

# U.S. DEPARTMENT OF VETERANS AFFAIRS

## FY 2025 BUDGET SUBMISSION



Supplemental Information and  
Appendices

Volume 1 of 5

March 2024

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**Department of Veterans Affairs**  
**Volume I**  
**Supplemental Information and Appendices**

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## *Supplemental Information*

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### **Part 1**

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## *Appropriations by Account*

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### **Regular Appropriations, Collections, and DoD Transfers**

The following table captures advance and annual appropriations without any supplemental appropriations. It reflects rescissions, but does not reflect appropriation transfers among VA accounts. The only collections included are from the Medical Care Collections Fund (MCCF), and the only appropriation transfers are from the Department of Defense (DoD) to the two joint health care accounts (DoD-VA Health Care Sharing Incentive Fund and Joint DoD-VA Medical Facility Demonstration Fund).

A full-year 2024 appropriation act was not enacted at the time the Budget was prepared. This and subsequent charts display the 2024 President's Budget request level for a 2024 Estimate for discretionary accounts, with updates to assumptions and estimates for mandatory accounts displayed consistent with 2025 budget models and as communicated to the House and Senate Appropriations Committees in December 2023.

## Regular Appropriations, Collections, and DoD Transfers

(\$ in millions)	2023	2024	2025	Change 2025 vs. 2024	
	Enacted	Estimate	Request	\$	%
<b>Discretionary Funding /1</b>					
Medical Services	70,584	69,071	71,000	1,929	2.8%
Medical Community Care	28,457	31,091	20,382	(10,709)	-34.4%
Medical Support and Compliance	11,073	12,300	11,800	(500)	-4.1%
Medical Facilities	8,634	8,549	9,400	851	9.9%
<b>Subtotal, Medical Care Appropriations</b>	<b>118,748</b>	<b>121,011</b>	<b>112,582</b>	<b>(8,429)</b>	<b>-7.0%</b>
Medical Care Collections Fund	4,132	4,269	4,390	120	2.8%
<b>Subtotal, Medical Care with MCCF</b>	<b>122,879</b>	<b>125,281</b>	<b>116,972</b>	<b>(8,309)</b>	<b>-6.6%</b>
Medical and Prosthetic Research	916	938	868	(70)	-7.5%
Electronic Health Care Record Modernization	1,609	1,863	894	(969)	-52.0%
Information Technology Systems	5,782	6,401	6,232	(169)	-2.6%
Board of Veterans' Appeals	285	287	267	(20)	-7.0%
General Operating Expenses, Veterans Benefits Administration	3,863	3,899	4,035	136	3.5%
National Cemetery Administration	430	480	495	15	3.1%
General Administration	433	475	457	(18)	-3.8%
Construction, Major Projects	1,372	881	2,069	1,188	134.8%
Construction, Minor Projects	626	680	380	(300)	-44.1%
Grants for State Extended Care Facilities	150	164	141	(23)	-14.0%
Grants for Construction of Veterans Cemeteries	50	60	60	-	0.0%
Office of Inspector General	273	296	296	-	0.0%
Asset & Infrastructure Review Commission	(5)	-	-	-	-
Loan Administration Funds	284	320	326	6	1.9%
DoD Transfers to Joint Accounts	183	187	178	(9)	-4.8%
Subtotal, Non-Medical Care	16,251	16,931	16,698	(233)	-1.4%
<b>Subtotal, Discretionary without MCCF</b>	<b>134,999</b>	<b>137,942</b>	<b>129,280</b>	<b>(8,663)</b>	<b>-6.3%</b>
<b>Subtotal, Discretionary (with MCCF)</b>	<b>139,131</b>	<b>142,212</b>	<b>133,669</b>	<b>(8,542)</b>	<b>-6.0%</b>
Transformational Fund (TF) /2	969	676	307	(369)	-54.6%
<b>Total, Discretionary (with MCCF and TF)</b>	<b>140,100</b>	<b>142,888</b>	<b>133,976</b>	<b>(8,911)</b>	<b>-6.2%</b>
<b>Mandatory Funding 3/</b>					
<b>Total, Mandatory</b>	<b>168,685</b>	<b>193,461</b>	<b>235,280</b>	<b>41,820</b>	<b>21.6%</b>
<b>Total Funding</b>					
<b>Total VA (Disc &amp; Mand) without MCCF or TF</b>	<b>303,684</b>	<b>331,403</b>	<b>364,560</b>	<b>33,157</b>	<b>10.0%</b>
<b>Total VA (Disc &amp; Mand) with MCCF</b>	<b>307,816</b>	<b>335,672</b>	<b>368,950</b>	<b>33,277</b>	<b>9.9%</b>
<b>Total, Disc &amp; Mand Funding (with MCCF and TF)</b>	<b>308,784</b>	<b>336,348</b>	<b>369,257</b>	<b>32,908</b>	<b>9.8%</b>

/1 Discretionary Funding includes non-emergency discretionary appropriations provided in annual Appropriations Acts and in the 2024 President's Budget Request.

/2 This line displays the estimated resources available in the Transformational Fund (TF) at the start of FY 2024. These resources do not score as budget authority.

/3 Mandatory Funding includes mandatory appropriations provided in annual Appropriations Acts, PACT Act and the Fiscal Responsibility Act. For 2024, updates to assumptions and estimates for mandatory accounts displayed consistent with 2025 budget models and as communicated to the House and Senate Appropriations Committees in December 2023.



### Mandatory Funding Details

(\$ in millions)	2023	2024	2025	Change 2025 vs. 2024	
	Enacted	Estimate	Request	\$	%
<b>Mandatory Funding 3/</b>					
<b>Mandatory Benefits</b>					
Compensation and Pensions	152,017	161,851	192,131	30,281	18.7%
Veterans Insurance and Indemnities	110	134	135	1	1.0%
Readjustment Benefits	8,907	8,827	16,057	7,230	81.9%
Credit Reform Upward Reestimates and Subsidy	775	2,285	2,304	19	0.8%
Housing Liquidating Account	(3)	(3)	(2)	1	-
<b>Subtotal, Mandatory Benefits</b>	<b>161,805</b>	<b>173,093</b>	<b>210,625</b>	<b>37,532</b>	<b>21.7%</b>
<b>PACT Act</b>					
<b>Section 707 (Major Medical Facility Leases)</b>					
Medical Facilities	1,880	100	200	100	100.0%
<b>Cost of War Toxic Exposures Fund</b>					
Medical Services	3,822	9,525	11,684	2,158	22.7%
Medical Community Care	-	6,740	9,771	3,030	45.0%
Medical Support and Compliance	-	850	-	(850)	-100.0%
Medical and Prosthetic Research	2	46	59	13	28.3%
Information Technology Systems	656	1,243	1,364	121	9.7%
Board of Veterans' Appeals	1	4	19	15	375.0%
General Operating Expenses, Veterans Benefits Administration	482	1,769	1,401	(367)	-20.8%
General Administration	37	90	62	(28)	-31.3%
Contingency Reserve	-	1	96	95	15523.1%
<b>Subtotal, Cost of War Toxic Exposures Fund</b>	<b>5,000</b>	<b>20,268</b>	<b>24,455</b>	<b>4,187</b>	<b>20.7%</b>
<b>Subtotal, PACT Act</b>	<b>6,880</b>	<b>20,368</b>	<b>24,655</b>	<b>4,287</b>	<b>21.0%</b>
<b>Total, Mandatory</b>	<b>168,685</b>	<b>193,461</b>	<b>235,280</b>	<b>41,820</b>	<b>21.6%</b>

/1 This chart displays updates to assumptions and estimates for mandatory benefits accounts in the 2024 Estimate column consistent with 2025 budget models and as communicated to the House and Senate Appropriations Committees in December 2023.

/2 Section 707 of the PACT Act appropriated funds for major medical facility leases for 2023 and subsequent years through 2031.

/3 The Consolidated Appropriations Act, 2023, appropriated \$5.0 billion to the TEF in 2023; the Fiscal Responsibility Act of 2023 appropriated \$20.3 billion to the TEF in 2024 and \$24.5 billion to the TEF in 2025.

## General Administration Regular Appropriations and TEF

(\$ in millions)	<b>2023 Enacted</b>	<b>2024 Estimate</b>	<b>2025 Request</b>
Office of the Secretary	17.32	19.17	18.16
Office of General Counsel	136.35	149.28	142.31
Office of Management	78.06	88.42	81.23
Office of Human Resources & Administration / Office of Operations, Security & Preparedness	111.39	120.90	121.73
Office of Enterprise Integration	36.23	38.94	37.82
Office of Public and Intergovernmental Affairs	15.76	17.99	16.30
Office of Congressional & Legislative Affairs	9.55	9.98	9.90
Office of Acquisition, Logistics and Construction	-	-	-
Veterans Experience Office	-	-	-
Office of Accountability and Whistleblower Protection	28.33	30.33	29.56
<b>Total Appropriated (Discretionary)</b>	<b>433.00</b>	<b>475.00</b>	<b>457.00</b>
Toxic Exposures Fund (Mandatory) /1	36.73	89.80	61.67
<b>Total Budget Authority, All Funds</b>	<b>469.73</b>	<b>564.80</b>	<b>518.67</b>

/1 This reflects the total allocations for General Administration from amounts appropriated to the Toxic Exposures Fund from the Consolidated Appropriations Act, 2023, appropriated \$5.0 billion to the TEF in 2023; the Fiscal Responsibility Act of 2023 appropriated \$20.3 billion to the TEF in 2024 and \$24.5 billion to the TEF in 2025.



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## *Mission*

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### **Our Mission: *What We Are Here to Do***

**To fulfill President Lincoln's promise to care for those who have served in our nation's military and for their families, caregivers, and survivors.**

In March 2023, VA updated its mission statement. The new mission statement is inclusive of all those who have served in our nation's military — including women Veterans — as well as Veteran families, caregivers, and survivors. VA currently serves more than 600,000 women Veterans, the fastest growing cohort of Veterans. VA also serves more than 50,000 Veteran caregivers, more than 600,000 Veteran survivors, and millions of Veterans who did not serve in combat. It reminds everybody that whenever any Veteran, family member, caregiver, or survivor walks by a VA facility, they should see themselves in the mission statement on the outside of the building. VA is here to serve all Veterans, their families, caregivers and survivors — and now, the mission statement reflects that.

VA carries out four specific missions to make good on that commitment: Veterans' health care, Veterans' benefits, National cemeteries and our fourth mission. VA's fourth mission, supported by all the Administrations, is to improve the Nation's preparedness for response to war, terrorism, national emergencies and natural disasters by developing plans and taking actions to ensure continued service to Veterans, as well as to support national, state and local emergency management, public health, safety and homeland security efforts.

### **Our Programs: *What We Do***

VA is comprised of the following three Administrations that deliver services to Veterans as well as staff offices that support the Department:

- The Veterans Health Administration (VHA) provides a broad range of primary care, specialized care and related medical and social support services that are uniquely related to Veterans' health or special needs. VHA advances medical research and development in ways that support Veterans' health and wellness by pursuing medical research in areas that most directly address the diseases and conditions that affect Veterans;
- The Veterans Benefits Administration (VBA) provides a variety of financial and other benefits to Veterans and their families. These benefits include compensation, pension, fiduciary services, educational opportunities, employment services, home ownership promotion, transition assistance, and life insurance;
- The National Cemetery Administration (NCA) provides burial and memorial benefits to Veterans and their eligible family members. These benefits include burial at national

cemeteries, cemetery grants, headstones, markers, medallions, and Presidential Memorial Certificates; and

- VA Staff Offices provide a variety of services to the Department, including: information technology (IT), human resources (HR) management, strategic planning, Veterans outreach and education, financial management, acquisition, and facilities management.



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## *Population of American Veterans*

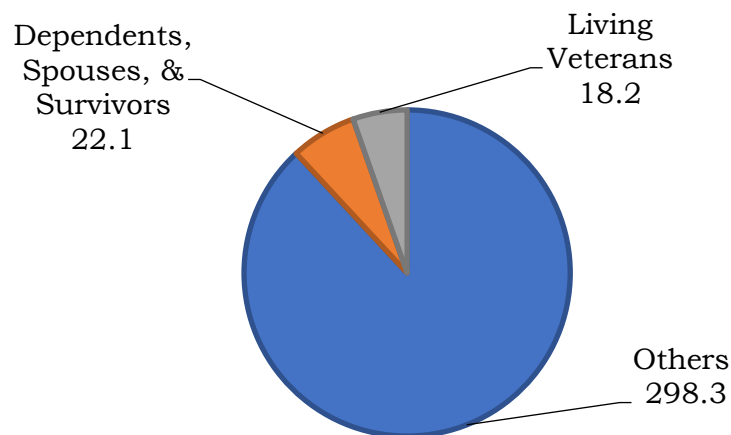
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### Veterans Population

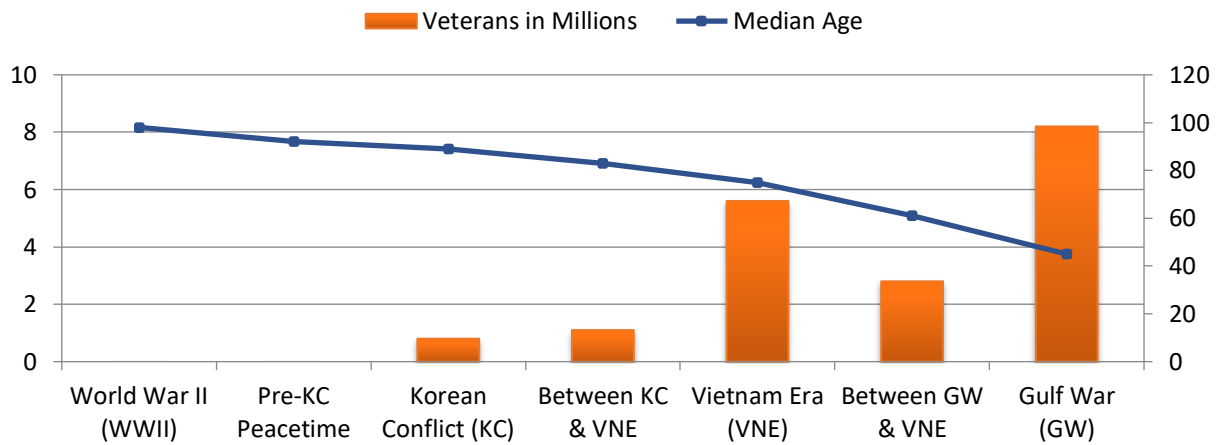
On September 30, 2023, there were an estimated 18.3 million living Veterans, with 18.2 million of them in the United States, American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. There were an estimated 21.5 million dependents (spouses and dependent children) of living Veterans. Additionally, there were about 600,000 survivors of deceased Veterans receiving survivor benefits (either Dependency and Indemnity Compensation or death pension payments). Thus, approximately 40.3 million people, or 11.9 percent of the total estimated resident population (339.0 million), were recipients, or potential recipients, of Veterans' benefits from the Federal Government.

The pie chart represents the estimated number (in millions) in the resident population classified as living Veterans, dependents of living Veterans and survivors of Veterans receiving VA survivor benefits, and others (the remainder of the resident population) as of September 30, 2023.

Estimated Population (in Millions) of Living Veterans, Dependents of Living Veterans, Survivors of Veterans Receiving VA Survivor Benefits, and Others in the U.S., American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands, September 30, 2023



**Estimated Number and Median Age of Veterans by Period of Service\*,  
September 30, 2023**



9/30/2023	Median Age	Veterans in Millions
World War II (WWII)	98	0.1
Pre-KC Peacetime	92	0.0
Korean Conflict (KC)	89	0.8
Between KC & VNE	83	1.1
Vietnam Era (VNE)	75	5.6
Between GW & VNE	61	2.8
Gulf War (GW)	45	8.2

\* Veterans are included in all wartime periods in which they served. Therefore, period categories do NOT add to total Veteran population.

Source – Veteran Population Projection Model 2020



## Estimates and Projections of the Veteran Population

<b>Estimates and Projections<sup>(1)</sup> of the Veteran Population of the United States, Puerto Rico, US Island Areas<sup>(2)</sup>, and Foreign Countries</b>											
September 30, 2022 – September 30, 2032											
Veteran populations projected as of September 30, 2023.											
Period	9/30/2022	9/30/2023	9/30/2024	9/30/2025	9/30/2026	9/30/2027	9/30/2028	9/30/2029	9/30/2030	9/30/2031	9/30/2032
<b>All Veterans<sup>(3)</sup></b>	18,592,457	18,250,044	17,916,954	17,589,766	17,267,247	16,951,067	16,641,000	16,337,983	16,041,500	15,751,022	15,467,575
<b>Wartime Veterans<sup>(3)</sup></b>	14,474,011	14,270,842	14,076,750	13,889,150	13,679,630	13,458,471	13,215,841	12,938,323	12,653,092	12,360,812	12,065,416
<b>Gulf War<sup>(4)</sup></b>	8,030,085	8,193,145	8,346,327	8,492,848	8,605,749	8,696,477	8,756,259	8,772,660	8,773,742	8,760,886	8,738,502
GW Only	7,647,864	7,821,340	7,985,222	8,142,839	8,267,238	8,369,883	8,442,003	8,471,177	8,485,457	8,486,211	8,477,820
GW,VNE Only	382,220	371,805	361,105	350,010	338,511	326,594	314,255	301,483	288,285	274,676	260,683
<b>Vietnam Era<sup>(4)</sup></b>	5,849,629	5,637,651	5,421,759	5,199,813	4,971,932	4,738,327	4,499,278	4,255,161	4,006,516	3,754,102	3,498,943
VNE Only	5,379,670	5,190,696	4,996,863	4,796,292	4,589,113	4,375,561	4,155,938	3,930,664	3,700,323	3,465,733	3,227,977
VNE,KC Only	81,158	70,314	60,280	51,005	42,549	34,959	28,263	22,467	17,549	13,462	10,137
VNE,KC,WWII Only	6,581	4,836	3,511	2,507	1,759	1,213	822	547	359	231	146
<b>Korean Conflict<sup>(4)</sup></b>	918,280	783,111	660,484	549,432	450,339	363,384	288,464	225,159	172,748	130,249	96,503
KC Only	815,814	697,138	588,834	490,308	402,092	324,495	257,536	200,916	154,032	116,035	85,890
KC,WWII Only	14,727	10,824	7,858	5,612	3,939	2,718	1,843	1,230	807	521	330
<b>WWII<sup>(4)</sup></b>	167,284	119,550	84,446	58,697	40,127	26,979	17,845	11,618	7,446	4,695	2,910
WWII Only	145,976	103,890	73,077	50,578	34,429	23,049	15,180	9,840	6,280	3,943	2,433
<b>Peacetime Veterans<sup>(5)</sup></b>	4,118,419	3,979,164	3,840,158	3,700,563	3,587,559	3,492,535	3,425,098	3,399,597	3,388,346	3,390,151	3,402,102
Between GW & VNE	2,848,299	2,809,037	2,768,313	2,725,843	2,681,672	2,635,846	2,588,384	2,539,321	2,488,639	2,436,235	2,382,013
Between KC & VNE	1,228,164	1,136,552	1,045,339	954,153	863,656	774,599	687,803	604,132	524,451	449,587	380,277
Pre-KC	41,956	33,575	26,505	20,568	15,673	11,723	8,606	6,202	4,390	3,054	2,087

<sup>(1)</sup> These data differ slightly from published Census data because they include 17 year-old Veterans, Veterans in foreign countries, and Veterans in US Island Areas, none of which are included in the published Census data.

<sup>(2)</sup> US Island Areas is composed of Virgin Islands, Guam, American Samoa, and the Northern Marianas.

<sup>(3)</sup> Veterans serving in more than one period of service are counted only once in the total.

<sup>(4)</sup> This sum includes Veterans who served in multiple periods.

<sup>(5)</sup> Veterans who served both in wartime and peacetime are only counted as serving in wartime.

Source: Veteran Population Projection Model 2020 as of September 30, 2023

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## *Legislation Summaries*

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## *Proposed Legislation Summary*

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### ***GENERAL ADMINISTRATION***

**1. Remove the counselor cap for Office of Resolution Management, Diversity and Inclusion (ORMDI):** This proposal would amend 38 U.S.C. § 516 to remove the cap on the number of Equal Employment Opportunity (EEO) counselors in VA. Removing the cap on the number of EEO counselors in VA is necessary due to the impact on VA's ability to informally resolve employment discrimination cases at the initial stages of the complaint process. The cap will have a negative impact on ORMDI's ability to recruit enough EEO counselors to meet the needs of VA's 458,160 employees (as of 4<sup>th</sup> quarter FY 2023). Imposing the cap on the number of EEO counselors limits VA's ability to effectively resolve employment discrimination complaints at the initial/preventative stages, resulting in more employment discrimination claims moving forward to the formal complaint stage, and likely increasing the costs to the agency.

**2. Allow use of the Department of Veterans Affairs Franchise Fund to sell law enforcement training to state and local law enforcement partners receiving federal grants:** This proposal would amend the paragraph under the heading "Franchise Fund" in title I of Public Law 104-204 [Pub. L. 104-204, Title I, Sept. 26, 1996, 110 Stat. 2880, as amended by section 208 of title II of Pub. L. 109-114, which is set out as a note under 38 U.S.C.A. § 301] to allow the VA Franchise Fund to extend its law enforcement training services to state and local law enforcement agencies who are recipients of federal grant funds. The Law Enforcement Training Center (LETC) has identified a customer base that is not served by Federal Training Academies. Based on the current Franchise Fund authority, VA can only sell its Law Enforcement Training Services to other federal agencies including DOJ, but it cannot do the same for state, local and tribal law enforcement agencies. Amending the Franchise Fund law to allow VA to accept officers from state, local and tribal agencies will allow for a broader base of customers and cost sharing that benefits the LETC's primary internal customer, the Veterans Health Administration.

**3. Except retention of parking receipts from VA Central Office parking facilities from the Miscellaneous Receipts Statute:** This proposal would establish an exception to the Miscellaneous Receipts Act, 31 U.S.C. § 3302(b), to allow VA to retain employee parking fees collected for non-medical facility parking at non-GSA parking facilities within the VA Central Office (VACO) campus located in Washington, D.C. Excepting VA from the requirement to return these collections to the Treasury as miscellaneous receipts would allow VA to retain both (1) receipts collected from employees using parking facilities managed by the Administrator of General Services, under 40 U.S.C. § 586(b), and (2) receipts collected from employees using non-GSA parking facilities. This proposal would allow VA use funds from receipts to pay for operating and maintenance costs associated with the parking facility; VA would be required to remit excess amounts must be forwarded to the General Fund of the Treasury.

**4. Authorize appointment of guardianship:** This proposal would amend title 38 § 1730 by adding a new section 38 U.S.C. § 1730D to authorize the Secretary of Veterans Affairs to incur necessary court costs and other expenses to pursue appointment of a legal guardian or conservator of the person for qualified patients in cases where a legal decision maker is required for post-acute transitions of care or decisions about medical care not otherwise covered by 38 U.S.C. § 7331. VA lacks clear authority to petition state courts to appoint a legal guardian or conservator for these patients. This proposal would allow VA, through attorneys employed by the Department or contracted to perform this function, to petition courts for the appointment of a legal guardian or conservator of the person for qualified veteran patients in cases where a legal decision maker is required for certain post-acute transitions of care or decisions about medical care.

**5. Increase the assessment amount and create limited transfer authority for funding for the Accreditation, Discipline, and Fees Program:** This proposal would amend sections 5902 and 5904 of title 38, United States Code, to increase the assessment amount that VA may collect when it directly pays fees for representation to accredited claims agents and attorneys and would authorize a reasonableness review assessment each time a fee agreement is reviewed by Office of General Counsel and the fee is determined to be unreasonable or excessive. Additionally, this proposal would provide for annual adjustments of these assessment amounts, indexed to Social Security increases. This proposal would also establish a limited transfer authority to defray costs incurred in carrying out the Accreditation, Discipline, and Fees Program from funds appropriated, or otherwise available, to the Department for administrative expenses for veterans' benefits programs. The impact of this authority would improve VA's oversight and administration of the Accreditation, Discipline, and Fees Program by increasing flexibility and agility to better serve Veterans working with Veterans Service Organizations (VSOs) and their representatives.

**6. Reinstate penalty for certain acts:** This proposal would amend section 5905 of title 38, United States Code, to reinstate the penalties for directly or indirectly soliciting, contracting for, charging, or receiving, or attempting to solicit, contract for, charge, or receive, any fee or compensation with respect to the preparation, presentation, and prosecution of claims for VA benefits except as provided in sections 5904 or 1984 of title 38, United States Code. This proposal seeks to address a gap that currently exists in the statutes governing the conduct of individuals who aid with claims for VA benefits. While OGC strives to ensure that "claimants for [VA] benefits have responsible, qualified representation in the preparation, presentation, and prosecution of claims for veterans' benefits," 38 C.F.R. § 14.626, under current statutory authority VA only has limited enforcement authority over individuals aiding with claims for VA benefits. This proposal would create a single, national standard to serve as a general deterrent against bad actors and would allow for more meaningful enforcement against unaccredited individuals who are currently not subject to any Federal punishment for violations of VA law with respect to representation of claimants. The lack of a single, national criminal standard has a negative effect on VA's ability to ensure the quality of representation provided to claimants for VA benefits. Because criminal enforcement is constrained to State laws, individuals providing representation to VA claimants, and therefore also the claimants they provide services to, are subject to a patchwork system of enforcement. Creating and imposing a single, national criminal prohibition would ameliorate the current piecemeal approach.

**7. Minor Construction Acquisition Staff Funding:** This proposal would update the language in the annual Appropriations bill and amend Title 38 to provide authority to fund Minor Construction acquisition staff with the Minor Construction Appropriations. VA's Minor Construction does not contain specific language requiring it to fund staff providing direct acquisition support, resulting in administrative inefficiencies and

potential inaccuracies in staffing projections as well as unnecessary competition within limited Administrations' and Staff Offices' Operating budgets. The VHA Medical Facilities account, on the other hand, contains specific language requiring its use for "administrative expenses in support of planning, design, project management, real property acquisition and disposition, construction and renovation..." The proposed language would be more specific than the Medical Facilities account language and would require VA to use the Minor Construction account to fund Minor Construction program office staff salaries and related expenses.

**8. Detach congressional committee approval requests of major medical facility leases from VA's annual budget submission:** This proposal would modify title 38 U.S. Code § 8104(b)(2) to allow submission and approval on a rolling basis as VA identifies major medical facility needs. The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 (PACT Act) changed the approval requirements for major medical facility leases from requiring an act of Congress to requiring VA congressional committee approval. As currently written, § 8104(b)(2), the statute limits VA from submitting major medical facility lease prospectuses for approval via adopted resolution by the House Committee on Veterans' Affairs and Senate Committee on Veterans' Affairs outside of VA's annual budget submission, which contains VA's request for funds. Revising this language would allow submission and approval on a rolling basis as VA identifies major medical facility needs. Removing the timeframe language would allow VA flexibility to request approval outside of the normal budget cycle, which will be more efficient and flexible.

**9. Recognize the Women-Owned Small Business Program in VA's procurement hierarchy of small business preferences:** This proposal would amend VA's procurement hierarchy of small business preferences to include the Women-Owned Small Business program expressly as part of the third tier of preferences, as with other Government-wide socioeconomic small business programs. Subsection (h) of 38 U.S.C. § 8127 specifies a hierarchy for use of small business program preferences at VA. This procurement hierarchy does not specifically state when consideration should be given to the WOSB program. However, as part of its regulations implementing the WOSB program, the Small Business Administration (SBA) adopted a rule, known as the parity rule, indicating no order of preference among the Government-wide small business programs. This proposal would make that clear by referencing the WOSB program as part of the third tier, and by stating that tier 3 preferences have parity. Clarifying the point at which a WOSB or an Economically Disadvantaged WOSB set-aside would be appropriate would likely improve VA's performance on the WOSB contracting goal. VA has never met the WOSB contracting goal. This proposal removes a barrier that currently results in WOSBs being underserved by opportunities to compete for VA contracts.

**10. Establish customer experience as a permanent capability in VA through a Veterans Experience Office:** This proposal would establish the Veteran Experience Office (VEO) within Title 38 of U.S. Code. The VEO is not currently established in statute. This proposed legislation aligns with Executive Order 14058: Transforming Federal Customer Experience and Service Delivery to Rebuild Trust in Government, the 21st Century Integrated Digital Experience Act, and two of the President's Management Agenda priority areas. Maintaining a sustained organizational commitment to, and institutionalized focus on, the voice of the customer is a critical component of modernizing the Department to meet the needs and expectations of its Veterans, their families, caregivers, and survivors.

**11. Create Veterans Health Administration (VHA) land acquisition line item in the Major Construction appropriation:** This proposal would amend 38 U.S.C. § 8104 to include a line item in the Major Construction Appropriation to provide VA the flexibility to acquire land for VHA projects without the current burden of specific project appropriation and authorization. This would require changes to both authorization and appropriations law authorities. Allowing VHA to have a similar benefit as NCA for the purchase of land for a medical facility project as the opportunity arises, would provide VHA the ability to secure and maintain land prior to the appropriation and authorization of a construction project. Currently, VHA acquires land through directly appropriated project funding that also requires authorization. This proposal will provide VHA with the same latitude afforded NCA, to acquire land when the opportunity arises.

## ***NATIONAL CEMETERY ADMINISTRATION***

**12. Expand eligibility for government-furnished headstone, marker, or medallion for Medal of Honor recipients:** This proposal would amend 38 U.S.C. § 2306 to eliminate the April 6, 1917, limitation and allow VA to furnish a government headstone or marker for the already marked gravesite of any Medal of Honor recipient in a private cemetery, regardless of the dates of the recipient's service, thus providing this benefit to more veterans.

**13. Expand plot allowance for certain individuals eligible for interment in a national cemetery:** The proposal would amend 38 U.S.C. § 2303 to provide plot or interment allowances to VA grant funded State and Tribal Veterans' cemeteries for interments of certain individuals eligible for interment in national cemeteries. This proposal aligns eligibility for the plot allowance in grant funded cemeteries with eligibility criteria for interment in national cemeteries.

