

U.S. DEPARTMENT OF VETERANS AFFAIRS

FY 2026 BUDGET SUBMISSION



Supplemental Information
and Appendices

Volume 1 of 5

May 2025

Department of Veterans Affairs
Volume I
Supplemental Information and Appendices

Table of Contents

Appropriations by Account.....	2
Mission.....	7
Population of American Veterans	9
Estimates and Projections of the Veteran Population	11
Proposed Legislation Summary	12
Total Legislative Proposal Summary Table.....	15
Legislative Authorization of Programs	16
GAO Audit Reports	18
High-Risk Areas Identified by GAO	64
Major Management Challenges Identified by GAO.....	65
Expenditures by State	66
Discretionary and Mandatory Net Budget Authority, Outlays and FTE	67
Appropriation Reconciliation.....	75
Functional Distribution of Budget Authority (Net)	81
Functional Distribution of Outlays (Net).....	83
Obligations.....	85
Full Time Equivalent Employment 2015-2024 Actuals	86
Cost of War Toxic Exposures Fund Summary	87
Performance Summary.....	99
Selected Facilities by Type	103



Appropriations by Account

Regular Appropriations, Collections, and DoD Transfers

The following table captures advance and annual appropriations without any supplemental appropriations. It reflects rescissions, 2025 transfers to VHA and transfers from the Department of Defense (DoD), Defense Health Program, account 097-0130. The transfers from Medical Care to the DoD-VA Health Care Sharing Incentive Fund and Joint DoD-VA Medical Facility Demonstration Fund are not included in these tables. The only collections included are from the Medical Care Collections Fund (MCCF). Lastly, the Recurring Expense Transformational Funds balance is included, but technically is not an appropriation and is not scored as budget authority. It is, however, a significant budgetary resource authorized by Congress in FY 2016 in P.L. 114-113.

(\$ in millions)	2024	2025	2026	Change 2026 vs. 2025	
	Enacted	Enacted with Transfers	Request	\$	%
Discretionary Funding /1					
Medical Services	69,018	69,129	57,120	(12,009)	-17.4%
Medical Community Care	30,342	22,555	34,000	11,445	50.7%
Medical Support and Compliance	10,750	11,719	12,090	371	3.2%
Medical Facilities	8,949	9,548	11,730	2,182	22.9%
Subtotal, Medical Care Appropriations	119,059	112,951	114,940	1,989	1.8%
Bridging Rental Assistance for Veteran Empowerment (BRAVE)	-	-	1,100	1,100	-
Subtotal, Medical Care + BRAVE	119,059	112,951	116,040	3,089	2.7%
Medical Care Collections Fund	3,847	4,389	4,580	191	4.4%
Subtotal, Medical Care + BRAVE with MCCF	122,907	117,339	120,620	3,281	2.8%
Medical and Prosthetic Research	943	935	943	8	0.9%
Electronic Health Care Record Modernization	874	1,322	3,495	2,173	164.5%
Information Technology Systems	6,386	6,227	5,908	(319)	-5.1%
Board of Veterans' Appeals	272	277	277	(0)	0.0%
General Operating Expenses, Veterans Benefits Administration	3,869	3,899	3,879	(20)	-0.5%
National Cemetery Administration	480	480	497	17	3.5%
General Administration	470	448	440	(8)	-1.8%
Construction, Major Projects	881	961	1,871	910	94.6%
Construction, Minor Projects	692	692	232	(460)	-66.5%
Grants for State Extended Care Facilities	171	171	171	-	0.0%
Grants for Construction of Veterans Cemeteries	60	60	60	-	0.0%
Office of Inspector General	296	296	296	-	0.0%
Loan Administration and Subsidy	320	320	280	(40)	-12.5%
DoD transfers to Joint Accounts (JALFHCC and JIF)	187	178	180	3	1.4%
Subtotal, Non-Medical Care	15,901	16,265	18,529	2,264	13.9%
Subtotal, Discretionary without MCCF	134,960	129,216	134,569	5,353	4.1%
Subtotal, Discretionary (with MCCF)	138,808	133,605	139,149	5,544	4.1%
Transformational Fund (TF) /2	676	320	900	580	181.5%
Total, Discretionary (with MCCF and TF)	139,484	133,924	140,049	6,125	4.6%
Mandatory Funding /3					
Total, Mandatory	195,697	267,009	301,165	34,156	12.8%
Total Funding					
Total VA (Disc & Mand) without MCCF or TF	330,658	396,225	435,734	39,509	10.0%
Total VA (Disc & Mand) with MCCF	334,505	400,614	440,314	39,700	9.9%
Total, Disc & Mand Funding (with MCCF and TF)	335,181	400,934	441,214	40,281	10.0%

/1 Discretionary Funding includes non-emergency discretionary appropriations provided in annual Appropriations Acts and in the 2026 President's Budget Request.

/2 This line displays the estimated resources available in the Transformational Fund (TF) at the start of a FY. 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.

Mandatory Funding Details

(\$ in millions)	2024	2025	2026	Change 2026 vs. 2025	
	Enacted	Enacted with Transfers	Request	\$	%
Mandatory Funding					
Mandatory Benefits					
Compensation and Pensions	164,136	212,553	227,240	14,687	6.9%
Veterans Insurance and Indemnities	134	135	132	(4)	-2.7%
Readjustment Benefits	9,424	18,264	20,372	2,108	11.5%
Credit Reform Upward Reestimates and Subsidy	1,637	5,405	348	(5,057)	-93.6%
Housing Liquidating Account	(2)	(3)	(2)	0	-
Subtotal, Mandatory Benefits	175,329	236,354	248,089	11,735	5.0%
Subtotal, Mandatory Base Funding	175,329	236,354	248,089	11,735	5.0%
Section 707 (Major Medical Facility Leases) /1					
Medical Facilities	100	200	400	200	100.0%
Cost of War Toxic Exposures Fund /2					
Medical Services	9,525	11,884	35,370	23,486	197.6%
Medical Community Care	6,802	15,694	14,030	(1,664)	-10.6%
Medical Support and Compliance	850	-	400	400	-
Medical and Prosthetic Research	46	59	57	(2)	-3.4%
Information Technology Systems	1,243	1,364	1,385	21	1.6%
Board of Veterans' Appeals	4	-	-	-	-
General Operating Expenses, Veterans Benefits Administration	1,769	1,426	1,401	(25)	-1.7%
General Administration	29	20	33	13	66.4%
Contingency Reserve	0	9	-	(9)	-100.0%
Subtotal, Cost of War Toxic Exposures Fund	20,268	30,455	52,676	22,221	73.0%
Subtotal, PACT Act	20,368	30,655	53,076	22,421	73.1%
Total, Mandatory	195,697	267,009	301,165	34,156	12.8%
Total Funding					
Total VA (Disc & Mand) without MCCF or TF	330,658	396,225	435,734	39,509	10.0%
Total VA (Disc & Mand) with MCCF	334,505	400,614	440,314	39,700	9.9%
Total, Disc & Mand Funding (with MCCF and TF)	335,181	400,934	441,214	40,281	10.0%

/1 Section 707 of the PACT Act appropriated funds for major medical facility leases for 2023 and annually for subsequent years through 2031.

/2 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 and the Full-Year Continuing Appropriations and Extensions Act, 2025, provided an additional \$6 billion for TEF in 2025.

General Administration Regular Appropriations and TEF

(\$ in millions)	2024 Enacted	2025 Enacted with Transfers	2026 Request
Office of the Secretary	19.17	18.16	22.10
Office of General Counsel	149.28	142.31	139.00
Office of Management	88.42	80.03	70.80
Office of Human Resources & Administration / Office of Operations, Security & Preparedness	120.90	121.49	118.10
Office of Enterprise Integration	38.94	30.72	30.10
Office of Public and Intergovernmental Affairs	17.99	15.93	16.20
Office of Congressional & Legislative Affairs	9.98	9.90	13.50
Office of Accountability and Whistleblower Protection	30.33	29.56	30.20
Rescission of Prior Year Balances	(5.00)		
Total, Discretionary Budget Appropriations	470.00	448.10	440.00
Toxic Exposures Fund (TEF)	29.45	19.83	33.00
Total, Discretionary Budget Appropriations	499.45	467.93	473.00

Combined Appropriation

The VA manages base discretionary funds and mandatory TEF and PACT Act section 707 medical facilities funds in accordance with the legal parameters for both funding streams. The combined funds, as shown below, represent the total appropriated funds to support VA operations.

(\$ in millions)	2024	2025	2026	Change 2025 vs. 2024	
	Enacted	Enacted with Transfers	Request	\$	%
All Funding Sources					
Medical Services	78,543	81,013	92,490	11,477	14.2%
Medical Community Care	37,144	38,249	48,030	9,781	25.6%
Medical Support and Compliance	11,600	11,719	12,490	771	6.6%
Medical Facilities	9,049	9,748	12,130	2,382	24.4%
Subtotal, Medical Care Appropriations	136,336	140,729	165,140	24,411	17.3%
Bridging Rental Assistance for Veteran Empowerment (BRAVE)	-	-	1,100	1,100	-
Subtotal, Medical Care + Homeless Appropriations	136,336	140,729	166,240	25,511	18.1%
Medical Care Collections Fund	3,847	4,389	4,580	191	4.4%
Subtotal, Medical Care + BRAVE with MCCF	140,184	145,117	170,820	25,703	17.7%
Medical and Prosthetic Research	989	994	1,000	6	0.6%
Electronic Health Care Record Modernization	874	1,322	3,495	2,173	164.5%
Information Technology Systems	7,629	7,591	7,293	(298)	-3.9%
Board of Veterans' Appeals	276	277	277	(0)	0.0%
General Operating Expenses, Veterans Benefits Administration	5,638	5,325	5,280	(45)	-0.8%
National Cemetery Administration	480	480	497	17	3.5%
General Administration	499	468	473	5	1.1%
Construction, Major Projects	881	961	1,871	910	94.6%
Construction, Minor Projects	692	692	232	(460)	-66.5%
Grants for State Extended Care Facilities	171	171	171	-	0.0%
Grants for Construction of Veterans Cemeteries	60	60	60	-	0.0%
Office of Inspector General	296	296	296	-	0.0%
Loan Administration and Subsidy	320	320	280	(40)	-12.5%
DoD transfers to Joint Accounts (JALFHCC and JIF)	187	178	180	3	1.4%
TEF Contingency Reserve	0	9	-	(9)	-100.0%
Subtotal, Non-Medical Care	18,992	19,142	21,405	2,263	11.8%
Subtotal, All Funding Sources without MCCF	155,329	159,871	187,645	27,774	17.4%
Subtotal, All Funding Sources (with MCCF)	159,176	164,260	192,225	27,965	17.0%
Transformational Fund (TF)	676	320	900	580	181.5%
Total, All Funding Sources (with MCCF and TF)	159,852	164,579	193,125	28,546	17.3%



Mission

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.

The Department of Veterans Affairs (VA) mission statement is adapted from President Lincoln's immortal words, delivered in his second inaugural address more than 155 years ago. We care for Veterans, their families, and survivors—men and women who have responded when their Nation needed help. VA's mission is clear-cut, direct, and historically significant. It is a mission that every employee is proud to fulfill.

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.



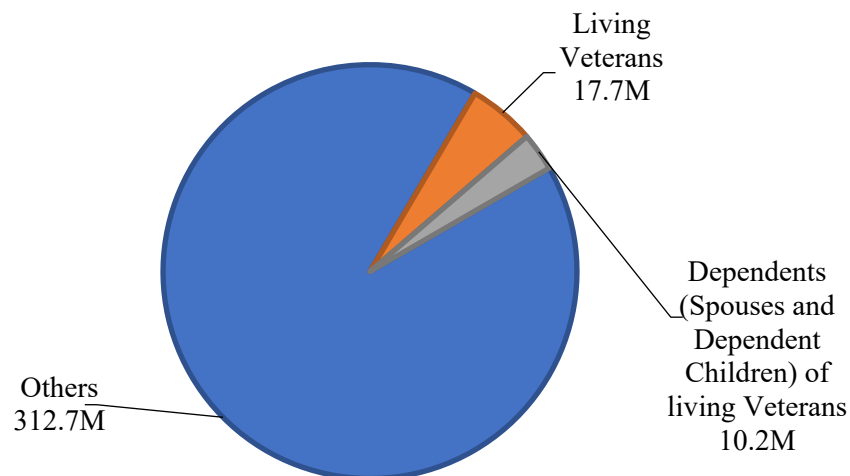
Population of American Veterans

Veterans Population

On September 30, 2024, there were an estimated 17.9 million living Veterans, with 17.7 million of them living in the United States (U.S.). As the estimated U.S. population at that time was 340.7 million¹, the U.S. living Veteran population comprised approximately 5.2 percent of the total U.S. population. Also, there were an estimated 10.2 million² dependents (spouses and dependent children) of living Veterans living in the United States on September 30, 2024. Living Veterans and their dependents (spouses and dependent children), in total, comprised approximately 8.2 percent of the U.S. population on September 30, 2024.

The below pie chart depicts the proportion (in millions) of living Veterans and their dependents (spouses and dependent children) residing in the United States relative to the total estimated U.S. population on September 30, 2024.

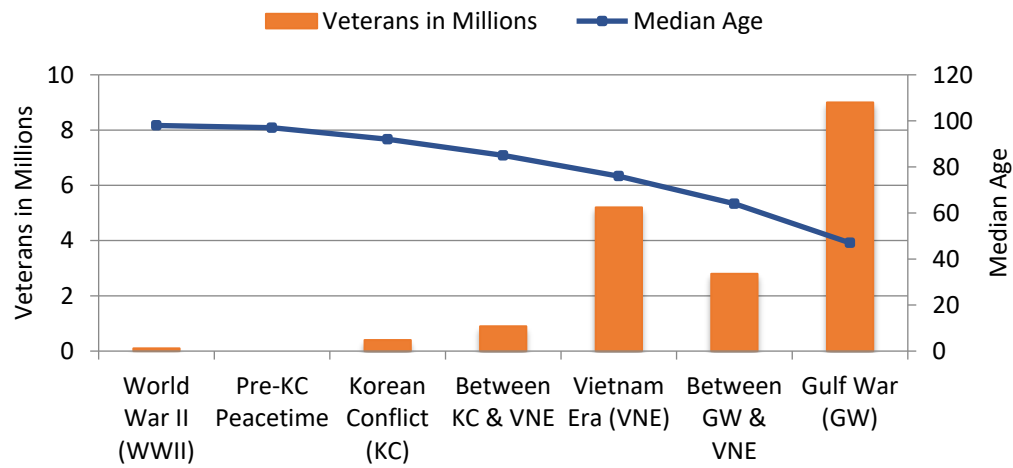
Living Veterans and Their Dependents residing in the U.S., as a proportion of the estimated U.S. Population on September 30, 2024.



¹ The United States resident population on September 30, 2024, according to <https://www.census.gov/popclock/>

² The estimated number of dependents of living Veterans is based on the 2023 ACS data and was adjusted to reflect the estimated number for 2024. This is a new approach. (Note: The previous version of number of dependents was based on the 2010 National Survey of Veterans (NSV). The number of survivors is not available.)

Estimated Number and Median Age of Veterans by Period of Service*, as of September 30, 2024



	Median Age	Veterans in Millions
World War II (WWII)	98	0.1
Pre-KC Peacetime	97	0.0
Korean Conflict (KC)	92	0.4
Between KC & VNE	85	0.9
Vietnam Era (VNE)	76	5.2
Between VNE & GW	64	2.8
Gulf War (GW)	47	9.0

* Veterans are included in all wartime periods in which they served. Therefore, period categories do NOT add to total Veteran population.
 – Veteran Population Projection Model 2023

Source



Estimates and Projections of the Veteran Population

Estimates and Projections⁽¹⁾ of the Veteran Population of the United States, Puerto Rico, US Island Areas⁽²⁾, and Foreign Countries

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
All Veterans⁽³⁾	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
Wartime Veterans⁽³⁾	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
Gulf War⁽⁴⁾	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
Vietnam Era⁽⁴⁾	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
Korean Conflict⁽⁴⁾	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
WWII⁽⁴⁾	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
Peacetime Veterans⁽⁵⁾	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

⁽¹⁾ 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.

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

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

⁽⁴⁾ This sum includes Veterans who served in multiple periods.

⁽⁵⁾ 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



Proposed Legislation Summary

DEPARTMENT ADMINISTRATION

1. Authorization to amend the timeline to reduce the use of social security numbers:

Section 237(a) of the Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2024 (Div. A of Public Law 118-42) directed VA, in consultation with the Secretary of Defense and the Secretary of Labor to “discontinue collecting and using Social Security account numbers to authenticate individuals in all information systems of the Department of Veterans Affairs for all individuals not later than September 30, 2024.” VA proposes a new deadline of September 30, 2026, for full implementation due to the scope, complexity, and permeation of Social Security number use within VA systems and business operations.

2. Authorization to allow VA to initiate the guardianship process when medically

appropriate: 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.

3. 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. 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.

4. Elimination/modification of Congressionally Mandated Reports (CMRs): This proposal would eliminate or modify 98 unnecessary, outdated, or duplicative VA Congressionally Mandated Report requirements.

NATIONAL CEMETERY ADMINISTRATION

5. Provide training opportunities to employees of VA-grant funded Veterans' cemeteries:

This proposal would provide specific authority for VA to train employees of Veterans' cemeteries operated by States and Tribal Organizations for which VA has provided grant funds under 38 U.S.C. § 2408. The proposal would ensure that VA has maximum flexibility to provide training that assists VA-grant funded Veterans' cemeteries in providing customer service that is commensurate with what VA provides at national cemeteries and maintaining NCA Operational Standards and Measures per grant requirements.

VETERANS HEALTH ADMINISTRATION

6. Authority to collect first party copayments: The provision would amend 38 U.S.C. § 1710(f)(2)(B) to make permanent VA authority to collect an amount equal to \$10 for every day VA provides hospital care for a Veteran in Priority Group 8 (and 20 percent of that amount for a Veteran in Priority Group 7) who is required to agree to pay to the United States the applicable amount determined under paragraph (2) or (4) or this subsection. The current authority expired September 30, 2024.

7. Strengthen third-party collections for non-service-connected care: This proposal would strengthen the ability of the VA to collect from third parties for non-service-connected care provided to Veterans by ensuring all payers recognize VA as a participating provider, removing barriers to timely and accurate revenue collection due to varying payer internal policies, and creating an enforcement provision to hold third parties accountable to comply with published statutes and regulations. Specifically, this proposal would prevent a health insurer or third-party payer from denying or reducing payment, absent an existing agreement between VA and any health maintenance organization, competitive medical plan, health care prepayment plan, preferred provider organization, or other similar plan, based on the grounds that VA is not a participating provider. Additionally, this proposal would remove barriers imposed by third parties for compliance with unpredictable payer policies over which VA has no control or input.

8. Make VA-DoD Medical Facility Demonstration Fund permanent: This proposal would amend § 1704, title XVII of the National Defense Authorization Act (NDAA) for Fiscal Year 2010 (Public Law 111-84; 123 Stat. 2567) to make permanent the Joint Department of Defense-Department of Veterans Affairs Medical Facility Demonstration Fund. Section 1704 established the Fund, which provides the financial resources necessary for the operation and maintenance of the Captain James A. Lovell Federal Health Care Center—a joint medical facility of the Department of Defense and Department of Veterans Affairs that is in North Chicago and Great Lakes, Illinois, and which continues to provide valuable benefits to both departments. The legislative proposal would authorize amounts to be transferred to the Fund from the Secretary of Defense and the Secretary of Veterans Affairs.

9. Provide flexibility and efficiency for collection of non-Medical Care Collections Fund (MCCF) revenue: This proposal would create authority for TRICARE collections, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) collections,

False Claims Act recoveries, and other amounts recovered through administrative processes to be deposited into the MCCF under 38 USC § 1792A.

10. Bridging Rental Assistance for Veteran Empowerment (BRAVE): As part of the Administration's effort to end Veteran homelessness, the Bridging Rental Assistance for Veteran Empowerment (BRAVE) proposal seeks legislative authority to oversee and administer rental assistance to enable VA to oversee the full spectrum of needed supports for Veterans experiencing or at-risk of homelessness, including activities to transition from the current Housing and Urban Development - VA Supportive Housing program. BRAVE will also include new pilot authorities for VA to initiate innovative activities to improve the prevention, support, treatment, long-term care or return to independence for Veterans and their families.

11. Expand Military Sexual Trauma (MST)-related care eligibility: This proposal would amend the MST treatment authority under section 1720D to expand eligibility to all former National Guard and Reserve members who served on reserve duty and who meet the current discharge requirements for eligibility for VA health care benefits under Chapter 17 of 38 U.S.C.

12. Extend Health Care for Homeless Veterans (HCHV) authority: This proposal would revise an authority that is set to expire in September 2025. 38 U.S.C. § 2031 allows VA to provide certain services to Veterans suffering from serious mental illness and Veterans who are homeless. VA has implemented the HCHV program pursuant to this authority.

13. Extend the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SPGP): The SSG Fox SPGP issued initial grant awards on September 19, 2022. As stated in section 201(j) of the Hannon Act, the authority of the Secretary to provide grants under this section shall terminate on the date that is three years after the date on which the first grant is awarded under this section, which will be September 19, 2025. This proposal seeks to: 1) extend VA's statutory authority for an additional five years (FY 2026-FY 2030); 2) allow for increased funding as may be necessary; and 3) rescind current statutory maximum award limits to open opportunities for grantees to scale outreach and service proposals to match Veteran needs within a service area.



