



2023 Mid-Winter Conference

Benefits Protection Team/Legislative Workshop

February 26, 2023



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2022-2023 NATIONAL LEGISLATIVE INTERIM COMMITTEE

- Al Labelle, Chairman (WI)
- Trent Dilks (MN)
- W. Lee Gidden (OH)
- Marguerite Stubbs (MD)



2022 LEGISLATIVE ADVOCACY

- DAV departments submitted **429 resolutions/31 states**
- **217 resolutions adopted** by delegates at the 100th DAV national convention
- There were **43 DAV Resolutions** included in enacted legislation
- DAV supporters sent over **460,000 emails** to Congress
- **18 educational training** sessions for Benefits Protection Team Leaders

LEGISLATIVE VICTORIES FOR VETERANS

SECOND SESSION | 117TH CONGRESS

In **2022** DAV grassroots efforts resulted in passage of critical legislation improving benefits and services for ill and injured veterans

- **PL 117-133**—Dr. Kate Hendricks Thomas SERVICE Act
- **PL 117-135**—Making Advances in Mammography and Medical Opinions (MAMMO)
- **PL 117-138**—Veterans Rapid Retraining Assistance Program Restoration Act
- **PL 117-168**—Honoring Our PACT Act

LEGISLATIVE VICTORIES FOR VETERANS

SECOND SESSION | 117TH CONGRESS

- **PL 117-175**—Patient Advocate Tracker Act
- **PL 117-191**—Veterans' Cost of Living Adjustment Act
- **PL 117-205**—Solid Start Act
- **PL 117-271**—VA Peer Support Enhancement for MST Survivors Act
- **PL 117-300**—Dignity for MST Survivors Act
- **PL 117-303**—MST Claims Coordination Act

LEGISLATIVE VICTORIES FOR VETERANS

SECOND SESSION | 117TH CONGRESS

The Consolidated Appropriations Act of 2023 Public Law 117-328

60 veterans provisions (based on DAV resolutions)

- Health Care
- Mental Health
- Care for Aging Veterans
- Homelessness
- Research
- Benefits
- Education
- Information Technology

OUTSTANDING PERFORMANCE IN ADVOCACY AWARD WINNERS

Division I – Department of OH: BPTL **John Plahovinsak**

Division II – Department of MN: BPTL **Trent Dilks**

Division III – Department of WI: BPTL **Al Labelle**

Division IV – Department of ME: BPTL **Craig Florey**

Division V – Department of UT: BPTL **Jerry Estes**



DAV 2023 CRITICAL POLICY GOALS

- Correct Inequities and Provide Parity in Compensation Benefits for Veterans and Survivors
- Implement the PACT Act and Address Gaps in Toxic Exposure Benefits
- Ensure Equity in VA Care, Services and Benefits for Women, LGBTQ+ and Minority Veterans
- Provide a Full Spectrum of Long-Term Care Options for SC and Aging Veterans
- Bolster Mental Health Resources to Ensure Continued Progress in Reducing Veteran Suicide
- Expand the VA's Capacity to Delivery Timely, High-Quality Health Care to Veterans

- Handouts:
 - 2023 Critical Policy Goals
 - FY 2024 *Independent Budget* recommendations
 - Guidelines for successful congressional meeting
- Please Complete:
 - Legislative Hill Visit List/Headquarters Office (Alexandria Room)
 - Feedback Forms (complete on-line: dav.quorum.us – select Meeting with Congress)
- Power Points:
 - Will be posted at www.dav.org under Events/ Mid-Winter 2023
- 2022-2023 DAV Legislative Program (resolutions) book now available on-line



118th Congress (First Session)

SENATE VETERANS' COMMITTEE

Democrats (10)

- **Jon Tester (MT)**
Chairman
- Dick Blumenthal (CT)
- Sherrod Brown (OH)
- Maggie Hassan (NH)
- Mazie Hirono (HI)
- Joe Manchin (WV)
- Patty Murray (WA)
- Kyrsten Sinema (AZ)
- Bernie Sanders (I-VT)
- Angus King (ME)

Republicans (9)

- **Jerry Moran (KS)**
Ranking Member
- Marsha Blackburn (TN)
- John Boozman (AR)
- Bill Cassidy (LA)
- Kevin Cramer (ND)
- Mike Rounds (SD)
- Dan Sullivan (AK)
- Thom Tillis (NC)
- Tommy Tuberville (AL)

118th Congress (First Session) HOUSE VETERANS' COMMITTEE

Republicans (14)