**14. Require other-than-dishonorable service for national cemetery burial of Servicemembers who died in active service:** This proposal would amend 38 U.S.C. § 2402(a)(1) to require that a Servicemember who dies in active service must have been serving under conditions other than dishonorable to be eligible for burial in a national cemetery. This proposal would also amend 38 U.S.C. §§ 2306(b)(4)(A) and (g)(2) to impose the same requirement for eligibility for a memorial headstone or marker and amend 38 U.S.C. § 2301(d) to do the same for eligibility for a burial flag. The Veterans Benefits and Transition Act of 2018, authorized VA to inter in VA national cemeteries the deceased spouses and eligible dependent children of active duty Servicemembers who are serving under conditions other than dishonorable, and to provide headstones or markers for the same individuals in Veterans' cemeteries of States and Tribal organizations. The law requires the National Cemetery Administration (NCA) to make an eligibility determination for these family members based in part upon the character of service of the active duty Servicemember, but to use this determination only regarding the spouse or dependent child. Without enactment of this proposal, the same criteria cannot be used in determining eligibility for burial of an active duty Servicemember himself or herself. This would result in VA being required to bury an active duty Servicemember but being prevented from burying the spouse or dependent of that same Servicemember.

**15. Provide training opportunities to employees of VA-grant funded Veterans' cemeteries:** This proposal would ensure that VA can provide training to employees of Veterans' cemeteries operated by States and Tribes or Tribal authorities for which VA provided grant funds under 38 U.S.C. § 2408 This proposal would ensure that VA has maximum flexibility to provide training that assists VA grant-funded

veterans cemeteries in providing Veteran customer service that is commensurate with what VA provides at national cemeteries; and maintaining the National Cemetery Administration (NCA) Operational Standards and Measures per grant requirements..

## ***VETERANS HEALTH ADMINISTRATION***

**16. Maintain consistent access to critical treatments through telehealth:** This proposal would amend 38 U.S.C. § 1730C (Licensure of Health Care Professionals of the Department of Veterans Affairs Providing Treatment Via Telemedicine) to clarify that covered health care professionals may practice their health care profession through telemedicine and prescribe controlled substances in their authorized role to provide health care under title 38 notwithstanding any provision of State law regarding the licensure of health care professionals or the prescribing of controlled substances. Covered health care professionals dispensing controlled substances would be subject to the provisions of the Controlled Substances Act (21 U.S.C. § 801 et seq.; hereinafter “CSA”) and its implementing regulations except where State law is incorporated.

**17. Aggregate pay limitation for Veterans Health Administration physicians, podiatrists, and dentists:** This proposal would modify 38 U.S.C. § 7431 to eliminate the performance pay and the base and longevity pay components of the physician, podiatrist and dentist pay system under 38 U.S.C. § 7431(a)(3) and (d). In its place, VHA proposes to have a single market pay component, which will include enhanced market pay criteria that addresses productivity and performance measures. Market pay would be capped at the amount of annual compensation (excluding expenses) specified in section 102 of title 3 (currently \$400,000). VHA also proposes to allow for a waiver of the market pay cap, which is the amount of annual compensation (excluding expenses) specified in section 102 of title 3 (currently \$400,000), in specific cases for physicians, podiatrists, and dentists. The impact of the limitation in 38 U.S.C. § 7431(e)(4) was relieved in part by the PACT Act (Public Law 117-168 dated August 10, 2022); however, VA requests complete relief.

**18. Expand eligibility for the Specialty Education Loan Repayment Program:** This proposal would amend title 38 sections 7693 to extend the Specialty Education Loan Repayment Program (SELRP) eligibility to physicians in a fellowship program or with six months or more remaining in their training. This proposal would also amend section 7696 to reflect the continuing service obligation of the new SELRP participants. Accepting physicians in a residency or fellowship program in a medical specialty described in §7692 or with six months or more remaining in such training will expand the pool of eligible candidates and additional medical specialty offerings.

**19. Additional compensation for work performed for Veterans Health Administration physicians, podiatrists and dentists:** This proposal would amend 38 U.S.C. § 7431 to add a legislative authority to allow additional compensation to be paid to physicians, podiatrists and dentists for additional work performed. This authority would provide the flexibility needed across VHA facilities to have the leverage to provide patient care services during abnormal work hours, unusual circumstances, and critical situations, eliminating the need for an actual appointment to perform fee basis work, which has specific conditions and limitations around the type of work and does not allow for maximum flexibility.

**20. Medical student support in Uniformed Services University of the Health Sciences leading to VA service obligation:** This proposal would amend Title 38 Chapter 76 by adding a new authority for VA to

implement a joint VA-United States Public Health Service (PHS) Health Professions Scholarship Program (HPSP) for students enrolled in the Hébert School of Medicine at the Uniformed Services University of the Health Sciences (USU). This new program and legislative authority would enable VA to expand its own HPSP program and fund the education of medical students enrolled in USU as commissioned junior PHS officers who will ultimately serve as VA physicians to fulfill their ten-year PHS service obligation. This program will provide VA with a committed cadre of Veteran-oriented, mission-focused physicians.

**21. Appointments of psychologists pending license or certification:** This proposal would amend Title 38 Chapter 76 by adding a new authority for VA to implement a joint VA-United States Public Health Service (PHS) Health Professions Scholarship Program (HPSP) for students enrolled in the Hébert School of Medicine at the Uniformed Services University of the Health Sciences (USU). VA has an urgent need to recruit high-performing physicians and clinical leaders. This new program and legislative authority would enable VA to expand its own HPSP program and fund the education of medical students enrolled in USU as commissioned junior PHS officers who will ultimately serve as VA physicians to fulfill their 10-year PHS service obligation. This program will provide VA with a committed cadre of Veteran-oriented, mission-focused physicians.

**22. Appointments of unlicensed licensed professional mental health counselors:** This proposal would modify 38 U.S.C § 7402(b)(11)(B) to allow the Secretary of VA to initially waive the licensure requirement for an individual licensed professional mental health counselor (LPMHC) and to allow an LPMHC a reasonable time to obtain their license, as recommended by the Under Secretary for Health. This proposal seeks to ensure that the statute found in 38 U.S.C. § 7402 is consistent with the requirements for all mental health occupations in VHA. This proposal would provide LPMHCs the same waiver to obtain the required credentials as a social worker and marriage and family therapist. See 38 U.S.C. § 7402(b)(9)(B) and 38 U.S.C. § 7402(b)(10)(B).

**23. Treatment authority for infertility counseling and infertility treatment.** This proposal would amend 38 U.S.C. § 17.380 to authorize VA to provide enhanced equity and access to care by expanding access to assisted reproductive technology (ART) and in vitro fertilization (IVF) to single Veterans, those in same-sex relationships, and those who need donor gametes and/or embryos to build their families. This legislative proposal would also grant VA authority to provide reimbursement for adoption-related expenses for certain Veterans.

**24. Elimination of Veteran cost share for contraception.** This proposal would amend 38 U.S.C. § 1710 to eliminate cost-sharing for contraception medications, care, and services for all Veterans to improve access to contraception and improve health outcomes when contraception-related services are the only care provided within the visit.

## ***VETERANS BENEFITS ADMINISTRATION***

**25. Prohibit paid representation for non-continuously pursued supplemental claims under the Appeals Modernization Act:** This proposal would amend 38 U.S.C. § 5904(c)(1) to preclude attorneys and agents from charging fees for any work on supplemental claims filed more than one year after a prior decision on the matter until the supplemental claim itself is decided.



**26. Allow VA contractors and vendors access to federal tax return information.:** This proposal would amend 26 U.S.C. § 6103(l)(7)(D)(viii) to allow VA contractors and vendors access to tax return information that is disclosed to VA pursuant to 26 U.S.C. § 6103(l)(7)(D)(viii). This authority would be similar to 26 U.S.C. § 6103(l)(19)– (21) (relating to administration of the Medicare, Medicaid, and other Health and Human Services benefit programs), which authorize disclosure of such information to “contractors of the Department of Health and Human Services” or “contractors of the Social Security Administration.” This approach allows VA to maintain the integrity of its program, reduces improper payments, while also ensuring compliance with the Payment Integrity Information Act of 2019, P.L. 116-117.

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## Total Legislative Proposal Summary Table

Count	Legislative Proposal Title (S in thousands)	Office/ Admin	Program	Discretionary/ Mandatory	2025 (2)	Five-Year Total (2025-2029) (2)	Ten-Year Total (2025-2034) (2)
1	Remove the counselor cap for Office of Resolution Management, Diversity and Inclusion	General Administration	Human Resources Admin.	Discretionary	0	0	0
2	Allow use of the Department of Veterans Affairs Franchise Fund to sell law enforcement training to state and local law enforcement partners receiving federal grants	General Administration	Human Resources Admin.	Discretionary	0	0	0
3	Except retention of parking receipts from VA Central Office parking facilities from the Miscellaneous Receipts Statute. <sup>1</sup>	General Administration	Human Resources Admin.	Mandatory	-300	-1,500	-3,000
4	Authorize appointment of guardianship	General Administration	Office of the General Counsel	Discretionary	190	1,051	2,393
5	Increase the assessment amount and create limited transfer authority for funding for the Accreditation, Discipline, and Fees Program	General Administration	Office of the General Counsel	Discretionary	-1,022	-5,110	-10,221
6	Reinstate penalty for certain acts by claims agents	General Administration	Office of the General Counsel	Discretionary	0	0	0
7a	Minor Construction acquisition staff funding (staff offices)	General Administration	Office of Management	Discretionary	500	2,500	5,000
8	Detach congressional committee approval requests of major medical facility leases from the annual budget submission of the Department of Veterans Affairs	General Administration	Office of Management	Discretionary	0	0	0
9	Recognize the Women-Owned Small Business Program in the procurement hierarchy of small business preferences of the Department of Veterans Affairs	General Administration	Office of Small & Disadvantaged Business Utilization	Discretionary	0	0	0
10	Establish customer experience as a permanent capability in the Department of Veterans Affairs through a Veterans Experience Office	General Administration	Veterans Experience Office	Discretionary	0	0	0
11	Create Veterans Health Administration (VHA) land acquisition line item in the Major Construction appropriation	General Administration	Office of Construction & Facilities Management	Discretionary	100,000	160,000	210,000
<b>General Administration Total</b>					<b>99,368</b>	<b>156,941</b>	<b>204,172</b>
7b	Minor Construction acquisition staff funding (NCA)	NCA	NCA	Discretionary	1,000	5,000	10,000
12	Expand eligibility for government-furnished headstone, marker, or medallion for Medal of Honor recipients	NCA	NCA	Mandatory	54	285	605
13	Expand plot allowance for certain individuals eligible for interment in a national cemetery	NCA	NCA	Mandatory	15,508	79,541	168,318
14	Require other-than-dishonorable service for national cemetery burial of Servicemembers who died in active service	NCA	NCA	Discretionary	0	0	0
15	Provide training opportunities to employees of Department of Veterans Affairs-grant funded Veterans' cemeteries	NCA	NCA	Discretionary	0	0	0
<b>National Cemetery Administration (NCA) Total</b>					<b>16,562</b>	<b>84,826</b>	<b>178,923</b>
7c	Minor Construction acquisition staff funding (VHA)	VHA	Medical Care	Discretionary	2,000	10,000	20,000
16	Maintain consistent access to critical treatments through telehealth	VHA	Medical Care	Discretionary	0	0	0
17	Aggregate pay limitation for Veterans Health Administration physicians, podiatrists, and dentists*	VHA	Medical Care	Discretionary	4,630	24,903	101,726
18	Expand eligibility for the Specialty Education Loan Repayment Program*	VHA	Medical Care	Discretionary	723	9,067	21,874
19	Additional compensation for work performed for Veterans Health Administration physicians, podiatrists, and dentists	VHA	Medical Care	Discretionary	4,886	26,409	58,386
20	Medical student support in Uniformed Services University of the Health Sciences leading to VA service obligation	VHA	Medical Care	Discretionary	391	14,522	63,654
21	Appointments of psychologists pending license or certification	VHA	Medical Care	Discretionary	0	0	0
22	Appointments of unlicensed licensed professional mental health counselors	VHA	Medical Care	Discretionary	0	0	0
23	Treatment authority for infertility counseling and infertility treatment*	VHA	Medical Care	Discretionary	11,995	62,875	136,524
24	Elimination of Veteran cost-share for contraception	VHA	Medical Care	Discretionary	786	3,586	6,336
<b>Veterans Health Administration (VHA) Total</b>					<b>25,411</b>	<b>151,362</b>	<b>408,500</b>
7d	Minor Construction Acquisition staff funding (VBA)	VBA	GOE	Discretionary	1,000	5,000	10,000
25	Prohibit paid representation for non-continuously pursued supplemental claims under the Appeals Modernization Act	VBA	OAR	Discretionary	0	0	0
26	Allow Department of Veterans Affairs contractors and vendors access to federal tax return information	VBA	P&F	Discretionary	0	0	0
<b>Veterans Benefits Administration (VBA) Total</b>					<b>1,000</b>	<b>5,000</b>	<b>10,000</b>
<b>Grand Total</b>					<b>142,341</b>	<b>398,129</b>	<b>801,595</b>

<sup>1</sup> Under current law, the receipts are returned to the Treasury's General Fund. This proposal would allow VA to retain those funds, resulting in a reduction in federal revenue and score for PAYGO. Therefore, there is approximately \$3 million in mandatory costs from the Treasury's General Fund associated with this proposal.

<sup>2</sup> Five-year and ten-year totals may differ from other charts due to mathematical rounding.

\* The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022 (Public Law 117-168; PACT Act) authorized the Cost of War Toxic Exposures Fund (TEF) to provide mandatory funding to VA for the increased costs above 2021 funding levels for healthcare and benefits delivery for veterans exposed to a number of environmental hazards to ensure there is sufficient funding available to cover these costs, without shortchanging other elements of veteran medical care and benefit delivery. The Budget includes legislative proposals affecting VA healthcare programs, for which a portion of the estimated costs may be paid from the TEF and the remaining portion from discretionary appropriations.

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## *Legislative Authorization of Programs*

The authorizations for VA’s programs are contained in title 38 of the U.S. Code. With the exception of major medical construction projects and certain leases, annual authorization by the legislative committees and the Congress is not required. However, title 38 does provide for certain multiple-year authorizations for specific purposes. The authorization of the following items is limited by title 38 in regard to the time and/or amount as indicated:

Section of U.S.C. Citation	Public Law- Citation	Public Law Citation Most Recent Extension	Title	Description	Expiration Date
<b>Compensation and Pension</b>					
38 USC 5503(d)(7)	P.L. 101-508, § 8003(a)	P.L. 116-315, § 2013	Pension Limitations Regarding Medicaid (Medicaid Offset)	Reduction of pension to certain Medicaid-eligible veterans and surviving spouses receiving care in nursing homes.	10/30/2028
38 USC 5317(g); 26 USC 6103(l)(7)(D)(viii)	P.L. 101-508 § 8051	P.L. 116-315, § 2012	IRS Data Matching	Access to IRS data for purposes of verifying eligibility for pension (Use of Income Information from IRS and SSA)	9/30/2030
38 USC 503(c)	PL 102-83 § 2(a)	P.L. 117-180, § 203	Administrative Error for Equitable Relief	Required reports on dispositions of recommendations for equitable relief	12/31/2024
<b>Readjustment Benefits</b>					
10 U.S.C. 1071 note	P.L. 110-181 § 1631 (b)(2)	P.L. 115-251 § 126	Voc Rehab for Seriously Disabled Servicemembers	Vocational rehabilitation for certain seriously disabled servicemembers	N/A (PL 115-251 made this authority permanent)
38 USC 3485(a)(5)(A), (C), and (F)	P.L. 107-103	P.L. 115-48, § 201	Enhanced Work-Study Allowance	Enhanced Work Study Allowance	N/A (PL 115-48 made this authority permanent)

Section of U.S.C- Citation	Public Law- Citation	Public Law Citation Most Recent Extension	Title	Description	Expiration Date
<b>Housing</b>					
38 U.S.C. 3729(b)(2)(A)(iii), (B)(iii), (C)(iii), (D)(iii)	P.L. 108-183, § 405	P.L. 118-19, § 4	Housing Loans-Collection of Increased Fees	Loan Fees Collections [adjusts the loan fee for certain loans]	11/14/2031
38 U.S.C. 3729(b)(2)(A)(iv), (B)(iv), (C)(iv), (D)(iv)	P.L. 108-183, § 405	P.L. 118-19, § 4	Housing Loans-Collection of Increased Fees	Loan Fees Collections [adjusts the loan fee for certain loans]	11/14/2031
38 U.S.C. 2102A	P.L. 109-233, § 101(a)	P.L. 117-180, § 204	SAH for Veterans Temporarily Residing w/Family	Specially-Adapted Housing Assistance (SAH) for Veterans temporarily residing with family members.	12/31/2024
38 U.S.C. 3733(a)(8)	P.L. 116-159, § 5405	P.L. 116-159, § 5405	Vendee Loans-Change in Program Requirements	Change Vendee Loan Program	9/30/2025
38 U.S.C. 2041(c)	P.L. 102-54, § 9(a)	P.L. 117-328, § 304	Homeless Veterans Housing Assistance	Housing assistance for homeless veterans	9/30/2026
38 U.S.C. 2108	P.L. 111-275, § 203(a)	P.L. 117-180, § 205	SAH Assistive Technology Grant	Specially Adapted Housing Assistive Technology Grant	9/30/2024
<b>Programs for Homeless Veterans</b>					
38 USC 2044(e)(1)(H)	P.L. 110-387 §606	<u>P.L. 117-180, DIV. E. SEC 304</u>	Homeless Veterans-Financial Assistance for Supportive Services (for very low income veterans in permanent housing)	Financial assistance for supportive services for very low-income veteran families in permanent housing	9/30/2024
38 USC 2061(d)(1)	P.L. 107-95 § 5(a)(1)	<u>P.L. 117-180, DIV. E. SEC 305</u>	Homeless Veterans-Grant Program for Homeless Veterans with Special Needs	Grant Program for Homeless Veterans with Special Needs	9/30/2024
38 USC 8118(a)(5)	P.L. 102-54 §9(a)	<u>P.L. 117-180, DIV. E. SEC 405</u>	Homeless Veterans-Assistance through Real Property Transfers	Real Property Transfers for Homeless Veterans Assistance (Housing Assistance for Homeless Veterans)	9/30/2024
38 USC 2044(e)(1)(H)	P.L. 110-387 §606	<u>P.L. 117-180, DIV. E. SEC 304</u>	Homeless Veterans-Financial Assistance for Supportive Services (for very low income veterans in permanent housing)	Financial assistance for supportive services for very low-income veteran families in permanent housing	9/30/2024
38 USC 2061(d)(1)	P.L. 107-95 § 5(a)(1)	<u>P.L. 117-180, DIV. E. SEC 305</u>	Homeless Veterans-Grant Program for Homeless Veterans with Special Needs	Grant Program for Homeless Veterans with Special Needs	9/30/2024
38 USC 8118(a)(5)	P.L. 102-54 §9(a)	<u>P.L. 117-180, DIV. E. SEC 405</u>	Homeless Veterans-Assistance through Real Property Transfers	Real Property Transfers for Homeless Veterans Assistance (Housing Assistance for Homeless Veterans)	9/30/2024

Section of U.S.C. Citation	Public Law- Citation	Public Law Citation Most Recent Extension	Title	Description	Expiration Date
<b>Medical Care</b>					
38 USC 2066(d)	P.L. 107-95 § 5(a)(1)	<u>P.L. 117-180, DIV. E. SEC 306</u>	Homeless Veterans- Advisory Committee	Advisory Committee on Homeless Veterans	9/30/2026
38 USC 2031(b)	P.L. 105-114 § 202(a)	<u>P.L. 117-180, DIV. E. SEC 303(a)</u>	Homeless & Seriously Ill Veterans- Treatment/ Rehab	Treatment and Rehabilitation for Seriously Mentally Ill and Homeless Veterans- General treatment	9/30/2024
38 USC 2033(d)	P.L. 105-114 § 202(a)	<u>P.L. 117-180, DIV. E. SEC 303(b)</u>	Homeless & Mentally Ill Veterans- Additional Services	Treatment and Rehabilitation for Seriously Mentally Ill and Homeless Veterans- Additional services at certain locations	9/30/2024
38 USC 1710A(d)	P.L. 106-117 § 101(a)	<u>P.L. 117-180, DIV. E. SEC 102</u>	Nursing Home Care for Certain Service- Connected Veterans	Required nursing home care for certain service-connected veterans	9/30/2024
38 USC 1712A, Note	P.L. 116-315 § 5107(b)	P.L. 116-315 § 5107(b)	Child Care Assitance for Certain Veterans Receiving Readjustment Counseling (Pilot)	Pilot Program on Assistance for Child Care for Certain Veterans Receiving Readjustment Counseling and Related Mental Health Services	undetermined (pilot program will last for two years after it starts, which is determined by VA)
38 USC 111A(a)(2)	P.L. 112-260 section 202	<u>P.L. 117-180, DIV. E. SEC 201</u>	Transportation of Beneficiaries	Transportation of beneficiaries to and from facilities of Department of Veterans Affairs.	9/30/2024
38 U.S.C. 7619	P.L. 113-146	P.L. 115-182	Health Professionals Educational Assistance Scholarship Program	Health Professionals Educational Assistance Scholarship Program	12/31/2033
38 USC 322(d)(4)	P.L. 110-389 § 703	<u>P.L. 117-180, DIV. E. SEC 401</u>	Monthly Assistance Allowance for Disabled American Veterans	Office of National Veterans Sports Programs and Special Events - Monthly Assistance Allowance	9/30/2026
38 USC 521A(l)	P.L. 110-389 §§ 701-702	<u>P.L. 117-180, DIV. E. SEC 402</u>	Grants for Adaptive Sports Assistance Program (formerly limited to Paralympics)	VA/VHA initiatives in support of disabled Veterans and disabled Servicemembers participating in adaptive sports.	9/30/2026
38 USC 1720F (note)	PL 116-171, § 201(f)	<u>N/A</u>	Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program	Grant Program to reduce Veteran suicide by expanding suicide prevention programs for Veterans through the award of suicide prevention services grants to eligible entities to provide or coordinate the provision of suicide prevention services to eligible individuals and their families.	9/19/2025
38 USC 1720G (note)	PL 116-214 § 202(b)(2)	<u>N/A</u>	Education Program for Family Members and Caregivers of Veterans with Mental Health Disorders	Program for the education and training of caregivers and family members of eligible Veterans with mental health disorders	9/1/2025
N/A	PL 117-37 § 2(b)(1)	<u>N/A</u>	PAWS for Vetearns Therapy Act	Pilot program to provide canine training to eligible veterans diagnosed with posttraumatic stress disorder as an element of a complementary and integrative health program	2/21/2027

Section of U.S.C- Citation	Public Law- Citation	Public Law Citation Most Recent Extension	Title	Description	Expiration Date
<b>Co-Payments and Medical Care Cost Recovery</b>					
38 USC 1710(f)(2)(B)	P.L. 111-163, section 517	P.L. 117-180 §102©	Co-pays for Hospital and Nursing Home Care	Copayments for Hospital Care and Nursing Home Care	9/30/2024
<b>VA/DoD Joint Sharing Funds</b>					
38 USC 8111(d)		P.L. 117-180, div. E, sec. 103	VA-DOD Joint Incentives for Sharing Initiatives	VA-DOD Joint Incentive Fund for Sharing Initiatives	9/30/2026
	P.L. 111-84 § 1704 , as amended	P.L. 117-180, div. E, sec. 104	VA -DoD Joint Funding for Medical Facility Demonstration Fund	VA-DoD Joint funding authority for Medical facility demonstration fund	9/30/2024
<b>General Operating Expenses</b>					
38 USC 315(b)	P.L. 102-83, § 2 (a)	P.L. 117-180, § 202	Manila, Philippines Regional Office	Philippines Regional Office	9/30/2024
38 USC 3692(c)	P.L. 89-358, sec.	P.L. 117-180, sec. 404	Advisory Committee on Education	Advisory Committee on Education	12/31/2026
38 USC 544(e)	P.L. 103-446 § 510(a)	P.L. 117-180, div. E, sec. 403	Advisory Committee on Minority Veterans	Advisory Committee on Minority Veterans	9/30/2026
38 USC 312(d)(7)(A)	PL 117-136 § 2(a)	N/A	Testimonial Subpoena Authority of the Inspector General of the Department of Veterans Affairs	Authority for the Inspector General to require by subpoena the attendance and testimony of witnesses as necessary in the performance of functions	5/31/2025



Section of U.S.C. Citation	Public Law- Citation	Public Law Citation Most Recent Extension	Title	Description	Expiration Date
<b>EXPIRED</b>					
38 U.S.C. 3703 (note)	P.L. 110-389, § 504(a)	P.L. 112-154, § 702(c)	Housing Loans- Temporary Increase to Maximum Guaranty Amount	Temporary Increase to Maximum Guaranty Amount	12/31/2014
38 USC 1117(c)(2); 38 USC 1118(e)	P.L. 105-277 § 1602(a), (c)	P.L. 107-103 § 202(d)(1)	Gulf War- Presumption of Service Connection	Provisions governing creation or removal of Presumptions of service-connection for Gulf War Illness	9/30/2011
38 U.S.C. 3710(a)(12)	P.L. 109-461, § 501	N/A	Loan Guarantees for Residential Co-op	Loan Guarantees for Residential Cooperative Housing Units (CO-OP loan guarantees)	12/21/2011
38 USC 1303(a)	P.L. 105-33, § 8031(b)(1)	P.L. 108-183 § 706	COLA Adjustment for DIC for Service Connected Deaths	Rounding Down of Cost-of-Living Adjustments for Dependency and Indemnity Compensation for Service-Connected Deaths	9/30/2013
38 USC 1104 (a)	P.L. 105-33, § 8031(a)(1)	P.L. 108-183 § 706	COLA Adjustment for Comp for Service Connected Deaths	Rounding Down of Cost-of-Living Adjustments for Compensation for Service-Connected Disability or Death	9/30/2013
38 USC 3015(h) & 38 USC 3564(b)	P.L. 105-178 § 8201	P.L. 108-183 § 304	COLA Adjustment in Chapters 30 & 35	Rounding down of Cost-of-Living Adjustments in chapters 30 and 35 rates through FY 2013	9/30/2013
38 USC 4100 (Note)	P.L. 112-56 § 211	N/A	Veterans Retraining Assistance Program	Authority for up to 12 months of retraining assistance for unemployed Veterans ages 35-60	4/17/29
38 USC 1116(e)	P.L. 102-4, § 2(a)(1)	P.L. 107-103 § 201(d)(1)	Agent Orange- Presumptions of Service Connection	Presumptions of Service Connection for Diseases Associated with Exposure to Certain Herbicide Agents: Presumption of Exposure for Veterans who Served in the Republic of Vietnam	4/22/77
38 U.S.C. 5110(b)(2)	P.L. 112-154, sec. 506	N/A	Disability Comp- Retroactive Effective Date for Fully Developed Claims	Authority for retroactive effective date for awards of disability compensation in connection with applications that are fully-developed at submittal	8/6/2015
38 USC 5101, Note	P.L. 108-183, § 704	P.L. 115-91, Div. A, sec. 529	Contract Disability Claims	Contract medical Disability Exams - (Temporary authority for performance of medical disability examinations by contract physicians)	12/31/2018
38 USC 1116, note	P.L. 102-4, § 3	P.L. 116-159, § 5404	Agent Orange - Agreement with National Academy of Sciences	Requires VA to contract with National Academies of Sciences for biennial review of literature on health effects of Agent Orange exposure	9/30/2030
38 USC 5317A(d); 42USC 653 (j) (11)	P.L. 110-157 § 301	P.L. 113-37, § 3	NIDNH Income Verification	Authority to use National Directory of New Hires for income verification purposes for certain veterans benefits	3/29/2014
38 U.S.C. 3729(b)(2)(A)(ii), (B)(ii), (C)(ii), (D)(ii)	P.L. 108-183, § 405	P.L. 116-154, § 7	Housing Loans- Collection of Increased Fees	Loan Fees Collections [adjusts the loan fee for certain loans]	4/6/2023
38 U.S.C. 3733(a)(7)	P.L. 108-183, § 404	P.L. 116-61, § 2	Vendee Loans- Change in Program Requirements	Change Vendee Loan Program	9/30/2020
38 USC 7907	P.L. 109-461, sec. 903	P.L. 109-461, sec. 903	VA Information Security Education Assistance Program	Provides educational assistance to IT professionals who then work for the Department.	7/31/2017
38 USC 8161-8169	P.L. 102-86, Title IV, Section 401(a)	P.L. 112-154 §211(j)	Enhanced Use Leasing	Authority to outlease VA property for selected Lessees to provide Supportive Housing for Veterans on a priority basis, and provide VA with negotiated monetary consideration.	12/31/2023

Note 1: “Mandatory” means budget authority and outlays controlled by permanent laws. “Discretionary” means budget authority controlled by annual appropriations acts and the outlays that result from that budget authority.

Note 2: "YES" means that, although the appropriations authorization expires, the program could continue to operate without an extension of the appropriations authorization should the Congress appropriate funds for that program. “NO” means it could not.

Note 3: Entries signify the best available prediction of VA's initial positions, obtained from discussions between OGC attorneys and Administration and Staff Officials at the policy-making level, but are subject to final determinations by VA Executive Board and/or the Secretary of Veterans Affairs. "TBD" means such initial decisions have not yet been made. “NO” means no objection.

Note 4: OGC Law Group POCs-- IALG: Sonya Cromwell, 202.461.1557, [sonya.cromwell@va.gov](mailto:sonya.cromwell@va.gov) BLG: David Barrans, 202.461.7666, [david.barrans@va.gov](mailto:david.barrans@va.gov) HCLG: Susan Blauert, 202.461.4910, [Susan.Blauert@va.gov](mailto:Susan.Blauert@va.gov) PLG: Doris Gruntmeir, 202.461.7644, [doris.gruntmeir@va.gov](mailto:doris.gruntmeir@va.gov) RPLG: Robert Davenport, 202.461.6334, [robert.davenport@va.gov](mailto:robert.davenport@va.gov) CAVC LG: Mary Flynn, 202.632.6929, [mary.flynn@va.gov](mailto:mary.flynn@va.gov); RLG: Kathleen Oddo, 202-297-6883, [kathleen.oddo@va.gov](mailto:kathleen.oddo@va.gov); LGY LG: Melinda Frick, 317.916.3786, [melinda.frick@va.gov](mailto:melinda.frick@va.gov)



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## *GAO Audit Reports & OIG Summary Report*

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## *GAO Audit Reports*

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The reports provided in the Summary Volume are those received by VA during the period of October 1, 2022, through September 30, 2023.

