priorities, including employment, transition, family issues, military duty status reform, and access to health care.

From August 24, 2024, to August 25, 2024, Committee minority staff traveled to New Orleans, Louisiana, to attend the National Convention of The American Legion. During the oversight visit, staff participated in a legislative panel and answered questions from Legionnaires. Staff also visited with veterans from across the country, and globe, to discuss veterans issues.

From September 3, 2024, to September 5, 2024, Committee majority staff conducted oversight visits in Minneapolis, Minnesota, and Chicago, Illinois. Staff visited the Minneapolis VA Medical Center, Lovell Federal Health Care Center, and the VA National Acquisition Center.

From September 3, 2024, to September 6, 2024, Committee minority staff traveled to Kansas to visit VA facilities. In Topeka, staff toured the Colmery-O'Neil VA Medical Center and met with representatives from the Veterans Crisis Line call center and the women's health center in Topeka, Kansas. Staff also visited the Dwight D. Eisenhower VA Medical Center and the Leavenworth National Cemetery in Wichita, Kansas, to engage in discussions about the domiciliary and Enhanced Use Lease on site.

On September 6, 2024, Committee majority staff attended the VA's Quadrennial National Women Veterans Summit in Washington, DC, and attended briefings on PACT Act implementation, VHA's reproductive health care and services, mental health care and services, and also heard updates on the MST Operations Center and the Defense Sexual Assault Database.

On September 17, 2024, Committee majority staff attended the Wounded Warrior Projects Women Warriors Panel in Arlington, VA, to hear from women veterans and active duty members to highlight the many contributions they make to national security.

On September 24, 2024, Committee majority and minority staff traveled to Arlington, Virginia, to attend the National Convening of the Elizabeth Dole Foundation. During this oversight visit, minority staff participated in a panel with caregivers and representatives from non-profit organizations and educational institutions to discuss how to improve services and support for caregivers of military veterans.

On September 25, 2024, Committee majority staff attended the Duke University Veteran Transitions Research Lab Washington, DC, summit and third annual convening to discuss the latest academic research related to veterans' transition from military service, and how to apply scientific research to addressing real world challenges of transition.

From October 6 to October 8, 2024, Committee minority staff traveled to Dallas, Texas, to participate in meetings at the George W. Bush Presidential Institute. During this oversight visit, staff met with representatives from government, private sector, and non-profit organizations that focus on serving veterans to discuss the current needs of American military veterans and how different organizations work to address various needs of the veteran population.

On October 10, 2024, Committee majority and minority staff traveled to Virginia Beach, Virginia, to attend the annual meeting of the Nurses Organization of Veterans Affairs. During this oversight visit, staff participated in a panel to provide Congressional updates and answer questions from VA nurses across the country.

On October 22, 2024, Committee minority staff traveled to Roanoke, Virginia, to visit the VA Regional Office. During this oversight visit, staff met with VA leaders and staff, including claims processors, to discuss improving the claims process for veterans who have experienced military sexual trauma.

On October 28, 2024, Committee minority staff traveled to the Washington, DC, VA Medical Center. During this oversight visit, staff met with VA staff to discuss issues including community care, mental health care, suicide prevention, workforce management, homeless services, caregiver support, and security and emergency preparedness.

On October 30, 2024, Committee minority staff traveled to Mountain Home, Tennessee, to visit the James H. Quillen VA Medical Center. During this oversight visit, staff met with local VA staff to discuss allegations of misconduct. Staff also met with employees from the Veterans Integrated Service Network, the facility, and representatives of the local American Federation of Government Employees union.

On November 20, 2024, Committee majority staff attended the Pew Charitable Trusts “Supporting Veterans’ Transition into the Workforce” Symposium in Washington, DC, with stakeholders including DOL VETS, VA, DOD, Syracuse Institute for Veterans and Military Families, and Hiring Our Heroes to facilitate greater information sharing and coordination across groups involved with support veterans’ transitions from military service.

IV. NOMINATIONS

NOMINATIONS

Name and position	Date of nomination	Date of hearing	Date reported	Date confirmed
First Session				
Anjali Chaturvedi General Counsel of the Department of Veterans Affairs	January 3, 2023			
Joshua D. Jacobs Under Secretary for Benefits of the Department of Veterans Affairs	January 23, 2023	February 16, 2023	March 8, 2023	April 26, 2023
Tanya J. Bradsher Deputy Secretary of Veterans Affairs	April 25, 2023	May 31, 2023	July 13, 2023	September 12, 2023

V. BUDGET FOR VETERANS PROGRAMS

A. First Session (2023)

Pursuant to the requirements of section 301(d) of the Congressional Budget Act of 1974, Chairman Tester of the Committee submitted a letter to the Budget Committee reflecting the Committee’s Views and Estimates on the Administration’s proposed Fiscal Year

2024 budget for veterans' programs. The letter submitted is printed below in its entirety:

APRIL 4, 2023.

Hon. SHELDON WHITEHOUSE, *Chairman*,
Hon. CHARLES E. GRASSLEY, *Ranking Member*,
Committee on the Budget,
U.S. Senate, Washington, DC.

