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U.S. House of Representatives

COMMITTEE ON VETERANS' AFFAIRS

ONE HUNDRED ELEVENTH CONGRESS

335 CANNON HOUSE OFFICE BUILDING

WASHINGTON, DC 20515

<http://veterans.house.gov>

March 4, 2010

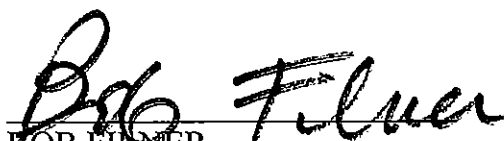
Honorable John M. Spratt, Jr.
Chairman
Committee on the Budget
U.S. House of Representatives
Washington, DC 20515

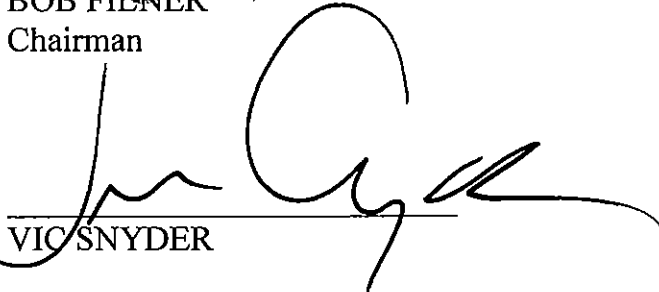
Dear Mr. Chairman:

Pursuant to section 301(d) of the Congressional Budget Act of 1974, clause 4(f) of Rule X of the Rules of the House of Representatives, and Rule 7 of the Rules of the Committee on Veterans' Affairs, the Committee on Veterans' Affairs hereby submits its Views and Estimates with regard to programs and matters within the jurisdiction of the Committee to be set forth in the concurrent resolution on the budget for fiscal year 2011. The Minority will be submitting Additional and Dissenting Views under separate cover.

Caring for our veterans is an ongoing cost of war, and a continuing obligation of our national defense. As a Congress, and a nation, we must fulfill our promises to the men and women who have served. Working together, we can ensure that our veterans are not forgotten, and that we meet our obligations to them as a nation.

Sincerely,


BOB FILNER
Chairman


VIC SNYDER


CORRINE BROWN


MICHAEL H. MICHAUD


STEPHANIE HERSETH SANDLIN


HARRY E. MITCHELL

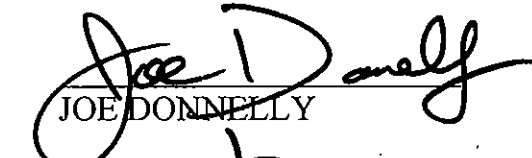

JOHN J. HALL

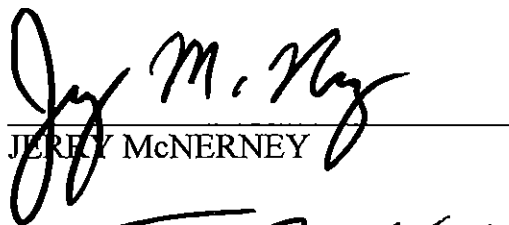

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ANN KIRKPATRICK


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Committee on Veterans' Affairs
U.S. House of Representatives
111th Congress

Views and Estimates
FY 2011

March 5, 2010

Section 1 – Discretionary Accounts

Department of Veterans Affairs

The Committee¹ recommends \$57.537 billion for the discretionary accounts of the Department of Veterans Affairs (VA) for FY 2011. This recommendation is \$4.5 billion, or 8.5 percent, above the FY 2010 level of \$53.039 billion, and \$571 million above the Administration's FY 2011 request of \$56.966 billion.

This year marks the first budget submission after the enactment of P.L. 111-81, the Veterans Health Care Budget Reform and Transparency Act of 2009, which mandated that the Administration's budget request include amounts for the following fiscal year for VA medical care accounts. The Consolidated Appropriations Act of 2010, P.L. 111-117, enacted on December 16, 2009, for the first time included \$48.2 billion in advance appropriations for VA medical care for FY 2011. For FY 2012, the Administration has requested \$50.6 billion for VA medical care for FY 2012. This amount, along with an estimated \$3.7 billion in collections would provide a total resource level of \$54.3 billion for VA medical care, a \$2.8 billion increase above amounts provided for FY 2011.

For FY 2011, the Administration estimates that it will obtain \$3.4 billion in medical collections, for a total VA medical care resource level of \$51.5 billion. This is \$4.3 billion, or 9.1 percent, above FY 2010 levels. The Committee notes that the VA's current estimate for FY 2010 collections is \$72 million more than the amount assumed in the FY 2010 Consolidated Appropriations Act and is confident that the VA's estimate for FY 2011 can be matched or exceeded.

The Independent Budget, co-authored by AMVETS, Disabled American Veterans, Paralyzed Veterans of America, and the Veterans of Foreign Wars has recommended a total resource level of \$52 billion for VA medical care. The Independent Budget has also requested that this sum be fully appropriated and is silent as to how third-party collections should be utilized in providing resource to the VA. The Independent Budget has not made any recommendations regarding FY 2012 medical care funding.

¹ While the Views and Estimates reflect a consensus effort, the Committee wishes to note that not all Members of the Committee necessarily agree with every aspect of the report. Accordingly, the Committee reserves its flexibility to determine program needs and recognizes the potential for funding changes as the Committee and Congress work their will through the legislative process.

Although the Committee is not recommending medical care funding levels for FY 2012, the Committee believes that the Administration's request is consistent with a current services estimate, and plans to work closely with the Administration and other committees as the appropriations process moves forward to ensure that FY 2012 funding accurately reflects the resource requirements facing the VA on October 1, 2011.