The reports are identified by title and are presented in GAO report number order. The links provided direct the reader to the specific report's location on GAO's website. This information may also be found by going to GAO's main site and searching by GAO report number. <https://www.gao.gov/>

On GAO's site each report is summarized to include the responsible organization, GAO recommendations, and VA's "actions taken". The "actions taken" portion of the report follows closely from VA's comments that are represented in the draft reports VA provides for all GAO reports. The narrative summarizes the instances where VA has incorporated GAO recommendations into current operations (e.g., where VA has employed a different approach in the budgeting process, or where specific steps have been utilized to improve forecasting results). Budget implications, if any, are presented to emphasize the need to recognize the impact of the recommendations on VA resources.



## *List of GAO Audit Reports for FY 2023*

1. <b>VETERANS EMPLOYMENT: Promising VA Technology Education Pilot Would Benefit from Better Outcome Measures and Plans for Improvement</b> ( <a href="#">GAO-23-105343</a> ). Report provided to VA 10/27/2022.	VBA 01
2. <b>VETERANS COMMUNITY CARE PROGRAM: VA Needs to Strengthen Its Oversight and Improve Data on Its Community Care Network Providers</b> ( <a href="#">GAO-23-105290</a> ). Report provided to VA 11/10/2022.	VHA 02
3. <b>VA NURSING HOME CARE: Opportunities Exist to Enhance Oversight of State Veterans Homes</b> ( <a href="#">GAO-23-105167</a> ). Report provided to VA 11/14/2022.	VHA 03
4. <b>VA HEALTH CARE: Additional Action Needed to Assess the Medical Scribe Pilot</b> ( <a href="#">GAO-23-105712</a> ). Report provided to VA 11/15/2022.	VHA 04
5. <b>VETERANS HEALTH CARE: Staffing Challenges Persist for Fully Integrating Mental Health and Primary Care Services</b> ( <a href="#">GAO-23-105372</a> ). Report provided to VA 12/15/2022.	VHA 05
6. <b>INFORMATION MANAGEMENT: Agencies Need to Streamline Electronic Services</b> ( <a href="#">GAO-23-105562</a> ). Report provided to VA 12/20/2022.	OIT 06
7. <b>VETERANS HEALTH CARE: VA Actions Needed to Ensure Timely Scheduling of Specialty Care Appointments</b> ( <a href="#">GAO-23-105617</a> ). Report provided to VA 1/4/2023.	VHA 07
8. <b>VETERANS BENEFITS: VA Could Enhance Outreach for Its Solid Start Program by Increasing Collaboration with Veterans Organizations</b> ( <a href="#">GAO-23-105699</a> ). Report provided to VA 1/19/2023.	VBA 08
9. <b>VA MENTAL HEALTH: Additional Action Needed to Assess Rural Veterans' Access to Intensive Care</b> ( <a href="#">GAO-23-105544</a> ). Report provided to VA 02/09/2023.	VHA 09
10. <b>VETERANS HEALTH ADMINISTRATION: Action Needed to Address Persistent Control Weaknesses and Related Risks in Employee Screening Processes</b> ( <a href="#">GAO-23-104296</a> ). Report provided to VA 02/23/2023.	VHA & OHRA/OSP 10
11. <b>VA HEALTH CARE: VHA Lacks Reliable Onboarding Data for New Clinical Staff</b> ( <a href="#">GAO-23-105706</a> ). Report provided to VA 02/24/2023.	VHA 11

12. <b>VA HEALTH CARE: Improved Data, Planning, and Communication Needed for Infrastructure Modernization and Realignment</b> ( <a href="#">GAO-23-106001</a> ). Report provided to VA 03/20/2023.	VHA 12
13. <b>IT Management: VA Needs to Improve CIO Oversight of Procurements</b> ( <a href="#">GAO-23-105719</a> ). Report provided to VA 03/30/2023.	OIT 13
14. <b>VA HEALTH CARE: Office of Rural Health Would Benefit from Improved Communication and Developing Performance Goals</b> ( <a href="#">GAO-23-105855</a> ). Report provided to VA 05/04/2023.	VHA 14
15. <b>ELECTRONIC HEALTH RECORDS: VA Needs to Address Management Challenges with New System</b> ( <a href="#">GAO-23-106731</a> ). Report provided to VA 05/18/2023.	EHRM 15
16. <b>VA DISABILITY EXAMS: Actions Needed to Clarify Program Requirements Regarding Examiners</b> ( <a href="#">GAO-23-105787</a> ). Report provided to VA 06/15/2023.	VBA 16
17. <b>VA DISABILITY BENEFITS: Actions Needed to Further Examine Racial and Ethnic Disparities in Compensation</b> ( <a href="#">GAO-23-106097</a> ). Report provided to VA 07/26/2023.	VBA 17
18. <b>VA HEALTH CARE: Office of the Medical Inspector Should Strengthen Oversight of Recommendations and Assess Performance</b> ( <a href="#">GAO-23-105634</a> ). Report provided to VA 07/27/2023.	VHA 18
19. <b>UNWANTED SEXUAL BEHAVIOR: Improved Guidance, Access to Care, and Training Needed to Better Address Victims' Behavioral Health Needs</b> ( <a href="#">GAO-23-105381</a> ). Report provided to VA 08/02/2023.	VBA 19
20. <b>VA EQUAL EMPLOYMENT OPPORTUNITY: Increased Attention Needed to Improve Program Effectiveness</b> ( <a href="#">GAO-23-105429</a> ). Report provided to VA 09/12/2023.	OHRA/OSP 20
21. <b>VETERANS EMPLOYMENT: Identifying Lessons Learned from Rapid Retraining Program Could Improve Future Efforts</b> ( <a href="#">GAO-23-106191</a> ). Report provided to VA 09/28/2023.	VBA 21

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## *GAO Audit Reports*

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### **1. VETERANS EMPLOYMENT: Promising VA Technology Education Pilot Would Benefit from Better Outcome Measures and Plans for Improvement ([GAO-23-105343](#)). Report provided to VA 10/27/2022.**

a. Responsible Office: Veterans Benefits Administration

b. Recommendations:

i. Recommendation 1: As of September 2023, VA does not plan to address this recommendation unless the VET TEC pilot program becomes permanent. Should Congress pass legislation to make the program permanent, VA will develop a timeline to begin regularly collecting data on reasons veterans drop out of the program. GAO will close this recommendation if the program does not become permanent or once VA begins collecting this information.

1. Actions Taken: VA does not plan to address this recommendation unless the VET TEC pilot program becomes permanent. Should Congress pass legislation to make the program permanent, VA will develop a timeline to begin regularly collecting data on reasons veterans drop out of the program. GAO will close this recommendation if the program does not become permanent or once VA begins collecting this information.

2. Updates on VA Actions: The VET TEC pilot program is scheduled to end in April of 2024. Should Congress pass legislation to make the program permanent, VA will develop a timeline to begin regularly collecting the VET TEC data through multiple actions. These actions would include revising both legacy and modernized applications, updating guidance and training claims examiners and analysts, conducting system testing and performing data quality reviews.

3. Budget Implications: None

ii. Recommendation 2: The Secretary of VA should adjust the terminology it uses to describe its current employment rate calculation to clarify that the calculation is not measuring the employment rate but is instead measuring employment at a specific payment milestone.

1. Actions Taken: VA issued a procedural advisory in October 2023 that revised its terminology to describe its employment calculation as a 180-

day employment rate. However, the procedural advisory does not fully describe the populations VA included and excluded in its calculation. For example, the advisory does not specify that the calculation excludes those VET TEC participants who are within 180 days of program completion but have not found employment. GAO will close this recommendation once VA provides complete information on how it calculates the 180-day employment rate.

2. Updates on VA Actions: Based on guidance received from GAO, VA is revising and updating procedural guidance to include a full description of the populations used in the calculations including specific exclusions.
  3. Budget Implications: None
- iii. Recommendation 3: The Secretary of VA should develop an employment rate calculation consistent with standard approaches used by government or industry entities.
1. Action Taken: VA does not plan to calculate an employment rate that is consistent with approaches used by government and industry entities. VA does not plan to do so because such approaches do not produce the employment outcomes that VA is trying to convey. However, we continue to believe that developing an employment rate calculation that is consistent with other standard measures would allow VA to share information about the program's success in a manner that is commonly understood and may also allow VA to more easily compare VET TEC outcomes to other programs and measures. VA agreed that it would look to restructure its data collection if the VET TEC pilot program is made permanent. GAO will close this recommendation if the program does not become permanent or once VA begins providing the overall employment rate for the program.
  2. Updates on VA Actions: The VET TEC pilot program is currently scheduled to end in April 2024. Should Congress pass legislation to make the program permanent, VA agrees that it would look to restructure the data that is collected from a student prior to starting the program through completion of the program.
  3. Budget Implications: None.
- iv. Recommendation 4: The Secretary of VA should use available data, determine what additional data are needed to fully inform VET TEC employment outcomes, and develop concrete time frames for collecting and reporting these data.

1. **Actions Taken:** VA plans to collect the data provided on VA Form 22-10201, inclusive of information regarding employer, job title, and salary information, and does not plan to collect any additional data. GAO continues to believe that VA should determine what additional data, if any, are needed to inform employment outcomes for VET TEC. GAO will close this recommendation once VA begins to systematically collect the data in Form 22-10201 and demonstrates that it has considered what other employment outcomes to assess, if any.
  2. **Updates on VA Actions:** VA has modified its processing system for manual collection of data from Form 22-10201. The VET TEC pilot program is currently scheduled to end in April of 2024; therefore, future enhancements are on hold.
  3. **Budget Implications:** None.
- v. **Recommendation 5:** The Secretary of VA should establish time frames for addressing actions it has identified for improving VET TEC
1. **Actions Taken:** In March 2022, VA identified 84 recommended actions or tasks for improving VET TEC. As of June 2023, VA had implemented 20 of the tasks, re-prioritized 37 tasks for completion by October 1, 2023, and determined it would not take further action on 27 actions. VA provided an implementation schedule showing due dates for actions it plans to implement.
  2. **Updates on VA Actions:** Due to the scheduled expiration of the program in April 2024, no further action will be taken on any VET TEC Summit Action items identified. In the event program permanency is established, VA will revisit the remaining actions.
  3. **Budget Implications:** None.
- vi. **Recommendation 6:** The Secretary of VA should identify and document a single set of clear, measurable objectives for the VET TEC program.
1. **Actions Taken:** VA established goals and objectives for the VET TEC pilot, and in June 2023, VA had formalized a document stating the program objectives. However, it is unclear how VA plans to measure progress toward meeting the goals and objectives. As of September 2023, VA plans to complete a program evaluation to report on the stated goals and outcomes of the VET TEC pilot program. VA plans to publish the program evaluation report by the end of the first quarter of fiscal year 2025. GAO will close this recommendation once VA provides information on how it plans to assess progress toward the objectives it identified for

VET TEC or once VA shares its assessment of the objectives through its program evaluation.

2. Updates on VA Actions: VA intends to complete a program evaluation to measure and report on the stated goals and outcomes of the VET TEC pilot program. VA is currently working to develop the plans for the program evaluation study and report. VA plans to publish the program evaluation report by December 2024.
3. Budget Implications: None.

**2. VETERANS COMMUNITY CARE PROGRAM: VA Needs to Strengthen Its Oversight and Improve Data on Its Community Care Network Providers ([GAO-23-105290](#)).** Report provided to VA 11/10/2022.

a. Responsible Office: Veterans Health Administration

b. Recommendations:

- i. Recommendation 1: The Undersecretary for Health should ensure that Community Care Network contractors report complete claims data when calculating performance against VA's network adequacy standards. In cases where VA has made agreements with the contractors to exclude certain claims, those reasons should be clearly documented by VA.

1. GAO Summary of Actions Taken: The Veterans Health Administration (VHA) concurred with this recommendation, and in April 2023, stated that the Office of Integrated Veteran Care (IVC) developed a dashboard within VHA's Advanced Medical Cost Management Solution (AMCMS) system to be able to independently monitor network adequacy. Officials stated that IVC is on target to implement the full process of review and validation of complete data reported by the third-party administrators, Optum and TriWest--through comparison to AMCMS data at the end of calendar year 2023. In addition, VA officials stated that Optum began including appointment timeliness data in the network adequacy deliverable in August of 2021, and TriWest began including all applicable failed claims into the calculation for network adequacy in October 2022. Officials provided documentation that, where VA has agreed to the exclusion of claims, IVC has documented these agreed upon exclusions within the contract and associated quality assurance surveillance plan. GAO will continue to monitor VHA's progress in using AMCMS to ensure complete contractor data is submitted related to Community Care Network adequacy.
2. VHA Update on Actions Taken: VHA is incorporating appropriate data into AMCMS and estimates finalization in early calendar year 2024.

3. Budget Implications: None

- ii. Recommendation 2: The Undersecretary for Health should review its processes for monitoring the accuracy and completeness of contractor-submitted provider data in PPMS and implement strategies under current or future contracts to increase the accuracy of provider information stored in PPMS. For example, VA could require the contractors to use proactive processes to ensure data accuracy.

- 1. GAO Summary of Actions Taken: The Veterans Health Administration (VHA) concurred with this recommendation, and in September 2023, stated that VHA is working with Optum and TriWest to share technical information on data that would be considered inaccurate provider data in the Provider Profile Management System (PPMS). Officials stated that specific examples were provided to Optum and TriWest, such as eliminating dummy phone numbers and invalid email addresses in the data. In addition, VHA officials stated that they continue to expand resources to the Office of Integrated Veteran Care (IVC) to provide greater assistance to the field to improve the accuracy of contractor-submitted data in PPMS. For example, officials stated that the IVC's hiring plan for a PPMS Data Management Team is approximately 50 percent complete. Previously, VHA officials set a target completion date of October 2023, but officials stated that the target completion date for this recommendation has been reset to December 2023 to accommodate the IVC hiring strategy.
- 2. VHA Update on Actions Taken: IVC continues to implement its hiring strategy.
- 3. Budget Implications: None.

**3. VA NURSING HOME CARE: Opportunities Exist to Enhance Oversight of State Veterans Homes** ([GAO-23-105167](#)). Report provided to VA 11/14/2022.

- a. Responsible Office: Veterans Health Administration
  - i. Recommendation 1: The Under Secretary of Health should develop a plan to ensure the data system it is currently developing has the capabilities to aggregate and analyze state veterans home data by multiple units of measurement, including by state and home, and across survey years.
    - 1. GAO Summary of Actions Taken: In September 2023, VA provided evidence that the agency has a plan for developing a system for state veterans home data. The plan includes steps to ensure the data system will enable users to aggregate and analyze

data by state and home and across survey years, among other units of measurement.

2. Updates on VHA Actions: After reviewing options for developing a data system, the Facility Based Care Team in Geriatrics and Extended Care (GEC) created a PowerBI platform, dashboard, and workflow that aggregates and analyzes State Veterans Homes (SVH) data by multiple units of measurement. GEC finalized the plan of build and implementation that includes rigorous testing validation and refinement. Based on VHA's actions, GAO closed this recommendation.
  3. Budget Implications: None.
- ii. Recommendation 2: The Under Secretary of Health should implement a process for consistently following up with state veterans homes that have not implemented their corrective active plans by the agreed upon dates.
1. GAO Summary of Actions Taken: In September 2023, VA provided evidence that the agency developed and implemented a process to follow up with state veterans homes about corrective action plans (CAP). Specifically, in March 2023, VA released an updated standard operating procedure for the management of CAPs that requires VA to follow up with state veterans homes that have not submitted evidence of CAP implementation. VA also shared documentation that shows VA staff have been trained on the new process and that VA tracks that status of each CAP.
  2. Updates on VHA Actions: GEC completed a revised CAP Standard Operating Procedure (SOP). To support implementation, preliminary education was provided to the general assembly during the 2023 National Association of State Veterans Homes Winter Conference. GEC held an educational town hall to present the revised CAP SOP to SVH management and communicated it to all Veterans Integrated Service Network (VISN) SVH Liaisons and VA Medical Facility Representatives.

GEC updated its internal survey process tracker tool for 2023 surveys to include the latest proposed completion date in the submitted CAP from the SVH that was approved by the SVH Program Manager. Through the use of visual indicators, this tracker triggers SVH Program Managers to follow up with SVHs that have not submitted evidence of CAP implementation within 30 business days after the date of completion identified by the SVH Management in the approved CAP. SVH Program Managers

have implemented use of this survey process tracker tool for the 2023 VA surveys.

Based on VHA's actions, GAO closed this recommendation.

3. Budget Implications: None.
- iii. Recommendation 3: The Under Secretary of Health should identify additional enforcement actions that would help ensure state veterans home compliance with quality standards and seek legislative authority to implement those actions, as appropriate.
1. GAO Summary of Actions Taken: VA concurred with this recommendation. GEC indicated it would develop a process to notify key stakeholder's (both state and VA) based on the level/severity of noncompliance with quality standards. The level of noncompliance will determine the enforcement action. GEC will create a legislative proposal for submission. GEC will operationalize these enforcement actions through changes to the Federal Regulations. In March 2023, GEC indicated it would develop a standard operating procedure to outline the process for withholding per diem from state veterans homes. Regulatory review will also be done to determine if any changes are necessary to Federal Regulations. We will continue to monitor VA's actions and update the recommendation accordingly.
  2. VHA Update on Actions Taken: In lieu of the SOP GAO cited above GEC will create a SVH Escalation Plan that will outline distinct groups with established criteria to increase oversight actions taken by GEC, VISN Directors, Medical Center Directors, Office of Public Affairs or VHA leadership based on SVHs' performance. Oversight actions include criteria for recommendation to the Director to issue in writing a decision denying certification according to Title 38 CFR §51.31(e)(1). Regulatory review will determine if any changes are necessary to law or regulation.
  3. Budget Implications: None.
- iv. Recommendation 4: The Under Secretary of Health should ensure GEC's centralization efforts align with VA's policies for national policy management, such as by issuing an interim notice to communicate the oversight changes to all stakeholders and pursuing the expeditious formalization of the new oversight in official directives and regulations.

1. GAO Summary of Actions Taken: VA concurred with this recommendation. In response to this recommendation, GEC indicated that it would issue an interim notice to stakeholders about the state veterans homes modernization efforts, to include forthcoming oversight changes. GEC will revise the Veterans Health Administration Directive to align with State Veterans Homes modernization and ensuing oversight changes once formal rulemaking has been implemented. GEC will operationalize these changes in oversight processes through amendments to Federal Regulations. In March 2023, GEC indicated officials met with VHA National Policy Operations leadership to discuss necessary steps to ensure that GEC's centralization efforts align with VA's policies for national policy management, specifically VHA Directive 0999 VHA Policy Management. GEC has drafted an interim notice, VHA Notice Oversight Requirements for State Veterans Homes, and has initiated revision of VHA Directive . The VHA Notice will be submitted to initiate the VHA concurrence process while the directive is being reviewed. The initial efforts are focused on VHA notice issuance and VHA policy revisions. We will continue to monitor VA's actions and update the recommendation accordingly.
2. VHA Update on Actions Taken: GEC's interim notice, VHA Notice Oversight Requirements for State Veterans Homes, has been drafted and is undergoing mandatory internal VA review and concurrence. GEC collaborated with commentors to revise the document for accuracy and effectiveness. The interim notice will be issued when it clears the final stages of leadership concurrence.
3. Budget Implications: None.

**4. VA HEALTH CARE: Additional Action Needed to Assess the Medical Scribe Pilot** ([GAO-23-105712](#)). Report provided to VA 11/15/2022.

a. Responsible Office: Veterans Health Administration

b. Recommendations:

- i. Recommendation 1: The Under Secretary for Health should assess the scalability of the medical scribe pilot, including identifying and applying criteria to inform decisions about whether or how to use scribes beyond the pilot.
  1. GAO Summary of Actions Taken: In June 2023, VHA completed a scalability assessment of its medical scribe pilot. VHA identified and applied criteria to inform future decisions about whether or how to use



scribes beyond the pilot. The criteria included considerations on the hiring of VA scribes or contract scribes, administrative capacity to support scribes, and best practices for scribing. VHA's assessment also included quantitative and qualitative research findings, a cost analysis, and VHA leadership feedback.

2. VHA Update on Actions Taken: Based on VHA's actions, GAO closed this recommendation.
3. Budget Implications: None.

**5. VETERANS HEALTH CARE: Staffing Challenges Persist for Fully Integrating Mental Health and Primary Care Services ([GAO-23-105372](#)).** Report provided to VA 12/15/2022.

a. Responsible Office: Veterans Health Administration

b. Recommendations:

- i. Recommendation 1: The Under Secretary for Health should ensure that the Office of Mental Health and Suicide Prevention monitors VISNs' development and implementation of corrective action plans for any VHA facilities that do not fully adhere to VHA's Primary Care Mental Health Integration program requirements.
  1. GAO Summary of Actions Taken: In May 2023, VA stated that cognizant VHA offices are exploring next steps for addressing this recommendation. VA anticipates addressing the recommendation by December 2023.
  2. VHA Update on Actions Taken: VHA's Office of Mental Health and Suicide Prevention (OMHSP), Office of the Assistant Under Secretary for Health for Clinical Services, and the Office of the Assistant Under Secretary for Health for Operations are collaborating on a joint agreement in support of 1) clinical program offices' abilities to monitor Veterans Integrated Service Network (VISN) implementation of corrective action plans and 2) VISNs abilities to ensure implementation of those plans through corrective action and remediation when necessary.
  3. Budget Implications: None.
- ii. Recommendation 2: The Under Secretary for Health should ensure that the Office of Mental Health and Suicide Prevention comprehensively evaluate and implement strategies to help mitigate staffing challenges that affect VHA facilities' abilities to integrate mental health care within primary care settings.

1. GAO Summary of Actions Taken: VA has taken some steps but has not yet fully implemented our recommendation. In May 2023, VA stated that the Office of Mental Health and Suicide Prevention evaluated its current strategies to help mitigate staffing challenges that affect VHA facilities' abilities to integrate mental health care within primary care settings and established an action plan to consider further implementation of those strategies. In its plan, VHA assessed ten factors based on a review of the Office of Mental Health and Suicide Prevention's current strategies, the strategies documented in our December 2022 report, and other sources. VHA then assessed those factors to determine whether further action should be taken. Of the ten factors in its plan, VHA stated that it had completed an assessment of eight factors and identified a number of strategies with further actions to implement. VHA noted that it is making progress on meeting the plan's objectives and anticipates completing remaining actions outlined in its plan by December 2024.
  
2. VHA Update on Actions Taken: OMHSP evaluated its current strategies for mitigating staffing challenges that affect VHA facilities' abilities to integrate mental health care within primary care settings and established a comprehensive action plan to further its contributions. OMHSP, in coordination with the Office of Primary Care, Center for Integrated Healthcare, and Serious Mental Illness Treatment Resource and Evaluation Center, drafted a memo that requires facilities to staff Primary Care Mental Health Integration (PCMHI) sufficiently to ensure at least 55% of new patients to PCMHI are being seen the same day as their medical appointment.

OMHSP provided quarterly updates of PCMHI staffing to VISN Chief Mental Health Officers and more detailed PCMHI-specific data is accessible to VISN, facility and program leaders in real-time via field-facing dashboards. Consultation regarding pulling data from these sources was made routinely available.

Quarterly, and sometimes more frequently, updates were provided to the Assistant Under Secretary for Health for Clinical Services.
  
3. Budget Implications: None.

**6. INFORMATION MANAGEMENT: Agencies Need to Streamline Electronic Services ([GAO-23-105562](#)).** Report provided to VA 12/20/2022.

- a. Responsible Office: Office of Information Technology
  
- b. Recommendations:

- ii. Recommendation 8: The Secretary of Veterans Affairs should establish a reasonable time frame for when the Department of Veterans Affairs will be able to accept remote identity proofing with authentication, digitally accept access and consent forms from individuals who were properly identity proofed and authenticated, and post access and consent forms on the department's privacy program website.
  - 1. Actions Taken: As of June 2023, the VA's Office of Information and Technology (OIT) stood-up a focused team to explore solutions, develop a plan with milestones, establish level of effort, requirements, estimated costs, and a time frame for compliance. VA stated that within the next 90-days, the focused team responsible for addressing compliance with the CASES ACT and the Office of Management and Budget implementation guidance (M-21-04) will refine the plan based on the selected solution. OIT will provide an updated response to GAO, to include a detailed plan with milestones by July 31, 2023.
  - 2. Updates on VA Actions: OIT has taken the following actions to address the statutory requirements of the Creating Advanced Streamlined Electronic Services for Constituents Act of 2019:
    - (a) Accept remote identity proofing and authentication to allow an individual to request access to their records or to provide prior written consent authorizing disclosure of their records under the Privacy Act: there are various ways an individual may make a remote request for Privacy Act records at VA, including for Veterans Health Administration records via the MyHealthVet (MHV) application, VA employment records via the Electronic Official Personnel Folder online portal, and Veterans Benefits Administration (VBA) records. Remote VBA Privacy Act requests for non-medical records now leverage the existing VA.gov identity proofing and authentication credentials, specifically ID.me and Login.gov, to allow Veterans to submit a digital VBA Privacy Act request form.
    - (b) Post on the agency website's privacy program page the forms developed using OMB-provided templates, as customized by the agency: digital copies of the VA Privacy Act request form templates (customized by the three VA administrations) are available for download on the Department's Privacy Act Request web page.
    - (c) Update all relevant portions of the agency website that pertain to obtaining access to records with forms and instructions on how to submit requests digitally: VA is updating relevant portions of

the agency website with instructions on how to submit requests digitally as these capabilities are released.

(d) Accept the access and consent forms from any individual properly identity-proofed and authenticated through digital channels for the purpose of individual access to records or for authorizing disclosure of the individual's records to another person records or for authorizing disclosure of the individual's records to another person or entity, including a congressional office: Veterans can currently request medical records through MHV using the VA Blue Button feature. However, for additional medical records that cannot be downloaded through MHV, for example, paper health records, the Veteran can submit a request digitally using Secure Messaging. While this is available today, the full implementation of the process is being finalized and should be available by the end of the calendar year. By the end of calendar year 2023, VA.gov will also have the capability to authenticate and accept digital VBA Privacy Act requests from Veterans to access other non-medical records.

3. Budget Implications: None.

**7. VETERANS HEALTH CARE: VA Actions Needed to Ensure Timely Scheduling of Specialty Care Appointments ([GAO-23-105617](#)).** Report provided to VA 1/4/2023.

a. Responsible Office: Veterans Health Administration

b. Recommendations:

i. Recommendation 1: The Undersecretary for Health should develop a timeliness standard for the number of days within which veterans' appointments with VHA facility providers should occur.

1. GAO Summary of Actions Taken: The Department of Veterans Affairs (VA) agreed with our recommendation. In February 2023, VA said it would align timeliness standards for care at VHA facilities with the designated access standards that VHA has for community care. Subsequently in May 2023, VA reported that it had established an access standard for VHA facility care effective in the first quarter of fiscal year 2023. According to VA documentation, this standard specifies that the average number of days a new patient should have to wait for an appointment to occur should be less than 20 days primary care and mental health and 28 days for specialty care from the date of the request. Documentation that officials provided on the standard shows that they have outlined expectations for each VHA facility to improve

performance towards meeting the standard each quarter until the 20- and 28-day goals are met and once the goal is reached, VHA facilities should sustain their performance.

2. VHA Update on Actions Taken: VHA established the North Star metrics to ensure all facilities provide timely access to both direct and community care. These metrics include direct care wait times from the date of request, time to schedule community care appointments, and Veteran satisfaction with timely care. GAO has closed this recommendation.
3. Budget Implications: None.
  - i. Recommendation 2: The Undersecretary of Health should conduct a comprehensive analysis of appointment scheduling data from all VAMCs to determine whether the community care timeliness standards are achievable and revise them as necessary.
4. GAO Summary of Actions Taken: VA agreed with this recommendation. In May 2023, VA officials reported that VA had conducted an analysis of community care scheduling for referrals VAMCs scheduled from October 2022 through January 2023 against the timeliness standards to determine whether these standards were achievable. Documentation that VHA provided shows that through this analysis, VA validated our findings that many VHA facilities were not achieving the current timeliness standard of scheduling an appointment within 7 days of the file entry date. In response, VHA documentation shows that the Department established a goal for each VHA facility to reduce the average number of days it takes to schedule appointments by specific percentage targets over time, with targets through February 2024, in an effort to meet the 7-day scheduling standard. In August 2023, VHA officials also reported that to increase the effectiveness of appointment scheduling with community providers, they were working on allowing eligible veterans to schedule certain appointments directly with community care providers. When VA completes these activities, we will evaluate the extent to which they have addressed our recommendation.
5. VHA Update on Actions Taken: IVC continues to develop the process and system enhancements to support self-scheduling in the community and completed phase 1 implementation for the VAMCs. Phase 1 implementation included updated national training and required VAMCs to identify and implement self-scheduling in at least one category of care.

6. Budget Implications: None.
  - i. Recommendation 3: The Undersecretary of Health should require referring providers and RCT clinical reviewers to complete the role-based Referral Coordination Initiative training that VHA developed and track completion of the training to ensure familiarity with its updated scheduling process for VHA facility and community care appointments.
7. GAO Summary of Actions Taken: VA agreed with our recommendation. As of October 2023, VA officials reported that they are updating available trainings in VHA's training system on the referral management process to ensure that they fully reflect the process and ensure that the documentation completed by Referral Coordination Team (RCT) reviewers is standardized. Officials said that they continue to provide training during national calls, while they update the courses. VA officials said they will send out a memorandum with the list of updated courses once those courses are ready and instruct VAMCs to assign these courses to facility RCT staff as appropriate. VA officials said that they will highly recommend that staff complete the training and will be monitoring training completion. VA officials said they expect to complete the training updates by January 2024. At that time, we will look at VA's steps to monitor referring providers and RCT reviewers' completion of this training to evaluate whether the steps VA has taken address our recommendation.
8. VHA update on Actions Taken: VHA continues to provide trainings and is developing the memorandum containing the list of updated courses. The Referral Coordination Initiative (RCI) Project team is currently working to do a review of available trainings. The RCI Project Team continues to work on reviewing and updating appropriate trainings to reflect Consult Toolbox (CTB) enhancements that were released on August 28, 2023, which impact the consult management process for RCTs. These enhancements complement the consult management process and ensure standardized documentation by RCT members. Training on the CTB enhancements and process took place during RCI Office Hours and other national calls in August 2023. The target Completion Date has been adjusted to February 2024 to allow for appropriate training updates to take place within the Talent Management System (TMS) and for those updates to be released to field end users for training purposes. Once the TMS courses are ready for release IVC will distribute out a memorandum providing

the list of TMS courses included in the role-based learning paths and instruct VAMCs to assign these courses to facility RCT staff as appropriate. Training completion will be highly recommended and monitored at a national level. Additionally, the RCI and CTB Project teams will conduct training on national calls to ensure an appropriate understanding of the process. The RCI team has completed an update to the RCI Scheduling Learners Guide and RCI Guidebook which will be published in January 2024.