DEAR CHAIRMAN WHITEHOUSE AND RANKING MEMBER GRASSLEY: Pursuant to Section 301(d) of the Congressional Budget Act of 1974, I write to provide views and estimates to the Committee on the Budget regarding matters within the jurisdiction of the Committee on Veterans' Affairs (the Committee). The President's Budget request for Fiscal Year (FY) 2024 provides a modest increase for Department of Veterans Affairs' (VA) spending on veterans programs. The bulk of the increase is for implementing Public Law 117-168, the *Sergeant First Class Heath Robinson Honoring our Promise To Address Comprehensive Toxics Act of 2022* (the PACT Act), which was enacted in August 2022. Additional resources are necessary as VA works to provide timely, high-quality delivery of veterans' health care and benefits to an expanded population of veterans.

On February 28, 2023, the Committee began a series of hearings where veterans service organizations (VSOs) provided their legislative priorities for this year as well as their perspectives on challenges facing VA and the veteran community. During my time on the Committee, these hearings have been invaluable in helping me better understand the legislative and budgeting priorities. Almost every single VSO who testified this year noted PACT Act implementation as the top issue of concern for their organization and members. As Chairman, I have restated my belief that Congress should be taking its cues from our nation's servicemembers, veterans, and their families on how we can best honor their service and ensure they receive the benefits and services they have earned.

Accordingly, to assist in preparing these views and estimates, I have given careful consideration to the "The Independent Budget Veterans Agenda for the 118th Congress: Budget for Fiscal Years 2024-2025 and Critical Issues" (Independent Budget or IB) prepared by three VSOs—the Disabled American Veterans, the Paralyzed Veterans of America, and the Veterans of Foreign Wars. This comprehensive budget and policy document created by and for veterans is also supported by many other organizations that care deeply about veterans and their families.

The IB notes PACT Act implementation as a top issue for FY 2024, especially as the Administration moves to expand health care and benefits eligibility to all eras of toxic exposed-veterans in a more accelerated manner than originally designed by the legislation. Related key priorities in the FY 2024 IB include improving VA health workforce recruitment and retention and modernizing VA infrastructure, which will help build the Department's capacity to deliver expanded benefits and care under the PACT Act. In order for VA to provide our veterans and their families with the world-class services and benefits they have been promised, PACT Act implementation and capacity-building measures must receive focused support in the budget resolution.

PACT ACT IMPLEMENTATION

Cost of War Toxic Exposures Fund

The PACT Act represents the most significant expansion of VA benefits and health care in decades for veterans exposed to toxic substances during their service. Congress created the Cost of War Toxic Exposures Fund (TEF) to cover the new costs of health care and benefits delivery to toxic exposed-veterans and ensure the care of veterans already in the system was not disadvantaged by the costs of the new program. VA has a duty to deliver quality health care and timely benefits for veterans who were exposed to toxic substances during their service, and must resource VA accordingly, so the Department can continue PACT Act implementation and deliver on its promises to veterans who experienced toxic exposure.

Funding for veterans' medical care within TEF is vital as more veterans become eligible for VA health care, enroll in the Veterans Health Administration (VHA) system, or have their current priority level upgraded because they are diagnosed with health conditions covered by the PACT Act. Veterans with toxic exposure may also need more costly and specialized care, depending on their diagnoses.

Lastly, full funding of the TEF is critical for the Veterans Benefits Administration (VBA) successful implementation of the PACT Act. TEF funding will enable VA to hire 8,466 full-time equivalent (FTE) employees to process toxic-exposure related claims, enhance automation program to reduce the time veterans wait for benefits, and digitization of military personnel files to ease processing of PACT Act claims. Without this critical funding, VA could not carry out our nation's promise to the brave men and women who were exposed to toxic substances during military service. Veterans have filed more than 424,000 claims for benefits under the PACT Act to-date. In FY 2024, TEF funding would ensure VA can timely process the 2.4 million claims the Department is projected to receive, which is more than double FY 2022 actual levels due to the expansion of benefits by the PACT Act.

Veterans Health Administration (VHA) Workforce

Thanks to the PACT Act, and VA's renewed focus on recruitment and retention, in recent months VHA has seen its first net increases in hiring in nearly 20 years. In 2023, VHA's goal is to hire nearly 52,000 staff to account for both vacancies and turnover. However, VA needs additional support and authorities to meet this goal and maintain momentum. The Department needs funding to support the provisions in the PACT Act including expanding access to the Education Debt Reduction Program, which has become a highly popular retention tool; offering special salary rates for particularly hard-to-hire positions; and to hire and retain more human resources staff. As of February 28, 2023, Human Resources Management and Human Resources Assistant positions have a 25 percent vacancy rate across VHA. Filling these positions and offering creative retention support will be essential to meeting VHA's broader hiring goals.

In addition to existing programs and flexibilities, authorizing Committees are considering further adjustments to pay caps, expanded access to continued professional education reimbursement,

and recalibration of data reporting to provide a better view of the successes and pitfalls of VA's hiring process to measure success and address remaining issues. This pending legislation is entitled the *VA Clinician Appreciation, Recruitment, Education, Expansion, and Retention Support (CAREERS) Act of 2023*. The estimated cost for these provisions is between one and two billion dollars.

