



LEGISLATIVE REPORT

Fiscal Year 2019 Military Construction Veterans Affairs Appropriations (H.R. 5895 as-amended)

OVERVIEW

On September 21, 2018, President Donald Trump signed into law **H.R. 5895**, the Energy and Water, Legislative Branch, and Military Construction-Veterans Affairs (MILCON-VA) Appropriations Act for Fiscal Year (FY) 2019. The U.S. House of Representatives passed the bill on September 13, while the U.S. Senate passed it on September 12.

H.R. 5895 provides **\$96.8 billion** in MILCON and veterans services discretionary funding. The legislation provides **\$10.3 billion** in MILCON funding for the Department of Defense (DoD), including **\$190.1 million** for the Army National Guard and **\$129.1 million** for the Air National Guard. It also provides **\$86.5 billion** in discretionary funding to the VA, which is \$5.0 billion above FY18 levels.

BILL HIGHLIGHTS

All page references below are within the legislation text document unless otherwise noted.

General Provisions

- \$8.6 billion for mental health programs for the VA, which includes \$206.1 million for suicide prevention outreach (pg. 191, Joint Explanatory Statement)
- \$14.0 million in additional funds for PFOS/PFOA identification, mitigation, and clean-up costs across DoD (pg. 169, Joint Explanatory Statement)
- \$348.0 million for opioid treatment and prevention programs for the VA (pg. 190, Joint Explanatory Statement)
- \$270.0 million for the VA Rural Health Initiative (pg. 193, Joint Explanatory Statement)

Army National Guard

• **\$190.1 million** in Army National Guard military construction funding, includes funding for MILCON projects in 8 states (pg. 121)

Air National Guard

• \$129.1 million in Air National Guard military construction funding, includes funding for MILCON projects in 7 states (pg. 121)

To view the full text of the legislation, please visit: https://www.congress.gov/115/crpt/hrpt929/CRPT-115hrpt929.pdf

To view the Joint Explanatory Statement authored by the Energy and Water, Legislative Branch, and MILCON-VA Conference Committee, please visit:

https://docs.house.gov/billsthisweek/20180910/Joint%20Statement.pdf

FY19 NATIONAL GUARD MILITARY CONSTRUCTION

Army National Guard*

Account		FY18 Levels	FY19 Request	FY19 HASC NDAA	FY19 House NDAA	FY19 HAC Mark	FY19 House Approps.	FY19 SASC NDAA	FY19 Senate NDAA	FY19 SAC Mark	FY19 Senate Approps.	Final NDAA Levels	Change From FY18	Final Levels
Total MILCON Funding		\$220,652	\$180,122	\$191,122	\$191,122	\$180,122	\$180,122	\$306,122	\$306,122	\$190,122	\$190,122	\$202,122	+\$10,000	\$190,122
MILCON By State	Location	Project	FY19 Request	FY19 HASC NDAA	FY19 House NDAA	FY19 HAC Mark	FY19 House Approps.	FY19 SASC NDAA	FY19 Senate NDAA	FY19 SAC Mark	FY19 Senate Approps.	Final NDAA Levels	Change From FY18	Final Levels
Alaska	Joint Base Elmendorf- Richardson	US Property/ Fiscal Office Building	\$27,000	\$27,000	\$27,000	\$27,000	\$27,000	\$27,000	\$27,000	\$27,000	\$27,000	\$27,000	N/A	\$27,000
Illinois	Marseilles	Automated Record Fire Range	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	N/A	\$5,000
Montana	Malta	National Guard Readiness Center	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	N/A	\$15,000
Nevada	North Las Vegas	National Guard Readiness Center	\$32,000	\$32,000	\$32,000	\$32,000	\$32,000	\$32,000	\$32,000	\$32,000	\$32,000	\$32,000	N/A	\$32,000
New Hampshire	Pembroke	National Guard Readiness Center	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000	N/A	\$12,000
North Dakota	Fargo	National Guard Readiness Center	\$32,000	\$32,000	\$32,000	\$32,000	\$32,000	\$32,000	\$32,000	\$32,000	\$32,000	\$32,000	N/A	\$32,000
Ohio	Camp Ravenna	Automated Multi-Purpose Machine Gun Range	\$7,400	\$7,400	\$7,400	\$7,400	\$7,400	\$7,400	\$7,400	\$7,400	\$7,400	\$7,400	N/A	\$7,400
Oklahoma	Lexington	Aircraft Vehicle Storage Building	N/A	\$11,000	\$11,000	N/A	N/A	\$11,000	\$11,000	N/A	N/A	\$11,000	N/A	N/A
Oregon	Boardman	Tactical UAV Hangar	N/A	N/A	N/A	N/A	N/A	\$11,000	\$11,000	N/A	N/A	\$11,000	N/A	N/A
South Dakota	Rapid City	National Guard Readiness Center	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	N/A	\$15,000
Texas	Houston	Aircraft Storage	N/A	N/A	N/A	N/A	N/A	\$15,000	\$15,000	N/A	N/A	N/A	N/A	N/A
Virginia	Sandston	Army Aviation Support Facility	N/A	N/A	N/A	N/A	N/A	\$89,000	\$89,000	N/A	N/A	N/A	N/A	N/A
Worldwide/Various		Minor Construction	\$18,100	\$18,100	\$18,100	\$18,100	\$18,100	\$18,100	\$18,100	\$28,100	\$28,100	\$18,100	N/A	\$28,100
		Planning & Design	\$16,622	\$16,622	\$16,622	\$16,622	\$16,622	\$16,622	\$16,622	\$16,622	\$16,622	\$16,622	N/A	\$16,622

