

VETERANS HEALTH CARE FACILITIES CAPITAL
IMPROVEMENT ACT OF 2011

SEPTEMBER 15, 2011.—Committed to the Committee of the Whole House on the
State of the Union and ordered to be printed

Mr. MILLER of Florida, from the Committee on Veterans' Affairs,
submitted the following

R E P O R T

[To accompany H.R. 2646]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 2646) to authorize certain Department of Veterans Affairs major medical facility projects and leases, to extend certain expiring provisions of law, and to modify certain authorities of the Secretary of Veterans Affairs, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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AMENDMENT

The amendment is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Veterans Health Care Facilities Capital Improvement Act of 2011”.

SEC. 2. AUTHORIZATION OF FISCAL YEAR 2012 MAJOR MEDICAL FACILITY PROJECTS.

The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2012, with each project to be carried out in the amount specified for each project:

(1) Construction of seismic corrections for Building 100 at the Department of Veterans Affairs Medical Center in Seattle, Washington, in an amount not to exceed \$51,800,000.

(2) Construction of seismic corrections and renovation of various buildings to include Building 209 for housing facilities for homeless veterans at the Department of Veterans Affairs Medical Center in West Los Angeles, California, in an amount not to exceed \$35,500,000.

SEC. 3. MODIFICATION OF AUTHORIZATION FOR CERTAIN MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS PREVIOUSLY AUTHORIZED.

(a) MODIFICATION OF AUTHORIZATION OF FISCAL YEAR 2007 MAJOR MEDICAL FACILITY PROJECT AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER IN FAYETTEVILLE, ARKANSAS.—Section 803(3) of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109–461) is amended—

- (1) by inserting “and a parking garage” after “clinical addition”; and
- (2) by striking “\$56,163,000” and inserting “\$90,600,000”.

(b) MODIFICATION OF EXTENSION OF AUTHORIZATION FOR MAJOR MEDICAL FACILITY CONSTRUCTION PROJECT IN ORLANDO, FLORIDA, PREVIOUSLY AUTHORIZED IN CONNECTION WITH CAPITAL ASSET REALIGNMENT INITIATIVE.—Section 802(11) of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109–461), as amended by section 702(b)(4) of the Veterans’ Mental Health and Other Care Improvements Act of 2008 (Public Law 110–387; 122 Stat. 4137), is amended by inserting “, including a Simulation, Learning, Education, and Research Network Center,” after “Florida, area”.

(c) INCREASE IN AMOUNT OF AUTHORIZATION OF FISCAL YEAR 2008 MAJOR MEDICAL FACILITY PROJECT AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER IN PALO ALTO, CALIFORNIA.—The Secretary of Veterans Affairs may carry out the major medical facility project at the Department of Veterans Affairs Medical Center in Palo Alto, California, for which amounts were appropriated under chapter 3 of title I of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 122 Stat. 2326) under the heading “CONSTRUCTION, MAJOR PROJECTS” under the heading “DEPARTMENT OF VETERANS AFFAIRS” in an amount not to exceed \$716,600,000.

(d) INCREASE IN AMOUNT OF AUTHORIZATION OF FISCAL YEAR 2009 MAJOR MEDICAL FACILITY PROJECT AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, SAN JUAN, PUERTO RICO.—Section 701(3) of the Veterans’ Mental Health and Other Care Improvements Act of 2008 (Public Law 110–387; 122 Stat. 4137) is amended by striking “\$225,900,000” and inserting “\$277,000,000”.

(e) INCREASE IN AMOUNT OF AUTHORIZATION OF FISCAL YEAR 2007 MAJOR MEDICAL FACILITY PROJECT AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, ST. LOUIS, MISSOURI.—Section 803(5) of the Veterans Benefits, Health Care, and Information Technology Act of 2006 (Public Law 109–461) is amended by striking “\$69,053,000” and inserting “\$346,300,000”.

SEC. 4. AUTHORIZATION OF FISCAL YEAR 2012 MAJOR MEDICAL FACILITY LEASES.

The Secretary of Veterans Affairs may carry out the following fiscal year 2012 major medical facility leases at the locations specified, in an amount not to exceed the amount shown for that location:

(1) Columbus, Georgia, Community-Based Outpatient Clinic, in an amount not to exceed \$5,335,000.

(2) Fort Wayne, Indiana, Outpatient Clinic, in an amount not to exceed \$2,845,000.

(3) Mobile, Alabama, Outpatient Clinic, in an amount not to exceed \$6,565,000.

(4) Rochester, New York, Outpatient Clinic, in an amount not to exceed \$9,232,000.

(5) Salem, Oregon, Community-Based Outpatient Clinic, in an amount not to exceed \$2,549,000.

(6) San Jose, California, Outpatient Clinic, in an amount not to exceed \$9,546,000.

(7) South Bend, Indiana, Outpatient Clinic, in an amount not to exceed \$6,731,000.

(8) Springfield, Missouri, Community-Based Outpatient Clinic, in an amount not to exceed \$6,489,000.

SEC. 5. AUTHORIZATION OF APPROPRIATIONS.

(a) AUTHORIZATION OF APPROPRIATIONS FOR CONSTRUCTION.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2012 or the year in which funds are appropriated for the Construction, Major Projects account \$87,300,000 for the projects authorized in section 2.

(b) MODIFICATION OF AUTHORIZATION FOR CERTAIN MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS PREVIOUSLY AUTHORIZED.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2012 or the year in which funds are appropriated for the Construction, Major Projects account \$850,070,000 for the projects authorized in section 3.

(c) AUTHORIZATION OF APPROPRIATIONS FOR MEDICAL FACILITY LEASES.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2012 or the year in which funds are appropriated for the Medical Facilities account \$49,292,000 for the leases authorized in section 4.

(d) LIMITATION.—The projects authorized in sections 2, 3, and 4 may only be carried out using—

(1) funds appropriated for fiscal year 2012 pursuant to the authorization of appropriations in subsection (a) of this section;

(2) funds available for Construction, Major Projects, for a fiscal year before fiscal year 2012 that remain available for obligation;

(3) funds available for Construction, Major Projects, for a fiscal year after fiscal year 2012 that remain available for obligation;

(4) funds appropriated for Construction, Major Projects, for fiscal year 2012 for a category of activity not specific to a project;

(5) funds appropriated for Construction, Major Projects, for a fiscal year before 2012 for a category of activity not specific to a project; and

(6) funds appropriated for Construction, Major Projects, for a fiscal year after 2012 for a category of activity not specific to a project.