- **Mike Bost (IL)**
Chairman
- Jack Bergman (MI)
- Nancy Mace (SC)
- Amata Radewagen (AS)
- Matt Rosendale (MT)
- Derrick Van Orden (WI)
- Mariannette MillerMeeks (IA)
- Eli Crane (AZ)
- Greg Murphy (NC)
- Jen Kiggans (VA)
- Juan Ciscomani (AZ)
- Keith Self (TX)
- Matt Rosendale (MT)
- Morgan Luttrell (TX)

Democrats (11)

- **Mark Takano (CA)**
Ranking Member
- Delia Ramirez (IL)
- Greg Landsman (OH)
- Morgan McGarvey (KY)
- Nikki Budzinski (IL)
- Julia Brownley (CA)
- Mike Levin (CA)
- Frank Mrvan (IN)
- Chris Pappas (NH)
- Chris Deluzio (PA)
- Sheila Cherfilus-McCormick (FL)

Presentation of DAV's Legislative Program

Tuesday, February 28th, at 10:00 a.m.

Testimony: **In-Person**

Senate Dirksen Building SD-G-50

Live-Streamed Salons III-IV



Joseph Parsetich
National Commander



Thank You!

JOY J. ILEM

National Legislative Director

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Correct Inequities and Provide Parity in Compensation Benefits for Veterans and Survivors

Marquis D. Barefield
Assistant National Legislative Director
February 26, 2023

CRITICAL POLICY GOALS

DAV urges Congress to:

1. Allow receipt of earned compensation and military payments without offsets
2. Provide parity for survivors receiving Dependency and Indemnity Compensation (DIC)
3. Consider quality of life for compensation payments

ALLOW RECEIPT OF EARNED COMPENSATION AND MILITARY PAYMENTS WITHOUT OFFSETS

The Department of Veterans Affairs compensation system was designed to offset the loss of earning capacity based on service-related disabilities.



ALLOW RECEIPT OF EARNED COMPENSATION AND MILITARY PAYMENTS WITHOUT OFFSETS

In 2004, the NDAA authorized Concurrent Retirement and Longevity Retirees with a VA disability rating of **50** percent or greater to receive both retired pay and VA Compensation.



ALLOW RECEIPT OF EARNED COMPENSATION AND MILITARY PAYMENTS WITHOUT OFFSETS

Longevity Retirees with **40** percent or less VA disability rating or those that are Chapter 61 retirees are not allowed to receive both retired pay and VA disability compensation.



ALLOW RECEIPT OF EARNED COMPENSATION AND MILITARY PAYMENTS WITHOUT OFFSETS

- H.R. 333 – Disabled Veterans Tax Termination Act
- S. 344 – The Major Richard Star Act

ALLOW RECEIPT OF EARNED COMPENSATION AND MILITARY PAYMENTS WITHOUT OFFSETS

DAV urges Congress to:

Enact legislation to repeal the inequitable offset between rightfully earned military retired pay and VA disability compensation for all veterans, including medically retired veterans.



ALLOW RECEIPT OF EARNED COMPENSATION AND MILITARY PAYMENTS WITHOUT OFFSETS

- Currently, veterans that received separation pay from the Department of Defense are required to pay it back if they later become eligible for VA disability benefits.
- Separation payments are made to eligible active and reserve service members who have completed at least six years but fewer than 20 years of active service.

ALLOW RECEIPT OF EARNED COMPENSATION AND MILITARY PAYMENTS WITHOUT OFFSETS

- The lump-sum separation payment is not based on or due to disabilities incurred in service.
- Withholding a veteran's VA disability compensation due to a non-related military separation benefit must end.



ALLOW RECEIPT OF EARNED COMPENSATION AND MILITARY PAYMENTS WITHOUT OFFSETS

DAV urges Congress to:

Afford justice for veterans by enacting legislation that allows them to keep military separation payments based on their service, which differs from VA disability compensation.



PROVIDE PARITY FOR SURVIVORS RECEIVING DEPENDENCY AND INDEMNITY COMPENSATION

- Dependency and Indemnity Compensation (DIC) is a benefit paid to surviving spouses of service members who die in the line of duty or of veterans whose death is due to a service-related injury or disease.
- DIC provides surviving families with the means to maintain some semblance of economic stability after the loss of their loved ones.

PROVIDE PARITY FOR SURVIVORS RECEIVING DEPENDENCY AND INDEMNITY COMPENSATION

- The rate of DIC payments has only been minimally adjusted since 1993.
- In contrast, monthly benefits for survivors of federal civil service retirees are up to 55%.
- DIC payments are approximately 41% of compensation for a 100% service-disabled veteran with a spouse.

PROVIDE PARITY FOR SURVIVORS RECEIVING DEPENDENCY AND INDEMNITY COMPENSATION

This difference presents an inequity for survivors of our nation's heroes compared with survivors of federal employees.