Total Legislative Proposal Summary Table

Count	Legislative Proposal Title (\$ in thousands)	Office/ Admin	Program	Discretionary/ Mandatory	2026 ⁽¹⁾	Five-Year Total (2026-2030) ⁽¹⁾	Ten-Year Total (2026-2035) ⁽¹⁾
1	Authorization to amend the timeline to reduce the use of social security numbers	Department Administration	Office of Information & Technology	Discretionary	42,000	224,000	224,000
2	Authorization to allow VA to initiate the guardianship process when medically appropriate	Department Administration	Office of the General Counsel	Discretionary	209	1,127	2,486
3	Establish customer experience as a permanent capability VA through a Veterans Experience Office	Department Administration	Veterans Experience Office	N/App	0	0	0
4	Elimination/modification of Congressionally Mandated Reports (CMRs)	Department Administration	OCLA	N/App	0	0	0
	Department Administration Total				42,209	225,127	226,486
5	Provide training opportunities to employees of VA-grant funded Veterans' cemeteries	NCA	NCA	N/App	0	0	0
	National Cemetery Administration (NCA) Total				0	0	0
6	Authority to collect first party copayments	VHA	VHA	N/App	0	-10,044	-21,716
7	Strengthen third-party collections for non-service-connected care	VHA	VHA	Discretionary	-123,020	-670,142	-1,469,433
8	Make VA-DoD Medical Facility Demonstration Fund permanent	VHA	VHA	N/App	0	0	0
9	Provide flexibility and efficiency for collection of non-Medical Care Collections Fund (MCCF) revenue	VHA	VHA	N/App	0	0	0
10	Bridging Rental Assistance for Veteran Empowerment (BRAVE)	VHA	VHA	Discretionary	1,100,000	5,500,000	11,000,000
11	Expand Military Sexual Trauma (MST)-related care eligibility	VHA	VHA	Discretionary	2,157	21,119	61,918
				Mandatory	1,225	11,620	31,416
12	Extend Health Care for Homeless Veterans (HCHV) authority	VHA	VHA	Discretionary	189,031	1,021,361	2,311,646
				Mandatory	120,469	651,645	1,387,062
13	Extend the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SPGP)	VHA	VHA	Discretionary	68,539	363,725	363,725
		VHA	VHA	Mandatory	43,679	232,180	232,180
	Veterans Health Administration (VHA) Total				1,402,080	7,121,464	13,896,798
	Grand Total				1,444,289	7,346,591	14,123,284

¹ Five-year and ten-year totals may differ from other charts due to mathematical rounding.



Legislative Authorization of Programs

The authorizations for VA's programs are contained in title 38 of the U.S. Code. Except for 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 regarding the time and/or amount as indicated:

SEE ATTACHED EXCEL IN SUPPORTING DOCUMENTS. ONCE FINAL, PASTE IN CHAPTER.

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 BLG: David Barrans, 202.461.7666, david.barrans@va.gov HCLG: Susan Blauert, 202.461.4910, Susan.Blauert@va.gov PLG: Doris Gruntmeir, 202.461.7644, doris.gruntmeir@va.gov RPLG: Robert Davenport, 202.461.6334, robert.davenport@va.gov

CAVC LG: Mary Flynn, 202.632.6929, mary.flynn@va.gov; RLG: Kathleen Oddo, 202-297-6883, kathleen.oddo@va.gov; LGY LG: Melinda Frick, 317.916.3786, melinda.frick@va.gov



GAO Audit Reports

The reports provided in the Summary Volume are those received by the Department of Veterans Affairs (VA) during the period of October 1, 2023, through September 30, 2024.

The reports are identified by title and are presented in Government Accountability Office (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.

Table of Contents

GAO Audit Reports for FY 2024

1. VA DISABILITY BENEFITS: Actions Needed to Address Challenges Reserve Component Members Face Accessing Compensation (GAO-24-105400). Report provided to VA 10/30/2023.	VBA 01
2. SMALL BUSINESS SUBCONTRACTING: Some Contracting Officers Face Challenges Assessing Compliance with the Good Faith Standard (GAO-24-106225). Report provided to VA 11/9/2023.	OALC 02
3. VA DISABILITY BENEFITS: Board of Veterans' Appeals Should Address Gaps in Its Quality Assurance Process (GAO-24-106156). Report provided to VA 11/29/2023.	BVA 03
4. CYBERSECURITY: Federal Agencies Made Progress but Need to Fully Implement Incident Response (GAO-24-105658). Report provided to VA 12/4/2023.	OIT 04
5. ARTIFICIAL INTELLIGENCE: Agencies Have Begun Implementation but Need to Complete Key Requirements (GAO-24-105980). Report provided to VA 12/12/2023.	OIT 05
6. VA HEALTH CARE: Actions Needed to Improve Information Reported on Mobile Medical Units (GAO-24-106331). Report provided to VA 12/14/2023.	VHA 06
7. VETERANS HEALTH: VA Should Improve its Monitoring of Severe Maternal Complications and Mental Health Screenings (GAO-24-106209). Report provided to VA 1/16/2024.	VHA 07
8. HIGHER EDUCATION: VA Should Provide Additional Information to its Staff and Schools on the Rogers STEM Scholarship (GAO-24-106492). Report provided to VA 1/17/2024.	VBA 08
9. VA ACQUISITION MANAGEMENT: Oversight of Service Contracts Needing Heightened Management Attention Could be Improved (GAO-24-106312). Report provided to VA 01/25/2024.	OALC 09
10. FEDERAL SOFTWARE LICENSES: Agencies Need to Take Action to Achieve Additional Savings (GAO-24-105717). Report provided to VA 01/29/2024.	OIT 10
11. VETERANS AFFAIRS: Improvements Needed in Estimating Funding for Potential Future Health Emergencies (GAO-24-106359). Report provided to VA 02/8/2024.	VHA 11
12. VA HEALTH CARE: Opportunities Exist to Further Meet Student Veterans' Mental Health Needs (GAO-24-106620). Report provided to VA 02/15/2024.	VHA 12
13. SERVICE MEMBERS TRANSITIONING TO CIVILIAN LIFE: Agencies Can Improve Warm Handovers for Additional Assistance (GAO-24-106248). Report provided to VA 03/21/2024.	VBA/OEI 13

14. VETERANS HEALTH CARE: Improvements Needed in Patient Tracking for Non-Biological Implantable Medical Devices (GAO-24-106621). Report provided to VA 03/27/2024.	VHA 14
15. VETERANS COMMUNITY CARE PROGRAM: Additional Information on VA Statutory Appointment Timeliness Measurements is Needed (GAO-24-105308). Report provided to VA 03/28/2024.	VHA 15
16. ELECTRONIC HEALTH RECORDS: DOD Has Deployed New System but Challenges Remain (GAO-24-106187). Report provided to VA 04/18/2024.	EHRM 16
17. MILITARY HEALTH CARE: DOD and VA Could Benefit from More Information on Staff Use of Military Toxic Exposure Records (GAO-24-106423). Report provided to VA 05/23/2024.	VEO 17
18. VETERANS AFFAIRS: Actions Needed to Improve Access to Care in the U.S. Territories and Freely Associated States (GAO-24-106364). Report provided to VA 05/23/2024.	OEI/VHA 18
19. VA HEALTH CARE: Additional Assessments of Mileage Reimbursement Data and Veterans' Travel Costs Needed (GAO-24-106816). Report provided to VA 05/28/2024.	VHA 19
20. VETERANS HEALTH CARE: Opportunities Exist to Improve Assessment of Network Adequacy for Mental Health (GAO-24-106410). Report provided to VA 06/03/2024.	VHA 20
21. DOD AND VA HEALTH CARE: Actions Needed to Better Facilitate Access to Mental Health Services During Military to Civilian Transitions (GAO-24-106189). Report provided to VA 07/15/2024.	OEI 21
22. FINANCIAL MANAGEMENT SYSTEMS: VA Should Improve its Risk Response Plans (GAO-24-106858). Report provided to VA 07/23/2024.	OM 22
23. VETERANS AFFAIRS: VA Should Develop and Report an Estimate of Needed Equal Employment Opportunity Counselors (GAO-24-107553). Report provided to VA 07/30/2024.	ORMDI 23
24. VETERANS COMMUNITY CARE PROGRAM: VA Needs to Strengthen Contract Oversight (GAO-24-106390). Report provided to VA 08/21/2024	VHA 24
25. VA DISABILITY EXAMS: Improvements Needed to Strengthen Oversight of Contractors' Corrective Actions (GAO-24-107730). Report provided to VA 09/18/2024	VBA 25
26. CLOUD COMPUTING: Agencies Need to Address Key OMB Procurement Requirements (GAO-24-106137). Report provided to VA 09/20/2024	OIT 26
27. BIOMEDICAL RESEARCH: Improvements Needed to the Quality of Information About DOD and VA Contributions to Drug Development (GAO-24-107061). Report provided to VA 09/26/2024	VHA 27
28. VA ACQUISITION MANAGEMENT: Additional Actions Needed in Serving Veterans with Sleep Apnea (GAO-24-107010). Report provided to VA 09/26/2024	VHA/OALC 28



GAO Audit Reports

1. VA DISABILITY BENEFITS: Actions Needed to Address Challenges Reserve Component Members Face Accessing Compensation ([GAO-24-105400](#)). Report provided to the Department of Veterans Affairs (VA) 10/30/2023. Last update submitted 5/9/24

a. Responsible Office: Veterans Benefits Administration

b. Recommendations:

i. Recommendation 1: VA's Under Secretary for Benefits should ensure that the Veterans Benefits Administration (VBA) develops a mechanism, such as a document that lists known reliability issues with the VA-Department of Defense Identity Repository (VADIR), to better communicate to federal and non-federal users the limitations of its incomplete data, particularly the unreliable variables on military personnel records from before 1985.

1. Actions Taken: VA agreed in principle with this recommendation and has addressed it. VBA's Office of Performance Analysis & Integrity coordinated with VADIR staff by creating a one-page document for purposes of sharing with future consumers of VADIR data. This document explains the VADIR scope limitation cited in our recommendation--that VADIR data on military personnel are unreliable before 1980--and gives the reasons why. This aligns with the results of our own reliability testing of VADIR data, which found that data on military personnel were unreliable before 1980.

2. Updates on VA Actions: VBA's Office of Performance Analysis & Integrity (PA&I) coordinated with the VADIR team to obtain documentation on the data quality of U.S. Department of Defense (DoD) period of service records, to include data on what time periods may be limited by incomplete data. This information will be communicated to any customers who request period of service data in the future. VBA considers this recommendation fully implemented.

Recommendation has been closed.

3. Budget Implications: None.

- ii. Recommendation 3: The Secretary of Veterans Affairs should work with the Secretary of Defense to develop guidance such as outreach materials, brochures, or trainings, which: (1) makes Reserve component members aware of their potential eligibility for disability compensation under various duty statuses; (2) explains how reporting health conditions when they occur can affect subsequent eligibility for disability compensation; and (3) explains the importance of obtaining and maintaining sufficient documentation of duty status and medical treatment received.
1. Actions Taken: VA agreed with this recommendation. VA will ensure documentation is available that addresses all three components of the recommendation. Once finalized, they will work with DoD to provide this guidance through the interagency structure for the Transition Assistance Program. We will monitor the progress of these efforts.
 2. Updates on VA Actions: VA currently provides information in the VA Benefits and Services course about disability compensation, including establishing service connection, the types of service connection, and the potential eligibility for disability compensation for Reserve Component members. The curriculum highlights the importance of service and separation documents such as the DD Form 214, National Guard Bureau (NGB) Form 22, and NGB Form 23. Reservists can also learn about topics specific to their status in the Reserve Component Dual Payments Military Life Cycle (MLC) module, a 45-minute microlearning tool. VA will launch a Reserve National Guard Component MLC. This self-paced microlearning module will discuss the benefits and services that Reserve Component and National Guard members may be eligible for including disability compensation, education, career guidance, healthcare, home loans, life insurance and other VA benefits.

VBA is developing documentation to provide DoD to address all three components of the recommendation. VBA and DoD meet monthly to ensure coordination and effective implementation.

Recommendation is ongoing.

3. Budget Implications: None.

- iii. Recommendation 5: VA's Under Secretary for Benefits should make the guidance on reporting and documenting health conditions for the purposes

of disability compensation prominently available to Reserve component members.

1. Action Taken: VA agreed in principle with this recommendation and is committed to making this guidance available. VA stated that, while it has limited access to Reserve Component members to make guidance available to them before they transition from Reserve service, they will work with DoD to provide guidance to promote alignment and implement this recommendation (along with recommendation 3). We will monitor the progress of these efforts.
2. Updates on VA Actions: VBA and DoD are meeting monthly to promote alignment and implementation of this recommendation along with Recommendation 3.

Recommendation is ongoing.

3. Budget Implications: None.

- iv. Recommendation 12: VA's Under Secretary for Benefits should work with DoD to ensure VA claims processors have ready access to a reliable source of data verifying Reserve component members' dates of service and duty status.

1. Action Taken: Concur in principle. DoD is responsible for ensuring these data are collected by Reserve components and that these data are complete and accurate when provided to VA. However, VA will work with DoD under the existing joint Military Personnel Data Workgroup to ensure claims processors have access to all available data.
2. Updates on VA Actions: VA continues to work closely with DoD as a part of the Military Personnel Data Workgroup (MPDWG) to improve the data quality of DOD's Reserve component members' dates of service and duty status. The MPDWG routinely meets monthly and consists of member of DoD's DMDC, VA OIT and VBA's business lines. DoD will continue to work to improve its data quality. VBA will continue to assist DoD during the monthly MPDWG meetings, as well as outside of those meetings as needed.

VBA considers this recommendation fully implemented and requests closure. Pending notification from GAO on closure.

3. Budget Implications: None.

- v. Recommendation 13: VA's Under Secretary for Benefits should monitor differences in initial disability compensation claim approval rates between active and Reserve component Veterans, including trends over time, and use this information to inform whether course correction, additional interventions, or analysis are needed to address challenges facing Reserve component Veterans in accessing disability compensation.

- 1. Action Taken: Concur in principle. VBA will develop a report to monitor the approval ratings on claims for disability compensation for Reserve component Veterans in comparison to the active-duty components and solicit input from the Advisory Committee on Disability Compensation (ACDC) on the path forward for addressing any identified disparities. VA will commission a study to examine the approval ratings of claims for disability compensation among Selected Reserve (Reserve and National Guard) component Veterans in comparison to their active-duty counterparts.
- 2. Updates on VA Actions: VBA has completed its initial report comparing Selected Reserve component Veterans to their counterparts. This report includes claims data, including grant rates and award outcomes, for these individuals, stratified by component, branch of service, military rank, and several other key demographics. On March 4, 2024, VBA provided this report to DoD for initial feedback. VBA will make any necessary adjustments to this report based on feedback provided. VBA will continue to monitor this report going forward.

Recommendation is ongoing.

- 3. Budget Implications: None.

2. **SMALL BUSINESS SUBCONTRACTING: Some Contracting Officers Face Challenges Assessing Compliance with the Good Faith Standard ([GAO-24-106225](#)).** Report provided to VA 11/9/2023.

- a. Responsible Office: Acquisition, Logistics, and Construction
- b. Recommendations:
 - i. Recommendation 12: The Secretary of Veterans Affairs should periodically review data on the extent to which contractors achieve the goals and objectives of their subcontracting plans.

1. Actions Taken: VA will provide the action plan in the update to the final report for implementation of the recommendation.

Target Completion Date: December 31, 2023

2. Updates of VA Actions: **VA 180-Day Update:** On January 8, 2024, VA completed development and review of an action plan to brief VA senior leadership. This plan consisted of two major action steps: a briefing for the Deputy Secretary of Veterans Affairs, in her capacity as VA's Chief Operating Officer; and a briefing for VA's Heads of Contracting Activity (HCA) that oversee VA's procurement organizations.

The Office of Small and Disadvantaged Business Utilization (OSDBU) conducted the briefing to the Deputy Secretary on January 29, 2024, and to the HCA Collaboration Forum on February 21, 2024. The attached PowerPoint presentation documents the briefing provided for the HCAs. OSDBU examined the subcontracting data reported for fiscal years (FY) 2019-22 in VA's annual report on subcontracting provided to Congressional requesters. The report covering FY 2023 data is due September 17, 2024, and is not available yet.

Although OSDBU will include similar briefings as part of developing these Congressional reports in future years, VA leadership has now reviewed all currently reported data. VA requests closure of this recommendation as all steps identified in the action plan are complete.

Target Completion Date: April 30, 2024

VA February 2025 Update:

Please provide the revised training materials VA OSDBU developed for the recurring training for contracting officers, reviewing subcontracting performance reports and documentation that the training has been delivered to VA contracting officers.

VA OSDBU Update: Please See Attachment 2

If applicable, please also provide documentation showing where VA contracting officers can access this training on a just-in-time basis, as needed.

VA OSDBU Update: The training previously underwent a structured pilot phase to evaluate its

effectiveness, identify potential areas for improvement, and incorporate stakeholder feedback. Following the completion of this phase, necessary modifications are being made to enhance the program's content, structure, and delivery methods. Once these modifications are fully implemented and receive formal approval, the finalized training content will be made available through the VA Acquisition Academy to ensure accessibility for all relevant personnel.

3. Budget Implications: None

3. VA DISABILITY BENEFITS: Board of Veterans' Appeals Should Address Gaps in Its Quality Assurance Process ([GAO-24-106156](#)). Report provided to VA 11/29/2023.

a) Responsible Office: Board of Veterans Affairs

b) Recommendations:

i. Recommendation 1: The Chairman of the Board of Veterans' Appeals should develop written policies and procedures related to its accuracy rate measure, to require that OAI (1) involves more than one official in the calculation process; (2) documents its calculation of monthly and fiscal year accuracy rates; and (3) manages related error data.

1. Actions Taken: VA's Board of Veterans' Appeals concurred in principle with this recommendation and acknowledged that its policy specifically related to its accuracy rate measure could be improved. According to Board officials, they are drafting a more comprehensive set of written guidance and procedures. Specifically, the Board reports that it modified its quality assurance processes in January 2024 so that more than one official is involved in calculating the accuracy rate; the calculation of the accuracy rate is documented and reviewed by the Board's Budget Office; and related error data are stored both electronically and in a secure, physical location. We will consider closing this recommendation when the Board provides us with (1) a copy of its new written guidance and procedures related to its accuracy rate measure, (2) documentation related to the modifications of its quality assurance processes, including details about which officials are involved in calculating the accuracy rate, examples of the documentation of the accuracy rate, and (3) details about the storing of the error data in an electronic and physical space and the security protocols in place.

2. Updates on VA Actions:

3. Budget Implications: None.

- ii. Recommendation 2: The Chairman of the Board of Veterans' Appeals should monitor how veteran law judges choose to incorporate the feedback they receive from the case review process—including whether errors are corrected—and use this data to inform decision making related to the case review process.
 - 1. Actions Taken: VA's Board of Veterans' Appeals concurred with this recommendation and stated it has modified its internal processes to monitor whether a Veteran Law Judge (VLJ) accepts or rejects the feedback offered through the Board's quality review process. In June 2024, Board officials stated that they had implemented a policy that requires VLJs to respond in writing whether they agree with the quality review feedback and whether they are addressing the identified error. Further, officials said the error memorandum has been modified to include a section where the VLJ must document their decision regarding whether to accept the feedback. They also said they collected data that revealed that between October 2023 and April 2024 VLJs rejected the quality review feedback at a rate of 0.35 percent and that the agency will use this data to inform decision-making related to the case review process. We will consider closing this recommendation when the Board provides (1) a copy of the Board's updated policy for monitoring how VLJs choose to incorporate OAI feedback, (2) the modified error memorandum, and (3) evidence showing that the Board has implemented the monitoring procedures and are using the information gleaned from the process.
 - 2. Updates on VA Actions
 - 3. Budget Implications: None.
- iii. Recommendation 3: The Chairman of the Board of Veterans' Appeals should develop and implement an evidence-based decision-making process that includes a plan outlining how it will build evidence to assess the underlying causes for the most common errors identified by the case review process and the most common reasons for CAVC remands. The Board should use this evidence to better target its interventions and assess their results. One option is to fold the development of this process into the Board's planned evaluation.
 - 1. Actions Taken: VA's Board of Veterans' Appeals concurred in principle with this recommendation, and stated that since the release of our report, it has engaged with the Social Security Administration to discuss their use of causal "heat maps," and how the Board may design tools to better assess any need for

targeted intervention to reduce U.S. Court of Appeals for Veterans Claims (CAVC) remands. Also, they reported that the Board has been attempting to engage outside contractor assistance to help improve its historical appeals data collection, analysis, and sampling methodologies. Further, Board officials stated that it is currently creating a comprehensive database of Appeals Modernization Act decisions that identifies the number of claims that are returned to the Board by CAVC, and the specific statute, regulation, or Court precedent, that led to the remand. It is developing programming that will generate a monthly report that will be given to Veteran Law Judges highlighting their decisions that were remanded by CAVC. We will consider closing this recommendation once the Board provides us with (1) examples of the programming and monthly reports given to VLJs highlighting their decisions that were remanded by CAVC, (2) a well-defined written plan for applying an evidence-based approach to assess the underlying causes for common errors and remands, and (3) examples of how it uses evidence to better target its interventions.

2. Updates on VA Actions

3. Budget Implications: None.

- iv. Recommendation 4: The Chairman of the Board of Veterans' Appeals should study how to evaluate VLJ adjudicative decisional consistency. One option is to fold the development of this study into the Board's planned evaluation.

1. Actions Taken: The Board disagreed with this recommendation. Board officials stated that it would be inappropriate to force consistency in VLJ decisions in a way that is inconsistent with codes of judicial conduct and other standards applicable to VLJs. They stated that there will and should be variance in how legal authority is applied to the individual facts and circumstances of each case appealed to the Board. Board officials further stated that VLJs should be independent and not subject to pressure and influence. They also stated that, as part of evaluating individual VLJs' adherence to performance standards, the Board evaluates the total number of decisions each VLJ has adjudicated and the manner in which they have adjudicated them, among other things. In addition, Board officials noted that the number of decisions remanded does not demonstrate whether such remands were warranted, and that the number of CAVC remands or reversals does not necessarily correlate with

productivity, legal acumen, or even with performance. Finally, they said that the concept of "consistency" of decision-making among individual judges evaluating sets of facts and circumstances of each individual case is a difficult one to address at all levels of adjudication, not only at the Board, but also at CAVC. We acknowledge the importance of judicial independence, that some degree of variance is expected given that independence, and that variation is not necessarily an indicator of poor-quality decision-making. In addition, the Board acknowledges that consistency among VLJs in the use of appropriate legal authority is appropriate. However, without studying consistency, the Board will remain unaware of whether systemic inconsistencies in VLJ decision-making exist, and the Board will be unable to target interventions, as appropriate. We continue to believe that the results of systematic study of VLJ adjudicative decisions for consistency could provide a basis for targeting interventions, such as training, to assist VLJs. As such, this recommendation is not intended to "force" consistency in any VLJ decisions, but rather is meant to help the Board assist VLJs. Our recommendation is worded to allow the Board the necessary latitude to implement it in a way that allows for the retention of judicial independence while meeting other goals it deems appropriate.