^{*}All Dollars in Thousands

Air National Guard*

Account		FY18 Levels	FY19 Request	FY19 HASC NDAA	FY19 House NDAA	FY19 HAC Mark	FY19 House Approps.	FY19 SASC NDAA	FY19 Senate NDAA	FY19 SAC Mark	FY19 Senate Approps.	Final NDAA Levels	Change From FY18	Final Levels
Total MILCON Funding		\$171,491	\$129,126	\$191,126	\$191,126	\$129,126	\$129,126	\$183,126	\$183,126	\$139,126	\$139,126	\$191,126	-\$42,365	\$129,126
MILCON By State	Location	Project	FY19 Request	FY19 HASC NDAA	FY19 House NDAA	FY19 HAC Mark	FY19 House Approps.	FY19 SASC NDAA	FY19 Senate NDAA	FY19 SAC Mark	FY19 Senate Approps.	Final NDAA Levels	Change From FY18	Final Levels
California	Channel Islands ANG Station	C-130J Flight Simulator	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	N/A	\$8,000
Hawaii	Joint Base Pearl Harbor	F-22 LO/CRF B3408 Addition	\$17,000	\$17,000	\$17,000	\$17,000	\$17,000	\$17,000	\$17,000	\$17,000	\$17,000	\$17,000	N/A	\$17,000
Illinois	Peoria International Airport	New Fire Crash/ Rescue Station	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	\$9,000	N/A	\$9,000
Louisiana	Joint Reserve Base New Orleans	NORTHCOM Projects	\$15,000	\$39,000	\$39,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	\$39,000	N/A	\$15,000
Minnesota	Duluth International Airport	Small Arms Range	N/A	\$8,000	\$8,000	N/A	N/A	N/A	N/A	N/A	N/A	\$8,000	N/A	N/A
Montana	Great Falls International Airport	Aircraft Apron	N/A	\$9,000	\$9,000	N/A	N/A	N/A	N/A	N/A	N/A	\$9,000	N/A	N/A
New York	Francis Gabreski Airport	Security/Comms. Training Facility	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	N/A	\$20,000
Ohio	Mansfield Lahm Airport	Replace Fire Station	N/A	\$13,000	\$13,000	N/A	N/A	N/A	N/A	N/A	N/A	\$13,000	N/A	N/A
	Rickenbacker International Airport	Small Arms Range	N/A	\$8,000	\$8,000	N/A	N/A	N/A	N/A	N/A	N/A	\$8,000	N/A	N/A
Pennsylvania	Fort Indiantown Gap Station	Replace Ops. Training/ Dining Hall	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	N/A	\$8,000
Puerto Rico	Luis Munoz IAP (Hurricane Maria Repair)		N/A	N/A	N/A	N/A	N/A	\$15,000	\$15,000	N/A	N/A	N/A	N/A	N/A
		Maintenance Hangar	N/A	N/A	N/A	N/A	N/A	\$35,000	\$35,000	N/A	N/A	N/A	N/A	N/A
Virginia	Joint Base Langley-Eustis	CYBER Operations Facility	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	N/A	\$10,000
Worldwide/Various		Minor Construction	\$23,626	\$23,626	\$23,626	\$23,626	\$23,626	\$23,626	\$23,626	\$33,626	\$33,626	\$23,626	N/A	\$23,626
		Planning & Design	\$18,500	\$18,500	\$18,500	\$18,500	\$18,500	\$22,500	\$22,500	\$18,500	\$18,500	\$18,500	N/A	\$18,500

^{*}All Dollars in Thousands

LEGISLATIVE PROVISIONS

Military Construction, Army National Guard.

