118TH CONGRESS
2d Session
HOUSE OF REPRESENTATIVES
REPORT
118–600

VIETNAM VETERANS LIVER FLUKE CANCER STUDY ACT

JULY 22, 2024.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. BOST, from the Committee on Veterans' Affairs, submitted the following

R E P O R T

together with

MINORITY VIEWS

[To accompany H.R. 4424]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 4424) to direct the Secretary of Veterans Affairs to study and report on the prevalence of cholangiocarcinoma in veterans who served in the Vietnam theater of operations during the Vietnam era, and for other purposes, having considered the same, reports favorably thereon with an amendment and recommends that the bill as amended do pass.

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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 "Vietnam Veterans Liver Fluke Cancer Study Act".

SEC. 2. STUDY ON THE PREVALENCE OF CHOLANGIOCARCINOMA IN VETERANS WHO SERVED IN THE VIETNAM THEATER OF OPERATIONS DURING THE VIETNAM ERA.

(a) EPIDEMIOLOGICAL STUDY.—Not later than 120 days after the date of enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Director of the Centers for Disease Control and Prevention of the Department of Health and Human Services, shall commence an epidemiological study on the prevalence of cholangiocarcinoma in covered veterans of the Vietnam era, using data from the Veterans Affairs Central Cancer Registry and the National Program of Cancer Registries. The study shall—

(1) identify the rate of incidence of cholangiocarcinoma in covered veterans of the Vietnam era and in residents of the United States, from the beginning of the Vietnam era to the date of enactment of this Act; and

(2) for each of the groups specified in paragraph (1), identify the percentage of individuals with cholangiocarcinoma by various demographic characteristics, including by age, gender, race, ethnicity, and the geographic location of the patient at the time of diagnosis.

(b) REPORT TO CONGRESS.—Not later than one year after the completion of the study under subsection (a), the Secretary shall submit to Congress a report containing—

(1) the results of the study under subsection (a); and

(2) recommendations for administrative or legislative actions required to address issues identified in the study under subsection (a).

(c) CONTINUED TRACKING OF CHOLANGIOCARCINOMA IN COVERED VETERANS OF THE VIETNAM ERA.—The Secretary shall track the prevalence of cholangiocarcinoma in covered veterans of the Vietnam era using the Veterans Affairs Central Cancer Registry, and provide such information to Congress as required under subsection (d).

(d) FOLLOW-UP REPORTS.—The Secretary shall periodically submit to the Congress an updated report under subsection (b), as determined by the Secretary.

(e) DEFINITIONS.—In this section:

(1) The term "Secretary" means the Secretary of Veterans Affairs.

(2) The term "Vietnam era" has the meaning given such term in section 101 of title 38, United States Code.

(3) The term "covered veterans of the Vietnam era" means veterans who served in the Vietnam theater of operations during the Vietnam era.

SEC. 3. MODIFICATION OF CERTAIN HOUSING LOAN FEES.

The loan fee table in section 3729(b)(2) of title 38, United States Code, is amended by striking "November 15, 2031" each place it appears and inserting "November 29, 2031".

PURPOSE AND SUMMARY

Page H.R. 4424, the "*Vietnam Veterans Liver Fluke Cancer Study Act*," was introduced by Representative Nick LaLota of New York on June 30, 2023. H.R. 4424, as amended, would require the U.S. Department of Veterans Affairs (VA), in consultation with the Center for Disease Control, to begin an epidemiological study on the prevalence of bile duct cancer in Vietnam era veterans using data from the VA Central Cancer Registry and the National Program of Cancer Registries. This bill would also require the Secretary to periodically submit updated reports to Congress.

BACKGROUND AND NEED FOR LEGISLATION

Section 1. Short Title

This Act may be cited as the "Vietnam Veterans Liver Fluke Cancer Study Act."

Section 2. Study on the Prevalence of Cholangiocarcinoma in Veterans Who Served in the Vietnam Theater of Operations During the Vietnam Era

Liver fluke is a form of flatworm parasite that can infect the bile ducks and liver of people through the consumption of certain undercooked fish in Southeast Asia. The infection caused by liver flukes can cause irritation and scarring that can lead to bile duct cancer, also known as cholangiocarcinoma. In 2018, the Northport VA Medical Center in New York conducted a study on the prevalence of liver fluke in a group of 50 veterans from the Vietnam era. This study indicated that 24% of Vietnam veterans who ate undercooked fish while deployed tested positive or borderline positive for prior worm infection. Initial reports and reviews on the study highlight the need for more research on liver fluke and the development of standard treatment procedures for veterans who have it.