2. Updates on VA Actions

3. Budget Implications: None.

4. CYBERSECURITY: Federal Agencies Made Progress but Need to Fully Implement Incident Response ([GAO-24-105658](#)). Report provided to VA 12/4/2023.

a) Responsible Office: Office of Information Technology

b) Recommendations:

i. Recommendation 14: The Secretary of Veterans Affairs should ensure that the agency fully implements all event logging requirements as directed by OMB guidance.

1. Actions Taken: VA concurred and stated that it will address the recommendation by prioritizing efforts to improve centralized logging of system events and telemetry for its most critical

systems, based on the supplemental guidance of Office of Management and Budget Memorandum (OMB) M-21-31 provided by the Cybersecurity Infrastructure Agency/OMB to agencies in December 2022.

2. Updates on VA Actions: VA is utilizing a risk-based approach to OMB logging requirements starting with critical, bedrock, and high value asset (HVA) systems in Fiscal Year 2025 and moving by criticality to high and moderate impact systems in Fiscal Year 2026. In addition, VA plans to deploy a capability to log external Software as a Service, Platform as a Service, and business partner systems in Fiscal Year 2026. The key milestone target dates to achieve full compliance for VA's critical, bedrock, and HVA systems are as follows:
 - Event logging (EL) level 1: May 2024 – March 2025.
 - EL2 logging: April 2025 – August 2025.
 - EL3 logging: September 2025 – December 2026.
3. Budget Implications: The investment to fund compute, storage, and instrumentation for Fiscal Year 2025 is \$39,952,432.42. The estimate to expand logging in Fiscal Year 2026 is an additional \$59 Million moving forward.

5. ARTIFICIAL INTELLIGENCE: Agencies Have Begun Implementation but Need to Complete Key Requirements ([GAO-24-105980](#)). Report provided to VA 12/12/2023.

a) Responsible Office: Office of Information Technology

b) Recommendations:

- i. Recommendation 28: The Secretary of Veterans Affairs should ensure that the department updates its AI use case inventory to include all the required information, at minimum, and takes steps to ensure that the data in the inventory aligns with provided instructions.
 1. Actions Taken: VA concurred with the recommendation. In a June 2024 update, the agency provided its AI use case inventory. We assessed the agency's 2023 AI inventory and determined that the inventory does not include all required information. We will continue to monitor the implementation of this recommendation.

2. Updates on VA Actions: VA submitted its 2024 Artificial Intelligence Use Case Inventory to the Office of Management and Budget as required on December 16, 2024. The inventory, with a subset of columns, is posted publicly. The 2024 inventory contains 227 artificial intelligence use cases. The VA artificial intelligence inventory serves as the record of artificial intelligence systems across our organization. The public inventory showcases VA's dedication to responsible innovation and transparent governance. The inventory also enables VA to track, evaluate and optimize our artificial intelligence systems while maintaining the highest standards of accountability.
3. Budget Implications: None.

6. VA HEALTH CARE: Actions Needed to Improve Information Reported on Mobile Medical Units ([GAO-24-106331](#)). Report provided to VA 12/14/2023.

a) Responsible Office: Veterans Health Administration

b) Recommendations:

- i. Recommendation 1: The Department of Veterans Affairs Under Secretary for Health should assess the reliability of the data it reports to Congress on the operations and performance of its MMUs and ensure the reliability of the data it reports.

1. Actions Taken: The VHA Office of Emergency Management (OEM) continues to improve the reliability of Mobile Medical Units (MMU) data reported to Congress, ensuring alignment with program goals and requirements. The technical review of pertinent directives is ongoing, incorporating feedback identified by key stakeholders. The updated Directive 1154 will streamline and clarify responsibilities for MMU operations, ensuring governance under the Healthcare Delivery Council. Completion of Directive 1154 is expected by fiscal year 2025 quarter 2 (FY 2025 Q2).

The Mobile Asset Utilization Working Group (MAUWG) framework was operationalized, with leadership actively participating in the discussion to identify active and ad-hoc members. These efforts aim to create standardized policies and frameworks that guide MMU discussions. Additionally, progress continues in integrating MMU data systems, with 60% of required data feeds now incorporated into Power BI dashboards. The next steps will focus on validating the accuracy of data, completing the integration of remaining data points, and refining the dashboards to support end-user decision-making effectively.

2. The Concept of Operations (ConOps) document has been updated to reflect governance structures and lifecycle management principles, ensuring alignment with Directive 1154. The ConOps is expected to be finalized by FY 2025 Q2. Finally, OEM is preparing program discussion and direction in the upcoming MAUWG meeting to continue support for VISNs and facilities in implementing the updated policies and data management strategies, with roll-out planned for FY 2025 Q4. The target completion date has been adjusted to August 2026.

3. Budget Implications: No budget implications for this recommendation.

ii. Recommendation 2: The Department of Veterans Affairs Under Secretary for Health should include contextual information on MMU operations and performance to supplement the information it provides in its report to Congress. Such information should include the types of services MMUs provide, as well as other information on operational conditions and any limitations, as appropriate.

1. Actions Taken: On November 17, 2023, Congressional Staffers from the Senate Veterans Affairs Committee traveled to Martinsburg, WV, to walk through several of VHA's mobile assets and discuss them with OEM's leadership team. OEM provided a capability overview and discussed the utilization of mobile assets. VHA OEM successfully implemented significant enhancements to the contextual information requirements for its reports to Congress.
2. The enhanced reports will now include detailed descriptions of the types of services provided by MMUs, such as primary care, mental health, and optometry, categorized by specialty. The reports are working to address limitations and emerging needs, including considerations for retrofitting MMUs to meet future demands. OEM continues to engage with Congressional Liaisons to improve reporting requirements and ensure the information provided aligns with stakeholder expectations. The target completion date has been adjusted to August 2026.

3. Budget Implications: No budget implications for this recommendation.

7. VETERANS HEALTH: VA Should Improve Its Monitoring of Severe Maternal Complications and Mental Health Screenings ([GAO-24-106209](#)). Report provided to VA 1/16/2024.

a) Responsible Office: Veterans Health Administration

b) Recommendations:

- i. Recommendation 1: The Secretary of Veterans Affairs should ensure that as OWH begins monitoring SMM on an ongoing basis, it disaggregates and reviews data on trends in SMM by veteran characteristics, such as race and ethnicity, age or whether veterans lived in a rural area.

- 1. Actions Taken: The Office of Women's Health (OWH) is receiving quarterly reports on non-transfusion, severe maternal morbidity (SMM) and transfusion inclusive SMM on schedule as of February 2024. VHA completed actions for this recommendation, which has been closed by GAO.

- 2. Budget Implications: No budget implications for this recommendation.

- ii. Recommendation 2: The Secretary of Veterans Affairs should ensure that OWH finalizes the development of and implements a systematic process to compile and review data on MCC screening of veterans for mental health conditions on an ongoing basis. This process should include data on MCCs' completion of required mental health screenings, as well as screening results.

- 1. Actions Taken: The OWH completed development of a dashboard to compile and review Electronic Health Record data on maternity care coordinator completion of required mental health screenings, as well as screening results. VHA has completed actions on this recommendation and has requested closure of this recommendation.

- 2. Budget Implications: No budget implications for this recommendation.

8. HIGHER EDUCATION: VA Should Provide Additional Information to its Staff and Schools on the Rogers STEM Scholarship ([GAO-24-106492](#)). Report provided to VA 1/17/2024.

- a) Responsible Office: Veterans Benefits Administration

- b) Recommendations:

- i. Recommendation 1: The Secretary of Veterans Affairs should clarify in its written resources for school certifying officials the role of schools in the Rogers STEM scholarship application process and the information needed from these officials.

- 1. Actions Taken: VA addressed this recommendation by adding information to the School Certifying Official handbook and

modifying the email sent to these officials to request information needed to determine veteran eligibility for the Rogers STEM scholarship. Specifically, in August 2024, VA added a new section to the handbook that explains that school officials will receive an email asking for information VA needs to determine a veteran's eligibility for the scholarship. The handbook also now describes the specific information school officials will be asked to provide. The email asking for this information has also been modified to be clearer about what information VA is asking school officials to provide.

2. Updates on VA Actions:

3. Budget Implications: None.

ii. Recommendation 2: The Secretary of Veterans Affairs should clarify the Rogers STEM scholarship eligibility requirements for clinical training programs on its website and in the School Certifying Official Handbook.

1. Actions Taken: VA agreed with this recommendation. VA updated its website and the School Certifying Official handbook to include the list of eligibility requirements for clinical training programs. The list explicitly states that the clinical training program "must not be part of a graduate degree program."

2. Updates on VA Actions:

3. Budget Implications: None.

iii. Recommendation 3: The Secretary of Veterans Affairs should develop and implement formal procedures for VA staff to examine potentially mismatched STEM and non-STEM Classification of Instructional Programs codes and majors to ensure they accurately represent a veteran's major and the correct code for that major.

1. Actions Taken: VA agreed with this recommendation. As of October 2024, VA published formal procedures for VA staff to examine potentially mismatched STEM and non-STEM Classification of Instructional Program (CIP) codes and majors. However, these procedures have contradictory instructions for VA staff. For example, it says that if the CIP code does not match the major, the program application should be denied. It also states, however, that the staff can email their manager to see if the major can be considered eligible. Allowing staff to make judgement calls based on partially correct information limits the usability of these procedures. As of December 2024, VA officials stated they would

update the application guide to correct the contradictory instructions. To close this recommendation, VA should provide evidence of these updates.

2. Updates on VA Actions:

3. Budget Implications: None.

iv. Recommendation 4: The Secretary of Veterans Affairs should update the list of majors eligible for the Rogers STEM scholarship, ensure veterans claims examiners have access to a complete list, and make this complete list publicly available.

1. Actions Taken: VA agreed with this recommendation. VA reviewed the list of majors eligible for the Rogers STEM scholarship in April 2024 but has yet to include all eligible majors for the scholarship. For example, VA's claims examiner handbook shows that VA will approve the scholarship for individuals pursuing a degree in general psychology, management information systems general, and community health science. However, these majors do not appear on VA's publicly available list of majors eligible for the scholarship. Further, we reported that VA officials will approve any major closely related to a major on the eligible list, as defined by a list developed by the Department of Education. However, not every closely related major is on the list of majors eligible for the scholarship. As of December 2024, VA officials stated that they believe adding the eligible majors would be cumbersome to complete and difficult to accurately maintain. They stated they would instead direct prospective beneficiaries to submit a request for confirmation on whether a specific program is covered by STEM scholarship benefits. We continue to believe that publishing a complete list of eligible majors would benefit beneficiaries and VA claims examiners. To close this recommendation, VA should ensure all majors they will approve for the scholarship are on the eligible major list.

2. Updates on VA Actions:

3. Budget Implications: None.

9. VA ACQUISITION MANAGEMENT: Oversight of Service Contracts Needing Heightened Management Attention Could be Improved ([GAO-24-106312](#)). Report provided to VA 01/25/2024.

a) Responsible Office: Acquisition, Logistics, and Construction

b) Recommendations:

i. Recommendation 1: The Secretary of Veterans Affairs should direct the Senior Procurement Executive to take steps to ensure that VA appropriately tracks special interest functions across product and service code changes to improve service contract inventory data completeness.

1. Actions Taken: VA agreed with this recommendation. In July 2024, VA communicated its plans to implement a number of steps to address the recommendation, including development and implementation of a service contract inventory standard operating procedure, and development of a standardized process to track special interest functions across product and service codes. VA anticipates an implementation date of February 2025.

2. Updates on VA Actions:

3. Budget Implications: None.

ii. Recommendation 2: The Secretary of Veterans Affairs should direct the Senior Procurement Executive to take steps to ensure that VA identifies additional VA-specific special interest functions to more comprehensively include those that are associated with contracts coded in government-wide databases as involving critical functions and functions closely associated with IGFs to improve the usefulness of its annual service contract inventory analysis.

1. Actions Taken: VA agreed with this recommendation. In July 2024, VA communicated its plans to implement a number of steps to address the recommendation, including development and implementation of a service contract inventory standard operating procedure, and development of guidance on business, operational, and stakeholder requirement definitions to ensure the requirements are specific and detailed enough to avoid ambiguity and prevent inappropriate delegation of IGFs. VA anticipates an implementation date of February 2025.

2. Updates on VA Actions:

3. Budget Implications: None.

- iii. Recommendation 3: The Secretary of Veterans Affairs should direct the Senior Procurement Executive to develop policies and procedures for identifying and documenting contracts involving functions needing heightened management attention and fully implement OFPP Policy Letter 11-01, including, but not limited to, establishing when use of the department-wide checklist is required and specifying the analysis needed to support completion of the checklist.
 - 1. Actions Taken: VA agreed with this recommendation. In July 2024, VA communicated its plans to implement a number of steps to address the recommendation, including development and implementation of enterprise guidance for the VA acquisition community related to improving VA compliance with OFPP Policy Letter 11-01, and development of a risk-based strategy for defining service requirements leading to potential IGF-based contracts. VA anticipates an implementation date of February 2025.
 - 2. Updates on VA Actions:
 - 3. Budget Implications: None.
- iv. Recommendation 4: The Secretary of Veterans Affairs should direct the Senior Procurement Executive to develop policies and procedures for planning and conducting oversight of contracts that involve functions needing heightened management attention, including how to provide appropriate direction to contracting officer's representatives in their designation letters, to improve employees' awareness, understanding, and fulfillment of their responsibilities under OFPP Policy Letter 11-01.
 - 1. Actions Taken: VA agreed with this recommendation. In July 2024, VA communicated its plans to implement a number of steps to address the recommendation, including development and implementation of enterprise guidance for the VA acquisition community related to improving VA compliance with OFPP Policy Letter 11-01, and development of a risk-based strategy for defining service requirements leading to potential IGF-based contracts. VA anticipates an implementation date of February 2025.
 - 2. Updates on VA Actions:
 - 3. Budget Implications: None.
- v. Recommendation 5: The Secretary of Veterans Affairs should direct the Senior Procurement Executive to update VA's methodology for conducting its annual service contract inventory analysis to prioritize contracts involving functions closely associated with IGFs and critical functions in the sample contracts

selected for review, and to conduct more meaningful analysis, to support conclusions concerning VA's oversight and management of these contracts.

1. Actions Taken: VA agreed with this recommendation. In July 2024, VA communicated its plans to implement a number of steps to address the recommendation, including development and implementation of a service contract inventory standard operating procedure, and development of guidance on business, operational, and stakeholder requirement definitions to ensure the requirements are specific and detailed enough to improve service contract inventory data. VA anticipates an implementation date of February 2025.
 2. Updates on VA Actions:
 3. Budget Implications: None.
- vi. Recommendation 6: The Secretary of Veterans Affairs should direct the Senior Procurement Executive, the heads of administration and staff office human capital functions, and the heads of contracting activities to ensure that human capital plans determine whether the acquisition workforce—including program managers and contracting officer's representatives—is of sufficient size and capability to conduct oversight of contracts involving functions that need heightened management attention, consistent with OFPP Policy Letter 11-01.
1. Actions Taken: VA agreed with this recommendation. In July 2024, VA communicated its plans to implement a number of steps to address the recommendation, including collaboration across the enterprise to ensure human capital plans to determine the sufficient size and capability for the entire acquisition community support the capacity needs for providing oversight of service contracts. VA anticipates an implementation date of February 2025.
 2. Updates on VA Actions:
 3. Budget Implications: None.

10. FEDERAL SOFTWARE LICENSES: Agencies Need to Take Action to Achieve Additional Savings ([GAO-24-105717](#)). Report provided to VA 01/29/2024.

- a) Responsible Office: Office of Information Technology
- b) Recommendations:
 - i. Recommendation 11: The Secretary of Veterans Affairs should ensure that the agency tracks software licenses that are currently in use for its widely used

licenses by, at a minimum, developing and implementing procedures for tracking license usage.

1. Actions Taken: The Department of Veterans Affairs agreed with this recommendation and stated that it will provide the detailed actions planned to address this recommendation by July 2024. When we confirm what actions the agency has taken in response to this recommendation, we will provide updated information.
 2. Updates on VA Actions: VA established an Enterprise Software Asset Management (eSAM) integrated product work group in October 2023 to address the seven phases of enterprise software asset management for the agency's enterprise license agreements. By June 30, 2025, OIT will establish a baseline inventory of all commercial off-the-shelf titles in use at VA and mature a system of record to track software usage following a phased approach, prioritizing the most widely used titles.
 3. Budget Implications: None.
- ii. Recommendation 12: The Secretary of Veterans Affairs should ensure that the agency compares the inventories of software licenses that are currently in use with information on purchased licenses to identify opportunities to reduce costs and better inform investment decision making for its widely used licenses on a regular basis. At a minimum, it should develop and implement procedures for comparing the inventories of licenses in use to purchase records.
1. Actions Taken: The Department of Veterans Affairs agreed with this recommendation and stated that it will provide the detailed actions planned to address this recommendation by July 2024. When we confirm what actions the agency has taken in response to this recommendation, we will provide updated information.
 2. Updates on VA Actions: The Office of Information and Technology has implemented governance and accountability procedures to track software entitlements in accordance with new eSAM processes for 12 of the top 15 widely used software titles. VA will continue to mature the Software Asset Management Program by refining the system of record to match purchased licenses against licenses utilized and implement centralized software ingestion to ensure software is tracked throughout its lifecycle. OIT anticipates fully implementing governance procedures to track software entitlements in accordance with new processes by June 30, 2025.
 3. Budget Implications: None.

11. VETERAN AFFAIRS: Improvements Needed in Estimating Funding for Potential Future Health Emergencies ([GAO-24-106359](#)). Report provided to VA 2/8/2024.

a) Responsible Office: Veterans Health Administration

b) Recommendations:

i. Recommendation 1: The VA Undersecretary for Health should update VHA's standard operating procedure to require documenting and sharing with internal VHA stakeholders the rationale for key decisions made when developing the EHCPM. This should include documentation of key decisions made that led from the development of the initial EHCPM scenario through the scenario ultimately used to develop the President's budget request for VA.

1. Actions Taken: VHA Office of Enrollment and Forecasting has finalized its SOP for developing Enrollee Health Care Projection Model (EHCPM) scenarios to support budget formulation, including an organizational assumption approval memo template. This memo will be utilized during the 2025 EHCPM update cycle. VHA requested closure on this recommendation.

2. Budget Implications: No budget implications for this recommendation.

ii. Recommendation 2: The VA Undersecretary for Health should enhance VA's analytical modeling capacity to better enable VHA to prepare estimates of the supplemental funding needed to address catastrophic events, such as pandemics, natural disasters, and terrorist acts.

1. Actions Taken: The Catastrophic Events Modeling (CEM) Subcommittee was chartered with the purpose of providing support regarding estimating supplemental funding needed to address catastrophic events impacting VHA. The CEM Subcommittee convened its first formal kick-off meeting on Monday, January 27, 2025. The meeting covered the purpose of the Subcommittee, reviewed membership, and identified subject matter experts to collaboratively work to meet the goals of the group. The Subcommittee membership is comprised of representatives from key offices across VHA who can identify and determine the appropriate reliance on subject matter experts to respond to specific circumstances. The Subcommittee will establish procedures to convene informal committees in the event of specific catastrophic events. The informal committees will review and evaluate appropriate models and estimate required resources. VHA has completed actions on this recommendation and has requested closure.

2. Budget Implications: No budget implications for this recommendation.

12. VA Health Care: Opportunities Exist to Further Meet Student Veteran Mental Health Needs ([GAO-24-106620](#)). Report provided to VA 2/15/2024.

a) Responsible Office: Veterans Health Administration

b) Recommendations:

i. Recommendation 1: The Department of Veterans Affairs Under Secretary for Health should communicate comprehensive information across VHA's health care systems on a regular basis about when and how to implement a Veterans Integration to Academic Leadership program. Such communication could include distributing a memorandum or guidance to health care systems.

1. Actions Taken: To enhance communication about Veterans Integration to Academic Leadership (VITAL), the Office of Mental Health provided a briefing to the Veterans Integrated Service Network (VISN) Chief Mental Health Officers (CMHOs) regarding the program, startup guidance, and where to find resources associated with VITAL programs. This was presented on the weekly VISN CMHO call, which is a standing meeting with mandatory attendance by each CMHO or their designee. A checklist for starting a VITAL program and links to relevant resources were added to the Student Veteran Community of Practice SharePoint site to provide enhanced access to those materials. VHA has completed actions on this recommendation and requested closure. GAO closed this recommendation.

2. Budget Implications: No budget implications.

13. Service Members Transitioning to Civilian Life: Agencies Can Improve Warm Handovers for Additional Assistance ([GAO-24-106248](#)). Report provided to VA 03/21/2024.

a) Responsible Office: Veterans Benefit Administration/ Office of Enterprise Integration

b) Recommendations:

i. Recommendation 1: The Secretary of Veterans Affairs should ensure the Undersecretary for Benefits, Veterans Benefits Administration coordinates with

DoD through the Transition Assistance Program interagency partnership to identify criteria and standards for the TSMRC pilot, to determine whether and how to scale the piloted approach into the overall warm handover process. (Recommendation 1)

1. Actions Taken: VA agreed with this recommendation. In August 2024, the agency reported that it completed the TSMRC pilot in June 2024 and is currently analyzing findings to develop the final assessment of the pilot program. VA said it has coordinated with DoD on the pilot and for information on its assessment of resource and budget requirements to fund TSMRC implementation at all military installations. VA set a target completion date of December 2024. To fully implement this recommendation, VA will need to identify criteria and standards for the pilot to determine whether and how to scale it into the overall warm handover process.

2. Budget Implications: None.

14. VETERANS HEALTH CARE: Improvements Needed in Patient Tracking for Non-Biological Implantable Medical Devices ([GAO-24-106621](#)). Report provided to VA 3/27/2024.

a) Responsible Office: Veterans Health Administration

b) Recommendations:

- i. Recommendation 1: The Under Secretary of Health should ensure VHA includes requirements in its policies that non-biological orthopedic implantable medical devices be effectively tracked to the patient level and ensure that VHA national level offices have access to the information from the tracking systems for oversight.