For construction, acquisition, expansion, rehabilitation, and conversion of facilities for the training and administration of the Army National Guard, and contributions therefor, as authorized by chapter 1803 of title 10, United States Code, and Military Constn1etion Authorization Acts, \$190,122,000, to remain available until September 30, 2023: Provided, That, of the amount, not to exceed \$16,622,000 shall be available for study, planning, design, and architect and engineer services, as authorized by law, unless the Director of the Army National Guard determines that additional obligations are necessary for such purposes and notifies the Committees on Appropriations of both Houses of Congress of the determination and the reasons therefor.

Military Construction, Air National Guard.

For construction, acquisition, expansion, rehabilitation, and conversion of facilities for the training and administration of the Air National Guard, and contributions therefor, as authorized by chapter 1803 of title 10, United States Code, and Military Construction Authorization Acts, \$129,126,000, to remain available until September 30, 2023: Provided, That, of the amount, not to exceed \$18,500,000 shall be available for study, planning, design, and architect and engineer services, as authorized by law, unless the Director of the Air National Guard determines that additional obligations are necessary for such purposes and notifies the Committees on Appropriations of both Houses of Congress of the determination and the reasons therefor.

SEC. 122.

Except as provided in subsection (b), none of the funds made available in this Act may be used by the Secretary of the Army to relocate a unit in the Army that:

- (1) performs a testing mission or function that is not performed by any other unit in the Army and is specifically stipulated in title 10, United States Code; and
- (2) is located at a military installation at which the total number of civilian employees of the Department of the Army and Army contractor personnel employed exceeds 10 percent of the total number of members of the regular and reserve components of the Army assigned to the installation.

Subsection (a) shall not apply if the Secretary of the Army certifies to the congressional defense committees that in proposing the relocation of the unit of the Army, the Secretary complied with Army Regulation 5-10 relating to the policy, procedures, and responsibilities for Army stationing actions.

SEC. 125.

For an additional amount for the accounts and in the amounts specified, to remain available until September 30, 2023:

Military Construction, Army, \$94,100,000;

Military Construction, Navy and Marine Corps, \$196,850,000;

Military Construction, Air Force, \$118,450,000;

Military Construction, Army National Guard, \$22,000,000;

Military Construction, Air National Guard, \$54,000,000;

Military Construction, Army Reserve, \$23,000,000; and Military Construction, Air Force Reserve, \$84,800,000.

Provided, That such funds may only be obligated to carry out construction projects identified in the respective military department's unfunded priority list for fiscal year 2019 submitted to Congress: Provided further, That such projects are subject to authorization prior to obligation and expenditure of funds to carry out construction: Provided further, That not later than 30 days after enactment of this Act, the Secretary of the military department concerned, or his or her designee, shall submit to the Committees on Appropriations of both Houses of Congress an expenditure plan for funds provided under this section.

SEC. 126.

Of the unobligated balances available to the Department of Defense from prior appropriation Acts, the following funds are hereby rescinded from the following accounts in the amounts specified:

NATO Security Investment Program, \$25,000,000; Military Construction, Air Force, \$31,158,000; Military Construction, Army National Guard \$10,000,000; Family Housing Construction, Navy and Marine Corps, \$2,138,000; and The fund established in section 1013(d) of the Demonstration Cities and Metropolitan Development Act of 1966 (42 U.S.C. 337 4), \$15,333,000.

Provided, That no amounts may be rescinded from amounts that were designated by the Congress for Overseas Contingency Operations/Global War on Terrorism or as an emergency requirement pursuant to a concurrent resolution on the budget or the Balanced Budget and Emergency Deficit Control Act of 1985, as amended.

Medical Services.

