

# U.S. DEPARTMENT OF VETERANS AFFAIRS

## FY 2024 BUDGET SUBMISSION



## Budget in Brief

March 2023

## Overview

The 2024 request and 2025 Advance Appropriations (AA) request for the Department of Veterans Affairs (VA) honors the Nation's sacred obligation to serve Veterans, their families, caregivers and survivors as well as they have served this country by investing in: world-class health care, including mental health, and enhancing Veterans' general well-being; benefits delivery, including disability claims processing; education; employment training; and insurance, burial, and other benefits to enhance Veterans' prosperity. The request ensures that all Veterans, including women Veterans, Veterans of color and LGBTQ+ Veterans receive the care they have earned, while addressing Veteran homelessness, suicide prevention and caregiver support.

The total 2024 request for VA is \$325.1 billion (discretionary, including collections, and mandatory), a \$16.6 billion (+5.4%) increase above the 2023 enacted level. This includes a discretionary budget request of \$142.8 billion, a \$3.0 billion (+2.1%) increase above 2023, including \$4.3 billion from Medical Care Collections and \$600 million from the Recurring Expenses Transformational Fund (Transformational Fund, or RETF<sup>1</sup>).

The 2024 mandatory funding request is \$182.3 billion, an increase of \$13.6 billion or 8.1% above 2023. 2024 mandatory funding includes \$160.0 billion in traditional benefits to Veterans, plus \$1.9 billion for construction and \$20.3 billion for the Cost of War Toxic Exposures Fund (TEF).

VA anticipates supporting 453,824 Full-time Equivalent (FTE) staff in 2024 using all funding sources.

The 2025 Medical Care AA request includes a discretionary funding request of \$112.6 billion. The 2025 mandatory AA request is \$193.0 billion for Veterans benefits programs (Compensation and Pensions, Readjustment Benefits, and Veterans Insurance and Indemnities) and \$21.5 billion for the TEF.

The 2024 request will provide the necessary resources to meet VA's commitment to provide timely access to world-class health care and earned benefits to Veterans. The budget fully funds operation of the largest integrated health care system in the United States, with over 9.1 million enrolled Veterans, provides disability compensation benefits to 6.6 million Veterans and their survivors and administers pension benefits for nearly 263,000 Veterans and their survivors. The 2024 request will also provide for:

- 7.4 million unique patients treated by VA.
- 139.7 million outpatient visits.
- A historic investment in VA's infrastructure, with a total of \$4.1 billion for construction (all funds, base discretionary and mandatory appropriations, and the RETF).
- Education assistance programs serving nearly 820,000 trainees.

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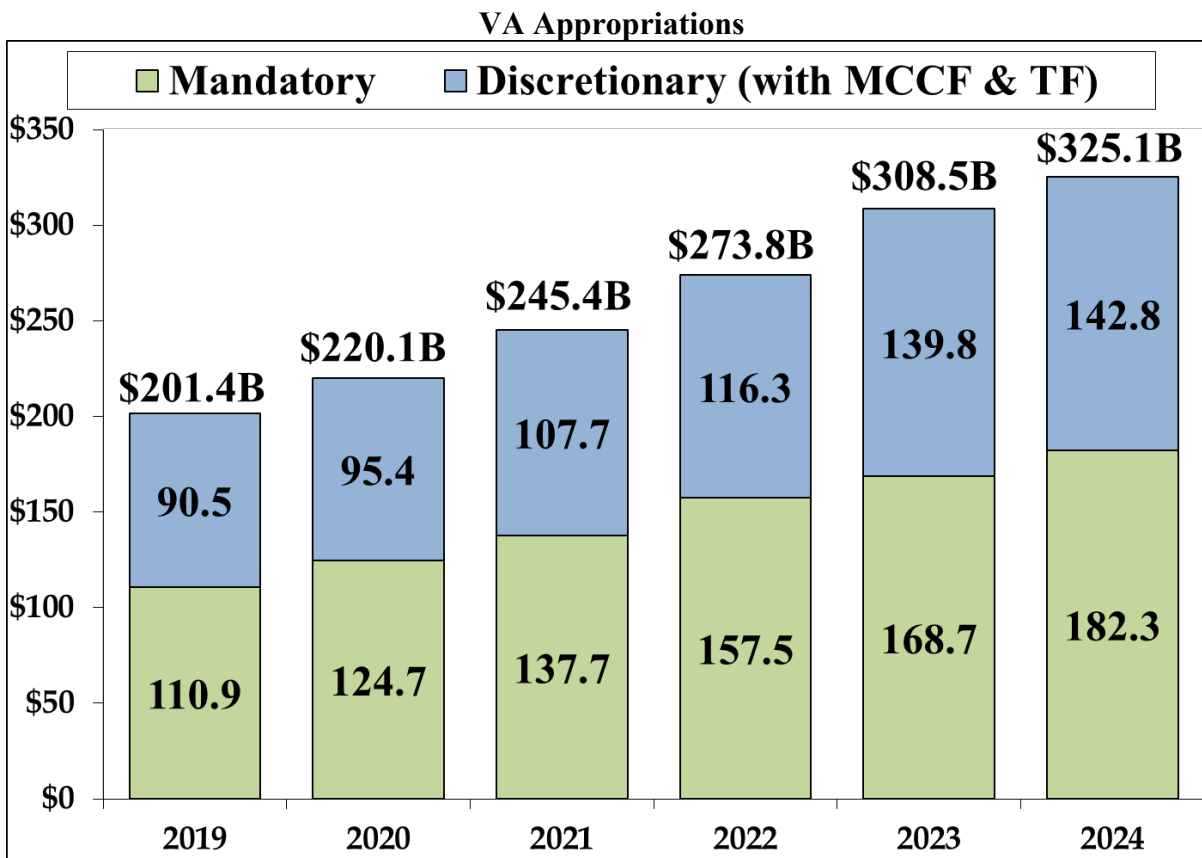
<sup>1</sup> The Consolidated Appropriations Act, 2016 (P.L. 114-113) created the Recurring Expenses Transformational Fund, which allows VA to transfer unobligated balances of expiring non-emergency discretionary funds in any of its accounts into the Transformational Fund for use as directed in the Act.

- Veteran Readiness and Employment (VR&E) benefits for over 144,000 Veterans.
- A home mortgage program with a portfolio of 3.9 million active loans.
- The largest and highest performing national cemetery system projected to inter an estimated 140,472 Veterans and eligible family members in 2024.

There are an estimated 18.6 million Veterans living in the United States (U.S.), its territories, and other locations. These Veterans, their families, caregivers and survivors are the heart of America, having dedicated their lives to serving and sacrificing for this country in the times when they were needed most. The resources requested in this budget will allow VA to deliver more care, more benefits, for more Veterans. VA will continue to work with Federal, state, and local partners, including Veterans Service Organizations (VSOs) to best utilize the funds requested and fight like hell to deliver timely access to world-class health care and earned benefits.

## VA Funding

Funding for the VA has increased significantly, with total funding growing by \$123.7 billion (+61.4%) since 2019, as shown below.

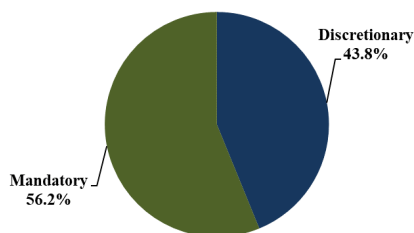


### Funding History

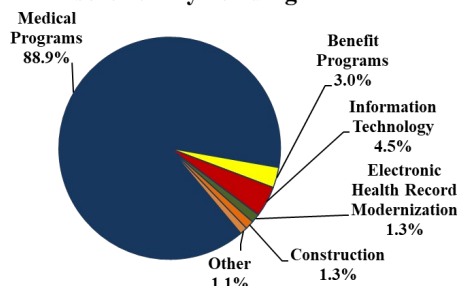
(\$ in Billions)	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Mandatory	102.4	95.1	92.5	105.5	112.3	110.9	124.7	137.7	157.5	168.7	182.3
Discretionary	63.4	65.1	70.9	74.3	81.6	86.6	92.0	104.6	113.3	135.0	137.9
Medical Collections (MCCF)	3.1	3.2	3.5	3.5	3.5	3.9	3.4	3.1	3.9	3.8	4.3
Transformational Fund (RETF)									-0.8	1.0	0.6
<b>Total VA</b>	<b>168.9</b>	<b>163.5</b>	<b>166.9</b>	<b>183.3</b>	<b>197.4</b>	<b>201.4</b>	<b>220.1</b>	<b>245.4</b>	<b>273.8</b>	<b>308.5</b>	<b>325.1</b>

Mandatory includes \$15 billion provided by the Veterans Choice Act in 2014, \$2.1 billion in 2017 and \$7.3 billion in 2018, as well as resources provided in the PACT Act and the TEF. Mandatory excludes American Rescue Plan (2021). Discretionary excludes Families First Coronavirus Response Act (2020) and CARES Act (2020). Totals may not add due to rounding.

### Discretionary vs. Mandatory Funding



### Discretionary Funding



# FY 2024 Request

## *Regular Appropriations, Collections, Department of Defense (DoD) Transfers, and Transformational Fund*

(\$ in millions)	2022	2023	2024	Change 2024 vs. 2023	
	Enacted	Enacted	Request	\$	%
<b>Discretionary Funding /1</b>					
Medical Services	58,697	70,584	69,071	(1,513)	-2.1%
Medical Community Care	23,217	28,457	31,091	2,634	9.3%
Medical Support and Compliance	8,403	11,073	12,300	1,227	11.1%
Medical Facilities	6,885	8,634	8,549	(84)	-1.0%
<b>Subtotal, Medical Care Appropriations</b>	<b>97,202</b>	<b>118,748</b>	<b>121,011</b>	<b>2,263</b>	<b>1.9%</b>
Medical Care Collections Fund	3,887	3,845	4,269	424	11.0%
<b>Subtotal, Medical Care with MCCF</b>	<b>101,089</b>	<b>122,593</b>	<b>125,281</b>	<b>2,688</b>	<b>2.2%</b>
Medical and Prosthetic Research	882	916	938	22	2.4%
Electronic Health Care Record Modernization	2,300	1,609	1,863	254	15.8%
Information Technology Systems	5,513	5,782	6,401	619	10.7%
Board of Veterans' Appeals	228	285	287	2	0.7%
General Operating Expenses, Veterans Benefits Administration	3,454	3,863	3,899	36	0.9%
National Cemetery Administration	394	430	480	50	11.6%
General Administration	401	433	475	42	9.7%
Construction, Major Projects	1,611	1,372	881	(491)	-35.8%
Construction, Minor Projects	553	626	680	54	8.6%
Grants for State Extended Care Facilities	50	150	164	14	9.3%
Grants for Construction of Veterans Cemeteries	49	50	60	10	20.0%
Office of Inspector General	239	273	296	23	8.4%
Asset & Infrastructure Review Commission	5	(5)	-	5	-
Loan Administration Funds	231	284	320	36	12.6%
DoD Transfers to Joint Accounts	152	183	187	4	2.4%
<b>Subtotal, Discretionary without MCCF</b>	<b>113,264</b>	<b>134,999</b>	<b>137,942</b>	<b>2,944</b>	<b>2.2%</b>
<b>Subtotal, Discretionary (with MCCF)</b>	<b>117,151</b>	<b>138,844</b>	<b>142,212</b>	<b>3,368</b>	<b>2.4%</b>
<b>Transformational Fund (TF) /2</b>	<b>(820)</b>	<b>968</b>	<b>600</b>	<b>(368)</b>	<b>-38.0%</b>
<b>Total, Discretionary (with MCCF and TF)</b>	<b>116,331</b>	<b>139,812</b>	<b>142,812</b>	<b>2,999</b>	<b>2.1%</b>
<b>Mandatory Funding 3/</b>					
<b>Total, Mandatory</b>	<b>157,518</b>	<b>168,710</b>	<b>182,320</b>	<b>13,610</b>	<b>8.1%</b>
<b>Total Funding</b>					
<b>Total VA (Disc &amp; Mand) without MCCF or TF</b>	<b>270,782</b>	<b>303,708</b>	<b>320,262</b>	<b>16,554</b>	<b>5.5%</b>
<b>Total VA (Disc &amp; Mand) with MCCF</b>	<b>274,669</b>	<b>307,553</b>	<b>324,531</b>	<b>16,978</b>	<b>5.5%</b>
<b>Total, Disc &amp; Mand Funding (with MCCF and TF)</b>	<b>273,849</b>	<b>308,522</b>	<b>325,131</b>	<b>16,610</b>	<b>5.4%</b>

1/ Discretionary Funding includes non-emergency discretionary appropriations provided in annual Appropriations Acts. The 2022 rescission of ARP balances was scored against the VA discretionary appropriations level in the 2022 annual appropriations act, but this display maintains the separation between base and COVID-19 supplemental appropriations. The President's Budget Appendix reflects \$112.4 billion in net discretionary appropriations for VA. Medical Care appropriations include proposed cancellation of \$7.093 billion, but excludes proposed transfers.

2/ Estimated resources available in RETF at the start of 2024. These resources do not score as budget authority in 2024.

3/ Mandatory Funding includes mandatory appropriations provided in annual Appropriations Acts, PACT Act and TEF.

**Mandatory Funding Details**

(\$ in millions)	2022	2023	2024	Change 2024 vs. 2023	
	Enacted	Enacted	Request	\$	%
<b>Mandatory Funding 1/</b>					
<b>Mandatory Benefits</b>					
Compensation and Pensions	139,183	152,017	151,434	(583)	-0.4%
Veterans Insurance and Indemnities	137	110	134	24	21.8%
Readjustment Benefits	14,947	8,907	8,453	(454)	-5.1%
Credit Reform Upward Reestimates and Subsidy	1,910	799	4	(795)	-99.5%
Housing Liquidating Account	(4)	(3)	(3)	0	-
<b>Subtotal, Mandatory Benefits</b>	<b>156,172</b>	<b>161,830</b>	<b>160,022</b>	<b>(1,808)</b>	<b>-1.1%</b>
Construction, Major Projects			1,530		
Construction, Minor Projects			400		
<b>Subtotal, Construction</b>	<b>-</b>	<b>-</b>	<b>1,930</b>	<b>1,930</b>	<b>100.0%</b>
<b>American Rescue Plan</b>					
Information Technology Systems	(76)				
<b>Subtotal, American Rescue Plan</b>	<b>(76)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>PACT Act</b>					
<b>Section 705 (Enhanced Use Leases)</b>					
Medical Facilities	275				
General Administration	18				
Construction, Major Projects	58				
Construction, Minor Projects	570				
<b>Subtotal, Section 705</b>	<b>922</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Section 707 (Major Medical Facility Leases)</b>					
Medical Facilities		1,880	100	(1,780)	-94.7%
<b>Cost of War Toxic Exposures Fund</b>	<b>500</b>	<b>5,000</b>	<b>20,268</b>	<b>15,268</b>	<b>305.4%</b>
<b>Total, Mandatory</b>	<b>157,518</b>	<b>168,710</b>	<b>182,320</b>	<b>13,610</b>	<b>8.1%</b>

1/ Credit Reform re-estimates occur after the end of a fiscal year. No appropriations for those are in the budget request.