VA Medical Care Accounts (FY 2010-FY 2012)

(\$ in thousands)	FY 2010	President's Request	
		FY 2011 ^{1/}	FY 2012
Medical Services	\$ 34,707,500	\$ 37,136,000	\$ 39,649,985
Medical Support and Compliance	\$ 4,930,000	\$ 5,307,000	\$ 5,535,000
Medical Facilities	\$ 4,859,000	\$ 5,740,000	\$ 5,426,000
Total, Medical Care	\$ 44,496,500	\$ 48,183,000	\$ 50,610,985
<i>Medical Care Collections Fund (non-add) ^{1/}</i>	<i>\$ 2,954,000</i>	<i>\$ 3,355,000</i>	<i>\$ 3,679,000</i>
Total, Medical Care with Collections (non-add)	\$ 47,450,500	\$ 51,538,000	\$ 54,289,985

^{1/} On December 16, 2009, the Consolidated Appropriations Act of 2010 was signed into law. Division E of this Act included appropriations for the Department of Veterans Affairs (VA). This included VA funding for FY 2010, as well as advance appropriations for the VA medical care accounts in FY 2011. The President's Budget request for FY 2011 reflects the same amounts appropriated for 2011 in the Consolidated Appropriations Act of 2010.

For medical care, the Administration's FY 2011 budget request, submitted on February 1, 2010, requested no additional funding above the amounts provided in the FY 2010 Consolidated Appropriations Act. The Committee recommends an additional \$221 million be added to the Medical Facilities account to support non-recurring maintenance requirements. The Committee also recommends increases for the Medical and Prosthetic Research, General Operating Expenses, Office of Inspector General, Minor Construction, Grants for Construction of State Extended Care Facilities, and Grants for Construction of State Veterans Cemeteries accounts.

The Committee believes that the Administration's request and the additional resources recommended by the Committee will enable the VA to meet the wide-ranging health care needs of our veterans, begin to address the disabilities claims backlog, and improve the administration of non-medical benefits claims such as the post-9/11 GI bill. While the Committee will tirelessly advocate for the resources to enable the VA to meet its responsibilities to our veterans, the Committee remains cognizant that taxpayer dollars are scarce and that we must ensure that VA spends resources wisely. The Committee is proposing increased funding levels for the Office of Inspector General to assist in these efforts. The Committee has recommended increases for the VA's construction accounts and remains committed to ensuring that VA infrastructure is sufficient to deliver the highest quality health care to veterans.

ADDITIONAL FUNDING REQUIREMENTS

Should Congress consider additional stimulus, supplemental, or emergency spending, especially as relating to our current economic crisis, the Committee will seek additional funding to address VA's long-standing construction and facilities backlog. These projects, which have been identified, would not only improve health care and access to veterans but bolster employment opportunities throughout the nation. The Committee could seek an additional \$700 million to fund the following:

Non-Recurring Maintenance (NRM)	\$400 million
Minor Construction	\$200 million
Major Construction	\$100 million
<hr/>	
Total	\$700 million

The VA has a large portfolio of capital assets, which consists of about 5,500 buildings and almost 34,000 acres of land. The VA monitors the condition of these facilities and according to the December 2009 Facility Condition Assessment Status Report, the VA estimates that \$9.4 billion is needed to correct all of the deficiencies and to upgrade the condition of VA facilities. The situation is particularly bleak for the VA research infrastructure because they must compete with the facility upgrade needs of the VA medical center. Currently, the VA is in the process of reviewing the research infrastructure needs and by the end of FY 2009, 53 sites have been surveyed with about 20 sites that are waiting to be assessed in FY 2010. To date, the estimated funding needed to improve the research infrastructure exceeds \$570 million. Of this, about 44 percent or about \$250 million are priority 1 deficiencies where corrections are needed to resume normal operations, halt accelerated deterioration, replace items that are at or beyond their useful lifecycle, and correct life and safety hazards. The Committee recommendation of \$400 million will help the VA focus on the non-recurring maintenance backlog.

In addition to addressing the repairs and maintenance needs of existing capital assets, the VA requires significant investments to fully fund the capital projects that are in development. For example, the FY 2011 budget for VA major construction identifies 21 partially funded projects from prior years. An additional \$4.5 billion is needed to complete these projects, but the FY 2011 budget only requests \$790 million to fund just three of the 21 projects. This means that approximately \$3.7 billion remains to be funded in the out-years. The budget also prioritizes newly scored major construction projects submitted in the FY 2011 planning cycle. There were 61 such projects requiring \$8.4 billion. Of this, the VA only requests partial funding for two newly scored projects amounting to \$73 million. The Committee recommends \$200 million and \$100 million for minor and major construction respectively, so that the VA can fund additional projects. With the additional funding, the VA can improve access to VA health care, including funding additional Community Based Outpatient Centers (CBOCs) so that more veterans can receive medical care closer to their homes.

Veterans Health Administration (VHA)

(\$ in thousands)

	FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget ¹	FY 2011 Committee Recomm.	Recomm. vs. Request
Medical Services	\$34,707,500	\$37,136,000	\$40,940,954	\$37,136,000	\$0
Medical Support & Compliance	\$4,930,000	\$5,307,000	\$5,314,595	\$5,307,000	\$0
Medical Facilities	\$4,859,000	\$5,740,000	\$5,706,507	\$5,961,000	\$221,000
Total, VA Medical Care	\$44,496,500	\$48,183,000	\$51,962,056	\$48,404,000	\$221,000
MCCF Collections	\$2,954,000	\$3,355,000		\$3,355,000	\$0
Total, VA Medical Care (with Collections)	\$47,450,500	\$51,538,000	\$51,962,056	\$51,759,000	\$221,000
Medical and Prosthetics Research	\$581,000	\$590,000	\$700,000	\$650,000	\$60,000
Total, Veterans Health Administration	\$48,031,500	\$52,128,000	\$52,662,056	\$52,409,000	\$281,000

¹ The Independent Budget includes amounts attributable to medical care collections in its base funding level for the Medical Services Account.

VA medical care consists of the Medical Services, Medical Support and Compliance, and Medical Facilities accounts. Funding for the Veterans Health Administration includes the medical care accounts, and the Medical and Prosthetic Research account. Other VA accounts, such as Information Technology Systems and the construction accounts assist the VHA in operating the largest integrated health care system in the nation.