PROVIDE PARITY FOR SURVIVORS RECEIVING DEPENDENCY AND INDEMNITY COMPENSATION

- S. 414 – Caring for Survivors Act of 2023

PROVIDE PARITY FOR SURVIVORS RECEIVING DEPENDENCY AND INDEMNITY COMPENSATION

DAV urges Congress to:

Enact legislation that would index the rate of compensation for DIC payments to 55% of a 100% service-disabled veteran with a spouse to achieve parity with similar compensation federal employees' survivors receive.

CONSIDER QUALITY OF LIFE FOR COMPENSATION PAYMENTS

In 2007, the Veterans' Disability Benefits Commission noted:

- Current compensation payments do not provide a payment above that required to offset earnings loss.
- It has been recommend that compensation payments be increased up to 25 percent with priority to the more seriously disabled.

CONSIDER QUALITY OF LIFE FOR COMPENSATION PAYMENTS

- Neither the VA nor Congress addressed the quality-of-life measures recommended by the commission.



CONSIDER QUALITY OF LIFE FOR COMPENSATION PAYMENTS

DAV urges Congress to:

Enact legislation for a study to address the negative impacts on veterans' quality of life and enact compensation-level increases commensurate with those findings.



CRITICAL POLICY GOALS

DAV urges Congress to:

1. Allow receipt of earned compensation and military payments without offsets.
2. Provide parity for survivors receiving Dependency and Indemnity Compensation (DIC).
3. Consider quality of life for compensation payments.



Thank You!

MARQUIS D. BAREFIELD

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Provide a full spectrum of long-term care options for service-disabled and aging veterans

Jon Retzer

Assistant National Legislative Director

February 26, 2023

Critical Policy Goal

DAV urges Congress / VA to:

1. Increase veterans' access to long-term care
2. Modernize and expand VA Community Living Centers and State Veterans Homes
3. Expand home- and community-based care services
4. Improve the program of Comprehensive Assistance for Family Caregivers

Department Of Veterans Affairs Program Of Geriatric And Extended Care (GEC)

The Department of Veterans Affairs program of Geriatric and Extended Care includes a broad range of long-term supports and services for aging and disabled veterans.

- 131 VA-operated Community Living Centers,
- 161 VA-supported State Veterans Homes and
- hundreds of community-based skilled nursing facilities under contract with the VA.



Department Of Veterans Affairs Program Of Geriatric And Extended Care (GEC)

Noninstitutional support services including home- and community-based services:

- home-based primary care,
- adult day health care,
- respite,
- homemaker and health aide care,
- caregiver support program.



Increase Veterans' Access To Long-term Care (LTC)



- Aging veteran population
- Growing number of service-disabled veterans
- Specialized needs
- Require long-term care

Increase Veterans' Access To Long-term Care (LTC)

- The Number Of Veterans With Disability Ratings Of 70% Or Higher, Which Guarantees Mandatory Long-Term Care Eligibility, And Those At Least 85 Years Old Are Expected To Grow By Almost 600%.
- Costs For Long-Term Care Services And Supports Will Need To Double By 2037 Just To Maintain Current Services.

Department Of Veterans Affairs Program Of Geriatric And Extended Care (GEC)

Expand mandatory eligibility for long-term nursing home care to service-connected veterans rated 50% and 60%.

Modernize And Expand VA Community Living Centers (CLC) And State Veterans Homes (SVH)

- VA supports approximately 40,000 Long Term Care beds
- Address specialized care needs
- Nursing homes in the community are not specialized and challenged



Modernize And Expand VA Community Living Centers (CLC)and State Veterans Homes (SVH)

Increase resources for modernization and expansion of VA Community Living Centers and State Veterans Homes to meet specialized needs of seriously disabled veterans.

Expand Home- And Community-based Care Services

- Congress must provide the VA resources
- VA must focus on addressing staffing and infrastructure gaps
- VA needs to expand access nationwide to innovative and cost-effective home- and community-based programs
- Noninstitutional care programs must focus on prevention and engage veterans before devastating health crisis

Expand Home- And Community-based Care Services

VA must expand access to home- and community-based programs, particularly veteran-directed care and medical foster homes.

Improve The Program Of Comprehensive Assistance For Family Caregivers (PCAFC)

- 2020 VA adopted new eligibility regulations which were adverse to veterans and caregivers of all eras
- Last year, VA suspended annual reassessments of veterans currently in Caregivers Program

Improve The Program Of Comprehensive Assistance For Family Caregivers (PCAFC)

VA must revise eligibility rules and strengthen due process rights for veterans and caregivers in the VA's Program of Comprehensive Assistance for Family Caregivers.