VA Infrastructure

Although the President's FY 2024 Budget requests an increase in total infrastructure funding compared to FY 2023, a closer examination shows unstable and inconsistent funding overall, particularly in the Major and Minor Construction accounts. With enactment of the PACT Act, it is more critical than ever to ensure VA is appropriately investing in new health, benefits, and memorial affairs facilities while also dedicating funds for renovations, preventative maintenance, seismic repair, and other safety projects. This includes directing funding towards improvements to ensure all VA health facilities are welcoming and can provide needed services to women veterans who account for over 30 percent of the increase in veterans served at VA over the past five years. As of January 2023, VA still has \$492 million in unfulfilled women veteran infrastructure retrofit projects. Congress directed VA to prioritize this work in the Deborah Sampson Act, which was enacted in January 2021 as part of P.L. 116–315, *Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020*.

The PACT Act expanded health care and benefits eligibility to millions of veterans. While the law did include \$6.4 billion for 31 major medical clinics, research facilities, other facilities, and investments in enhanced-use lease projects, all of these funds were narrowly focused and are spread out over many years. These provisions are no substitute for robust funding in VA's two base discretionary accounts dedicated to new facilities or significant modernizations—the Major and Minor accounts. These accounts are critical to funding projects in every state in the country, including modernization of VBA regional offices which are essential for the timely processing of veterans' disability claims and related VBA services.

VA's own FY 2024 budget identifies \$105 to \$129 billion in needed infrastructure projects, including up to \$29 billion and \$26 billion for Major and Minor construction, respectively, over ten years. The Department provided more than 500 pages of detail for these and other projects; however, VA only requested a small fraction of the needed amount in the FY 2024 budget request—not even reaching one-tenth of the required resources. Specifically, VA's FY 2024 Budget proposes a 39 percent decrease in base Major Construction funding—down to \$881 million from the FY 2023 enacted level of \$1.4 billion. Minor Construction's base funding request of \$680 million grew by 9 percent, but this funding level is inadequate given a minimum \$2.6 billion per year need.

The President's budget supplements the Major Construction request through an additional investment of \$600 million from the Recurring Expenses Transformational Fund (RETF) and a brand-new mandatory major and minor construction effort funded at \$1.5 billion and \$400 million respectively. While I fully support the use of the RETF to supplement VA's infrastructure budget and I am

open to understanding the Administration’s proposal for major and minor mandatory funding—neither of these are a substitute for base funding of these critical accounts.

For a decade or more, VA’s critical infrastructure accounts have not kept pace with the growing need to recapitalize VA’s infrastructure, increased construction costs and inflation, and the demand for more services from veterans—in addition to laws Congress enacted adding new programs and benefits for veterans. VA’s data indicates the average VA medical center was built nearly 60 years ago—compared to just 13 years ago in the private sector.

Modern infrastructure is the cornerstone of VA health care and benefits delivery. The longer Congress waits to take decisive action, the more VA infrastructure upgrades will cost taxpayers in the long term. And more importantly, those existing subpar VA facilities will hamper the ability to deliver world-class health to veterans consistently across the country. It is time for Congress to make an independent judgement of the infrastructure investment levels needed to support our nation’s veterans, just as we do each year in the Defense and Military Construction Appropriations accounts where Congress regularly provides funding above the President’s request to meet the needs of our military. We must do the same when it comes to VA infrastructure to best serve veterans as part of our moral obligation and national security priorities. For all of the above reasons, I recommend the budget resolution include an increase of \$1 billion for the Major and Minor Construction base accounts, respectively, while demanding improvements in VA project execution performance as directed in my proposed *BUILD for Veterans Act*. These funding increases should include increases in resources for the hiring of relevant infrastructure engineers, planners, and other pertinent staff that are critical to VA’s infrastructure project execution.

CLOSING

I thank the Committee on the Budget for its attention to these views and estimates on the FY 2024 budget and FY 2025 advance appropriations requests for VA and matters within the jurisdiction of the Committee on Veterans’ Affairs. I look forward to working with you to continue to meet the needs of those who have served our country.

Sincerely,

JON TESTER,
Chairman.

B. Second Session (2024)

Pursuant to the requirements of section 301(d) of the Congressional Budget Act of 1974, Chairman Tester submitted a letter to the Budget Committee reflecting the Committee’s Views and Estimates on the Administration’s proposed Fiscal Year 2025 budget for veterans’ programs. The letter submitted is printed below in its entirety:

APRIL 17, 2024.

Hon. SHELDON WHITEHOUSE, *Chairman*,
 Hon. CHARLES E. GRASSLEY, *Ranking Member*,
Committee on the Budget,
U.S. Senate, Washington, DC.

DEAR CHAIRMAN WHITEHOUSE AND RANKING MEMBER GRASSLEY: Pursuant to Section 301(d) of the Congressional Budget Act of 1974, I write to provide views and estimates to the Committee on the Budget regarding matters within the jurisdiction of the Committee on Veterans' Affairs (the Committee). While the President's Budget request for Fiscal Year (FY) 2025 provides a total request of \$369.3 billion for the Department of Veterans Affairs (VA), representing a 10% increase over FY 2024, I am concerned by the Department's planned cuts to its medical workforce in light of unprecedented enrollment growth—spurred by Public Law 117–168, the *Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022* (the PACT Act).

In 2023, VA served more veterans than ever before. This included providing more than 118 million clinical appointments and processing more than 1.9 million disability compensation and pension claims, breaking the previous year's record by nearly 16%. Much of this unprecedented growth stems from the continued implementation of the PACT Act. VA announced in a recent press release that between March 2023 and March 2024, enrollment had increased in its health care system by nearly 30% thanks to authorities in the PACT Act. That same release also noted the PACT Act has allowed more than 746,500 veterans to upgrade their priority group since being signed into law.