SEC. 6. MODIFICATION OF REQUIREMENTS RELATING TO CONGRESSIONAL APPROVAL OF CERTAIN MEDICAL FACILITY ACQUISITIONS.

Section 8104 of title 38, United States Code, is amended—

(1) in subsection (b)—

(A) in paragraph (1)—

(i) by striking “detailed description” and inserting “detailed estimate of the total costs”;

(ii) by striking “a description of the consideration” and inserting “a detailed report of the consideration”; and

(iii) by adding at the end the following: “Such detailed estimate shall include an identification of each of the following:

“(A) Total construction costs.

“(B) Activation costs.

“(C) Special purpose alterations (lump-sum payment) costs.

“(D) Number of personnel.

“(E) Total costs of ancillary services, equipment, and all other items.”;

(B) by striking paragraphs (2) and (3) and redesignating paragraphs (4) through (8) as paragraphs (2) through (6), respectively;

(C) in paragraph (2), as so redesignated, by striking “a five-year period and a ten-year period” and inserting “a five-year period, a ten-year period, and a twenty-year period”;

(D) in paragraph (3), as so redesignated, by inserting before the period at the end the following: “, including information on projected changes in workload and utilization over a five-year period, a ten-year period, and a twenty-year period”;

(E) in paragraph (4), as so redesignated—

(i) by striking “Current and projected” and inserting “Projected”; and

(ii) by inserting before the period at the end the following: “(including and identifying both recurring and non-recurring costs (including activation costs and total costs of ancillary services, equipment and all other items)) over a five-year period, a ten-year period, and a twenty-year period”; and

(F) in paragraph (6), as so redesignated—

- (i) by striking “a description of each alternative to construction of the facility that was considered.” and inserting “each of the following.”; and
- (ii) by adding at the end the following new subparagraphs:
 - “(A) A detailed estimate of the total costs (including total construction costs, activation costs, special purpose alterations (lump-sum payment) costs, number of personnel and total costs of ancillary services, equipment and all other items) for each alternative to construction of the facility that was considered.
 - “(B) A comparison of total costs to total benefits for each such alternative.
 - “(C) An explanation of why the preferred alternative is the most effective means to achieve the stated project goals and the most cost-effective alternative.”; and
- (2) in subsection (d)—
 - (A) by striking “major medical facility project” each place it appears and inserting “major construction project”; and
 - (B) in paragraph (2)—
 - (i) in subparagraph (A), by striking “major medical facility projects” and inserting “major construction projects”; and
 - (ii) in subparagraph (B), by striking “major medical facility” and inserting “major construction project”.

SEC. 7. NAME OF DEPARTMENT OF VETERANS AFFAIRS TELEHEALTH CLINIC, CRAIG, COLORADO.

The Department of Veterans Affairs telehealth clinic in Craig, Colorado, shall after the date of the enactment of this Act be known and designated as the “Major William Edward Adams Department of Veterans Affairs Clinic”. Any reference to such clinic in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the “Major William Edward Adams Department of Veterans Affairs Clinic”.

SEC. 8. EXTENSION OF CERTAIN EXPIRING AUTHORITIES.

(a) RECOVERY AUDITS FOR CERTAIN CONTRACTS.—Section 1703(d)(4) of title 38, United States Code, is amended by striking “September 30, 2013” and inserting “September 30, 2020”.

(b) TREATMENT AND REHABILITATION FOR SERIOUSLY MENTALLY ILL AND HOMELESS VETERANS.—Section 2031(b) of such title is amended by striking “December 31, 2011” and inserting “December 31, 2012”.

(c) ADDITIONAL SERVICES FOR SERIOUSLY MENTALLY ILL AND HOMELESS VETERANS.—Section 2033(d) of such title is amended by striking “December 31, 2011” and inserting “December 31, 2012”.

(d) HOUSING ASSISTANCE FOR HOMELESS VETERANS.—Section 2041(c) of such title is amended by striking “December 31, 2011” and inserting “December 31, 2012”.

(e) ADVISORY COMMITTEE ON HOMELESS VETERANS.—Section 2066(d) of such title is amended by striking “December 30, 2011” and inserting “December 31, 2012”.

(f) AUTHORITY TO TRANSFER REAL PROPERTY.—Section 8118(a)(5) of such title is amended by striking “the date that is seven years after the date of the enactment of this section” and inserting “December 31, 2018”.

SEC. 9. GEORGE H. O'BRIEN, JR., DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER.

(a) DESIGNATION.—The Department of Veterans Affairs medical center located in Big Spring, Texas, shall be known and designated as the “George H. O'Brien, Jr., Department of Veterans Affairs Medical Center”.

(b) REFERENCES.—Any reference in a law, map, regulation, document, paper, or other record of the United States to the Department of Veterans Affairs medical center referred to in subsection (a) shall be deemed to be a reference to the “George H. O'Brien, Jr., Department of Veterans Affairs Medical Center”.

PURPOSE AND SUMMARY

H.R. 2646, the “Veterans Health Care Facilities Capital Improvement Act of 2011”, was introduced by Representative Bill Johnson of Ohio, Chairman of the Subcommittee on Oversight and Investigations of the Committee on Veterans’ Affairs, on July 26, 2011. H.R. 2646, as amended, would: (1) authorize a major medical facility project in Seattle, WA, in an amount not to exceed \$51,800,000 and in West Los Angeles, CA, in an amount not to exceed \$35,500,000; (2) modify the authorization for the following major medical facility projects previously authorized: Fayetteville, AR, in-