1. Actions Taken: The National Surgery Office (NSO) collaborated with field-based experts to assess existing policy for facility implant coordinators and has proposed modifications to VHA Directive 1081.02. These modifications are undergoing review by the responsible program office (Procurement and Logistics Office). An interdisciplinary Integrated Project Team (IPT) has been formally chartered outlining specific goals and objectives with target dates assigned to accomplish the necessary actions to assess and implement VHA national level office access to required tracking information for oversight.

2. Budget Implications: The NSO is not aware of any critical fiscal considerations for compliance with this report for fiscal year (FY) 2025. In anticipation of FY

2026 Presidential Budget process, a comprehensive evaluation with stakeholders from VHA is indicated.

The GAO report addresses new tracking requirements of non-biological implantable medical devices. The IPT overseeing review of the GAO report has not finalized recommendations, although clinical documentation at facilities and national reporting are anticipated to be included in proposed solutions.

Although distinct from requirements of OIG report, *Biologic Implant Purchasing, Inventory Management, and Tracking Need Improvement* (OIG 19-07053-51) for biological implants, clinical tracking of both biological and non-biological implants is most commonly supported with commercial implant tracking systems (ITS). These devices/products are used/implanted by many clinical specialists including non-surgeons in many clinical locations, ranging from operating rooms to cardiac catheterization suites to clinics.

VA has not standardized commercial ITS, although evaluation related to electronic health record modernization continues. A current inventory of facilities that utilize various ITS for surgical and non-surgical devices is not available.

Budget considerations include:

- Acquisition of Implant Tracking System via Medical Services (0160) allocation (these systems are classified by FDA as medical devices).
- VHA offices' oversight (Healthcare Technology Management) via Medical Support and Compliance (0152) allocation.
- VHA development of oversight reports for assessment of facility compliance with quality and patient safety processes for product recalls (Medical Support and Compliance (0152) allocation; possibly requiring VA OIT funding via VHA Multi-Year Program New Service Request).

- ii. Recommendation 2: The Under Secretary of Health should undertake an assessment across all clinical specialties to identify where other gaps exist in its ability to effectively track non-biological implantable medical devices to individual patients and take actions to address any identified gaps. Such actions should include ensuring appropriate policies are in place, requiring the use of data systems for tracking, and ensuring that VHA national level officials have access to the information from the tracking systems for oversight. Actions may also include identifying one program office with ultimate responsibility for implantable medical device oversight at the national level, which could be one of the national offices such as NCPS or an interdisciplinary team such as VHA's Biological Implant Tracking Integrated Project Team.

- 1. Actions Taken: Clinical Services has chartered an IPT which will include responsibilities to complete a survey of national program offices that have equity for oversight of non-biological implant device tracking. A tentative listing of responsible program offices has been developed and will be reviewed and confirmed by the IPT. Additional actions will be determined following survey by the IPT of available national data sources.

2. Budget Implications: The NSO is not aware of any critical fiscal considerations for compliance with this report for FY 2025. In anticipation of FY 2026 Presidential Budget process, a comprehensive evaluation with stakeholders from VHA is indicated.

The GAO report addresses new tracking requirements of non-biological implantable medical devices. The IPT overseeing review of the GAO report has not finalized recommendations, although clinical documentation at facilities and national reporting are anticipated to be included in proposed solutions.

Although distinct from requirements of OIG report, *Biologic Implant Purchasing, Inventory Management, and Tracking Need Improvement* (OIG 19-07053-51) for biological implants, clinical tracking of both biological and non-biological implants is most commonly supported with commercial implant tracking systems (ITS). These devices/products are used/implanted by many clinical specialists including non-surgeons in many clinical locations, ranging from operating rooms to cardiac catheterization suites to clinics.

VA has not standardized commercial ITS, although evaluation related to electronic health record modernization continues. A current inventory of facilities that utilize various ITS for surgical and non-surgical devices is not available.

Budget considerations include:

- Acquisition of Implant Tracking System via Medical Services (0160) allocation (these systems are classified by FDA as medical devices).
- VHA offices' oversight (Healthcare Technology Management) via Medical Support and Compliance (0152) allocation.
- VHA development of oversight reports for assessment of facility compliance with quality and patient safety processes for product recalls (Medical Support and Compliance (0152) allocation; possibly requiring VA OIT funding via VHA Multi-Year Program New Service Request).

15. Veterans Community Care Program: Additional Information on VA Statutory Appointment Timeliness Measurements Is Needed ([GAO-24-105308](#)). Report provided to VA 3/28/2024.

a) Responsible Office: Veterans Health Administration

b) Recommendations:

- i. Recommendation 1: The Secretary of VA should ensure VA engages with congressional oversight committees on its limitations in collecting data on referral acceptance dates to determine any potential refinements to the Isakson-Roe Act requirements or seek legislative relief as appropriate.

1. **Actions Taken:** IVC informed the Congressional Oversight Committee of its limitations and challenges associated with collecting data on referral acceptance dates via our Congressionally Mandated Report: Administration of Non-Department of Veterans Affairs Health Care - Measurement of Timeliness and the bi-weekly updates to the community care appointment scheduling timeliness measurements. IVC thoroughly reviewed pertinent processes and data related to referral acceptance dates from community providers in the HealthShare Referral Manager (HSRM) system. Scheduling and obtaining care are not contingent on the collection of referral acceptance dates and VHA's community care contract does not mandate that community providers supply the date the referral is accepted in the HSRM platform. IVC determined that the acceptance date of a referral is not pertinent to care delivery, and VHA cannot rely on it as a meaningful data point. Therefore, there is no need to track the referral acceptance date. IVC currently captures the date the appointment is made/first scheduled and when the initial appointment occurred, as these data points reflect timeliness measurements for Veteran care. After carefully considering the review findings, IVC has concluded that it is not necessary to seek legislative relief as IVC cannot develop an alternative legislative proposal without considering the impacts of negotiations and contract modifications with its Third Party Administrators, which would affect the success of such a proposal. IVC considers its actions on this recommendation complete and has requested closure.
 2. **Budget Implications:** No budget implications for this recommendation.
- ii. **Recommendation 2:** The Secretary of VA should ensure that VA disclose, to any users of its Isakson-Roe Act bi-weekly updates to the community care appointment scheduling timeliness measurements, the quantity of referrals used to generate each measurement.
1. **Actions Taken:** IVC has included the volume of referrals used to generate each measurement in the bi-weekly updates it provides beginning with the report from February 2024. IVC changed the data to include a count of referrals used to generate each measurement, which is under a column header labeled "Volume." IVC continues to provide this data with the bi-weekly updates and considers its actions on this recommendation complete. VHA has requested closure of this recommendation.
 2. **Budget Implications:** No budget implications for this recommendation.

16. ELECTRONIC HEALTH RECORDS: DoD Has Deployed New System but Challenges Remain ([GAO-24-106187](#)). Report provided to VA 04/18/2024.

- a) **Responsible Office:** Electronic Health Records Modernization

b) Recommendations:

- i. Recommendation 1: The Secretary of Veterans Affairs should direct the Federal EHR Modernization Office to identify and address specific barriers to maximizing integration at the FHCC, consistent with the FHCC executive agreement.
1. Actions Taken: The Federal Electronic Health Record Modernization Program Office (FEHRM), together with the Department of Veterans Affairs (VA) and the Department of Defense (DoD), played a key role in the successful deployment of the single, common federal EHR at the Captain James A. Lovell FHCC on March 9, 2024. This was an important step – Lovell FHCC marked the final deployment of the Federal EHR for DoD, and VA's first deployment at a larger, more complex Level 1 health care facility. It is VA's sixth deployment of the Federal EHR.

The results at Lovell FHCC have been promising. As of October 1, 2024, there had been no critical patient safety incidents reported at Lovell FHCC and the facility had maintained 100% capacity for the emergency room and inpatient mental health throughout the entire deployment. The initial success of the Lovell FHCC deployment was built on lessons learned across DoD and the five previous VA deployments, as well as improvements implemented during VA's Reset efforts to date. One particular improvement is the impact that an increase in personnel at the facility has made, including increased at-the-elbow presence for training. This level of supplemental support was not available for the first five VA deployments, in part due to the pandemic. Throughout the Lovell FHCC go-live, DoD Super Users from the "Pay It Forward" program and VA Super Users from the National EHRM Supplemental Staffing Unit cross-worked daily with VA and DoD end users at the facility to enhance the effectiveness of the go-live. With the supplemental support in place, the ticket management closure rate and time to close was significantly better than many other VA and DoD deployments and demonstrated that efficiently adjudicating such changes is critical.

The effort to maximize integration at Lovell FHCC is underway. In accordance with GAO's recommendation and consistent with the FHCC executive agreement, the FEHRM, in collaboration with the Departments, is now engaged in identifying and addressing specific legal, regulatory, and/or policy barriers that preclude convergence on selected topics identified in the Enterprise Requirements Adjudication Summary Report (see the attachment). The FEHRM also plans on identifying and addressing resource constraints that are barriers to convergence on selected convergence topics. This task is anticipated to be completed by the end of Fiscal Year (FY) 2026.

The unique barriers and challenges of this deployment were largely due to the facility's status as a joint VA and DoD site, but the success of the Lovell FHCC go-live can now be used as example of why a Federal EHR can be

valuable from a perspective of interoperability, standardization, resource sharing, and more.

2. Budget Implications: None.

- ii. Recommendation 2: As of September 2024, we have not received an update from VA on actions taken to address this recommendation. When we confirm what action the agency has taken in response to this recommendation, we will provide updated information.

1. Actions Taken:

2. Budget Implications: None.

17. MILITARY HEALTH CARE: DOD and VA Could Benefit from More Information on Staff Use of Military Toxic Exposure Records ([GAO-24-106423](#)). Report provided to VA 05/23/2024.

a) Responsible Office: Veterans Experience Office

b) Recommendations:

- i. Recommendation 3: The VA Under Secretary for Health should ensure that the Deployment Health Work Group establishes goals with performance measures on the extent of ILER use by types of staff and purpose within DoD and VA.

1. Actions Taken: In November, GAO was updated that the Technical and Functional (T&F) Work Group (WG) would be the lead for this recommendation. However, it was identified after an initial data pull that the Education, Training, Outreach and Policy (ETOP) WG would be better aligned to perform a policy scan across VA and DoD to facilitate the development of goals and performance measures for use of ILER by types of staff and purpose. The ETOP WG collaborates regularly with the T&FWG and others within the ILER Business Line (BL), providing regular updates on the progress of their POAMM to the BL co-leads. Quarterly updates are provided to the VA/DoD Health Executive Committee (HEC).

2. Budget Implications: None.

- ii. Recommendation 4: The VA Under Secretary for Health should ensure that the Deployment Health Work Group or other relevant entities, such as the ILER Steering Group, use the data collected for the goals' performance measures to inform management decisions, including outreach, training, or other efforts that support the appropriate use of ILER.

1. **Actions Taken:** The ETOP WG has created a Plan of Action Milestone and Metric (POAMM) with an aim to increase ILER system utilization satisfaction score by ILER system participants within 12 months of the Web Portal Launch. Key milestones include defining the scope and objectives for ILER education, outreach, and training, through conducting a comprehensive stakeholder analysis, and the development of educational and training materials with schedules for regular updates and validation by subject matter experts. An outreach campaign is scheduled to be launched by the end of calendar year 2025, utilizing email and social media platforms to raise awareness and organize ILER events and webinars. Ongoing support and engagement will continue past the initial target date completion of Recommendation 4 to ensure the ILER remains effective and user-friendly.
2. Quarterly updates are provided to the BL co-leads and the VA/DoD HEC.
3. Budget Implications: None.

18. VETERANS AFFAIRS: Actions Needed to Improve Access to Care in the U.S. Territories and Freely Associated States ([GAO-24-106364](#)). Report provided to VA 5/23/2024.

- a) Responsible Office: Veterans Health Administration
- b) Recommendations:
 - i. Recommendation 2: The VA Under Secretary for Health should clearly communicate in writing appropriate uses for the new capabilities within its VHA Support Service Center databases to generate utilization and timeliness of care data by veteran location.
 1. **Actions Taken:** The Veterans Support Service Center (VSSC) supports the Appointments Cube that provides aggregate views of facility wait times and differences between the patient location and the site of care. Patient detail reports are also available that provide the capability to track appointments for Veterans in the Freely Associated States by county. The data definitions for this cube have been updated to document the availability and proper use of the reports for the Freely Associated States. Training on the use of these reports was provided to Veterans Integrated Services Network (VISN) 21 staff by the VSSC and the Office of Integrated Veteran Care on September 3, 2024, and

October 22, 2024. VHA has completed actions on this recommendation and requested closure.

2. Budget Implications: No budget implications for this recommendation.
-
- ii. Recommendation 3: The Secretary of VA should assess whether it is feasible and advisable to expand travel reimbursement eligibility for any condition among service-connected disabled, veterans in the U.S. territories, and as appropriate or consistent with that analysis, amend its regulations to do so.
 1. Actions Taken: Beneficiary Travel (BT) benefits for Veterans living in US Territories is commensurate with travel benefits for Veterans residing in the United States. Public Law 118-42, Consolidated Appropriations Act of 2024, provided discretionary authority for BT in Freely Associated States (FAS). Veterans Transportation Program (VTP) continues to evaluate the feasibility and scope of expansion of travel reimbursement to and from care associated with Veterans in the FAS to include travel reimbursement for any condition among service-connected Veterans. An Integrated Project Team (IPT) that includes VA's Office of Regulations, Appeals and Policy, Office of General Counsel, Veterans Integrated Service Network and Veterans Affairs Medical Center leadership, and VTP has been established to assess BT expansion and provide recommendations for BT eligibility and transportation authorized in the FAS.
 2. Budget Implications: No budget implications for this recommendation.
 - iii. Recommendation 4: The Secretary of VA should ensure that the Director of VAPIHCS, in collaboration with DOD, identify and implement additional opportunities to share resources and solutions to address shared challenges affecting the implementation of their resource sharing agreements in the Pacific.
 1. Actions Taken: VA Pacific Islands Health Care System (VAPIHCS) has had numerous collaborations with DoD in this market to include mental health inpatient cooperation, Palliative care partnership, sterile processing partnership and embedding VA Administrative Officer of the day within the DoD emergency room. There have also been several proposed sharing arrangements that would have an impact on both patient populations. In order to continue the work of partnering and collaboration, VHA is currently planning for a VHA/DoD summit in quarter 3 or 4 of fiscal year 2025. This will help in identifying future opportunities. Joint Venture workgroups continue to meet on a regular basis and report up to Joint Executive Leaders quarterly. VAPIHCS leadership is poised and actively seeking opportunities

for expanded partnership to care for Veterans and active duty through mutually beneficial resource sharing.

2. Budget Implications: No budget implications for this recommendation.

iv. Recommendation 5: The VA Under Secretary for Health, in coordination with the Executive Directors of the VA Office of Procurement, Acquisition, and Logistics and the VHA Procurement and Logistics Office, should clarify in writing the appropriate processes, in line with VHA's Supply Chain Management Operations Directive, for VA Caribbean Healthcare System officials to communicate challenges receiving medical services or devices.

1. Actions Taken: On September 17, 2024, VHA distributed a memorandum reminding facilities and VISNs that they must follow the guidance for supply chain management (SCM) and contracting contained in VHA Directive 1761, Supply Chain Management, dated December 30, 2020. The memorandum reminded the field that "per VHA Directive 1761 5.h., the VISN Chief Logistics Officer is the local focal point on all topics related to SCM and must be contacted when there is a national contract issue, such as the inability to lease scopes or obtain remote monitoring services for cardiac devices. The VISN and facility may bring up any concerns to the VISN Equipment Committee, which consists of subject matter experts whose responsibility is to assist with SCM matters. If contract issues cannot be solved at a VISN level, the VHA Logistics Office should be contacted to assist the VISN and facility. If the VHA logistics Office cannot provide a solution, then the VA Strategic Acquisition Center will work with the facility, VISN, and VHA Logistics Office to resolve any issues. VHA completed actions on this recommendation and requested closure.

2. Budget Implications: No budget implications for this recommendation.

19. VA Health Care: Additional Assessments of Mileage Reimbursement Data and Veterans' Travel Cost Needed ([GAO-24-106816](#)). Report provided to VA 5/28/2024.

a) Responsible Office: Veterans Health Administration

b) Recommendations:

i. Recommendation 1: The Under Secretary for Health should collect and assess information on subpopulation of veterans' use of the mileage reimbursement benefit and identify options, as appropriate, to help improve access to care for underserved veterans.

1. **Actions Taken:** The Veteran's Transportation Program (VTP) requested Beneficiary Travel Self-Service Portal priority group data elements be incorporated within Customer Experience Insight and Pyramid to allow for reporting and assessment capabilities. Data is expected to be incorporated by February 2025. Once the needed data is available, VTP, with the assistance of Veterans Experience Office (VEO), will assess information on subpopulation of veterans' use of the mileage reimbursement benefit and identify potential improvement options. The target completion date has been extended to June 2025 to accommodate the assessment.
 2. **Budget Implications:** No budget implications at this time.
- ii. **Recommendation 2:** The Under Secretary for Health should collect additional information on veterans' travel costs and assess costs by demographic, or other subpopulations to inform evidence-based decisions about transportation programs' resources. This additional information could include fuel costs and the cost of vehicle maintenance, accessories, parts, and tires.
1. **Actions Taken:** VTP continues to compile the data necessary to support comparisons between the IRS and GSA mileage reimbursement rates. Outcomes from the analysis will be presented to VA Leadership for consideration of future legislative proposals.
 2. **Budget Implications:** No budget implications at this time.
- iii. **Recommendation 3:** The Under Secretary for Health should finalize and implement an outreach plan for improving veterans' awareness of aspects of the mileage reimbursement benefit. The plan should include outcome-oriented performance measures and appropriate communication methods, based on factors such as the intended audience.
1. **Actions Taken:** VTP, in partnership with the VEO, is in the process of updating outreach surveys to better track and engage Veteran feedback. Enhanced survey efforts are on track for February deployment. VTP has also established a quarterly roundtable with the Veterans Service Organizations (VSOs) to improve awareness and feedback. The most recent VTP-VSO roundtable was held in January 2025.
 2. **Budget Implications:** No budget implications at this time.
- iv. **Recommendation 4:** The Under Secretary for Health should evaluate the effectiveness of the outreach plan for improving veterans' awareness of the

benefit, and revise communication methods as appropriate.
(Recommendation 4)

1. Actions Taken: The effectiveness of the outreach plan evaluation will happen after implementing the survey completion in February, as noted in the Recommendation 3 update.
2. Budget Implications: No budget implications at this time.

20. Veterans Health Care: Opportunities Exist to Improve Assessment of Network Adequacy for Mental Health ([GAO-24-106410](#)). Report provided to VA 6/3/2024.

a) Responsible Office: Veterans Health Administration

b) Recommendations:

- i. Recommendation 1: The Under Secretary for Health should assess the risks associated with VA's methodology for calculating specialty care network adequacy and revise its approach accordingly.
 1. Actions Taken: IVC is currently assessing the methodology for specialty care network adequacy calculations, which includes a thorough evaluation of current contract requirements. IVC has undertaken comprehensive pre-solicitation activities, including the development of a detailed operational plan to ensure that third-party administrators develop, implement, and maintain an adequate network for each VA facility. IVC has set a target date for the ongoing assessment of specialty care network adequacy calculations, aligned with the current pre-solicitation activities for the Community Care Network Next Generation contract.
 2. Budget Implications: No budget implications for this recommendation.
- ii. Recommendation 2: The Undersecretary for Health should ensure that VA facility staff systematically capture the reasons for community care appointment scheduling challenges and use this information to help address those challenges.
 1. Actions Taken: As explained in the audit exit briefing, GAO's request for a systemic approach of requiring VA facility staff to capture a reason when they encounter scheduling delays or are unable to schedule an appointment is not a viable solution due to the increased administrative workload on VA staff. VA is aware that in many cases, scheduling delays are due to an inability to locate

a provider, delays in responses from community providers, lengthy records review, and acceptance periods from community providers. As an alternative to placing additional burden on staff, VA presented the following actions currently in place to capture community care appointment scheduling challenges. IVC has completed onsite and virtual site engagement reviews at 15 facilities across 6 Veterans Integrated Services Networks (VISNs) during fiscal year 2024, which allowed IVC to assist VISNs and VA Medical Centers (VAMCs) in identifying and implementing strategies to address barriers to scheduling timeliness. IVC adopted a collaborative model to enhance internal and community care scheduling operations across facilities nationwide. IVC Network Adequacy (NA) worked with each facility to ensure they had the tools needed to identify potential network adequacy barriers. IVC NA developed a comprehensive SharePoint and training guides for VAMC staff on VA's reporting system for network adequacy. IVC also developed a ticketing system for facility staff to document recurring CCN network access issues. VA has addressed the underlying causes of this recommendation and requested closure.