While the topline numbers requested in the President's Budget appear robust, how they are ultimately arrived at is concerning. For example, in the smaller accounts that make up Medical Care there is a growing reliance on transfers and unobligated balances, frequently called "carryover," to supplement baseline requests. This is especially apparent in the Medical Community Care account in FY 2025. Since implementing Public Law 115–182, the *John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018* (the MISSION Act), VA has witnessed steady double-digit growth in community care spending. VA's baseline request of \$20.4 billion for FY 2025, unchanged from its previous Advance Request for Community Care, cannot meet demand based on past obligations. When transfers from other Medical Care accounts (more than \$7.9 billion), carryover (\$1.5 billion), and collections (\$901 million) are factored in, the baseline request jumps closer to \$30 billion. Additional funds from the mandatory Cost of War Toxic Exposure Fund or TEF cap off total obligations for the Medical Community Care account to a more realistic \$40.9 billion for FY 2025—more than doubling the at-first-glance funding for non-VA care.

This is about more than just funding. VA's planned medical workforce reductions in FY 2025, coupled with its existing "zero growth" initiative, which seeks to keep the full-time equivalent employee (FTE) number flat between FY 2023 and FY 2024, will directly impact the Department's ability to provide timely, quality care to veterans and consequently expand eligibility for community

care. In FY 2023, nearly 40% of the total VA health care workload was delivered in the community despite having a robust workforce. When veterans can't be seen in a timely manner or have to drive too far for services, they need to be quickly connected with community care. However, veterans should not have their choice for VA removed because the Department isn't appropriately staffed to meet their needs. Study after study—including findings recently published in *The Journal of General Internal Medicine*—shows VA health care is as good as or superior to what individuals get outside of VA. A recent nationwide Medicare survey of patients showed VA outperformed non-VA hospitals in all 10 core patient satisfaction metrics, including overall hospital rating, communication with doctors, communication about medication, and willingness to recommend the hospital. Making sure veterans have access to the best care available is a no-brainer. That means VA needs to continue to hire and retain quality personnel.

On the mandatory side of the ledger, the TEF remains a vital tool in VA's implementation of the PACT Act. Public Law 118–5, the *Fiscal Responsibility Act of 2023* (FRA) provided VA \$24.5 billion for TEF in FY 2025, representing a \$4 billion increase over the previous fiscal year. The increased TEF funding will cover the growing demand for health care associated with toxic exposure, maintain more than 6,900 FTE claims processing personnel, and continue expanding benefits to toxic-exposed veterans. Congress must maintain support for robust TEF funding.

With the influx of veterans and survivors applying for PACT Act benefits, VA expects to significantly increase the number of disability compensation claim decisions it issues in FY 2025 to 2.4 million, 400,000 more than it completed in FY 2023. In light of this increase in workload, it is troubling that the total budget requests for the Veterans Benefits Administration and the Board of Veterans' Appeals have decreased in FY 2025.

I thank the Committee on the Budget for its attention to these views and estimates on the FY 2025 budget and FY 2026 advance appropriations requests for VA and matters within the Committee on Veterans' Affairs jurisdiction. Following this letter is an appendix with a more expansive assessment of VA's budget request. I look forward to working with you to continue to meet the needs of those who have served our country.

Sincerely,

JON TESTER,
Chairman.

APPENDIX

VA hopes to rely on roughly \$12.7 billion in carryover from past fiscal years to fill gaps in the budget in FY 2025. Consequently, in FY 2026, VA will likely only have \$1.1 billion in carryover. In reviewing crosswalk tables for the last decade, it appears this is the lowest amount to be carried over. The lack of what financial auditors would call “operating reserves” is unsettling. It puts the Department at a disadvantage in addressing unexpected increases in operating expenses, such as new pharmaceutical breakthroughs. The table below from VA’s budget rollout briefing illustrates the different sources of carryover VA will rely on in FY 2025.

Expected Unobligated Balance at Year End						
(\$ in millions)	2023	2024	2025	2024 to 2025		2026
	Enacted	Estimate	Request	\$	%	Request
Discretionary*	5,766	6,791	14	(6,776)	-100%	14
American Rescue Plan	20	20	20	-	-	20
Toxic Exposures Fund	3,842	3,575	-	(3,575)	-100%	-
PACT Leases (Sec 705 & 707)	2,086	1,961	1,312	(649)	-33%	1,108
All other (Choice, others)	328	310	-	(310)	-100%	-
Total, Unobligated Balance at Year	12,041	12,657	1,346	(11,311)	-89%	1,143

*Adjustment made to reflect rescission of unobligated balance of \$1.952 billion from 2024 Minibus.

Congress has allowed VA to submit an advance appropriation request for more than a decade to better manage specific needs within the Department and, most importantly, avoid funding gaps that could threaten veterans’ access to health care and services. In the past, when budgetary needs have changed between an Advance Request and a Revised Request, VA has relied on “second bites” to help make up the difference. For example, the FY 2023 budget proposal included one of the largest second-bite requests, \$7.5 billion, for the Medical Care account—most of it went to bolster the Medical Community Care account. However, the FY 2024 and FY 2025 proposals did not seek “second bites” for discretionary funding. Some of the rationale for this is tied to the existence of the newly created TEF and the ability to transfer costs to the mandatory side of the ledger for those veterans who were exposed to toxics during their time in uniform. Other justifications may have included the large amounts of available unobligated balances. With dwindling carryover resources to rely on, what will VA’s FY 2026 revised budget request look like?