creasing the authorization amount from \$56,163,000 to \$90,600,000; Orlando, FL, including the addition of a Simulation, Learning, Education, and Research Network Center; Palo Alto, CA, authorizing an amount not to exceed \$716,600,000, San Juan, PR, increasing the authorization amount from \$225,900,000 to \$277,000,000; and St. Louis, MO, increasing the authorization amount from \$69,053,000 to \$346,300,000; (3) authorize major medical facility leases for Community-Based Outpatient Clinics (CBOC) in Columbus, GA, in an amount not to exceed \$5,335,000; Salem, OR in an amount not to exceed \$2,549,000; and Springfield, MO, in an amount not to exceed \$6,489,000 and Outpatient Clinics (OC) in Fort Wayne, IN, in an amount not to exceed \$2,845,000; Mobile, AL, in an amount not to exceed \$6,565,000; Rochester, NY, in an amount not to exceed \$9,232,000; San Jose, CA, in an amount not to exceed \$9,546,000; and South Bend, IN, in an amount not to exceed \$6,731,000; (4) modify requirements for information VA must provide to Congress when seeking authorization for a major medical facility project or lease; (5) name the VA telehealth clinic in Craig, CO, the “Major William Edward Adams Department of Veterans Affairs Clinic”; (6) extend certain expiring authorities related to recovery audits for certain contracts, treatment and rehabilitation for seriously mentally ill and homeless veterans, additional services for seriously mentally ill and homeless veterans, housing assistance for homeless veterans, and the Advisory Committee on Homeless Veterans, through December 31, 2012; and the authority to transfer real property, through December 31, 2018; and, (7) name the VA Medical Center in Big Spring, TX, the “George H. O’Brien, Jr., Department of Veterans Affairs Medical Center.”

BACKGROUND AND NEED FOR LEGISLATION

Section 8104(2) of title 38, U.S.C., requires Congressional authorization for VA major medical facility projects and major medical facility leases. A major medical facility project is defined as a project involving construction, alteration, or acquisition of a medical facility involving a total expenditure of more than \$10,000,000. A major medical facility lease is defined as a lease for space for use as a new medical facility at an average annual rental of more than \$1,000,000. Along with each major medical facility project or lease funding request, section 8104(b) of title 38 U.S.C. requires VA to submit a prospectus of the proposed medical facility to include a detailed description of the medical facility and an estimate of the cost for the construction, alteration, lease, or other acquisition as well as an estimate of the cost of the equipment required for operation of such facility, demographic data, current and projected workload and utilization data, current and projected operating costs, the priority score assigned to the project under the VA’s prioritization methodology, and a description of each alternative that was considered in the case of a new or replacement medical ideology.

Administration request for authorization to carry out the following VA major medical facility projects in fiscal year 2012

Seattle, Washington: seismic corrections for Building 100 at the Seattle Veterans Affairs Medical Center (VAMC) in an amount not

to exceed \$51,800,000. On the Seattle VAMC campus, building 100 houses a nursing tower and nursing home care unit. Providing seismic strengthening of this structure would allow for the continued operation of these programs throughout renovation of the existing building, and, therefore, offer aggregated safety, functional, and fiscal advantages to the project.

West Los Angeles, California: seismic corrections and renovation of various buildings to include Building 209 for housing facilities for homeless veterans at the West Los Angeles VAMC, in an amount not to exceed \$35,500,000. Building 209 currently sits vacant on the West LA campus. However, seismic corrections, utilizing \$20,000,000 from existing prior year bid savings funds, would allow for the development of a therapeutic and supportive homeless housing program, to include long-term transitional housing to aid homeless veterans, especially those with on-going medical and/or mental health needs, in both obtaining and maintaining supportive employment.

Fayetteville, Arkansas: modification of the FY 2007 authorization for a major medical facility project at the Fayetteville VAMC raising the authorization level from \$56,163,000 to \$90,600,000, an increase of \$34,437,000. The modification of the initial authorization would expand the scope of the project to include a new clinical addition with minor renovations, as well as the construction of a new parking facility. No additional appropriation is required to complete this project.

Orlando, Florida: modification of extension of the authorization for a major medical facility construction project in Orlando, Florida, previously authorized in connection with the Capital Asset Realignment Initiative by authorizing a Simulation, Learning, Education, and Research Network Center (SIMLEARN Center). The SIMLEARN Center would encompass a clinical simulation program to support clinical training, an essential component of education, training, competency assessment, and maintenance of professional certification throughout the VA health care system. SIMLEARN would provide expert 'train-the-trainer' simulation experiences, national curricula for high priority clinical topics, and acquisition support to VA medical facilities to facilitate local simulation training deployment. This modification of the original authorization amount would also provide VA with the opportunity to fund the installation of renewable energy opportunities and source energy through a cogeneration energy installation. No additional appropriation is required to complete this project.

Palo Alto, California: increase in the amount of the FY 2008 authorization for a major medical facility project at the Palo Alto VAMC, in an amount not to exceed \$716,600,000. Such an increase would provide seismic upgrade to the main hospital building, as well as provide the necessary emergency sustainment features including fire sprinklers and an abatement of existing asbestos. In addition, a new administrative building, parking structure, and an expansion of the outpatient clinic would be constructed.

San Juan, Puerto Rico: increase in the amount of the FY 2009 authorization for a major medical facility project at the San Juan VAMC from \$225,900,000 to \$277,000,000, an increase of \$51,100,000. With these funds, VA would construct a new administrative building, parking structure, and an expansion of the out-

patient clinic as well as provide seismic upgrades to the main hospital building, emergency sustainment features including fire sprinklers, and an abatement of existing asbestos.

St. Louis, Missouri: increase in the amount of the FY 2007 authorization for a major medical facility project at the Jefferson Barracks division of the St. Louis VAMC from \$69,053,000 to \$346,300,000, an increase of \$277,247,000. Such an increase in authorization would allow for a five phase project aimed at demolishing deteriorated and unsuitable medical center facilities and new construction to consolidate operations and free approximately 30 acres to extend operations at the adjacent VA National Cemetery.

Administration request for authorization to carry out the following VA major medical facility leases in fiscal year 2012

Columbus, Georgia: CBOC in an amount not to exceed \$5,335,000, to provide mental health services to Georgia veterans.

Fort Wayne, Indiana: OC in an amount not to exceed \$2,845,000. The Fort Wayne OC would support the VA Northern Indiana Health Care System and serve Northern Indiana's veteran population while expanding mental health service space and accommodating support services to meet increased veteran demand. This project would allow VA to continue to provide timely access to state-of-the-art mental health care, including care for substance abuse and post-traumatic stress disorder in an adequately-sized facility to meet increased workload.

Mobile, Alabama: OC in an amount not to exceed \$6,565,000. The current lease is housed in a functionally obsolete building that has space, safety and functional deficiencies. The new lease would provide for administrative and clinical space and would provide greater capacity for medical staff in a more appropriately sized, modern facility. This replacement OC would ensure continued provision of current and expanded medical services to veterans residing in or near Mobile, AL.