Mandatory funding for Compensation and Pensions of \$151.4 billion appropriated, plus additional carryover funding, will provide \$165.6 billion in disability compensation payments to nearly 6.7 million Veterans and their survivors and \$3.4 billion in pension payments to nearly 263,000 Veterans and their survivors. Readjustment Benefits funding of \$8.4 billion appropriated plus additional carryover will provide \$12.8 billion in education and job training benefits to 964,000 Veterans and qualified dependents. VA's life insurance programs will provide coverage to over 5.6 million Veterans. The new Veterans Affairs Life Insurance (VA Life) program will enable VA to cover more Veterans at a lower cost to VA. Funding for VA's Home Loan program will support nearly 654,000 guaranteed loans within a portfolio of 3.9 million active loans.

Additional mandatory funding of \$1.9 billion will support major and minor construction for the St. Louis, Missouri VA medical center project, associated line items and construction for prior year minor construction projects.

### ***Toxic Exposures Fund (TEF) Details***

“The Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022” or the “Honoring our PACT Act of 2022” (PACT Act, PL 117–168) represents the most significant expansion of VA healthcare and disability compensation benefits for Veterans exposed to burn pits and other environmental exposures in 30 years. As part of the PACT Act, Congress authorized the Cost of War Toxic Exposures Fund (TEF) to fund increased costs above 2021 funding levels for health care and benefits delivery for Veterans exposed to a number of environmental hazards to ensure there is sufficient funding available to cover these costs, without shortchanging other elements of Veteran medical care and benefit delivery. The budget provides \$20.3 billion in mandatory funding for the TEF in 2024 which will support an estimated 9,324 Full Time Equivalents (FTEs), as shown in the tables below. The budget also provides \$21.5 billion for the TEF in 2025 for medical care. Further details for the TEF are provided in each office description.

### **TEF Appropriation**

(\$ in millions)	2022 Enacted	2023 Enacted	2024 Request	Change 2024 vs. 2023	
				\$	%
<b>Toxic Exposures Fund</b>					
Medical Care	34	3,822	17,116	13,293	348%
Medical and Prosthetic Research	1	2	46	44	2414%
Information Technology Systems	123	656	1,243	587	89%
Board of Veterans' Appeals	10	1	4	3	471%
General Operating Expenses, Veterans Benefits Administration	302	482	1,769	1,287	267%
General Administration	30	37	90	53	145%
<b>Total, Toxic Exposures Fund</b>	<b>500</b>	<b>5,000</b>	<b>20,268</b>	<b>15,268</b>	<b>305%</b>

### ***TEF Full-Time Equivalent Employees (FTEs)***

TEF funded FTEs	2022 Enacted	2023 Enacted	2024 Request	2024 vs. 2023 Change	
				#	%
<b>Toxic Exposures Fund</b>					
Medical Care		13	13	-	-
Medical and Prosthetic Research		11	113	102	927.3%
Information Technology Systems		139	341	202	145.3%
Board of Veterans' Appeals		-	153	153	-
General Operating Expenses, Veterans Benefits Administration		6,733	8,466	1,733	25.7%
General Administration		238	238	-	-
<b>Total, Toxic Exposures Fund FTEs</b>	<b>-</b>	<b>7,134</b>	<b>9,324</b>	<b>2,190</b>	<b>30.7%</b>

**American Rescue Plan (ARP) Details**

The American Rescue Plan Act of 2021 provided VA with \$17.1 billion in mandatory funding to sustain the VA COVID-19 response beyond the expiration of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) funding and provide funding to meet other needs. VA obligated a total of \$11.8 billion through 2022. \$5.1 billion is available for obligation in 2023. VA expects to obligate virtually all remaining funding in 2023.

**American Rescue Plan (ARP) Plan**

VA Account	Allocated (with Reprogramming & Rescissions)	FY 2021 and FY 2022 Obligations	Available for FY 2023
<b>Section 8001: (available through 9/30/23)</b>			
VBA - General Operating Expenses (GOE)	\$ 262,000	\$ 141,190	\$ 120,810
Board of Veterans Appeals	10,000	4,992	5,008
<b>Total Section 8001</b>	<b>272,000</b>	<b>146,182</b>	<b>125,818</b>
<b>Section 8002: (available through 9/30/23)</b>			
Veterans Medical Care and Health Fund (VMCHF)			
Medical Services	5,650,191	4,916,938	733,253
Medical Community Care	3,803,839	1,816,196	1,987,643
Medical Support and Compliance	978,433	476,128	502,305
Medical Facilities	2,572,958	1,800,902	772,056
Medical and Prosthetic Research	39,000	8,891	30,109
Office of Information Technology	1,437,579	668,336	769,242
<b>Total Section 8002</b>	<b>14,482,000</b>	<b>9,687,392</b>	<b>4,794,608</b>
<b>Section 8003: (available through 9/30/22)</b>			
Office of Information Technology	23,895	23,895	-
<b>Total Section 8003</b>	<b>23,895</b>	<b>23,895</b>	<b>-</b>
<b>Section 8004:</b>			
Medical Community Care (available through 9/30/22)	250,000	250,000	0
Grants for Construction of State Extended Care Facilities (no year)	500,000	499,062	938
<b>Total Section 8004</b>	<b>750,000</b>	<b>749,062</b>	<b>938</b>
<b>Section 8005: (no year)</b>			
Office of Inspector General	10,000	9,495	505
<b>Total Section 8005</b>	<b>10,000</b>	<b>9,495</b>	<b>505</b>
<b>Section 8006: (no year)</b>			
Readjustment Benefits – Veteran Rapid Retraining Assistance Program (VRRAP)	386,000	202,612	183,388
<b>Total Section 8006</b>	<b>386,000</b>	<b>202,612</b>	<b>183,388</b>
<b>Section 8007: (no year)</b>			
Medical Services	653,184	650,336	2,847
Medical Community Care	81,609	81,433	176
Medical Care Collections Fund	265,208	248,347	16,861
<b>Total Section 8007</b>	<b>1,000,000</b>	<b>980,116</b>	<b>19,884</b>
<b>Section 8008: (available through 9/20/22)</b>			
Emergency Department of Veterans Affairs Employee Leave Fund	80,000	25,954	-
<b>Total Section 8008</b>	<b>80,000</b>	<b>25,954</b>	<b>-</b>
<b>Total, ARP All Sections</b>	<b>17,003,895</b>	<b>11,824,708</b>	<b>5,125,141</b>



## VA Staffing

The 2024 budget request supports 453,824 FTE (from all funding sources), an increase of 19,922 from the 2023 enacted level. Most of the increase, 17,156 FTE, is in the Veterans Health Administration, which will allow VA to meet continued growth for VA health care services. The budget provides resources for provider growth, in a tightening provider labor market, as VA expands telehealth services and enhances suicide prevention and substance use disorder initiatives. The 2024 budget assumes a 5.2% pay increase for civilian employees in calendar year 2024.

### *Full-Time Equivalent Employees (FTEs)*

All funding sources	2022	2023	2024	2024 vs. 2023 Change	
	Enacted	Enacted	Request	#	%
Medical Services (includes Choice, Sec 801 & TEF)	260,416	277,612	293,598	15,986	5.8%
Medical Support & Compliance	57,224	62,853	66,534	3,681	5.9%
Medical Facilities	22,143	25,668	26,501	833	3.2%
Veterans Medical Care and Health Fund	15,440	3,517	0	(3,517)	-100.0%
<b>Subtotal, Medical Care</b>	<b>355,223</b>	<b>369,650</b>	<b>386,633</b>	<b>16,983</b>	<b>4.6%</b>
DoD-VA Health Care Sharing Incentive Fund	31	34	34	0	0.0%
Joint DoD/VA Demonstration Fund	2,285	2,440	2,490	50	2.0%
Medical Research	4,245	4,710	4,829	119	2.5%
Canteen Service	2,101	2,075	2,065	(10)	-0.5%
<b>Subtotal Veterans Health Administration FTE</b>	<b>363,885</b>	<b>378,909</b>	<b>396,051</b>	<b>17,142</b>	<b>4.5%</b>
Electronic Health Record Modernization	172	227	313	86	37.9%
Information Technology	8,048	9,144	9,583	439	4.8%
Board of Veterans Appeals	1,182	1,341	1,618	277	20.7%
Veterans Benefits Administration	24,794	33,214	34,228	1,014	3.1%
National Cemetery Administration	2,114	2,281	2,331	50	2.2%
General Administration	2,873	3,666	4,508	842	23.0%
Inspector General	1,107	1,131	1,155	24	2.1%
Franchise Fund	1,992	2,537	2,585	48	1.9%
Supply Fund	1,023	1,452	1,452	0	0.0%
<b>Total FTE</b>	<b>407,190</b>	<b>433,902</b>	<b>453,824</b>	<b>19,922</b>	<b>4.6%</b>

\* Medical Care FTEs include Section 801 Veterans Choice Act and Veterans Medical Care and Health Fund FTE.

\*\* 2023 and 2024 Include FTE funded by the Toxic Exposures Fund

\*\*\* An additional 60 FTEs, not included here, are requested as part of the legislative proposal package.

Note: 2022 Enacted for Canteen and 2023 Enacted and 2024 Request for GenAd differs from MAX due to data entry errors in MAX

## **Secretarial Vision**

Secretary Denis McDonough remains firm in his commitment to fight like hell for all Veterans, their families, caregivers and survivors. They are the heart of America, having dedicated their lives to serving and sacrificing for this country in times when we needed them the most.

Since the start of the Biden/Harris administration, VA has delivered more care and more benefits to more Veterans than at any other time in our nation's history. This budget request enables VA to continue this momentum and fulfill its sacred obligation by providing Veterans with world-class health care; with the benefits they have earned and so rightly deserve; and with a lasting resting place that is a tribute to their service. Key investments of this budget include:

### ***Expanding Health Care, Benefits, and Services for Environmental Exposures***

The PACT Act represents the most significant expansion of VA health care and disability compensation benefits for Veterans exposed to burn pits and other environmental exposures in 30 years. As part of the PACT Act, Congress authorized the TEF to fund increased costs above 2021 funding levels for health care and benefits delivery for Veterans exposed to a number of environmental hazards—and ensure there is sufficient funding available to cover these costs without shortchanging other elements of Veteran medical care and benefit delivery. The budget provides \$20.3 billion for the TEF in 2024, which is \$15.3 billion above the 2023 enacted level. This amount includes \$17.1 billion for medical care; \$1.8 billion for disability compensation benefits claims processing and claims automation strategies; \$1.2 billion for information technology support; \$90 million for support services including stakeholder outreach, hiring initiatives, and legal services; \$46 million for research activities; and \$4 million for claims appeals.

To ensure all eligible Veterans obtain the benefits and care they earned through their service, the budget provides \$82 million for the Health Outcomes and Military Exposures (HOME) Office, an 85% growth over 2022. VHA will regularly screen enrolled Veterans for military-related toxic exposures and ensure clinicians are adequately informed to assess how such exposures affect Veterans' specific health concerns. VA will improve the Airborne Hazards and Open Burn Pit (AHOBP) registry and will track the VHA health care utilization of the PACT Act eligible cohort. To ensure these Veterans receive the highest quality care available, new research will yield improvements in the identification and treatment of medical conditions potentially associated with toxic exposures.

In 2024, the VA PACT Act Enterprise Project Management Office will continue to work to provide a "One-VA" experience to all Veterans, survivors, family members, and caregivers to proactively receive timely benefits, services, and high-quality health care. VA is also committed to recruiting, onboarding, and integrating new employees across the enterprise to further implement the PACT Act for Veterans and survivors. VA will continue to hold hiring fairs across the country, with an emphasis on hiring Veterans Claims Examiners, HR Specialists, IT Specialists, nurses, and more.

### ***Delivering Timely Access to High Quality Mental Health Care and Preventing Suicide Among Veterans***

The budget invests \$139 million within VA research programs, together with \$16.6 billion within the VA Medical Care program, to increase access to quality mental health care and lower the cost of mental health services for veterans, with the goal of helping veterans take charge of their treatment and live full, meaningful lives. This effort includes support for the Commander John Scott Hannon Veterans Mental Health Care Improvement Act (Hannon Act), clinical trials, and epidemiological studies on risk and prevention factors. In addition, the budget provides \$559 million to further advance the Administration's veteran suicide prevention initiatives, including continued expansion of the Veterans Crisis Line's 988, additional support for VA's National Suicide Prevention Strategy and a new \$10 million program to further bolster suicide prevention efforts under section 303 of the Strong Veterans Act of 2022.

VA provides a comprehensive continuum of outpatient, residential and inpatient mental health services for the full range of mental health conditions. VA proactively screens for symptoms of depression, post-traumatic stress disorder (PTSD), problematic use of alcohol, experiences of military sexual trauma (MST) and suicide risk. Suicide prevention continues as a top clinical priority, and as a part of our efforts we continue to enhance our comprehensive public health approach to reach all Veterans. Our commitment to a proactive, Veteran-centered Whole Health approach is integral to our mental health care efforts and includes online and telehealth access strategies.

Maintaining the integrity of VA's mental health care system is vitally important, but it is not enough. We know some Veterans may not receive any health care services from VA, which highlights that VA alone cannot end Veteran suicide; it requires a nationwide effort. VA developed the National Strategy for Preventing Veteran Suicide with the intention of articulating how everyone can work together to prevent Veteran suicide. While the development of the National Strategy was groundbreaking in defining the vision of reaching and serving Veterans within and outside VHA clinical care, VA moved to translate the vision of the 10-year National Strategy into operational plans of actions through Suicide Prevention 2.0 (SP 2.0) combined with the Suicide Prevention Now initiative.

This budget funds the Hannon Act which authorized the new Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program to reduce Veteran suicide through a community-based grant program that provides or coordinates suicide prevention services. The 2024 budget also fully funds the provision of emergent suicide care authorized by the Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020 (P.L. 116-214).

### ***Delivering Benefits for Veterans, Including Investing in Automating Claims Processing***

The budget request supports the President's commitment to help Veterans build civilian lives of opportunity with the education and jobs worthy of their skills and talents and receive the benefits they have earned by making key investments in VBA, the Board, and the National Cemetery Administration (NCA).

The 2024 budget includes \$3.9 billion in discretionary funding for VBA's General Operating Expenses account, a \$36 million increase (+0.9%) over the 2023 enacted level. This includes funds to hire 73 FTE additional employees for the Housing and Native American Direct Loan programs from within the Credit Reform administrative costs to support growing demands and increased scope of loans as well as to advance modernization efforts. It also supports 3 FTE employees for processing grant applications related to the Veteran Transitional Assistance Grant Program.

For NCA, the budget includes \$480 million, an increase of \$50 million (11.6%) over the 2023 level, to ensure Veterans and their families have access to exceptional burial and memorial benefits including expansion of existing cemeteries, as well as new and replacement cemeteries. These funds maintain national shrine standards at the 158 VA managed cemeteries and provide the initial operational investment required to open new cemeteries.