For necessary expenses for furnishing, as authorized by law, inpatient and outpatient care and treatment to beneficiaries of the Department of Veterans Affairs and veterans described in section 1705(a) of title 38, United States Code, including care and treatment in facilities not under the jurisdiction of the Department, and including medical supplies and equipment, bioengineering services, food services, and salaries and expenses of healthcare employees hired under title 38, United States Code, aid to State homes as authorized by section 1741 of title 38, United States Code, assistance and support services for caregivers as authorized by section 1720G of title 38, United States Code, loan repayments authorized by section 604 of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111-163; 124 Stat. 1174; 38 U.S.C. 7681 note), monthly assistance allowances authorized by section 322(d) of title 38, United States Code, grants authorized by section 521A of title 38, United States Code, and administrative expenses necessary to carry out sections 322(d) and 521A of title 38, United States Code, and hospital care and medical services authorized by section 1787 of title 38, United States Code; \$750,000,000, which shall be in addition to funds previously appropriated under this heading that become available on October 1, 2018; and, in addition, \$51,411,165,000, plus reimbursements, shall become available on October 1, 2019, and shall remain available until September 30, 2020: Provided, That, of the amount made available on October 1, 2019, under this heading, \$1,500,000,000 shall remain available until September 30, 2021: Provided further, That, notwithstanding any other provision of law, the Secretary of Veterans Affairs shall establish a priority for the provision of medical treatment for

veterans who have service-connected disabilities, lower income, or have special needs: Provided further, That, notwithstanding any other provision of law, the Secretary of Veterans Affairs shall give priority funding for the provision of basic medical benefits to veterans in enrollment priority groups 1 through 6: Provided further, That, notwithstanding any other provision of law, the Secretary of Veterans Affairs may authorize the dispensing of prescription drugs from Veterans Health Administration facilities to enrolled veterans with privately written prescriptions based on requirements established by the Secretary: Provided further, That the implementation of the program described in the previous proviso shall incur no additional cost to the Department of Veterans Affairs: Provided further, That the Secretary of Veterans Affairs shall ensure that sufficient amounts appropriated under this heading for medical supplies and equipment are available for the acquisition of prosthetics designed specifically for female veterans.

Medical Community Care.

For necessary expenses for furnishing health care to individuals pursuant to chapter 17 of title 38, United States Code, at non-Department facilities, \$1,000,000,000, which shall be in addition to funds previously appropriated under this heading that become available on October 1, 2018; and, m addition, \$10,758,399,000, plus reimbursements, shall become available on October 1, 2019, and shall remain available until September 30, 2020: Provided, That, of the amount made available on October 1, 2019, under this heading, \$2,000,000,000 shall remain available until September 30, 2021.

Medical Support and Compliance.

For necessary expenses in the administration of the medical, hospital, nursing home, domiciliary, construction, supply, and research activities, as authorized by law; administrative expenses in support of capital policy activities; and administrative and legal expenses of the Department for collecting and recovering amounts owed the Department as authorized under chapter 17 of title 38, United States Code, and the Federal Medical Care Recovery Act (42 U.S.C. 2651 et seq.), \$7,239,156,000, plus reimbursements, shall become available on October 1, 2019, and shall remain available until September 30, 2020: Provided, That, of the amount made available on October 1, 2019, under this heading, \$100,000,000 shall remain available until September 30, 2021.

Veterans Electronic Health Record.

For activities related to implementation, preparation, development, interface, management, rollout, and maintenance of a Veterans Electronic Health Record system, including contractual costs associated with operations authorized by section 3109 of title 5, United States Code, and salaries and expenses of employees hired under titles 5 and 38, United States Code, \$1,107,000,000, to remain available until September 30, 2021: Provided, That the Secretary of Veterans Affairs shall submit to the Committees on Appropriations of both Houses of Congress quarterly reports detailing obligations, expenditures, and deployment implementation by facility: Provided further, That the funds provided in this account shall only be available to the Office of the Deputy Secretary, to be administered by that Office: Provided further, That none of the funds made available under this heading may be obligated in a manner inconsistent with deployment schedules provided to the Committees on Appropriations unless the Secretary of Veterans Affairs provides notification to the Committees on Appropriations of such change and an approval is issued.