The Committee recommends \$48.4 billion for VA medical care, which is \$221 million above the Administration's FY 2011 budget request of \$48.2 billion. When medical collections are included, the Committee recommends \$51.8 billion in total available resources for VA medical care. This level is \$200 million lower than the amount recommended by the Independent Budget.²

For VA Medical and Prosthetic Research, the Committee recommends an appropriated level of \$650 million, \$69 million above FY 2010 and \$60 million above the Administration's request of \$590 million.

Medical Services

(\$ in thousands)

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget ²	FY 2011 Committee Recommendation	Recommendation vs. Request
\$34,707,500	\$37,136,000	\$40,940,954	\$37,136,000	\$0

Description³

This account provides for medical services of eligible veterans and beneficiaries in VA medical centers, outpatient clinic facilities, contract hospitals, State homes, and outpatient programs on a fee basis. Hospital and outpatient care is also provided by the private sector for certain dependents and survivors of veterans under the civilian health and medical programs for the VA.

² The Independent Budget includes amounts attributable to medical care collections in its base funding level for the Medical Services account.

³ Account descriptions are adapted from H. Rept. 111-188, to accompany H.R. 3082, the Military Construction, Veterans Affairs, and Related Agencies Appropriations Bill, 2010.

Recommendation

For FY 2011, the Administration requests \$37.1 billion for the Medical Services account, an increase of \$2.4 billion or 7 percent above the FY 2010 level.

The Committee supports the funding level requested by the Administration. This funding has been provided in the FY 2010 Consolidated Appropriations Act. The Committee is confident that this level will provide sufficient resources to enable the VA to provide high quality health care to veterans and to address many of the priorities shared by the Committee and the Administration. Some of these priorities include:

Mental Health – The Administration’s budget request will enable the VA to expand key programs for post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI), as well as the diagnosis and treatment of depression, substance abuse and other mental health problems. The Committee acknowledges the VA’s robust investments in mental health; however, addressing mental health issues continues to be a challenge. This is evidenced by the rising rates of suicide, incarceration, and homelessness among our veterans. The Committee believes that the VA must not only expand existing efforts but also must explore new evidence-based initiatives with a proven track record for yielding positive program results.

Homeless Veterans – It is estimated that about one-third of the adult homeless population served the country in the Armed Services. The current population estimates suggest that over 130,000 veterans are homeless on any given night and twice as many experience homelessness at some point during the course of the year. Homelessness is also a growing problem for our veterans returning from Iraq and Afghanistan, especially as they as they face higher rates of PTSD and TBI.

The Committee applauds the VA’s commitment to ending homelessness among our veterans. In addition to the various homeless proposals in the FY 2011 budget, the Committee encourages the VA to continue to increase resources dedicated to homeless prevention. While it is important to offer transitional housing and supportive services through such existing programs, it is equally important to make proper investments in preventing homelessness. The Committee recommends that initiatives to end homelessness not be targeted solely to the VHA, but also include the Veterans Benefits Administration (VBA) in coordinating the range of benefits available through the VA. This may include opportunities to obtain education and counseling along with other key benefits which may aid in preventing homelessness among our veterans.

Women Veterans – Today, there are approximately 1.7 million women veterans, or 7 percent of the nearly 25 million veterans. Assuming current enrollment rates, the number of female veterans who utilize the VA system will double in the next five years, making female veterans one of the fastest growing subgroups of veterans.

The Committee recognizes the VA’s efforts to improve health care for women veterans, which includes proposals to institute a new peer call center and a social networking site. In addition to these efforts, the Committee encourages the VA to identify and study the unique challenges and barriers that women veterans face when seeking health care through the VA. This would assist the VA in taking the necessary steps to improve health care for women veterans. The Committee notes that H.R. 1211, the Women Veterans Health Care Improvement Act, passed the House of Representatives last year.

Among the provisions in the bill, the VA would be required to conduct a barriers study, offer child care, and provide time-limited medical care for newborn children of women veterans receiving maternity care.

The Committee encourages the VA to explore new innovative ways of expanding access and improving the quality of medical care provided to women veterans. The Committee also urges the VA to develop and follow a long-term plan for ensuring that women veterans receive health care that is equal to what male veterans receive through the VA as the VA looks toward the future of providing quality health care to all of our veterans.

Rural Veterans – Of the almost 8 million veterans who are enrolled in the VA health care system, about 3 million, or almost 40 percent, live in rural areas. The Committee concurs with the VA's proposed investments in rural outreach, which include expanded use of home-based primary care and mental health care along with technology-based solutions, including the VA's telehealth and telemedicine efforts. Additionally, the Committee believes that the VA must work to strengthen the role and influence of the Office of Rural Health so that it can work to coordinate and improve health care for enrolled rural veterans and disseminate best practices.

OEF/OIF (Operation Enduring Freedom/ Operation Iraqi Freedom) Veterans – In order to improve the VA's budget estimation capabilities and better forecast workload and demand, the Committee urges the VA to work with the Department of Defense to facilitate timely information exchange on the number of returning OEF/OIF servicemembers. Working more closely with the Department of Defense is even more crucial as additional troops are sent overseas and the VA works to update budget projection models to properly reflect current force levels.

The Committee recognizes the challenges of projecting medical care costs for OEF/OIF veterans given the range and types of health care services sought by our newest veterans. Some OEF/OIF veterans may only use VA occasionally for pharmacy benefits while others use VA extensively for treatment of catastrophic war injuries. VA's capability to accurately predict health care costs and demand for our newest veterans has a direct impact upon the VA's ability to provide health care to all of our veterans and the Committee encourages the VA to work towards more accurate per unit medical care cost projections for OEF/OIF veterans by refining their projection models.

Priority Group 8 Veterans – The VA expects to enroll more than 500,000 previously ineligible veterans into Priority Group 8 by FY 2013. Recent estimates also show that the VA will enroll about 193,000 veterans by the end of FY 2010. The Committee encourages the VA to improve outreach plans and work with veterans' groups as the VA works to undue the ban enrollment ban put in place in 2003.