In written testimony provided to the House Committee on Veterans’ Affairs for their April 11th oversight hearing about VA’s FY 2025 budget request, the Independent Budget Veterans Service Organizations (IBVSOs), comprised of the Disabled American Veterans, the Paralyzed Veterans of America, and the Veterans of Foreign Wars, noted significant concerns with the request’s approach. The IBVSOs warned:

In its current budget submission, VA has proposed to carryover virtually the entire unobligated balance projected to be available at the end of FY 2024 in lieu of seeking new FY 2025 discretionary appropriations. This appears to be part of an effort to keep the Administration’s overall discretionary appropriations request under the negotiated caps imposed by the Fiscal Responsibility Act.

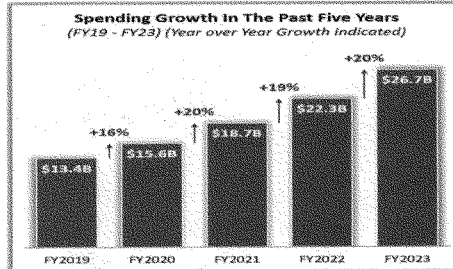
We are concerned about whether this could result in VA constraining its spending this year to meet that target, irrespective of veterans' actual need for medical care and other services. If the substitution of \$12.7 billion in carryover funding for new appropriations is approved by Congress, but the available unobligated balances ends up being less, we are concerned that in the current fiscal and political environment, it will be difficult to enact a supplemental appropriations to fill that funding gap.

Given the growing complexity of executing the budget, VA seeks further flexibility from Congress in transferring funds between accounts in an FY 2025 budget proposal. To date, details about this desired authority have been limited. The Committee has sought further information from the Department before commenting further on this request.

In January, articles highlighting a budget shortfall and the need to pause hiring at the Veterans Health Administration (VHA) dominated the press, causing considerable confusion in Congress. VA officials informed the Committee that while budget shortfalls were not a problem, VHA was planning to approach hiring more thoughtfully, as it had far exceeded its hiring goals in FY 2023. In a statement to Federal News Network, VA noted that the Department now had more than 400,000 employees for the first time in its history, and its efforts to boost retention led to a 20% reduction in turnover between 2022 and 2023. VA officials indicated to the Committee that it planned to keep the FTE numbers flat from FY 2023 to FY 2024, an initiative they refer to as "zero growth." The Committee was only recently informed that the number to maintain "zero growth" was 408,062 FTE. VA officials noted they would continue to hire in critical clinical areas like mental health, where demand continues to grow, and allow attrition elsewhere in VHA staffing to reduce overall headcount by not backfilling those roles.

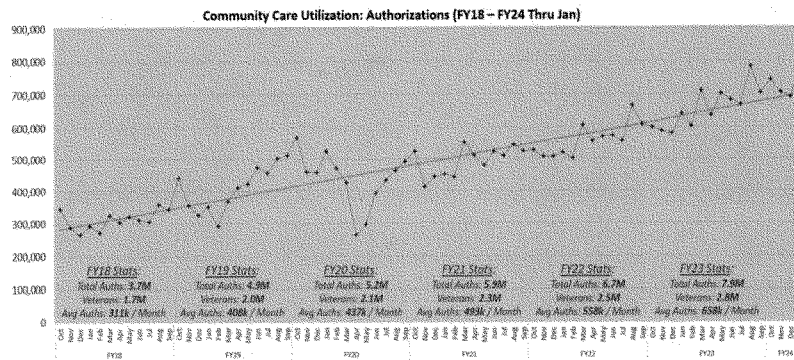
When the FY 2025 budget request was released, VHA staffing levels declined by nearly 10,000 FTE from anticipated FY 2024 levels for a total FTE count of 383,155. Most of the reductions come from medical support assistants, administrative support clerks, administrative specialists, medical records clerks/technicians, and others who are necessary "for the effective operations of VHA medical facilities." VHA also anticipates large cuts to the number of health technicians and registered nurses. When you consider VA's recent announcement of robust enrollment of toxic-exposed veterans due to the PACT Act and factor in a growing reliance on VA for their care due in part to upgrades in priority group placement, cuts to staffing seem ill-advised. Even in terms of allowing positions to remain unfilled or barring replenishment after attrition, unprecedented growth in utilization should be matched with *continued* unprecedented hiring, not backtracking.

Since the 2014 wait time crisis, VA's reliance on community care has grown significantly. In FY 2014, VA spent roughly \$4.5 billion on providing veterans care in the community. In FY 2023, that figure was \$26.7 billion. VA anticipates spending nearly \$41 billion in FY 2025. Since implementing the MISSION Act, VA has witnessed steady double-digit growth related to community care spending yearly. The graph provided by VA illustrates this growth over the last five fiscal years.



Several factors are driving this growth. Recent legislation (MISSION, PACT, and P.L 116-214, *the Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020 or the COMPACT Act*) has increased veteran eligibility for health care at VA. For example, due to the expanded eligibility criteria under the MISSION Act, the patient base eligible for community care has grown from 2 million in FY 2019 to 2.9 million in FY 2023. As these veterans enter the system, they are relying on VA for more and more of their care. VA estimated that in FY 2022, reliance on the system for total health care needs was roughly 40%. The legislation mentioned above has also expanded the types of services offered by VA, such as urgent care, which has also increased spending. In addition, VA has seen significant growth in the number of users in the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) and the Foreign Medical Program (FMP) in recent years.