CONFERENCE COMMITTEE JOINT EXPLANATORY STATEMENT

Perjluorooctane Sulfonate (PFOS) and Perjluorooctanoic Acid (PFOA)

The conference report provides \$14,000,000 in additional funds for identification, mitigation, and clean-up costs across the Department of Defense for PFOS and PFOA. DOD is directed to submit a spend plan for these additional funds to the Committees no later than 30 days after enactment of this Act.

Opioid abuse

The conference agreement provides \$348,000,000 for opioid treatment and prevention programs and \$52,025,000 to continue to implement opioid safety initiatives outlined as part of the Comprehensive Addiction and Recovery Act, as well as to develop programs aimed at ensuring that non-VA providers treating veterans through community care programs are informed and in compliance with all VA standards for opioid safety and prescription guidelines. The conference agreement also includes \$270,000,000 for the Office of Rural Health's Rural Health Initiative, which funds several pilot projects aimed at treating and preventing opioid abuse, including projects focused on alternatives to opioid-centered pain management in rural, highly rural, and remote areas; and \$54,337,000 for the Justice Outreach Homeless Prevention program within the VA's Veterans Homelessness Programs which among other things ensures that veterans encountered by police, in jails or courts, have timely access to substance abuse treatment or prevention programs and services.

The conferees direct VA to ensure that all clinicians, including pharmacists, receive guidance on assessing the risks and benefits of critical drug interactions with opioids when a pharmacist overrides such interaction under section 913 of Public Law 114-98. The conferees urge VA to ensure that all VA providers who prescribe opioids consistently use the Opioid Therapy Risk Report tool under the Opioid Safety Initiative, including prior to initiating opioid therapy, to ensure safe prescribing, and to help prevent diversion, abuse, and double-prescribing. Moreover, VA should further improve the timeliness of data available in the tool to allow real-time access to data on a patient who was prescribed opioid therapy by another facility, in another State, or by mail order to prevent overprescribing and abuse potential. As noted in the House report, VA is urged to assist the two States that have not installed the technology to exchange data from their State prescription drug monitoring boards with VA. The conferees urge robust implementation of VA's plan to expand the scope of research, education, delivery, and integration of Complementary and Integrative Health into the health care services. In addition, the conferees urge VA to prioritize continued implementation of the reforms made to the patient advocacy program as required by the Jason Simcakoski Memorial and Promise Act (Title IX, Public Law 114-98). Furthermore, VA is urged to implement recent GAO recommendations to improve oversight of the controlled substance inspection program and to document its progress; as well as Office of the Inspector General recommendations, including ensuring that community care providers review the safe opioid prescribing guidelines and Opioid Safety Initiative protocols and implementing a process to provide community care providers a complete up-to-date list of medications and medical history of the veteran during non-VA care consults. The conferees also direct the Department to create an opioid abuse healthcare kit for community healthcare providers and ensure completion of a continuing medication course in pain management by providers at VA health facilities. Lastly, all directives contained in House Report 115-673 and Senate Report 115-269 not specifically addressed above shall be complied with.

Mental health

The conference agreement provides \$8,618,628,000 for mental health programs and includes \$206,128,000 for suicide prevention outreach, an increase of \$16,128,000 above the request. To best meet the needs of veterans seeking assistance, the conferees instruct the Secretary to make any necessary improvements to Veterans Crisis Line (VCL) operations including, but not limited to, ensuring appropriate staffing for call centers and back-up centers, providing necessary training for VCL staff, and ensuring that staff are able to appropriately and effectively respond to the needs of veterans needing assistance. The conferees also direct the Secretary to provide the Committees on Appropriations of both Houses of Congress a report, no later than 90 days after enactment of this Act, which contains an update detailing findings on the outcomes and efficacy of the VCL from the Veterans Crisis Line Study Act of 2017. In addition, the conferees urge VA to increase support for primary care-mental health integration and recovery models, expand tele-mental health services, build on success of evidence-based psychotherapy initiatives, and guide treatment decisions by measuring the outcomes of interventions.

Telemedicine

The conference agreement includes \$30,000,000 above the budget request for telehealth capabilities and this additional funding should be used to further expand telehealth capacity and services in rural and remote areas. To better assess VA's efforts regarding the use of telehealth capabilities, the conferees direct VA to provide a report to the Committees on Appropriations of both Houses of Congress, no later than January 31, 2019, specifying measures the Department is taking to expand telehealth and telemental health capabilities in rural areas, particularly regions with limited broadband access. The report should also include information on any ongoing collaboration between VA and other Federal agencies to target remote and rural areas to maximize coverage.