Rochester, New York: OC in an amount not to exceed \$9,232,000. The current lease is set to expire in 2016 and cannot be renewed. The new lease would provide expanded outpatient services to address current utilization and space gaps. This lease would allow for VA to serve a greater number of veterans, reduce travel time for clinical services, and consolidate three single leases—Mt. Hope Avenue, Clinton Crossings, and Rochester—into one state-of-the-art facility.

Salem, Oregon: CBOC in an amount not to exceed \$2,549,000 for a replacement lease for the existing 10,000 net usable square feet (NUSF) CBOC in Salem, OR, which supports the parent facility in Portland, OR. The current leased space is too small to support the projected workload growth in the Salem area. The new lease would continue to provide primary and specialty care, mental health and ancillary services. Expanded high demand VA specialty care services that would be provided in the new leased space include eye care, rehabilitation, audiology, and speech pathology. The new CBOC will allow for relocation to an area of higher veteran population.

San Jose, California: OC in an amount not to exceed \$9,546,000 for a replacement lease for existing 72,000 NUSF CBOC in San

Jose, which supports the parent facility of the VA Palo Alto Health Care System. The current lease is set to expire in 2016 with no additional option years remaining on the existing lease. The lease would address the need to provide ongoing primary care, mental health, and specialty care services to veterans residing in San Jose, CA.

South Bend, Indiana: OC in an amount not to exceed \$6,731,000 to replace existing CBOC. The new leased facility would enable VA to expand services to include outpatient primary care and mental health services. This lease would provide infrastructure that supports increased integration of services, coordination of care, provider productivity, efficiency, and patient satisfaction. This lease would allow VA to respond to the changing needs of veterans and their families in South Bend.

Springfield, Missouri: CBOC in an amount not to exceed \$6,489,000 for a replacement lease for existing 41,000 NUSF CBOC, supporting the parent facility of the Veterans Health Care System of the Ozarks (VHSO) in Fayetteville, AR. The new CBOC would relocate and expand Gene Taylor OC from Mount Vernon, Missouri. The State of Missouri has elected to close the Missouri Rehabilitation Center (MRC) in Mount Vernon, where the current clinic is located, and will be unable to continue to support the current lease agreement. Moving the CBOC to Springfield would better support the VHSO strategic initiatives. The new CBOC would continue to provide primary and specialty care, mental health and ancillary services and would also provide sleep studies, radiology, Magnetic Resonance Imaging (MRI), laboratory, and dental services to veterans.

Modification of requirements relating to Congressional approval of certain medical facility acquisitions

VA holds a substantial real property inventory that includes a medical infrastructure of over 5,400 owned buildings, 1,300 leases, 33,000 acres of land, and approximately 159 million gross square feet (owned and leased).

This nationwide infrastructure is a critically important resource enabling VA to provide the best possible care to our veterans. Such an enormous structural network, however, generates a great deal of costly construction, which the Department must address even as it faces unprecedented challenges in providing our Nation's heroes with access to care.

The Administration has identified 4,808 necessary capital projects with an estimated total cost between \$53 billion and \$65 billion to correct infrastructure gaps over the next ten years. This estimate does not include activation or life cycle costs.

Congress takes an oversight role for this decision-making process in section 8104(a)(1) of title 38 U.S.C., whose purpose is "to enable Congress to ensure the equitable distribution of medical facilities throughout the United States, taking into consideration the comparative urgency of the need for the services to be provided in the case of each particular facility."

So that Congress can adequately fulfill its oversight responsibilities, section 8104 directs VA to submit a prospectus for all major medical facility projects. This prospectus is intended to provide a clear understanding of the project costs and benefits and include

detailed information such as construction costs, alternatives to construction considered, equipment costs for the proposed facility and data on projected utilization and operating costs.

However, the Committee remains concerned that VA does not provide this information in sufficient detail for Congress to accurately evaluate proposed Department projects. Without accurate and complete information as required by the law, Congress cannot carry out its statutory mission of ensuring the “equitable distribution” of medical facilities and access to care for our veterans.

Section 6 of the bill would modify requirements for information VA must provide to Congress when seeking authorization for a major medical facility project or lease by specifying the level of detailed information related to the total cost of the project including construction costs, activation costs, special purpose alterations (lump-sum payments) costs, personnel costs, ancillary services costs, equipment costs, and all other costs; demographic data extending over a twenty-year period; current and project workload and utilization data for the proposed facility or lease including information on any and all projected changes over a five-, ten-, and twenty-year period; projected operating costs to include an identification of recurring and non-recurring costs including activation costs and total costs of ancillary services, equipment and all other items over a five-year period, a ten-year period and a twenty-year period; and, in the case of a prospective proposing the construction of a new or replacement medical facility, a detailed estimate of the total costs including total construction costs, activation costs, special purpose alterations (lump-sum payments) costs, personnel costs, and ancillary services costs, equipment costs, and all other costs for each alternative as well as total benefits for each alternative and a detailed explanation of why the preferred alternative is both the most effective means to achieve the stated project goals and the most cost-effective alternative.

Name of Department of Veterans Affairs telehealth clinic, Craig, Colorado

On May 25th, 1971, Major Adams willingly volunteered for a helicopter rescue mission to fly into a remote fire base that was under heavy attack to pick up three critically wounded soldiers. While directing and coordinating fire support from other attack helicopters, Maj. Adams landed his aircraft and picked up the three wounded soldiers. As he began his return flight, his helicopter was bombarded with enemy rocket and gunfire. Though Maj. Adams prepared to make an emergency landing, his helicopter exploded before he could touch down. For his brave actions, Maj. Adams posthumously received the Medal of Honor. Section 7 of the bill would appropriately memorialize his brave service in battle and his commitment to both his country and his fellow veterans by naming the VA telehealth clinic in Craig, Colorado, as “Major William Edward Adams Department of Veterans Affairs Clinic.” The Colorado Congressional delegation and the major veterans’ organizations in the State of Colorado are unanimous in their support of this provision.

Extension of certain expiring authorities

Current law authorizes VA to establish an inpatient recovery audit program for fee basis and other medical services contracts.