VA's graph below helps to visualize the growth in community care utilization over the last six fiscal years. In FY 2023, nearly 40% of the total VA health care workload was delivered in the community despite having a robust workforce. One assumes that if further cuts are made to staffing levels at VHA as proposed in the FY 2025 budget request, wait times for certain care types will increase, further driving up community care utilization.



Upon further inspection of community care spending, several types of care appear to be propelling it. According to VA, 48% of community care spending (\$12.9 billion) is on specialty care, including oncology/hematology, mental health, and dental services. In addition, roughly 30% of the total spending on community care, or \$8 billion, is from emergency care. VA notes that inpatient care due to an emergency room visit accounts for most of this spending (82%). Finally, home and community-based long-term care services such as Homemaker/Home Health Aide and Skilled Home Health Care account for 21% of total community care spending. It is essential to note this type of care is preferred not only over institutional care by veterans but also offers better value to taxpayers. VA is facing a silver tsunami due to a large Vietnam-era enrollee cohort, and it is unlikely to see growth in this category for some years. Unlike past older enrollee cohorts, VA is seeing a slower decline in reliance in favor of Medicare with this Vietnam-era cohort.

The continued growth in community care utilization and subsequent obligations has recently forced VA to revisit contract ceilings for their Community Care Network (CCN) contracts. To see each contract through FY 2026, when they are due for rebidding, VA is modifying current contracts in Regions 1-4 to raise the ceilings by more than \$103 billion in total. VA officials acknowledge that these contracts' cost estimates were radically off during the pre-solicitation phases. It is important to note the increased ceilings are just a contracting mechanism and do not mean VA will spend that amount, nor will it ask for that amount as a specific line item in their budget request. Instead, as VA builds out future budget requests for the Medical Community Care account it will need to ensure it has the resources to support care delivery.

VA must balance the amount of care delivered at VA facilities versus care sent to the community. When veterans can't be seen in a timely manner or they have to drive too far for services, they need to be quickly connected with community care. Recent reports and evaluations show VA care is on par with, or superior to that in, the private sector:

- ***VA Outperforms non-VA Hospitals in Patient Satisfaction Metrics:*** VA outperformed non-VA hospitals on all 10 core patient satisfaction metrics — including Overall Hospital Rating, Communication with Doctors, Communication about Medication, Willingness to Recommend the Hospital, according to Medicare's latest nationwide survey of patients.
- ***VA Outperforms non-VA Hospitals in Quality and Safety:*** The Journal of General Internal Medicine recently reviewed 37 studies and found VA care is consistently as good as or better than non-VA care in terms of clinical quality and safety.
- ***Expanding Community Care Will Not Result in Better Quality and May Result in Worse Quality of Care:*** The Journal of the American College of Surgeons reviewed 18 studies and found that “expanding eligibility for veterans to get care in the community may not provide benefits in terms of increasing access to surgical procedures, will not result in better quality, and may result in worse quality of care...”
- ***VA Community Care Networks may not be improving access to quality, timely health care:*** A 2022 RAND report – The Promise and Challenges of VA Community Care – found veterans' usage of the VA Community Care Networks may not be improving their access to quality, timely health care. The report notes that community care may be more expensive than in-house care due to VA's ability to manage and standardize the cost of its own services. The report also

raises concern with community providers' lack of knowledge and understanding regarding veterans' unique health care needs and notes VA has faced challenges in obtaining information from and coordinating care with community providers.

Without sufficient, modernized infrastructure, VA will continue to struggle to meet its first mission of providing high-quality health care to veterans. This will also impact the Department's ability to conduct its second, third, and fourth missions—education, research, and emergency/disaster management and preparedness. Many of VA's medical centers are more than 50 years old. As identified by facility condition assessments, half of the VISNs have recognized maintenance backlogs of more than \$1 billion. VA estimates the full implementation of the Strategic Capital Investment Plan (SCIP) list today, which includes 2,077 projects and related activation, would cost between \$166 billion and \$184 billion. Unfortunately, VA's FY 2025 budget request continues the trend of chronic underfunding for facility modernization. Across all sources and accounts, VA will seek \$4.8 billion in funding for non-recurring maintenance (NRM) and major and minor construction projects in FY 2025. This will allow VA to engage in 221 new NRM projects, 74 new minor construction projects, and no new major construction projects. The roughly \$2 billion for major construction will instead continue ongoing projects in West LA, Dallas, and Denver. For years, the IBVSOs have recommended a much higher budget request to meet VA's current and future capital asset needs, aligning with the needs in VA's budget documents. The current infrastructure funding request does not come close to keeping up with VA's minimum requirements, and at these levels, it would take decades for VA to accomplish the identified projects in their pipeline. Further, not investing in new and upgraded VA facilities constrains access and sends more care to the community, which can be more expensive and of lower quality.