Caregivers – Because the VA does not collect data on this population, the number of family members and friends who provide care for veterans is unknown. However, a July 2007 report released by the President's Commission on Care for America's Returning Wounded Warriors (the Dole-Shalala Commission) found that of the 1,730 injured OEF/OIF veterans surveyed, about 21 percent of active duty, 15 percent of the reserve, and 24 percent of retired or separated servicemembers had friends or family who gave up

a job to be the caregiver. As caregivers continue to play an important role as caretakers of veterans, the VA lags in offering supportive services for these caregivers.

The Committee commends the VA for recognizing the plight of caregivers by submitting several legislative proposals to help caregivers in the FY 2011 budget. These include providing health care, education, and training for caregivers, as well as paying for the travel expenses that caregivers may incur when accompanying the veteran to his or her medical appointments. However, these proposals lack key details about the target population of individuals who will receive these supportive services. We encourage the VA to work with the Committee to further define this target population and identify the range of supportive services that the Department proposes to offer.

Medical Support and Compliance

(\$ in thousands)

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$4,930,000	\$5,307,000	\$5,314,595	\$5,307,000	\$0

Description

The Medical Support and Compliance appropriation funds the expenses of management and administration of the VA health care system to include financial management, public health and environmental hazard, quality and performance management, medical inspection, human research oversight, training programs and continuing education, security, volunteer operations, and human resources.

Recommendation

For FY 2011, the Administration requests \$5.3 billion for the Medical Support and Compliance account, an increase of \$377 million, or 7.6 percent above the amounts provided in FY 2010.

The Committee supports the funding level requested by the Administration. This funding has been provided in the FY 2010 Consolidated Appropriations Act.

Medical Facilities

(\$ in thousands)

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$4,859,000	\$5,740,000	\$5,706,507	\$5,961,000	\$221,000

Description

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

Recommendation

For FY 2011, the Administration requests \$5.7 billion for the Medical Facilities account, an increase of \$881 million or 18 percent above the FY 2010 level. Of the FY 2011 request, the Administration expects to obligate \$1.1 billion for non-recurring maintenance, which is a decrease of \$221 million from the updated obligations estimate for FY 2010.

The Committee recommends \$6 billion for this account, which is \$221 million above the Administration’s request and \$1.1 billion above the FY 2010 level. The Committee recommendation would restore non-recurring maintenance funding to the FY 2010 level.

Non-Recurring Maintenance – In FY 2010, the Administration estimated that they would obligate \$972 million for non-recurring maintenance, but later revised this estimate to \$1.3 billion. The Committee recommendation would restore the proposed funding cut to non-recurring maintenance and provides additional resources to address the non-recurring maintenance backlog. Additionally, the Committee applauds the VA’s commitment to allocate at least 5 percent of the total Medical Facilities appropriations for non-recurring maintenance and minor construction projects of research facilities. The Committee supports the VA’s efforts to ensure that sufficient resources are dedicated to combat the deterioration of the existing VA research infrastructure so that the VA may continue to promote excellence in research in state of the art facilities.

Medical and Prosthetic Research

(\$ in thousands)

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$581,000	\$590,000	\$700,000	\$650,000	\$60,000

Description

This account includes medical, rehabilitative, and health services research. Medical research is an important aspect of the VA’s programs, providing complete medical and hospital services for veterans. The prosthetic research program is also essential in the development and testing of prosthetic, orthopedic, and sensory aids for the purpose of improving the care and rehabilitation of eligible disabled veterans, including amputees, paraplegics, and the blind. The health services research program provides unique opportunities to improve the effectiveness and efficiency of the health care delivery system. In addition, budgetary resources from a number of areas including appropriations from the medical care accounts, reimbursements from the Department of Defense (DOD), grants from the National Institutes of Health (NIH), private proprietary sources, and voluntary organizations provide support for the VA’s researchers.

Recommendation

For FY 2011, the Administration requests \$590 million for Medical and Prosthetic Research, which is \$9 million or 1.5 percent above the FY 2010 level. VA also estimates additional program resources of \$1.3 billion from private and federal grants, grants from the NIH, DOD, and Centers for Disease Control. The Committee notes that these estimates of additional program resources are never fully actualized by the VA, and has traditionally recommended increased appropriated funding levels to ensure that VA research receives the funding it needs to continue its world-class research efforts.

The Committee recommends \$650 million for Medical and Prosthetic Research, an amount \$60 million above the Administration’s request and \$69 million above the FY 2010 level.

The Bureau of Economic Analysis in the U.S. Department of Commerce estimates a 3.2 percent increase in the Biomedical Research and Development Price Index in FY 2011. This translates to \$19 million, which is needed to maintain the research efforts at the FY 2010 level. The

Committee recommended funding for Medical and Prosthetic Research provides \$10 million in addition to the \$9 million already included in the Administration's request. The Committee recommendation would also provide an additional \$50 million to increase funding for VA research grants.

General Operating Expenses
(\$ in thousands)

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$2,086,707	\$2,611,973	\$2,339,364	\$2,629,973	\$18,000

Description

The General Operating Expenses appropriation provides for the administration of non-medical veterans' benefits through the VBA and departmental management and support.

With the funding provided in this account, VBA administers the following programs:

- Compensation and Pension Service – VA provides service-connected compensation to veterans with disabilities incurred or aggravated during military service, dependency and indemnity compensation (DIC) to surviving spouses, children and low-income dependent parents of veterans, pension benefits to elderly and disabled low-income wartime veterans, death pension to the surviving spouses and children of wartime veterans and benefits to certain children of veterans who were disabled by spina bifida or other congenital conditions related to their parent's military service.
- Education Service – VA provides education assistance to servicemembers, veterans, and certain eligible survivors and dependents in exchange for military service. VA education assistance, including the Post-9/11 GI Bill and the Montgomery GI Bill, is used by the Armed Forces as a recruiting and retention tool, as well as a readjustment benefit for servicemembers seeking to achieve educational and vocational goals in the civilian workforce.
- Housing (Loan Guaranty Service) – VA assists veterans and servicemembers to purchase and retain homes in recognition of their service to the nation. VA's partial guarantee on loans made by private lenders enables veterans and servicemembers to purchase homes with little or no down payment, thereby making home ownership affordable to many veterans.
- Vocational Rehabilitation and Employment (VR&E) – VR&E provides employment services and assistance to enable veterans with service-connected disabilities to obtain suitable employment and, to the maximum extent possible, achieve independence in daily living.
- Insurance – The Insurance Program provides servicemembers and their families with universally available life insurance, as well as traumatic injury protection insurance. It also provides for the conversion to a renewable term insurance policy after a servicemember's separation from service and provides life insurance to veterans who have lost the ability to purchase commercial insurance at standard (healthy) rates due to lost or impaired insurability resulting from military service.