To further help Veterans receive the benefits they deserve in a timely fashion, the budget also includes \$287 million for the Board, an increase of \$2 million (+0.7%) from 2023 and supports 1,465 FTEs and overtime appeals processing.

## ***Bolster Efforts to End Veteran Homelessness***

VA has made significant progress to prevent and end Veteran homelessness, in close collaboration with our federal agency partners, leading national organizations, and State and local government agencies, and with VSOs and other nonprofit partners in communities across the country. While efforts by VA and its partners have led to a more than 55% reduction in Veteran homelessness since 2010 and VA exceeded its goal in 2022 to permanently house more than 40,000 homeless Veterans, work to end Veteran homelessness remains. The budget invests \$3.1 billion for veterans' homelessness programs, with the goal of ensuring every veteran has permanent, sustainable housing with access to health care and other supportive services to end current veteran homelessness and prevent veterans from becoming homeless in the future.

Since 2010, efforts by VA and its Federal partners have led to a more than 55% reduction in Veteran homelessness. On a single night in January 2022, there were 33,129 Veterans experiencing homelessness in the U.S. Since 2015, there were 83 communities and 3 States (Delaware, Connecticut and Virginia) that met the criteria and benchmarks established by the U.S. Interagency Council on Homelessness, VA and HUD, for achieving an effective end to Veteran homelessness.

## ***Support Caregivers***

VA expanded its Program of Comprehensive Assistance for Family Caregivers (PCAFC) to eligible family members and Veterans of all eras on October 1, 2022 and has received over 44,300 applications as of February 8, 2023. Currently, there are over 45,500 Veterans participating in the PCAFC across the country, including territories. As of February 8, 2023, 98% of PCAFC applications are dispositioned in under 90 days.

The budget recognizes the important role of these family caregivers in supporting the health and wellness of Veterans. The request of \$2.4 billion for the Caregiver Support Program will fund staffing, stipend payments and many other services to help empower family caregivers of eligible Veterans. In addition, this funding allows for further improvements and enhancements, allowing VA to reach and support more caregivers than before.

VA is currently undertaking a broad programmatic review of the PCAFC to ensure it achieves intended outcomes for all applicants and participants. While this review is underway, VA has suspended all annual reassessments for participants of the PCAFC. VA will not discharge or decrease any support to PCAFC participants, and their Family Caregivers, based on reassessment, to include monthly stipends paid to Primary Family Caregivers, as the current eligibility criteria are examined.

VA will extend the benefits of Whole Health to Veterans' caregivers as well. VA will revisit the eligibility criteria for its first-in-the-nation Caregivers Support Program and will begin offering specialized telemental health care to caregivers. A new Decedent Affairs Program will provide personalized, supportive experiences to Veterans and families through end of life and to survivors after the Veteran's death.

### ***Support Cancer Moonshot and Advancements in Precision Oncology***

VA is committed to promoting measurable progress toward President Biden's Cancer Moonshot initiative. The role of continuing scientific and medical advances in the ongoing rapid evolution of oncology clinical practice necessitates the close integration of research structures and frontline care delivery. The resulting oncology learning health care system facilitates agile implementation of new clinical practices in response to scientific discoveries and evolving knowledge. To that end, VHA's research and clinical oncology programs both collaborate with the National Cancer Institute (NCI) and other external partners to maximize Veterans' benefit from cutting edge improvements in oncology care (for example, by increasing Veterans' access to clinical trials). The 2024 budget includes \$94 million to support 369 research projects to improve our ability to diagnose and treat cancers.

The vision of VA's Precision Oncology Initiative is that Veterans will have access to care as close to their homes as possible that is comparable to that available at the nation's leading cancer centers. VA's implementation of this vision is based on three clinical pillars: oncology clinical pathways that define preferred practice, molecular diagnostic services that facilitate access to testing and the requisite expertise to use the results and TeleOncology that delivers clinic care led by expert oncologists affiliated with National Cancer Institute-designated Cancer Centers to underserved areas.

Clinical trials are often part of standard clinical care for patients with cancer and are a second area of clinical-research integration in Precision Oncology. Together, these elements form a System of Excellence for the full spectrum of care for a particular cancer type. Systems of Excellence are established for Prostate/Genitourinary Cancers and Lung. In 2024, VA will expand on the Rare Cancers System of Excellence, add additional molecular testing capabilities, enhance the

pathology and laboratory infrastructure, partner with the Department of Defense and others to improve cancer care through the White House Cancer Moonshot.

The budget invests \$29 million within VA's cancer research programs, together with \$215.4 million within the VA Medical Care program, for precision oncology to provide access to the best possible cancer care for Veterans. Funds support research and programs that address cancer care, rare cancers and cancers in women, as well as genetic counseling and consultation that advance tele-oncology and precision oncology care. The 2024 investment for precision oncology within the medical care program represents a 28% increase over 2023.

### ***Support Women's Health***

Women make up 17.2% of today's active-duty military forces and 21.1% of National Guard and Reserves. VA continues to reach out to women Service members and Veterans, to encourage them to enroll and use the services they have earned. As a result, the number of women Veterans enrolling in VA health care is rapidly increasing. More women are choosing VA for their health care than ever before, with women accounting for over 30% of the increase in Veterans served over the past five years. Investments support comprehensive specialty medical and surgical services for women Veterans at a VA facility or through referrals to the community. The number of women Veterans using VA services has more than tripled since 2001, growing from 159,810 to 627,000 today. VA is committed to providing high quality, equitable care to women Veterans at all sites of care.

The budget requests \$257 million for women's health and childcare programs, a 66% increase over 2023. This increase supports \$174 million for the Women's Health Innovation and Staffing Enhancement Initiative. VA is strategically enhancing services and access for women Veterans by hiring women's health personnel nationally to fill any gaps in capacity across all Veterans Integrated Service Networks. In 2023 VA is providing funding for a total of over 1,000 women's health personnel nationally: primary care providers, gynecologists, mental health providers, and care coordinators. VA is also expanding childcare benefits beyond the current pilot sites as well as addressing clinical equipment needs such as those for mammography, exam tables designed for women with low mobility, and breastfeeding privacy pods.

To support pregnant and postpartum Veterans, VA has developed a Maternity Care Coordination (MCC) program in all VA health care systems to ensure coordination of care both in VA and in the community. VA is expanding maternity care coordination to follow pregnant Veterans for one year postpartum, a particularly vulnerable time for families.

VA has also enhanced our capacity to provide lactation services to Veterans. VA has funded the training of lactation support providers and developed a lactation support toolkit and a lactation support community of practice to ensure Veterans have access to the lactation support they need.

VA is focusing on enhancing care coordination for preventive care, such as breast and cervical cancer screenings. VA is implementing the Dr. Kate Hendricks Thomas Supported Expanded Review for Veterans in Combat Environments (SERVICE) Act. VA is implementing the PACT

Act by providing Toxic Exposure Screenings for enrolled women Veterans. The Breast and Gynecologic Cancer System of Excellence is providing state of the art breast and gynecologic cancer care and care coordination across the system through VA's tele-oncology program.

Every one of the 172 VA medical centers (VAMCs) across the United States now has a full-time Women Veteran's Program Manager tasked with advocating for the health care needs of women Veterans. Mini-residencies in women's health with didactic and practicum components optimize women's health clinician proficiency.

### ***Hire Faster and More Competitively***

Providing world class health care is only possible with an enterprise-wide team of the best and brightest in their respective fields. VA is investing in its people by dramatically increasing hiring, holding onboarding surge events to onboard staff more quickly, increasing the use of incentives for recruitment and retention, maximizing pay authorities and scheduling flexibilities, expanding scholarship opportunities, and providing more education loan repayment awards than ever before. And VA is implementing new hiring authorities and new retention authorities to grow and maintain a diverse, talented workforce with a shared mission to provide more care and more benefits to more Veterans.

In 2022, VHA nearly doubled the number of scholarships for clinical education offered to employees and increased the number of Education Debt Reduction Program (EDRP) awards to over 3,000. Additionally, the percentage of staff receiving recruitment, retention, and relocation incentives (3Rs) more than doubled from 5.9 to 12.2%. At rural facilities, the use of 3Rs increased from 4.3 to 18.9%. And for some critical shortage occupations, such as housekeeping aides (10.5 to 35%) and food service workers (2.1 to 18.7%), the use of 3Rs increased even more dramatically. These incentives assisted with the reduction of loss rates for critical shortage occupations in those areas to address increased competition for health care and entry level staff. VA also conducted a nationwide onboarding surge event in November 2022 that resulted in onboarding more new staff in VHA in the first quarter of FY 2023 (12,900 staff) than first quarter onboarding in any previous year, 86% higher than the typical number onboarded in the first quarter.

Moving forward, VHA will improve its staffing effectiveness and hire more proactively, standardizing processes and improving data to increase onboard strength, particularly in key Veteran-facing professions. Active utilization of recently enacted pay authorities will empower VHA to attract, recruit, and retain the best employees. Faster, more flexible onboarding processes will further reduce time-to-fill.

### ***Prioritize VA Facilities***

The budget includes \$4.1 billion for construction and expansion of critical infrastructure and facilities, a 38% increase from the 2023 enacted construction funding. This includes \$881 million for major construction, \$680 million for minor construction, \$600 million from the RETF and \$1.93 billion in proposed mandatory funding. The medical care budget also includes \$5 billion for

base non-recurring maintenance (NRM) projects to address infrastructure deficiencies and better equip VHA to deliver timely, quality care across the enterprise.

The construction funding supports ten major investments in new and replacement medical facilities and new or expanded cemeteries in two locations. In addition, VA would make improvements and alterations to existing medical facilities, further expanding health care capacities. These capital investments enable the delivery of high-quality health care, benefits, and services for Veterans.

VA operates the largest integrated health care, member benefits and cemetery system in the Nation, with more than 1,700 hospitals, clinics, and other health care facilities. The VA infrastructure portfolio consists of approximately 185 million owned and leased square feet—one of the largest in the Federal Government. VA’s hospitals are 60 years old on average and climbing, compared to 13 years old on average in the private sector. With aging infrastructure comes operational disruption, risk, and cost. VA estimates between \$106 billion and \$129 billion for capital infrastructure and activation costs will be needed over the next ten years to maintain and enhance our infrastructure through our annual Strategic Capital Investment Planning (SCIP) process.

## **Legislative Proposals**

Legislative proposals are described in detail in Volume I of the 2024 Budget Submission. The 122 proposals range from changes to burial benefits and authorities, to enhancements to the delivery of health care, and improved administration of benefits for Veterans, their spouses, and survivors. Central to the Department’s workforce modernization campaign is recruitment and retention. More than a dozen proposals will strengthen and build upon the workforce needed to be the provider of choice for our Nation’s Veterans.

To meet the existing and emerging needs of Veterans, VA proposes a variety of enhancements and clarifications to benefits for Veterans including refining how the Department of Defense and VA may share data to prevent duplication of benefits, and creating a One GI bill by consolidating the Montgomery GI Bill-Active Duty, Montgomery GI Bill-Selected Reserves, Post-Vietnam Era Veterans’ Educational Assistance Program, and Dependents’ Educational Assistance programs into one education program—the Post-9/11 GI Bill program.

The budget also includes a legislative proposal to provide \$1.9 billion in mandatory funding for VHA medical facilities in major and minor construction.



# *Veterans Health Administration*

## *Medical Care*

### Discretionary and Mandatory Appropriations and Collections

Accounts (\$ in millions)	2022 Enacted	2023 Enacted	2024 Request	2025 Advance Request
Medical Services	58,697	70,584	69,071	71,000
Medical Community Care	23,217	28,457	31,091	20,382
Medical Support & Compliance	8,403	11,073	12,300	11,800
Medical Facilities	6,885	8,634	8,549	9,400
<b>Subtotal Medical Care Appropriations</b>	<b>97,202</b>	<b>118,748</b>	<b>121,011</b>	<b>112,582</b>
Medical Care Collections Fund (MCCF)	3,887	3,845	4,269	4,362
Medical Facilities, Transformational Fund	0	75	0	0
Cost of War Toxic Exposures Fund (TEF)	34	3,822	17,116	21,455
PACT Act Leases (Sec 705 and 707)	275	1,880	100	200
<b>Total Medical Care with MCCF, TEF, PACT</b>	<b>101,398</b>	<b>128,370</b>	<b>142,496</b>	<b>138,599</b>

2024 Request includes proposed cancellation of \$7.093 billion in discretionary unobligated balances but excludes proposed transfers among accounts.

### FTE

All Funding Sources	2022 Enacted	2023 Enacted	2024 Request	2025 Request
Medical Services (includes Choice Sec 801)	260,416	277,599	293,585	306,030
Medical Support & Compliance	57,224	62,853	66,534	70,239
Medical Facilities	22,143	25,668	26,501	27,334
Veterans Medical Care and Health Fund	15,440	3,517	-	-
Toxic Exposures Fund	-	13	13	13
<b>Total Medical Care FTE</b>	<b>355,223</b>	<b>369,650</b>	<b>386,633</b>	<b>403,616</b>

This budget request will ensure the Nation’s Veterans receive high-quality health care and timely access to benefits and services. The 2024 Medical Care budget separates VA Medical Care as a third category within the discretionary budget based on a recognition that VA Medical Care has grown much more rapidly than other discretionary spending over time, largely due to systemwide growth in health care costs. In 2024, the budget reflects \$128.1 billion in enacted advance appropriations for VA Medical Care programs, together with a proposed cancellation of \$7.1 billion in unobligated balances, for a discretionary total of \$121.0 billion in 2024. For 2025, the budget requests \$112.6 billion in discretionary advance appropriations for Medical Care.

This year, the budget also reflects enactment of the PACT Act, which established the TEF to ensure that there is sufficient funding available to cover costs associated with providing health care and benefits to Veterans exposed to environmental hazards. Consistent with the PACT Act, VA’s Medical Care budget reflects \$17.1 billion in 2024 and \$21.5 billion in 2025 in the TEF.

When combining the requests for mandatory and discretionary appropriations across 2024 and 2025, this budget request fulfills the Administration’s commitment to provide reliable and timely resources to support the delivery of accessible and high-quality medical services for Veterans.

**Medical Care program as its own category of discretionary funding**

The 2024 budget presents the Medical Care program as its own category of discretionary funding, separate from the rest of non-defense discretionary funding. The funding needs for the Medical Care program are significantly different from most discretionary programs, driven by health care cost growth and the provision of an increasing amount of care to enrolled Veterans, as well as program expansions. Because of this, the budget request considers the funding requirements for Medical Care independently from other non-defense needs, without one impacting the other. It is critical that Congress meet our sacred commitments to America’s veterans and that they do so without shortchanging other priorities.