Critical Policy Goal

DAV urges Congress / VA to:

1. Increase veterans' access to long-term care
2. Modernize and expand VA Community Living Centers and State Veterans Homes
3. Expand home- and community-based care services
4. Improve the program of Comprehensive Assistance for Family Caregivers



Thank You!

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Implement the PACT Act & Address Gaps in Toxic Exposure Benefits

Shane Liermann
Deputy National Legislative Director

February 26, 2023

Critical Policy Goal

DAV urges Congress to:

1. Monitor the implementation of the PACT Act
2. Provide parity for radiation exposed veterans and remove the dose estimate requirement
3. Recognize exposures and related diseases at K2

Monitor the Implementation of the PACT Act

**FILE
A
CLAIM**

It is imperative that Congress monitors the number of claims filed related to the PACT Act, how these claims impact the overall workload, how many are approved or denied and why.

Monitor the Implementation of the PACT Act

- VA claims management
- Where are resources needed
- Adequate funding
- Appropriate staffing





Congress must

- Conduct oversight of disability claims,
- Require VA provide data on claims granted and denied,
- Require transparency regarding quality assurance.

Provide Parity for Radiation Exposed Veterans



VA requires not only proof of the veteran's onsite participation, but also radiation dose estimates from the Defense Threat Reduction Agency and then a medical opinion if that dose estimate caused the claimed presumptive disease.

Provide Parity for Radiation Exposed Veterans

The Department of Justice Radiation Exposure Claims Act (RECA) program establishes compensation for individuals who contracted specified diseases related to atmospheric nuclear weapons development tests in the American southwest.



Provide Parity for Radiation Exposed Veterans



RECA does not require claimants to prove causation of the diseases related to the radiation exposure, nor does it require dose estimates of exposures.

Congress must



- Enact legislation to remove the VA dose estimate requirement for radiation exposure. This will provide parity with the RECA program and treat veterans' radiation exposure claims on equal footing with civilians.

Recognize Exposures & Diseases at K2



More than 15,000 service members exposed:

- Chemical weapons
- Radioactive depleted uranium
- Jet fuel and petroleum products
- 400 other chemical compounds

Recognize Exposures & Diseases at K2

The Department of Defense knew that service members there were exposed to these dangerous toxins, and a 2015 U.S. Army study found that K2 veterans have a 500% greater chance of developing certain cancers.



Recognize Exposures & Diseases at K2

VA has still not recognized the other toxic exposures and potential diseases unique to K2.



Congress must



- Enact legislation that concedes exposure to radiation, jet fuel and chemical weapons at K2, and provide for studies and recognize presumptive diseases related thereto.

Critical Policy Goal

DAV urges Congress to:

1. Monitor the implementation of the PACT Act
2. Provide parity for radiation exposed veterans and remove the dose estimate requirement
3. Recognize exposures and related diseases at K2

Thank You!

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Ensuring Equitable Benefits and Services for Women, LGBTQ+ and Minority Veterans