This account also supports all of the staff offices with General Administration, including the Office of the Secretary, the Board of Veterans' Appeals, General Counsel, Office of Management, Office of Human Resources and Administration, Office of Policy and Planning, Office of Operations, Security and Preparedness, Office of Public and Intergovernmental Affairs,

Office of Congressional and Legislative Affairs, and the Office of Acquisition, Logistics and Construction.

Recommendation

For FY 2011, the Administration requests \$2.612 billion for the General Operating Expenses (GOE) account, which is an increase of \$525 million above the \$2.087 billion provided in FY 2010. This request includes \$2.1 billion for VBA, \$463 million for General Administration, and \$24 million for the Administration's Acquisition Improvement Initiative.

The Committee recommends \$2.630 billion, an increase of \$18 million above the Administration's request and \$543 million above the FY 2010 level. The Committee recommendation includes \$15 million for 150 additional vocational rehabilitation and employment counselors and \$3 million in additional funding for the Education division in order to assist with additional expenses, including any additional information technology expenses that are not covered within the Information Technology Systems account.

The Secretary, in his testimony before the Committee on February 4, 2010, stated, in regards to the VA's GOE request, that the:

[L]argest increase in our 2011 budget request, in percentage terms, is directed to the Veterans Benefits Administration as part of our mitigation of the increased workload. The President's 2011 budget request for VBA is \$2.149 billion, an increase of \$460 million, or 27 percent, over the 2010 enacted level of \$1.689 billion. The 2011 budget supports an increase of 4,048 FTEs, including maintaining temporary FTE funded through American Recovery and Reinvestment Act of 2009, P.L. 111-5. In addition, the budget also includes \$145.3 million in information technology (IT) funds in 2011 to support the ongoing development of a paperless claims processing system.

The Committee supports this FTE increase, especially those FTE involved in processing applications for Post-9/11 GI Bill benefits and those associated with the claims process.

One of the biggest challenges facing the Administration is the veterans' compensation and pension claims backlog and the increasing delays veterans and survivors face in receiving their benefits. The Committee has taken steps to address this chronic problem, including supporting additional resources to hire more claims processors and beginning systemic reforms, most notably in title II of P.L. 110-389, the Veterans Benefits Improvement Act of 2008. The next step in the process is to explore more comprehensive reform, a reform effort led by VA, and informed by Congress, veterans and other stakeholders. In order for VA to reach its stated paperless claims processing system goal by 2012, this reform must utilize 21st Century technology, including electronic rules-based processing. Additionally, for achieving its business transformation effort within the VBA, which VA is coupling with the above-stated IT effort, VA should develop further its strategic plan with realistic and well-informed metrics and milestones, focus on the quality versus the quantity of its work product and ensure enhanced training of VBA's claims processing personnel.

Information Technology Systems

(\$ in thousands)

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$3,307,000	\$3,307,000	\$3,552,884	\$3,307,000	\$0

Description

The Information Technology Systems account was established in P.L. 109–114. The account previously encompassed the entire nonpay information technology portfolio for the VA, including all automation efforts in all administrations. Starting in FY 2007, and reflected for the first time in the budget request for FY 2008, this account also includes pay and associated costs for information technology staff.

Recommendation

For FY 2011, the Administration requests \$3.307 billion for the Information Technology (IT) Systems account, which is the same as the amounts provided in FY 2010. This includes \$1.3 billion in Medical IT investments; \$380 million for Benefits and Memorials IT investments; \$527 million in Corporate IT investments for the VA’s Corporate 21st Century Core initiative; and \$158 million in Inter-agency IT investments, which includes funds for the Virtual Lifetime Electronic Record (VLER) and the Bi-directional Health Information Exchange (BHIE).

The Committee recommends the amount requested by the Administration as the VA plots a path forward in ensuring that the VA’s IT efforts support the missions of the VA. We intend to closely monitor funding committed to support the VA’s electronic medical records and IT efforts in the benefits and claims processing areas.

National Cemetery Administration

(\$ in thousands)

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$250,000	\$250,504	\$274,500	\$250,504	\$0

Description

The National Cemetery Administration was established in accordance with P.L. 93–43, the National Cemeteries Act of 1973. It has a fourfold mission: to provide for the interment of, in any national cemetery with available grave space, the remains of eligible deceased servicemembers and discharged veterans, together with their spouses and certain dependents, and to permanently maintain their graves; to provide headstones for, and to mark graves of eligible persons in national, State, and private cemeteries; to administer the grant program for aid to States in establishing, expanding, or improving State veterans’ cemeteries; and to administer the Presidential Memorial Certificate Program. This appropriation will provide for the operation and maintenance of 164 cemeterial installations in 39 States, the District of Columbia, and Puerto Rico.

Recommendation

For FY 2011, the Administration requests \$250.5 million for the National Cemetery Administration, which is \$504,000 or 0.2 percent above the FY 2010 level. With the requested funding, the VA will determine where new national veterans cemeteries should be built based on a new population threshold of 80,000 veterans (170,000 veterans under current policy) living

within 75 miles of a potential cemetery site. This reflects a significant decrease in the population threshold, which means that more veterans will have access to a veterans' cemetery burial option within 75 miles of their residence.

The Committee supports the Administration's requested funding level.