9. Budget Implications: None.

**8. VETERANS BENEFITS: VA Could Enhance Outreach for Its Solid Start Program by Increasing Collaboration with Veterans Organizations** ([GAO-23-105699](#)). Report provided to VA 1/19/2023.

a. Responsible Office: Veterans Benefits Administration

b. Recommendations:

i. Recommendation 1: VETERANS BENEFITS: VA Could Enhance Outreach for Its Solid Start Program by Increasing Collaboration with Veterans Organizations (GAO-23-105699). Report provided to VA 1/19/2023.

1. Actions Taken: VA agreed with this recommendation and has implemented it. VA engaged with 17 randomly selected VSOs to discuss how VA could better coordinate with VSOs to support Solid Start, and any strategies or recommendations that could assist with connecting with hard-to-reach veterans. VA identified two key takeaways: (1) VA could improve collaboration efforts by providing VSOs with more information and materials, such as training products, promotional products and contact cards; and (2) VA should use multiple communication methods, e.g., phone, email, social media, and texting, to better connect with hard-to-reach veterans. In response to this feedback, VA implemented an updated VSO engagement plan for more regular and recurring collaboration to ensure VSOs have the necessary training, information and tools to promote Solid Start. VA also implemented additional engagement efforts, such as additional targeted emails promoting the benefits of engaging with Solid Start, and a prominent social media presence, to connect with younger veterans. According to VA officials, since the implementation of these efforts in calendar year 2022, the successful connection rate for eligible veterans ages 18-22 has increased from 42 percent in 2021 to 44 percent in 2022.

2. Updates on VA Actions: VA has continued to enhance its partnership with VSOs to ensure they have the necessary information to raise awareness of and promote the use of the VA Solid Start (VASS) program. VA provided briefings on the VASS program and program updates during VSO Quarterly Forums in April 2023, July 2023, and December 2023. Furthermore, VA has also continued emails to targeted subsets of VASS-eligible Veterans and frequent social media posts promoting the program.
3. Budget Implications: None.

**9. VA MENTAL HEALTH: Additional Action Needed to Assess Rural Veterans' Access to Intensive Care** ([GAO-23-105544](#)). Report provided to VA 02/09/2023.

- a. Responsible Office: Veterans Health Administration
- b. Recommendations:
  - i. Recommendation 1: The Department of Veterans Affairs Under Secretary of Health should ensure that the Office of Mental Health and Suicide Prevention analyzes, by rurality, the utilization and performance data it uses to monitor access to intensive mental health care and include such analyses in program performance assessments.

1. GAO Summary of Actions Taken:
2. VHA Update on Actions Taken: The Northeast Program Evaluation Center (NEPEC) within the Office of Mental Health and Suicide Prevention (OMHSP) established a workgroup that includes representation from the Office of Health Equity. NEPEC developed and deployed a Population Analysis of Needs and Differential Access (PANDA) dashboard to support intensive mental health care programs with investigating potential differences in quality measures stratified by vulnerable demographic groups.

An informational memorandum was distributed to the field supporting ongoing efforts to enhance access to intensive mental health care for Veterans living in rural regions of the country. It recommended the use of the PANDA tool and the VA Strategic Analytics for Improvement and Learning (SAIL) County Geographic report to evaluate the access needs of rural Veterans.

NEPEC completed analyses examining potential differences in outcomes and utilization stratified by rurality for Mental Health Residential Rehabilitation Treatment Program (MHRRTTP) and Psychosocial Rehabilitation and Recovery Center (PRRC) services. No differences were found with encounter



frequency or program outcomes for enrolled Veterans living in rural versus urban zip codes.

Analysis of baseline differences between Veterans participating in the Rural Access Network for Growth Enhancement programs and residing in rural as compared to urban locations showed some significant baseline differences (at  $p < .01$ ) with older age, smaller proportions of African Americans and Hispanics in rural areas, as well as Veterans diagnosed with schizophrenia and lower symptom scores on the Brief Symptom Inventory (BSI). Longitudinal mixed model analysis adjusting for baseline differences showed no significant differences (at  $p < .01$ ) for symptoms as measured with the BSI, quality of life, or satisfaction with VA services.

The MHR RTP program evaluation team incorporated rurality into their analyses of wait times and admissions to care. Rurality utilization will also be included in the annual program evaluation reports for Intensive Community Mental Health Recovery and PRRC programs. VHA has completed its actions on this recommendation and asked GAO to consider closure.

3. Budget Implications: None.
  - i. Recommendation 2: The Department of Veterans Affairs Under Secretary of Health should ensure that the Office of Mental Health and Suicide Prevention incorporates into its monitoring efforts, as appropriate, analysis of referral and claims data for intensive mental health care services provided through community care.
4. GAO Summary of Actions Taken:
5. VHA Update on Actions Taken: NEPEC worked closely with VHA's Office of Integrated Veteran Care to develop business rules for extracting data necessary to integrate community care data into monitoring efforts for mental health residential treatment to include information on referrals, claims, episodes of care, bed days of care, and wait times. OMHSP established a mechanism for recurring reports which includes a provision of demographic variables, such as rurality. VHA completed its actions on this recommendation and asked GAO to consider closure.
6. Budget Implications: None.
  - i. Recommendation 3: The Department of Veterans Affairs Under Secretary of Health should assess and update, as appropriate, its guidelines for establishing outpatient

intensive mental health care programs to incorporate parameters to factor in where veterans in need live.

7. GAO Summary of Actions Taken:

8. VHA Update on Actions Taken: High Intensity Ambulatory Service (HIAS) SAIL detailed level reports can be broken out and aggregated based on patient home address. OMHSP developed a quick reference document to provide guidance to the field for facilities to use and inform programming needs of Veterans in more rural counties.

An informational memorandum was distributed to the field supporting ongoing efforts to enhance access to intensive mental health care for Veterans living in rural regions of the country. It recommended the use of the PANDA tool and the SAIL County Geographic report to evaluate the access needs of rural Veterans. VHA has completed its actions on this recommendation and asked GAO to consider closure.

9. Budget Implications: None.

- ii. Recommendation 4: The Department of Veterans Affairs Under Secretary of Health should update its guidelines for providing seed funding to Rural Access Network for Growth Enhancement or Enhanced Rural Access Network for Growth Enhancement programs to include data on the locations of veterans with serious mental illness.

10. GAO Summary of Actions Taken:

11. VHA Update on Actions Taken: HIAS SAIL detailed level reports can be broken out and aggregated based on patient home address. NEPEC developed and deployed the PANDA dashboard to support intensive mental health care programs with investigating potential differences in quality measures stratified by vulnerable demographic groups.

Facilities applying for ORH funding for Intensive Community Mental Health Recovery (ICMHR) Rural Access network for Growth Enhancement (RANGE) and Enhanced (E) -RANGE programs review rurality data and Veteran locations as a part of the application process. Sites applying for seed funding from ORH are required to identify the zip codes they plan to serve. These zip codes are required to be at least 50% rural. Sites are required to use the deep dive tool to indicate that there are Veterans within the

areas they plan to serve who have been diagnosed with an SMI and that those Veterans will be offered RANGE or E-RANGE services. VHA has completed its actions on this recommendation and asked GAO to consider closure.

12. Budget Implications: None.

**10. VETERANS HEALTH ADMINISTRATION: Action Needed to Address Persistent Control Weaknesses and Related Risks in Employee Screening Processes ([GAO-23-104296](#)).** Report provided to VA 02/23/2023.

a. Responsible Office: of Human Resources Administration

b. Recommendations:

i. Recommendation 1: VETERANS HEALTH ADMINISTRATION: Action Needed to Address Persistent Control Weaknesses and Related Risks in Employee Screening Processes (GAO-23-104296). Report provided to VA 02/23/2023.

1. GAO Summary of Actions Taken:

2. VHA Update on Actions Taken: The Veterans Health Administration (VHA) established an interdisciplinary project team to develop its approach to management and oversight of Drug Enforcement Agency (DEA) waivers. The interdisciplinary project team drafted new policy; the draft policy is under review for concurrence and publication. An Under Secretary for Health Memorandum is also under review to provide interim guidance to the field pending publication of the VHA Directive. Implementation guidance will be provided with this memorandum.

3. Budget Implications: None.

i. Recommendation 2: As the Veterans Health Administration develops a DEA employment waiver policy, the Under Secretary for Health should ensure that the policy includes guidance for determining whether employees have access to controlled substances.

4. GAO Summary of Actions Taken:

5. VHA Update on Actions Taken: The draft VHA Directive and the Under Secretary for Health Memorandum noted in Recommendation 1 include a requirement for facilities to

determine which positions have access to controlled substances as part of their assigned duties.

6. Budget Implications: None.
  - i. Recommendation 3: As the Veterans Health Administration develops a DEA employment waiver policy, the Under Secretary for Health should ensure that the policy specifies that an employment waiver is required to employ any individual in a position with access to controlled substances who, at any time, has been convicted of a felony offense related to controlled substances, had an application for a DEA registration denied, or had a DEA registration revoked or surrendered for cause, and does not presently hold an active DEA registration.
7. GAO Summary of Action Taken:
8. VHA Update on Actions Taken: The draft VHA Directive and Under Secretary for Health Memorandum discussed in Recommendation 1 stipulate that no offer of employment will be made by VHA to an applicant who is applying to a position that has access to controlled substances and who has been convicted of a felony offense relating to controlled substances, or who, at any time, has had an application for a DEA registration denied, had a DEA registration revoked, or has surrendered a DEA registration without an approved waiver.
9. Budget Implications: None.
  - i. Recommendation 4: After implementing a DEA employment waiver policy, the Under Secretary for Health should review the individuals still employed at VHA among the 50 we confirmed had controlled substance-related criminal history to determine whether they have access to controlled substances as part of their assigned duties and thus need DEA employment waivers.
10. GAO Summary of Actions Taken:
11. VHA Update on Actions Taken: In coordination with the publication of Under Secretary for Health Memorandum and VHA Directive on DEA Registrations and Employment Waivers, VHA will initiate a review of the identified sample and take action, as appropriate.

12. Budget Implications: None.

- i. Recommendation 5: After implementing a DEA employment waiver policy, the Under Secretary for Health should review the approximately 12,500 employees we identified with indications of controlled substance-related criminal history—but for whom we did not confirm controlled substance-related felony convictions—to determine whether they need DEA employment waivers.

13. GAO Summary of Actions Taken:

14. VHA Update on Actions Taken: In coordination with the publication of the Under Secretary for Health Memorandum and VHA Directive on DEA Registration and Employment Waivers, VHA will initiate a review of the identified sample and take action, as appropriate.

15. Budget Implications: None.

- i. Recommendation 6: The Under Secretary for Health should implement control procedures to ensure that suitability adjudicators use information regarding undisclosed criminal history in compliance with OPM regulations and VA policy, including policies requiring that adjudicators document their assessments of the materiality and intent of undisclosed information and their rationale for not referring cases involving nondisclosure to OPM.

16. GAO Summary of Actions Taken:

17. VHA Update on Actions Taken: VHA Central Office Personnel Security updated its Policy Advisory to include specific instructions that adjudicators must document their assessments of the materiality and intent of undisclosed information and their rationale for referring or not referring cases involving nondisclosure to OPM in the VA Central Adjudication and Background Investigation System (VA-CABS). VHA established an Oversight and Compliance integrated project team assigned to develop and implement plans for a comprehensive compliance function within the VHA Personnel Security community. VHA completed actions to resolve this recommendation and asked GAO to consider closing it.

18. Budget Implications: None.

- i. Recommendation 7: The Under Secretary for Health should establish oversight procedures to ensure that adjudicators follow up on applicants' active warrants before hiring and notify the appropriate VISN suitability coordinator on the active warrant before rendering a favorable determination.

19. GAO Summary of Actions Taken:

20. VHA Update on Actions Taken: VHA Central Office Personnel Security updated its Policy Advisory on VHA Adjudicator Consistency to include language and direction consistent with the recommendation. The policy advisory has been published to VHA's Personnel Security SharePoint. VHA completed actions to resolve this recommendation and asked GAO to consider closing it.

21. Budget Implications: None.

- i. Recommendation 8: As VA implements the Rap Back Program, the Secretary of Veterans Affairs should develop control procedures to ensure that PAA notifications are routed and resolved appropriately.

22. Actions Taken:

23. Updates on VA Actions:

24. Budget Implications: None.

- i. Recommendation 9: As VA implements the Rap Back Program, the Secretary of Veterans Affairs should develop control procedures to document follow-up work conducted on a PAA notification in a VA system such as VA-CABS.

25. Actions Taken:

26. Updates on VA Actions:

27. Budget Implications: None.

- i. Recommendation 10: The Under Secretary for Health should establish control procedures to ensure that employee background investigations are completed as required by OPM regulation and VA policy.

28. GAO Summary of Actions Taken:

29. VHA Update on Actions Taken: VHA established an Oversight and Compliance integrated project team that developed an Oversight and Compliance Plan. VHA conducted a trial of the plan at two Veterans Integrated Service Networks (VISNs). The plan includes weekly and monthly reviews and evaluated the following systems: VA CABS, National Background Investigation Services, USA Staffing, USAccess, and HR Smart. The plan assessed various processes, such as, fingerprinting, position risk, investigation level, PIV badge credentialing, and program and site adherence to applicable regulation and policy.

30. Budget Implications: None.

- i. Recommendation 11: The Assistant Secretary for Human Resources and Administration/Operations, Security and Preparedness should develop and implement policies that establish who is responsible for documenting employee background investigations in eOPF in accordance with OPM guidance and VA policy and control procedures to ensure that these policies are followed.

31. Actions Taken:

32. Updates on VA Actions:

33. Budget Implications: None.

- i. Recommendation 12: The Under Secretary for Health should ensure that background investigations are completed and documented as required for the employees among the 329 we examined (i.e., those from our sample and those we identified with DEA registration actions or active warrants) and who we found did not have completed investigations or whose investigations were not documented in eOPF.

34. GAO Summary of Actions Taken:

35. VHA Update on Actions Taken: VHA’s review demonstrated that out of the 97 subjects included in the review, 68 contained evidence of a completed background investigation documented by a Certificate of Investigation or Certificate of Reciprocity in the eOPF; 28 employees had inactive eOPFs due to resignations, retirements, and terminations; and 1 employee did not have evidence of an investigation. The employee has been notified and the investigation was initiated on October 1, 2023. VHA requested that GAO close this recommendation.

36. Budget Implications: None.

- i. Recommendation 13: The Under Secretary for Health should review the approximately 12,200 employees we identified with indications of controlled substance-related criminal history—but whom we did not examine—to ensure that employees who may require DEA employment waivers have completed background investigations.

37. GAO Summary of Actions Taken:

38. VHA Update on Actions Taken: VHA completed its review of all 12,250 records GAO identified. Of the 12,250 records, 4,022 employees have separated, 8,228 employees are current. Of the 8,228 current employees, 8,181 employees have a valid background investigation on file and 47 employees require investigation. All VISNs have been notified of the employees who need an investigation and are currently working to mitigate this deficiency. VHA Central Office Personnel Security Program Office (PERSEC) sent weekly reminders via spreadsheets of records that still need an investigation initiated and VISNs reported their updates each week. This will continue until all 47 investigations are initiated and scheduled. VHA requested GAO close this recommendation.

39. Budget Implications: None.

- i. Recommendation 14: The Under Secretary for Health should review the approximately 12,200 employees we identified with indications of controlled substance-related criminal history—but whom we did not examine—to ensure that background investigations were documented in eOPF for employees who may require DEA employment waivers.



40. GAO Summary of Actions Taken:

41. VHA Update on Actions Taken: VHA completed its review of all 12,20 records GAO identified. Of the 12,250 records, 4,022 employees have separated, 8,228 employees are current. Of the 8,228 current employees, 7,753 employees have a Certificate of Investigation (COI) or a Certificate of Eligibility (COE) on file and 475 employees do not have evidence of a COI or COE uploaded into their eOPF. Recommendation 13 review identified 47 employees who required an investigation. All impacted VISNs were notified of the names of employees who need an investigation initiated and a COI or COE uploaded into the eOPF. VHACO PERSEC sent weekly reminders via spreadsheets of records that need evidence of investigations uploaded in eOPFs and VISNs reported their mitigation efforts each week. VHACO PERSEC will continue this process until all deficiencies are resolved. VHA requested GAO close this recommendation.

42. Budget Implications: None.

**11. VA HEALTH CARE: VHA Lacks Reliable Onboarding Data for New Clinical Staff ([GAO-23-105706](#)). Report provided to VA 02/24/2023.**

a. Responsible Office: Veterans Health Administration

b. Recommendations:

i. Recommendation 1: VA HEALTH CARE: VHA Lacks Reliable Onboarding Data for New Clinical Staff ([GAO-23-105706](#)). Report provided to VA 02/24/2023.

1. GAO Summary of Actions Taken: VA concurred with our recommendation and identified actions VHA is taking, such as developing an implementation plan that includes drafting and issuing an Under Secretary for Health memorandum mandating relevant staff use USA Staffing. VHA estimated that it will complete these efforts in August 2023.

2. VHA Update on Actions Taken: VHA implemented an administration-wide mandate for the use of USA Staffing in all offices responsible for onboarding tasks. Because the requirement to use USA Staffing impacts the working conditions of bargaining unit employees, mandatory usage required labor partner notification. Labor notifications were made, and two national unions requested informational briefings. All Labor obligations were completed.

VHA issued a memorandum requiring the use of USA Staffing as the sole system of record for tracking pre-placement requirements by all VHA staff involved in the onboarding process. VHA later released an addendum to the requirement relieving the obligation for attestations. VHA completed actions to implement this recommendation and requested that GAO consider closure.

3. Budget Implications: None.
  - i. Recommendation 2: The Under Secretary for Health should ensure that Veterans Integrated Services Networks and medical facilities have clear and comprehensive guidance on entering data into USA Staffing, including data-level definitions.
4. GAO Summary of Actions Taken: VA concurred with our recommendation and identified actions it is taking, such as beginning to develop data-level definitions for upcoming user guides for USA Staffing. VHA estimated that it will complete these efforts in August 2023.
5. VHA Update on Actions Taken: VHA completed preparation, development of job aids, data-level definitions, and training for all stakeholders on how to enter data into USA Staffing. Relevant data-level definitions were provided in each user guide and job aid, and each task in USA Staffing has a definition associated with it in the system. VHA continues to provide ongoing support to stakeholders by offering role-specific office hours each week along with access to all the necessary job aids and tools available on VHA SharePoint sites to include the VHA HR Hub, Recruitment & Placement Job Aids, Hire Faster and More Competitively Job Aids, Hiring Manager Resources, Credentialing & Privileging Resources, Employee Occupational Health Resources, and a Feedback Tool. VHA completed actions to implement this recommendation and requested that GAO consider closure.
6. Budget Implications: None.

**12. VA HEALTH CARE: Improved Data, Planning, and Communication Needed for Infrastructure Modernization and Realignment** ([GAO-23-106001](#)). Report provided to VA 03/20/2023.

- a. Responsible Office: Veterans Health Administration
- b. Recommendations:

- i. Recommendation 1: The Secretary of Veterans Affairs should develop specific actions that address the data gaps identified by GAO and others and identify time frames for completing such actions to help ensure that future market assessments fully account for the department's key considerations.

- 1. GAO Summary of Actions Taken:

- 1. VHA Update on Actions Taken: VA started to develop a plan to address the data gaps identified by the GAO and others. VA completed the solicitation and evaluation phase of a contract to support the Market Area Assessment Integrated Project Team and the Chief Strategy Office in addressing the data gaps.

- 2. Budget Implications: None.

- i. Recommendation 2: The Secretary of Veterans Affairs should direct VA's leadership team to develop a formal, documented plan that identifies its structure and an implementation strategy for its efforts to modernize and realign the department's infrastructure to help ensure the efficiency and effectiveness of these efforts.

- 3. GAO Summary of Actions Taken:

- 4. VHA Update on Actions Taken: VA initiated development of an enterprise Infrastructure Governance Board to be led by executive stakeholders and governed by an integrated board of directors from administrations with key facilities-related offices throughout VA.

The Veteran Facility Transformation and Healthcare Enhancement (VFTHE) Integrated Project Team (IPT) drafted the healthcare infrastructure strategy and conducted workshops focused on development of the draft strategy. The workshops included stakeholders from the VA headquarters, Veterans Integrated Services Network (VISN), and VA medical centers (VAMC). The draft strategy was subsequently reviewed at the VHA Senior Leader Summit, which included all VHA senior executives at the national, regional, and local levels.

- 5. Budget Implications: None.

- i. Recommendation 3: The Secretary of Veterans Affairs should direct its leadership team to finalize its communication approach, such as by developing, documenting, and disseminating how it will increase communication and transparency with internal and

external stakeholders, including specifying how and when communication should occur.

6. GAO Summary of Actions Taken:

7. VHA Update on Actions Taken: The VFTHE IPT coordinated with VA leaders at the national, regional, and local levels, as well as VA's Office of Public and Intergovernmental Affairs and Office of Congressional and Legislative Affairs, to conduct multiple communication and stakeholder engagement activities focused on Department efforts to invest and modernize its health care infrastructure. These activities included:

- Responding to multiple infrastructure-related inquiries from members of Congress
- Internal briefings to VISN leaders, VA medical center directors, and VA and VHA governance boards
- External briefings to members of Congress, labor organizations, and partnership groups (including the Department of Defense)
- Development of a partnering playbook to support stakeholders in evaluating, designing, planning, executing, and monitoring opportunities to partner with the Department of Defense, academic affiliates, and community health care systems to enhance Veteran access to health care
- Development of a comprehensive toolkit to support local facilities in proactively and effectively communicating VA's ongoing and continuous investment in modernizing its medical facilities
- Engagement with VISN and VAMC leaders to identify VA facility investment priorities across the enterprise
- Development and presentation of a draft VHA infrastructure investment strategy to gather input from VHA senior leaders

8. Budget Implications: None.

**13. IT Management: VA Needs to Improve CIO Oversight of Procurements ([GAO-23-105719](#)).** Report provided to VA 03/30/2023.

a. Responsible Office: Office of Information Technology

b. Recommendations:

- i. Recommendation 1: The Secretary of VA should direct the Chief Information Officer and Chief Acquisition Officer to implement automated controls into

relevant contracting systems to help ensure that IT and IT-related assets and activities are appropriately identified for VA's FITARA approval process.

1. **Actions Taken:** The Department of Veterans Affairs (VA) concurred with our recommendation. As of September 2023, the department noted that the Office of Information and Technology and the Office of Acquisition and Logistics are developing an action plan that includes (1) establishing a tiger team focused on creating improved controls for identifying IT acquisitions to ensure that they meet FITARA review requirements, (2) conducting internal audits that ensure FITARA compliance, and (3) developing additional policy and guidance that directs all IT and IT-related contracts to use the Technology Acquisition Center and follow updated procedures consistent with FITARA. The timeline for establishing the items in the described action plan and implementing automated controls have yet to be finalized. We will continue to monitor the department's progress in implementing our recommendation.
2. **Updates on VA Actions:** VA established a tiger team comprised of representatives from the Office of Information Technology, Office of Acquisition and Logistics and VA contract activities head of contracting representatives. To date, the team has:
  - a. Agreed to reuse an existing field in the contract writing system to capture the FITARA approval number. Estimated completion date: March 31, 2024.
  - b. Planned to develop timelines for updating the purchase request module to add an automated control and expand the "submit to FORCE" functionality in the Budget Tracking Tool for all requirements that have an information technology product service or North American Industry Classification System code. Estimated completion date: April 30, 2024, to decide the to-be tool for purchase requests and forecasting of contracting opportunities.
  - c. Initiated a pilot to review 150 contracts from Fiscal Year 2022 for FITARA review. Estimated completion date: May 31, 2024.
3. **Budget Implications:** None.

**14. VETERANS EMPLOYMENT: Promising VA Technology Education Pilot Would Benefit from Better Outcome Measures and Plans for Improvement ([GAO-23-105343](#)).** Report provided to VA 10/27/2022.

- a. Responsible Office: Veterans Health Administration
- b. Recommendations:
  - i. Recommendation 1: The Director of the Office of Rural Health should develop a policy requiring resource centers to communicate their available research funding opportunities across VA.
    - 1. GAO Summary of Actions Taken:
    - 2. VHA Update on Actions Taken: The Office of Rural Health (ORH) started development of a standardized process to communicate available research funding opportunities to a diverse population of employees throughout the VA in addition to existing partners. ORH leadership met with the Veterans Rural Health Resource Center (VRHRC) Directors to discuss communication processes for funding opportunities. This informed the standard operating procedures to ensure consistent communication and sharing of funding opportunities to a diverse population throughout VA in addition to existing partnerships.
    - 3. Budget Implications: None.
      - i. Recommendation 2: The Director of the Office of Rural Health should develop performance goals that reflect leading practices, such as being objective, measurable, quantifiable, and linked to other strategic plan components.
    - 4. GAO Summary of Actions Taken:
    - 5. VHA Updates on Actions Taken: ORH identified and completed SMART (Specific, Measurable, Achievable, Relevant and Time-Bound) performance measures for goals in the ORH 2020-2024 Strategic Plan that are linked to the VHA Long Range Framework Plan. ORH held its fiscal year 2024 Operational Planning Meeting with Central Office and VRHRC staff to review the performance and provide status updates on the current Strategic Plan goals. To sustain this in the future, ORH drafted its 2025-2029 Strategic and Operational Plan outline and have started identifying key rural health stakeholders and staff to collaborate on it.
    - 6. Budget Implications: None.

**15. ELECTRONIC HEALTH RECORDS: VA Needs to Address Management Challenges with New System ([GAO-23-106731](#)). Report provided to VA 05/18/2023.**

- a. Responsible Office: Electronic Health Records Modernization

b. Recommendations:

- i. Recommendation 1: The Secretary of VA should ensure that VA documents a VA-specific change management strategy to formalize its approach to drive user adoption.
  1. Actions Taken: VA stated that it concurred with this recommendation. We are awaiting additional information about the department's actions in response to this recommendation.
  2. Updates on VA Actions:
  3. Budget Implications: None.
    - i. Recommendation 2: The Secretary of VA should ensure that the department's planned improvements to communication of system changes meet users' needs for the frequency of the updates provided.
  4. Actions Taken: VA stated that it concurred with this recommendation. We are awaiting additional information about the department's actions in response to this recommendation.
  5. Updates on VA Actions:
  6. Budget Implications: None.
    - i. Recommendation 3: The Secretary of VA should take steps to improve change readiness scores prior to future system deployments.
  7. Action Taken: VA stated that it concurred with this recommendation. We are awaiting additional information about the department's actions in response to this recommendation.
  8. Updates on VA Actions:
  9. Budget Implications: None.
    - i. Recommendation 4: The Secretary of VA should ensure steps taken by the EHRM program and Oracle Cerner to increase workforce skills and competencies through improved training and related change management activities have been effective.

10. Actions Taken: VA stated that it concurred with this recommendation. We are awaiting additional information about the department's actions in response to this recommendation.

11. Updates on VA Actions:

12. Budget Implications: None.

- i. Recommendation 5: The Secretary of VA should address users' barriers to change, by ensuring planned completion of all actions identified in the Secretary's Strategic Review.

13. Actions Taken: VA stated that it concurred with this recommendation. We are awaiting additional information about the department's actions in response to this recommendation.

14. Updates on VA Actions:

15. Budget Implications: None.

- i. Recommendation 6: The Secretary of VA should develop a plan, including a timeline, for establishing (1) targets for measuring the adoption of changes and (2) metrics and targets to measure the resulting outcomes of the change.

16. Actions Taken: VA stated that it concurred with this recommendation. We are awaiting additional information about the department's actions in response to this recommendation

17. Updates on VA Actions:

18. Budget Implications: None.

**16. VA DISABILITY EXAMS: Actions Needed to Clarify Program Requirements Regarding Examiners ([GAO-23-105787](#)). Report provided to VA 06/15/2023.**

a. Responsible Office: Veterans Benefits Administration (Recs 1 & 2) Veterans Health Administration (Rec 3)

b. Recommendations:

- i. Recommendation 1: The Under Secretary for Benefits should develop and document formal procedures to guide VBA's process for monitoring contracted



exam vendors' use of license portability to help prevent ineligible examiners from conducting exams in states where they are not licensed.

1. **Actions Taken:** VBA agreed with this recommendation. In June 2023, following issuance of our report, VBA completed a standard operating procedure for relevant Medical Disability Examination Office staff to complete monthly monitoring of exam vendors' use of temporary license portability. These procedures outline the steps staff should take to ensure only eligible providers have completed exams and how to work with vendors to correct any identified issues. Such monitoring can help ensure that VBA vendors' use license portability as intended.
  2. **Updates on VA Actions:** VBA has documented formal procedures to guide the process for monitoring vendors' use of license portability as recommended. Furthermore, VBA continues to monitor vendor reported data to ensure compliance with P.L. 116-315.
  3. **Budget Implications:** None.
- ii. **Recommendation 2:** The Under Secretary for Benefits should work with vendors to identify exams that were erroneously completed under license portability, assess any potential risks to veterans' claims, and develop and implement a corrective action plan to address any identified issues.
1. **Actions Taken:** VBA agreed in principle with this recommendation. As of November 2023, VBA completed a final risk assessment and identified the number of exams erroneously completed under license portability and the number of veterans affected. VBA also consulted with VA's Office of General Counsel to measure the risk of a negative impact on veterans' disability claims. VBA determined that the exams were completed by licensed providers and, as such, any risk to veterans' claims from the erroneous use of license portability was very unlikely. As a result, VBA found that no corrective actions were needed.
  2. **Updates on VA Actions:** As indicated, VBA completed the risk assessment and determined, upon consultation with the Office of General Counsel, the risk to Veteran's claims to be minimal. As such, no further action is warranted; however, VBA continues to monitor vendor reported data to ensure compliance with P.L. 116-315.
  3. **Budget Implications:** None.