**TEF Request**

The budget reflects the clear requirements in the PACT Act, which directs that any increases in costs above the FY 2021 level for providing care or benefits associated with exposure to environmental hazards to Veterans should be requested as mandatory TEF funding. Consistent with the law, the budget limits the TEF request to those increases and excluding costs not associated with exposure to environmental hazards. The budget requests funds in the TEF to ensure sufficient funding is available to cover these costs without shortchanging other elements of Veteran care and services. The medical care TEF request for 2024 is \$17.1 billion, an increase of \$13.3 billion above 2023 TEF funding. The medical care advance request for 2025 is \$21.5 billion an increase of \$4.3 billion above 2024 request.

The PACT Act affects VHA enrollment by expanding eligibility for selected Veterans and by either introducing or increasing service-connected ratings for some Veterans, which increase the enrollment priority level for which the Veteran is eligible. If a Veteran is already enrolled, then the priority level upgrade is anticipated to increase their reliance on VHA for health care over time; if they are not yet enrolled, then the change is expected to increase the chance that the Veteran decides to enroll. VA launched a robust outreach campaign targeting Veterans potentially impacted by the PACT Act, which may lead to greater enrollment impact than what is reflected in historical patterns.

**Toxic Exposures Fund (TEF), Medical Care Funding by Account**

Accounts (\$ in millions)	2022 Enacted	2023 Enacted	2024 Request	2025 Advance Request
Medical Services	8	3,822	9,525	10,337
Medical Community Care	-	-	6,740	10,118
Medical Support & Compliance	26	-	850	1,000
Medical Facilities	-	-	-	-
<b>Total Medical Care TEF</b>	<b>34</b>	<b>3,822</b>	<b>17,116</b>	<b>21,455</b>

## Explanation of Budgetary Changes

The 2024 discretionary advance appropriation provided a total of \$128.1 billion for medical care. There is no request for additional discretionary funding, sometimes referred to as the “second bite”, in 2024. Based on current estimated costs for 2023 and the total available funding, VA expects to carryover \$7.1 billion from 2023 into 2024 in discretionary base funding. The budget proposes to cancel carryover balances, totaling \$7.1 billion, as part the 2024 appropriations. After the cancellation, VA will have \$121.0 billion in discretionary budget authority for medical care, before accounting for collections. Additionally, for proper execution, in 2024 the administration proposes to transfer a total of \$4.7 billion into Medical Facilities from Medical Community Care and Medical Support and Compliance and to extend the period of availability for this funding to five years. These changes are shown in the table below.

### **Medical Care, 2024 Proposed Cancellation and Transfer**

Accounts (\$ in millions)	2024 Advance Approp. (AA)	2024 Proposed Cancellation	2024 Revised Request (RR)	2024 Proposed Transfer	2024 Final Budget Authority
Medical Services	74,004	-4,933	69,071		69,071
Medical Community Care	33,000	-1,909	31,091	-3,919	27,172
Medical Support & Compliance	12,300	0	12,300	-850	11,450
Medical Facilities*	8,800	-251	8,549	4,769	13,319
<b>Total Medical Care Appropriations</b>	<b>128,104</b>	<b>-7,093</b>	<b>121,011</b>	<b>0</b>	<b>121,011</b>
Medical Care Collections Fund (MCCF)	4,269		4,269		4,269
<b>Total Medical Care with MCCF</b>	<b>132,373</b>	<b>-7,093</b>	<b>125,281</b>	<b>0</b>	<b>125,281</b>

\*The budget proposes to canceled and reappropriate this \$4.8 billion transferred amount to remain available until September 30 2028.

In total, combined medical care discretionary and mandatory funding for 2024 after cancellations and transfers is \$142.5 billion (with collections), an increase of \$14.1 billion or 11% above the total funding level for 2023. In comparison, growth from 2022 to 2023 was \$21.1 billion or 20.8% (with collections).

### **Medical Care, Combined Funding, 2023 to 2024**

Accounts (\$ in millions)	2023 Total Funding Desc + Mand	2024 Final Desc Funding	2024 TEF and PACT	2024 Total Funding Desc + Mand	2023 v. 2024 Total Funding	2023 v. 2024 Total Funding
Medical Services	74,406	69,071	9,525	78,596	4,190	6%
Medical Community Care	28,457	27,172	6,740	33,912	5,455	19%
Medical Support & Compliance	11,073	11,450	850	12,300	1,227	11%
Medical Facilities	10,589	13,319	100	13,419	2,830	27%
<b>Total Medical Care Appropriations</b>	<b>124,525</b>	<b>121,011</b>	<b>17,216</b>	<b>138,227</b>	<b>13,702</b>	<b>11%</b>
Medical Care Collections Fund (MCCF)	3,845	4,269		4,269	424	11%
<b>Total Medical Care with MCCF</b>	<b>128,370</b>	<b>125,281</b>	<b>17,216</b>	<b>142,496</b>	<b>14,126</b>	<b>11%</b>

### **Modeling Health Care Needs**

VA uses three actuarial models to support formulation of most of the VA health care budget, to conduct strategic and capital planning, and to assess the impact of potential policy changes in a dynamic health care environment. The three actuarial models are the VA Enrollee Health Care Projection Model (EHCPM), the Civilian Health and Medical Program Veterans Affairs (CHAMPVA) Model, and the Program of Comprehensive Assistance for Family Caregivers (PCAFC) Stipend Projection Model.

Activities and programs that are not projected by these models are called “non-modeled” and change annually. They generally include NRM, state-based long-term services and supports programs (LTSS), readjustment counseling, recently enacted programs, some components of CHAMPVA dependent programs (spina bifida, foreign medical program, children of women Vietnam Veterans), some components for the PCAFC program (caregiver travel, VA oversight, administrative salaries, and contracts). and new initiatives.

VA’s EHCPM is an actuarial model that supports the formulation of over 84% of VA’s Medical Care request and has been extensively validated. The EHCPM projects enrollment, utilization, and expenditures in more 140 categories of health care services for 20 years into the future.

The 2022 EHCPM (Base Year 2021), was used to build the 2024 and 2025 Medical Care budget request. Typically, the EHCPM is tied to the previous fiscal year’s actual enrollment, utilization, and expenditures (the Base Year, here FY 2021). However, FY 2020 and FY 2021 were impacted heavily by the COVID-19 pandemic and utilization, enrollment and expenditure patterns that existed in those years are not expected to remain in the long-term. Because of this, many EHCPM modeling assumptions were developed using data through FY 2019, rather than updated to use FY 2020 and FY 2021 experience. The temporary COVID impacts were modeled on top of this pre-COVID basis and adjusted in the projections as the effects of the pandemic are assumed to subside. Other persistent changes that emerged during FY 2020 and FY 2021 were also layered on the pre-COVID projection basis, though these remain past the assumed pandemic timeline. See additional details in the section Actuarial Model Projections chapter in Volume II.

VA’s EHCPM was used to project additional new enrollment and increased health care expenditures associated with the PACT Act. Historical, actuarial benchmarks related to Veteran behavior changes were implemented in the EHCPM along with VA leadership assumptions about further changes affecting new enrollment take-up due to outreach (in addition to the actuarial benchmarks). VA projected costs for Title I, which changes enrollment eligibility timelines, and Titles III and IV, which expand eligibility based on conditions presumed to be associated with hazardous exposures. VA accounted for interaction between Titles I, III, and IV, to remove “double-counting” impacts on the estimates. All other PACT Act-associated costs were evaluated separately.

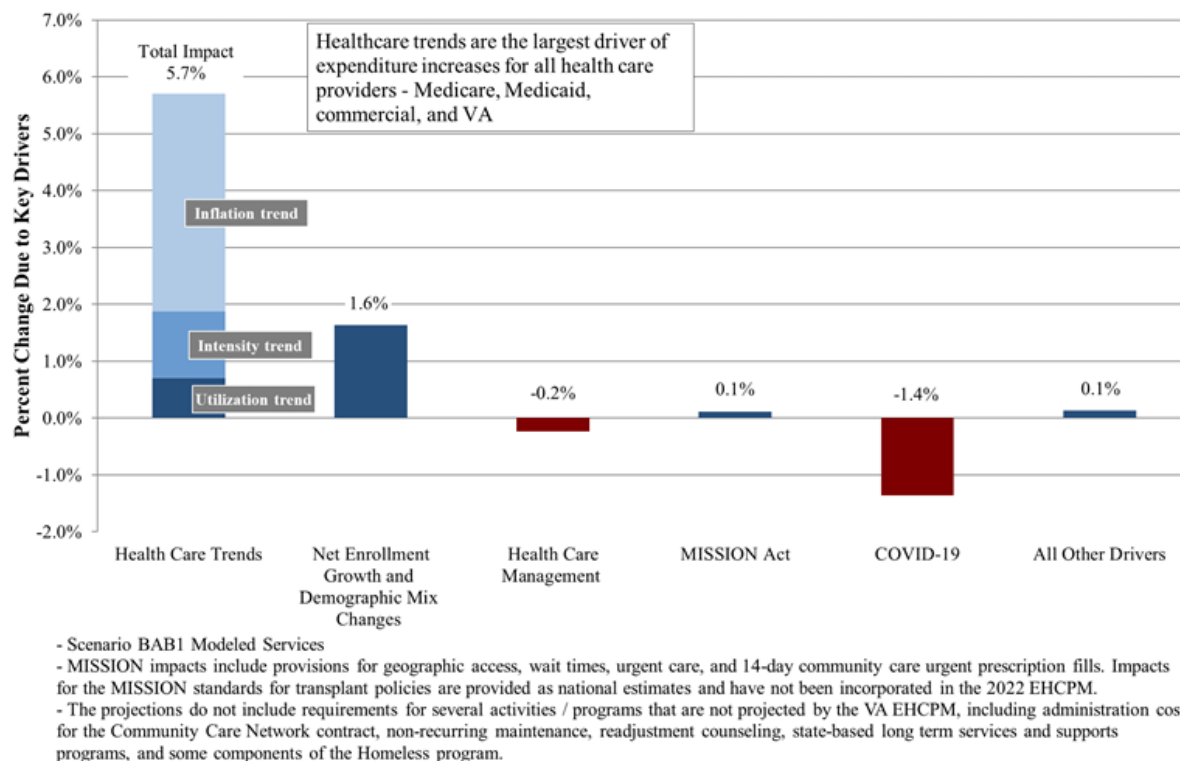
The PACT Act affects VHA enrollment by expanding eligibility for selected Veterans and by either introducing or increasing service-connected ratings for some Veterans, which increase the enrollment priority level for which the Veteran is eligible.

In projecting future Veteran demand for VA health care, the EHCPM accounts for the unique characteristics of the Veteran population and the VA health care system, as well as environmental factors that impact Veteran enrollment and use of VA health care services.

- Historically, growth in expenditure requirements to provide care to enrolled Veterans has been primarily driven by health care trends, the most significant of which is medical inflation. Health care trends are key drivers of annual cost increases for all health care providers – Medicare, Medicaid, commercial providers, and the VA health care system. Health care trends increase VA’s cost of care independent of any growth in enrollment or demographic mix changes. Enrollment dynamics contribute to a portion of the expenditure growth; however, their impact varies significantly by the type of health care service. An assumption that VA’s level of management in providing health care will improve over time reduces the cost of providing care to enrollees.
- The COVID-19 pandemic continued to have a significant impact on VA health care through 2021. During the pandemic, nationwide health care utilization saw a reduced amount of care provided in 2020 and 2021 as individuals chose to defer certain care. It was anticipated that less care was deferred in 2022 and that care previously deferred started to return in 2021, and will continue to do so through 2023.
- The MISSION Act policies continue to drive increases in services available in both VA facilities and the community, particularly the use of outpatient primary and specialty care and inpatient care. The MISSION growth assumptions were increased and extended in the 2021 EHCPM to reflect higher than anticipated growth in community care workload in 2020 and 2021, and continue to remain elevated in the 2022 EHCPM.

Figure A quantifies the key drivers of the projected increase in the modeled requirements from 2023 to 2024.

**Figure A: Key Drivers of Projected Model Requirements, FY 2023 – FY 2024**



**Veteran Patient Workload**

VA administers its comprehensive medical benefits package through a patient enrollment system. The enrollment system is based on priority groups to ensure health care benefits are readily available to all enrolled Veterans. When these enrollees become patients who receive VA-provided care, VA’s goal is to ensure these patients receive the finest quality health care, regardless of the treatment program or the location. Enrollment in the VA health care system provides Veterans with the assurance that comprehensive health care services will be available when and where they are needed during that enrollment period.

The budget expands health care services for our nation’s Veterans while building an integrated system of care that both strengthens services within VA and improves VA and Veterans’ relationships with community providers. The 2024 request supports the treatment of 7.4 million patients, a 0.8% increase above 2023, and 139.7 million outpatient visits, an increase of 1.3% above 2023.

### Patients, Enrollees, Treatments and Visits

	2022 Actual	2023 Current Estimate	2024 Revised Request	2025 Advance Request
Number of Unique Patients	7,248,446	7,319,243	7,380,751	7,420,556
Number of Unique Veterans Enrolled in VA Health Care*	9,080,134	9,062,488	9,048,043	9,032,280
Number of Inpatient -Treated	1,055,439	1,068,668	1,081,552	1,092,012
Number of Outpatient Visits	126,362,000	137,862,000	139,697,000	143,038,000

\*The projected enrollees are based on an underlying EHCPM scenario prior to the impact of PACT Act

In addition, to the 9.0 million unique veterans expected to be enrolled in 2024, VA estimates the PACT Act will increase the enrollee level by approximately 170,000 through 2024 and affect even more patients as existing enrollees migrate to higher priority groups.

### Medical Care Facilities

As of September 30, 2022, the Veterans Health Administration (VHA) operated a portfolio of approximately 5,640 owned buildings with a total of 152.4 million square feet of space on 16,057 acres of land. The portfolio also includes 1,722 leases with a total of 21.9 million square feet of space. The 2024 request supports the operation and maintenance of these VA hospitals, Community-Based Outpatient Clinics (CBOCs), community living centers, domiciliary facilities, Vet Centers, and the health care corporate offices.

### Medical Care Facilities

Facilities	2022 Actual	2023 Current Estimate	2024 Revised Request	2025 Advance Request
Total VA Medical Centers (VAMC)	172	172	172	172
<i>Included in total VAMC:</i>				
<i>VA Hospitals</i>	145	145	145	145
<i>Community Living Centers</i>	135	135	135	135
<i>Mental Health Residential Rehabilitation Treatment Programs (MH RRTP)</i>	120	124	127	129
<i>VA Medical Center-Based Outpatient Care</i>	172	172	172	172
Health Care Centers	12	12	12	12
Community-Based Outpatient Clinics	702	703	704	704
Other Outpatient Service (OOS) Sites	415	415	415	415
<i>Dialysis Centers (included in OOS sites total)</i>	70	70	70	70
Vet Centers	300	300	300	300

**Medical Care Areas of Focus**

The following table provides obligations in areas of focus for VA medical care. Summary explanatory descriptions for selected programs are also provided.