Office of Inspector General

(\$ in thousands)

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$109,000	\$109,367	\$112,020	\$121,367	+\$12,000

Description

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

Recommendation

In FY 2011, the Administration requests \$109.4 million for the Office of Inspector General (IG), which is an increase of \$367,000 or 0.3 percent above the FY 2010 level. With this funding request, the Office of Inspector General will be able to maintain 576 FTEs, the same staffing total funded with the amounts provided in FY 2010.

The Committee recommends an additional \$12 million for this account to better match the resource requirements of the IG for FY 2011.

At the Subcommittee on Oversight and Investigations budget hearing on the Office of Inspector General and Information Technology accounts, the Deputy Inspector General testified that a stagnant budget could limit the IG's ability to take on new oversight initiatives. The limited resources also would result in the IG conducting reactive investigations and would reduce their ability to conduct proactive investigations.

Construction, Major Projects

(\$ in thousands)

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$1,194,000	\$1,151,036	\$1,295,000	\$1,151,036	\$0

Description

The Construction, Major Projects appropriation provides for constructing, altering, extending, and improving any of the facilities under the jurisdiction or for the use of the VA, including planning, architectural and engineering services, assessments, and site acquisition where the estimated cost of a project is \$10,000,000 or more.

Recommendation

For FY 2011, the Administration requests \$1.2 billion, a decrease of \$43 million, or 3.6 percent below the FY 2010 level. The Administration's request includes \$1 billion for VHA-related construction and \$107 million for NCA-related construction.

The VHA-related construction request totaling \$1.2 billion includes the following:

Location	Description	Total Estimated Cost	Funding Through 2010	2011 Request
New Orleans, LA	New Medical Facility	\$995,000,000	\$625,000,000	\$310,000,000
Denver, CO	New Medical Facility	\$800,000,000	\$307,300,000	\$450,700,000
Palo Alto, CA	Polytrauma/ Ambulatory Care	\$642,900,000	\$164,877,000	\$30,000,000
Alameda Point, CA	Outpatient Clinic and Columbarium (Design)	\$208,600,000	\$0	\$17,332,000
Omaha, NE	Replacement Facility (Design)	\$560,000,000	\$0	\$56,000,000
Advance Planning Fund	Various Stations			\$89,750,000
Facility Security Projects	Various Stations			\$41,390,000
Judgment Fund	Various Stations			\$6,000,000
BRAC Land Acquisition	Various Stations			\$13,000,000
Resident Engineers for Major Construction	Various Stations			\$23,964,000

The NCA-related construction request totaling \$107 million includes the following:

Location	Description	Total Estimated Cost	Funding Through 2010	2011 Request
Indiantown Gap, PA	Gravesite Expansion & Cemetery Improvements-Phase 4	\$23,500,000	\$0	\$23,500,000
Los Angeles, CA	Columbarium Expansion	\$27,600,000	\$0	\$27,600,000
Tahoma, WA	Gravesite Expansion & Cemetery Improvements – Phase 2	\$25,800,000	\$0	\$25,800,000
Advance Planning Fund	Various Stations			\$20,000,000
NCA Land Acquisition Fund	Various Stations			\$10,000,000

The Committee supports the Administration's requested funding level of \$1.2 billion. As stated previously, the Committee plans on working to include additional construction resources when any opportunities present themselves.

Construction, Minor Projects

(\$ in thousands)

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$703,000	\$467,700	\$785,000	\$632,700	+\$165,000

Description

The Construction, Minor Projects appropriation provides for constructing, altering, extending, and improving any of the facilities under the jurisdiction or for the use of the VA, including planning, assessment of needs, architectural and engineering services, and site acquisition, where the estimated cost of a project is less than \$10,000,000.

Recommendation

For FY 2011, the Administration requests \$467.7 million, a decrease of \$235 million, or 33.5 percent below the level provided in FY 2010. This request includes \$387 million for VHA, \$43 million for NCA, \$15 million for VBA, and \$23 million for General Administration staff offices.

The Committee recommends \$632.7 million, an increase of \$165 million above the Administration's request. The Committee's recommendation will bring the FY 2011 levels closer to the FY 2010 funding level for this account which provides funding for construction projects where the estimated cost is under \$10 million. The VA faces a huge backlog in these projects and additional resources will help address this backlog while supporting VA facilities across the nation.

Grants for Construction of State Extended Care Facilities

(\$ in thousands)

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$100,000	\$85,000	\$275,000	\$175,000	+\$90,000

Description

This program provides grants to assist States to construct State home facilities, for furnishing domiciliary or nursing home care to veterans, and to expand, remodel or alter existing buildings for furnishing domiciliary, nursing home or hospital care to veterans in State homes. A grant may not exceed 65 percent of the total cost of the project.

Recommendation

For FY 2011, the Administration requests \$85 million, a decrease of \$15 million, or 15 percent below the level provided in FY 2010. The Committee recommends \$175 million, an increase of \$90 million above the Administration's request and \$75 million above the FY 2010 level.

According to the 2000 Census, there were 9.7 million veterans age 65 and older in the U.S and Puerto Rico. The number of men age 85 and older who are veterans has increased drastically from 150,000 in the 1990 Census to 400,000 in the 2000 Census, and is expected to increase drastically to 1.2 million by the 2010 Census. With this significant growth in the aging veteran population, the Committee recognizes the important role that state homes play in the VA's long-term care strategy. As such, the Committee believes that the VA must begin to address the state home backlog. With the Committee's recommended funding increase, the VA can begin to reduce the backlog of Priority Group 1 state home projects, which are those projects that have

state funding to begin construction but are waiting for funding from the VA. According to the VA's "FY 2010 Priority List of Pending State Home Construction Grant Applications," there are 53 Priority Group 1 projects with an estimated \$405 million in VA grant costs.

Grants for Construction of State Veterans Cemeteries

(\$ in thousands)

FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$46,000	\$46,000	\$51,000	\$51,000	+\$5,000

Description

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

Recommendation

For FY 2011, the Administration requests \$46 million, which is the same as the FY 2010 enacted level.

The Committee recommends a funding level of \$51 million, an increase of \$5 million above the Administration's request and \$5 million above the FY 2010 level. The Committee recommendation would provide additional resources to match what the VA expects to obligate for these grants in FY 2010.