Naomi M. Mathis

Associate National Legislative Director

February 26, 2023

Women And Minority Veterans' Victories 117th Congress

FY 2023 Consolidated
Appropriations

BILL BECAME LAW

P.L.117-391



Victories For Veterans



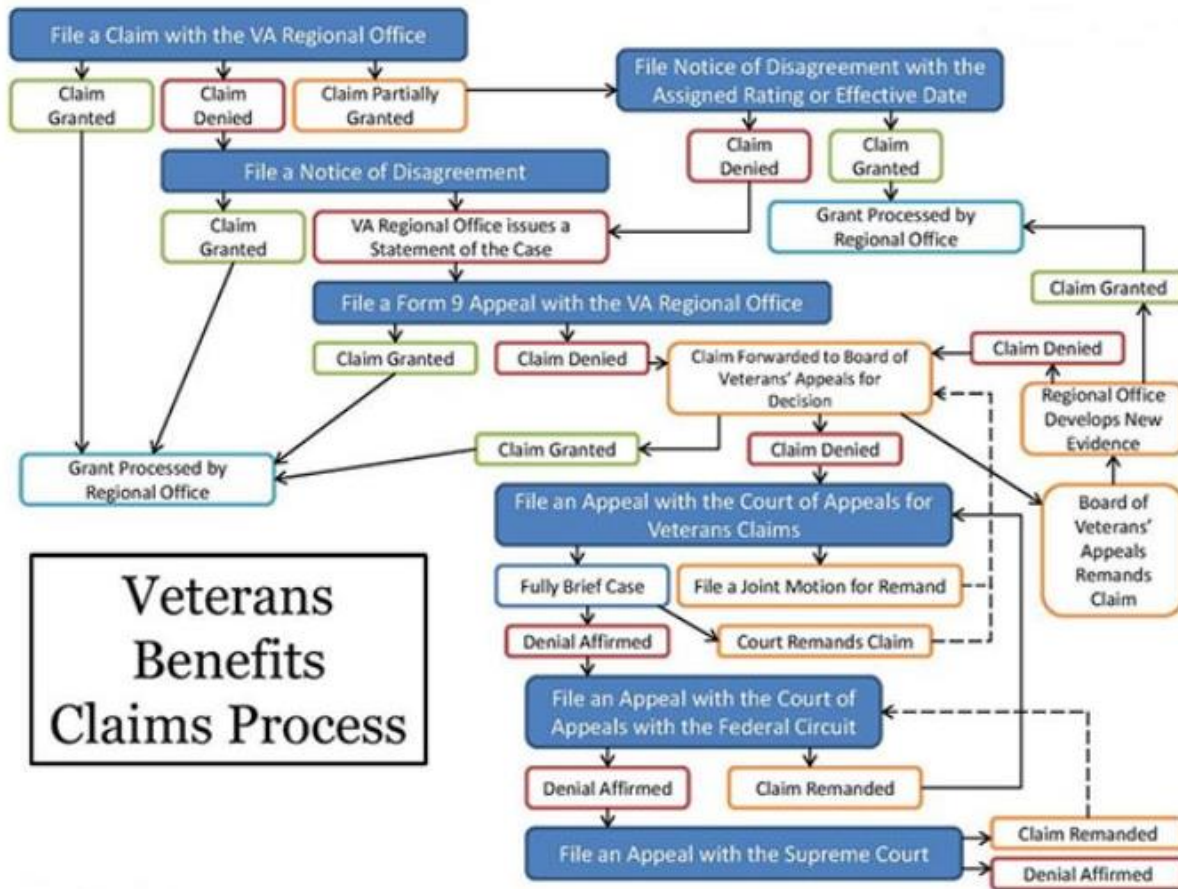
Enact legislation for new VA peer support programs and integrative health treatment options for the veterans using its medical centers.

Public Law

P.L.117-391



Victories For Veterans



Improve the Claims Process for Military Sexual Trauma.

Public Law



P.L.117-391



Victories For Veterans

S. 2102: Dr. Kate Hendricks Thomas SERVICE Act

- Expands eligibility for VHA mammography screenings to veterans who served in certain locations during specified periods, including those who were exposed to toxic substances at such locations.

P.L.117-133



Victories For Veterans

S. 2533, The Mammo Act

- Requires VA to submit a strategic plan for improving breast imaging services for veterans.
- Pilot program for tele-screening.
- Upgrade facilities to use 3-D imaging.

P.L. 117-135

2023 Critical Policy Goals

The VA must:

- Ensure equitable access to health care and services and improve health.
- Improve methodologies for data collection and analysis to identify health trends, access issues, disparity in health outcomes, and differences in patient experience.
- Improve environment of care to ensure all veterans feel safe and welcomed when seeking VA care.



2023 Critical Policy Goals

The VA must:

- Enhance diverse representation and culturally sensitive programming.
- Ensure that all veteran subpopulations have representation on federal advisory committees, in the VA's strategic plans and internal programming.



Women, LGBTQ+, and Minority Veterans Focus In 118th Congress

- Women, LGBTQ+ and minority veterans continue to be a focus of Congress and VA.
- Introduction of legislation to improve services and programs for minority and underserved veteran populations.
- DAV continuing our efforts to ensure women and minority veterans have access to comprehensive, quality care and gender specific services.



Women, LGBTQ+, and Minority Veterans Focus In 118th Congress

- Congressional Women Veterans Task Force
- DAV participates in Women Veterans VSO Workgroup and Veterans IVF Workgroup
- VA White Ribbon Campaign and Stop Harassment Campaign continues



Pending Legislation for Women Veterans

H.R. 544: Veterans Infertility Treatment Act of 2023

- **Require infertility care, including Assisted Reproductive Technology (like IVF), part of the medical services provided by VA to any veteran and/or partner who needs infertility care to achieve a pregnancy**
- **Allow IVF for up to three successful pregnancies or six attempted cycles**
- **Allows use of donated gametes and embryos**

H.R. 894 Equal Access to Contraception for Veterans Act

- **Improve access to the full range of contraception and related counseling that improves women's health.**
- **Active-duty service members also have access to contraception without co-pays through TRICARE**

Ensure Equitable Health Care & Benefits For All!





Thank You!