- iii. Recommendation 3: The Under Secretary for Health should clarify guidance issued to VHA medical facilities regarding the statutory requirement to temporarily halt efforts to eliminate disability examiner positions. Specifically, the clarified guidance should define what constitutes (1) a programmatic change to disability exam services and (2) a medical examiner position.
  - 4. Action Taken: VHA agreed with this recommendation. In September 2023, VHA provided updated guidance to its medical facilities regarding the requirement to temporarily halt efforts to eliminate disability examiner positions. This guidance provided definitions and examples of what constitutes a programmatic change to disability exam services and a disability medical examiner position. Additionally, the guidance identified incentives available to help facilities recruit and retain medical examiners. This guidance should help ensure a consistent understanding and implementation of potential changes to VHA's disability medical exam staffing across its medical facilities.
  - 5. Updates on VA Actions: VBA Defers to VHA
  - 6. Budget Implications: None.

**17. VA DISABILITY BENEFITS: Actions Needed to Further Examine Racial and Ethnic Disparities in Compensation ([GAO-23-106097](#)). Report provided to VA 07/26/2023.**

- a. Responsible Office: Veterans Experience Office (Rec 1)  
Veterans Benefits Administration (Recs 2 & 3)
- b. Recommendations:
  - i. Recommendation 1: The Secretary of VA should develop a documented plan that details specific actions, time frames, and procedures to address the limitations it has identified with its race and ethnicity data for veterans from historically disadvantaged racial and ethnic groups.
    - 1. Actions Taken: VA concurred with this recommendation and stated it has plans in place to implement it. Specifically, the agency stated it is developing recommendations for VA-wide data collection standards to ensure consistency and alignment with federal requirements, industry standards, and best practices. We encourage the agency, as it carries out this effort, to address the data limitations that hinder its ability to identify potential barriers that prevent veterans from accessing services.
    - 2. Updates on VA Actions: VBA defers to VEO

3. Budget Implications: None.

- ii. Recommendation 2: The Secretary of VA should conduct a comprehensive assessment of disability compensation to identify the root causes that could contribute to any racial and ethnic disparities. Such an assessment could be completed internally or contracted out by VA. Also, it could include factors we identified in this report and any other factors VA considers relevant.
  - 1. Actions Taken: VA concurred with these recommendations and stated it has plans in place to implement it. Specifically, VA noted such analysis poses challenges given the complexity of the data and underlying issues. For example, VA said that while its own analysis of disparities is consistent with GAO's finding that Black veterans had lower approval rates for disability claims than White veterans, it said that Black veterans apply at materially higher rates than White veterans. We recognize that many factors can contribute to differences in approval rates and believe that a comprehensive assessment of those identified in our report, and others, will position VA to make any changes needed to address underlying issues. According to VA, VBA will contract for a study to identify barriers in the disability compensation process. VBA also stated it is establishing an Equity Assurance Office to address benefit disparity issues, among other things. We will monitor the agency's progress on these efforts.
  - 2. Updates on VA Actions: VBA continues prototyping benefits equity dashboards for future use and is in the planning phase of contracting the comprehensive assessment of compensation benefits. VBA anticipates awarding this contract prior to the end of fiscal year 2024. VBA continues to stand up the Office of Equity Assurance which will review all aspects of the benefits programs and data and will initiate internal and independent studies to examine notable gaps or variances in benefits decisions for underserved Veterans groups.
  - 3. Budget Implications: Additional resources will be required to support actions necessary for implementation of the recommendation.
- iii. Recommendation 3: The Secretary of VA should, after completing a comprehensive assessment of disability compensation, develop a plan to guide and coordinate VA's actions to address the identified root causes of any racial and ethnic disparities.

1. Action Taken: VA concurred with this recommendation and stated it has plans in place to implement it. Specifically, VBA stated that it will develop a plan to guide and coordinate its actions to address root causes for any identified racial and ethnic disparities. We will monitor the agency's progress on this effort.
2. Updates on VA Actions: VBA is in the planning phase of contracting the comprehensive assessment of compensation benefits. Upon completion of the comprehensive assessment, VA will draft an action plan that will provide recommendations and a guide to address the identified root causes of any racial and ethnic disparities that may be identified by the comprehensive assessment.
3. Budget Implications: Additional resources will be required to support actions necessary for implementation of the recommendation.

**18. VA HEALTH CARE: Office of the Medical Inspector Should Strengthen Oversight of Recommendations and Assess Performance ([GAO-23-105634](#)). Report provided to VA 07/27/2023.**

- a. Responsible Office: Veterans Health Administration
- b. Recommendations:
  - i. Recommendation 1: The Medical Inspector should establish and document responsibilities for supervisory review as a part of OMI's process for determining (1) whether proposed action plans address the intent of OMI's recommendations, and (2) whether action plans have been successfully completed.
    1. GAO Summary of Actions Taken:
    2. VHA Update on Actions Taken: OMI incorporated the recommendation into the existing Action Plan Standard Operating Procedures (SOP). The added language establishes and documents responsibilities for supervisory review as part of OMI's process for determining whether proposed action plans address the intent of OMI's recommendations and whether action plans have been successfully completed.
    3. Budget Implications: None.

ii. Recommendation 2: The VHA Under Secretary for Health should ensure that the Office of Medical Inspector establishes strategic goals and related performance goals. Such efforts should be in coordination with stakeholders, including the Under Secretary for Health and other VHA oversight offices.

1. GAO Summary of Actions Taken:

2. VHA Update on Actions Taken: OMI established strategic and performance goals. The strategic goals include improving efficiency in report writing process, improving data utilization, enhancing Action Plan progress documentation, enhancing existing strategies, and implementing new strategies to improve collaborations and SOPs. The performance goals include decreasing overall OMI report production time by 5%; expanding access to data, continuing to document all OMI action item requests; and ensuring all SOPs are updated, accurate, and accessible by OMI personnel.

3. Budget Implications: None.

iii. Recommendation 3: The VHA Under Secretary for Health should ensure that the Office of Medical Inspector establishes performance measures and collects relevant information to measure progress toward established performance goals.

1. GAO Summary of Actions Taken:

2. VHA Update on Actions Taken: OMI established nineteen performance measures including actions such as report tracking and generation, promoting awareness of data, tracking and documenting action items, and developing templates. These performance measures also included SOP additions.

3. Budget Implications: None.

iv. Recommendation 4: The VHA Under Secretary for Health should establish a process for regularly using performance information to assess progress toward established goals and inform management decisions.

1. GAO Summary of Actions Taken:

2. VHA Update on Actions Taken: OMI will submit an annual report of its performance to the VHA Under Secretary for Health to assess its progress toward established goals and inform management decisions.

3. Budget Implications: None.

**19. UNWANTED SEXUAL BEHAVIOR: IMPROVED GUIDANCE, ACCESS TO CARE, AND TRAINING NEEDED TO BETTER ADDRESS VICTIMS' BEHAVIORAL HEALTH NEEDS ([GAO-23-105381](#)). REPORT PROVIDED TO VA 08/02/2023.**

a. Responsible Office: Veterans Health Administration (Recommendation 4) and Veterans Benefits Administration (Recommendations 6 & 11)

b. Recommendations:

i. Recommendation 4: The Secretary of Defense and the Secretary of Veterans Affairs should collaborate to take steps to ensure that service members who have experienced unwanted sexual behavior and are eligible for VA services related only to military sexual trauma are provided information about and connected to all programs that assist in the transition from DOD to VA care.

1. GAO Summary of Actions Taken:

2. VHA Update on Actions Taken: VA and the Department of Defense (DoD) have made substantial progress on initiatives designed to inform current and former Service members and key staff who assist in the transition process about military sexual trauma (MST)-related care and benefits available from VA and DoD.

VA and DoD have jointly developed a handout that details VA and DoD health care, disability benefits and other services available to assist Service members who have experienced MST that will be provided to each separating Service member as part of their Separation Health Assessment, regardless of which Department (VA or DoD) conducts the exam. This resource highlights that individuals may be able to receive MST-related care even if they are not eligible for other VA care.

VA and DoD finalized development of an informational poster describing VA health care services and other benefits available to current and former Service members (including National Guard and Reserve) for dissemination throughout DoD. Several key stakeholders participated in development of this poster, including MST survivors and advocates, representatives from the VHA, the Veteran Benefits Administration, the DoD Sexual Assault Prevention and Response Office, the Defense Health Agency, and the DoD Family Advocacy Program. This resource includes a scannable Quick Response Code as well as

web links to enable Service members to access additional information at their convenience and when in a private setting. DoD is in the process of disseminating the poster across the enterprise.

The Departments have collaborated and executed cross training, which has included trainings for DoD Sexual Assault Prevention and Response Personnel, VHA MST Coordinators and VA Liaisons for Healthcare.

3. Budget Implications: None.

a. Recommendations:

- ii. Recommendation 6: The Secretary of Veterans Affairs, in conjunction with the Secretary of Defense, should develop and evaluate options and make a determination of the best approach for incorporating a mechanism in its new electronic health record whereby VA providers can record unwanted sexual behavior care at medical centers and community-based outpatient clinics while limiting sharing that information to the greatest extent feasible.

1. GAO Summary of Actions Taken:

- 2. VHA Update on Actions Taken: VHA Office of Health Informatics is exploring development of a project plan, including identifying and reviewing existing documents and products supporting this recommended action. The plan will include collaboration with DoD to ensure interoperable implementation.

3. Budget Implications: None.

- i. Recommendation 11: The Secretary of Veterans Affairs, in coordination with the Secretary of Defense, should revise the participant guide for the Transition Assistance Program's Department of Veterans Affairs benefits and services course taken by all separating service members to include information about available Department of Veterans Affairs resources for experiences with unwanted sexual behavior, similar to what is included in the Transition Assistance Program's optional course on women's health.

4. GAO Summary of Actions Taken:

5. Updates on VA Actions: VA revised the VA Benefits and Services Participant Guide to enhance the Military Sexual Trauma (MST) resources in version six of the VA Benefits and Services Participant Guide. Version six was released in January 2024. The link to the revised guide can be found at:  
<https://www.tapevents.mil/Assets/ResourceContent/TAP/VA-Benefits-Participant-Guide.pdf>.
6. Budget Implications: None.

**20. VA EQUAL EMPLOYMENT OPPORTUNITY: INCREASED ATTENTION NEEDED TO IMPROVE PROGRAM EFFECTIVENESS ([GAO-23-105429](#)). REPORT PROVIDED TO VA 09/12/2023.**

- a. Responsible Office: Office of Human Resources
- b. Recommendations:
  - i. Recommendation 1: The Secretary of VA should finalize the I-DEA dashboard and use the data in the dashboard to regularly conduct trend analysis of internal and other data on perceived experiences of discrimination. Such analyses should pinpoint problematic locations, guide preventive efforts, and incorporate available data from VA's All Employee Survey; EEO and Harassment Prevention Program data; and information from other internal and external data collection efforts and assess trends down to the facility level.
    1. Actions Taken: VA agreed with this recommendation and noted plans to implement it.
    2. Updates on VA Actions: The Office of Personnel Management (OPM) developed Diversity, Equity, Inclusion and Access (DEIA) and Federal Employment Viewpoint Survey dashboards. VA will leverage and expand upon OPMs work to ensure alignment and opportunities for benchmarking and analysis Government-wide. VA will use information from the Veteran Experience Offices Employment Signals (ESignals) and National Center for Organization Development's All Employment Survey (AES). ESignals is fully operational and can collect/provide the ESignals data – specifically results from the 'Belonging.' The Diversity, Equity, and Inclusion questions from the AES would also be used for analysis. ORMDI tracks the Harassment Prevent Program (HPP) and Equal Employment Opportunity (EEO) data.

The requested data can be analyzed from existing sources. Creating an I-DEA dashboard requires additional funding and would not



provide additional information that can be analyzed by the existing sources mentioned above.

3. Budget Implications: None.

ii. Recommendation 2: The Secretary of VA should ensure that the Deputy Assistant Secretary for Resolution Management, Diversity and Inclusion assesses and addresses any potential risks to the independence of the agency's EEO program, including the Harassment Prevention Program.

1. Actions Taken: VA agreed with this recommendation and noted plans to implement it.

2. Updates on VA Actions: This assessment is on-going.

3. Budget Implications: None.

iii. Recommendation 3: The Secretary of VA should ensure that the Deputy Assistant Secretary for Resolution Management, Diversity and Inclusion assesses the factors that increase the time it takes to implement the terms of final decisions in cases where discrimination is found and develops a plan to ensure these final decisions are implemented in a timely manner.

1. Actions Taken: VA agreed with this recommendation and noted plans to implement it.

2. Updates on VA Actions: The greatest factor impacting the timely completion of final agency decisions and final orders involve the Defense Finance and Accounting Service (DFAS), which is VA's payroll service. All equitable remedies that include back pay, with interest and benefits, and the restoration of leave must be processed through DFAS. As DFAS is a separate Federal entity, VA has limited control over how quickly it responds. VA is working with VA's Office of Employment Discrimination Complaint Adjudication to amend the language in the final agency actions, which could provide a more appropriate expectation for when agency compliance actions are undertaken, versus when the actual payment is made.

3. Budget Implications: None.

i. Recommendation 4: The Secretary of VA should ensure that the Deputy Assistant Secretary for Resolution Management, Diversity and Inclusion assesses the factors that increase the time it takes to implement the terms of final decisions in cases where

discrimination is found and develops a plan to ensure these final decisions are implemented in a timely manner.

1. Actions Taken: VA agreed with this recommendation and noted plans to implement it.
2. Updates on VA Actions: ORMDI follows VA's and Human Resources and Administration/Operations, Security and Preparedness (HRA/OSP) Strategic Plan, 2022-28, Stewardship Goal #4, Stewardship Objective 4.1 and the six Implementing Strategies 4.1.1 – 4.1.6, in developing a strategic workforce plan that incorporates internal stakeholder feedback in order to meet its programmatic functions and goals.

Stewardship Goal #4 - VA manages resources as strategic assets, to include people, infrastructure, data and technology and leverages governance, evidence, best practices and management principles to improve performance and outcomes for Veterans and other beneficiaries. VA applies a customer-centric approach to all activities, aligning and measuring activities to ensure they enhance the experience, ease of access and security for Veterans, other beneficiaries VA employees and partners. This stewardship goal improves our internal operations and describes the safeguards we will establish to execute mission related activities. Objective 4.4 addresses gaps identified in fiscal year (FY) 2021-28 Capacity Assessment and ensures VA complies with the Evidence Act.

Stewardship Objective 4.1, (Our Employees Are Our Greatest Asset) VA will transform its human capital management capabilities to empower a collaborative culture that promotes information sharing, diversity, equity and inclusion and a competent, high-performing workforce to best serve Veterans and their families.

3. Budget Implications: None.
  - ii. Recommendation 5: The Secretary of VA should ensure that the Deputy Assistant Secretary for Resolution Management, Diversity and Inclusion regularly conducts analyses of VA workforce data to identify barriers to employment in the VA workforce; develop action plans for all identified barriers; and annually report on progress on implementing action plans.
4. Actions Taken: VA neither agreed nor disagreed with this recommendation. VA noted that the culmination of its various analyses will result in findings and an action plan to improve any

identified barriers to equal opportunity in the SES, Hispanic/Latino and disability hiring efforts at VA. However, it's not clear that VA's plan includes specific actions, with timeframes and responsible personnel, the agency will take to eliminate the barriers identified in its analysis. VA also did not provide documentation of conducting a barrier analysis for employees with disabilities. Further, VA has lacked a consistent effort to analyze barriers within its workforce, having reported that it did not conduct barrier analyses from fiscal years 2018 through 2020. VA did develop a Barrier Analysis Workgroup; however, VA did not provide clear plans on how to identify and prioritize additional barrier analyses or take the additional needed actions to eliminate identified barriers. We will monitor VA's efforts to take consistent steps to ensure equal access to employment opportunities.

5. Updates on VA Actions: VA already conducts an assessment of workforce data, identifies barriers to employment and develops actions plans for those barriers, as part of the Management Directive 715 (MD-715) requirement.

Specifically, within the last year, ORMDI conducted an employee barrier analysis to assist VA in improving the diversity in the Senior Executive Service (SES) workforce, the Hispanic/Latino population and for employees with disabilities, in all three areas where VA is under-represented. The completed analysis included a rigorous quantitative data analysis, high-level policy and process analysis, benchmark analysis and qualitative data from employee interviews, focus groups and surveys. The culmination of these various analyses will result in findings and an action plan to improve any identified barriers to equal opportunity in the SES, Hispanic/Latino and disability, hiring efforts at VA.

6. Budget Implications: None.
  - i. Recommendation 6: The Secretary of VA should ensure that the Assistant Secretary for Human Resources & Administration/Operations, Security and Preparedness collects and analyzes information on facilities' hiring and promotion selection panel processes and addresses any findings from this analysis. This should include action plans with timeframes to address any deficiencies identified and sharing best practices.
1. Actions Taken: VA agreed with this recommendation and noted plans to implement it.

2. Updates on VA Actions: HRA/OSP is collecting and analyzing information from the administrations on hiring and promotion selection panel processes. A report summarizing the findings will identify any deficiencies found in panel processes and best practices during quarter 4 of FY 2024.

3. Budget Implications: None.

ii. Recommendation 7: The Secretary of VA should work with the relevant offices to establish a comprehensive policy for addressing veterans' complaints of discrimination while accessing VA services or participating in VA programs. This policy should include (a) a standardized process for handling veteran complaints of discrimination from intake to final resolution; (b) requirements for communicating with veterans about the status of their complaints; (c) a process for coordinating related efforts across the agency; and (d) a centralized process and requirements for collecting comprehensive data on veterans' complaints, including their resolution.

1. Actions Taken: VA agreed with this recommendation and noted plans to implement it.

2. Updates on VA Actions: These processes and requirements were previously under extensive review by MITRE for FY 2023. This comprehensive Equity Assessment was completed in September 2023 and ORMDI is presently reviewing the final report and making determinations on whether some or all, of the recommendations are obtainable for VA. ORMDI will coordinate its efforts with VA's Veterans Health Administration (VHA), Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA). Due to the current Continuing Resolution, new initiatives and related funding expenditures will remain pending until a 2024 appropriations bill is enacted.

3. Budget Implications: None.

i. Recommendation 8: The Secretary of VA should establish a communication strategy to promote veteran awareness of the External Complaint Program and other avenues for filing discrimination complaints.

1. Actions Taken: VA agreed with this recommendation and noted plans to implement it.

2. Updates on VA Actions: ORMDI's External Complaints Program (ECP) has recently undergone an extensive equity assessment which identified similar and/or related challenges. ORMDI is presently examining those findings/recommendations of MITRE's final report. Information on the ECP is available on the ORMDI external website at: External Complaints Program - Office of Resolution Management, Diversity & Inclusion (ORMDI) (va.gov). To assist Veterans with filing an external complaint, in 2023, ORMDI developed and published electronic VA form 0381 which is available on VA's website at: VA Form 0381. Any initiatives requiring funding, will remain pending until a 2024 appropriations bill is enacted or will be requested during the FY 2026 budget request cycle.
3. Budget Implications: None.

**21. VETERANS EMPLOYMENT: IDENTIFYING LESSONS LEARNED FROM RAPID RETRAINING PROGRAM COULD IMPROVE FUTURE EFFORTS (GAO-23-106191). REPORT PROVIDED TO VA 09/28/2023.**

- a. Responsible Office: Veterans Benefits Administration
- b. Recommendations:
  - i. Recommendation 1: The Secretary of Veterans Affairs should ensure that the Veterans Benefits Administration's Education Service implements a lessons-learned process for VRRAP that aligns with lessons-learned key practices including analyzing, validating, and documenting lessons.
    1. Actions Taken: VA concurred with this recommendation in principle. The agency plans to conduct lessons learned on the elements of VRRAP that were under VA's control as well as those that were defined by statute. We will monitor VA's efforts to address this recommendation.
    2. Updates on VA Actions: VBA is refining a lessons learned process and is engaged in reviewing the elements of the VRRAP program. Once the analysis phase has concluded, VBA will attempt to validate the impact of each identified lesson from VRRAP using available data.
    3. Budget Implications: None.

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## High-Risk Areas Identified by GAO

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In April 2023, GAO issued an update to its High-Risk Series (GAO-23-106203) and identified three High-Risk Areas that are specific to VA:

- Managing Risks and Improving VA Health Care,
- Improving and Modernizing Federal Disability Programs, and
- VA Acquisition Management.

Details on each issue can be found here: <https://files.gao.gov/reports/GAO-23-06203/index.html>.

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## Major Management Challenges Identified by the OIG

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The Department's Office of Inspector General (OIG), an independent entity, evaluates VA's programs and operations. The OIG submitted a list of the most serious major management challenges facing VA, which was incorporated in the Department's 2023 Agency Financial Report published in November 2023. The full text of the OIG's findings can be found at <https://department.va.gov/wp-content/uploads/2023/11/2023-va-afr-full-report.pdf> starting on page 153.

Major Management Challenge	
No.	Topic
OIG 1	Health Care Services
OIG 2	Benefits for Veterans
OIG 3	Stewardship of Taxpayer Dollars
OIG 4	Information Systems and Innovation
OIG 5	Leadership and Governance

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## *Expenditures by State*

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### **Part 4**

Expenditures by State..... 93

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## *Expenditures by State*

### Expenditures by State

The tables below provide actual FY 2023 expenditures by state (dollars in thousands).

State	2023 Expenditures
Alaska	426,197
Alabama	1,860,551
Arkansas	1,747,244
Arizona	3,872,670
California	12,133,238
Colorado	3,668,945
Conneticut	978,788
District of Columbia	19,752,784
Delaware	451,960
Florida	8,714,888
Georgia	2,967,263
Hawaii	618,655
Iowa	1,098,070
Idaho	497,958
Illinois	169,903,011
Indiana	1,590,392
Kansas	2,315,548
Kentucky	1,337,272
Louisiana	1,933,855
Massachusetts	2,707,344
Maryland	1,111,198
Maine	664,320
Michigan	2,896,497
Minnesota	2,256,575
Missouri	2,747,671
Mississippi	1,664,247

State	2023 Expenditures
Montana	601,208
North Carolina	4,237,006
North Dakota	487,766
Nebraska	839,949
New Hampshire	391,434
New Jersey	817,021
New Mexico	836,490
Nevada	1,631,167
New York	4,337,516
Ohio	4,684,234
Oklahome	1,872,537
Oregon	2,048,173
Pennsylvannia	4,169,905
Philippines	17,974
Puerto Rico	960,176
Rhode Island	465,782
South Carolina	3,197,740
South Dakota	796,806
Tennessee	3,994,784
Texas	10,797,660
Utah	1,019,661
Virginia	2,435,160
Vermont	398,408
Washington	2,506,335
Wisconsin	2,075,368
West Virginia	1,638,871
Wyoming	563,049
No State Identification	(2,152,729)
<b>Total</b>	<b>305,586,590</b>

Notes:

- Source: Transactional data drawn from VA's Financial Management System (FMS) and the Integrated Finance Acquisitions Management System (iFAMS) by the Office of Budget
- VA Finance conducts year-end transaction adjustments that do not include state identification
- Does not include \$126.6 million for Supply Fund, Treasury Account Symbol 036-4537



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## *Appendix*

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### **Part 5**

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## *Discretionary and Mandatory Net Budget Authority, Outlays and FTE*

### Net Budget Authority

The following table reflects net budget authority calculations by Treasury Account Symbol in alignment with the President’s Budget Appendix. Appendix F of Office of Management and Budget’s Circular A-11 provides the business rules: <https://www.whitehouse.gov>

(\$ in thousands)	2023 Actual	2024 Current Estimate	2025 Request
<b>Department of Veterans Affairs</b>	<b>\$303,144,423</b>	<b>\$330,661,181</b>	<b>\$364,259,395</b>
<b>Veterans Health Administration</b>	<b>\$125,888,251</b>	<b>\$126,514,689</b>	<b>\$118,249,866</b>
Medical Community Care (036-0140)	30,746,348	31,145,670	29,097,565
Medical Support and Compliance (036-0152)	9,541,265	10,705,113	11,757,807
Medical Services (036-0160)	73,594,447	73,989,977	66,763,351
Medical and Prosthetic Research (036-0161)	916,000	916,000	868,000
Medical Facilities (036-0162)	10,371,285	8,974,033	8,933,979
DOD-VA Health Care Sharing Incentive Fund (036-0165)	30,000	30,000	30,000
Joint DOD-VA Medical Facility Demonstration Fund (036-0169)	667,535	730,897	775,164
Veterans Choice Fund (036-0172)	0	0	0
General Post Fund, National Homes (036-8180)	21,371	23,000	24,000
Canteen Service Revolving Fund (036-4014)	0	0	0
Veterans Medical Care and Health Fund (036-0173)	0	0	0
Medical Care Collections Fund (036-5287)	0	-1	0
<b>Benefits Programs</b>	<b>\$166,251,914</b>	<b>\$177,533,702</b>	<b>\$215,164,273</b>
General Operating Expenses, Veterans Benefits Administration (036-0151)	3,882,500	3,899,001	4,034,999
Veterans Housing Benefit Program Fund (036-1119D)	282,361	316,742	319,596
Veterans Housing Benefit Program Fund (036-1119M)	770,515	2,282,755	2,303,979
Native American Veteran Housing Loan Program Account (036-1120D)	1,853	3,259	6,404
Native American Veteran Housing Loan Program Account (036-1120M)	4,145	2,162	0
Veterans Insurance and Indemnities (036-0120)	109,865	133,827	135,119
National Service Life Insurance Fund (036-8132)	280,347	221,557	157,315
Compensation and Pensions (036-0102)	152,016,542	161,850,524	192,147,214
Readjustment Benefits (036-0137)	8,906,851	8,827,352	16,062,461
Servicemembers Group Life Insurance Fund (036-4009)	0	0	0
Veterans Reopened Insurance Fund (036-4010)	0	0	0
Service-disabled Veterans Insurance Fund (036-4012)	0	0	0
Housing Liquidating Account (036-4025)	-3,065	-3,477	-2,814
Veterans Special Life Insurance Fund (036-8455)	0	0	0
Veterans Affairs Life Insurance (036-4379)	0	0	0

(\$ in thousands)	2023 Actual	2024 Current Estimate	2025 Request
<b>Departmental Administration</b>	<b>\$15,887,215</b>	<b>\$31,228,700</b>	<b>\$35,742,833</b>
Construction, Major Projects (036-0110)	1,371,890	881,000	2,069,000
Construction, Minor Projects (036-0111)	626,110	680,000	380,453
National Cemetery Administration (036-0129)	430,674	480,785	495,785
General Administration (036-0142)	433,000	475,000	457,000
Information Technology Systems (036-0167)	5,773,915	5,773,915	6,223,595
Office of Inspector General (036-0170)	273,000	296,000	296,000
Grants for Construction of State Extended Care Facilities (036-0181)	150,000	164,000	141,000
Grants for Construction of Veterans Cemeteries (036-0183)	50,000	60,000	60,000
Board of Veterans Appeals (036-1122)	265,500	287,000	267,000
Franchise Fund (036-4539)	0	0	0
Supply Fund (036-4537)	0	0	0
Electronic Health Care Record Modernization (036-1123)	1,609,000	1,863,000	894,000
Recurring Expenses Transformation Fund (036-1124)	-90,874	0	0
Asset Infrastructure Review Commission (036-1130)	-5,000	0	0
Cost of War Toxic Exposures Fund (036-1126)	5,000,000	20,268,000	24,459,000
<b>Department of Veterans Affairs</b>	<b>-\$4,882,957</b>	<b>-\$4,615,910</b>	<b>-\$4,897,576</b>
MCCF Pharmaceutical Co-Payments (528710)	-389,000	-336,000	-376,000
MCCF Third Part Prescription Claims (528711)	-159,000	-173,000	-183,000
MCCF Enhanced-use Lease Proceeds (528712)	-1,000	-1,000	-1,000
MCCF Fee Basis 3rd Party MCCF (528713)	-804,000	-861,000	-868,000
MCCF First Party Collections (528730)	-143,000	-133,000	-118,000
MCCF Third Party Collections (528740)	-2,550,000	-2,710,000	-2,778,000
MCCF Parking Fees (528760)	-4,000	-3,000	-3,000
MCCF Compensated Work Therapy (528770)	-39,000	-25,000	-25,000
MCCF Payments from Compensation and Pension (528780)	-1,000	-2,000	-2,000
MCCF Long-term Care Copayments (528790)	-1,000	-2,000	-2,000
MCCF Fee Based First Party Collections (528714)	-40,000	-24,000	-34,000
Contributions from Military Personnel, Veterans Educational Act (247300)	-59,000	-1,730	-1,086
Housing Downward Reestimates (273330)	-565,390	-149,072	0
Native American Veteran Housing Loans, Negative Subsidies (275110)	-1,220	-2,667	-81
Housing Negative Subsidies (275510)	-3,160	-68,720	-392,069
All Other General Fund Proprietary Receipts (3220000)	-75,000	-55,000	-56,000
Undistributed Intragovernmental Payments and Receivables from Cancelled Accounts (3885000)	-8,000	-9,000	-10,000
NSLI Fund, Premium and Other Receipts (813210)	-16,915	-24,820	-18,340
General Post Fund, National Homes, Deposits (8180001)	-19,000	-21,000	-21,000
General Fund Proprietary Interest Receipts, not Otherwise Classified (1435000)	-3,000	-8,000	-9,000
Native American Direct Loans, Downward Reestimate of Subsidies (275130)	-1,272	-5,901	0
<b>Undistributed Offsetting Receipts</b>	<b>-\$30,854</b>	<b>-\$20,110</b>	<b>-\$13,490</b>
<b>Undistributed Offsetting Receipts</b>	<b>-\$30,854</b>	<b>-\$20,110</b>	<b>-\$13,490</b>
NSLI Fund, Interest (813220)	-27,854	-17,110	-10,490
General Post Fund, National Homes, Interest on Investments (8180002)	-3,000	-3,000	-3,000
<b>Total NET Budget Authority</b>	<b>\$303,113,569</b>	<b>\$330,641,071</b>	<b>\$364,245,905</b>

Notes:

- A full-year 2024 appropriation act was not enacted at the time the Budget was prepared. This chart displays the 2024 President’s Budget request level for 2024 for discretionary accounts, with updates to assumptions and estimates for mandatory accounts displayed consistent with 2025 budget models and as communicated to the House and Senate Appropriations Committees in December 2023.
- The President’s Budget Appendix combines the Native American and Vocational Rehabilitation Direct Loan Program Accounts into one account; the National Cemetery Administration, Cemetery Operations and Maintenance and Cemetery Gift Fund into one account; and the Pershing Hall Revolving Fund and General Administration Account into one account.
- FY 2022 MCCF receipts align with amounts identified and apportioned in the year and total to the amount made available in an appropriation to 36-5287, while the Department of the Treasury recognizes collections which occur later in the month. Therefore, the receipt figures here differ from those recorded at the individual receipt accounts in the 2025 President’s Budget Appendix.