**Veteran Medical Care: Key Focus Areas  
Obligations, Combined Discretionary and Mandatory**

(\$s in millions)	2022 Enacted	2023 Enacted	2024 Request	2025 Request
Mental Health	\$13,018	\$14,983	\$16,588	\$17,681
<i>Suicide Prevention/Outreach Programs (non-add)</i>	\$523	\$504	\$559	\$570
Veterans Homelessness Programs	\$2,808	\$2,871	\$3,111	\$3,268
Connected Care Program	\$262	\$330	\$408	\$440
Caregiver Support Program	\$1,234	\$1,866	\$2,422	\$2,765
Women Veterans Gender-Specific Care	\$739	\$872	\$1,022	\$1,216
Women's Health and Childcare Programs	\$89	\$155	\$257	\$306
Opioid Prevention, Treatment and Program Costs	\$566	\$688	\$715	\$734
Rural Health Initiative	\$308	\$337	\$337	\$337
Health Outcomes and Military Exposures (HOME)	\$44	\$105	\$92	\$93
Precision Oncology (Medical Care only)	\$92	\$167	\$215	\$223

**Mental Health and Preventing Veteran Suicide**

Funding for mental health, including suicide prevention, is \$16.6 billion in 2024, up from \$15.0 billion in 2023. VA has made suicide prevention a top clinical priority and is implementing a comprehensive public health approach to reach all Veterans. The VA commitment to a proactive, Veteran-centered Whole Health approach is integral to mental health care efforts and includes online and telehealth access strategies. Whole Health can help Veterans reconnect with their mission and purpose in life as part of our comprehensive approach to reducing risk.

Suicide is a complex issue with no single cause. Maintaining the integrity of VA’s mental health care system is vitally important, but it is not enough. We know some Veterans may not receive any health care services from VA, which highlights VA alone cannot end Veteran suicide. This requires a nationwide effort. To support this effort, the budget specifies \$559 million for suicide prevention outreach programs, on top of an estimated \$2.5 billion in suicide-specific medical treatment, which includes a new \$10 million program to further bolster

**Mental Health Highlights**

**Women Veterans:** Since 2005, there has been a more than threefold increase in the number of women Veterans accessing VHA mental health services. In 2022, 223,000 women Veterans received VHA mental health care, representing approximately 42% of all women VHA patients.

**More Veterans receiving care:** Between 2006 and 2022, the number of Veterans who received mental health care from the VHA grew by 85%. This rate of increase is more than three times the rate for VHA users overall. The proportion of Veterans served by VHA who receive mental health services has increased substantially. In 2006, 20% of VHA users received mental health services, and in 2022, the figure was 29%.



these efforts under the authority of section 303 of the Strong Veterans Act of 2022 (P.L. 117-328).

The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program (SSG Fox SPGP) awarded \$52.5 million to 80 community-based organizations in 43 states, the District of Columbia, and American Samoa in 2022. These organizations provide or coordinate the provision of suicide services for Veterans and their families. VA has provided technical assistance to grantees, who have begun providing suicide prevention services in January 2023. Twenty-one (21) grantees serve tribal lands including Navajo Nation, Cherokee Nation, Choctaw Nation, Alaskan Native tribes and others. Funding decisions reflect VA's authority to prioritize the distribution of grants to rural communities, Tribal lands, Territories of the United States, medically underserved areas, areas with a high number or percentage of minority Veterans or women Veterans, and areas with a high number or percentage of calls to the Veterans Crisis Line. In alignment with VA's National Strategy for Preventing Veteran Suicide, this grant program assists in further implementing a public health approach that blends community-based prevention with evidence-based clinical strategies through community efforts. The 2024 budget plans to award \$55.6 million in grants in 2024.

### **Women's Health**

As described in the Secretarial Vision, VA is committed to providing high quality, equitable care to women Veterans at all sites of care. The budget requests \$257 million for women's health and childcare programs, a 66% increase over 2023. This increase supports \$174 million for the Women's Health Innovation and Staffing Enhancement Initiative. VA is strategically enhancing services and access for women Veterans by hiring women's health personnel nationally to fill any gaps in capacity across all Veterans Integrated Service Networks. In 2023, VA is providing funding for a total of over 1,000 women's health personnel nationally: primary care providers, gynecologists, mental health providers, and care coordinators. VA is also expanding childcare benefits beyond the current pilot sites as well as addressing clinical equipment needs such as those for mammography, exam tables designed for women with low mobility, and breastfeeding privacy pods. Finally, VA is furthering its support for pregnant and postpartum Veterans in addition to enhancing lactation service capacity and care coordination for preventative care.

### **Connected Care Program (Telehealth)**

The Office of Connected Care and its' Telehealth/Connected Care Services, has the mission to deliver high-quality, Veteran-centered care, optimize individual and population health, advance health care that is personalized and proactive and enhance the health care experience through virtual modalities of care. The Office of Connected Care budget increases by \$78 million (+23.7%) in 2024 to support the ongoing expansion of video-to-home services, enhanced video-to-home telehealth capabilities and the need to sustain previous expansion to account for the sustainment of services expanded during the pandemic. Additionally, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 authorizes VA to establish a grant program to develop telehealth access points (ATLAS) in the community. Connected Care's 2024 budget

for Home and Community Based Services also includes the funding needed to support the law's intended purpose.

VA has leveraged telehealth to maintain the safe delivery of high-quality outpatient VA services in the context of pandemic-related social distancing guidelines. As a result, Telehealth has experienced a surge in adoption since early in 2020 which continued into 2021. In 2022, VA provided Veterans more than 9.2 million video telehealth visits to their home or other offsite location, representing an increase of greater than over 3,100% compared to 2019. Overall, when considering all its telehealth modalities, VA provided more than 2.3 million Veterans with over 11 million telehealth episodes of care in 2022. The number of Veterans utilizing telehealth in 2022 grew by 157% when compared with 2019.

### **Homeless Programs**

VA's longstanding support for Veterans who are experiencing homelessness or at risk of homelessness is enhanced through a Whole Health lens. VA will ensure Veterans who are housed in VHA programs do not return to homelessness by implementing a case management model to mitigate risk factors. VHA will also leverage its existing programs through targeted outreach to reduce the number of unsheltered Veterans.

The 2024 budget increases resources for Veterans' homelessness programs to \$3.1 billion, with the goal of ensuring every Veteran has permanent, sustainable housing with access to high-quality health care and other supportive services to end current and prevent future Veteran homelessness. This budget includes funds to assist with the design and development of expanded services for aging and disabled Veterans, a growing need and area of focus for the Department of Housing and Urban Development (HUD) – VA Supportive Housing (VASH) program. In addition, funds will be used to provide a medical home model and population tailored approach to provide in-home primary care and wrap around services to Veterans actively enrolled in the HUD-VASH program, provide additional resources to increase outreach and community engagement efforts, as well as expansion of Veteran justice services, such as treatment courts and Veteran focused criminal justice initiatives. Funding will also support the VA Grant and Per Diem (GPD) program to adhere to recent modified statutory authority, that increases per diem rates to community partners actively supporting VA's effort to end Veteran homelessness.

### **Serve Veterans with Military Environmental Exposures**

The PACT Act represents the largest expansion of Veterans' benefits in a generation. To ensure all eligible Veterans obtain the benefits and care they earned through their service, the budget provides \$82 million for the Health Outcomes and Military Exposures (HOME) Office, an 85% growth over 2022 and \$68 million for Military Occupations and Environmental Exposures research. VHA will regularly screen enrolled Veterans for military-related toxic exposures and ensure clinicians are adequately informed to assess how such exposures affect Veterans' specific health concerns. VA will improve the Airborne Hazards and Open Burn Pit (AHOBP) registry and will track the VHA health care utilization of the PACT Act eligible cohort. To ensure these

Veterans receive the highest quality care available, the budget includes new medical research on the chronic health effects of conditions or substances encountered during military service with studies examining Agent Orange, dioxins, burn pits and other industrial chemicals expecting to yield improvements in the identification and treatment of medical conditions potentially associated with toxic exposures.

### **Support Veterans' Whole Health**

Whole Health is an approach to health care that empowers and equips Veterans, caregivers and employees to take charge of their health and well-being and to live their life to the fullest. Transforming the VA into a Whole Health system of care has successfully launched and is receiving full support at both the national and local levels, including strong endorsement in a recent National Academy of Medicine report. Specifically, a system of care is being created that is Veteran-centric by aligning with Veterans' mission, aspiration and purpose. Research has shown that having a sense of purpose in life equates to a longer and better quality of life. The Whole Health approach has positive effects on several facets of care to include decreased opioid use in those Veterans with chronic pain, improvement in their experiences within the VA, and engagement in health care and self-care, which ultimately leads to improved health and well-being. The Whole Health approach is also demonstrating benefits for employees including decreased levels of burnout and increased resiliency.

In 2022, 16.3% of all Veterans receiving care through VA also received Whole Health services. This care was delivered to 1.1 million Veterans through over 3.9 million encounters that were both Whole Health-specific and that integrated the Whole Health approach into routine clinical encounters. Tele-Whole Health encounters have grown to include 98,000 unique Veterans participating in 513,000 encounters in 2022, an increase of 39% unique patients and 32.9% of encounters over 2021. Robust formal evaluations continue to focus on outcomes for Veterans and employees, which includes a review of specific cost avoidance that is traceable to implementation of Whole Health Services (e.g., opioid use reduction, decrease in spinal procedures). The 2024 budget for Whole Health includes \$76 million. VA is fully committed to making the Whole Health approach an integral part of how we deliver care to Veterans and how we care for our employees.

In support of Whole Health, VA will adopt a public health approach to health equity, implementing targeted interventions to address health disparities and improve health outcomes for underserved Veteran groups, defined by sex, sexual orientation, gender identity, race/ethnicity, urban/rural residence, and social risk. VA will expand its Whole Health services, including new virtual, community, and collaborative opportunities, and will increase the number of Veterans who partake in them. In recognition of the ongoing strain on staff following the COVID-19 pandemic, VA will appoint facility-level Chief Well-Being Officers and employee Whole Health coordinators. The success of these employee-focused efforts will be assessed through questions about VA's "culture of well-being" on the annual All-Employee Survey.

***Veterans Health Administration  
Medical and Prosthetic Research***

**Appropriation and Other Resources**

(\$ in millions)	2022 Enacted	2023 Enacted	2024 Request
<b>Medical and Prosthetic Research (Discretionary)</b>	882	916	938
American Rescue Plan (PL 117-2, section 8002)	30	-	-
Toxic Exposures Fund (Mandatory)	-	2	46
<b>Total Appropriated</b>	<b>912</b>	<b>918</b>	<b>984</b>
Medical Care Support	750	778	836
Federal and Non-Federal Resources	528	540	540
Reimbursements	48	61	61
<b>Total, Budget Authority</b>	<b>2,237</b>	<b>2,297</b>	<b>2,421</b>

**FTE**

All Funding Sources	2022 Enacted	2023 Enacted	2024 Request
Medical and Prosthetic Research Appropriation (Direct and Reimbursable)	4,237	4,590	4,716
American Rescue Plan (PL 117-2, section 8002)	8	109	-
Toxic Exposures Fund	-	11	113
<b>Total FTE</b>	<b>4,245</b>	<b>4,710</b>	<b>4,829</b>

The 2024 request for the Medical and Prosthetic Research appropriation is \$938 million, an increase of \$22 million, or 2.4%, from the 2023 level (discretionary only). Additionally, VA requests \$46 million from the TEF to support medical and other research relating to exposure to environmental hazards. This investment will advance the Department’s research mission, including critical studies to understand the impact of traumatic brain injury (TBI) and toxic exposure on long-term health outcomes. The Office of Research and Development (ORD) will also continue to prioritize research focused on the needs of disabled Veterans including precision oncology, prosthetics, mental health, and suicide prevention as well as other disease areas.

The funding request supports VA in fulfilling one of its key missions, research and development, and sustains investments in several critical areas of research important to the Veteran community. This funding request will enable ORD to fund approximately 5,036 total projects (an increase of 160 projects over the 2023 estimate) and support 4,829 FTE.

VA’s research program is also supported by private and federal grants from other agencies awarded directly to VA investigators. This funding is not managed centrally by ORD, but on a local level at individual VA medical centers (VAMCs). In 2024, grants from other federal organizations, such as the National Institutes of Health (NIH), DoD, and the Centers for Disease Control and

Prevention (CDC) combined with funding from other non-federal sources is estimated to total \$540 million.

### **Request Highlights**

The 2024 request increases investment in the following high priority areas of Veteran's Health. Here, we present highlights of the areas of increased total investment, inclusive of both the discretionary Medical and Prosthetics Research appropriation and the mandatory Toxic Exposures Fund appropriation, which will be detailed subsequently.

- **Military Environmental Exposures (+\$16.6 million above 2023 estimate, including \$15 million increase and \$1.6 million for pay/non-pay inflation):** In 2024, ORD will continue to expand its investment in this important area and to coordinate with environmental exposure focused programs as part of the implementation of the PACT Act. Critical components of this effort include building capacity, such as the number of researchers funded to conduct military exposures research and building inter-governmental partnerships. One major step is convening an interagency workgroup, as is called for in Section 501 of the PACT Act, which will serve as a forum for identifying evidence gaps and crafting a strategic plan to address the gaps.
- **Traumatic Brain Injury (TBI)/Brain Health (+\$17.4 million above 2023 estimate, including \$15 million increase and \$2.4 million for pay/non-pay inflation):** Increased investment in TBI remains critical as it is the signature injury of post-9/11 Veterans who served in the wars in Iraq and Afghanistan. While acute care of TBI has improved, treatments for the longer-term consequences most relevant to Veterans have proven elusive. This injury can lead to lifelong disabilities that can vary by severity, the characteristics of the event or events that caused the injury (e.g., blast versus blunt force), and the number of incidents of injury.
- **Cancer and Precision Oncology (+\$10.7 million above 2023 estimate, including \$10 million increase and \$700,000 for pay/non-pay inflation):** VA plays a major role in the President's Cancer Moonshot efforts, and ORD is a central player in these efforts. ORD will continue to invest in cancer and precision oncology research in order to build a more robust cancer knowledge base that integrates genetic and clinical data to identify better treatments, guide care decisions, and identify opportunities for further investigation.
- **Mental Health, including continued execution of projects under the Hannon Act (+\$5.6 million above 2023 estimate, including \$4.8 million increase and \$800,000 for pay/non-pay inflation):** This request supports mental health and suicide prevention research, including the Commander John Scott Hannon Mental Health Care Improvement Act (Hannon Act). This effort also includes clinical trials and epidemiological studies on risk and prevention factors, as well as biomarker-driven precision mental health projects done in collaboration with VHA's Office of Mental Health and Suicide Prevention (OMHSP).