This authority, which is set to expire on September 30, 2013, allows VA to identify and collect overpayments made through the VA's Purchased Care Program and redirect the recovered funds to provide health care services to eligible veterans and their families. Through this program, VA has identified an estimated \$111 million in overpayments. If VA's recovery audit authority were to lapse, VA may lose the incentive to aggressively pursue improper payments as recovered funds would be redirected to the United States Treasury rather than to VA facilities to provide health care services to veterans. Further, in order to prevent disruptions to the recovery audit program, VA must have sufficient time to plan for a contract competition and award. As such, section 8(a) of the bill would amend § 1703(d)(4) of title 38 U.S.C. to extend VA's authority to conduct recovery audits for fee basis and other medical service contracts until September 30, 2020.

Current law authorizes VA to provide seriously mentally ill veterans, including homeless veterans, with: (1) outreach services, (2) care, treatment, rehabilitation, and other services, and (3) therapeutic transitional housing assistance. This authority, which is currently set to expire on December 31, 2011, allows VA to conduct specialized programs and services for veterans struggling with serious mental illness and homelessness to target those most at-risk and in need in the veteran population. Section 8(b) would amend § 2031(b) of title 38 U.S.C. to extend VA's authority regarding treatment and rehabilitation for seriously mentally ill and homeless veterans through December 31, 2012.

Current law authorizes VA, subject to appropriations, to operate a program to expand and improve the provision of benefits and services to homeless veterans, including establishing sites under VA jurisdiction to be centers for the provision of comprehensive services to homeless veterans in, at a minimum, each of the 20 largest metropolitan statistical areas. Given the prevalence of veterans in the homeless population, it is vitally important for VA to provide appropriate programs and services to assist those struggling with homelessness. This authority is currently set to expire on December 31, 2011. Section 8(c) would amend § 2033(d) of title 38 U.S.C. to extend VA's authority to expand and improve benefits to homeless veterans through September 30, 2012.

Similarly, § 2041(c) of title 38, U.S.C. provides VA the authority to enter into agreements with homeless providers for the purpose of selling, leasing, or donating homes acquired through the guaranteed loan program. This authority is currently set to expire on December 31, 2011. Section 8(d) would amend § 2041(c) of title 38, U.S.C. to extend this authority until December 31, 2012.

Though VA provides more direct assistance to the homeless than any other Federal agency, veterans continue to be overrepresented in the homeless population. Public Law 107-95 mandated the creation of an Advisory Committee on Homeless Veterans. The purpose of the Advisory Committee is to provide advice and make recommendations to VA regarding the provision of benefits and services to homeless veterans, to assess the effectiveness of policies and programs relating to homeless veterans, to identify gaps in programs serving homeless veterans, highlight barriers in law and Federal policy that hinder homeless veterans programs, and liaise with other Federal, State and local agencies that work on homeless

issues. This authority is currently set to expire on December 30, 2011. Section 8(e) would amend § 2066(d) of title 38 U.S.C. to extend Congressional authority to continue the Advisory Committee on Homeless Veterans until December 31, 2018.

Current law provides VA the authority to transfer real property under VA jurisdiction and control to other Federal agencies, State agencies, public or private entities, or Indian tribes. Such authority provides the Department with the flexibility to make efficient and effective use of VA's extensive real property holdings, including vacant or underutilized property. This authority is currently set to expire on December 31, 2011. Section 8(f) would amend § 8118(a)(5) of title 38, U.S.C. to extend this authority through December 31, 2012.

Name of Department of Veterans Affairs Medical Center, Big Spring, Texas

George H. O'Brien, Jr., was a Korean War veteran from Big Spring, TX. While wounded, Mr. O'Brien led his Marine unit in an uphill assault on a heavily defended position. After relief arrived, Mr. O'Brien refused medical evacuation and remained to cover his unit's withdrawal. For his heroism, Mr. O'Brien was awarded the Medal of Honor by President Eisenhower. After returning to Big Spring, Mr. O'Brien lent his services as a volunteer at the Big Spring VAMC. He died in 2005 at the age of 78.

Section 9 of the bill would appropriately memorialize his brave service in battle and his commitment to both his country and his fellow veterans by naming the VA Medical Center in Big Spring, TX, the "George H. O'Brien, Jr., Department of Veterans Affairs Medical Center." The Texas Congressional delegation and the major veterans' organizations in the State of Texas are unanimous in their support of this provision.

HEARINGS

On July 25, 2011, the Subcommittee on Health held a legislative hearing on several bills introduced in the 112th Congress, including a draft bill which was later introduced as H.R. 2646. The following witnesses testified: the Honorable Michael G. Grimm of New York; the Honorable John R. Carter of Texas, the Honorable Timothy J. Walz of Minnesota; the Honorable Larry Bucshon of Indiana; Shane Barker, Senior Legislative Associate, National Veterans Service, Veterans of Foreign Wars of the United States; Joy J. Ilem, Deputy National Legislative Director, Disabled American Veterans; Thomas J. Berger, Ph.D., Executive Director, Veterans Health Council, Vietnam Veterans of America; Carl Blake, National Legislative Director, Paralyzed Veterans of America; Christina M. Roof, National Acting Legislative Director, AMVETS; and Robert L. Jesse, M.D., Ph.D., Principal Deputy Under Secretary for Health, Veterans Health Administration, U.S. Department of Veterans Affairs.

SUBCOMMITTEE CONSIDERATION

On July 28, 2011, the Subcommittee on Health met in open markup session, a quorum being present. An amendment was offered by Chairwoman Ann Marie Buerkle of New York to amend

H.R. 2646. Ms. Buerkle's amendment modified the extensions of §1703(d)(4), recovery audits for certain contracts, §2031(b), treatment and rehabilitation for seriously mentally ill and homeless veterans, §2033(d), additional services for seriously mentally ill and homeless veterans, §2041(c), housing assistance for homeless veterans, and §2066(d), Advisory Committee on Homeless Veterans from 2018 to 2012. The amendment was agreed to by voice vote. Ranking Member Michaud of Maine offered a motion to report H.R. 2646, as amended, favorably to the full Committee. His motion was agreed to by voice vote.

COMMITTEE CONSIDERATION

On September 8, 2011, the full Committee met in an open markup session, a quorum being present. An Amendment was offered by Representative Bill Flores of Texas to insert a new section 9 to name the George H. O'Brien VA Medical Center. The amendment was adopted and H.R. 2646, as amended, was reported favorably to the House of Representatives, by voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report the legislation and amendments thereto. There were no record votes taken on amendments or in connection with ordering H.R. 2646 reported to the House. A motion by Mr. Filner of California to order H.R. 2646, as amended, reported favorably to the House of Representatives was agreed to by voice vote.

COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII and clause 2(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and objectives are reflected in the descriptive portions of this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 2646, as amended, does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9 of rule XXI of the Rules of the House of Representatives.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 2646 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 2646 provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, September 15, 2011.

Hon. JEFF MILLER,
*Chairman, Committee on Veterans' Affairs,
House of Representatives, Washington, DC.*

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 2646, the Veterans Health Care Facilities Capital Improvement Act of 2011.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Ann E. Futrell.

Sincerely,

DOUGLAS W. ELMENDORF.

Enclosure.

H.R. 2646—Veterans Health Care Facilities Capital Improvement Act of 2011

Summary: H.R. 2646 would authorize the Department of Veterans Affairs (VA) to build and lease several medical facilities and extend programs for homeless veterans. In total, CBO estimates that implementing the bill would cost \$1.2 billion over the 2012–2016 period, assuming appropriation of the necessary amounts. CBO estimates that enacting the bill would have no effect on direct spending or revenues; therefore, pay-as-you-go procedures do not apply.

H.R. 2646 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA).

Estimated cost to the Federal Government: The estimated budgetary impact of H.R. 2646 is summarized in the following table. The costs of this legislation fall within budget function 700 (veterans benefits and services).

Basis of estimate: For this estimate, CBO assumes the legislation will be enacted near the start of fiscal year 2012, that the necessary amounts will be appropriated each year, and that outlays will follow historical patterns for similar and existing programs.

H.R. 2646 would authorize appropriations for major construction and leasing of VA medical facilities. The bill also would extend the authority for several programs for homeless veterans. CBO estimates that implementing H.R. 2646 would cost \$1.2 billion over the 2012–2016 period, assuming appropriation of the necessary amounts.

	By fiscal year, in millions of dollars—					
	2012	2013	2014	2015	2016	2012–2016
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Major Construction Projects:						
Authorization Level	850	0	0	0	0	850
Estimated Outlays	37	229	277	204	77	824
Leases for Medical Facilities:						
Estimated Authorization Level	50	22	22	22	22	138
Estimated Outlays	45	22	22	22	22	133
Seismic Corrections and Renovations:						
Estimated Authorization Level	68	0	0	0	0	68
Estimated Outlays	3	18	22	16	6	65
Extension of Certain Authorities for Homeless Veterans:						
Estimated Authorization Level	107	37	0	0	0	144
Estimated Outlays	96	43	4	0	0	143
Total Changes:						
Estimated Authorization Level	1,075	59	22	22	22	1,200
Estimated Outlays	181	312	325	242	105	1,165

Major construction projects

Section 3 would authorize the appropriation of \$850 million to construct and modify medical facilities in Palo Alto, California; St. Louis, Missouri; and San Juan, Puerto Rico. CBO estimates that if appropriated, that authorization would result in discretionary costs of \$824 million over the 2012–2016 period.

Leases for medical facilities

Section 4 would authorize the appropriation of \$50 million for leasing eight medical facilities. Based on information from VA's 2012 budget request, CBO expects that VA would enter into 20-year lease agreements for those facilities. CBO estimates that in addition to the specified amounts authorized to be appropriated in 2012, entering into those leases would cost \$22 million a year starting in 2013. (Costs would be higher in the first year because VA would pay up front for necessary improvements and upgrades.) CBO estimates that entering into those leases would cost \$133 million over the 2012–2016 period, assuming appropriation of the authorized and estimated amounts.

Seismic corrections and renovations

Section 2 would authorize the appropriation of \$87 million for seismic corrections and renovations at facilities in Los Angeles, California, and Seattle, Washington. Based on VA's current estimate for construction costs and the amounts that have already been appropriated for those projects, CBO estimates that VA would require additional funding of \$68 million in 2012. We estimate that implementing those projects would cost a total of \$65 million over the 2012–2016 period, assuming appropriation of the estimated amounts.

Extension of certain authorities for homeless veterans

Section 8 would extend, for various periods, the expiring authorities for several programs that provide services to homeless veterans. CBO estimates that extending such programs would cost \$143 million over the 2012–2016 period, assuming appropriation of the necessary amounts.

Pay-as-you-go considerations: None.

Intergovernmental and private-sector impact: H.R. 2646 contains no intergovernmental or private-sector mandates as defined in UMRA. Public hospitals that contract with VA to provide hospital care or medical services to veterans would be required to comply with auditing procedures extended under the bill. Any costs to those hospitals would be incurred voluntarily.

Previous CBO estimate: On August 30, 2011, CBO transmitted a cost estimate for S. 914, the Veterans Programs Improvement Act of 2011, as ordered reported by the Senate Committee on Veterans' Affairs on June 29, 2011. Sections 2, 3, 4, and 8 of H.R. 2646 contain language similar to sections 601, 602, 603, and 205 of S. 914, respectively, and their estimated costs are the same.

Estimate prepared by: Federal costs: Ann E. Futrell; Impact on State, local, and Tribal Governments: Lisa Ramirez-Branum; Impact on the Private Sector: Elizabeth Bass.

Estimate approved by: Theresa Gullo, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 2646 prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 2646.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for H.R. 2646 is provided by Article I, section 8 of the Constitution of the United States.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 of the bill would name the Act the "Veterans Health Care Facilities Capital Improvement Act of 2011."

Section 2. Authorization of fiscal year 2012 major medical facility projects

Section 2(1) of the bill would authorize a major medical facility project in Seattle, WA, in an amount not to exceed \$51,800,000.

Section 2(2) of the bill would authorize a major medical facility project in West Los Angeles, CA, in an amount not to exceed \$35,500,000.

Section 3. Modification of authorization for certain major medical facility construction projects previously authorized

Section 3(a) of the bill would modify the authorization of fiscal year 2007 major medical facility project at the VAMC in Fayetteville, AR, by inserting the addition of a parking garage and increasing the authorization amount from \$56,163,000 to \$90,600,000.

Section 3(b) of the bill would modify the extension of authorization for major medical facility construction in Orlando, FL, by inserting the addition of a Simulation, Learning, Education, and Research Network Center.