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Mental Health and Suicide Prevention

Jon Retzer

Assistant National Legislative Director

February 26, 2023

Critical Policy Goal

DAV urges Congress / VA to:

1. Reduce rates of suicide among veterans
2. Fund lethal-means safety efforts
3. Improve specialized programs and services critical to preventing suicide
4. Increase staffing levels of VA mental health providers
5. Improve clinical competence of providers in VA Community Care Network

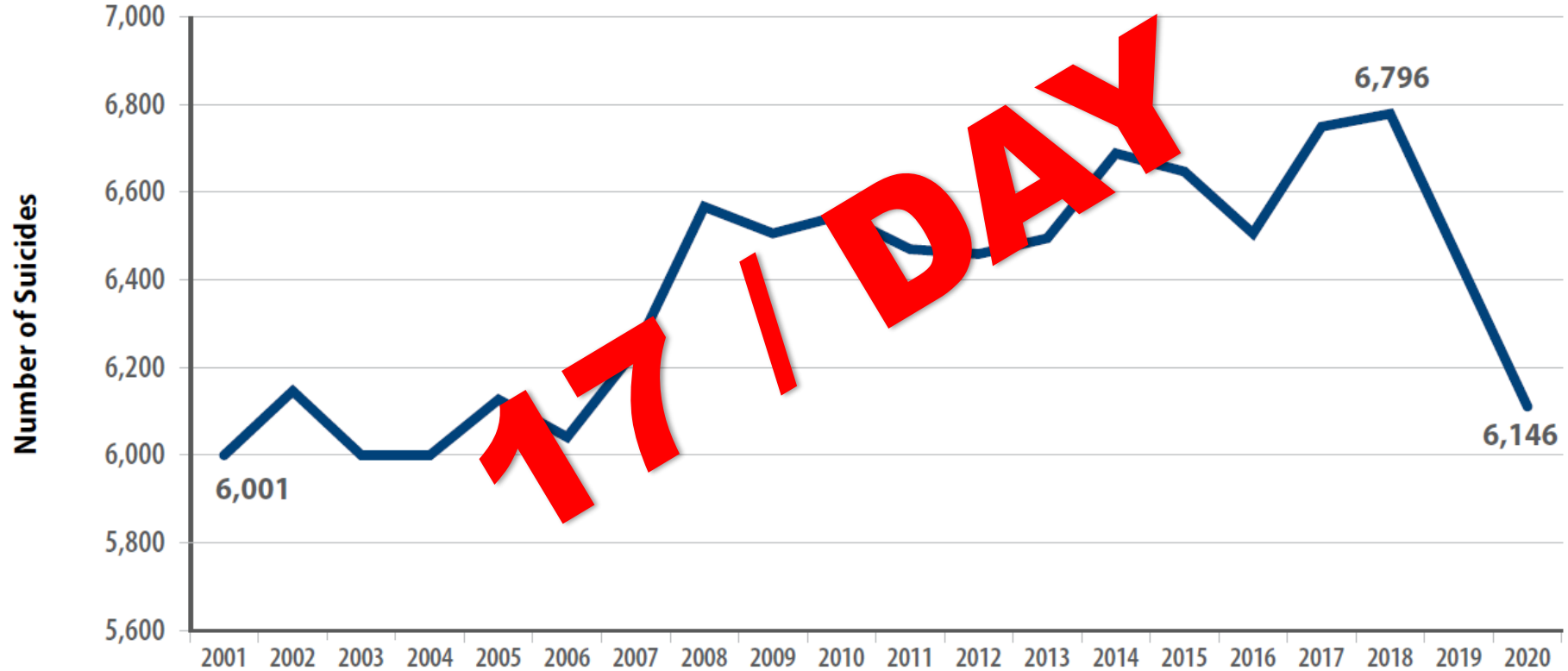
Bolster Mental Health Resources To Ensure Continued Progress In Reducing Veteran Suicide

The Department of Veterans Affairs Veterans Health Administration is a recognized leader in suicide prevention and has a full continuum of mental health services that are comprehensive and recovery-oriented, treating issues common among veterans.



Reduce Rates Of Suicide Among Veterans

Figure 2: Veteran Suicide Deaths, 2001–2020



Reduce Rates Of Suicide Among Veterans

- 2020, Which Was Over 6100 Suicides Compared With The 2019 Which Was Over 6,400 Suicides, Equating To 343 Fewer Suicides, Approximately 17 Per Day.
- Veterans Using VA Health Care Resulted In nearly 5% Overall Reduction In Suicide In 2020.
- Compared With 2018, The 2020 Veteran Suicide Deaths Decreased By nearly 10%.
- In 2021, Veterans Were Nearly 58% More Likely To Die By Suicide Than Their Civilian Peers, And
- Women Veterans Were Nearly 3 Times As Likely To Die By Suicide Compared With Nonveteran Adult Women.