Department of Labor

Veterans Employment and Training Service (VETS)

The Assistant Secretary for VETS serves as the principal advisor to the Secretary of Labor on all policies and procedures affecting veterans' employment matters. VETS furnishes employment and training services to servicemembers and veterans through a variety of programs, including providing grants to States, public entities and non-profit organizations, including faith-based organizations, to assist veterans seeking employment. VETS also investigates complaints filed under veterans' preference and re-employment laws. Specifically, VETS administers the following programs: DVOP/LVER state grant program; Transition Assistance Program; Veterans' Preference and Uniformed Services Employment and Reemployment Rights Act (USERRA); Homeless Veterans' Reintegration Program (HVRP); Veterans Workforce Investment Program (VWIP); Federal Contractor Program; and, the National Veterans' Training Institute (NVTI). The Administration requested a total of \$262.5 million in FY 2011 to support the staffing and grant-making ability of VETS. This is a \$6.4 million increase over amounts provided in FY 2010. The Committee recommends an increase of \$66 million for VETS, for a total funding level of \$328.5 million. This recommended level would provide an additional \$31 million for State Grants in order for States to hire more DVOP and LVER staff to better manage the One-Stop Career Centers, military facilities, VR&E offices, and HVRP to provide better priority services to veterans. Committee recommends an additional \$2 million to HVRP. Although accurate numbers are impossible to come by – no one keeps national records on

homeless veterans – current estimates suggest that as many as 130,000 veterans are homeless on any given night and twice as many experience homelessness at some point during the course of the year. According to the National Survey of Homeless Assistance Providers and Clients (U.S. Interagency Council on Homelessness and the Urban Institute, 1999), veterans account for 23 percent of all homeless people in America. The Committee also recommends increasing the funding level for VWIP to \$30 million. Not all States participate in VWIP grants. This is due not to a lack of eligible participants, but to a lack of resources. Providing an additional \$30 million will provide assistance to more participants and would further enable the Administration to provide more green energy-related jobs for veterans and afford veterans with more marketable skills in a tough economy. The Committee also recommends an additional \$3 million in funding for the NVTI. These additional resources will better assist NVTI in providing the training necessary to be a successful DVOP/LVER and provide sufficient resources to meet any expansion of the training requirement.

Other Agencies

American Battle Monuments Commission

(\$ in thousands)

FY 2010 Enacted	FY 2011 Administration Request	Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$62,675	\$64,200	N/A	\$64,200	\$0

Description

The American Battle Monuments Commission is responsible for the administration, operation and maintenance of cemetery and war memorials to commemorate the achievements and sacrifices of the American Armed Forces where they have served since April 6, 1917. In performing these functions, the Commission maintains 24 permanent American military cemetery memorials and 31 monuments, memorials, markers, and offices in 15 foreign countries, the Commonwealth of the Northern Mariana Islands, and the British dependency of Gibraltar. In addition, six memorials are located in the United States: the East Coast Memorial in New York; the West Coast Memorial, The Presidio in San Francisco; the Honolulu Memorial in the National Memorial Cemetery of the Pacific in Honolulu, Hawaii; and the American Expeditionary Forces Memorial, the World War II, and Korean War Veterans Memorials in Washington, DC.

Recommendation

For FY 2011, the Administration is requesting a total of \$84.8 million for the ABMC consisting of \$64.2 million for salaries and expenses and \$20.2 million for costs associated with foreign currency fluctuations. The Committee recommends that the requested level be provided in FY 2011.

U.S. Court of Appeals for Veterans Claims

(\$ in thousands)

FY 2010 Enacted	FY 2011 Administration Request	Independent Budget	FY 2011 Committee Recommendation	Recommendation vs. Request
\$27,115	\$90,147	N/A	\$90,147	\$0

Description

The Veterans' Judicial Review Act established the U.S. Court of Appeals for Veterans Claims. The Court reviews appeals from claimants seeking review of a benefit denial. The Court has the authority to overturn findings of fact, regulations, and interpretations of law.

Pro bono program.—The Legal Services Corporation administers a grant program to provide pro bono representation and legal assistance to claimants who file appeals with the Court. The Congress funds the grant program through the Court's appropriation. To maintain impartiality, the Court does not administer the program or comment on the program's budget estimate.

Recommendation

The Administration has requested a total appropriation for the Court of \$90.1 million. This includes \$62 million for the construction of a new courthouse that would be transferred to the General Services Administration. The Court's budget submission also includes \$2.5 million for the Pro Bono Representation Program administered by the Legal Services Corporation. The Committee recommends the requested level of \$90.1 million be provided in FY 2011.

Section 2 – Mandatory Accounts

The Committee will look to improve veterans' benefits as well as address improvements to VA educational assistance programs. The Committee will also be facing a number of expiring authorities over the next few years which will need to be continued in order for veterans not to see a diminution in benefits. These efforts will require appropriate offsets or a commitment by Congress to improve these earned benefits.

Congress may also need to provide the Committee with some flexibility in mandatory spending as the Committee begins to take steps to improve the claims processing system and looks to bring the veterans benefits system into alignment with the current needs of veterans in a new century.

Section 3 – Other Matters

Section 425 of S. Con. Res. 13, the FY 2010 Budget Resolution, states that:

[A]ll committees are directed to conduct rigorous oversight hearings to root out waste, fraud, and abuse in all aspects of Federal spending and Government operations, giving particular scrutiny to issues raised by the Federal Office of the Inspector General or the Comptroller General of the United States. Based upon these oversight efforts, the committees are directed to make recommendations to reduce wasteful Federal spending to promote deficit reduction and long-term fiscal responsibility. Such recommendations should be submitted to the House Committee on the Budget in the views and estimates

reports prepared by committees as required under 301(d) of the Congressional Budget Act of 1974.

The Committee will continue its vigorous oversight efforts over the VA, the benefits we provide to veterans and the programs in place to serve them. The Committee is committed to working with the Administration to assist in efforts to transform the VA into a 21st Century organization that puts the needs of veterans first. As part of that effort we have pledged to look at programs and benefits for veterans anew and bring innovative ideas to the forefront.