## *Electronic Health Record Modernization*

### Appropriations

(\$ in millions)	2022 Enacted	2023 Enacted	2024 Request
EHR Contract	1,328	1,119	1,186
Infrastructure Support	887	441	424
Program Management	286	199	253
<b>Total Appropriated</b>	<b>2,500</b>	<b>1,759</b>	<b>1,863</b>
Rescission of prior year funding	(200)	(150)	
<b>Total Appropriations</b>	<b>2,300</b>	<b>1,609</b>	<b>1,863</b>

### FTE

All Funding Sources	2022 Enacted	2023 Enacted	2024 Request
<b>Total FTE</b>	<b>172</b>	<b>227</b>	<b>313</b>

VA is requesting \$1.9 billion for the Veterans Electronic Health Record, an increase of \$254 million (+16%) from 2023 enacted (with rescissions), or \$104 million (+6%) if rescissions were excluded, to continue deployment of the electronic health record solution. This will provide for the purchase of licenses and activities for additional future medical center deployments, site assessments, training of staff, purchase and installation of computer hardware and interface development. To date, five VA medical centers, 22 community-based outpatient clinics and 52 remote sites have gone live with the new system, with more than 10,000 end users serving more than 200,000 Veterans. VA will continue to focus on the five initial operating capability (IOC) facilities where the new system has already been deployed to ensure every patient is getting the world-class health care they deserve. VA is resolving issues identified at these facilities, including working to address problems that may have led to patient safety concerns. Additionally, VA is improving the stability of the EHR system, which has gone more than 6 months (194 days) with no complete outages, as of February 13, 2023. This funding is critical to support the current five live sites that have received the new EHR and the anticipated go-live of six sites in 2023, 29 sites in 2024, and nine sites in the first quarter of 2025.

This request includes:

- \$1.2 billion for EHR Contract – for the new EHR solution and all activities required to plan for and deploy the solution, which is a \$66.7 million (6.0%) increase relative to the 2023 enacted level. The increase is due to the increased number of 2024 EHR Operations sustainment of sites going live (29 planned for 2024, up from six planned for 2023) plus the sustainment of the five live sites (for cumulative total of 40 sites). These increases over the 2023 budget are largely offset by a decrease in Site Transitions deployment activities at new sites (None in 2024 vs 16 in 2023). This request funds enterprise operations that support system reliability, system integration, enhancements to training content to increase end user adoption, and continued efforts to achieve interoperability between VA and DoD and

community care providers.

- \$424.0 million for Infrastructure Readiness – Funds will aid in supplying deployment sites with updated computers and network infrastructure capable of supporting the EHR solution six to eighteen months in advance of scheduled deployment. The funding will also support system interfaces and cybersecurity efforts. The funding request decreases due to the transition of Data Migration, Identity, Testing, Interoperability, and Interfaces costs back to EHR. In 2024, the program strategy focuses on reducing the number of specialized interfaces by having more standardized workflows which creates efficiencies in the technology infrastructure deployment. Standardized workflows mean there is a reduced scope of infrastructure readiness activities relative to 2023 and is reflected in activities such as legacy system modifications and interfaces and medical devices. For 2024 VA plans to procure devices in VISNs 21, 22, 17, 16, 9, and 8 (approximately 53 VAMCs, with associated Community Based Outpatient Clinics (CBOCs), as well as Remote Staff).
- \$253.1 million for Project Management Office (PMO) – The funding will support 313 FTE supporting effective change management as the EHR solution is implemented throughout the nation. The request supports reimbursement of 53 VHA experts that are critical to change management and effective deployment. EHRM will support the Federal Electronic Health Record Modernization (FEHRM) program office for \$19.0 million; part of this request includes federal staff pay, contract support staff, funding for travel, training, equipment, and supplies.

## *Office of Information and Technology*

### Discretionary and Mandatory Appropriations

(\$ in millions)	2022 Enacted	2023 Enacted	2024 Request
Development	297	142	126
Operations and Maintenance	3,132	4,146	4,668
Staffing and Administrative Support Services	1,414	1,494	1,607
<b>Base Funds</b>	<b>4,843</b>	<b>5,782</b>	<b>6,401</b>
Transformational Fund	670	-	-
<b>Subtotal, Discretionary Funds</b>	<b>5,513</b>	<b>5,782</b>	<b>6,401</b>
American Rescue Plan (PL 117-2)	(76)		-
Toxic Exposures Fund (Mandatory)	123	656	1,243
<b>Total, Budget Authority</b>	<b>5,560</b>	<b>6,438</b>	<b>7,644</b>

### FTE

All Funding Sources	2022 Enacted	2023 Enacted	2024 Request
OIT Base FTE (Direct and Reimbursable)	8,048	9,005	9,242
Toxic Exposures Fund		139	341
<b>Total FTE</b>	<b>8,048</b>	<b>9,144</b>	<b>9,583</b>

The 2024 request of \$6.401 billion is an increase of \$619 million (11%) above the 2023 enacted level. VA is seeking a budget that will support our commitment to meeting VA’s strategic goals and objectives to include the ability to meet the needs of our stakeholders. VA’s budget request includes emerging business requirements and accelerates adoption and rollout of VA Administrations-requested re-platforming of VA's oldest legacy systems onto modern platforms.

The 2024 budget request supports our business automation initiatives with agile/modernized IT platforms that allow VA to transition to a “buy before build” model and invest in “buy” solutions that reduce further accumulation of technical debt by placing the requirement on vendors to continuously modernize their offerings.

The 2024 request allows OIT to support existing IT infrastructure and recurring operational expenses, focus IT growth identified by our stakeholders, and transform IT with investments in new service capabilities. The budget request is separated into the following subaccounts:

**Development.** The request of \$125.7 million is \$16.4 million (12%) below the 2023 enacted budget. The decrease in funding is to align to VA’s business line requirements more appropriately by prioritizing Commercial Off the Shelf (COTS) products and shifting from developing new software, getting out of the business of building applications, and relying more on cloud managed and shared services to accelerate product and software release. The request of \$125.7 million



supports mission-critical areas, including Operational Support, Care Coverage Services, Health Delivery Support, Digital Experience, and Loan Guaranty.

**Operations and Maintenance.** The request of \$4.668 billion is \$523 million (13%) above the 2023 enacted budget. The increase in funding supports critical VA IT infrastructure modernization to support the growth and demand of mission partners, the continued reduction of the technical debt, increase VA cyber investments, and the ability to stay current with more affordable, secure, and scalable technology and new capabilities. OM funding is necessary to support demand and growth in critical programs, including continued support for Supply Chain Management, Financial Management Business Transformation (FMBT), Infrastructure Readiness Program (IRP), End User Software, Network Services, Care Coverage Services, Benefits Enterprise Support, the transition to VAEC and existing maintenance activities that support Enterprise Systems.

**Staffing and Administrative Support Services.** The request of \$1.607 billion, which funds 9,177 full-time equivalents (FTE) (259 FTE above the 2023 enacted level) is \$113 million (8%) above the 2023 level. The request includes \$1.6 million to transfer the Identity, Credential, and Access Management (ICAM) Program Management Office (PMO) (9 FTE) to OIT from Human Resources and Administration/Operations, Security, and Preparedness (HRA/OSP) as a response to VA Office of Inspector General recommendations. The majority of these resources fund the hospital and regional office IT staff responsible for supporting VAMCs, address portfolio and product line technical workforce gaps to meet the demand for new IT capabilities and technical skills, and invest in growing VA's cyber workforce responsible for implementation of the Federal Zero Trust Architecture (ZTA) strategy, rapid response to security emergencies, and maintaining network security and resolving incidents expeditiously.

**Reimbursements.** In addition to the appropriated level, OIT anticipates \$186.5 million in reimbursements, which is \$20.5 million (12%) above 2023 estimated reimbursements amount: \$172.9 million for non-pay and \$13.6 million for pay. Reimbursements occur within VA, other Federal agencies, credit reform programs and non-appropriated insurance programs. The 2024 increase reflects funds received from the Loan Guaranty Program to support VBA credit requirements.

**TEF Funding.** The 2024 request includes \$1.243 billion in TEF funds to support costs for health care and benefits delivery for Veterans exposed to environmental hazards. The funding will modernize IT systems and infrastructure to support expected increased claims processing, including investment in claims automation. Funding will also provide IT equipment, facility provisioning, system functionality, capacity, and bandwidth to support the growth in the new VBA and staff office hires who will process the increased claims and appeals for disability compensation across VA and VHA staff who will provide care to PACT Act eligible Veterans. OIT also plans to use the TEF funding to increase Veteran interaction and outreach that will allow for timely access to benefits and care for Veterans. Further, funding will be used for research and Veteran data management and integration analytical tool capabilities aimed to identify the legal nexus of medical conditions and toxins as they relate to both current and former service member location and time of service and to improve patient outcomes in eligibility, efficacy, and efficiency of health services as well as benefits and Veterans Experience services via data analysis.

## *Board of Veterans' Appeals*

### Discretionary and Mandatory Appropriations

(\$ in millions)	2022 Enacted	2023 Enacted	2024 Request
<b>Board of Veterans' Appeals (Discretionary)</b>	228	285	287
Toxic Exposures Fund (Mandatory)	10	1	4
<b>Total Budget Authority</b>	<b>238</b>	<b>286</b>	<b>291</b>

### FTE

All Funding Sources	2022 Enacted	2023 Enacted	2024 Request
Base Funded	1,146	1,302	1,465
American Rescue Plan	36	39	-
Toxic Exposures Fund	-	-	153
<b>Total FTE</b>	<b>1,182</b>	<b>1,341</b>	<b>1,618</b>

The Board requests \$287 million to support operations in 2024, an increase of \$2 million (0.7%) in appropriated funding over 2023. The majority of the Board’s budget, totaling \$260 million (91%), is associated with personnel costs and supports 1,465 full time equivalent employees (FTE) and overtime appeals processing. The board reduced costs in 2024 by eliminating a full floor of leased office space in Washington DC and cutting planned overtime. This will enable the board to fund the planned pay raise and continue to recruit and train the Veterans Law Judges (VLJs), decision writing attorneys, and administrative staff to adjudicate over 115,000 appeals. The budget request supports continued resolution of legacy appeals, adjudication of AMA appeals, and Program of Comprehensive Assistance for Family Caregivers (PCAFC) appeals pursuant to *Beaudette v. McDonough*, 34 Vet. App. 95 (2021). In 2024 the Board will adjudicate a higher proportion and number of AMA appeals and is forecasted to decide as many AMA appeals as Legacy appeals for the first time since AMA implementation in 2019.

VA projects 4% of prior year VBA Disability Compensation PACT related claims decisions (both grants and denials) will appeal directly to the Board, followed by another 9% filing a subsequent appeal of a prior year AMA decisions (re-filers). Workload estimates continue to be refined; however, initial projections show a potential for 29,000 PACT related appeals in 2024 and over 345,000 appeals generating nearly 121,000 additional hearings over a 10-year period. TEF funds will allow the Board to hire and sustain up to 45 FTEs and support overtime as needed to adjudicate appeals related to toxic exposures.

# *Veterans Benefits Administration*

## Appropriations

(\$ in millions)	2022 Enacted	2023 Enacted	2024 Request	2025 Request
<b>General Operating Expenses (Discretionary)</b>	3,454	3,863	3,899	NA
Loan Administrative Funds (Discretionary)	231	284	320	NA
<b>Subtotal, Discretionary</b>	<b>3,685</b>	<b>4,147</b>	<b>4,219</b>	<b>NA</b>
Toxic Exposures Fund (Mandatory)	302	482	1,769	NA
<b>Mandatory Benefits</b>				
Compensation and Pensions*	139,183	152,017	151,434	181,390
Insurance Benefits*	137	110	134	135
Readjustment Benefits	14,947	8,907	8,453	11,523
Credit Reform Upward Reestimates and Veterans Housing Liquidating Account	1,910 (4)	799 (3)	4 (3)	NA NA
<b>Subtotal, Mandatory Benefits***</b>	<b>156,172</b>	<b>161,830</b>	<b>160,022</b>	<b>193,048</b>
<b>Total, Mandatory and Discretionary</b>	<b>160,159</b>	<b>166,459</b>	<b>166,010</b>	<b>193,048</b>

\* Includes advance and annual appropriations in years where amounts in addition to advance appropriations were requested.

\*\*2022 and 2023 include upward re-estimates. The 2023 request does not include re-estimates, which are calculated at the fiscal year end.

\*\*\* Does not include trust funds, proprietary receipts, or intragovernmental transactions.

## FTE

All Funding Sources	2022 Enacted	2023 Enacted	2024 Request	2025 Request
General Operating Expenses	24,794	26,481	25,762	NA
Toxic Exposures Fund	-	6,733	8,466	NA
<b>Total FTE</b>	<b>24,794</b>	<b>33,214</b>	<b>34,228</b>	<b>NA</b>

VBA’s 2024 budget is focused on two strategic and overarching themes: Benefits Delivery and Service Connection for Environmental Exposure. The requested investments and operational increases in 2024 are intended to comply with the law, reduce risk and deliver on the expectations of Veterans and other stakeholders. VA requests \$4.2 billion in discretionary funding to provide Veterans, their dependents and survivors a variety of benefits and services. This includes \$3.9 billion for VBA General Operating Expenses (GOE), which is \$36 million above 2023. This request delivers \$184 billion in mandatory benefits payments and services to Veterans and other beneficiaries, at an operating cost of about four cents for every dollar of benefits delivered.

Of the increase of \$36 million from the 2023 budget, \$24.2 million is for pay raise and inflation increases. The request reflects a reduction to the 2023 budget of \$115.8 million to account for 795 FTE that will now be hired using TEF resources.

**Key GOE Investments**

**Veteran Transitional Assistance Grant Program (VTAGP) (\$5 million and 3 FTE):** These resources will be used to implement the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (P.L. 116-315, Section 4304). VBA’s Outreach, Transition and Economic Development (OTED) will provide grants to eligible organizations for transition assistance to members of the Armed Forces who are separated, retired or discharged and spouses of such members. The 2023 budget request included initial program funding for 4 FTE and \$500,000 for grants. VBA’s 2024 request includes additional VTAGP funding for three additional FTE and \$4.5 million for grants.

**Claims Processing Overtime Increase (\$6.8 million):** Funding will be used for overtime expenses in 2024 to support timely processing of claims during periods of claims influx.

**Housing and Native American Direct Loan Program (\$35.8 million in Loan Administration costs and 73 FTE):** The 2024 request supports projected increases in workload requirements in Loan Production (24 FTE), Loan Administration (12 FTE), Construction and Valuation (12 FTE) VBACO (22 FTE), and three FTE for the Native American Direct Loan (NADL) program.

**Key TEF Investments**

**Toxic Exposures Fund:** VBA is requesting \$1.8 billion in TEF resources, which will support 8,466 FTE. TEF funds will support the successful implementation of the law and timely processing of the additional Compensation and Pension workload resulting from the PACT Act. Operational costs include over \$1.2 billion in payroll and \$533 million in non-pay costs to include training, equipment, travel, contracts and reimbursement to the VEO for Contact Center operations. Included in the \$1.8 billion are costs and FTE associated with toxic exposures that were realigned to the TEF to include Agent Orange and Blue Water Navy as the conditions and service eras are appropriately tied to the nexus of the PACT legislation.