Reduce Rates Of Suicide Among Veterans

Continue to provide additional resources for mental health services, for VHA to both strengthen and improve its suicide prevention efforts.

Fund Lethal-means Safety Efforts

- Approximately 72.1% of male veteran suicide deaths and 48.2% of female veteran suicide deaths are by firearms
- Multifaceted campaign in partnership with the National Shooting Sports Foundation
- Still more work to do!



Fund Lethal-means Safety Efforts

Appropriately fund the VA's lethal-means safety campaign and support similar programs.

Improve Specialized Programs And Services Critical To Preventing Suicide

- REACH-VET (Recovery Engagement and Coordination for Health–Veterans Enhanced Treatment) program
- Increased risk with specific substance use disorders related to opioid, cocaine, cannabis and stimulant use
- Increased suicide by those not using mental health or substance use disorder services.

Improve Specialized Programs And Services Critical To Preventing Suicide

Reevaluate its screening instruments and programming to capture more of the unidentified veterans at risk for suicide and improve treatment options and programs for veterans with substance use disorders.

Increase Staffing Levels Of VA Mental Health Providers

2022 Office of the Inspector General report

- 73 (out of 139) VA facilities identified with a severe shortage of psychologists
- 71 facilities identified with a severe shortage of psychiatrists

Increase Staffing Levels Of VA Mental Health Providers

Focus on recruiting and maintaining appropriate staffing levels for mental health services.

Improve Clinical Competence Of Providers In VA Community Care Network (CCN)

Next Steps Together

- Enterprise-Wide Efforts: VHA, VBA, NCA, CCN
- A Fully Engaged Nation in Veteran Suicide Prevention

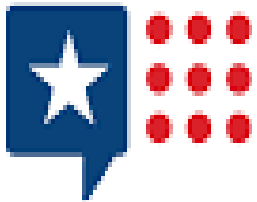


Improve Clinical Competence Of Providers In VA Community Care Network

- Require all providers to complete the same suicide prevention training and lethal-means safety counseling
- Include comparable quality metrics in its scheduling system

Veteran's Crisis Line

Veterans
Crisis Line



1-800-273-8255
PRESS 1

SUPPORT IS AVAILABLE

24 hours a day
7 days a week
365 days a year

“988”

Press 1



Veteran's Crisis Line

- In FY-2023, To Date, Over 200,000 Calls Have Been Answered By The Veteran's Crisis Line.
- The Average Time To Answer Remains Below 10 Seconds.
- With 95% Or Greater Of All Incoming Calls Answered On Average Within 20 Seconds.



Critical Policy Goal

DAV urges Congress / VA to:

1. Reduce rates of suicide among veterans
2. Fund lethal-means safety efforts
3. Improve specialized programs and services critical to preventing suicide
4. Increase staffing levels of VA mental health providers
5. Improve clinical competence of providers in VA Community Care Network

Thank You!

Jon Retzer

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Expand VA's Capacity to Deliver Timely, High-Quality Health Care to Veterans

Peter Dickinson
Senior Executive Advisor

February 26, 2023

Vacancies and Staffing Shortages

- Accelerate Recruitment & Retention Efforts
- Expedite Hiring & Onboarding Processes



Aging Health Care Infrastructure



- Create Strategic Plan to Modernize VA Infrastructure
- Bolster Construction Funds to Increase VA's Capacity

IT & Electronic Health Record Modernization

- Rigorous Oversight of VA's New EHR System
- Ensure Patient Care, Safety & Other Mission Critical Work, including Research



Expand Access to VA Care Through Telehealth



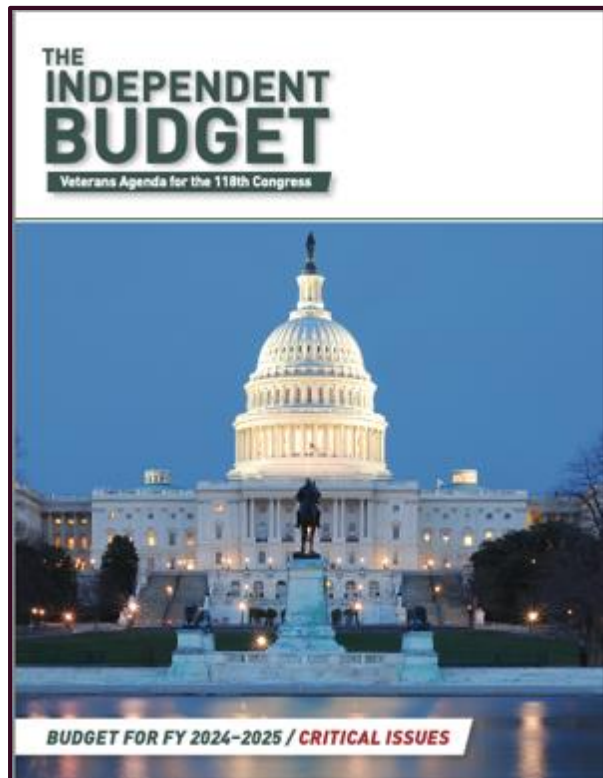
- Carefully Study Efficacy & Effectiveness of Virtual Health Care to Determine Optimal Use