The Committee will be working tirelessly to ensure that veterans receive the health care they deserve while we ensure that taxpayer dollars are used wisely and to their full extent; we will be looking at ways we can transform the manner in which VA provides benefits and services, and we will look at ways to make the VA more accountable for the unprecedented resources we have provided. The Committee has recommended funding levels above the Administration's request for the IG in order to assist the Committee in identifying instances where VA resources are not spent as efficiently as possible or are spent inappropriately.

Section 4 – Chart (on following page)

U.S. House of Representatives

COMMITTEE ON VETERANS' AFFAIRS

ONE HUNDRED ELEVENTH CONGRESS

Views and Estimates
FY 2011 Budget of the Department of Veterans Affairs
(\$ in thousands)

March 5, 2010

Discretionary Accounts	FY 2010	FY 2011 Administration Request	FY 2011 Independent Budget ^{1/}	FY 2011 Committee Recomm.	Committee Recomm. vs. FY 2010	Committee Recomm. vs. Administration's Request	Committee Recomm. vs. Independent Budget ^{1/}
Medical Services ^{1/}	34,707,500	37,136,000	40,940,954	37,136,000	+2,428,500	0	-3,804,954
Medical Support and Compliance	4,930,000	5,307,000	5,314,595	5,307,000	+377,000	0	-7,595
Medical Facilities	4,859,000	5,740,000	5,706,507	5,961,000	+1,102,000	+221,000	+254,493
Total, Medical Care	44,496,500	48,183,000	51,962,056	48,404,000	+3,907,500	+221,000	-3,558,056
<i>Medical Care Collections Fund (non-add) ^{1/}</i>	<i>2,954,000</i>	<i>3,355,000</i>		<i>3,355,000</i>	<i>+401,000</i>	<i>0</i>	<i>+3,355,000</i>
Total, Medical Care with Collections (non-add)	47,450,500	51,538,000	51,962,056	51,759,000	+4,308,500	+221,000	-203,056
Medical and Prosthetic Research	581,000	590,000	700,000	650,000	+69,000	+60,000	-50,000
General Operating Expenses	2,086,707	2,611,973	2,339,364	2,629,973	+543,266	+18,000	+290,609
Information Technology Systems	3,307,000	3,307,000	3,552,884	3,307,000	0	0	-245,884
National Cemetery Administration	250,000	250,504	274,500	250,504	+504	0	-23,996
Office of Inspector General	109,000	109,367	112,020	121,367	+12,367	+12,000	+9,347
Construction, Major Projects	1,194,000	1,151,036	1,295,000	1,151,036	-42,964	0	-143,964
Construction, Minor Projects	703,000	467,700	785,000	632,700	-70,300	+165,000	-152,300
Grants for Construction of State Extended Care Facilities	100,000	85,000	275,000	175,000	+75,000	+90,000	-100,000
Grants for Construction of State Veterans Cemeteries	46,000	46,000	51,000	51,000	+5,000	+5,000	0
Total, Departmental Administration	7,795,707	8,028,580	8,684,768	8,318,580	+522,873	+290,000	-366,188
Other Discretionary ^{2/}	166,103	164,738	170,482	164,738	-1,365	0	-5,744
Total VA Discretionary	8,000,000	8,193,318	8,855,250	8,483,318	+183,318	+193,318	-371,932
Medical Care Collections Fund (MCCF) ^{1/}	22,295,000	23,590,000	25,770,000	23,653,000	+1,398,000	+1,398,000	-2,117,000
Total ^{1/} Discretionary with MCCF Collections	4,995,000	60,327,318	67,517,306	60,897,318	+4,899,000	+571,000	-624,988

^{1/}The Independent Budget includes amounts attributable to medical care collections in its base funding level for the Medical Services Account.

^{2/} Other Discretionary includes the administrative expenses for the Veterans Housing Benefit Program Fund and the Vocational Rehabilitation Loan Program, as well as the Native American Veterans Housing Loan Program. In addition, it includes the program fund and credit subsidy totals for the Vocational Rehabilitation Loan Program and the Native American Veteran Housing Loan Program.



**ADDITIONAL VIEWS AND ESTIMATES, COMMITTEE ON VETERANS' AFFAIRS,
FISCAL YEAR 2010**

REP. JOE DONNELLY

I support many of the recommendations of the House Committee on Veterans' Affairs Views and Estimates of the Fiscal Year 2011 budget. I am proud to be part of a committee that continues to push for the expansion of eligibility for access to care for our veterans, tackle the disability claims backlog, and improve veterans' education benefits.

Additionally, I would support the committee seeking additional major construction funds should Congress consider any additional supplemental, emergency, or economic recovery appropriations; the backlog of projects both partially funded and completely unfunded is too deep to fulfill the needs of our veterans for reasonable access to care. However, I believe the committee should have requested more funds for major construction for regular FY 2011 appropriations. In the administration's FY 2011 budget request, only \$73 million is requested for a list of 61 newly scored major construction projects totaling well over \$8 billion.

Too often, veterans in my district—and across the country—are forced to drive hours and hundreds of miles to seek the care they were promised in return for their service and sacrifice to our country. But veterans and their families are not alone in recognizing the need for expanded healthcare services in north central Indiana.

In September 2008, a Subcommittee on Health roundtable discussion was held in South Bend. Representatives from the subcommittee, the local VA, local veterans service organizations, and the community discussed access to care in the South Bend area, where the South Bend CBOC has more than 8,000 veterans enrolled and sees approximately 200 patients each day. Following this discussion, the Department of Veterans Affairs announced in April 2009 plans for a new healthcare center in South Bend, raising the hopes of thousands of Hoosier veterans and the community that the days of hours-long travel for healthcare would soon be over. I was pleased to see it listed on the VA's major construction list but disappointed that the administration did not request funds for FY 2011 construction.

On behalf of the veterans and communities of my district, I recommend additional funds for the major construction accounts in order to accelerate the building of these projects and to provide veterans like those in north central Indiana with the access to healthcare they deserve and have spent years waiting for.