**Payments to Veterans and Beneficiaries**

The amount of direct benefits payments to Veterans has increased annually as a result of legislation, expanding Veterans’ benefits and VA’s successful efforts to adjudicate claims more quickly. 2024 is expected to follow this trend.

**Veterans Benefits: Direct Payments**

(\$s in 000s)	2022	2023	2024	2025
	Enacted	Enacted	Request	Advance Request
Compensation	124,301,184	143,792,593	161,431,128	173,831,515
Pensions	3,752,098	3,558,079	3,370,179	3,192,706
Education Benefits	9,931,728	9,852,786	10,490,130	11,023,010
Veteran Readiness and Employment	1,471,101	1,782,882	1,976,337	2,129,375
<b>Total</b>	<b>139,456,111</b>	<b>158,986,340</b>	<b>177,267,774</b>	<b>190,176,606</b>

Excludes contract exams, OBRA payments to GOE, burial obligations, and other costs.

## Overview of VBA Workload

VBA continues to serve millions of Veterans across multiple benefits programs. The following chart shows the historical and projected growth across VBA’s primary lines of business.

### Number of Beneficiaries

	2022 Enacted	2023 Enacted	2024 Request	2025 Advance Request
Compensation Beneficiaries	5,789,019	6,226,386	6,656,894	6,972,357
Pensions Beneficiaries	313,852	287,266	262,857	240,551
Education Program Trainees	821,290	818,239	819,955	823,243
Veteran Readiness and Employment Beneficiaries	124,437	139,950	144,463	148,089
New Housing Loans and Refinancings	1,361,414	981,532	994,891	956,497
Insured Persons	5,586,174	5,648,189	5,634,762	5,624,565

**Disability Compensation:** VBA has increased claims production through process optimization and automation to help keep pace with increases in claims receipts. The following table provides a summary of workload projections:

### Projected Compensation Workload and FTE Requirements

	2022 Enacted	2023 Enacted	2024 Request
Compensation Direct Labor FTE	16,083	16,662	15,966
Rating Receipts Compensation Claims	1,622,045	1,981,483	2,384,008
Rating Production Compensation Claims	1,608,201	1,746,653	1,906,433
Year-End Inventory Compensation Claims	599,933	834,763	1,312,338

**Pension, Dependency and Indemnity Compensation, Burial and Fiduciary Programs:** The following table provides a summary of the VBA pension and DIC rating workload and FTE projections. This summary includes data for only pension and DIC claims considered to be part of VBA’s overall disability claims inventory, i.e., “rating claims.”

### Projected Pension, DIC & Burial Workload and FTE Requirements

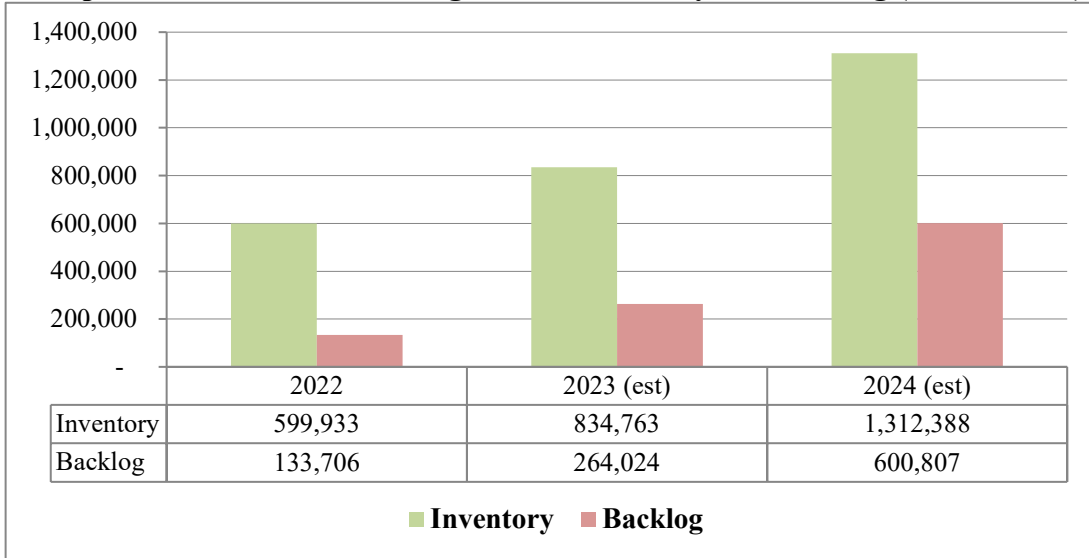
	2022 Enacted	2023 Enacted	2024 Request
Pension, DIC, & Burial Direct Labor FTE	830	1,008	1,008
<b>Total Receipts</b>	<b>125,191</b>	<b>201,471</b>	<b>196,845</b>
Pension Claims	56,519	57,573	57,155
DIC Claims	68,672	143,898	139,690
<b>Total Production</b>	<b>101,564</b>	<b>117,429</b>	<b>122,206</b>
Pension Claims	42,404	44,484	45,883
DIC Claims	59,160	72,945	76,323
<b>Total Year-end Inventory</b>	<b>40,045</b>	<b>124,087</b>	<b>198,726</b>
Pension Claims	20,432	33,521	44,793
DIC Claims	19,613	90,566	153,933

**Projected Fiduciary Workload and FTE Requirements**

All Funding Sources	2022 Enacted	2023 Enacted	2024 Request
Direct Labor FTE	1,161	1,335	1,335
Field Examinations			
Initial Appointment Field Examinations	22,107	22,218	22,329
Follow-up Field/Alternate Examinations	52,765	53,293	53,826
<b>Total Field Examinations</b>	<b>74,872</b>	<b>75,510</b>	<b>76,154</b>
<i>Initial Appointments as a Percentage of Total</i>	<i>29.5%</i>	<i>29.4%</i>	<i>29.3%</i>
Accountings	39,722	39,921	40,120
Fund Usage Reviews	27,482	28,032	28,592

**Compensation & Pension Rating Claims Inventory and Backlog:** The inventory of claims and the backlog of claims older than 125 days is expected to grow in 2024 as the result of the PACT Act. VBA predicts non-original, supplemental, other Agent Orange and PACT Act claims will continue to drive an increase in inventory of compensation claims.

**Compensation & Pension Rating Claims Inventory and Backlog (End of Year)**



**Compensation & Pension Appeals:** The Office of Administrative Review (OAR) works to reduce VBA’s legacy remand inventory, administer VBA’s higher-level review program and oversee VBA’s Decision Review Operations Centers, which processes AMA higher-level reviews, higher-level review returns, and Board remands and grants. VBA and the Board share a total of 89,344 compensation and pension appeals still pending. Fewer than 27,515 are at VBA. VBA forecasts the FTE required to process legacy appeals will decrease as it eliminates the non-remand inventory. The table below projects the reduction of VBA’s C&P legacy appeals inventory through 2024.

### Compensation & Pension Appeals Workload

	2022 Enacted	2023 Enacted	2024 Request
Notice of Disagreement Receipts	0	0	0
Appeals Resolutions by VBA	9,749	6,739	6,600
Certifications of Substantive Appeals by the Board*	38,366	28,181	26,400
Pending Inventory	26,647	22,451	15,135

\* Certifications include both original certifications as well as remands returned to the Board for a final decision.

## *National Cemetery Administration*

### Budgetary Resources

(\$ in millions)	2022 Enacted	2023 Enacted	2024 Request
<b>Operations and Maintenance</b>	394	430	480
Grants for Veterans Cemeteries	49	50	60
Major Construction	131	140	112
Minor Construction	107	157	183
Facilities Operations and National Cemetery Gift Funds	1	1	1
Compensation and Pension (Headstones & Markers, Graveliners, Burial Receptacles, Caskets & Urns)	105	111	105
<b>Total, Budgetary Resources</b>	<b>785</b>	<b>890</b>	<b>940</b>

Base funding only. Excludes carryover.

### FTE

All Funding Sources	2022 Enacted	2023 Enacted	2024 Request
<b>Total FTE</b>	<b>2,114</b>	<b>2,281</b>	<b>2,331</b>

VA honors Veterans and their family members with final resting places in national shrines with lasting tributes that commemorate their service and sacrifice to our Nation. The 2024 budget positions NCA to meet Veterans’ emerging burial and memorial needs in the decades to come through the continued implementation of the following policies in support of six overarching goals:

1. Veterans and eligible family members will have increased access to burial benefits.
2. More Veterans and eligible family members will use VA burial and memorial benefits.
3. Veterans will be memorialized through enhanced tributes befitting their service and sacrifice to the Nation.
4. Stakeholders will place greater trust in NCA based on enhanced accountability.
5. Stakeholders will be served more efficiently and effectively by NCA’s internal capacity.
6. NCA will be recognized as an organization committed to diversity and inclusion.

NCA long range goals support the following four key priorities.

- Access: Provide 95% of Veterans with access to a burial option within 75 miles of their home.
- Outcomes: Ensure “National Shrine” standards of appearance at all VA national cemeteries.
- Customer Service: Deliver world class customer service to all of NCA’s customers; and
- Modernizing Memorialization: Use innovation to connect to new audiences and modernize memorialization.



VA requests \$480 million for the NCA Operations and Maintenance account. The Operations and Maintenance appropriation will fund the operation of 158 national cemeteries and 34 other cemeterial installations, as well as their maintenance as national shrines. It also funds the costs of administering seven related programs: Veterans Cemetery Grant Program (VCGP), Headstone, Marker and Medallion program, Presidential Memorial Certificate (PMC) program, First Notice of Death (FNOD) program, Casket & Urn reimbursements, Outer Burial Receptacle (OBR) program and Cremation Urns and Commemorative Plaques.

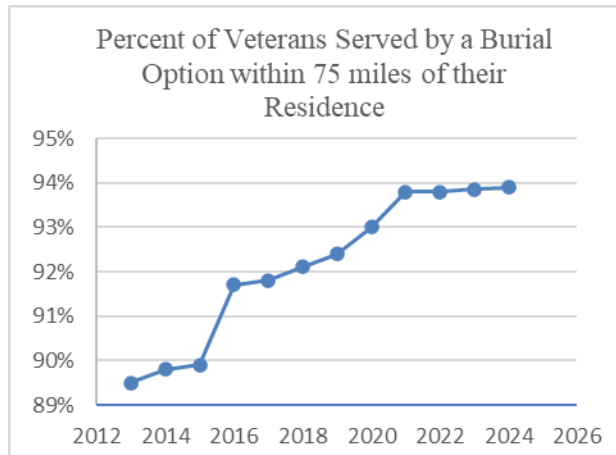
VA's 2024 request includes funding to support 2,331 FTE. Approximately 70% are Veterans and nearly 86% are in the field providing direct support to Veterans and their families ensuring they have convenient access to a burial option in a national, state, or tribal Veterans cemetery, and that they receive dignified, respectful and courteous service.

In 2024, VA requests \$553,000 and 1 FTE for the continued activation of the rural cemetery in Elko, NV. Continued activation funding ensures that newly opened cemeteries receive the resources required as the interment activity and maintenance workload increase after the initial opening.

VA also requests \$19.6 million and 41 FTE for existing cemeteries facing workload increases and project expansions in 2024. Annual Veteran deaths are projected to be 550,041 in 2023 and are then projected to slowly decline. The number of interments is expected to be 143,412 in 2023, after which they are projected to slowly decline. While the number of interments is expected to slowly decline, VA must maintain the accumulation of gravesites in perpetuity. The total number of gravesites maintained increased from nearly 3.7 million in 2018 to nearly 4.2 million in 2023 and is expected to reach almost 4.3 million in 2024. VA maintains more than 23,000 acres with the total developed acreage projected to reach 9,743 in 2024, an increase over the 9,646 developed acreage in 2023. As NCA's workload continues to increase, this budget request is essential for NCA to maintain its position as the most highly regarded organization, in both public and private sectors, in terms of customer satisfaction.

VA is focused on improving internal processes so our stakeholders will place even greater trust in NCA. VA requests \$2 million and 8 FTE to support initiatives that help us focus on continuous improvements of our internal controls. The requested funding will be used to bolster financial and contracting audit readiness and improve customer satisfaction. Resources will provide post-Integrated Financial and Acquisition Management System (iFAMS) implementation support and financial assurance through data analysis, obligation management and procurement sustainment support.

VA is nearing its goal to provide 95% of Veterans with access to a burial option in a national, state or tribal Veterans cemetery within 75 miles of their homes. In 2024, 93.9% of the Veteran population will be served with such access. To achieve this goal, VA will establish the remaining planned new national cemeteries and expand existing national cemeteries to meet projected demand, including the development of columbaria and the acquisition of additional land.



Construction projects to develop new national cemeteries will enhance burial services and provide new burial options to Veterans and their families. Construction projects also keep existing national cemeteries open by developing additional gravesites and columbaria or by acquiring and developing additional land. In 2024, VA requests \$112 million in major construction funds which includes \$28.8 million to complete Phase 1 gravesite development project on new land at Jefferson Barracks National Cemetery and \$78.2 million for the Phase 3 gravesite development and cemetery improvement project at Tahoma National Cemetery. An additional \$5 million is requested for advanced planning and design activities such as master planning and design for new cemeteries and expansions to maintain access to existing national cemeteries. VA requests \$182.6 million in the 2024 minor construction budget to provide funding for gravesite expansion and columbaria projects to keep existing national cemeteries open and for projects that address infrastructure deficiencies and other requirements necessary to support national cemetery operations. In 2024, VA is requesting 68% of the total estimated cost for all new start projects in the Minor Construction account. This will allow VA the option to utilize design/build acquisition strategies that require full funding at the time of the initial award. Additionally, VA is committed to reducing the number of critical Facility Condition Assessment (FCA) infrastructure deficiencies related to safety and/or compliance and will partially address the growing list of FCA deficiencies rated D and F through the Minor Construction account.

VA seeks to increase the availability of state, territory and tribal Veterans cemeteries which serve as a complement to VA’s system of national cemeteries by establishing Veterans cemeteries in areas of the country in which VA is unlikely to establish a new national cemetery. In 2024, NCA requests \$60 million for Grants for Construction of Veterans Cemeteries to provide additional establishment, expansion and improvements grants to state, territory and tribal organizations in support of increasing or improving burial access. The Grants program plays a crucial role in achieving VA’s strategic target of providing 95% of Veterans with reasonable access to a burial option. In addition, the Grant program is a cost-effective alternative to VA construction and recurring operating expenses. However, VA has been unable to take advantage of some higher dollar, higher impact establishment grants in unserved areas, which are critical to meeting VA’s objective of serving Veterans throughout the country. With the number of state, territory and tribal Veterans cemeteries increasing from 80 to 122 over the last 10 years, the need to provide for expansion grants of already-existing cemeteries has also grown, in both number and dollar amounts.