2. Budget Implications: No budget implications for this recommendation.

21. DOD AND VA HEALTH CARE: Actions Needed to Better Facilitate Access to Mental Health Services During Military to Civilian Transitions ([GAO-24-106189](#)).
Report provided to VA 07/15/2024.

a) Responsible Office: Office of Enterprise Integration

b) Recommendations:

- i. Recommendation 5: The DoD-VA Joint Executive Committee should assess the effectiveness of DoD and VA programs and processes overall in facilitating access to mental health services across the transition continuum, and recommend any needed changes to DoD and VA, including changes to address any identified gaps or unnecessary duplication or overlap. Target Completion Date: December 31, 2025

1. Actions Taken: **VA 6/07/2024 Response to Draft Report:**
Concur. The Department of Defense (DoD)-Department of Veterans Affairs (VA) Joint Executive Committee (JEC) is the appropriate governing body to assess the effectiveness of mental health services across the transition continuum. The JEC will ensure the proper executive subcommittees are coordinated and establish plans of action, milestones, and metrics to identify gaps or duplicative efforts. Mental health services during this difficult

transition from military to civilian life are critical and will be highlighted in the upcoming JEC Co-Chair Annual Priority Guidance Memorandum and the JEC Joint Operating Plan. Target Completion Date: November 30, 2024

Additional Action: **VA 10/18/2024 180-Day Update:** Access to mental health services during the transition period continues to be a priority for VA and DoD as evidenced by the Transition Experience for Service members and Veterans priority in the FY25 Joint Executive Committee (JEC) Co-Chair Priority Guidance Memorandum. The Transition Experience for Service members and Veterans priority for FY 2025 will identify and refine mental health touchpoints along the transition continuum and evaluate effectiveness of the connection through referral and warm handover processes to resources and tools that connect to mental health services during the 365-day pre/post separation timeframes. This refocused priority enables the JEC to assess the VA and DoD transition efforts as all have the primary purpose of improving the transition process. The JEC's Transition Executive Committee (TEC) is collaborating with the Health Executive Committee (HEC) to establish a plan of action, milestones, and metrics (POAMM) for inclusion in the Joint Operating Plan to assess the effectiveness of mental health services across the transition continuum and identify gaps or redundancies in services. Due to complexities of developing the plan of action and executing the analysis to generate recommendations, the target completion date of this recommendation is adjusted. Target Completion Date: December 31, 2025.

2. Budget Implications: None.

22. FINANCIAL MANAGEMENT SYSTEMS: VA Should Improve its Risk Response Plans ([GAO-24-106858](#)). Report provided to VA 07/23/2024.

a) Responsible Office: Office of Management

b) Recommendations:

ii. Recommendation 5: The VA Secretary should direct the FMBT Deputy Assistant Secretary to work with the Office of Enterprise Integration to ensure

that responsible risk owners develop integration risk response plans that contain detailed and specific mitigation actions.

1. **Actions Taken:** In its comments on our draft report, VA agreed with this recommendation and cited actions it will take to address it. We will follow-up with VA on actions to address this recommendation.
2. **Additional Action:**
3. **Budget Implications:** None.

23. GAO Follow-up to VA’s Recommendation Status Update for Veterans Affairs: VA Should Develop and Report an Estimate of Needed Equal Employment Opportunity Counselors ([GAO-24-107553](#)) Report provided to VA 07/30/2024.

- a) **Responsible Office:**
- b) **Recommendations:**

- i. **Relevant GAO Recommendation:** The Secretary of VA should ensure that the Office of Resolution Management develops and uses a sound methodology to estimate how many EEO counselors it needs to manage its EEO program efficiently and successfully and report this information to Congress. As part of this process, VA could work with EEOC to determine the best method for developing such an estimate. (Recommendation 1).

1. **Actions Taken: Follow-up Questions**

- Is the document provided the full assessment or just a summary report? If there is a larger report with more details on methodology, please provide a copy.

2. **Updates:**

VA March 2025 Update: The report provided to GAO on December 27, 2024, is the only report.

- The staffing model document provided includes recommendations to address issues with data and information that affected the ability to make an accurate assessment, including:

- variances between ORM’s internal working document and HRSmart that made it impossible to accurately assess gaps between funded and active positions.
 - **Question:** How, if at all, were these limitations addressed to help ensure the estimate for EEO Counselors that was developed was as sound?

VA March 2025 Update: Although the staffing model developed was limited to ORM employees that support EEO complaints processing, the workload was regressed against the greater VA employee population to determine manpower requirements.

The Congressional counselor cap has resulted in ORM’s funded positions from being filled to support the VA’s Veterans and caregivers. Removal of the counselor cap would enable ORM to fill the active/funded positions and update HRSmart to reflect accurate data. The active counselor positions in HRSmart are those that are “frozen” due to the counselor cap.

- Initial mapping of VA’s employees, by station, to their servicing District provided by ORM did not appear to include the National Cemetery Administration, Office of Information Technology, Central Offices, or Staff Offices.
 - **Question:** Were these offices included in the estimate? If not, how did the estimate account for this limitation?

VA March 2025 Update: The staffing model recommendation was to adopt the mapping used by VA Manpower Management Services (MMS). VA ORM processes VA employee EEO complaints including the National Cemetery Administration, Office of Information Technology, Central Offices, and Staff offices. The staffing model tool projects the minimum number of full-time employees required to meet the demand of all VA employees using EEO counselor services.

- Has VA implemented the recommendations from the staffing model assessment to improve underlying information used to estimate staffing needs?

VA March 2025 Update: Yes, ORM has implemented two of the MMS recommendations.

- ii. Recommendation #1 – “This same mapping should be used for the alignment of the EEO program managers (liaisons) to facilitate coordination with EEO.”

ORM is using the same methodology as the basis of realigning all ORM EEO Program Managers/EEO Assistants to the districts. This will include OIT, NCA, VBA, and VHA realignment, scheduled for second quarter of Fiscal Year 2025.

iii. Recommendation #2 – The methodology/mapping was also used to realign government employees within the ORM Investigations and Contract Team (OICT) performing investigative functions within the regions to close gaps in service. OICT’s mission, function, and tasks were updated to include contract management for investigative support to the districts.

- GAO’s recommendation also included that a provision for VA to report the developed estimate to Congress. Has VA provided the estimate to Congress? If so, please provide supporting documentation (e.g., an email with documentation of the needed resources).

VA March 2025 Update: ORM’s approved appropriation funds the needed counselor resources when the cap is removed. ORM has not provided the estimate to Congress as more clarification is needed on the provision.

3. Budget Implications:

24. Veterans Community Care Program: VA Needs to Strengthen Contract Oversight ([GAO-24-106390](#)). Report provided to VA 8/21/2024.

a) Responsible Office: Veterans Health Administration

b) Recommendations:

- i. Recommendation 1: The Secretary of VA should ensure that the Assistant Under Secretary for Health for IVC establishes a complete set of documentation for oversight of the Community Care contracts, including documentation of clear and complete procedures and the identification of roles and responsibilities.
1. Actions Taken: IVC conducted a comprehensive review of all desk procedures currently published on our Knowledge Management System (KMS) platform, whose processes involved a Business Owner. Each document was reviewed to ensure processes were clear and well-defined for contract oversight, and the documentation was updated accordingly. Updates to the desk procedures and

standard operating procedures (SOPs) will be published to KMS. The target completion date has been extended to June 2025 to allow for additional discussions around contract oversight, finalization of documentation of evidence, and publication of desk procedures and SOPs to KMS.

2. Budget Implications: No budget implications for this recommendation.

ii. Recommendation 2: The Secretary of VA should ensure that the Assistant Under Secretary for Health for IVC assesses whether the oversight and reporting responsibilities of the program manager position outlined in the Quality Assurance Surveillance Plans are being effectively fulfilled by current processes and, if not, updates the plans as appropriate.

1. Actions Taken: IVC has conducted interviews and reviewed documentation to determine if the oversight and reporting responsibilities outlined in the Quality Assurance Surveillance Plan (QASP) are being captured through alternative processes. IVC identified relevant Program Manager subject matter experts (SMEs) for the four specific sections in the QASP and asked them to review the QASP requirements and determine if the work was currently being executed, and by what means. The target completion date has been extended to June 2025 to allow for the review of SME findings.

2. Budget Implications: No budget implications for this recommendation.

iii. Recommendation 3: The Secretary of VA should ensure that the Assistant Under Secretary for Health for IVC develops a formal lessons learned process, consistent with leading practices, for the Community Care contracts to inform VA's plans for the next set of contracts and its continuing oversight efforts. (Recommendation 3)

1. Actions Taken: IVC is currently reviewing the Lessons Learned process and identifying areas for improvement. IVC plans to develop a formal lessons-learned SOP to assist in future lessons learned processes.

2. Budget Implications: No budget implications for this recommendation.

25. VA DISABILITY EXAMS: Improvements Needed to Strengthen Oversight of Contractors' Corrective Actions ([GAO-24-107730](#)). Report provided to VA 09/18/2024. Last update submitted 2/14/25.

a) Responsible Office: Veterans Benefits Administration

b) Recommendations:

- i. Recommendation 1: The Under Secretary for Benefits should improve the clarity and completeness of its procedures for reviewing contractors' quality action plans, including steps for Medical Disability Examinations Office (MDEO) to routinely (a) verify that contractors have completed the corrective actions in their quality action plans and (b) determine the extent to which these actions help improve exam quality.

1. Actions Taken: VA concurred in principle with this recommendation. VA noted that the Veterans Benefits Administration (VBA) is currently developing a plan to use the error trend data and assess vendors' completion of action plans that will subsequently determine the impact on contractual vendor quality. At that time, VBA will be able to review the third iteration findings and assess if completed actions provided by contractual vendors led to process improvements and had an overall improvement on vendor quality. We will monitor the progress and completion of these efforts. Recommendation is ongoing.
2. Additional Action: Vendors are required to routinely submit their quality action plans to the MDEO for review and assessment of their effectiveness per the addendum to Section 4.4.1, Disability Benefit Questionnaire (DBQ) Quality Findings Report, of the Performance Work Statement. VBA assessed the completed vendor action plans over three iterations for FY24 and determined the impact on contractual vendor quality (see Attachment A). With each iteration, vendors demonstrated efforts to improve quality using the Error Citation Reports provided by MDEO, the use of new technology, staff training and/or the creation of workgroups.

Pending update from GAO on closure request.

3. Budget Implications: None.

26. AGENCIES NEED TO ADDRESS KEY OMB PROCUREMENT REQUIREMENTS ([GAO-24-106137](#)). Report provided to VA 09/10/2024

- a) Responsible Office: Office of Information Technology

b) Recommendations:

- i. Recommendation 25: The Secretary of Veterans Affairs should ensure that the CIO of VA updates guidance to put a SLA in place with every vendor when a cloud solution is deployed. The guidance should include language that addresses OMB's required elements for SLAs, including: continuous awareness of the confidentiality, integrity, and availability of its assets; a detailed description of roles and responsibilities; and clear performance metrics. (Recommendation 25)
 1. Actions Taken: The Department of Veterans Affairs (VA) has not yet taken any actions to implement our recommendation. We will continue to monitor VA's progress in implementing this recommendation.
 2. Additional Action: VA provided evidence that VA's existing policies and implementation of cloud service procurement fully address GAO's recommendation and OMB's Cloud Smart Procurement requirements. In alignment with Federal Information Security Modernization Act standards and Federal Risk and Authorization Management Program requirements, all cloud service providers enter the continuous monitoring workflows following an authority to operate decision.
 3. Budget Implications: None.
- ii. Recommendation 26: The Secretary of Veterans Affairs should ensure that the CIO of VA develops guidance regarding standardizing cloud SLAs. (Recommendation 26)
 1. Actions Taken: The Department of Veterans Affairs (VA) has not yet taken any actions to implement our recommendation. We will continue to monitor VA's progress in implementing this recommendation.
 2. Additional Action: VA provided evidence that VA's existing policies and implementation of cloud service procurement fully address GAO's recommendation and OMB's Cloud Smart Procurement requirements. VA complies with the requirement regarding standardizing cloud SLAs through VA's risk authority guidance, VA Handbook 6500, Risk Management Framework for VA Information Systems, and VA Handbook 6500.6, Contract Security.
 3. Budget Implications: None.

iii. Recommendation 27: The Secretary of Veterans Affairs should ensure that the CIO of VA develops guidance to require that contracts affecting the agency's HVAs that are managed and operated in the cloud include language that provides the agency with continuous visibility of the asset. (Recommendation 27)

1. Actions Taken: The Department of Veterans Affairs (VA) has not yet taken any actions to implement our recommendation. We will continue to monitor VA's progress in implementing this recommendation.
2. Additional Action: VA provided evidence that VA's existing policies and implementation of cloud service procurement fully address GAO's recommendation and OMB's Cloud Smart Procurement requirements. VA has incorporated explicit language in contracts and appendices to encompass the requisite security and privacy stipulations that are directly linked to the Federal Acquisition Regulation.
3. Budget Implications: None.

iv. Recommendation 28: The Secretary of Veterans Affairs should ensure that the CIO of VA updates its existing contracts for HVAs that are managed and operated in the cloud to meet OMB's requirement once guidance from the CIO Council is available on language that provides the agency with continuous visibility of the asset. If modifying the existing contract is not practical, the agency should incorporate language into the contract that will meet OMB's requirement upon option exercise or issuance of a new award. (Recommendation 28)

1. Actions Taken: The Department of Veterans Affairs (VA) has not yet taken any actions to implement our recommendation. We will continue to monitor VA's progress in implementing this recommendation.
2. Additional Action: VA provided evidence that VA's existing policies and implementation of cloud service procurement fully address GAO's recommendation and OMB's Cloud Smart Procurement requirements. VA incorporated explicit language in contracts and appendices to encompass the requisite security and privacy stipulations that are directly linked to the Federal Acquisition Regulation.

3. Budget Implications: None.

27. Biomedical Research: Improvements Needed to the Quality of Information About DOD and VA Contributions to Drug Development ([GAO-24-107061](#)). Report provided to VA 9/26/2024.

a) Responsible Office: Veterans Health Administration

b) Recommendations:

i. Recommendation 1: The Under Secretary of Health at VA should direct ORD to take steps to better ensure that VA investigators conducting ORD-funded clinical trials submit results to ClinicalTrials.gov within 1 year of the primary completion date. Such steps could include improving procedures for notifying VA investigators of the trial result submission deadlines and collecting and analyzing data to determine how to address factors causing delays.

1. Actions Taken: After review of current Office of Research and Development (ORD) procedures, ORD will implement several new strategies as part of its continual improvement efforts to better ensure timely results reporting to ClinicalTrials.gov specifically for trials that are not required to report results under FDAAA 801. Strategies include sending Principal Investigators a specific notice of ClinicalTrials.gov-related requirements, enhanced tracking of trial details, modifying automated email content, revising the ORD automated results reporting email schedule, and formalizing the internal ORD results reporting extension request process. ORD will also gather data from investigators and managers to identify potential barriers to meeting ClinicalTrials.gov results reporting deadlines. Data collection and analysis is planned to be completed by August 2025. Each ORD funded clinical trial is being assigned a point of contact who will be responsible for liaising with the investigators to ensure their study's clinicaltrial.gov registrations is up to date.

2. Budget Implications: No budget implications for this recommendation

28. VA ACQUISITION MANAGEMENT: Additional Actions Needed in Serving Veterans with Sleep Apnea ([GAO-24-107010](#)). Report provided to VA 09/26/2024

a) Responsible Office: Veterans Health Administration & the Office of Acquisitions Logistics and Construction

b) Recommendations:

- i. Recommendation 3: The Secretary of Veterans Affairs should ensure that the Prosthetic and Sensory Aids Service, in coordination with the National Acquisition Center and the National Sleep Medicine Office, develops a set of metrics and corresponding objectives to track initiative performance with appropriate, reliable data sources, and routinely shares this information with other relevant stakeholders.

1. Actions Taken:

2. Budget Implications: None.



High-Risk Areas Identified by GAO

In February 2025, Government Accountability Office (GAO) published an update to its High-Risk Series ([GAO-25-107743](https://www.gao.gov/products/gao-25-107743)) and identified three High-Risk Areas that are specific to the Department of Veteran Affairs (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://www.gao.gov/products/gao-25-107743>.



Major Management Challenges Identified by the OIG

The Department's Office of Inspector General (OIG), an independent entity, evaluates the Department of Veterans Affairs (VA) programs and operations. The OIG submitted a list of the most serious major management challenges facing VA, which was incorporated in the Department's 2024 Agency Financial Report published in November 2024. The full text of the OIG's findings can be found at

https://www.vaogig.gov/sites/default/files/document/2025-01/mmc_2024_final_public_website_1.pdf.

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



Expenditures by State

Expenditures by State

The tables below provide actual FY 2024 expenditures by state (dollars in thousands).

State	2024 Expenditures	State	2024 Expenditures
Alabama	2,094,326	Nebraska	944,374
Alaska	498,192	Nevada	1,772,381
Arizona	4,462,435	New Hampshire	447,620
Arkansas	1,967,036	New Jersey	744,088
California	11,599,178	New Mexico	925,323
Colorado	5,055,024	New York	4,649,116
Connecticut	1,063,437	North Carolina	4,806,585
Delaware	501,389	North Dakota	530,641
District of Columbia	22,251,438	Ohio	5,394,088
Florida	10,013,668	Oklahoma	2,116,633
Georgia	3,470,771	Oregon	2,268,009
Hawaii	789,497	Pennsylvania	4,785,955
Idaho	566,725	Philippines	19,818
Illinois	178,418,302	Puerto Rico	1,091,088
Indiana	1,793,036	Rhode Island	544,671
Iowa	1,266,790	South Carolina	3,686,088
Kansas	2,648,549	South Dakota	870,558
Kentucky	1,533,171	Tennessee	4,514,061
Louisiana	2,112,136	Texas	15,810,385
Maine	729,429	Utah	1,153,659
Maryland	1,280,043	Vermont	459,165
Massachusetts	3,080,911	Virginia	2,907,770
Michigan	3,329,771	Washington	2,826,617
Minnesota	2,506,410	West Virginia	1,850,670
Mississippi	1,877,657	Wisconsin	2,412,307
Missouri	3,098,559	Wyoming	664,478
Montana	715,903	No State Identification	56,328
		Total	336,976,254

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



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 millions)	2024 Actual	2025 Enacted	2026 Request
Department of Veterans Affairs	325,313	391,203	435,767
Veterans Health Administration	124,168	118,745	122,176
Medical Community Care (036-0140)	30,890	23,362	34,810
Medical Support and Compliance (036-0152)	10,719	11,677	12,042
Medical Services (036-0160)	71,843	72,219	60,338
Medical and Prosthetic Research (036-0161)	943	935	943
Medical Facilities (036-0162)	9,008	9,723	12,051
DOD-VA Health Care Sharing Incentive Fund (036-0165)	30	30	30
Joint DOD-VA Medical Facility Demonstration Fund (036-0169)	711	775	837
Veterans Choice Fund (036-0172)			
General Post Fund, National Homes (036-8180)	24	24	25
Canteen Service Revolving Fund (036-4014)	-	-	-
Veterans Medical Care and Health Fund (036-0173)	-	-	-
Medical Care Collections Fund (036-5287)			
Legislative Proposal - Bridging Rental Assistance for Veteran Empowerment (036-0185)	-	-	1,100
Benefits Programs	179,729	240,728	252,355
General Operating Expenses, Veterans Benefits Administration (036-0151)	3,868	3,899	3,879
Veterans Housing Benefit Program Fund (036-1119)	1,952	5,714	615
Native American Veteran Housing Loan Program Account (036-1120)	5	11	13
Veterans Insurance and Indemnities (036-0120)	134	135	132
National Service Life Insurance Fund (036-8132)	211	155	106
Compensation and Pensions (036-0102)	164,136	212,553	227,240
Readjustment Benefits (036-0137)	9,425	18,264	20,372
Servicemembers Group Life Insurance Fund (036-4009)	-	-	-
Veterans Reopened Insurance Fund (036-4010)	-	-	-
Service-disabled Veterans Insurance Fund (036-4012)	-	-	-
Housing Liquidating Account (036-4025)	(2)	(3)	(2)
Veterans Special Life Insurance Fund (036-8455)	-	-	-
Veterans Affairs Life Insurance (036-4379)	-	-	-

(\$ in millions)	2024 Actual	2025 Enacted	2026 Request
Departmental Administration	30,844	41,390	66,082
Construction, Major Projects (036-0110)	881	965	1,871
Construction, Minor Projects (036-0111)	692	694	232
National Cemetery Administration (036-0129)	481	483	499
General Administration (036-0142)	471	448	440
Information Technology Systems (036-0167)	6,378	6,219	5,900
Office of Inspector General (036-0170)	296	296	296
Grants for Construction of State Extended Care Facilities (036-0181)	171	171	171
Grants for Construction of Veterans Cemeteries (036-0183)	60	60	60
Board of Veterans Appeals (036-1122)	272	277	277
Franchise Fund (036-4539)	-	-	-
Supply Fund (036-4537)	-	-	-
Electronic Health Care Record Modernization (036-1123)	874	1,322	3,495
Recurring Expenses Transformation Fund (036-1124)	-	-	-
Cost of War Toxic Exposures Fund (036-1126)	20,268	30,455	52,676
Legislative Proposal - Cost of War Toxic Exposures Fund (036-1126)	-	-	165
Department of Veterans Affairs	(9,428)	(9,660)	(4,846)
MCCF Pharmaceutical Co-Payments (528710)	(361)	(376)	(413)
MCCF Third Part Prescription Claims (528711)	(148)	(184)	(221)
MCCF Enhanced-use Lease Proceeds (528712)	(1)	(1)	(1)
MCCF Fee Basis 3rd Party MCCF (528713)	(605)	(868)	(883)
MCCF First Party Collections (528730)	(135)	(118)	(114)
MCCF Third Party Collections (528740)	(2,690)	(2,776)	(2,884)
MCCF Parking Fees (528760)	(4)	(3)	(3)
MCCF Compensated Work Therapy (528770)	(46)	(25)	(25)
MCCF Payments from Compensation and Pension (528780)	(2)	(2)	(2)
MCCF Long-term Care Copayments (528790)	(2)	(2)	(2)
MCCF Fee Based First Party Collections (528714)	(15)	(34)	(32)
Contributions from Military Personnel, Veterans Educational Act (247300)	(40)	(1)	(1)
Housing Downward Reestimates (273330)	(149)	(4,729)	-
Native American Veteran Housing Loans, Negative Subsidies (275110)	(2)	-	-
Housing Negative Subsidies (275510)	(5,077)	(439)	(162)
All Other General Fund Proprietary Receipts (3220000)	(98)	(56)	(57)
Undistributed Intragovernmental Payments and Receivables from Cancelled Accounts (3885000)	(17)	(10)	(11)
Gifts and Donations, National Cemetery Gift Fund (036-8129)	-	(1)	(1)
NSLI Fund, Premium and Other Receipts (813210)	(9)	(7)	(5)
General Post Fund, National Homes, Deposits (8180001)	(17)	(17)	(18)
General Fund Proprietary Interest Receipts, not Otherwise Classified (1435000)	(4)	(9)	(10)
Native American Direct Loans, Downward Reestimate of Subsidies (275130)	(6)	(1)	-
Lease of Land Buildings, National Cemetery Administration Facilities Operation Fund 036-5392)	-	(1)	(1)
Undistributed Offsetting Receipts	(27)	(20)	(16)
NSLI Fund, Interest (813220)	(20)	(13)	(9)
General Post Fund, National Homes, Interest on Investments (8180002)	(7)	(7)	(7)
Total NET Budget Authority	325,286	391,183	435,751