Medical Community Care

The conference agreement provides \$10,758,399,000 in advance fiscal year 2020 funding for Medical Community Care, with \$2,000,000,000 available until September 30, 2021.

The conference agreement provides an additional \$1,000,000,000 above the fiscal year 2019 advance appropriation for the Medical Community Care account. This level is \$500,000,000 more than was requested by the Administration and these funds are available for unanticipated costs in VA's traditional community care programs, as well as for requirements resulting from the passage of the MISSION Act. As a result of the MISSION Act, the conferees note that as early as May 2019 the Choice program, currently funded with direct spending, will be streamlined and consolidated with VA's traditional discretionary community care programs. Although the administration indicated a significant portion of the costs were assumed in the President's Budget request, it has not provided a funding estimate for the consolidated program. Ultimately, the timing of consolidation and any change in cost is dependent on the issuance of regulations that will outline the new program structure. As a result, the conferees direct the Department to provide monthly reports to the Committees identifying obligations for the Medical Community Care program against available appropriations, as well as anticipated funding needs based on the developing program structure.

U.S. HOUSE OF REPRESENTATIVES REPORT LANGUAGE

Army National Guard Readiness Centers Investment

The Committee remains concerned by the failure of the Army to prioritize investment in Army National Guard Readiness Centers. These facilities are critical infrastructure in the protection of the homeland and in the responding to domestic emergencies. Their deteriorating conditions are detrimental to the readiness of the Army Guard and present significant safety concerns. The Committee encourages the Army to accelerate investments in Readiness Centers within the fiscal year 2020 future years defense program to include the \$1,200,000,000 for the Army National Guard transformation Plan.

Fiscal Year 2018 National Guard Reporting Requirement

Since fiscal year 2012 the Committee has noted the need to bolster National Guard resources and explore public-private partnerships with state and local governments. Due to the late passage of the fiscal year 2018 bill, the reporting requirement regarding this issue remains outstanding. Therefore, the Committee reiterates its interest in this report and looks forward to its submission.

Perfluorooctane Sulfonate (PFOS) and Perfluorooctanoic Acid (PFOA)

The Committee has provided additional funds for the continued review of contaminations across the Department of Defense from PFOS and PFOA. This issue not limited to one Service nor is to be funded solely out of a single account. DOD has inspected 524 DOD-wide installations and is directed to keep the Committee apprised of what contaminated locations are to be funded with the BRAC account only, as that is solely the jurisdiction of this bill.

Veterans Electronic Health Record

The Veterans Electronic Health Record is a unified account designed to manage the effort to develop an electronic health record that will access seamlessly the records of veterans in the VA system and those of DOD and of community providers. The VA system is the same as the one chosen by DOD and is planned to be rolled out with the same timeline and geographic areas as DOD in order to realize cost efficiency savings.

Within the total funding, the bill provides \$675,000,000 for the electronic health record contract, \$120,000,000 for program management, and \$412,000,000 for infrastructure support. Funding is made available for three years because of the uncertainty of the timing of obligations in this substantial new effort.

The Department has committed in future years to provide about 30 percent of the total cost of this tenyear project. The Committee expects that this pledge will be maintained throughout Department leadership changes. The bill does not include the transfer language requested by the Administration. This account is intended to be the single source of funding within VA for the electronic health record effort. No authority is provided for funds from other VA accounts to be transferred to this account or for funds from this account to be transferred to other accounts. Consistent with the effort to centralize financial management of the development of the electronic health record, the Committee continues to direct the Department to place top management of the project at the headquarters level above either the VHA or the Office of Information Technology, in the Office of the Deputy Secretary. The bill language for this account continues to require the Secretary to submit a report quarterly to the Committees detailing obligations, expenditures, and deployment strategy by facility. In addition, the Committee repeats the fiscal year 2018 directive for GAO to perform quarterly performance reviews of the VA electronic health record deployment so that the Committees are kept abreast of important issues such as cost and operational capability. It is expected that this quarterly reporting will avail the Committees and VA with timely information to properly oversee this effort and address important issues.