VA Fourth Mission for National Emergencies

- Maintain Sufficient Health Care Capacity to Meet Fourth Mission Functions
- Ensure Veterans Have Uninterrupted Care



VA Budget for FY 2024



www.IndependentBudget.org

- Increase VA Total Medical Care by 14% to \$140 billion
 - + \$1.7 billion for PACT Act
 - + \$2.8 billion for Vacancies
 - + \$1 billion for Long Term Care
- Increase Major Construction to \$5.1 billion, 3x FY 2023 Funding

VA Budget for FY 2024

Other Key Funding Recommendations:

- VBA = \$4.1 billion (+11%)
- NCA = \$573 million (+33%)
- BVA (Board) = \$325 million (+14%)
- VA Research = \$980 million (+7%)
- Dental Care = \$500 million (new program)

| IB Recommendations for FY 2024 and FY 2025 Advance (in thousands) | | | | |
|---|---------------------------------|-----------------------------------|--|---------------------------------------|
| | FY 2023 Appropriation FHA | FY 2024 Adv. Approp. VA/FHA | FY 2024 Appropriation IB Recomm. | FY 2025 Adv. Approp. IB Recomm. |
| Veterans Health Administration (VHA) | | | | |
| Medical Services | 70,584,000 | 74,004,000 | 88,058,000 | 102,279,000 |
| Medical Support and Compliance | 11,073,000 | 12,300,000 | 11,469,000 | 11,888,000 |
| Medical Facilities | 8,634,000 | 8,800,000 | 8,953,000 | 9,270,000 |
| Medical Care Collections (VA Medical Care) | 3,128,000 | 3,174,000 | Note 1 | Note 1 |
| Subtotal, VA Medical Care | 93,419,000 | 98,278,000 | 108,480,000 | 123,437,000 |
| Medical Community Care | 28,457,000 | 33,000,000 | 33,398,000 | 33,799,000 |
| Medical Care Collections (Community Care) | 782,000 | 794,000 | Note 1 | Note 1 |
| Subtotal, Medical Community Care | 29,239,000 | 33,794,000 | 33,398,000 | 33,799,000 |
| Total, Medical Care | 122,658,000 | 132,070,000 | 139,878,000 | 157,236,000 |
| Medical and Prosthetic Research | 916,000 | | 980,000 | |
| Total, Veterans Health Administration | 123,574,000 | | 140,858,000 | |
| General Operating Expenses | | | | |
| Veterans Benefits Administration | 3,683,000 | | 4,091,000 | |
| General Administration | 433,000 | | 461,000 | |
| Board of Veterans Appeals | 285,000 | | 325,000 | |
| Total, General Operating Expenses | 4,401,000 | | 4,877,000 | |
| Department Admin and Misc. Programs | | | | |
| Information Technology | 5,782,000 | | 6,335,000 | |
| EHRM (Center) | 1,759,000 | | 1,759,000 | |
| National Cemetery Administration | 430,000 | | 573,000 | |
| Office of Inspector General | 273,000 | | 284,000 | |
| Total, Dept. Admin and Misc. Programs | 8,244,000 | | 8,952,000 | |
| Construction Programs | | | | |
| Major Construction | 1,447,890 | | 5,125,000 | |
| Minor Construction | 626,110 | | 1,050,000 | |
| Grants for State Extended Care Facilities | 150,000 | | 600,000 | |
| Grants for State Vets Cemeteries | 50,000 | | 130,000 | |
| Total, Construction Programs | 2,274,000 | | 6,885,000 | |
| Other Discretionary Programs | 284,214 | | 296,000 | |
| Cost of War Toxic Exposure Fund (TEF) | 5,000,000 | | Note 2 | |
| Total, Budget Authority | 148,777,214 | | 163,572,000 | |

Note 1 - The IB estimates the total need for health care appropriations and does not include MCOF estimates.
 Note 2 - The IB estimates the total need for health care appropriations and does not include TEF estimates.

www.IndependentBudget.org



Thank You!

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