Section 3(c) of the bill would increase the amount of authorization of fiscal year 2008 Major Medical Facility Project at VAMC in Palo Alto, CA, in an amount not to exceed \$716,600,000.

Section 3(d) of the bill would increase the authorization of fiscal year 2009 major medical facility project at the VAMC in San Juan, PR, increasing the authorization amount from \$225,900,000 to \$277,000,000.

Section 3(e) of the bill would increase the amount of authorization of fiscal year 2007 major medical facility project at the VAMC in St. Louis, MO, by increasing the authorization amount from \$69,053,000 to \$346,300,000.

Section 4. Authorization of fiscal year 2012 major medical facility leases

Section 4(1) of the bill would authorize VA to carry out a major medical facility lease for a CBOC in Columbus, GA, in an amount not to exceed \$5,335,000.

Section 4(2) of the bill would authorize VA to carry out a major medical facility lease for an OC in Fort Wayne, IN, in an amount not to exceed \$2,845,000.

Section 4(3) of the bill would authorize VA to carry out a major medical facility lease for an OC in Mobile, AL, in an amount not to exceed \$6,565,000.

Section 4(4) of the bill would authorize VA to carry out a major medical facility lease for an OC in Rochester, NY, in an amount not to exceed \$9,232,000.

Section 4(5) of the bill would authorize VA to carry out a major medical facility lease for a CBOC in Salem, OR, in an amount not to exceed \$2,549,000.

Section 4(6) of the bill would authorize VA to carry out a major medical facility lease for an OC in San Jose, CA, in an amount not to exceed \$9,546,000.

Section 4(7) of the bill would authorize VA to carry out a major medical facility lease for an OC in South Bend, IN, in an amount not to exceed \$6,731,000.

Section 4(8) of the bill would authorize VA to carry out a major medical facility lease for a CBOC in Springfield, MO, in an amount not to exceed \$6,489,000.

Section 5. Authorization of appropriations

Section 5(a) of the bill would authorize \$87,300,000 in appropriations for the Construction, Major Projects account for the projects authorized in section 2.

Section 5(b) of the bill would authorize \$850,070,000 in appropriations for the Construction, Major Projects account for the projects authorized in Section 3.

Section 5(c) of the bill would authorize \$49,292,000 in appropriations for the Medical Facilities account for the leases authorized in Section 4.

Section 6. Modification of requirements relating to Congressional approval of certain medical facility acquisitions

Section 6 of the bill would amend Section 8104 of title 38, United States Code, to clarify the level of detailed information VA must provide when requesting authorization for a major medical facility project or lease.

Section 7. Name of Department of Veterans Affairs telehealth clinic, Craig, Colorado

Section 7 of the bill would name the VA telehealth clinic in Craig, CO, the “Major William Edward Adams Department of Veterans Affairs Clinic.”

Section 8. Extension of certain expiring authorities

Section 8(a) of the bill would amend § 1703(d)(4) of title 38 U.S.C. to extend VA’s authority to conduct recovery audits for fee basis and other medical service contracts through September 30, 2020.

Section 8(b) of the bill would amend § 2031(b) of title 38 U.S.C. to extend VA’s authority regarding treatment and rehabilitation for seriously mentally ill and homeless veterans through December 31, 2012.

Section 8(c) of the bill would amend § 2033(d) of title 38 U.S.C. to extend VA’s authority to expand and improve benefits to homeless veterans through September 30, 2012.

Section 8(d) of the bill would amend § 2041(c) of title 38 U.S.C. to extend VA’s authority to enter into agreements with homeless providers for the purpose of selling, leasing, or donating homes acquired through the guaranteed loan program through December 31, 2012.

Section 8(e) of the bill would amend § 2066(d) of title 38 U.S.C. to extend Congressional authority to continue the Advisory Committee for Homeless Veterans through December 31, 2012.

Section 8(f) of the bill would amend § 8118(a) of title 38 U.S.C. to extend VA’s authority to transfer real property under VA jurisdiction and control to other Federal agencies, State agencies, public or private entities, or Indian tribes through December 31, 2018.

Section 9. George H. O’Brien, Jr. Department of Veterans Affairs Medical Center

Section 9 of the bill would name the VA medical center located in Big Spring, TX, the “George H. O’Brien, Jr. Department of Veterans Affairs Medical Center.”

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (existing law proposed to be omit-

ted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

VETERANS BENEFITS, HEALTH CARE, AND INFORMATION TECHNOLOGY ACT OF 2006

* * * * *

TITLE VIII—CONSTRUCTION MATTERS

Subtitle A—Construction and Lease Authorities

* * * * *

SEC. 802. EXTENSION OF AUTHORIZATION FOR CERTAIN MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS PREVIOUSLY AUTHORIZED IN CONNECTION WITH CAPITAL ASSET REALIGNMENT INITIATIVE.

The Secretary of Veterans Affairs may carry out the following major medical facility projects, with each such project to be carried out in the amount specified for that project:

(1) * * *

* * * * *

(11) Construction of a new medical center facility in the Orlando, Florida, area, *including a Simulation, Learning, Education, and Research Network Center*, in an amount not to exceed \$377,700,000.

* * * * *

SEC. 803. AUTHORIZATION OF FISCAL YEAR 2007 MAJOR MEDICAL FACILITY PROJECTS.

The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2007 in the amount specified for each project:

(1) * * *

* * * * *

(3) Construction of a new clinical addition *and a parking garage* at the Department of Veterans Affairs Medical Center, Fayetteville, Arkansas, in an amount not to exceed **[\$56,163,000]** *\$90,600,000*.

* * * * *

(5) Medical facility improvements and cemetery expansion of Jefferson Barracks at the Department of Veterans Affairs Medical Center, St. Louis, Missouri, in an amount not to exceed **[\$69,053,000]** *\$346,300,000*.

* * * * *

VETERANS' MENTAL HEALTH AND OTHER CARE IMPROVEMENTS ACT OF 2008

* * * * *

TITLE VII—AUTHORIZATION OF MEDICAL FACILITY PROJECTS AND MAJOR MEDICAL FACILITY LEASES

SEC. 701. AUTHORIZATION FOR FISCAL YEAR 2009 MAJOR MEDICAL FACILITY PROJECTS.