The Committee remains concerned that the effort to deploy a different type of electronic record than the VistA system that VA physicians are accustomed to could run into major resistance. Other major electronic health record system start-ups have failed in the face of internal resistance. The Committee urges VA to focus sufficient resources and attention to this change management challenge, which could be more difficult than the technical issues of implementing the new record.

U.S. SENATE REPORT LANGUAGE

Reserve Component Parity

The Committee notes significant decreases in funding across the Reserve Component in the fiscal year 2019 Military Construction request from the fiscal year 2018 level. While the Committee understands that critical demand fluctuates by year and ongoing large-scale initiatives can skew data, it is concerned that reliance on the Real Property Asset Database (RPAD) as a key criterion does not accurately reflect current and future infrastructure needs across the components based on evolving operational requirements. Furthermore, despite steps taken by the Department to improve oversight of its global real property portfolio, multiple reports by the Government Accountability Office have found deficiencies in its tracking of real property assets and leased facilities, further undermining the credibility of this data. Therefore, the Committee directs the Secretaries of each Service to provide a report within 90 days of enactment of this act on if and how each determines base ratios for respective Active and Reserve Component military construction funding allocations, to include what data is used, specifically the extent to which the RPAD is weighted, and how frequently these ratios are updated.

Federal, State, and Local Intelligence Collaboration

The Committee remains supportive of collaborative intelligence fusion centers that utilize National Guard facilities. These centers allow Federal, state, local, and tribal law enforcement officials to collaborate and share intelligence and threat information, and co-locating them with National Guard facilities offers opportunities for cost savings. The Committee urges the Department, the services, and the National Guard Bureau to prioritize needed workplace replacement projects, including Sensitive Compartmented Information Facility [SCIF] projects to conduct state and Federal intelligence analysis, in the fiscal year 2020 and future budget submissions.

Army National Guard Readiness Centers Investment

The Committee remains concerned that the Department of the Army has not adequately prioritized funding to implement the "Affordable Readiness" strategy recommended by the 2014 Army National Guard Readiness Center Transformation Master Plan [RCTMP]. While the committee understands that the Army must balance these additional costs with existing infrastructure demands, the Committee also notes that the fiscal year 2019 Military Construction request for the Army National Guard was a 14 percent decrease from the fiscal year 2018 request, representing its smallest portion of the Army military

construction budget since 2008. Except for the fiscal year 2015 budget request, the funding level is at its lowest in the post-2001 era. The Committee urges the Army to provide additional funding for the Army National Guard in its future years defense program in order to expedite execution of the RCTMP.

Perfluorooctane Sulfonate (PFOS) and Perfluorooctanoic Acid (PFOA)

The Committee has provided \$10,000,000 in additional funds for identification, mitigation, and clean-up costs across the Department of Defense for PFOS and PFOA. DOD is directed to provide a spend plan for these additional funds to the Committee no later than 30 days after enactment of this act.

Compensation Claims for Camp Lejeune Contaminated Water Veterans

There is concern regarding the lack of consistency in the Department's handling of disability compensation claims for veterans, former reservists, and former National Guard members who served at Marine Corps Base Camp Lejeune for no less than 30 days (consecutive or nonconsecutive) between August 1, 1953 and December 31, 1987. VA established a presumption of service connection for eight diseases associated with exposure to contaminants in the water supply at Camp Lejeune during that period. The Department made the decision to subject nonpresumptive Camp Lejeune Contaminated Water [CLCW] exposure claims to a higher level of scrutiny than is applied to other exposure claims and did so without providing notice or an opportunity for public comment. In addition, no other toxic exposure claims require a positive medical opinion to warrant service connection. The evidentiary burden VA requires for CLCW nonpresumptive exposure claims is significantly greater than the standard used for Agent Orange or any other exposure claims. Furthermore, there currently exists a wealth of "competent medical evidence" specific to diseases related to exposure to contaminated water at Camp Lejeune, as published by the Agency for Toxic Substances and Disease Registry [ATSDR], the Institute of Medicine [IoM], and other government sanctioned medical experts. Nevertheless, the Department's same Clinical Subject Matter Experts, who provide medical opinions, have routinely rejected ATSDR and IoM's findings without providing any justification or explanation for doing so.

The Department was directed to conduct a Special Focus Review for the CLCW claims process and submit the results of the review in the Explanatory Statement accompanying Public Law 115–141, the Consolidated Appropriations Act, 2018. The Committee looks forward to receiving this report in a timely manner.