## Net Outlays

The following table reflects net budget authority calculations by Treasury Account Symbol in alignment with the President’s Budget Appendix. Appendix F of Office of Management and Budget’s Circular A-11 provides the business rules: <https://www.whitehouse.gov>

(\$ in thousands)	2023 Actual	2024 Current Estimate	2025 Request
<b>Department of Veterans Affairs</b>	<b>\$301,023,840</b>	<b>\$343,288,781</b>	<b>\$369,676,105</b>
<b>Veterans Health Administration</b>	<b>\$124,858,274</b>	<b>\$129,151,000</b>	<b>\$124,288,000</b>
Medical Community Care (036-0140)	29,381,000	28,828,000	29,601,000
Medical Support and Compliance (036-0152)	9,161,674	10,593,000	12,021,000
Medical Services (036-0160)	71,987,229	76,307,000	70,911,000
Medical and Prosthetic Research (036-0161)	955,000	692,000	753,000
Medical Facilities (036-0162)	7,200,000	10,197,000	10,177,000
DOD-VA Health Care Sharing Incentive Fund (036-0165)	19,371	22,000	19,000
Joint DOD-VA Medical Facility Demonstration Fund (036-0169)	589,000	775,000	781,000
Veterans Choice Fund (036-0172)	-33,000	0	0
General Post Fund, National Homes (036-8180)	18,000	17,000	22,000
Canteen Service Revolving Fund (036-4014)	24,000	31,000	3,000
Veterans Medical Care and Health Fund (036-0173)	5,556,000	1,689,000	0
<b>Benefits Programs</b>	<b>\$168,117,803</b>	<b>\$184,218,972</b>	<b>\$213,091,681</b>
General Operating Expenses, Veterans Benefits Administration (036-0151)	3,606,030	3,774,000	3,853,000
Veterans Housing Benefit Program Fund (036-1119)	997,582	2,599,498	2,623,576
Native American Veteran Housing Loan Program Account (036-1120)	5,453	4,854	5,845
Veterans Insurance and Indemnities (036-0120)	99,522	156,599	135,119
National Service Life Insurance Fund (036-8132)	305,067	290,976	209,379
United States Government Life Insurance Fund (036-8150)	75	180	140
Compensation and Pensions (036-0102)	151,207,332	164,538,765	190,509,614
Readjustment Benefits (036-0137)	12,446,349	13,220,614	15,864,335
Servicemembers Group Life Insurance Fund (036-4009)	-612,370	-539,702	-195,380
Veterans Reopened Insurance Fund (036-4010)	6,392	5,922	4,686
Service-disabled Veterans Insurance Fund (036-4012)	-27,178	37,379	12,211
Housing Liquidating Account (036-4025)	-4,083	-2,713	-2,814
Veterans Special Life Insurance Fund (036-8455)	107,234	179,805	127,640
Veterans Affairs Life Insurance (036-4379)	-21,601	-49,203	-56,670
Post-Vietnam Era Veterans Education Account (036-8133)	2,000	2,000	1,000

(\$ in thousands)	2023 Actual	2024 Current Estimate	2025 Request
<b>Departmental Administration</b>	<b>\$12,930,721</b>	<b>\$34,540,044</b>	<b>\$37,194,000</b>
Construction, Major Projects (036-0110)	1,865,140	929,475	1,345,000
Construction, Minor Projects (036-0111)	484,581	603,569	486,000
National Cemetery Administration (036-0129)	400,000	466,000	477,000
General Administration (036-0142)	451,000	581,000	444,000
Information Technology Systems (036-0167)	5,393,000	6,917,000	6,711,000
Office of Inspector General (036-0170)	259,000	249,000	290,000
Grants for Construction of State Extended Care Facilities (036-0181)	233,000	289,000	300,000
Grants for Construction of Veterans Cemeteries (036-0183)	53,000	95,000	54,000
Board of Veterans Appeals (036-1122)	233,000	279,000	270,000
Franchise Fund (036-4539)	-115,000	204,000	-170,000
Supply Fund (036-4537)	126,000	126,000	82,000
Electronic Health Care Record Modernization (036-1123)	2,229,000	3,071,000	1,508,000
Recurring Expenses Transformation Fund (036-1124)	590,000	609,000	336,000
Cost of War Toxic Exposures Fund (036-1126)	729,000	20,121,000	25,061,000
<b>Department of Veterans Affairs</b>	<b>-\$4,882,974</b>	<b>-\$4,615,938</b>	<b>-\$4,897,576</b>
MCCF Pharmaceutical Co-Payments (528710)	-389,000	-336,000	-376,000
MCCF Third Part Prescription Claims (528711)	-159,000	-173,000	-183,000
MCCF Enhanced-use Lease Proceeds (528712)	-1,000	-1,000	-1,000
MCCF Fee Basis 3rd Party MCCF (528713)	-804,000	-861,000	-868,000
MCCF Fee Based First Party Collections (528714)	-40,000	-24,000	-34,000
MCCF First Party Collections (528730)	-143,000	-133,000	-118,000
MCCF Third Party Collections (528740)	-2,550,000	-2,710,000	-2,778,000
MCCF Parking Fees (528760)	-4,000	-3,000	-3,000
MCCF Compensated Work Therapy (528770)	-39,000	-25,000	-25,000
MCCF Payments from Compensation and Pension (528780)	-1,000	-2,000	-2,000
MCCF Long-term Care Copayments (528790)	-1,000	-2,000	-2,000
Contributions from Military Personnel, Veterans Educational Act (247300)	-59,000	-1,730	-1,086
Housing Downward Reestimates (273330)	-565,390	-149,072	0
Native American Veteran Housing Loans, Negative Subsidies (275110)	-1,220	-2,667	-81
Housing Negative Subsidies (275510)	-3,160	-68,720	-392,069
All Other General Fund Proprietary Receipts (3220000)	-75,000	-55,000	-56,000
Undistributed Intragovernmental Payments and Receivables from Cancelled Accounts (3885000)	-8,000	-9,000	-10,000
NSLI Fund, Premium and Other Receipts (813210)	-16,915	-24,820	-18,340
General Post Fund, National Homes, Deposits (8180001)	-19,000	-21,000	-21,000
General Fund Proprietary Interest Receipts, not Otherwise Classified (1435000)	-3,000	-8,000	-9,000
Native American Direct Loans, Downward Reestimate of Subsidies (275130)	-1,289	-5,929	0
<b>Undistributed Offsetting Receipts</b>	<b>-\$30,854</b>	<b>-\$20,110</b>	<b>-\$13,490</b>
<b>Undistributed Offsetting Receipts</b>	<b>-\$30,854</b>	<b>-\$20,110</b>	<b>-\$13,490</b>
NSLI Fund, Interest (813220)	-27,854	-17,110	-10,490
General Post Fund, National Homes, Interest on Investments (8180002)	-3,000	-3,000	-3,000
<b>Total NET Outlay</b>	<b>\$300,992,970</b>	<b>\$343,273,968</b>	<b>\$369,662,615</b>

Note:

- The President's Budget Appendix combines the Native American and Vocational Rehabilitation Direct Loan Program Accounts into one account; the National Cemetery Administration, Cemetery Operations and Maintenance and Cemetery Gift Fund into one account; and the Pershing Hall Revolving Fund and General Administration Account into one account.

## Full-Time Equivalent Employees (FTE)

The following table reflects funded FTE from all sources by administration and office. Sources of funding include discretionary appropriations (emergency and non-emergency) and enacted mandatory appropriations.

All funding sources	2023	2024	2025	2025 vs. 2024 Change	
	Enacted	Estimate	Request	#	%
Medical Services	282,426	297,682	290,689	(6,993)	-2.3%
Medical Support & Compliance	59,514	68,072	66,658	(1,414)	-2.1%
Medical Facilities	21,587	26,856	25,839	(1,017)	-3.8%
Veterans Medical Care and Health Fund	10,593	-	-	-	-
<b>Subtotal, Medical Care</b>	<b>374,120</b>	<b>392,610</b>	<b>383,186</b>	<b>(9,424)</b>	<b>-2.4%</b>
DoD-VA Health Care Sharing Incentive Fund	28	31	31	-	0.0%
Joint DoD/VA Demonstration Fund	2,300	2,491	2,491	-	0.0%
Medical Research	4,543	4,762	4,739	(23)	-0.5%
Canteen Service	2,215	2,210	2,200	(10)	-0.5%
<b>Subtotal Veterans Health Administration FTE</b>	<b>383,206</b>	<b>402,104</b>	<b>392,647</b>	<b>(9,457)</b>	<b>-2.4%</b>
Electronic Health Record Modernization	200	313	313	-	0.0%
Information Technology	7,973	8,382	8,544	162	1.9%
Board of Veterans Appeals	1,245	1,442	1,598	156	10.8%
Veterans Benefits Administration	31,584	34,263	32,834	(1,429)	-4.2%
National Cemetery Administration	2,199	2,331	2,358	27	1.2%
General Administration	3,012	4,238	4,542	304	7.2%
Inspector General	1,102	1,125	1,087	(38)	-3.4%
Franchise Fund	2,138	2,722	2,722	-	0.0%
Supply Fund	1,027	1,524	1,525	1	0.1%
<b>Total FTE</b>	<b>433,686</b>	<b>458,444</b>	<b>448,170</b>	<b>(10,274)</b>	<b>-2.2%</b>

13 FTE funded in 2025 through a legislative proposal within the Toxic Exposures Fund are not included in the total

## FTE funded within the Toxic Exposures Fund, included in the table above

TEF funded FTEs	2023	2024	2025	2024 vs. 2023 Change	
	Enacted	Estimate	Request	#	%
<b>Toxic Exposures Fund</b>					
Medical Care	-	-	-	-	-
Medical and Prosthetic Research	6	113	113	-	0.0%
Information Technology Systems	12	139	139	-	0.0%
Board of Veterans' Appeals	-	46	153	107	232.6%
General Operating Expenses, Veterans Benefits Administration	6,004	8,501	7,072	(1,429)	-16.8%
General Administration	45	229	375	146	63.8%
<b>Total, Toxic Exposures Fund FTEs</b>	<b>6,067</b>	<b>9,028</b>	<b>7,852</b>	<b>(1,176)</b>	<b>-13.0%</b>

## Departmental General Administration FTE by Office

All Funding Sources	2023 Enacted	2024 Estimate	2025 Request
Office of the Secretary	75	83	78
Office of General Counsel	666	737	686
Office of Management	262	334	284
Office of Human Resources & Administration / Office of Operations, Security & Preparedness	332	357	397
Office of Enterprise Integration	70	109	109
Office of Public and Intergovernmental Affairs	73	81	73
Office of Congressional & Legislative Affairs	44	46	45
Office of Acquisition, Logistics and Construction Veterans Experience Office			
Office of Accountability and Whistleblower Protection	125	141	139
<b>Total Direct Funded FTE</b>	<b>1,647</b>	<b>1,888</b>	<b>1,811</b>
<b>Reimbursable FTE, all offices</b>	<b>1,320</b>	<b>2,121</b>	<b>2,356</b>
<b>Subtotal Direct and Reimbursable FTE</b>	<b>2,967</b>	<b>4,009</b>	<b>4,167</b>
<b>TEF FTE, all offices</b>	<b>45</b>	<b>229</b>	<b>375</b>
<b>Total General Administration FTE</b>	<b>3,012</b>	<b>4,238</b>	<b>4,542</b>

Note: Total FTE include carryover FTE



## Appropriation Reconciliation

### Appropriations, Collections, and DoD Transfers

Appropriation/Fund Account	2023 Enacted	2024 Estimate	2025 Request
<b>Mandatory Funds</b>			
<b>Benefit programs:</b>			
Disability Compensation Mandatory Benefits	148,035,913	158,261,043	188,743,668
Burial Mandatory Benefits	3,570,768	3,253,590	3,038,638
Pensions Mandatory Benefits	409,861	335,891	348,908
<b>Subtotal, Compensation and Pension</b>	<b>152,016,542</b>	<b>161,850,524</b>	<b>192,131,214</b>
Readjustment Benefits	8,906,851	8,827,352	16,057,461
Insurance Mandatory Benefits	109,865	133,827	135,119
Voc Rehab Mandatory Upward Reestimates	10	27	-
Veterans Housing Mandatory Subsidy and Upward Reestimates	770,515	2,282,755	2,303,979
Native American Veterans Housing Mandatory Upward Reestimates	4,135	2,135	-
Housing Liquidating Account	(3,065)	(3,477)	(2,814)
<b>Subtotal, Mandatory Benefits</b>	<b>161,804,853</b>	<b>173,093,143</b>	<b>210,624,959</b>
<b>Major Medical Facility Leases, Sec. 707 of PACT Act</b>	<b>1,880,000</b>	<b>100,000</b>	<b>200,000</b>
<b>Toxic Exposures Fund, All Funding Sources</b>			
Medical Services	3,822,377	9,525,428	11,683,896
Medical Community Care	-	6,740,264	9,770,646
Medical Support and Compliance	-	850,308	-
Medical and Prosthetic Research	1,830	46,000	59,000
Information Technology Systems	656,000	1,243,000	1,363,601
Board of Veterans' Appeals	700	4,000	19,000
General Operating Expenses, Veterans Benefits Administration	482,362	1,768,586	1,401,105
General Administration	36,731	89,799	61,670
Contingency Reserve	-	615	96,082
<b>Subtotal, Toxic Exposures Fund</b>	<b>5,000,000</b>	<b>20,268,000</b>	<b>24,455,000</b>
<b>Subtotal, Mandatory</b>	<b>168,684,853</b>	<b>193,461,143</b>	<b>235,279,959</b>

(\$ in thousands)

Appropriation/Fund Account	2023 Enacted	2024 Estimate	2025 Request
<b>Discretionary Funds</b>			
Medical Services (Advance Appropriation)	70,323,116	74,004,000	71,000,000
Annual Appropriation	261,000		
Rescission of balances from prior year appropriations		(4,933,113)	
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	(233,005)	(332,510)	(384,926)
Transfer to VA/DoD Health Care Sharing Incentive Fund	(15,000)	(15,000)	(15,000)
Transfers between Medical Services (0160) and Medical Community Care (0140)	-	748,908	(7,307,318)
Transfer from Medical Support & Compliance	-	1,150,000	-
Medical Care Collections Fund	3,258,336	3,367,692	3,470,595
<b>Subtotal, Medical Services with Collections</b>	<b>73,594,447</b>	<b>73,989,977</b>	<b>66,763,351</b>
Medical Community Care (Advance Appropriation)	24,156,659	33,000,000	20,382,000
Annual Appropriation	4,300,000	-	-
Rescission of balances from prior year appropriations	-	(1,909,069)	-
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	(67,500)	(81,000)	(93,500)
Transfers between Medical Services (0160) and Medical Community Care (0140)	-	(748,908)	7,307,318
Transfer from Medical Facilities (0162)	-	-	600,000
Transfer from Medical Support & Compliance	1,500,000	-	-
Medical Care Collections Fund to Medical Community Care	857,189	884,647	901,747
<b>Subtotal, Medical Community Care with Collections</b>	<b>30,746,348</b>	<b>31,145,670</b>	<b>29,097,565</b>
Medical Support and Compliance (Advance Appropriation)	9,673,409	12,300,000	11,800,000
Annual Appropriation	1,400,000		
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	(32,144)	(44,887)	(42,193)
Transfer to Medical Services (0160)	-	(1,150,000)	
Transfer to Medical Community Care (0140)	(1,500,000)		
Transfer to Medical Facilities (0162)		(400,000)	
<b>Subtotal, Medical Support and Compliance</b>	<b>9,541,265</b>	<b>10,705,113</b>	<b>11,757,807</b>
Medical Facilities (Advance Appropriation)	7,133,816	8,800,000	9,400,000
Annual Appropriation	1,500,000		
Rescission of balances from prior year appropriations		(250,515)	
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	(142,715)	(75,452)	(66,021)
Transfer to Medical Community Care (0140)			(600,000)
Transfer from Medical Support and Compliance (0152)		400,000	
<b>Subtotal, Medical Facilities</b>	<b>8,491,101</b>	<b>8,874,033</b>	<b>8,733,979</b>
VA/DoD Health Care Sharing Incentive Fund			
Transfer from Medical Services (0160)	15,000	15,000	15,000
Transfer from DoD (097-0130)	15,000	15,000	15,000
<b>Subtotal, VA/DoD Health Care Sharing Incentive Fund</b>	<b>30,000</b>	<b>30,000</b>	<b>30,000</b>
Joint DoD/VA Medical Facility Demonstration Fund			
Transfer from DoD (097-0130)	168,000	172,000	163,000
Transfer from Medical Services	233,005	332,510	384,926
Transfer from Medical Support and Compliance	32,144	44,887	42,193
Transfer from Medical Facilities	142,715	75,452	66,021
Transfer from Medical Community Care	67,500	81,000	93,500
Transfer from Medical Care Collections Fund	16,086	16,860	17,336
Transfer from Information Technology	8,085	8,085	8,085
<b>Subtotal, Joint DoD/VA Medical Facility Demonstration Fund</b>	<b>667,535</b>	<b>730,794</b>	<b>775,061</b>
Medical and Prosthetic Research	916,000	938,000	868,000
Grants for State Extended Care	150,000	164,000	141,000
<b>Subtotal, Veterans Health Administration</b>	<b>124,136,696</b>	<b>126,577,587</b>	<b>118,166,763</b>



(\$ in thousands)

Appropriation/Fund Account	2023 Enacted	2024 Estimate	2025 Request
Electronic Health Records Modernization (EHRM)	1,759,000	1,863,000	894,000
Rescission of prior year appropriation balances	(150,000)	-	-
<b>Subtotal, EHRM</b>	<b>1,609,000</b>	<b>1,863,000</b>	<b>894,000</b>
Information Technology Systems	5,782,000	6,401,000	6,231,680
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	(8,085)	(8,085)	(8,085)
<b>Subtotal, Information Technology</b>	<b>5,773,915</b>	<b>6,392,915</b>	<b>6,223,595</b>
Board of Veterans' Appeals	285,000	287,000	267,000
General Operating Expenses, Veterans Benefits Administration	3,863,000	3,899,000	4,035,000
National Cemetery Administration	430,000	480,000	495,000
General Administration	433,000	475,000	457,000
Construction Major	1,447,890	881,000	2,068,737
Rescission	(76,000)	-	-
<b>Subtotal, Construction Major</b>	<b>1,371,890</b>	<b>881,000</b>	<b>2,068,737</b>
Construction Minor	626,000	680,000	380,263
Grants for State Cemeteries	50,000	60,000	60,000
Office of Inspector General	273,000	296,000	296,000
Asset and Infrastructure Review Commission (rescission)	(5,000)	-	-
Vocational Rehabilitation Direct Loan Admin and Subsidy	453	543	562
Native American Direct Loan Admin	1,400	2,719	5,845
Veterans Housing Benefits Admin	282,361	316,742	319,596
Recurring Expense Transformational Fund	(90,874)	-	-
<b>Subtotal, Discretionary Appropriations net of rescission w/MCCF</b>	<b>139,039,841</b>	<b>142,211,506</b>	<b>133,669,362</b>
<b>Total VA with MCCF</b>	<b>307,724,694</b>	<b>335,672,649</b>	<b>368,949,320</b>

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**Department of Veterans Affairs  
FY 2019 - 2024 Historical Appropriations: Requested and Enacted**

(\$ in millions)	2019 Requested	2019 Enacted	2020 Requested	2020 Enacted	2021 Requested	2021 Enacted	2022 Requested	2022 Enacted	2023 Requested	2023 Enacted	2024 Requested	2024 Enacted /1
<b>Benefit programs:</b>												
Compensation and Pensions (mandatory)	\$97,068	\$98,763	\$109,017	\$110,457	\$121,061	\$124,357	\$137,575	139,183	\$152,017	152,017	\$161,851	161,851
Insurance (mandatory)	106	109	129	129	131	131	137	137	110	110	134	135
Readjustment Benefits (mandatory)	11,862	11,832	14,065	14,065	12,579	12,579	14,947	14,947	8,907	8,907	8,827	16,057
Housing and Credit Reform (mandatory)	222	211	2	75	-	667	(5)	1,910	-	772	2,283	2,282
<b>Total Benefits Mandatory</b>	<b>109,258</b>	<b>110,915</b>	<b>123,213</b>	<b>124,727</b>	<b>133,771</b>	<b>137,735</b>	<b>\$152,654</b>	<b>156,176</b>	<b>\$161,033</b>	<b>161,805</b>	<b>\$173,094</b>	<b>180,325</b>
Veterans Choice Act				(615)								
Medical Facilities								275		1,880	100	100
General Administration								18				
Construction, Major Projects								58				
Construction, Minor Projects								570				
Toxic Exposures Fund								500		5,000	20,268	20,268
<b>Subtotal, Mandatory non-benefit</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(615)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1,422</b>	<b>-</b>	<b>6,880</b>	<b>20,368</b>	<b>20,368</b>
<b>Subtotal, Mandatory</b>	<b>109,258</b>	<b>110,915</b>	<b>123,213</b>	<b>124,112</b>	<b>133,771</b>	<b>137,735</b>	<b>152,654</b>	<b>157,598</b>	<b>161,033</b>	<b>168,685</b>	<b>193,462</b>	<b>200,693</b>
<b>Medical programs:</b>												
Medical care:												
Medical Services	50,161	49,911	51,411	51,061	56,655	56,555	58,897	58,697	70,584	70,584	69,071	69,071
Medical Community Care	8,385	9,385	15,280	15,280	18,512	18,512	23,417	23,217	28,457	28,457	31,091	31,091
Medical Support & Compliance	7,239	7,028	7,338	7,328	8,214	8,199	8,403	8,403	11,073	11,073	12,300	12,300
Medical Facilities	5,914	6,807	6,142	6,142	6,583	6,583	6,735	6,885	8,634	8,634	8,549	8,549
<b>Subtotal, Medical Care (discretionary)</b>	<b>71,699</b>	<b>73,131</b>	<b>80,171</b>	<b>79,811</b>	<b>89,964</b>	<b>89,850</b>	<b>97,452</b>	<b>97,202</b>	<b>118,748</b>	<b>118,748</b>	<b>121,011</b>	<b>121,011</b>
Medical Research and Support	727	779	762	750	787	795	882	882	916	916	938	-
DoD Transfers for Joint Accounts	128	128	142	126	152	152	152	152	183	183	187	-
<b>Subtotal, medical programs (discretionary)</b>	<b>72,555</b>	<b>74,038</b>	<b>81,075</b>	<b>80,687</b>	<b>90,903</b>	<b>90,797</b>	<b>98,486</b>	<b>98,236</b>	<b>119,847</b>	<b>119,847</b>	<b>122,136</b>	<b>121,011</b>
Electronic Health Records Modernization	1,207	1,107	1,603	1,430	2,627	2,607	2,663	2,300	1,759	1,609	1,884	-
Information Technology	4,185	4,103	4,343	4,372	4,912	4,875	4,843	5,437	5,782	5,782	6,401	-
Board of Veterans' Appeals	175	175	182	174	198	196	228	228	285	285	287	-
General Operating Expenses, Veterans Benefits Administration	2,869	2,956	3,000	3,125	3,207	3,164	3,423	3,454	3,863	3,863	3,899	-
National Cemetery Administration	316	316	329	328	360	352	394	394	430	430	480	-
General Administration	368	356	369	356	413	354	401	401	435	433	475	-
Construction-Major	1,127	2,177	1,235	1,235	1,373	1,316	1,611	1,611	1,448	1,372	881	-
Construction - Minor	707	800	399	399	400	354	553	553	626	626	680	-
Grants for State Extended Care Facilities	150	150	90	90	90	90	-	50	150	150	164	-
Grants for State Cemeteries	45	45	45	45	45	45	45	49	50	50	60	-
Inspector General	172	192	207	210	228	228	239	239	273	273	296	-
Asset Infrastructure Review Commission	-	-	-	-	-	-	5	5	5	(5)	-	-
Loan Administration Funds	202	202	202	202	206	206	231	231	284	284	320	-
Recurring Expense Transformational Fund								(820)		(91)		-
<b>Discretionary Programs</b>	<b>\$84,077</b>	<b>\$86,618</b>	<b>\$93,079</b>	<b>\$92,652</b>	<b>\$104,962</b>	<b>\$104,584</b>	<b>\$113,122</b>	<b>\$112,368</b>	<b>\$135,237</b>	<b>\$134,908</b>	<b>\$137,963</b>	<b>\$121,011</b>
<b>VA Total</b>	<b>\$193,335</b>	<b>\$197,533</b>	<b>\$216,292</b>	<b>\$216,764</b>	<b>\$238,733</b>	<b>\$242,318</b>	<b>\$265,777</b>	<b>\$269,966</b>	<b>\$296,270</b>	<b>\$303,593</b>	<b>\$331,426</b>	<b>\$321,704</b>

Note: 2020 and 2021 exclude COVID-19 related mandatory and discretionary supplemental appropriations.

/1 A full-year 2024 appropriation act was not enacted at the time the Budget was prepared. Amounts shown in the 2024 Enacted columns are advance appropriations enacted in P.L. 117-328, P.L. 117-168, and P.L. 118-5. Housing and Credit Reform include mandatory amounts automatically appropriated under the authority of Credit Reform Act of 1990, P.L. 101-508. There were also proposed rescissions and adjustments in draft legislation, but they were not enacted.

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## *Functional Distribution of Budget Authority (Net)*

\$ in thousands

Function and Program	2023 Actual	2024 Estimate	2025 Request
<b>701: Income Security for Veterans</b>			
Compensation and Pensions (036-0102)	152,016,542	161,850,524	192,147,214
Veterans Insurance and Indemnities (036-0120)	109,865	133,827	135,119
National Service Life Insurance Fund (036-8132)	280,347	221,557	157,315
NSLI Fund, Premium and Other Receipts (813210)	(16,915)	(24,820)	(18,340)
<b>Subtotal, Income Security for Veterans</b>	<b>\$152,389,838</b>	<b>\$162,181,088</b>	<b>\$192,421,308</b>
<b>702: Veterans education, training and rehabilitation</b>			
Readjustment Benefits (036-0137)	8,906,851	8,827,352	16,062,461
Contributions from Military Personnel, Veterans Educational Act (247300)	(59,000)	(1,730)	(1,086)
<b>Subtotal, Veterans education, training and rehabilitation</b>	<b>\$8,847,851</b>	<b>\$8,825,622</b>	<b>\$16,061,375</b>
<b>703: Hospital and medical care for veterans</b>			
Construction, Major Projects (036-0110)	1,371,890	881,000	2,069,000
Construction, Minor Projects (036-0111)	626,110	680,000	380,453
Medical Community Care (036-0140)	30,746,348	31,145,670	29,097,565
Medical Support and Compliance (036-0152)	9,541,265	10,705,113	11,757,807
Medical Services (036-0160)	73,594,447	73,989,977	66,763,351
Medical and Prosthetic Research (036-0161)	916,000	916,000	868,000
Medical Facilities (036-0162)	10,371,285	8,974,033	8,933,979
DOD-VA Health Care Sharing Incentive Fund (036-0165)	30,000	30,000	30,000
Joint DOD-VA Medical Facility Demonstration Fund (036-0169)	667,535	730,897	775,164
Veterans Choice Fund (036-0172)	-	-	-
Veterans Medical Care and Health Fund (036-0173)	-	-	-
Grants for Construction of State Extended Care Facilities (036-0181)	150,000	164,000	141,000
Grants for Construction of Veterans Cemeteries (036-0183)	50,000	60,000	60,000
Electronic Health Care Record Modernization (036-1123)	1,609,000	1,863,000	894,000
Cost of War Toxic Exposures Fund (036-1126)	5,000,000	20,268,000	24,459,000
Canteen Service Revolving Fund (036-4014)	-	-	-
Medical Care Collections Fund (036-5287)	-	(1)	-
MCCF Pharmaceutical Co-Payments (528710)	(389,000)	(336,000)	(376,000)
MCCF Third Part Prescription Claims (528711)	(159,000)	(173,000)	(183,000)
MCCF Enhanced-use Lease Proceeds (528712)	(1,000)	(1,000)	(1,000)
MCCF Fee Basis 3rd Party MCCF (528713)	(804,000)	(861,000)	(868,000)
MCCF Fee Based First Party Collections (528714)	(40,000)	(24,000)	(34,000)
MCCF First Party Collections (528730)	(143,000)	(133,000)	(118,000)
MCCF Third Party Collections (528740)	(2,550,000)	(2,710,000)	(2,778,000)
MCCF Parking Fees (528760)	(4,000)	(3,000)	(3,000)
MCCF Compensated Work Therapy (528770)	(39,000)	(25,000)	(25,000)
MCCF Payments from Compensation and Pension (528780)	(1,000)	(2,000)	(2,000)
MCCF Long-term Care Copayments (528790)	(1,000)	(2,000)	(2,000)
<b>Subtotal, Hospital and medical care for veterans</b>	<b>\$130,542,880</b>	<b>\$146,137,689</b>	<b>\$141,839,319</b>