Dental care provides an interesting case study into this issue. At the end of 2023, 22.5% of all enrolled veterans, or 1.8 million, were eligible for comprehensive dental care at VA, an increase of 11.7% from the beginning of 2023. Before the implementation of the PACT Act, the number of veterans eligible for comprehensive dental care increased annually by 8.6% in the five years before 2023. At present, most dental clinics operate at or near full capacity. In FY 2019, VA spent \$328 million sending dental care to the community. By FY 2023, that figure had grown to just over \$1 billion. VA's own estimates indicate that the cost of community dental care per unique veteran is historically 20% higher than that of delivered dental care by VA. Yet, when we look at FY 2025's NRM SCIP list, there is exactly one prioritized project—an upgrade to a dental clinic in Fort Meade, SD, expected to cost \$8.3 million. The 2025 Lease SCIP list also shows one project, renewing a dental lease near Nashville, TN, but it is too far down the priority listing to be completed in 2025. The other 29 dental-related projects in the "Construction, Long Range Capital Plan" volume of the FY 2025 budget request are all listed to happen sometime in the future with a rough cost of over \$280 million. The IBVSOs call for \$50 million in minor construction funding in FY 2025 to help expand and modify dental treatment space.

Another area worth discussing in the capital asset space is grants for State Veteran Home (SVH) construction. These grants provide up to 65% of the cost of construction, rehabilitation, and repair of SVHs, with the state providing at least 35% in matching funds. I have seen the critical importance of this program in my state of Montana. In FY 2025, VA is requesting \$141 million. This level is inadequate, given the identified backlog of approved projects with state-matching

funds. As the IBVSOs noted in their FY 2025 and FY 2026 budget document, “With the need for long-term care services for veterans continuing to rise as the population ages, it is imperative that Congress increase funding to catch up and eliminate the backlog of federal funding.” Consequently, they recommend \$600 million in FY 2025 as a more realistic request to make real progress.

As noted earlier, one of VA’s other important missions is research. The Committee was disappointed to see the FY 2025 request of \$927 million for the Office of Research and Development (ORD). This represents a 6% decrease over FY 2024 funding levels. The IBVSOs had recommended a little over \$1 billion to support VA research in FY 2025. When coupled with additional resources from the federal government and private grants, the total funding for research jumps to nearly \$2.4 billion. However, this, too, represents a decline. VA will have \$148.6 million less funding for research over 2024 levels. Consequently, many designated research areas (DRAs) will experience a 9% cut in funding. DRAs represent areas where conditions are prevalent within the VA patient population, and a better understanding of them will help VA provide better care to veterans. The two outliers, Cancer and Military Environmental Exposures, will see bolstered funding. However, we are especially concerned that some priority research areas, such as traumatic brain injuries and mental illness, including suicide prevention, will see declines of 3% respectively over FY 2024 levels.

The Committee continues to monitor the general uncertainty surrounding the future of the Program of Comprehensive Assistance for Family Caregivers (PCAFC). As you may recall, in March 2022, in response to concerns raised by this Committee and other stakeholders, VA paused all discharges from PCAFC due to legacy participants’ anticipated high discharge rate. A legacy participant is an eligible veteran whose caregiver was approved and designated by VA before October 1, 2020—when new regulations resulted in changes to eligibility criteria. Later that year, in November, VA announced an Interim Final Rule with a three-year pause on removing legacy participants from PCAFC until September 30, 2025. Despite the turmoil, the program remains popular due to its range of benefits and services. VA’s data from the last fiscal year shows the program has grown by an estimated 6% each quarter.

Committee staff understand VA is working towards imminent publication of a Notice of Proposed Rulemaking (NPRM), which is anticipated to propose new eligibility requirements for PCAFC this year, along with other changes. However, VA does not address these upcoming, possibly drastic, changes to the program in its FY 2025 budget request. Given that all 19,800 legacy participants will likely need to be reassessed, and other impacts from the NPRM that may affect the over 55,000 current PCAFC participants, the Committee is concerned that VA did not provide any information about potential projected funding needs based on those anticipated changes in this year’s budget request.

Another area of concern is VA’s request for information technology (IT) funding. On its face, it shows a small .1% reduction from FY 2024 enacted levels. A closer review, however, reflects very large reductions ranging from 66 to 99% have been made in non-TEF development, modernization, and sustainment accounts. While the Committee supports the use of the TEF funds for toxic exposure-related IT projects, long-term under-investment in non-TEF funded projects such as the overhaul of VA’s financial management system or replacement of IT hardware across

the Department will have a negative impact on veterans and VA's employees that serve them. IT tools and systems are critical to the daily delivery of services to veterans and additional base funding outside the TEF is necessary.

The separate Electronic Health Record Modernization (EHRM) program account sees a reduction of \$440 million from FY 2024 enacted levels. VA and Congress worked together to determine the FY 2024 enacted levels based on the "reset" of the program and smaller resource requirements. The Committee supports these funding reductions for the time being as VA is focused on predominantly non-deployment activities over the next 12 months as they work with Oracle Health to fix problems with the software, training programs, and countless other areas. Modernization of VA's EHR is critical but lowered funding is appropriate as VA continues to overhaul the program and system's performance and plan for its "reset" exit strategy.

VA's request for BVA is particularly concerning because it has adjusted FY 2024 estimates and FY 2025 request for FTE to below its original FY 2024 request levels despite estimating an increased workload. While the Committee agrees VA can leverage efficiencies through IT system improvements, it does not agree that BVA can accomplish its goals of processing 118,000 appeals in FY 2025 and reducing the number of pending appeals with a smaller workforce. A review of BVA's request indicates a reluctance to hire personnel due to a delay in full-year appropriations and a delayed budget agreement. BVA planned to increase its workforce by more than 200 FTE from FY 2023 to FY 2024. It is now estimated to fall nearly 70 FTE short of its goal and requests 20 FTE less for FY 2025 than it had requested for FY 2024. This has resulted in the board reducing its estimates for the number of decisions it estimates to complete in FY 2024. It will also increase the number of veterans waiting for a decision on their appeals.