# *General Administration*

## Appropriations

(\$ in millions)	2022 Enacted	2023 Enacted	2024 Request
Office of the Secretary	16.27	17.32	19.17
Office of General Counsel	125.51	136.35	149.28
Office of Management	73.73	78.06	88.42
Office of Human Resources & Administration / Office of Operations, Security & Preparedness	103.65	111.39	120.90
Office of Enterprise Integration	33.64	36.23	38.94
Office of Public and Intergovernmental Affairs	14.44	15.76	17.99
Office of Congressional & Legislative Affairs	7.48	9.55	9.98
Office of Acquisition, Logistics and Construction	-	-	-
Veterans Experience Office	-	-	-
Office of Accountability and Whistleblower Protection	26.50	28.33	30.33
<b>Total Appropriated (Discretionary)</b>	<b>401.20</b>	<b>433.00</b>	<b>475.00</b>
<b>Toxic Exposures Fund (TEF, Mandatory)</b>	<b>29.83</b>	<b>36.73</b>	<b>90.00</b>
<b>Total Budget Authority, All Funds</b>	<b>431.03</b>	<b>469.73</b>	<b>565.00</b>

## FTE

All Funding Sources	2022 Enacted	2023 Enacted	2024 Request
Office of the Secretary	75	82	83
Office of General Counsel	689	715	757
Office of Management	260	300	334
Office of Human Resources & Administration / Office of Operations, Security & Preparedness	321	364	377
Office of Enterprise Integration	72	85	109
Office of Public and Intergovernmental Affairs	77	76	81
Office of Congressional & Legislative Affairs	42	51	51
Office of Acquisition, Logistics and Construction	-	-	-
Veterans Experience Office	-	-	-
Office of Accountability and Whistleblower Protection	118	141	146
<b>Total Direct Funded FTE</b>	<b>1,654</b>	<b>1,814</b>	<b>1,938</b>
<b>Reimbursable FTE, all offices</b>	<b>1,219</b>	<b>1,614</b>	<b>2,332</b>
<b>Subtotal Direct and Reimbursable FTE</b>	<b>2,873</b>	<b>3,428</b>	<b>4,270</b>
<b>TEF FTE, all offices</b>	<b>-</b>	<b>238</b>	<b>238</b>
<b>Total General Administration FTE</b>	<b>2,873</b>	<b>3,666</b>	<b>4,508</b>

Note: 2023 Enacted and 2024 Request for GenAd differs from MAX due to data entry errors in MAX

VA requests \$475 million and 4,280 FTE for the General Administration account. This FTE request includes 1,948 direct funded FTE and 2,332 reimbursable FTE. This account provides VA Staff

Office support for critical operations such as security and emergency preparedness, acquisitions and construction management, legal review and counsel, financial, budget and asset management, and legislative review and support to Congress. The General Administration account also provides funding for accountability and whistleblower protection, human resources management, project management, enterprise-level data analysis, public relations and outreach, as well as executive level direction to VA. The Major Construction account funds the Office of Acquisition, Logistics and Construction (OALC) through reimbursements directed in appropriations language.

VA requests \$25.0 million for pay raise costs and non-personnel costs to sustain current services. In addition, VA requests a total of \$17.0 million expand and enhance services. Highlights of the General Administration staff office requests for 2023 include:

- \$19.2 million in budget authority to the Office of the Secretary (OSVA) to provide executive direction for all VA programs. The request also includes reimbursable funds to support 36 FTE in the Office of Employment Discrimination Complaint Adjudication that report directly to the Secretary.
- \$149.3 million in budget authority and 935 total FTE for the Office of General Counsel (OGC). The increase of \$5.3 million will meet the expanding legal workload, including an increasing number of cases before the United States Court of Appeals for Veterans Claims. It also provides funding for the employment litigation, preventative law, and additional office spaces to accommodate growing workloads.
- \$88.4 million in budget authority and 339 total FTE for the Office of Management (OM). In addition to supporting increased costs for pay and non-pay inflation, the additional funding in 2024 includes \$4.6 million to establish a centralized grant management office, ensure financial system integrity, support additional audit tasks relating to the new financial system, improve Strategic Capital Investment Planning, expand the Enhanced Use Lease program, improve Strategic Capital Investment Planning, and increase staff to support VHA with actuarial analysis and modeling.
- \$120.9 million in budget authority and 1,432 total FTE for the Office of Human Resources and Administration/Operations, Security and Preparedness (HRA/OSP). The request includes a \$5.6 million increase for to support program inspections around the nation and criminal investigations of serious incidents. It also supports emergency preparedness such as maintaining Alternate Operating sites.
- \$38.9 million in budget authority and 109 total FTE for the Office of Enterprise Integration (OEI). The request includes \$2 million to establish an integrated solutions review and validation capability to provide analysis, advice and recommendations to senior leaders.
- \$18.0 million in budget authority and 86 total FTE for the Office of Public and Intergovernmental Affairs (OPIA). The budget request includes an increase of \$1.6 million for outreach activities. These efforts enable VA to communicate with Veterans, the public and local governments by reinforcing its commitment and readiness to serve Veterans.

- \$10 million in budget authority and 51 FTE for the Office of Congressional and Legislative Affairs (OCLA). The budget request includes an increase of \$430,000 to support the existing workload under the congressional affairs, legislative agenda, and governmental affairs programs; and efforts to form and improve relationships and communications with Washington, DC based associations representing state and local governments and with elected officials.
- \$128.9 million in reimbursable authority and 445 in reimbursable FTE for the Veterans Experience Office (VEO). VEO was designated as Lead Agency Partner for the President’s Management Agenda Cross Agency Priority Goal on Improving Customer Experience with Federal Services.
- \$30.3 million in budget authority to support 146 FTE for the operation of the Office of Accountability and the Whistleblower Protection (OAWP). The office will continue to implement the oversight and compliance requirements within the VA Accountability and Whistleblower Protection Act of 2017.

**General Administration TEF Investments**

**Toxic Exposures Fund (TEF), General Administration Funding by Account**

(\$ in millions)	2022 Enacted	2023 Enacted	2024 Request
Office of the Secretary	0.14	0.22	0.19
Office of General Counsel	4.37	11.71	37.73
Office of Human Resources & Administration / Office of Operations, Security & Preparedness	11.55	11.27	37.35
Office of Enterprise Integration	3.38	2.51	3.25
Office of Public and Intergovernmental Affairs	4.27	0.69	3.50
Office of Congressional & Legislative Affairs	0.08	0.11	0.20
PACT Act Program Management Office	6.03	10.21	7.78
<b>Total, Toxic Exposures Fund</b>	<b>29.83</b>	<b>36.73</b>	<b>90.00</b>

**Toxic Exposures Fund (TEF), General Administration FTEs**

TEF FTEs	2022 Enacted	2023 Enacted	2024 Request
Office of the Secretary	-	1	1
Office of General Counsel	-	124	124
Office of Human Resources & Administration / Office of Operations, Security & Preparedness	-	100	100
Office of Enterprise Integration	-	3	3
Office of Congressional & Legislative Affairs	-	1	1
PACT Act Program Management Office	-	9	9
<b>Total Toxic Exposures Fund FTEs</b>	<b>-</b>	<b>238</b>	<b>238</b>

The budget request includes \$96.8 million for staff offices in the TEF, which is \$53.2 million above the 2023 level. Highlights of the General Administration 2024 TEF request include:

- \$37.7 million and 124 FTE for the Office of General Counsel. Funds will support growing workload in the Court of Appeals Litigation group. The increase also funds expanding workload in preventative and personnel law as VA hires additional employee. Funds also support the Benefits Law and Health Care Law practices as OGC assists in developing regulations, interpreting novel provisions of the PACT Act, and accessing process changes and policy proposals.
- \$37.3 million and 100 FTE for the Office of Human Resources and Administration/Operations, Security and Preparedness. Funds will support PACT Act implementation requirements to develop or revise policies; increased in workload from the growth in staff; manpower management.
- Additionally, funds will support staff and non-personnel costs for OPIA, OEI, OCLA, OSVA, and via reimbursable funds for OEI, to assist in the implementation of the PACT Act.

# *Construction*

## Discretionary and Mandatory Appropriations

(\$ in millions)	2022 Enacted	2023 Enacted	2024 Request
Major Construction	1,611	1,372	881
Minor Construction	553	626	680
<b>Subtotal, Construction Appropriation (Discretionary)</b>	<b>2,164</b>	<b>1,998</b>	<b>1,561</b>
<b>Transformational Fund Investments</b>			
Construction, Major Projects	-	805	600
Construction, Minor Projects	-	88	-
Medical Facilities, Non-Recuring Maintenance	150	75	-
<b>Subtotal, Transformational Fund Investments</b>	<b>150</b>	<b>968</b>	<b>600</b>
<b>Section 705 (Enhanced Use Leases)</b>			
Construction, Major Projects	58	-	-
Construction, Minor Projects	570	-	-
General Administration	18	-	-
Medical Facilities, Non-Recuring Maintenance	275	-	-
<b>Subtotal, Enhanced Use Leases</b>	<b>922</b>	<b>-</b>	<b>-</b>
<b>Section 707 (Major Medical Facility Leases)</b>			
<b>Medical Facilities</b>	<b>-</b>	<b>1,880</b>	<b>100</b>
<b>Mandatory Funding</b>			
Construction, Major Projects	-	-	1,530
Construction, Minor Projects	-	-	400
<b>Subtotal, Mandatory Funding</b>	<b>-</b>	<b>-</b>	<b>1,930</b>
<b>Total, Discretionary and Mandatory Appropriations</b>	<b>3,236</b>	<b>4,846</b>	<b>4,191</b>

The appropriations request for construction is \$1.56 billion, including \$881 million for major construction and \$680 million for minor construction. When the major and minor construction funds are combined with \$600 million from the RETF and \$1.93 billion in proposed mandatory funding, a total of \$4.1 billion will be available in 2024, a 42% increase from the 2023 enacted construction funding.

Major Construction projects include funding for:

- Seismic Corrections Building 1, New Administrative Building, Expansion of Outpatient Clinic and Parking Structure, San Juan, Puerto Rico
- Upgrade Building 100 and 101 for Seismic Retrofit and Renovation, Roadway and Site Improvements, New Specialty Care Facility, Demolition and Expansion of Parking Facilities, Portland, Oregon
- Construction of New Specialty Care Building 201, Renovation of Building 10 and Expansion of Parking Facilities, American Lake, Washington

- New Research Facility, Parking Structure and Demolition, San Francisco, California
- Spinal Cord Injury and Seismic Building 11, San Diego, California
- Replacement Community Living Center and Parking Expansion, Perry Point, Maryland
- Replace Bed Tower, Clinical Building Expansion, Consolidated Administrative Building and Warehouse, Utility Plant and Parking Garages, Saint Louis, Missouri
- Construct New Health Care Center and Utility Plant, El Paso, Texas
- New Surgical and Clinical Space Tower, Renovation of Buildings 1 and 2 and Demolition, West Haven, Connecticut
- Clinical Expansion for Mental Health, Expansion of Parking Facilities and Land Acquisition, Dallas, Texas
- Expanded cemeteries in Tahoma, Washington and Saint Louis, Missouri

VA's capital requirements are primarily driven by Veterans' need for care in modern facilities that are safe, secure, sustainable, and accessible. VA's SCIP process has served as the basis for prioritizing VA capital investment funding decisions since the 2012 budget. Projects prioritized for funding through the SCIP process will correct critical seismic and safety deficiencies and address other performance gaps at VA facilities.



# Office of Inspector General

## Appropriations

(\$ in millions)	2022 Enacted	2023 Enacted	2024 Request
<b>Total, Budget Authority</b>	239	273	296

Base funding only. Excludes carryover, CARES Act and American Rescue Plan funding.

## FTE

All Funding Sources	2022 Enacted	2023 Enacted	2024 Request
<b>Total FTE</b>	1,107	1,131	1,155

The OIG requests \$296 million for 1,155 FTE in 2024 to fulfill statutory oversight requirements for all VA programs, services, and operations, including health care and benefits delivery, procurements and acquisitions, information technology and security, construction, leadership and governance, and financial stewardship. The budget supports a spectrum of audits, inspections, and reviews that identify potential improvements to VA program outcomes, strengthen the integrity of high-risk activities, and deter misconduct. These programs also support and enhance the OIG's capacity to detect criminal activity and conduct timely and thorough investigations when serious instances of fraud, waste, and abuse are discovered. The 2024 budget request encompasses the full cost of operational requirements anticipated for the year and assumes that OIG will have no appreciable carryover from previous appropriations (regular or supplemental) to support staff or other business needs.

*Asset and Infrastructure Review Commission*

**Appropriations**

(\$ in millions)	2022 Enacted	2023 Enacted	2024 Request
<b>Total, Budget Authority</b>	5	(5)	-

**FTE**

All Funding Sources	2022 Enacted	2023 Enacted	2024 Request
<b>Total FTE</b>	-	-	-

VA MISSION Act of 2018 (P.L. 115–182), Title II, section 202 established an independent commission, the "Asset and Infrastructure Review Commission" (the Commission). Members were to be appointed by the President with the consent of the Senate. The Commission was intended to review recommendations made by the Secretary to modernize or realign Veterans Health Administration (VHA) facilities, including leased facilities, on the basis of criteria published in the Federal Register in accordance with Title II. Funding in this account was intended to provide for support staff to conduct in-depth field hearings and receive input from Veterans, Veterans Service Organizations, local VA providers, local governments, and the public. In 2022, the Senate declined to confirm members of the Commission. The 2023 appropriations bill rescinded 2022 funding and provided no funding in 2023 for the Commission. No funds are requested for the work of the Commission in 2024.

# *Recurring Expenses Transformational Fund*

## Appropriations

(\$s in millions)	2022 Enacted	2023 Enacted	2024 Request
Available Balance at Start of Year	868	1,060	600
Rescission of unobligated balance	(820)	(91)	-
<b>Funds Available</b>	<b>48</b>	<b>969</b>	<b>600</b>
Information Technology Systems	[670]	-	-
Construction, Major Projects		805	600
Construction, Minor Projects		88	-
Medical Facilities, Non-Recurring Maintenance	[150]	75	-
<b>Transformational Fund</b>	<b>[820]</b>	<b>968</b>	<b>600</b>

2024 will be the third year in which resources become available in the Transformation Fund, authority for which was enacted in the Consolidated Appropriations Act, 2016 (P.L. 114–113). Unobligated balances of expired non-emergency discretionary funds appropriated in 2016 or any succeeding fiscal year may be transferred to the RETF at the end of the fifth fiscal year after the last fiscal year for which such funds are available for the purposes for which appropriated. The RETF is available for facilities infrastructure improvements, including nonrecurring maintenance, at existing VHA hospitals and clinics, and for information technology systems improvements and sustainment.

In 2022 a total of \$820 million in the RETF was rescinded and \$670 million was reappropriated to Information Technology Systems and \$150 was reappropriated to Medical Facilities. In 2023, \$969 million in total was appropriated for execution from the RETF.

The 2024 budget anticipates a transfer of \$600 million in unobligated balances into the RETF at the end of 2023, of which \$600.0 million is planned for major construction projects that improve VHA facilities infrastructure.

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