The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2009 in the amount specified for each project:

(1) * * *

* * * * *

(3) Seismic corrections, Building 1, at the Department of Veterans Affairs Medical Center, San Juan, Puerto Rico, in an amount not to exceed ~~[\$225,900,000]~~ \$277,000,000.

* * * * *

TITLE 38, UNITED STATES CODE

* * * * *

PART II—GENERAL BENEFITS

* * * * *

CHAPTER 17—HOSPITAL, NURSING HOME, DOMICILIARY, AND MEDICAL CARE

SUBCHAPTER I—GENERAL

* * * * *

§ 1703. Contracts for hospital care and medical services in non-Department facilities

(a) * * *

* * * * *

(d)(1) * * *

* * * * *

(4) The authority of the Secretary under this subsection terminates on ~~[September 30, 2013]~~ *September 30, 2020*.

* * * * *

CHAPTER 20—BENEFITS FOR HOMELESS VETERANS

* * * * *

SUBCHAPTER IV—TREATMENT AND REHABILITATION FOR SERIOUSLY MENTALLY ILL AND HOMELESS VETERANS

§ 2031. General treatment

(a) * * *

(b) The authority of the Secretary under subsection (a) expires on ~~December 31, 2011~~ *December 31, 2012*.

* * * * *

§ 2033. Additional services at certain locations

(a) * * *

* * * * *

(d) The program under this section shall terminate on ~~December 31, 2011~~ *December 31, 2012*.

* * * * *

SUBCHAPTER V—HOUSING ASSISTANCE

§ 2041. Housing assistance for homeless veterans

(a) * * *

* * * * *

(c) The Secretary may not enter into agreements under subsection (a) after ~~December 31, 2011~~ *December 31, 2012*.

* * * * *

SUBCHAPTER VII—OTHER PROVISIONS

* * * * *

§ 2066. Advisory Committee on Homeless Veterans

(a) * * *

* * * * *

(d) TERMINATION.—The Committee shall cease to exist ~~December 30, 2011~~ *December 31, 2012*.

* * * * *

PART VI—ACQUISITION AND DISPOSITION OF PROPERTY

* * * * *

CHAPTER 81—ACQUISITION AND OPERATION OF HOSPITAL AND DOMICILIARY FACILITIES; PROCUREMENT AND SUPPLY; ENHANCED-USE LEASES OF REAL PROPERTY

SUBCHAPTER I—ACQUISITION AND OPERATION OF MEDICAL FACILITIES

* * * * *

§ 8104. Congressional approval of certain medical facility acquisitions

(a) * * *

(b) Whenever the President or the Secretary submit to the Congress a request for the funding of a major medical facility project (as defined in subsection (a)(3)(A)) or a major medical facility lease

(as defined in subsection (a)(3)(B)), the Secretary shall submit to each committee, on the same day, a prospectus of the proposed medical facility. Any such prospectus shall include the following:

(1) A ~~【detailed description】~~ *detailed estimate of the total costs* of the medical facility to be constructed, altered, leased, or otherwise acquired under this subchapter, including a description of the location of such facility and, in the case of a prospectus proposing the construction of a new or replacement medical facility, ~~【a description of the consideration】~~ *a detailed report of the consideration* that was given to acquiring an existing facility by lease or purchase and to the sharing of health-care resources with the Department of Defense under section 8111 of this title. *Such detailed estimate shall include an identification of each of the following:*

(A) Total construction costs.

(B) Activation costs.

(C) Special purpose alterations (lump-sum payment) costs.

(D) Number of personnel.

(E) Total costs of ancillary services, equipment, and all other items.

~~【(2) An estimate of the cost to the United States of the construction, alteration, lease, or other acquisition of such facility (including site costs, if applicable).~~

~~【(3) An estimate of the cost to the United States of the equipment required for the operation of such facility.】~~

~~【(4) (2) Demographic data applicable to such facility, including information on projected changes in the population of veterans to be served by the facility over 【a five-year period and a ten-year period】 a five-year period, a ten-year period, and a twenty-year period.~~

~~【(5) (3) Current and projected workload and utilization data regarding the facility, including information on projected changes in workload and utilization over a five-year period, a ten-year period, and a twenty-year period.~~

~~【(6) Current and projected】 (4) Projected operating costs of the facility, including both recurring and non-recurring costs (including and identifying both recurring and non-recurring costs (including activation costs and total costs of ancillary services, equipment and all other items)) over a five-year period, a ten-year period, and a twenty-year period.~~

* * * * *

~~【(7) (5) The priority score assigned to the project or lease under the Department's prioritization methodology and, if the project or lease is being proposed for funding before a project or lease with a higher score, a specific explanation of the factors other than the priority score that were considered and the basis on which the project or lease is proposed for funding ahead of projects or leases with higher priority scores.~~

~~【(8) (6) In the case of a prospectus proposing the construction of a new or replacement medical facility, 【a description of each alternative to construction of the facility that was considered.】 each of the following:~~

(A) A detailed estimate of the total costs (including total construction costs, activation costs, special purpose alter-

ations (lump-sum payment) costs, number of personnel and total costs of ancillary services, equipment and all other items) for each alternative to construction of the facility that was considered.

(B) A comparison of total costs to total benefits for each such alternative.

(C) An explanation of why the preferred alternative is the most effective means to achieve the stated project goals and the most cost-effective alternative.

* * * * *

(d)(1) * * *

(2)(A) In any fiscal year, unobligated amounts in the Construction, Major Projects account that are a direct result of bid savings from a [major medical facility project] *major construction project* may only be obligated for [major medical facility projects] *major construction projects* authorized for that fiscal year or a previous fiscal year.

(B) Whenever the Secretary obligates amounts for a [major medical facility] *major construction project* under subparagraph (A), the Secretary shall submit to the Committee on Veterans' Affairs and the Committee on Appropriations of the Senate and the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives notice of the following:

(i) The [major medical facility project] *major construction project* that is the source of the bid savings.

(ii) The other [major medical facility project] *major construction project* for which the amounts are being obligated.

(iii) The amounts being obligated for such other [major medical facility project] *major construction project*.

* * * * *

§ 8118. Authority for transfer of real property; Department of Veterans Affairs Capital Asset Fund

(a)(1) * * *

* * * * *

(5) The authority of the Secretary under paragraph (1) expires on [the date that is seven years after the date of the enactment of this section] *December 31, 2018*.

* * * * *