Notes:

- 2025 Enacted figures include transfers of appropriations to Medical Care funds.
- 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 2024 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 millions)	2024 Actual	2025 Enacted	2026 Request
Department of Veterans Affairs	325,009	389,381	434,773
Veterans Health Administration	123,845	123,847	122,718
Medical Community Care (036-0140)	31,388	23,578	34,782
Medical Support and Compliance (036-0152)	10,372	11,616	11,886
Medical Services (036-0160)	70,484	75,750	60,918
Medical and Prosthetic Research (036-0161)	950	948	973
Medical Facilities (036-0162)	8,886	10,456	12,207
DOD-VA Health Care Sharing Incentive Fund (036-0165)	29	30	29
Joint DOD-VA Medical Facility Demonstration Fund (036-0169)	680	844	829
General Post Fund, National Homes (036-8180)	20	24	22
Canteen Service Revolving Fund (036-4014)	(4)	19	(6)
Veterans Medical Care and Health Fund (036-0173)	1,040	582	-
Legislative Proposal - Bridging Rental Assistance for Veteran Empowerment (-36-0185)	-	-	1,078
Benefits Programs	181,352	231,179	253,254
General Operating Expenses, Veterans Benefits Administration (036-0151)	5,024	6,377	3,761
Veterans Housing Benefit Program Fund (036-1119)	1,715	5,714	615
Native American Veteran Housing Loan Program Account (036-1120)	2	11	13
Veterans Insurance and Indemnities (036-0120)	138	144	132
National Service Life Insurance Fund (036-8132)	278	218	150
United States Government Life Insurance Fund (036-8150)	-	1	-
Compensation and Pensions (036-0102)	161,232	201,911	228,990
Readjustment Benefits (036-0137)	13,400	17,093	19,705
Servicemembers Group Life Insurance Fund (036-4009)	(526)	(383)	(170)
Veterans Reopened Insurance Fund (036-4010)	8	6	5
Service-disabled Veterans Insurance Fund (036-4012)	(10)	23	6
Housing Liquidating Account (036-4025)	(3)	(2)	(2)
Veterans Special Life Insurance Fund (036-8455)	145	129	115
Veterans Affairs Life Insurance (036-4379)	(54)	(64)	(67)
Post-Vietnam Era Veterans Education Account (036-8133)	3	1	1

(\$ in millions)	2024 Actual	2025 Enacted	2026 Request
Departmental Administration	29,240	44,015	63,647
Construction, Major Projects (036-0110)	422	902	1,154
Construction, Minor Projects (036-0111)	462	773	512
National Cemetery Administration (036-0129)	465	535	484
General Administration (036-0142)	415	413	455
Information Technology Systems (036-0167)	6,112	7,716	6,450
Office of Inspector General (036-0170)	293	265	294
Grants for Construction of State Extended Care Facilities (036-0181)	254	303	241
Grants for Construction of Veterans Cemeteries (036-0183)	59	76	58
Board of Veterans Appeals (036-1122)	275	253	273
Franchise Fund (036-4539)	(157)	(170)	(175)
Supply Fund (036-4537)	(122)	57	81
Electronic Health Care Record Modernization (036-1123)	1,280	2,513	1,760
Recurring Expenses Transformation Fund (036-1124)	25	13	179
Cost of War Toxic Exposures Fund (036-1126)	19,457	30,366	51,716
Legislative Proposal - Cost of War Toxic Exposures Fund (036-1126)	-	-	165
Department of Veterans Affairs	(9,428)	(9,660)	(4,846)
MCCF Pharmaceutical Co-Payments (528710)	(361)	(376)	(413)
MCCF Third Part Prescription Claims (528711)	(148)	(184)	(221)
MCCF Enhanced-use Lease Proceeds (528712)	(1)	(1)	(1)
MCCF Fee Basis 3rd Party MCCF (528713)	(605)	(868)	(883)
MCCF Fee Based First Party Collections (528714)	(135)	(118)	(114)
MCCF First Party Collections (528730)			
MCCF Third Party Collections (528740)	(2,690)	(2,776)	(2,884)
MCCF Parking Fees (528760)	(4)	(3)	(3)
MCCF Compensated Work Therapy (528770)	(46)	(25)	(25)
MCCF Payments from Compensation and Pension (528780)	(2)	(2)	(2)
MCCF Long-term Care Copayments (528790)	(2)	(2)	(2)
Contributions from Military Personnel, Veterans Educational Act (247300)	(40)	(1)	(1)
Housing Downward Reestimates (273330)	(149)	(4,729)	-
Native American Veteran Housing Loans, Negative Subsidies (275110)	(2)	-	-
Housing Negative Subsidies (275510)	(5,077)	(439)	(162)
All Other General Fund Proprietary Receipts (3220000)	(98)	(56)	(57)
Undistributed Intragovernmental Payments and Receivables from Cancelled Accounts (3885000)	(17)	(10)	(11)
Gifts and Donations, National Cemetery Gift Fund (036-8129)	-	(1)	(1)
NSLI Fund, Premium and Other Receipts (813210)	(9)	(7)	(5)
General Post Fund, National Homes, Deposits (8180001)	(17)	(17)	(18)
General Fund Proprietary Interest Receipts, not Otherwise Classified (1435000)	(4)	(9)	(10)
Fee Basis First Party Collections (5287014)	(15)	(34)	(32)
Native American Direct Loans, Downward Reestimate of Subsidies (275130)	(6)	(1)	-
Lease of Land Buildings, National Cemetery Administration Facilities Operation Fund (036-5392)	-	(1)	(1)
Undistributed Offsetting Receipts	(27)	(20)	(16)
NSLI Fund, Interest (813220)	(20)	(13)	(9)
General Post Fund, National Homes, Interest on Investments (8180002)	(7)	(7)	(7)
Total NET Outlay	324,982	389,361	434,757

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 (FTE) Employees

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	2024 Enacted	2025 Enacted with Transfers	2026 Request	2026 vs. 2025 Change	
				#	%
Medical Services	304,066	302,474	302,474	-	0.0%
Medical Support & Compliance	67,674	67,003	67,003	-	0.0%
Medical Facilities	27,487	26,523	26,523	-	0.0%
Subtotal, Medical Care	399,227	396,000	396,000	-	0.0%
DoD-VA Health Care Sharing Incentive Fund	29	25	25	-	0.0%
Joint DoD/VA Demonstration Fund	2,536	2,593	2,593	-	0.0%
Medical Research	3,796	3,871	3,778	(93)	-2.4%
Canteen Service	2,100	2,100	2,100	-	0.0%
Subtotal Veterans Health Administration FTE	407,688	404,589	404,496	(93)	0.0%
Electronic Health Record Modernization	200	313	313	-	0.0%
Information Technology	8,024	7,922	6,992	(930)	-11.7%
Board of Veterans Appeals	1,368	1,405	1,320	(85)	-6.0%
Veterans Benefits Administration	33,178	33,443	31,401	(2,042)	-6.1%
National Cemetery Administration	2,306	2,317	2,355	38	1.6%
General Administration	3,165	3,459	3,703	244	7.1%
Inspector General	1,126	1,170	1,070	(100)	-8.5%
Franchise Fund	2,208	2,685	2,685	-	0.0%
Supply Fund	1,128	1,535	1,539	4	0.3%
Total FTE	460,391	458,838	455,874	(2,964)	-0.6%

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

TEF funded FTEs	2024 Enacted	2025 Enacted with Transfers	2026 Request	2026 vs. 2025 Change	
				#	%
Medical Services	81,717	66,400	181,616	115,216	173.5%
Medical Support & Compliance	6,846	2,666	2,563	-	-
Medical and Prosthetic Research	93	164	213	49	29.9%
Information Technology Systems	31	50	50	-	0.0%
Board of Veterans' Appeals	-	-	-	-	-
General Operating Expenses, Veterans Benefits Administration	8,154	8,418	6,907	(1,511)	-17.9%
General Administration	56	84	84	-	0.0%
Total, Toxic Exposures Fund FTEs	96,897	77,782	191,433	113,651	146.1%

Departmental General Administration FTE by Office

All Funding Sources	2024 Enacted	2025 Enacted with Transfers	2026 Request
Office of the Secretary	76	76	97
Office of General Counsel	708	692	657
Office of Management	268	267	248
Office of Human Resources & Administration / Office of Operations, Security & Preparedness	333	364	364
Office of Enterprise Integration	80	86	86
Office of Public and Intergovernmental Affairs	72	73	66
Office of Congressional & Legislative Affairs	43	45	63
Office of Accountability and Whistleblower Protection	132	139	135
Total Direct Funded FTE	1,712	1,742	1,716
Reimbursable FTE, all offices	1,397	1,633	1,903
Subtotal Direct and Reimbursable FTE	3,109	3,375	3,619
TEF FTE, all offices	56	84	84
Total General Administration FTE	3,165	3,459	3,703

Note: Total FTE includes FTE funded with carryover balances



Appropriation Reconciliation

Appropriations, Collections, and DoD Transfers

Appropriation/Fund Account	2024 Actual	2025 Enacted	2026 Request
Mandatory Funds			
Benefit programs:			
Compensation, Pensions and Burial			
Compensation			
Advance	142,927,470	178,614,974	223,756,239
Annual - Second Bite	15,072,388	30,242,064	
Supplemental (P.L. 118-82)	2,285,513	-	
Subtotal, Compensation	160,285,371	208,857,038	223,756,239
Pensions Advance	3,498,792	3,332,293	3,126,586
Burial Advance	351,874	363,248	357,246
Subtotal, Compensation, Pension and Burial	164,136,037	212,552,579	227,240,071
Readjustment Benefits			
Advance	8,452,500	13,399,805	20,372,030
Annual - Second Bite	374,852	4,864,566	
Supplemental (P.L. 118-82)	596,969	-	
Subtotal, Readjustment Benefits	9,424,321	18,264,371	20,372,030
Insurance			
Advance	121,126	135,119	131,518
Annual - Second Bite	12,701		
Subtotal, Insurance	133,827	135,119	131,518
Voc Rehab Mandatory Upward Reestimates	27	14	-
Veterans Housing Mandatory Subsidy and Upward Reestimates	1,634,798	5,397,207	347,842
Native American Veterans Housing Mandatory Upward Reestimates	2,135	7,710	-
Housing Liquidating Account	(2,118)	(2,625)	(2,152)
Subtotal, Mandatory Benefits	175,329,027	236,354,375	248,089,308
Major Medical Facility Leases, Sec. 707 of PACT Act	100,000	200,000	400,000
Toxic Exposures Fund, All Funding Sources			
Medical Services	9,525,428	11,883,896	35,370,000
Medical Community Care	6,801,538	15,694,178	14,030,000
Medical Support and Compliance	850,000	-	400,000
Medical and Prosthetic Research	46,000	59,000	57,000
Information Technology Systems	1,243,000	1,363,601	1,385,000
Board of Veterans' Appeals	4,000	-	-
General Operating Expenses, Veterans Benefits Administration	1,768,586	1,425,602	1,401,000
General Administration	29,448	19,826	33,000
Contingency Reserve	-	8,897	-
Subtotal, Toxic Exposures Fund	20,268,000	30,455,000	52,676,000
Subtotal, Mandatory	195,697,027	267,009,375	301,165,308

Appropriation/Fund Account	2024 Actual	2025 Enacted	2026 Request
Discretionary Funds			
Medical Services (Advance Appropriation)	74,004,000	71,000,000	75,039,000
Rescission of balances from prior year appropriations (P.L. 118-42)	(3,935,118)		
Rescission of balances from prior year appropriations (P.L. 118-42)	(1,050,837)		
Proposed cancellation			(15,889,000)
Supplemental (P.L. 118-158 / Milton & Helene)		19,258	
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	(397,454)	(384,926)	(416,125)
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)		(41,146)	
Transfers between Medical Services (0160) and Medical Community Care (0140)		(2,090,089)	
Transfers between Medical Services (0160) and Medical Community Care (0152)			(2,030,000)
Medical Care Collections Fund	3,236,812	3,471,342	3,649,000
Subtotal, Medical Services with Collections	71,842,404	71,959,439	60,337,875
Medical Community Care (Advance Appropriation)	33,000,000	20,382,000	34,000,000
Rescission of balances from prior year appropriations (P.L. 118-42)	(2,657,977)	-	
Annual appropriation adjustment			3,000,000
Proposed cancellation			(3,000,000)
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	(51,291)	(93,500)	(103,500)
Transfers between Medical Services (0160) and Medical Community Care (0140)		41,146	
Transfers between Medical Services (0160) and Medical Community Care (0140)		2,090,089	
Transfer from Medical Support & Compliance (0152)	-	81,092	
Transfer from Medical Facilities (0162)	-	1,983	
Transfer from Medical and Prosthetic Research (0161)		8,138	
Transfer from Information Technology Systems (0167)		174,034	
Transfer from Board of Veterans' Appeals (1122)		9,870	
Transfer from General Administration (0142)		26,901	
Medical Care Collections Fund to Medical Community Care	599,722	901,000	914,000
Subtotal, Medical Community Care with Collections	30,890,454	23,622,753	34,810,500
Medical Support and Compliance (Advance Appropriation)	12,300,000	11,800,000	12,700,000
Supplemental (P.L. 118-158 / Milton & Helene)		330	
Rescission of balances from prior year appropriations (P.L. 118-42)	(1,550,000)		
Proposed cancellation			(610,000)
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	(30,996)	(42,193)	(47,819)
Transfer to Medical Community Care (0140)		(81,092)	
Transfers between Medical Services (0160) and Medical Community Care (0152)			2,030,000
Subtotal, Medical Support and Compliance	10,719,004	11,677,045	14,072,181
Medical Facilities (Advance Appropriation)	8,800,000	9,400,000	9,700,000
Medical Facilities (Regular Appropriation - Second Bite)	149,485	149,485	
Supplemental (P.L. 118-158 / Milton & Helene)		41,660	
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	(40,570)	(66,021)	(79,322)
Transfer to Medical Community Care (0140)		(1,983)	
Subtotal, Medical Facilities	8,908,915	9,523,141	9,620,678
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
Subtotal, VA/DoD Health Care Sharing Incentive Fund	30,000	30,000	30,000
Joint DoD/VA Medical Facility Demonstration Fund			
Transfer from DoD (097-0130)	172,000	162,500	165,000
Transfer from Medical Services	397,454	384,926	416,125
Transfer from Medical Support and Compliance	30,996	42,193	47,819
Transfer from Medical Facilities	40,570	66,021	79,322
Transfer from Medical Community Care	51,291	93,500	103,500
Transfer from Medical Care Collections Fund	10,957	17,336	17,336
Transfer from Information Technology	8,085	8,085	8,085
Subtotal, Joint DoD/VA Medical Facility Demonstration Fund	711,353	774,561	837,187
Bridging Rental Assistance for Veteran Empowerment (BRAVE)	-	-	1,100,000
Medical and Prosthetic Research	943,000	943,000	943,000
Transfer to Medical Community Care (0140)		(8,138)	
Subtotal, Medical and Prosthetic Research	943,000	934,862	943,000
Grants for State Extended Care	171,000	171,000	171,000
Subtotal, Veterans Health Administration	124,216,130	118,692,801	121,922,421

Appropriation/Fund Account	2024 Actual	2025 Enacted	2026 Request
Electronic Health Records Modernization (EHRM)	1,334,142	1,334,142	3,495,000
Rescission of prior year appropriation balances	(460,005)	(12,547)	
Subtotal, EHRM	874,137	1,321,595	3,495,000
Information Technology Systems	6,401,000	6,401,000	5,908,000
Rescission of balances from prior year appropriations (P.L. 118-42)	(15,000)		
Transfer to Medical Community Care (0140)		(174,034)	
Transfer to Joint DoD/VA Medical Facility Demonstration Fund	(8,085)	(8,085)	(8,085)
Subtotal, Information Technology	6,377,915	6,218,881	5,899,915
Board of Veterans' Appeals	287,000	287,000	277,000
Rescission of balances from prior year appropriations (P.L. 118-42)	(15,000)		
Transfer to Medical Community Care (0140)		(9,870)	
Subtotal, Board of Veterans' Appeals	272,000	277,130	277,000
General Operating Expenses, Veterans Benefits Administration	3,899,000	3,899,000	3,879,000
Rescission of balances from prior year appropriations (P.L. 118-42)	(30,000)		
Transfer to the General Administration Account	(971)		
Subtotal, Veterans Benefits Administration	3,868,029	3,899,000	3,879,000
National Cemetery Administration	480,000	480,000	497,000
Supplemental (P.L. 118-158 / Milton & Helene)		693	
Subtotal, National Cemetery Administration	480,000	480,693	497,000
General Administration	475,000	475,000	440,000
Rescission of balances from prior year appropriations (P.L. 118-42)	(5,000)		
Transfer from Veterans Benefits Administration General Operating Expenses (0151)	971		
Transfer to Medical Community Care (0140)		(26,901)	
Subtotal, General Administration	470,971	448,099	440,000
Construction Major	1,095,345	961,219	1,871,000
Rescission of balances from prior year appropriations (P.L. 118-42)	(101,019)		
Rescission of balances from prior year appropriations (P.L. 118-83)	(113,326)		
Supplemental (P.L. 118-158 / Milton & Helene)		4,000	
Subtotal, Construction Major	881,000	965,219	1,871,000
Construction Minor	692,000	692,000	232,000
Supplemental (P.L. 118-158 / Milton & Helene)		2,020	
Subtotal, Construction Minor	692,000	694,020	232,000
Grants for State Cemeteries	60,000	60,000	60,000
Office of Inspector General	296,000	296,000	296,000
Vocational Rehabilitation Direct Loan Admin and Subsidy	539	539	553
Native American Direct Loan Admin	2,719	2,719	12,710
Veterans Housing Benefits Admin	316,742	316,742	266,737
Recurring Expense Transformational Fund	-	-	-
Subtotal, Discretionary Appropriations net of rescission w/MCCF	138,808,182	133,673,438	139,149,336
Total VA with MCCF	334,505,209	400,682,813	440,314,644

Department of Veterans Affairs
FY 2020 - 2025 Historical Appropriations: Requested and Enacted

(\$ in millions)	2020 Requested	2020 Enacted	2021 Requested	2021 Enacted	2022 Requested	2022 Enacted	2023 Requested	2023 Enacted	2024 Requested	2024 Enacted	2025 Requested	2025 Enacted
Benefit programs:												
Compensation and Pensions (mandatory)	109,017	110,457	121,061	124,357	137,575	139,183	152,017	152,017	161,851	164,136	192,131	212,533
Insurance (mandatory)	129	129	131	131	137	137	110	110	134	134	135	135
Readjustment Benefits (mandatory)	14,065	14,065	12,579	12,579	14,947	14,947	8,907	8,907	8,827	9,424	16,057	18,264
Housing and Credit Reform (mandatory)	2	75	-	667	(5)	1,910	-	772	2,283	1,635	2,301	5,402
Total Benefits Mandatory	123,213	124,727	133,771	137,735	152,654	156,176	161,033	161,805	173,094	175,329	210,625	236,354
Veterans Choice Act		(615)										
Medical Facilities						275						
General Administration						18						
Construction, Major Projects						58						
Construction, Minor Projects						570						
Subtotal, Veterans Choice Act	-	(615)	-	-	-	922	-	-	-	-	-	-
Sergeant First Class Health Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act of 2022												
Medical Facilities, Expanded Use Leases								1,880	100	100	200	200
Toxic Exposures Fund						500		5,000	20,268	20,268	24,455	30,455
Subtotal, PACT Act	-	-	-	-	-	500	-	6,880	20,368	20,368	24,655	30,655
Subtotal, Mandatory	123,213	124,112	133,771	137,735	152,654	157,598	161,033	168,685	193,462	195,697	235,280	267,009
Medical programs:												
Medical care:												
Medical Services	51,411	51,061	56,655	56,555	58,897	58,697	70,584	70,584	69,071	69,018	71,000	69,129
Medical Community Care	15,280	15,280	18,512	18,512	23,417	23,217	28,457	28,457	31,091	30,342	20,382	22,555
Medical Support & Compliance	7,338	7,328	8,214	8,199	8,403	8,403	11,073	11,073	12,300	10,750	11,800	11,719
Medical Facilities	6,142	6,142	6,583	6,583	6,735	6,885	8,634	8,634	8,549	8,949	9,400	9,548
Subtotal, Medical Care (discretionary)	80,171	79,811	89,964	89,850	97,452	97,202	118,748	118,748	121,011	119,059	112,582	112,951
Medical Research and Support	762	750	787	795	882	882	916	916	938	943	868	935
DoD Transfers for Joint Accounts	142	126	152	152	152	152	183	183	187	187	178	178
Subtotal, medical programs (discretionary)	81,075	80,687	90,903	90,797	98,486	98,236	119,847	119,847	122,136	120,189	113,628	114,063

Department of Veterans Affairs
FY 2020 - 2025 Historical Appropriations: Requested and Enacted

(\$ in millions)	2020		2021		2022		2023		2024		2025	
	Requested	Enacted	Requested	Enacted	Requested	Enacted	Requested	Enacted	Requested	Enacted	Requested	Enacted
Electronic Health Records Modernization	1,603	1,430	2,627	2,607	2,663	2,300	1,759	1,609	1,884	874	894	1,322
Information Technology	4,343	4,372	4,912	4,875	4,843	5,437	5,782	5,782	6,401	6,386	6,232	6,227
Board of Veterans' Appeals	182	174	198	196	228	228	285	285	287	272	267	277
General Operating Expenses, Veterans Benefits Administration	3,000	3,125	3,207	3,164	3,423	3,454	3,863	3,863	3,899	3,869	4,035	3,899
National Cemetery Administration	329	328	360	352	394	394	430	430	480	480	495	480
General Administration	369	356	413	354	401	401	435	433	475	470	457	448
Construction-Major	1,235	1,235	1,373	1,316	1,611	1,611	1,448	1,372	881	881	2,069	961
Construction - Minor	399	399	400	354	553	553	626	626	680	692	380	692
Grants for State Extended Care Facilities	90	90	90	90	-	50	150	150	164	171	141	171
Grants for State Cemeteries	45	45	45	45	45	49	50	50	60	60	60	60
Inspector General	207	210	228	228	239	239	273	273	296	296	296	296
Asset Infrastructure Review Commission	-	-	-	-	5	5	5	(5)	-	-	-	-
Loan Administration Funds	202	202	206	206	231	231	284	284	320	320	326	320
Recurring Expense Transformational Fund						(820)		(91)	676	676	320	320
Discretionary Programs	93,079	92,652	104,962	104,584	113,122	112,368	135,237	134,908	138,639	135,636	129,599	129,536
VA Total	216,292	216,764	238,733	242,318	265,777	269,966	296,270	303,593	332,102	331,333	364,879	396,545