\$ in thousands

Function and Program	2023 Actual	2024 Estimate	2025 Request
<b>704: Veterans housing</b>			
Veterans Housing Benefit Program Fund (036-1119D)	282,361	316,742	319,596
Veterans Housing Benefit Program Fund (036-1119M)	770,515	2,282,755	2,303,979
Native American Veteran Housing Loan Program Account (036-1120D)	1,853	3,259	6,404
Native American Veteran Housing Loan Program Account (036-1120M)	4,145	2,162	-
Housing Liquidating Account (036-4025)	(3,065)	(3,477)	(2,814)
Housing Downward Reestimates (273330)	(565,390)	(149,072)	-
Native American Veteran Housing Loans, Negative Subsidies (275110)	(1,220)	(2,667)	(81)
Native American Direct Loans, Downward Reestimate of Subsidies (275130)	(1,272)	(5,901)	-
Housing Negative Subsidies (275510)	(3,160)	(68,720)	(392,069)
<b>Subtotal, Veterans housing</b>	<b>\$484,767</b>	<b>\$2,375,080</b>	<b>\$2,235,015</b>
<b>705: Other veterans benefits and services</b>			
National Cemetery Administration (036-0129)	430,674	480,785	495,785
General Administration (036-0142)	433,000	475,000	457,000
General Operating Expenses, Veterans Benefits Administration (036-0151)	3,882,500	3,899,001	4,034,999
Information Technology Systems (036-0167)	5,773,915	5,773,915	6,223,595
Office of Inspector General (036-0170)	273,000	296,000	296,000
Board of Veterans Appeals (036-1122)	265,500	287,000	267,000
Recurring Expenses Transformation Fund (036-1124)	(90,874)	-	-
Asset Infrastructure Review Commission (036-1130)	(5,000)	-	-
General Post Fund, National Homes (036-8180)	21,371	23,000	24,000
General Post Fund, National Homes, Deposits (8180001)	(19,000)	(21,000)	(21,000)
<b>Subtotal, Other veterans benefits and services</b>	<b>\$10,965,086</b>	<b>\$11,213,701</b>	<b>\$11,777,379</b>
<b>809: Deductions for offsetting receipts</b>			
All Other General Fund Proprietary Receipts Including Budget Clearing Accounts (3220000)	(75,000)	(55,000)	(56,000)
Undistributed Intragovernmental Payments and Receivables from Cancelled Accounts (3885000)	(8,000)	(9,000)	(10,000)
<b>Subtotal, Deductions for offsetting receipts</b>	<b>(\$83,000)</b>	<b>(\$64,000)</b>	<b>(\$66,000)</b>
<b>902: Interest received by on-budget trust funds</b>			
NSLI Fund, Interest (813220)	(27,854)	(17,110)	(10,490)
General Post Fund, National Homes, Interest on Investments (8180002)	(3,000)	(3,000)	(3,000)
<b>Subtotal, Interest received by on-budget trust funds</b>	<b>(\$30,854)</b>	<b>(\$20,110)</b>	<b>(\$13,490)</b>
<b>908: Other interest</b>			
General Fund Proprietary Interest Receipts, not Otherwise Classified (1435000)	(3,000)	(8,000)	(9,000)
<b>Total Department of Veterans Affairs NET Budget Authority</b>	<b>\$303,113,569</b>	<b>\$330,641,071</b>	<b>\$364,245,905</b>

[Functional Categories of the Federal Budget](https://www.everycrsreport.com/reports/98-280.html)  
<https://www.everycrsreport.com/reports/98-280.html>



## Functional Distribution of Outlays (Net)

\$ in thousands

Function and Program	2023 Actual	2024 Estimate	2025 Request & Transmit 4
<b>701: Income Security for Veterans</b>			
Compensation and Pensions (036-0102)	151,207,332	164,538,765	190,509,614
Veterans Insurance and Indemnities (036-0120)	99,522	156,599	135,119
Servicemembers Group Life Insurance Fund (036-4009)	(612,370)	(539,702)	(195,380)
Veterans Reopened Insurance Fund (036-4010)	6,392	5,922	4,686
Service-disabled Veterans Insurance Fund (036-4012)	(27,178)	37,379	12,211
National Service Life Insurance Fund (036-8132)	305,067	290,976	209,379
United States Government Life Insurance Fund (036-8150)	75	180	140
Veterans Special Life Insurance Fund (036-8455)	107,234	179,805	127,640
NSLI Fund, Premium and Other Receipts (813210)	(16,915)	(24,820)	(18,340)
<b>Subtotal, Income Security for Veterans</b>	<b>\$151,069,158</b>	<b>\$164,645,103</b>	<b>\$190,785,069</b>
<b>702: Veterans education, training and rehabilitation</b>			
Readjustment Benefits (036-0137)	12,446,349	13,220,614	15,864,335
Post-Vietnam Era Veterans Education Account (036-8133)	2,000	2,000	1,000
Contributions from Military Personnel, Veterans Educational Act (247300)	(59,000)	(1,730)	(1,086)
<b>Subtotal, Veterans education, training and rehabilitation</b>	<b>\$12,389,349</b>	<b>\$13,220,884</b>	<b>\$15,864,249</b>
<b>703: Hospital and medical care for veterans</b>			
Construction, Major Projects (036-0110)	1,865,140	929,475	1,345,000
Construction, Minor Projects (036-0111)	484,581	603,569	486,000
Medical Community Care (036-0140)	29,381,000	28,828,000	29,601,000
Medical Support and Compliance (036-0152)	9,161,674	10,593,000	12,021,000
Medical Services (036-0160)	71,987,229	76,307,000	70,911,000
Medical and Prosthetic Research (036-0161)	955,000	692,000	753,000
Medical Facilities (036-0162)	7,200,000	10,197,000	10,177,000
DOD-VA Health Care Sharing Incentive Fund (036-0165)	19,371	22,000	19,000
Joint DOD-VA Medical Facility Demonstration Fund (036-0169)	589,000	775,000	781,000
Veterans Choice Fund (036-0172)	(33,000)		
Veterans Medical Care and Health Fund (036-0173)	5,556,000	1,689,000	
Grants for Construction of State Extended Care Facilities (036-0181)	233,000	289,000	300,000
Grants for Construction of Veterans Cemeteries (036-0183)	53,000	95,000	54,000
Electronic Health Care Record Modernization (036-1123)	2,229,000	3,071,000	1,508,000
Cost of War Toxic Exposures Fund (036-1126)	729,000	20,121,000	25,061,000
MCCF Pharmaceutical Co-Payments (528710)	(389,000)	(336,000)	(376,000)
MCCF Third Part Prescription Claims (528711)	(159,000)	(173,000)	(183,000)
MCCF Enhanced-use Lease Proceeds (528712)	(1,000)	(1,000)	(1,000)
MCCF Fee Basis 3rd Party MCCF (528713)	(804,000)	(861,000)	(868,000)
MCCF Fee Based First Party Collections (528714)	(40,000)	(24,000)	(34,000)
MCCF First Party Collections (528730)	(143,000)	(133,000)	(118,000)
MCCF Third Party Collections (528740)	(2,550,000)	(2,710,000)	(2,778,000)
MCCF Parking Fees (528760)	(4,000)	(3,000)	(3,000)
MCCF Compensated Work Therapy (528770)	(39,000)	(25,000)	(25,000)
MCCF Payments from Compensation and Pension (528780)	(1,000)	(2,000)	(2,000)
MCCF Long-term Care Copayments (528790)	(1,000)	(2,000)	(2,000)
<b>Subtotal, Hospital and medical care for veterans</b>	<b>\$126,278,995</b>	<b>\$149,942,044</b>	<b>\$148,627,000</b>

\$ in thousands

Function and Program	2023 Actual	2024 Estimate	2025 Request & Transmit 4
<b>704: Veterans housing</b>			
Veterans Housing Benefit Program Fund (036-1119)	997,582	2,599,498	2,623,576
Native American Veteran Housing Loan Program Account (036-1120)	5,453	4,854	5,845
Housing Liquidating Account (036-4025)	(4,083)	(2,713)	(2,814)
Housing Downward Reestimates (273330)	(565,390)	(149,072)	-
Native American Veteran Housing Loans, Negative Subsidies (275110)	(1,220)	(2,667)	(81)
Housing Negative Subsidies (275510)	(3,160)	(68,720)	(392,069)
<b>Subtotal, Veterans housing</b>	<b>\$429,182</b>	<b>\$2,381,180</b>	<b>\$2,234,457</b>
<b>705: Other veterans benefits and services</b>			
National Cemetery Administration (036-0129)	400,000	466,000	477,000
General Administration (036-0142)	451,000	581,000	444,000
General Operating Expenses, Veterans Benefits Administration (036-0151)	3,606,030	3,774,000	3,853,000
Information Technology Systems (036-0167)	5,393,000	6,917,000	6,711,000
Office of Inspector General (036-0170)	259,000	249,000	290,000
Board of Veterans Appeals (036-1122)	233,000	279,000	270,000
Recurring Expenses Transformation Fund (036-1124)	590,000	609,000	336,000
Canteen Service Revolving Fund (036-4014)	24,000	31,000	3,000
Veterans Affairs Life Insurance (036-4379)	(21,601)	(49,203)	(56,670)
Supply Fund (036-4537)	126,000	126,000	82,000
Franchise Fund (036-4539)	(115,000)	204,000	(170,000)
General Post Fund, National Homes (036-8180)	18,000	17,000	22,000
General Post Fund, National Homes, Deposits (8180001)	(19,000)	(21,000)	(21,000)
<b>Subtotal, Other veterans benefits and services</b>	<b>\$10,944,429</b>	<b>\$13,182,797</b>	<b>\$12,240,330</b>
<b>809: Deductions for offsetting receipts</b>			
Native American Direct Loans, Downward Reestimate of Subsidies (275130)	(1,289)	(5,929)	-
All Other General Fund Proprietary Receipts Including Budget Clearing Accounts (3220000)	(75,000)	(55,000)	(56,000)
Undistributed Intragovernmental Payments and Receivables from Cancelled Accounts (3885000)	(8,000)	(9,000)	(10,000)
<b>Subtotal, Deductions for offsetting receipts</b>	<b>(\$84,289)</b>	<b>(\$69,929)</b>	<b>(\$66,000)</b>
<b>902: Interest received by on-budget trust funds</b>			
NSLI Fund, Interest (813220)	(27,854)	(17,110)	(10,490)
General Post Fund, National Homes, Interest on Investments (8180002)	(3,000)	(3,000)	(3,000)
<b>Subtotal, Interest received by on-budget trust funds</b>	<b>(\$30,854)</b>	<b>(\$20,110)</b>	<b>(\$13,490)</b>
<b>908: Other interest</b>			
General Fund Proprietary Interest Receipts, not Otherwise Classified (1435000)	(3,000)	(8,000)	(9,000)
<b>Total Department of Veterans Affairs NET Budget Authority</b>	<b>\$300,992,970</b>	<b>\$343,273,968</b>	<b>\$369,662,615</b>

[Functional Categories of the Federal Budget  
https://www.everycrsreport.com/reports/98-280.html](https://www.everycrsreport.com/reports/98-280.html)





## Obligations

(\$ in thousands)	2023 Actual	2024 Estimate	2025 Request
<b>Veterans Health Administration</b>			
Medical Community Care (036-0140)	29,843,000	37,999,000	29,634,000
Medical Support and Compliance (036-0152)	9,658,379	12,074,300	12,074,000
Medical Services (036-0160)	73,744,726	74,616,000	72,468,000
Medical and Prosthetic Research (036-0161)	1,020,000	1,023,030	929,000
Medical Facilities (036-0162)	8,781,000	10,886,000	10,009,000
DOD-VA Health Care Sharing Incentive Fund (036-0165)	24,034	26,342	26,000
Joint DOD-VA Medical Facility Demonstration Fund (036-0169)	670,000	668,000	787,000
Veterans Choice Fund (036-0172)	0	0	305,000
Canteen Service Revolving Fund (036-4014)	411,370	405,697	410,398
General Post Fund, National Homes (036-8180)	20,110	20,794	21,626
Veterans Medical Care and Health Fund (036-0173)	4,982,095	0	0
<b>Subtotal, Veterans Health Administration</b>	<b>129,154,714</b>	<b>137,719,163</b>	<b>126,664,024</b>
<b>Benefits Programs</b>			
Compensation and Pensions (036-0102)	153,224,856	179,025,158	192,146,885
Veterans Insurance and Indemnities (036-0120)	105,999	153,590	140,279
Readjustment Benefits (036-0137)	12,764,269	14,375,042	16,243,326
General Operating Expenses, Veterans Benefits Administration (036-0151)	7,272,891	8,167,596	8,505,961
Veterans Housing Benefit Program Fund (036-1119)	1,018,966	2,599,498	2,623,576
Native American Veteran Housing Loan Program Account (036-1120)	5,985	5,393	6,404
Servicemembers Group Life Insurance Fund (036-4009)	695,662	820,130	820,130
Veterans Reopened Insurance Fund (036-4010)	7,581	6,835	5,347
Service-disabled Veterans Insurance Fund (036-4012)	174,835	213,190	208,530
National Service Life Insurance Fund (036-8132)	284,131	233,886	165,166
Veterans Special Life Insurance Fund (036-8455)	154,558	130,760	118,800
Veterans Affairs Life Insurance (036-4379)	5,437	11,060	38,940
Post-Vietnam Era Veterans Education Account (036-8133)	2,156	1,617	809
<b>Subtotal, Benefits Programs</b>	<b>175,717,327</b>	<b>205,743,754</b>	<b>221,024,152</b>
<b>Departmental Administration</b>			
Construction, Major Projects (036-0110)	2,042,891	1,045,080	2,852,000
Construction, Minor Projects (036-0111)	455,450	834,000	1,116,000
National Cemetery Administration (036-0129)	440,103	493,209	495,990
General Administration (036-0142)	884,872	1,114,997	1,133,309
Information Technology Systems (036-0167)	5,761,781	6,320,232	6,545,051
Office of Inspector General (036-0170)	269,570	296,350	311,650
Grants for Construction of State Extended Care Facilities (036-0181)	222,432	164,000	141,000
Grants for Construction of Veterans Cemeteries (036-0183)	76,992	60,000	60,000
Board of Veterans Appeals (036-1122)	242,740	286,800	295,700
Supply Fund (036-4537)	2,172,000	3,000,000	3,000,000
Franchise Fund (036-4539)	1,808,000	2,062,000	2,119,000
Electronic Health Care Record Modernization (036-1123)	1,414,281	1,863,000	894,000
Recurring Expenses Transformation Fund (036-1124)	638,000	610,000	287,000
Cost of War Toxic Exposures Fund (036-1126)	1,256,889	20,633,326	27,174,277
<b>Subtotal, Departmental Administration</b>	<b>17,686,001</b>	<b>38,782,994</b>	<b>46,424,977</b>
<b>Total Obligations</b>	<b>322,558,042</b>	<b>382,245,911</b>	<b>394,113,153</b>

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## *Total Average Employment 2014-2023 Actuals*

Appropriation/Fund Account	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
<b>Medical Programs</b>										
Medical Services	205,003	216,337	224,846	229,600	239,148	247,942	256,897	268,152	260,498	282,426
Medical Support and Compliance	50,323	49,479	50,554	50,939	52,443	54,517	55,548	57,204	58,394	59,514
Medical Facilities	23,023	23,644	23,924	24,151	24,522	25,135	25,644	25,803	25,195	21,587
Veterans Medical Care and Health Fund								40	15,443	10,593
<b>Subtotal, Medical Care Programs</b>	<b>278,349</b>	<b>289,460</b>	<b>299,324</b>	<b>304,690</b>	<b>316,113</b>	<b>327,594</b>	<b>338,089</b>	<b>351,199</b>	<b>359,530</b>	<b>374,120</b>
DoD-VA Health Care Sharing Incentive Fund	44	57	47	33	23	7	11	29	31	28
Joint DoD-VA Medical Facility Demonstration Fund	2,082	2,127	2,038	2,096	2,113	2,108	2,178	2,275	2,285	2,300
Veterans Choice		30	58	159	1	-	-	-	-	-
Medical and Prosthetic Research	3,446	3,521	3,138	3,071	3,085	3,248	3,418	4,135	4,237	4,543
Canteen Service Revolving Fund	3,258	3,351	3,410	3,455	3,420	3,285	2,977	2,267	2,250	2,215
<b>Subtotal, Medical Programs</b>	<b>287,179</b>	<b>298,546</b>	<b>308,015</b>	<b>313,504</b>	<b>324,755</b>	<b>336,242</b>	<b>346,673</b>	<b>359,905</b>	<b>368,333</b>	<b>383,206</b>
Electronic Health Record Modernization	-	-	-	-	-	24	114	175	172	200
Information Technology	7,291	7,309	7,387	7,241	7,152	7,469	7,828	8,186	8,048	7,973
Board of Veterans' Appeals		646	660	840	849	1,077	1,157	1,182	1,182	1,245
Veterans Benefits Administration	20,822	21,522	21,558	22,408	22,961	23,147	24,758	24,639	24,794	31,584
National Cemetery Administration	1,712	1,730	1,814	1,851	1,865	1,947	2,026	2,078	2,114	2,199
General Administration	3,205	2,586	2,559	2,524	2,526	2,524	2,612	2,749	2,873	3,012
Office of Inspector General	641	676	706	745	849	908	1,001	1,032	1,107	1,102
Franchise Fund	1,153	1,217	1,397	1,314	1,383	1,473	1,821	1,875	1,992	2,138
Supply Fund	1,013	1,048	1,045	1,145	957	1,002	981	1,002	1,023	1,027
General Post	-	-	-	8	-	-	-	-	-	-
<b>Total Department of Veterans Affairs</b>	<b>323,016</b>	<b>335,280</b>	<b>345,141</b>	<b>351,580</b>	<b>363,297</b>	<b>375,813</b>	<b>388,971</b>	<b>402,823</b>	<b>411,638</b>	<b>433,686</b>

**Total Average Employment** uses a Full Time Equivalent (FTE) calculation across a period of time and for these Forms, that period of time is the entire fiscal year. Section 85 of the Office of Management and Budget's Circular A-11 Guidance<sup>1</sup> provides specifications on data to use and methodologies to employ to consistently produce FTE for each fiscal year.

<sup>1</sup> Available from <https://www.whitehouse.gov/wp-content/uploads/2018/06/a11.pdf>

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## *Cost of War Toxic Exposures Fund Summary*

### Background

The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act, signed into law by President Biden on August 10, 2022, authorizes VA to deliver Veterans' health care and benefits associated with exposure to environmental hazards during military service. The landmark bipartisan PACT Act, named in honor of Sergeant First Class Heath Robinson, a decorated combat medic who died from a rare form of lung cancer, represents the most significant expansion of benefits and services for toxic exposed veterans in more than 30 years.

As part of the PACT Act, Congress appropriated \$500 million to the Cost of War Toxic Exposures Fund (TEF) in 2022. The Consolidated Appropriations Act, 2023 (P.L. 117-328), provided \$5 billion for the TEF in 2023, and the Fiscal Responsibility Act of 2023 (P.L. 118-5) provided \$20.3 billion for the TEF in 2024 and \$24.5 billion for the TEF in 2025. In September 2023, VA transmitted detailed spend plans to Congress outlining planned obligations and FTE by quarter for each of these three portions of funding. VA will update these spend plans in spring of 2024 and will formally share the revised plans with Congress at that time.

### Funding Summary – Appropriations - All TEF Funding Sources

(\$ in millions)	2022 Enacted	2023 Enacted	2024 Estimate	2025 Request	2026 Request
Medical Care	34	3,822	17,116	21,455	22,800
Medical Research	1	2	46	59	-
Office of Information Technology	123	656	1,243	1,364	-
Board of Veterans' Appeals	10	1	4	19	-
Veterans Benefits Administration	302	482	1,769	1,401	-
General Administration	30	37	90	62	-
Contingency Reserve	-	-	1	96	-
<b>Total Budget Authority</b>	<b>500</b>	<b>5,000</b>	<b>20,268</b>	<b>24,455</b>	<b>22,800</b>

Note: Totals may not add due to rounding.

### Appropriation Language

*For investment in the delivery of veterans' health care associated with exposure to environmental hazards, the expenses incident to the delivery of veterans' health care and benefits associated with exposure to environmental hazards, and medical and other research relating to exposure to environmental hazards, as authorized by section 324 of title 38, United States Code, and in addition to amounts otherwise available for such purposes in the appropriations provided in this*

or prior Acts, \$22,800,000,000, which shall become available on October 1, 2025, and shall remain available until expended.

### Full Time Equivalent (FTE) Summary – All TEF Funding Sources

All Funding Sources	2022 Enacted	2023 Enacted	2024 Estimate	2025 Request
Medical Care	-	-	-	-
Medical Research	-	6	113	113
Office of Information Technology	-	12	139	139
Board of Veterans' Appeals	-	-	46	153
Veterans Benefits Administration	-	6,004	8,501	7,072
General Administration	-	45	229	375
<b>Total FTE</b>	-	<b>6,067</b>	<b>9,028</b>	<b>7,852</b>

### Methodologies to Ensure Permissible Use

#### *Permissible Uses*

As part of the PACT Act, VA is authorized to use funds appropriated to the TEF for the following:

- the provision of Veterans’ health care associated with exposure to environmental hazards in service (section 805 of the PACT Act, codified at 38 U.S.C. § 324(c)(1));
- expenses incident to delivering health care and benefits to Veterans associated with exposure to environmental hazards in service, including administrative expenses, such as information technology and claims processing and appeals (38 U.S.C. § 324(c)(2));
- medical and other research relating to exposure to environmental hazards (38 U.S.C. § 324(c)(3)), and
- continuation of the modernization, development, and expansion of capabilities and capacity of information technology systems and infrastructure of the Veterans Benefits Administration, including for claims automation, to support expected increased claims processing for newly-eligible Veterans pursuant to the PACT Act (section 701 of the PACT Act, 38 U.S.C. § 324 note).

#### *Non-Permissible Uses*

The TEF is not available for the following:

- to carry out the entirety of the PACT Act;
- to fund administrative expenses supporting VA’s delivery of health care and benefits that are not associated with in-service environmental exposure;
- Section 324(c)(2) of the PACT Act specifically precluded the use of the TEF for major medical facility leases; and
- to fund construction or non-recurring maintenance projects.

To ensure permissible use, recipients of TEF must have a written methodology for how they will estimate toxic exposure costs, track the actual costs, and reconcile the estimates with the actuals to make any necessary adjustments. There is no one-size-fits-all methodology approach that will work with all VA organizations and all permissible uses of TEF funds.

VA’s methodologies, at the time of this printing, are in various stages of development and use. The methodologies may be found at this link: [Chapter 12 - Toxic Exposures Fund - Financial Policy Documents \(va.gov\)](#)

## TEF Initiatives by Organization

### VHA

#### Funding Summary – Appropriations - All TEF Funding Sources

(\$ in millions)	2022 Enacted	2023 Enacted	2024 Estimate	2025 Request	2026 Request
Medical Services	8	4	9,525	10,455	11,800
Medical Community Care	-	-	6,740	11,000	11,000
Medical Support and Compliance	26	-	850	-	-
Subtotal, Medical Care	34	4	17,116	21,455	22,800
Medical Research	1	2	46	59	-
<b>Total Budget Authority</b>	<b>35</b>	<b>6</b>	<b>17,162</b>	<b>21,514</b>	<b>22,800</b>

The TEF allows VHA to support health care delivery for Veterans exposed to any number of environmental hazards, such as burn pits in Iraq and Afghanistan and Agent Orange in Vietnam without shortchanging other elements of Veteran care and service. The TEF also allows VHA to support research on Military Environmental Exposures, including by supporting 113 FTE each year in 2024 and 2025.

In 2025, VHA will use TEF funding to support the delivery of health care for Veterans exposed to environmental hazards, in alignment with the VA financial policy. In 2025, the VHA research program will use TEF funding in alignment with the VA financial policy to continue implementation of section 501 of the PACT Act using an interagency working group to develop a five-year strategic plan on toxic exposure research; fund new and ongoing medical research projects focused on improving VA’s scientific understanding and pathobiology of toxic exposures-related diseases, resulting in better prevention, treatment and cures; and leverage research use of the Vietnam Veteran Air Force Health Study (Ranch Hand Study) to evaluate generational, cancer and other health concerns of this cohort, in consultation with Vietnam Veterans of America and other stakeholders.

## **VBA**

Based on a projected increase of PACT Act-related disability compensation claims from Veterans and survivors, the 2025 request of \$1.4 billion will resource necessary contract support and accelerate hiring FTEs to support claims processing operations. More specifically and from a staffing perspective, VBA anticipates using the requested funds to hire Rating Veterans Service Representatives, Veterans Service Representatives, Quality Review personnel, Supervisors and National Call Center personnel (including agents, quality control, training, procedural guidance, supervisory staff and business applications support). Additionally, to directly support the increase in workload and claims processing staff in the field, the requested funds will resource onboarding Support Service Division personnel and HR Liaisons. To support hiring, onboarding and sustaining claims-focused staff, the requested funds will also allow VBA to hire HR personnel in the Office of Human Capital Services. From a contract support perspective, VBA anticipates using the requested funds to resource claims processing modernization, retrieving private medical records from Veterans' physicians, scanning and outreach.

## **OIT**

OIT intends to prioritize spending on efforts such as rapid hiring and ensuring that VA has the capacity to handle increases in the volume of inquiries, claims submitted, appeals and health care without degrading service (claims wait time, appointment availability, time spent waiting to speak to someone, etc.) for any Veteran who approaches VA. OIT will focus its initial efforts in the following areas:

### *Support Rapid and Significant Increase in VA Staffing (\$27M)*

To adequately support VA's hiring plans to support PACT Act implementation, OIT will provision IT equipment and systems for PACT Act new hires across VA. OIT funding will also improve employee productivity and collaboration tools to support employee efficiency to include ongoing OneDrive migration and Team ChatBot. Telecom and network bandwidth to support these efforts will also need to be increased to support additional network users and expected increased call center volume.

### *Increase Veteran and Stakeholder Interaction and Outreach (\$231M)*

Funding will also support new functionality and increase call center support to improve Veteran customer experience. OIT will make improvements to the centralized intake center for information on military environmental exposures and provide increased support in PACT Act-impacted call centers. Data quality improvements will be made in order to improve and expand the authoritative data source for Veteran Contact Information so that necessary outreach for PACT Act can occur throughout VA. Funding will increase unified communications support to respond to the expected higher volume for Veteran interaction and capacity for call center support, to include the new capability to provide a virtual hold and call back capability for Veterans.

### *Effective Claims Processing and Tracking (\$600M)*

A cornerstone of PACT Act implementation is the ability to improve and modernize the disability compensation claims process. Improvements to the VA.gov self-service portal will provide centralized PACT Act content, simplified health enrollment and improved online application for



supplemental disability compensation and survivor claims. Funding will also support automating aspects of the claims review process to fast-track presumptive disability compensation claims (e.g., flagging relevant medical information for review) reducing the time for claims decisions with Board of Veterans Appeals modernization.

*Improve Operational Integrity (\$333M)*

To improve the operational integrity of VA IT systems, TEF will fund new software applications on modern platforms in support of VA strategic business drivers and is focused on transformative initiatives that position VA to improve OIT's speed to market. Investments will be made to benefits delivery systems including: Benefits Enterprise Platform (BEP), Benefits Integration Platform (BIP), Beneficiary Travel Self-Service System (BTSSS), and Veterans Benefits Management System (VBMS). This will enable greater automation for claims establishment, improve timeliness of claims management, expedite centralized outbound correspondence, and provide instant access to benefits related data, thereby increasing VBA productivity all while granting the Veteran more control of individual VBA benefits processing which empowers the Veteran to achieve real-time decisions through self-service.

*Improve Use of Veteran Data (\$104M)*

Enhance and modernize Data Registries, Data Warehouse, Data Platform and Data Storage to enable proactive identification of specific Veteran populations and corresponding military service locations. Consolidate available data within a standard architecture to facilitate analytics across health care and benefits. Use more Veteran health data upfront in the claim application and intake process to aid in streamlining the claim. Develop research and predictive analytics capabilities for diverse data sets to maximize VA's potential to provide health care and benefits for Veterans eligible under the PACT Act.

**General Administration (Staff Offices)**

**Funding Summary – Appropriations - All TEF Funding Sources**

(\$ in millions)	2022 Enacted	2023 Enacted	2024 Estimate	2025 Request
<b>Cost of War Toxic Exposures Fund (TEF)</b>				
Office of the Secretary	0.22	0.34	0.19	0.19
Office of General Counsel	4.37	11.71	37.73	9.60
Office of Management	-	-	-	-
Office of Human Resources & Administration / Office of Operations, Security & Preparedness	11.55	11.27	37.35	37.35
Office of Enterprise Integration	3.38	2.51	3.25	3.25
Office of Public and Intergovernmental Affairs	4.27	0.69	3.50	3.50
Office of Congressional & Legislative Affairs	-	-	-	-
PACT Act Program Management Office	6.03	10.21	7.78	7.78
<b>Total, Mandatory Appropriations</b>	<b>29.83</b>	<b>36.73</b>	<b>89.80</b>	<b>61.67</b>

## FTE Summary – All TEF Funding Sources

FTE	2022 Enacted	2023 Enacted	2024 Estimate	2025 Request
Office of the Secretary	-	0.30	1.00	1.00
Office of General Counsel	-	30.00	124.00	239.00
Office of Human Resources & Administration / Office of Operations, Security & Preparedness	-	13.00	91.50	122.00
Office of Enterprise Integration	-	-	4.00	4.00
PACT Act Program Management Office	-	2.00	8.50	9.00
<b>Total Toxic Exposures Fund FTEs</b>	<b>-</b>	<b>45.30</b>	<b>229.00</b>	<b>375.00</b>

### **Office of General Counsel (OGC)**

OGC requests \$9.6 million and 239 FTE in 2025 to provide increased legal support to various provisions of the PACT Act. Additionally, OGC plans to dramatically increase interaction with the VA. Additionally, OGC plans to dramatically increase interaction with the VA Office of Inspector General (OIG) on the front end to engineer oversight controls and processes that will improve effectiveness in execution and reduce the potential for waste and abuse. OGC also anticipates substantial additional oversight from OIG, the Government Accountability Office (GAO), members of Congress as well as other interested parties. Additional resources in OGC will assist in prompt and effective planning for and response to oversight engagements.

#### Court of Appeals Law Group: (CALG)

The Board output of 20,000 appeals in FY 2024 and 54,000 in FY 2025 drives a commensurate increase in workload for CALG, which typically receives 8-10% of the Board’s output. Based on the sweeping scope of the PACT Act legislation, OGC currently assumes a 10% appeal rate for planning purposes. To support the expected number of appeals, OGC accelerated hiring by initially hiring additional FTE in 2023 and will increase the FTE in 2025.

#### Benefits Law Group:

OGC assistance on benefits law matters will be needed immediately following enactment to assist in developing regulations, interpreting novel provisions of the PACT Act, developing, and assessing process changes and policy proposals to address increased workload, and meeting other legal needs regarding implementation. To support the expected number of cases, OGC accelerated hiring by initially hiring FTE in 2023 and will increase the FTE in 2025.