This comes while VA estimates that the number of appeals the BVA receives will continue to increase. VA estimates it will issue 2.4 million disability compensation decisions in FY 2025, which, according to recent trends, would equate to about 100,000 new appeals to the board, more than the board has received in the past four years. This means the BVA will not make much progress in reducing its nearly 214,000 pending appeals workload without additional funding.

The 4% overall decrease in discretionary and TEF funding for VBA is also concerning, given the increase in workload and more than 20% projected growth in mandatory outlays. Particularly concerning is the 21% decrease in TEF funding from FY 2024. The Fiscal Responsibility Act of 2023 provided VA \$24.5 billion for TEF in FY 2025. Given the demand for resources elsewhere, VBA has only received \$1.4 billion. This translates to VBA maintaining the same 25,762 FTE it estimates for FY 2024 through the end of FY 2025. VA's \$5.8 billion request in discretionary and TEF funding for VBA is \$400,000 less than the recommendation from the IBVSOs, who believe VBA requires additional funding to reduce the claims backlog, improve its mail processing, and improve outreach to minority veterans. While VBA can leverage efficiencies to do more with less, it is also important that it has the resources it needs to provide veterans with the benefits they have earned.

The Committee would like to express concerns about funding and staffing levels for the Veteran Readiness and Reemployment (VR&E) program. VR&E is crucial to assisting veterans with service-connected disabilities to develop skills and provide training unique to their needs to

prepare them to reenter the job market. While the funding cut of \$2.6 million only represents a 0.9% decrease, we are concerned about the impact this could have on an already overworked workforce. Currently, the number of VR&E counselors to recipients falls within the 125:1 expected ratio, though we regularly hear from veterans about long wait times for counseling and delayed processing of necessary paperwork. In the past year, VR&E saw 40% more applicants than the previous year. The estimated loss of 57 FTE will only further exacerbate these issues and limit disabled veterans' access to training necessary for their long-term success. The IBVSOs recommended increasing funding for VR&E by approximately \$6 million to hire roughly 40 new counselors to help lower the staffing ratio for improved timeliness and support. They also renewed their calls to create and hire 300 administrative support staff to reduce the administrative burden on VR&E counselors. This would provide one support position for every three counselors.

Furthermore, the Committee continues to support increased funding for the Veterans Cemetery Grant Program. The National Cemetery Administration (NCA) did not request a budget increase this year. Instead, it requests the same \$60 million as last year. As in previous years, NCA cannot meet the needs of all the conforming grants; instead, it only fulfills some of the tier one priorities, leaving many qualified grant applications to wait another year. NCA testified this year that without more money in the grant program, they would only be able to meet the needs of expansion projects and would not have enough funding for new establishment grants. If VA is going to continue in its goal of offering burial services within 75 miles of every veteran, NCA must have sufficient funding to establish new grant program cemeteries.

Finally, Jerry Pannullo, Executive Director for Programming, Analysis, and Evaluation, noted during a briefing to the Committee that FY 2025 "will be austere" for the numerous offices that comprise the General Administration account due to the nearly 4% cut in funding. The table in VA's FY 2025 budget request illustrates which offices will most impact. VA anticipates having to trim 104 FTE through attrition across the offices that make up this account. Fewer staff in key offices like the Office of General Counsel, the Office of Management, or the Office of Congressional and Legislative Affairs could stymie the Committee's ability to carry out its own work on behalf of veterans. Similarly, minor reductions in the Office of Accountability and Whistleblower Protection's budget or flat funding for the Office of Inspector General, as reflected in the FY 2025 request, may result in constraining oversight duties by those entities.

General Administration Appropriations by Office (in thousands)					
Office	2023 Actual	2024 Request	2024 Estimate 1/	2025 Request	2025 Request vs 2024 Estimate
					\$ %
Appropriation					
Office of the Secretary	17,324	19,165	19,165	18,159	-1,006 -5.2%
Office of General Counsel	136,347	149,283	149,283	142,310	-6,973 -4.7%
Office of Management	78,064	88,424	88,424	81,232	-7,192 -8.1%
Office of Human Resources & Administration/ Operations, Security & Preparedness	111,394	120,900	120,900	121,727	827 0.7%
Office of Enterprise Integration	36,229	38,941	38,941	37,818	-1,123 -2.9%
Office of Public & Intergovernmental Affairs	15,764	17,985	17,985	16,298	-1,687 -9.4%
Office of Congressional & Legislative Affairs	9,545	9,975	9,975	9,895	-80 -0.8%
Office of Accountability & Whistleblower Protection	28,333	30,327	30,327	29,561	-766 -2.5%
Total appropriation	433,000	475,000	475,000	457,000	-18,000 -3.8%
Net appropriation	433,000	475,000	475,000	457,000	-18,000 -3.8%

Note:

1/ A full-year 2024 appropriation for this account was not enacted at the time the Budget was prepared. Charts display the 2024 President's Budget request level for 2024 with updates to balances, reserves, and collections in the 2024 Current Estimate column.

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