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

Note: 2025 is net of transfers to Medical Community Care and excludes appropriations from the 2025 Disaster Relief Supplemental P.L. 118-158



Functional Distribution of Budget Authority (Net)

\$ in millions

Function and Program	2024 Actual	2025 Estimate	2026 Request & Transmit 4
701: Income Security for Veterans			
Compensation and Pensions (036-0102)	164,136	212,553	227,240
Veterans Insurance and Indemnities (036-0120)	134	135	132
National Service Life Insurance Fund (036-8132)	211	155	106
NSLI Fund, Premium and Other Receipts (813210)	(9)	(7)	(5)
Subtotal, Income Security for Veterans	\$164,472	\$212,836	\$227,473
702: Veterans education, training and rehabilitation			
Readjustment Benefits (036-0137)	9,425	18,264	20,372
Contributions from Military Personnel, Veterans Educational Act (247300)	(40)	(1)	(1)
Subtotal, Veterans education, training and rehabilitation	\$9,385	\$18,263	\$20,371
703: Hospital and medical care for veterans			
Construction, Major Projects (036-0110)	881	965	1,871
Construction, Minor Projects (036-0111)	692	694	232
Medical Community Care (036-0140)	30,890	23,362	34,810
Medical Support and Compliance (036-0152)	10,719	11,677	12,042
Medical Services (036-0160)	71,843	72,219	60,338
Medical and Prosthetic Research (036-0161)	943	935	943
Medical Facilities (036-0162)	9,008	9,723	12,051
DOD-VA Health Care Sharing Incentive Fund (036-0165)	30	30	30
Joint DOD-VA Medical Facility Demonstration Fund (036-0169)	711	775	837
Veterans Choice Fund (036-0172)	-	-	-
Veterans Medical Care and Health Fund (036-0173)	-	-	-
Grants for Construction of State Extended Care Facilities (036-0181)	171	171	171
Grants for Construction of Veterans Cemeteries (036-0183)	60	60	60
Bridging Rental Assistance for Veteran Empowerment (036-0185)	-	-	1,100
Electronic Health Care Record Modernization (036-1123)	874	1,322	3,495
Cost of War Toxic Exposures Fund (036-1126)	20,268	30,455	52,841
Canteen Service Revolving Fund (036-4014)	-	-	-
Medical Care Collections Fund (036-5287)	-	-	-
MCCF Pharmaceutical Co-Payments (528710)	(361)	(376)	(413)
MCCF Third Part Prescription Claims (528711)	(148)	(184)	(221)
MCCF Enhanced-use Lease Proceeds (528712)	(1)	(1)	(1)
MCCF Fee Basis 3rd Party MCCF (528713)	(605)	(868)	(883)
MCCF Fee Based First Party Collections (528714)	(15)	(34)	(32)
MCCF First Party Collections (528730)	(135)	(118)	(114)
MCCF Third Party Collections (528740)	(2,690)	(2,776)	(2,884)
MCCF Parking Fees (528760)	(4)	(3)	(3)
MCCF Compensated Work Therapy (528770)	(46)	(25)	(25)
MCCF Payments from Compensation and Pension (528780)	(2)	(2)	(2)
MCCF Long-term Care Copayments (528790)	(2)	(2)	(2)
Subtotal, Hospital and medical care for veterans	\$143,081	\$147,999	\$176,241
704: Veterans housing			
Veterans Housing Benefit Program Fund (036-1119D)	317	317	267
Veterans Housing Benefit Program Fund (036-1119M)	1,635	5,397	348
Native American Veteran Housing Loan Program Account (036-1120D)	3	3	13
Native American Veteran Housing Loan Program Account (036-1120M)	2	8	-
Housing Liquidating Account (036-4025)	(2)	(3)	(2)
Housing Downward Reestimates (273330)	(149)	(4,729)	-
Native American Veteran Housing Loans, Negative Subsidies (275110)	(2)	-	-
Native American Direct Loans, Downward Reestimate of Subsidies (275130)	(6)	(1)	-
Housing Negative Subsidies (275510)	(5,077)	(439)	(162)
Subtotal, Veterans housing	(\$3,279)	\$553	\$464

\$ in millions

Function and Program	2024 Actual	2025 Estimate	2026 Request & Transmit 4
705: Other veterans benefits and services			
National Cemetery Administration (036-0129)	481	483	499
General Administration (036-0142)	471	448	440
General Operating Expenses, Veterans Benefits Administration (036-0151)	3,868	3,899	3,879
Information Technology Systems (036-0167)	6,378	6,219	5,900
Office of Inspector General (036-0170)	296	296	296
Board of Veterans Appeals (036-1122)	272	277	277
Recurring Expenses Transformation Fund (036-1124)	-	-	-
Asset Infrastructure Review Commission (036-1130)	-	-	-
General Post Fund, National Homes (036-8180)	24	24	25
General Post Fund, National Homes, Deposits (8180001)	(17)	(17)	(18)
National Cemetery Administration Facilities Operation Fund (539210)	-	(1)	-1
National Cemetery Gift Fund (812910)		(1)	-1
Subtotal, Other veterans benefits and services	\$11,773	\$11,627	\$11,296
809: Deductions for offsetting receipts			
All Other General Fund Proprietary Receipts Including Budget Clearing Accounts (3220000)	(98)	(56)	(57)
Undistributed Intragovernmental Payments and Receivables from Cancelled Accounts (3885000)	(17)	(10)	(11)
Subtotal, Deductions for offsetting receipts	(\$115)	(\$66)	(\$68)
902: Interest received by on-budget trust funds			
NSLI Fund, Interest (813220)	(20)	(13)	(9)
General Post Fund, National Homes, Interest on Investments (8180002)	(7)	(7)	(7)
Subtotal, Interest received by on-budget trust funds	(\$27)	(\$20)	(\$16)
908: Other interest			
General Fund Proprietary Interest Receipts, not Otherwise Classified (1435000)	(4)	(9)	(10)
Total Department of Veterans Affairs NET Budget Authority	\$325,286	\$391,183	\$435,751



Functional Distribution of Outlays (Net)

\$ millions	2024 Actual	2024 Enacted	2026 Request & Transmit 4
701: Income Security for Veterans			
Veterans Insurance and Indemnities (036-0120)	138	144	132
National Service Life Insurance Fund (036-8132)	278	218	150
United States Government Life Insurance Fund (036-8150)	-	1	-
Compensation and Pensions (036-0102)	161,232	201,911	228,990
Servicemembers Group Life Insurance Fund (036-4009)	(526)	(383)	(170)
Veterans Reopened Insurance Fund (036-4010)	8	6	5
Service-disabled Veterans Insurance Fund (036-4012)	(10)	23	6
Veterans Special Life Insurance Fund (036-8455)	145	129	115
NSLI Fund, Premium and Other Receipts (036-8180)	(9)	(7)	(5)
Subtotal, Income Security for Veterans	161,256	202,042	229,223
702: Veterans education, training and rehabilitation			
Readjustment Benefits (036-0137)	13,400	17,093	19,705
Post-Vietnam Era Veterans Education Account (036-8133)	3	1	1
Contributions from Military Personnel, Veterans Educational Act (247300)	(40)	(1)	(1)
Subtotal, Veterans education, training and rehabilitation	13,363	17,093	19,705
703: Hospital and medical care for veterans			
Construction, Major Projects (036-0110)	422	902	1,154
Construction, Minor Projects (036-0111)	462	773	512
Medical Community Care (036-0140)	31,388	23,578	34,782
Medical Support and Compliance (036-0152)	10,372	11,616	11,886
Medical Services (036-0160)	70,484	75,750	60,918
Medical and Prosthetic Research (036-0161)	950	948	973
Medical Facilities (036-0162)	8,886	10,456	12,207
DOD-VA Health Care Sharing Incentive Fund (036-0165)	29	30	29
Joint DOD-VA Medical Facility Demonstration Fund (036-0169)	680	844	829
Veterans Choice Fund (036-0172)	-	-	-
Veterans Medical Care and Health Fund (036-0173)	1,040	582	-
Grants for Construction of State Extended Care Facilities (036-0181)	254	303	241
Electronic Health Care Record Modernization (036-1123)	1,280	2,513	1,760
Cost of War Toxic Exposures Fund (036-1126)	16,305	26,849	48,320
Legislative Proposal Cost of War Toxic Exposures Fund (036-1126)	-	-	165
MCCF Pharmaceutical Co-Payments (528710)	(361)	(376)	(413)
MCCF Third Part Prescription Claims (528711)	(148)	(184)	(221)
MCCF Enhanced-use Lease Proceeds (528712)	(1)	(1)	(1)
MCCF Fee Basis 3rd Party MCCF (528713)	(605)	(868)	(883)
MCCF First Party Collections (528730)	(135)	(118)	(114)
MCCF Third Party Collections (528740)	(2,690)	(2,776)	(2,884)
MCCF Parking Fees (528760)	(4)	(3)	(3)
MCCF Compensated Work Therapy (528770)	(46)	(25)	(25)
MCCF Payments from Compensation and Pension (528780)	(2)	(2)	(2)
MCCF Long-term Care Copayments (528790)	(2)	(2)	(2)
Fee Basis First Party Collections, Medical Care Collections Fund (528714)	(15)	(34)	(32)
Subtotal, Hospital and medical care for veterans	138,543	150,755	169,196

\$ millions	2024 Actual	2024 Enacted	2026 Request & Transmit 4
704: Veterans housing			
Veterans Housing Benefit Program Fund (036-1119)	1,715	5,714	615
Native American Veteran Housing Loan Program Account (036-1120)	2	11	13
Housing Liquidating Account (036-4025)	(3)	(2)	(2)
Housing Downward Reestimates (273330)	(149)	(4,729)	-
Native American Veteran Housing Loans, Negative Subsidies (275110)	(2)	-	-
Housing Negative Subsidies (275510)	(5,077)	(439)	(162)
Bridging Rental Assistance for Veteran Empowerment (036-0185)	-	-	1,078
Native American Direct Loans, Downward Reestimate of Subsidies (275130)	(6)	(1)	-
Subtotal, Veterans housing	(3,520)	554	1,542
705: Other veterans benefits and services			
General Post Fund, National Homes (036-8180)	20	24	22
Canteen Service Revolving Fund (036-4014)	(4)	19	(6)
General Operating Expenses, Veterans Benefits Administration (036-0151)	5,024	6,377	3,761
Veterans Affairs Life Insurance (036-4379)	(54)	(64)	(67)
National Cemetery Administration (036-0129)	465	535	484
General Administration (036-0142)	415	413	455
Information Technology Systems (036-0167)	6,112	7,716	6,450
Office of Inspector General (036-0170)	293	265	294
Grants for Construction of Veterans Cemeteries (036-0183)	59	76	58
Board of Veterans Appeals (036-1122)	275	253	273
Franchise Fund (036-4539)	(157)	(170)	(175)
Supply Fund (036-4537)	(122)	57	81
Recurring Expenses Transformation Fund (036-1124)	25	13	179
Cost of War Toxic Exposures Fund (036-1126)	3,152	3,517	3,396
Gifts and Donations, National Cemetery Gift Fund (036-3885)	-	(1)	(1)
General Post Fund, National Homes, Deposits (8180001)	(17)	(17)	(18)
Lease of Land Buildings, National Cemetery Administration Facilities Operation Fund (036-5392)	-	(1)	(1)
Subtotal, Other veterans benefits and services	15,486	19,012	15,185
809: Deductions for offsetting receipts			
All Other General Fund Proprietary Receipts Including Budget Clearing Accounts (3220000)	(98)	(56)	(57)
Undistributed Intragovernmental Payments and Receivables from Cancelled Accounts (3885000)	(17)	(10)	(11)
Subtotal, Deductions for offsetting receipts	(115)	(66)	(68)
902: Interest received by on-budget trust funds			
NSLI Fund, Interest (813220)	(20)	(13)	(9)
General Post Fund, National Homes, Interest on Investments (8180002)	(7)	(7)	(7)
Subtotal, Interest received by on-budget trust funds	(27)	(20)	(16)
908: Other interest			
General Fund Proprietary Interest Receipts, not Otherwise Classified (1435000)	(4)	(9)	(10)
Total Department of Veterans Affairs NET Outlays	324,982	389,361	434,757

[Functional Categories of the Federal Budget](#)

<https://www.everycrsreport.com/reports/98-280.html>



Obligations

(\$ in millions)	2024 Actual	2025 Enacted	2026 Request
Veterans Health Administration			
Medical Community Care (036-0140)	31,754	23,977	34,811
Medical Support and Compliance (036-0152)	10,586	12,090	12,106
Medical Services (036-0160)	70,661	76,309	61,678
Medical and Prosthetic Research (036-0161)	1,031	1,042	1,087
Medical Facilities (036-0162)	8,912	10,361	12,834
DOD-VA Health Care Sharing Incentive Fund (036-0165)	39	30	30
Joint DOD-VA Medical Facility Demonstration Fund (036-0169)	702	813	849
Veterans Choice Fund (036-0172)	-	305	-
Canteen Service Revolving Fund (036-4014)	408	455	482
General Post Fund, National Homes (036-8180)	20	21	22
Bridging Rental Assistance for Veteran Empowerment	-	-	1,100
Subtotal, Veterans Health Administration	124,113	125,403	124,999
Benefits Programs			
Compensation and Pensions (036-0102)	177,918	203,949	230,959
Veterans Insurance and Indemnities (036-0120)	141	148	138
Readjustment Benefits (036-0137)	14,448	17,490	20,151
General Operating Expenses, Veterans Benefits Administration (036-0151)	9,361	11,215	11,029
Veterans Housing Benefit Program Fund (036-1119)	1,950	5,713	615
Native American Veteran Housing Loan Program Account (036-1120)	5	11	13
Servicemembers Group Life Insurance Fund (036-4009)	818	663	863
Veterans Reopened Insurance Fund (036-4010)	7	5	4
Service-disabled Veterans Insurance Fund (036-4012)	191	199	199
National Service Life Insurance Fund (036-8132)	218	160	110
Veterans Special Life Insurance Fund (036-8455)	133	117	103
Veterans Affairs Life Insurance (036-4379)	9	28	49
Post-Vietnam Era Veterans Education Account (036-8133)	3	1	1
Subtotal, Benefits Programs	205,202	239,699	264,234
Departmental Administration			
Construction, Major Projects (036-0110)	582	1,231	2,545
Construction, Minor Projects (036-0111)	1,004	903	655
National Cemetery Administration (036-0129)	483	496	500
General Administration (036-0142)	957	1,022	1,058
Information Technology Systems (036-0167)	6,765	6,490	6,116
Office of Inspector General (036-0170)	287	312	296
Grants for Construction of State Extended Care Facilities (036-0181)	10	496	171
Grants for Construction of Veterans Cemeteries (036-0183)	45	60	60
Board of Veterans Appeals (036-1122)	279	294	277
Supply Fund (036-4537)	2,205	3,500	3,500
Franchise Fund (036-4539)	2,041	2,119	2,207
Electronic Health Care Record Modernization (036-1123)	1,608	1,608	3,495
Recurring Expenses Transformation Fund (036-1124)	61	186	1,429
Cost of War Toxic Exposures Fund (036-1126)	19,822	34,614	52,673
Subtotal, Departmental Administration	36,149	53,331	74,982
Total Obligations	365,464	418,433	464,215

Notes: 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 Employment 2015-2024 Actuals

All Funding Sources

Appropriation/Fund Account	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Medical Programs										
Medical Services	216,337	224,846	229,600	239,148	247,942	256,897	267,785	260,416	282,426	304,066
Medical Support and Compliance	49,479	50,554	50,939	52,443	54,517	55,548	57,203	57,224	59,514	67,674
Medical Facilities	23,644	23,924	24,151	24,522	25,135	25,644	25,802	22,143	21,587	27,487
Veterans Medical Care and Health Fund								15,440	10,470	-
Subtotal, Medical Care Programs	289,460	299,324	304,690	316,113	327,594	338,089	350,790	355,223	373,997	399,227
DoD-VA Health Care Sharing Incentive Fund	57	47	33	23	7	11	82	31	28	29
Joint DoD-VA Medical Facility Demonstration Fund	2,127	2,038	2,096	2,113	2,108	2,178	2,275	2,285	2,300	2,536
Veterans Choice	30	58	159	1	-	-	-	-	-	-
Medical and Prosthetic Research	3,521	3,138	3,071	3,085	3,248	3,418	4,175	4,245	4,666	3,796
Canteen Service Revolving Fund	3,351	3,410	3,455	3,420	3,285	2,977	2,117	2,101	2,215	2,100
Subtotal, Medical Programs	298,546	308,015	313,504	324,755	336,242	346,673	359,439	363,885	383,206	407,688
Electronic Health Record Modernization	-	-	-	-	24	114	175	172	200	200
Information Technology	7,309	7,387	7,241	7,152	7,469	7,828	8,186	8,048	7,973	8,024
Board of Veterans' Appeals	646	660	840	920	1,077	1,157	1,182	1,182	1,245	1,368
Veterans Benefits Administration	21,522	21,558	22,408	22,961	23,147	24,758	24,639	24,794	31,584	33,178
National Cemetery Administration	1,730	1,814	1,851	1,865	1,947	2,026	2,120	2,114	2,199	2,306
General Administration	2,586	2,559	2,524	2,520	2,524	2,612	2,749	2,873	3,012	3,165
Office of Inspector General	676	706	745	849	908	1,001	1,032	1,107	1,102	1,126
Franchise Fund	1,217	1,397	1,314	1,383	1,473	1,821	1,875	1,992	2,138	2,208
Supply Fund	1,048	1,045	1,145	957	1,002	981	1,019	1,023	1,027	1,128
General Post	-	-	8	-	-	-	-	-	-	-
Total Department of Veterans Affairs	335,280	345,141	351,580	363,362	375,813	388,971	402,416	407,190	433,686	460,391

Total Average Employment uses a Full Time Equivalent (FTE) calculation across a whole fiscal year. Section 85 of the Office of Management and Budget's Circular A-11 Guidance³ provides specifications on data to use and methodologies to employ to consistently produce FTE for each fiscal year.

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



Cost of War Toxic Exposures Fund Summary

Background

The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics (PACT) Act (P.L. 117-168), 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 June 2024, VA transmitted updated detailed spend plans to Congress outlining planned obligations and FTE by quarter for each of these four portions of funding.

Funding Summary – Appropriations – All TEF Funding Sources

(\$ in millions)	2024 Actual	2025 Enacted	2026 Request	2027 Advance Request
Medical Care	17,177	27,578	49,800	51,742
Medical Research	46	59	57	
Office of Information Technology	1,243	1,364	1,385	
Board of Veterans' Appeals	4	-	-	
Veterans Benefits Administration	1,769	1,426	1,401	
General Administration	29	20	33	
Contingency Reserve	-	9	-	
Total Budget Authority	20,268	30,455	52,676	51,742

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, \$52,676,000,000, which shall become available on October 1, 2025, and shall remain available until expended; and, in addition, \$51,742,000,000, which shall become available on October 1, 2026, and shall remain available until expended.

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

FTE	2024 Actual	2025 Enacted	2026 Request	2027 Request
Medical Care	88,563	69,066	184,179	192,075
Medical Research	93	164	213	
Office of Information Technology	31	50	50	
Board of Veterans' Appeals	-	-	-	
Veterans Benefits Administration	8,154	8,418	6,907	
General Administration	56	84	84	
Total FTE	96,897	77,782	191,433	192,075

TEF Initiatives by Organization

VHA

Funding Summary – Appropriations – All VHA TEF Funding Sources

Accounts (\$ in millions)	2024 Actual	2025 Enacted	2026 Request	2027 Advance Request
Medical Services	9,525	11,884	35,370	36,542
Medical Community Care	6,802	15,694	14,030	14,500
Medical Support & Compliance	850	-	400	700
Medical Facilities	-	-	-	-
Subtotal, Cost of War Toxic Exposures Fund	17,177	27,578	49,800	51,742

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 FTE in 2026.

VBA

VBA requests \$1.401 billion in TEF appropriations for 2026, which will support timely processing of the additional Compensation and Pension workload resulting from the PACT Act . The \$1.4 billion in funding allocates \$1.2 billion to payroll to support 6,907 FTE in 2026, \$37.6 million for overtime costs; and \$193.0 million for non-pay costs, to include contract services, scanning, automation, outreach, and management support. VBA’s projects that its TEF FTE will decrease over the next few years as claims processors work through the initial surge of toxic-exposure claims.

VBA continues to leverage automation to improve claims processing efficiency and benefits delivery for Veterans. In 2025, Individual Longitudinal Exposure Record and Individual Exposure Summary reports began being automatically uploaded into the Veterans Benefits Management System (VBMS), reducing the need for claims processors to manually obtain and upload this information into a Veteran’s electronic folder. Additionally, auto-populate functionality became available for three of six questions within the Toxic Exposure Risk Activity (TERA) Memorandum, alerting VA claims processors of pertinent evidence for making TERA determinations. Collaboration across the enterprise is ongoing to clarify a single TERA definition for use by both VHA and VBA, which is expected to further support automation efforts and the consistency of claims outcomes for Veterans. Refer to Part 2 of Volume 3 for more information on how VBA will use TEF funding.