### **Human Resources and Administration/Operations, Security and Preparedness (HRA/OSP)**

Implementation of the PACT Act resulted in an increase in the size of VA’s workforce, which in turn increased human capital management and security requirements. To meet the increased workload and implementation requirements, HRA/OSP requests funds for supporting implementation requirements to: develop or revise and maintain policies; analyze data and provide reporting; standardize performance standards and metrics for HR Specialists; cover increases in workload as the need to respond to the VA’s HR community increases; establish or modify processes for awards and bonuses; develop models to address demand for Veteran services and benefits; improve identity and credential management; recruit Veterans and military spouses;

address increases in labor relations requirements; oversee VA police in response to expected increase in security requirements; respond to periodic Departmental or Congressional reporting requirements; and support missions.

PACT Act implementation is expected to increase the size of VA's workforce resulting in a need for additional HR specialists at the transactional level across VA to recruit and sustain increases in FTE, as well as implement new workforce requirements. Funding would support VA workforce PACT Act implementation requirements found in section 104(c) and Title IX sections as follows:

*Management Planning and Analysis Workload Increases*

HRA/OSP will require additional mission support and logistics support given the significant increase in staffing.

*Corporate Senior Executive Management Office (CSEMO)*

Part of Tier 2 Human Resources. Support is needed to report, track and improve integration of CSEMO services to expand strategic capabilities and staff development to senior executives across the Department, and to address staffing across the Department, especially for non-medical center director positions (historically mid-70% fill rates including appointees).

*Office of the Chief Human Capital Officer (OCHCO)*

OCHCO estimates a 30% increase in new policy development. As a result of the new requirements to develop, revise and maintain recency of at least 20 HRA/OSP new policies and review other policy guidance developed by VHA and VBA. OCHCO will require 20 FTEs for human capital policy with a focus on developing, analyzing, tracking and reporting data requests in direct response to the newly-passed workforce provisions in the PACT Act. OCHCO's human capital programs require staff to implement the changes prescribed by the PACT Act. Additional staff must revise multiple policies; implement VA-wide guidance and resource tools; train staff; lead the coordination of VA's plan for restructuring of processes; and facilitate change management and communications. Requirements include, but are not limited to, develop or revise policies; analyze data and provide reporting; standardize performance standards and metrics for HR Specialists and provide guidance regarding writing performance standards and developing metrics; cover increase in workload as the need to respond to the HR community increases; respond to periodic Departmental or Congressional reporting requirements; and establish or modify processes for awards and bonuses.

The Veteran and Military Spouse Employment Program requires additional staff and contract support to conduct targeted outreach and recruitment leading to employment of Veterans and military spouses. VA has tens of thousands of vacancies, and current time to hire exceeds the Office of Personnel Management target; and additional FTE will be needed in VHA, VBA, the Board, OIT and other Staff Offices to support implementation of the PACT Act. Many Veterans and military spouses are either unemployed or underemployed. Many are taking advantage of the GI Bill or looking to start new careers. The three new recruiters will be dedicated full-time to building partnerships; conducting training on the Federal hiring process; planning and attending job fairs with hiring managers and promoting the use of non-competitive hiring authorities to onboard Veterans and military spouses that will offer VA the skills to support PACT Act implementation; and reducing time to hire.

With increased focus on hiring Veterans and military spouses, OCHCO requires \$1 million in contract funding (development and sustainment) as part of the non-pay request for the purpose of creating and maintaining a platform to engage potential hires, guide them to employment opportunities, provide training and resources, conduct in-person and virtual job fairs and track and monitor hiring and promotion during the employee's career.

#### *Manpower Management Service*

Funding for manpower management is essential to increase VA's capacity to develop new workload-based staffing requirements, implement standardized organizational structures and provide leadership with data-based workload requirements to assist with resource allocation decisions. The additional funds will enable VA to incorporate patient outcome metrics such as access and quality of care into the VAMC staffing models. Expanding VAMC staffing models to include outcome metrics is essential to ensure the workload associated with the expansion of care in the PACT Act is appropriately resourced and continually managed, ensuring Veterans exposed to toxic exposures receive the quality and timeliness of care they deserve.

#### **Office of Enterprise Integration (OEI)**

OEI requests \$3.3 million in 2025 for contract support and four FTE to support PACT Act data engineering and qualitative data analysis requirements.

#### **Office of Public and Intergovernmental Affairs (OPIA)**

A cornerstone of VA's PACT Act implementation is Veteran outreach and engagement. Veterans can often receive multiple communications that lack clarity and consistent messaging leading Veterans to become fatigued, frustrated and confused. To minimize these issues, VA will execute a comprehensive Veteran outreach plan, leveraging a spectrum of communication channels. OPIA will conduct enterprise-level planning and program management to implement both required and implied outreach and communications missions and tasks under the various provisions of the PACT Act over the next 10 fiscal years.

The PACT Act requires, under its various sections, 12 specified outreach tasks and campaigns to Post-9/11 and Vietnam-era Veterans and survivors who may have been affected by military toxic exposures. These tasks and campaigns begin within 180 days of enactment out to FY 2032.

OPIA's current staffing for enterprise outreach functions (governed under title 38, chapter 63) to integrate and oversee national outreach efforts, to include necessary oversight of associated paid marketing and advertising, is inadequate to absorb this significant and long-term expansion of VA's outreach mission required under the PACT Act and perform all other national outreach and advertising oversight missions and functions.

In addition to the 12 separate outreach actions and campaigns required under the law, OPIA anticipates a myriad of implied and supporting communications and outreach efforts in the long term to implement associated rules and regulations that will proceed from the PACT Act. These will require their own outreach and communications campaigns, with constant forecasting,

planning, coordination and integration across the Department and externally with Veterans, families, survivors, caregivers, key stakeholders and associated change management communications internally with the VA workforce.

### **Office of the Secretary (OSVA)**

OSVA will require one limited-term Senior Executive Service (SES) FTE that will lead the enterprise PACT Act PMO and ensure deliverables are implemented, including:

1. Beginning a 1-year period of eligibility to enroll for Veterans who were discharged or released between September 11, 2001, and October 1, 2013;
2. Entering into agreements with the National Academies of Sciences, Engineering and Medicine to conduct implementation assessments and studies of Veterans health trends to assess possible relationships between toxic exposures; and
3. Conducting an updated analysis, in coordination with the Department of Defense, of total and respiratory disease mortality in covered Veterans.

### **PACT Act Program Management Office (PMO)**

OEI requests \$7.8 million in 2025 for the PACT Act Enterprise Program Management Office (EPMO). Established in 2023, the EPMO is a temporary, centralized managed office led by a term Senior Executive Service leader (Executive Director) and staffed with nine FTEs to oversee and integrate PACT Act implementation activities across the Department including the following functions and activities:

1. Provides oversight and management of PACT Act implementation across the enterprise.
2. Ensures timely delivery of legislative objectives to expand benefits and enhance access to care.
3. Manages tracking of risk, scope, schedule, requirements and cost across all VA Administrations and Staff Offices via established program management tools.
4. Enables traceability and transparency for VA stakeholders and senior leadership on implementation progress, including timely identification of implementation roadblocks and associated mitigation strategies.
5. Collaborates with DoD to address cross-agency data requirements, and interdependencies, and increase servicemember awareness of their PACT Act eligibilities.
6. Conducts strategic engagement that focuses on the implementation of the PACT Act across the enterprise.

## **Reports to Congress on Personnel Onboarded, Appropriation Allocations, Obligations and Expenditures**

The following tables were transmitted to Congress showing the latest execution detail through January, 2024. All reports show activity since enactment and separates all by funding source. The obligations and expenditures equal monthly financial statements published by the Department of Treasury.

**Department of Veterans Affairs**  
**Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022**  
**(PACT), P.L. 117-168**

**Positions On-boarded, Allocations, Obligations, and Paid Expenditures**  
 Allocation Plan as of September 2023; Obligation and Execution Report for Data through January 31, 2024  
 (\$s in Thousands)

VA Account	Government On-Board Requested	Perm On-boarded	Term On-boarded	Allocated	Total Obligations	Paid Expenditures
Veterans Health Administration						
Medical Services	4	-	3	8,075	8,075	7,901
Medical Support and Compliance	-	-	-	26,049	-	-
<b>Subtotal, VHA Medical Care</b>	<b>4</b>	<b>-</b>	<b>3</b>	<b>34,124</b>	<b>8,075</b>	<b>7,901</b>
Medical and Prosthetic Research	8	-	-	650	639	599
Office of Information & Technology	99	-	27	123,053	99,443	82,078
Veterans Benefits Administration (VBA) - General Operating Expenses (GOE)	1,875	-	3	302,018	299,304	241,568
Board of Veterans Appeals	153	-	-	10,328	-	-
Contingency Reserve	-	-	-	-	-	-
<b>General Administration</b>						
General Administration - Other	-	-	-	-	-	(3,492)
Office of General Counsel	90	25	13	4,374	3,955	3,697
Human Resources and Administration/Operations, Security and Preparedness	57	-	-	11,551	4,437	3,274
Office of Congressional and Legislative Affairs	-	-	-	80	-	-
Office of Public and Intergovernmental Affairs	-	-	-	4,270	2,258	1,409
Office of Enterprise Integration	3	-	-	3,378	3,296	2,981
Office of the Secretary	1	-	-	144	(3)	(3)
PACT Act Program Management Office	8	-	-	6,030	1,306	964
<b>Subtotal, General Administration</b>	<b>159</b>	<b>25</b>	<b>13</b>	<b>29,827</b>	<b>15,249</b>	<b>8,829</b>
<b>Total PACT Act Toxic Exposures Fund (1126 22/24)</b>	<b>2,298</b>	<b>25</b>	<b>46</b>	<b>500,000</b>	<b>422,710</b>	<b>340,975</b>

On-Board Requested reflects total personnel across the entire period of execution as presented in Spend Plans submitted to Congress in September, 2023. Medical Services and VBA requests include 8 personnel funded through reimbursements to the Veterans Experience Office.  
 Amounts above are based on Lines 2190 [New obligations and upward adjustments (total)] and 4190 [Outlays, Net] of the SF-133 and are cumulative for FY 2023 through FY 2024.  
 Excludes SF-133 Line 1021 [Recovery of prior year obligations], totaling \$26.157 million; and Line 1033 [Recovery of prior year paid obligations], totaling \$3.508 million.

**Department of Veterans Affairs**  
**Consolidated Appropriations Act (P.L. 117-328)**  
**Fiscal Year 2023 Toxic Exposures Fund (TEF)**  
**(Available until 30 Sep 2027)**

**Positions On-boarded, Allocations, Obligations, and Paid Expenditures**  
 Allocation Plan as of September 2023; Obligation and Execution Report for Data through January 31, 2024 (Since Enactment)  
 (\$s in Thousands)

VA Account	Government On-Board Requested	Perm On-boarded	Term On-boarded	Allocated	Total Obligations	Paid Expenditures
Veterans Health Administration						
Medical Services	4	-	-	3,822,377	6,924	6,050
Medical Support and Compliance	-	-	-	-	-	-
<b>Subtotal, VHA Medical Care</b>	<b>4</b>	<b>-</b>	<b>-</b>	<b>3,822,377</b>	<b>6,924</b>	<b>6,050</b>
Medical and Prosthetic Research	11	-	-	1,830	1,601	1,475
Office of Information & Technology	139	-	-	656,000	479,100	193,283
Veterans Benefits Administration (VBA) - General Operating Expenses (GOE)	6,724	7,890	49	482,362	538,469	520,705
Board of Veterans Appeals	-	-	-	700	-	-
Contingency Reserve	-	-	-	-	-	-
<b>General Administration</b>						
General Administration - Other	-	-	-	-	-	(715)
Office of General Counsel	233	-	-	11,708	0	0
Human Resources and Administration/Operations, Security and Preparedness	62	-	-	11,270	240	231
Office of Congressional and Legislative Affairs	-	-	-	114	-	-
Office of Public and Intergovernmental Affairs	-	-	-	692	-	-
Office of Enterprise Integration	-	-	-	2,510	-	-
Office of the Secretary	1	-	-	224	0	(9)
PACT Act Program Management Office	9	-	-	10,213	2,519	2,189
<b>Subtotal, General Administration</b>	<b>305</b>	<b>-</b>	<b>-</b>	<b>36,731</b>	<b>2,759</b>	<b>1,695</b>
<b>Total PACT Act Toxic Exposures Fund (1126 23/27)</b>	<b>7,183</b>	<b>7,890</b>	<b>49</b>	<b>5,000,000</b>	<b>1,028,853</b>	<b>723,208</b>

On-Board Requested reflects total personnel across the entire period of execution as presented in Spend Plans submitted to Congress in September, 2023. Medical Services and VBA requests include 8 personnel funded through reimbursements to the Veterans Experience Office.  
 Amounts above are based on Lines 2190 [New obligations and upward adjustments (total)] and 4190 [Outlays, Net] of the SF-133 and are cumulative for FY 2023 through FY 2024.  
 Excludes SF-133 Line 1021 [Recovery of prior year obligations], totaling \$1.425 million; and Line 1033 [Recovery of prior year paid obligations], totaling \$882 thousand.

**Department of Veterans Affairs**  
**Fiscal Responsibility Act of 2023 (P.L. 118-5)**  
**Fiscal Year 2024 Toxic Exposures Fund (TEF)**  
**(Available until 30 Sep 2028)**  
**Positions On-boarded, Allocations, Obligations, and Paid Expenditures**

Allocation Plan as of September 2023; Obligation and Execution Report for Data through January 31, 2024 (Since Enactment)  
(\$s in Thousands)

VA Account	Government On-Board Requested	Perm On-boarded	Term On- boarded	Allocated	Total Obligations	Paid Expenditures
<b>Veterans Health Administration</b>						
Medical Services	13	-	-	9,525,736	-	-
Medical Community Care	-	-	-	6,740,264	542,146	542,146
Medical Support and Compliance	-	-	-	850,000	-	-
<b>Subtotal, VHA Medical Care</b>	<b>13</b>	<b>-</b>	<b>-</b>	<b>17,116,000</b>	<b>542,146</b>	<b>542,146</b>
Medical and Prosthetic Research	113	-	-	46,000	-	-
Office of Information & Technology	139	-	-	1,243,000	112,810	3,256
Veterans Benefits Administration (VBA) - General Operating Expenses (GOE)	8,013	-	-	1,768,586	239,400	153,924
Board of Veterans Appeals	153	-	-	4,000	-	-
Contingency Reserve	-	-	-	615	-	-
<b>General Administration</b>						
General Administration - Other	-	-	-	-	-	-
Office of General Counsel	239	-	-	37,733	-	-
Human Resources and Administration/Operations, Security and Preparedness	122	-	-	37,347	-	-
Office of Congressional and Legislative Affairs	-	-	-	-	-	-
Office of Public and Intergovernmental Affairs	-	-	-	3,500	-	-
Office of Enterprise Integration	3	-	-	3,254	-	-
Office of the Secretary	-	-	-	190	-	-
PACT Act Program Management Office	-	-	-	7,775	-	-
<b>Subtotal, General Administration</b>	<b>364</b>	<b>-</b>	<b>-</b>	<b>89,799</b>	<b>-</b>	<b>-</b>
<b>Total PACT Act Toxic Exposures Fund (1126 24/28)</b>	<b>8,795</b>	<b>-</b>	<b>-</b>	<b>20,268,000</b>	<b>894,356</b>	<b>699,325</b>

On-Board Requested reflects total personnel across the entire period of execution as presented in Spend Plans submitted to Congress in September, 2023. Medical Services and VBA requests include 26 personnel funded through reimbursements to the Veterans Experience Office.  
The January 2024 GTAS SF-133 for this fund Treasury fund (036-1126 2024/2028) was published in error. The above values have been validated against the VA-internal SF-133 for this fund.

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## Performance Summary

Strategic Review	Measure Name	2023 Target	2023 Results	Status	2024 Target	2025 Target
1.1	VEO 746 - Ease to receive VA care or services needed by Veterans, their families, caregivers, and survivors.	90%	74.00%	Not Met	90%	90%
1.1	VHA 832 - Percentage of caregiver applications dispositioned within 90 days	92%	99%	Met	92%	92%
1.1	VBA 842 - Percentage of interactions correctly managed by the National Call Center	91%	92%	Met	91%	91%
1.2	VEO 692 - Overall Trust in VA among Veterans, their families, caregivers, and survivors	90%	79.30%	Not Met	90%	90%
1.2	VEO 761 - Emotional resonance - Veterans, their families, caregivers, and survivors felt like valued customers when receiving needed care or services from VA.	90%	78.80%	Not Met	90%	90%
1.2	VBA 1058 - Average days to complete an IDES proposed rating	N/A	N/A	New Measure	19	19
2.1	VBA 226 - Default resolution rate for VA backed home loans	84%	93%	Met	84%	84%

<b>2.1</b>	VHA 535 - Percent of HUD-VASH vouchers allocated that resulted in a homeless Veteran obtaining permanent housing	92%	80%	Not Met	90%	90%
<b>2.1</b>	VHA 606 - Percent of participants at risk for homelessness (Veterans and their households) served in Supportive Services for Veteran Families that were prevented from becoming homeless	90%	85%	Not Met	90%	90%
<b>2.1</b>	VHA 635 - Percentage of Community Care Claims Processed Timely	92%	93%	Met	90%	90%
<b>2.1</b>	VEO 752 - Effectiveness of the VA care or service needed by Veterans, their families, caregivers, and survivors.	90%	78.80%	Not Met	90%	90%
<b>2.1</b>	VBA 786 - Percent of eligible Veterans contacted within their first year of separation from military service	50%	72%	Met	55%	55%
<b>2.1</b>	VHA 788 - Average improvement in mental health symptoms in the 3-4 months after start of mental health treatment as measured by the mental health component of the Short Form-12	3	3	Met	3	3
<b>2.1</b>	VHA 834 - Percent of women assigned to designated women's health primary care providers	87%	87%	Met	87%	90%

<b>2.1</b>	VBA 918 - Percentage of Pension Rating Claims Processed Within 125 Days	63%	51%	Not Met	63%	63%
<b>2.1</b>	VBA 1002 - Percentage of fiduciary field examinations completed within 54 days	70%	87%	Met	70%	70%
<b>2.1</b>	VHA 1005 - Patient Satisfaction with Telehealth services	86%	87%	Met	86%	86%
<b>2.1</b>	VHA 1060 - At least 6 million VHA enrollees will have a documented toxic exposure screening.	N/A	N/A	New Measure	5.3	6
<b>2.1</b>	VHA 1061 - At least 95% of requested Airborne Hazards & Open Burn Pit registry exams will be completed	N/A	N/A	New Measure	90%	95%
<b>2.1</b>	VHA 1062 - This is a composite of the eligible Veterans who have received Home Telehealth (HT), Clinical Video Telehealth (CVT), and Store and Forward Telehealth (SFT) Services during the FY.	N/A	N/A	New Measure	35%	35%
<b>2.1</b>	VHA 1063 - This measures the percentage of Eligible Veterans who have received Clinical Video Telehealth (CVT) to the home or other non-VA location during the Fiscal year. It is a subset of all CVT patients. CVT is a real time video connection between a	N/A	N/A	New Measure	24%	24%

	Veteran at one location and a doctor or other clinical staff at another location.					
<b>2.1</b>	VBA 1067 - Average speed to answer.	N/A	N/A	New Measure	2	2
<b>2.2</b>	Board 65 - Appeals adjudicated by the Board	103,132	103,245	Met	111,000	118,000
<b>2.2</b>	VBA 218- Average days to complete original education claims	24	20.6	Met	24	24
<b>2.2</b>	VBA 219 - Average days to complete supplemental education claims	12	6.9	Met	12	12
<b>2.2</b>	VHA 790 - Percentage of unique Veterans accessing Whole Health services	10%	12%	Met	25%	27%
<b>2.2</b>	NCA 812 - Number of interments in National Cemeteries	134,272	137,895	Met	137,916	137,440
<b>2.2</b>	NCA 813 - Number of additional VetPop Served	10,767	7,230	Not Met	0	18,360
<b>2.2</b>	VBA 843 - Average days to complete higher-level reviews	125	77.1	Met	125	125
<b>2.2</b>	VBA 844 - Quality of higher-level review decisions	93%	98.50%	Met	93%	93%
<b>2.2</b>	OSDBU 878 - Percentage of total procurement awarded to Veteran-Owned Small Businesses	17%	19.60%	Met	17%	TBD
<b>2.2</b>	OSDBU 967 - New contract awards using small business or Veteran set-aside programs	10%	16%	Met	10%	10%

<b>2.2</b>	Board 983 - Board's Quality Assurance Rate: Decisions	92%	94%	Met	92%	92%
<b>2.2</b>	NCA 1042 - Customer satisfaction with the appearance of national cemeteries	N/A	N/A	New Measure	99%	TBD
<b>2.2</b>	NCA 1043 - Customer satisfaction with the quality of service provided by the national cemeteries	N/A	N/A	New Measure	99%	TBD
<b>2.2</b>	NCA 1044 - Customer willingness and trust to recommend national cemeteries to Veteran families during their time of need	N/A	N/A	New Measure	99%	TBD
<b>2.2</b>	NCA 1045 - Ease of scheduling an interment at national cemeteries	N/A	N/A	New Measure	88%	TBD
<b>2.2</b>	NCA 1046 - Number of Headstones, Markers, and Medallions Ordered	N/A	N/A	New Measure	352,403	313,867
<b>2.2</b>	NCA 1047 - Percentage Total Veteran Utilization of Burial/Memorial benefits	N/A	N/A	New Measure	42%	38%
<b>2.2</b>	NCA 1048 - Satisfaction with the length of time it takes on the phone to schedule an interment at national cemeteries	N/A	N/A	New Measure	83%	TBD
<b>2.2</b>	NCA 1049 - Total Users of the Veterans Legacy Memorial Web site	N/A	N/A	New Measure	35,000	42,000
<b>2.2</b>	NCA 1050 - Veteran Utilization of National Cemeteries	N/A	N/A	New Measure	16%	14%
<b>2.2</b>	BVA 1055 - Comparison in Timeliness of AMA vs Legacy Decisions	N/A	N/A	New Measure	TBD	TBD

<b>2.2</b>	BVA 1056 - Timely AMA Post-Hearing Decisions	N/A	N/A	New Measure	90%	90%
<b>2.2</b>	VBA 1059 - Certificate of Eligibility Issuance- Three Days	N/A	N/A	New Measure	90%	90%
<b>2.2</b>	VHA 1066 - Percent of long-term services and supports obligations and/or expenditures devoted to home and community-based services for frail elderly and disabled Veterans wishing to remain at home	N/A	N/A	New Measure	39%	41%
<b>2.3</b>	VHA 1008 - Improve Compensation and Pension Examination Request Processing Time	30	25	Met	30	30
<b>2.4</b>	VHA 756 - Percentage of Veterans flagged as high risk for suicide who have received all recommended interventions and follow up	89%	81%	Not Met	89%	89%
<b>2.5</b>	VBA 576 - Percent of disability compensation rating claims processed within 125 days	48%	59%	Met	48%	48%
<b>2.5</b>	VHA 741 - Overall Rating of primary care provider	73%	74%	Met	73%	73%
<b>2.5</b>	VBA 920 - Number of VR&E positive outcomes	14,272	17,135	Met	15,024	15,024
<b>3.1</b>	OIT 1052 - FOIA Average Processing Time Reduction	N/A	N/A	New Measure	80%	85%
<b>3.1</b>	OIT 1053 - Proactive Posting to the FOIA Public Reading Room	N/A	N/A	New Measure	200	250
<b>3.1</b>	BVA 1057 - AMA Trust Measure	N/A	N/A	New Measure	5%	5%

<b>3.1</b>	VHA 1068 - At least 90% of current and newly hired VHA clinicians will be assigned and expected to complete the War-related Illness and Injury Study Centers (WRIISC) Module 1 training	N/A	N/A	New Measure	90%	90%
<b>3.2</b>	VBA 304 - National accuracy rate - percent of disability compensation rating issues processed accurately	96%	95.35%	Not Met	96%	96%
<b>3.2</b>	OAWP 926 - Average length of time in days for cases investigated by Office of Accountability and Whistleblower Protection	120	81	Met	120	120
<b>3.2</b>	OAWP 1051 - (Internal Training) Maintain certification in the voluntary Office of Special Counsel (OSC) 2302(c) program.	N/A	N/A	New Measure	100%	100%
<b>4.1</b>	HRA/OSP 86 - Executive fill rate - medical center directors	90%	97.80%	Met	90%	90%
<b>4.1</b>	HRA/OSP 715 - Executive fill rate - non-medical center directors (non-MCD)	90%	95%	Met	90%	90%
<b>4.1</b>	HRA/OSP 794 - Engagement level	38%	40%	Met	39%	39%
<b>4.1</b>	HRA/OSP 795 - Best Places to Work index score	68%	70%	Met	69%	69%
<b>4.1</b>	OEDCA 819 - Employment discrimination cases pending a final action	600	286	Met	600	700

<b>4.1</b>	OEDCA 823 - Employment discrimination decision accuracy rate	10%	1%	Met	10%	10%
<b>4.1</b>	OEDCA 880 - Average processing time of all employment discrimination final actions	160	52.7	Met	160	200
<b>4.1</b>	OEDCA 881 - Employment discrimination cases closed per quarter	450	560	Met	375	300
<b>4.1</b>	OGC 885 - Assess adequate legal support for agency: average number of case hours per attorney produced each quarter.	325	341	Met	325	325
<b>4.1</b>	OGC 886 - Assess adequate legal support for agency: average number of case hours per paralegal produced each quarter.	200	284	Met	200	200
<b>4.1</b>	OGC 887 - Assess adequate legal support for agency: average dollar cost per case hour.	\$250	\$181	Met	\$250	\$250
<b>4.1</b>	VBA 912 - Average days to complete education program approvals.	37	21.64	Met	37	37
<b>4.1</b>	HRA/OSP 964 - Time to hire - Title 5 and Hybrid Title 38	58%	48%	Not Met	58%	58%
<b>4.1</b>	HRA/OSP 965 - Time to hire - VHA Title 38	58%	46%	Not Met	58%	58%
<b>4.1</b>	HRA/OSP 979 - Retention of VA workforce	70%	68%	Not Met	70%	72%
<b>4.2</b>	OALC 980 - VA achievement Federal	87%	90.70%	Met	90%	90%



	category management spend under management targets					
<b>4.2</b>	OALC 1020 - VA achievement federal category management best in class	12.50%	6.30%	Not Met	8.20%	8.20%
<b>4.2</b>	OALC 1021 - VA achievement federal category management small business	30%	23%	Not Met	30%	30%
<b>4.3</b>	OIT 1022 - System availability of servers	99.99%	99.70%	Not Met	99.99%	99.99%
<b>4.3</b>	OIT 1023 - IT Systems customer service quality score	3.6	3.78	Met	3.6	3.6
<b>4.3</b>	OIT1024 - IT helpdesk resolution efficiency	87%	89%	Met	87%	87%
<b>4.3</b>	OIT 1025 -IT Helpdesk American Customer Satisfaction Index (ACSI)	73.8	90	Met	73.8	73.8
<b>4.3</b>	OIT 1029 - System availability of data centers	99.99%	99.99%	Met	99.99%	99.99%
<b>4.3</b>	OIT 1032 -System availability of VistA EHR	99.99%	99%	Not Met	99.99%	99.99%
<b>4.3</b>	OIT 1054 - Number of Monthly Active Users on VA.gov	N/A	N/A	New Measure	12,000,000	12,000,000
<b>4.3</b>	OIT 1070 - Monthly Logged in Visitors	N/A	N/A	New Measure	1,250,000	1,250,000
<b>4.4</b>	NCA 54- Percent of graves in National Cemeteries marked within 60 days of interment	91%	91.10%	Met	91%	82%
<b>4.4</b>	OALC 400 - Percent of major construction projects accepted by VA in the quarter estimated for completion	75%	50%	Not Met	75%	75%
<b>4.4</b>	OALC 825 - Percent of major leasing projects	75%	86%	Met	75%	75%

	accepted by VA in the quarter estimated for completion.					
<b>4.4</b>	VBA 845 - Education claim quality	95%	99%	Met	95%	95%
<b>4.4</b>	VBA 853- Accuracy of requirements in closing a Veteran's case or declaring the Veteran rehabilitated or discontinued	91%	97%	Met	91%	91%
<b>4.4</b>	VBA 913 - Average days to complete education compliance survey reports	80	20.18	Met	80	80
<b>4.4</b>	HRA/OSP 972- percent of background investigations adjudicated within 90 days of receipt (enterprise wide).	80%	84%	Met	85%	90%
<b>4.4</b>	OALC 973 - Procurement action lead time	290	158	Met	268	240
<b>4.4</b>	OALC 975 - Acquisition customer satisfaction - pre-award activity	4.75	5.29	Met	5.3	5.4
<b>4.4</b>	OALC 976 - Acquisition customer satisfaction – contract administration	4.85	5.34	Met	5.6	5.7
<b>4.4</b>	HRA/OSP 1011- Comprehensive continuity capability score	8	9.3	Met	8	8
<b>4.4</b>	OALC 1018 - Acquisition customer satisfaction - overall contracting activity	4.85	5.44	Met	5.6	5.7
<b>4.4</b>	HRA/OSP 1040- Completion of police program inspections	48	56	Met	48	48
<b>4.4</b>	HRA/OSP 1041 - - Law Enforcement Training	85%	86.10%	Met	85%	85%

	Center VA police officer standardized training graduation rate.					
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Please visit, <https://department.va.gov/about/va-plans-budget-finances-and-performance/> to view the Annual Performance Plan and Report.

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## *Selected Facilities by Type*

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### *Selected VA Facilities by Type*

(As of March 2024)

<b>Type of Facility</b>	<b>Number</b>
Residential Rehabilitation Treatment Programs	117
Health Administration Management Center	1
Insurance Center	1
National Cemetery Districts	5
Extended Care (Community Living Centers)	134
Regional Loan Centers	8
National Contact Center	1
Regional Offices	56
Regional Pension Management Centers	3
Regional Education Processing Offices	2
Fiduciary Hubs	6
VA Hospitals	145
VA National Cemeteries	155
VA Other Cemeterial Installations (Soldiers' lots and Monument sites)	34
VA Community-Based Outpatient Clinics	702
Vet Centers	300
Mobile Vet Centers	83
Veterans Benefits Administration District Offices	4
Veterans Integrated Service Networks (VISNs)	18



**Department of Veterans Affairs**  
**Office of the Assistant Secretary for Management**  
**[www.va.gov/budget](http://www.va.gov/budget)**