OIT

OIT requests \$1.385 billion in TEF appropriation for 2026. This funding supports the continued implementation of the PACT Act and the sustained delivery of benefits and services to Veterans impacted by toxic exposures. The modest year-over-year growth reflects VA’s transition from initial program build-out to operational maturity, with resources rebalanced to align with mission needs, service delivery priorities, and long-term efficiency. The request includes targeted adjustments across investment categories—Mission Delivery, Mission Support, and Standard IT Investments—as well as Pay and Associated Costs. These adjustments reflect a disciplined, performance-based approach to maintaining critical services while optimizing execution and managing risk. Further detail on programmatic adjustments is provided in Volume 5.

General Administration (GenAd) – Staff Offices

GenAd requests \$33 million in TEF appropriation for 2026.

Funding Summary – Appropriations - All GenAd TEF Funding Sources

(\$ in millions)	2024 Actual	2025 Enacted	2026 Request
Cost of War Toxic Exposures Fund (TEF)			
Office of the Secretary	0.25	0.19	-
Office of General Counsel	10.66	2.06	9.08
Office of Human Resources & Administration / Office of Operations, Security & Preparedness	6.35	9.15	11.35
Office of Enterprise Integration	1.69	3.00	5.80
Office of Public and Intergovernmental Affairs	3.50	3.50	6.77
PACT Act Program Management Office	7.00	1.93	-
Total, Mandatory Appropriations	29.45	19.83	33.00

FTE Summary – All GenAd TEF Funding Sources

FTE	2024 Actual	2025 Enacted	2026 Request
Office of the Secretary	2	1	
Office of General Counsel	40	58	73
Office of Human Resources & Administration / Office of Operations, Security & Preparedness	12	22	8
PACT Act Program Management Office	2	3	3
Total Toxic Exposures Fund FTEs	56	84	84

Office of General Counsel (OGC)

OGC requests \$9.08 million in TEF appropriation for 2026 to provide increased legal support to various provisions of the PACT Act. Additionally, OGC plans to dramatically increase interaction with the 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.

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

HRA/OSP requests \$11.35 million in TEF appropriation for 2026 to enable VA to provide services and benefits to Veterans who were exposed to toxic environments during their service. Funding will be obligated by Service Level Agreements for direct and indirect support for work such as developing reports, staffing models and methodologies.

Office of Enterprise Integration (OEI)

OEI requests \$5.8 million in TEF appropriation for 2026 for data engineering, testing and codification of data quality methods and processes, data quality dashboard development and maintenance, and program management support for PACT Act implementation.

Office of Public and Intergovernmental Affairs (OPIA)

OPIA requests \$6.77 million for digital and traditional advertising in TEF appropriation for 2026. During the PACT Act campaign, advertising was responsible for 47% of the total traffic to va.gov/PACT. VA will use analytics to increase the reach of advertisements to inform more Veterans of the benefits they have earned.

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

The following tables were transmitted to Congress on June 21, 2025, showing the latest execution detail through April 30, 2025. 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
(Expired 30 Sep 2024)
Final Allocations, Obligations, and Paid Expenditures

Obligation and Execution Report for Data through April 30, 2025
(\$\$ in Thousands)

VA Account	Final Allocation	Total Obligations	Paid Expenditures
Veterans Health Administration			
Medical Services	\$ 8,075	\$ 8,075	\$ 8,075
Medical Community Care	-	-	-
Medical Support and Compliance	26,049	26,049	26,049
Subtotal, VHA Medical Care	34,124	34,124	34,124
Medical and Prosthetic Research			
Office of Information & Technology	650	646	621
Veterans Benefits Administration (VBA) - General Operating Expenses (GOE)	123,053	122,996	120,328
Board of Veterans Appeals	302,018	298,823	274,484
Contingency Reserve	-	-	-
General Administration			
General Administration - Other	-	-	-
Office of General Counsel	4,374	4,376	4,376
Human Resources and Administration/Operations, Security and Preparedness	11,550	8,778	8,778
Office of Congressional and Legislative Affairs	-	-	-
Office of Public and Intergovernmental Affairs	18,100	17,198	16,597
Office of Enterprise Integration	3,335	3,337	3,022
Office of the Secretary	224	224	224
PACT Act Program Management Office	2,572	4,609	4,303
Subtotal, General Administration	40,155	38,523	37,301
Total PACT Act Toxic Exposures Fund (1126 22/24)	\$ 500,000	\$ 495,112	\$ 466,858

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 2025.

Obligations exclude SF-133 Line 1021 [Recovery of prior year obligations], totaling \$33.49 million; and Line 1033 [Recovery of prior year paid obligations], totaling \$0.326 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 June 12, 2024; Obligation and Execution Report for Data through April 30, 2025 (Since Enactment)
(\$\$ in Thousands)

VA Account	Government On-Board Requested	Adjustment to On-Board Requested	Revised On-Board Requested	Perm On-boarded	Term On-boarded	Allocated	Reallocated	Revised Allocation	Total Obligations	Paid Expenditures
Veterans Health Administration										
Medical Services	4	(4)	-	-	-	\$ 3,822,377	\$ 18,764	\$ 3,841,141	\$ 3,817,869	\$ 3,817,869
Medical Support and Compliance	-	-	-	-	-	-	-	-	-	-
Subtotal, VHA Medical Care	4	(4)	-	-	-	3,822,377	18,764	3,841,141	3,817,869	3,817,869
Medical and Prosthetic Research	11	(5)	6	-	-	1,830	-	1,830	1,624	1,622
Office of Information & Technology	139	(90)	49	-	-	656,000	-	656,000	601,970	551,168
Veterans Benefits Administration (VBA) - General Operating Expenses (GOE)	6,724	1,003	7,727	1	-	482,362	-	482,362	481,225	479,572
Board of Veterans Appeals	-	-	-	-	-	700	(700)	-	-	-
Contingency Reserve	-	-	-	-	-	-	-	-	-	-
General Administration	-	-	-	-	-	-	-	-	-	-
General Administration - Other	-	-	-	-	-	-	-	-	-	-
Office of General Counsel	233	(173)	60	25	-	11,708	-	11,708	6,411	6,275
Human Resources and Administration/Operations, Security and Preparedness	62	(18)	44	-	-	11,270	(10,641)	629	601	601
Office of Congressional and Legislative Affairs	-	-	-	-	-	114	(114)	-	-	-
Office of Public and Intergovernmental Affairs	-	-	-	-	-	692	-	692	-	-
Office of Enterprise Integration	-	-	-	-	1	2,510	-	2,510	1,622	1,622
Office of the Secretary	1	-	1	-	-	224	114	338	92	92
PACT Act Program Management Office	9	(6)	3	-	-	10,213	(7,423)	2,790	2,916	2,909
Subtotal, General Administration	305	(197)	108	25	1	36,731	(18,064)	18,667	11,641	11,499
Total Toxic Exposures Fund (1126 23/27)	7,183	707	7,890	26	1	\$ 5,000,000	\$ -	\$ 5,000,000	\$ 4,914,328	\$ 4,861,730

On-Board Requested reflects total personnel across the entire period of execution as presented in Spend Plans submitted to Congress in June, 2024. Medical Services and VBA requests include 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 2025.

Obligations exclude SF-133 Line 1021 [Recovery of prior year obligations], totaling \$22,365 million; and Line 1033 [Recovery of prior year paid obligations], totaling \$0.167 million.

Revised spend plans with updates to FTE requests, TEF funding allocations, and estimated obligations were transmitted to Congress on June 12, 2024.

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 June 12, 2024; Obligation and Execution Report for Data through April 30, 2025 (Since Enactment)
(\$\$ in Thousands)

VA Account	Government On-Board Requested	Adjustment to On-Board Requested	Revised On-Board Requested	Perm On-boarded	Term On-boarded	Allocated	Reallocated	Revised Allocation	Total Obligations	Paid Expenditures
Veterans Health Administration										
Medical Services	13	34,287	34,300	-	-	\$ 9,525,736	\$ (308)	\$ 9,525,428	\$ 8,861,167	\$ 8,861,167
Medical Community Care	-	-	-	-	-	6,740,264	61,274	6,801,538	6,457,496	6,457,496
Medical Support and Compliance	-	7,093	7,093	-	-	850,000	-	850,000	836,360	836,360
Subtotal, VHA Medical Care	13	41,380	41,393	-	-	17,116,000	60,966	17,176,966	16,155,023	16,155,023
Medical and Prosthetic Research										
Office of Information & Technology	113	(56)	57	-	-	46,000	-	46,000	28,108	24,525
Veterans Benefits Administration (VBA) - General Operating Expenses (GOE)	8,013	187	8,200	19	-	1,243,000	-	1,243,000	920,221	740,628
Board of Veterans Appeals	-	-	-	-	-	1,768,586	-	1,768,586	1,899,090	1,801,384
Contingency Reserve	-	-	-	-	-	4,000	-	4,000	-	-
General Administration										
General Administration - Other	-	-	-	-	-	615	(615)	-	-	-
Office of General Counsel	-	-	-	-	-	-	-	-	-	-
Human Resources and Administration/Operations, Security and Preparedness	239	(84)	155	-	-	37,733	(27,073)	10,660	-	-
Office of Congressional and Legislative Affairs	122	(114)	8	-	-	37,347	(30,997)	6,350	5,302	3,428
Office of Public and Intergovernmental Affairs	-	-	-	-	-	-	-	-	-	-
Office of Enterprise Integration	3	(3)	-	-	-	3,500	-	3,500	1,157	1,022
Office of the Secretary	-	1	1	-	-	3,254	(1,564)	1,690	-	-
PACT Act Program Management Office	-	-	-	-	-	190	60	250	-	-
Subtotal, General Administration	364	(200)	164	-	-	88,799	(60,351)	29,448	9,738	4,573
Total Toxic Exposures Fund (1126 24/26)	8,642	41,262	49,904	20	27	\$ 20,268,000	\$ -	\$ 20,268,000	\$ 19,012,179	\$ 18,726,133

On-Board Requested reflects total personnel across the entire period of execution as presented in Spend Plans submitted to Congress in June, 2024. Medical Services and VBA requests include 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 2024 through FY 2025.

Obligations exclude SF-133 Line 1021 [Recovery of prior year obligations], totaling \$6.135 million.

Revised spend plans with updates to FTE requests, TEF funding allocations, and estimated obligations were transmitted to Congress on June 12, 2024.

Department of Veterans Affairs
Fiscal Responsibility Act of 2023 (P.L. 118-5)
Fiscal Year 2025 Toxic Exposures Fund (TEF)
(Available until 30 Sep 2029)
Positions On-boarded, Allocations, Obligations, and Paid Expenditures

Allocation Plan as of June 12, 2024; Obligation and Execution Report for Data through April 30, 2025 (Since Enactment)
(\$\$ in Thousands)

VA Account	Government On-Board Requested	Adjustment to On-Board Requested	Revised On-Board Requested	Perm On-boarded	Term On-boarded	Allocated	Reallocated	Revised Allocation	Total Obligations	Paid Expenditures
Veterans Health Administration										
Medical Services	43,600	-	43,600	-	-	\$ 11,683,896	\$ -	\$ 11,683,896	\$ 5,734,920	\$ 5,734,920
Medical Community Care	-	-	-	-	-	9,770,646	123,532	9,894,178	7,056,366	7,056,366
Medical Support and Compliance	-	-	-	-	-	-	-	-	-	-
Subtotal, VHA Medical Care	43,600	-	43,600	-	-	21,454,542	123,532	21,578,074	12,791,286	12,791,286
Medical and Prosthetic Research										
Office of Information & Technology	113	-	113	-	-	59,000	-	59,000	538	538
Veterans Benefits Administration (VBA) - General Operating Expenses (GOE)	139	-	139	-	-	1,167,000	196,601	1,363,601	417,873	121,536
Board of Veterans Appeals	6,933	-	6,933	8,986	18	1,401,105	-	1,401,105	34,163	30,827
Contingency Reserve	153	(163)	-	-	-	19,000	(10,103)	8,897	-	-
General Administration										
General Administration - Other	-	-	-	-	-	292,663	(272,663)	20,000	-	-
Office of General Counsel	-	-	-	-	-	-	-	-	-	-
Human Resources and Administration/Operations, Security and Preparedness	207	(52)	155	-	-	9,604	-	9,604	-	-
Office of Congressional and Legislative Affairs	41	(41)	-	-	-	37,347	(37,347)	-	-	-
Office of Public and Intergovernmental Affairs	-	-	-	-	-	-	-	-	-	-
Office of Enterprise Integration	-	-	-	-	-	3,500	-	3,500	-	-
Office of the Secretary	-	-	-	-	-	3,254	-	3,254	-	-
PACT Act Program Management Office	1	-	1	-	-	190	-	190	-	-
Subtotal, General Administration	4	-	4	-	-	7,775	-	7,775	-	-
Total Toxic Exposures Fund (1126 25/29)	51,191	(246)	50,945	8,986	18	\$ 24,455,000	\$ -	\$ 24,455,000	\$ 13,243,860	\$ 12,944,188

On-Board Requested reflects total personnel across the entire period of execution as presented in Spend Plans submitted to Congress in June, 2024. Medical Services and VBA requests include reimbursements to the Veterans Experience Office. Revised spend plans with updates to FTE requests, TEF funding allocations, and estimated obligations were transmitted to Congress on June 12, 2024.

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 \(va.gov\)](#).



Performance Summary

Measure #	Measure Text	FY 2024 Actuals	FY 2025 Target	FY 2026 Target	FY 2027 Target (VHA only)
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	4	3	3	3
VHA-790	Percentage of unique Veterans accessing Whole Health services	45%	27%	29%	31%
VHA-834	Percent of women assigned to designated women's health primary care providers	87%	87.50%	88%	88.50%
VHA-1062	Veteran telehealth utilization: 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.	44%	35%	TBD	TBD
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	42%	40%	40%	40%
VHA-1082	Will permanently house no less than 41,000 individual Veterans.	New in FY 2025	41,000	42,000	42,000
VHA-1079	Quality of Care - Patient Centered Medical Home (PCMH) Overall Satisfaction (Primary Care)	New in FY 2025	84%	76%	77%
VHA-741	Overall Rating of primary care provider	75%	75%	76%	76%
VBA-218	Average days to complete original education claims	23.9	24	24	
VBA-219	Average days to complete supplemental education claims	10.1	12	12	
VBA-226	Default resolution rate for VA backed home loans	97.27%	84%	84%	
VBA-304	National accuracy rate - percent of disability compensation rating issues processed accurately	91.60%	96%	96%	
VBA-576	Percent of disability compensation rating claims processed within 125 days	49.10%	48%	48%	
VBA-842	Percentage of interactions correctly managed by the National Call Center	92.55%	91%	91%	
VBA-843	Average days to complete higher-level reviews	100.7	125	125	
VBA-844	Quality of higher-level review decisions	96.28%	93%	93%	
VBA-845	Education claim quality	97.90%	95%	95%	
VBA-848	National claim-based quality for pension claims (rating)	92.70%	93%	93%	
VBA-918	Percentage of Pension Rating Claims Processed Within 125 Days	54.60%	63%	63%	
VBA-920	Number of VR&E positive outcomes	17,273	15,094	TBD	
VBA-1058	Average days to complete an IDES proposed rating	12.6	19	19	
VBA-1059	Certificate of Eligibility Issuance -within Three Days	99.70%	90%	90%	
VBA-1067	Average speed to answer	11 sec	120 sec	120 sec	
VBA-1088	Percent of disability compensation rating claims pending greater than 125 days	New in FY 2025	25%	25%	
VBA-1089	Percent of pension rating claims pending greater than 125 days	New in FY 2025	35%	30%	
VBA-1090	Death Claims Payment Accuracy	New in FY 2025	95%	95%	

Measure #	Measure Text	FY 2024 Actuals	FY 2025 Target	FY 2026 Target	FY 2027 Target (VHA only)
VBA-1091	Insurance Loan & Cash Surrender Timeliness	New in FY 2025	5 days	5 days	
VBA-1092	Case Management Accuracy	New in FY 2025	70%	70%	
NCA-54	Percent of graves in National Cemeteries marked within 60 days of interment	97%	92%	92%	
NCA-813	Number of additional VetPop Served	0	44,715	23,052	
NCA-1042	Customer satisfaction with the appearance of national cemeteries	99%	99%	99%	
NCA-1043	Customer satisfaction with the quality of service provided by the national cemeteries	97%	97%	97%	
NCA-1044	Customer willingness and trust to recommend national cemeteries to Veteran families during their time of need	99%	99%	99%	
NCA-1045	Ease of scheduling an interment at national cemeteries	93%	88%	88%	
NCA-1047	Percentage Total Veteran Utilization of Burial/Memorial benefits	40.80%	42%	42%	
NCA-1048	Satisfaction with the length of time it takes on the phone to schedule an interment at national cemeteries	91%	83%	83%	
NCA-1049	Total Users of the Veterans Legacy Memorial Web site	54,000	57,000	73,500	
NCA-1050	Veteran Utilization of National Cemeteries	15.58%	16%	16%	
BVA-65	Appeals adjudicated by the Board	116,192	118,000	TBD	
BVA-959	Board's Legacy Quality Assurance Rate	96%	92%	92%	
BVA-983	Board's AMA Quality Assurance Rate	95%	92%	92%	
BVA-1055	Comparison in Timeliness of AMA vs Legacy Decisions	3.4 years	4 years	4 years	
VEO-692	Overall Trust in VA among Veterans, their families, caregivers, and survivors	80.20%	90%	90%	
VEO-746	Ease to receive VA care or services needed by Veterans, their families, caregivers, and survivors.	75.90%	90%	90%	
VEO-752	Effectiveness of the VA care or service needed by Veterans, their families, caregivers, and survivors.	78.20%	90%	90%	
VEO-761	Emotional resonance - Veterans, their families, caregivers, and survivors felt like valued customers when receiving needed care or services from VA.	80.30%	90%	90%	
HRA/OSP-1011	Comprehensive continuity capability score	9.4	8	8	
HRA/OSP-964	Time to Hire - VA-Wide Title 5 and Hybrid Title 38	49%	51%	TBD	
HRA/OSP-965	Time to Hire – VHA Title 38	46%	51%	TBD	
HRA/OSP-979	Retention of VA workforce	72.20%	72%	72%	
HRA/OSP-972	Percent of background investigations adjudicated within 90 days of receipt (enterprise wide).	86.91%	90%	90%	
HRA/OSP-1040	Completion of police program inspections	50	10	39	
HRA/OSP-1041	Law Enforcement Training Center VA police officer standardized training graduation rate.	86.34%	85%	85%	
OIT-1052	FOIA Average Processing Time Reduction	63.80%	70%	70%	
OIT-1073	% of Customer Satisfaction with VA.gov	New in FY 2025	58%	56%	
OIT- 1074	Average App Store Rating of VA Health and Benefits Mobile App	New in FY 2025	4.65	4.65	

Measure #	Measure Text	FY 2024 Actuals	FY 2025 Target	FY 2026 Target	FY 2027 Target (VHA only)
OIT-1075	FISMA CIO Metrics Composite Score	New in FY 2025	90%	90%	
OALC-400	Percent of major construction projects accepted by VA in the quarter estimated for completion	85%	75%	75%	
OALC-973	Procurement action lead time (days)	97	225	205	
OALC-975	Acquisition customer satisfaction - pre-award activity	5.32	5.4	5.4	
OALC-976	Acquisition customer satisfaction –contract administration	5.45	5.7	5.7	
OALC-980	VA achievement Federal category management spend under management targets	90.40%	90%	90%	
OALC-1018	Acquisition customer satisfaction - overall contracting activity	5.49	5.7	5.7	
OALC-1020	VA achievement federal category management best in class	7.70%	8%	8%	
OALC-1021	VA achievement federal category management small business	30%	27%	27%	
OALC-825	Percent of CFM-led leasing projects accepted by VA in the quarter estimated for completion.	100%	75%	75%	
OAWP-926	Length of time in days to close cases investigated by the Office of Accountability and Whistleblower Protection	70	120	125	
OAWP-1051	(Internal Training) Maintain certification in the voluntary Office of Special Counsel (OSC) 2302(c) program.	100%	100%	100%	
OEDCA-1083	Number of Reversals on the Merits	New in FY 2025	less than 10	less than 10	
OEDCA-1084	Percentage of OEDCA Decisions Requiring Reissuance	New in FY 2025	less than 1%	less than 1%	
OEDCA-1085	Percentage of Timely Merits Final Agency Decisions	New in FY 2025	30% or more for Q3 and 36% of more for Q4	36% or more for Q1 and Q2; 38% or more for Q3-Q4	
OGC-885	Assess adequate legal support for agency: average number of case hours per attorney produced each quarter.	330	325	325	
OGC-886	Assess adequate legal support for agency: average number of case hours per paralegal produced each quarter.	285	250	250	
OSDBU-878	Percentage of total procurement awarded to Veteran-Owned Small Businesses	25.30%	17%	17%	
OSDBU-967	New Contract Awards Using SDVOSB or VOSB Set-Aside	14.20%	9.90%	9.90%	
OSDBU-968	Percentage of Total Procurement Awarded to Service-Disabled Veteran-Owned Small Business (SDVOSB)	24.80%	15%	15%	
DGA-1093	Increase % of VA Business Lines utilizing the NCVAS Veteran population data to support product development and resource planning activities	New in FY 2026	N/A	TBD	

Please visit, <https://department.va.gov/about/va-plans-budget-finances-and-performance/> to view the Annual Performance Report (APR).



Selected Facilities by Type

Selected VA Facilities by Type

(As of May 2025)

Type of Facility	Number
Residential Rehabilitation Treatment Programs	126
Health Administration Management Center	1
Veterans Benefits Administration (VBA) Insurance Center	1
National Cemetery Districts	5
Extended Care (Community Living Centers)	136
VBA Regional Loan Centers	8
VBA National Contact Center	1
VBA Regional Offices	56
VBA Regional Pension Management Centers	3
VBA Regional Education Processing Offices	2
VBA Fiduciary Hubs	6
VA Hospitals	144
VA National Cemeteries	158
VA Other Cemeterial Installations (Soldiers' lots and Monument sites)	35
VA Community-Based Outpatient Clinics	755
Vet Centers	302

Mobile Vet Centers	85
VBA District Offices	4
Veterans Integrated Service Networks (VISNs)	18

This page intentionally left blank.

Department of Veterans Affairs
Office of the Assistant Secretary for Management
www.va.gov/budget