Bile duct cancer is a relatively rare form of cancer in the United States, with roughly 8,000 documented cases each year. However, it is more common in Southeast Asia, where many Vietnam era veterans were deployed during the November 1, 1955, to May 7, 1975, timeframe. Bile duct cancer has other documented causes in aging populations, thus the study required in this bill would assist researchers and Congress in determining if the cancer is a result of military deployment in Southeast Asia or general aging.

This section would study whether bile duct cancer disproportionately effects Vietnam War veterans, by studying its prevalence in those veterans in comparison to the general population. This information could be used by VA to determine whether bile duct cancer among Vietnam War veterans, should be considered presumptively service connected.

The mandated study in this section and subsequent report to Congress aim to inform policy decisions, highlighting a commitment to veteran welfare and the importance of evidence-based decision making. The Committee believes that this section could be a crucial step towards ensuring Vietnam veterans receive care that they deserve. Particularly after facing poor treatment in the form of anti-Vietnam War protests, and bias, it is imperative that conditions which uniquely impact Vietnam veterans, are studied with the same veracity as conditions impacting more recent veteran populations.

Section 3. Modification of Certain Housing Loan Fees

Currently, veterans who take advantage of the VA Home Loan Program pay a small fee that is included in their monthly mortgage payment. This section would cover the costs of the other section of this bill by extending the current rates for VA home loan funding fees by two weeks to November 29, 2031. Extending the funding fee increases a veteran's monthly cost by about $5 on top of the monthly mortgage. Disabled veterans do not pay the funding fee and would not be affected by this extension of the home loan

fees. The Committee believes this short-term extension of current funding fee rates is a reasonable way to cover the costs associated with the other sections of this bill.

HEARINGS

On March 21, 2024, the Health Subcommittee held a legislative hearing on H.R. 4424. The following witnesses testified:

The Honorable Chairman Mike Bost, U.S. House of Representatives, 12th Congressional District, Illinois; The Honorable Chris Deluzio, U.S. House of Representatives, 17th Congressional District, Pennsylvania; The Honorable Jack Bergman, U.S. House of Representatives, 1st Congressional District, Michigan; The Honorable Greg Murphy, U.S. House of Representatives, 3rd Congressional District, North Carolina; The Honorable Derrick Van Orden, U.S. House of Representatives, 3rd Congressional District, Wisconsin; The Honorable Nick LaLota, U.S. House of Representatives, 1st Congressional District, New York; The Honorable Debbie Dingell, U.S. House of Representatives, 6th Congressional District, Michigan; The Honorable Lauren Underwood, U.S. House of Representatives, 14th Congressional District, Illinois; Dr. Ajit Pai, Executive Director, Office of Rehabilitation and Prosthetics Services, Veterans Health Administration; Dr. Michael Brenna, Executive Director, Office of Construction and Facilities Management, Veterans Affairs; Dr. Wendy Tenhula, Deputy Chief Research and Development Officer, Office of Research and Development, Veterans Health Administration; Dr. David Perry, Chief Officer, Workforce Management and Consulting, Veterans Health Administration; Mr. Jon Retzer, Assistant National Legislative Director, Disabled Americans Veterans; Mr. Roscoe Butler, Senior Health Policy Advisor, Paralyzed Veterans of America; Ms. Brittany Elliot, Veteran (USMC), Advocate; Ms. Melissa Bryant, Chair, Board of Directors, Minority Veterans of America.

The following individuals and organizations submitted statements for the record:

Wounded Warrior Project, Treat Now, Superior Ambulance.

SUBCOMMITTEE CONSIDERATION

On April 16, 2024, the Health subcommittee met in an open markup session, a quorum being present, and ordered H.R. 4424 to be reported favorably to the Full Committee by voice vote.

COMMITTEE CONSIDERATION

On May 1, 2024, the Full Committee met in open markup session, a quorum being present, and ordered H.R. 4424, as amended, be reported favorably to the House of Representatives by voice vote.

An amendment in the nature of a substitute offered by Chairman Bost of Illinois made a change to include an offset by extending the home loan fee offset. The amendment in the nature of substitute was approved by voice vote.

A motion by Ranking Member Takano of California to report H.R. 4424, as amended, favorably to the House of Representatives was agreed to by voice vote.

COMMITTEE VOTES

In compliance with clause 3(b) of rule XIII of the Rules of the House of Representatives, no recorded votes were taken with ordering H.R. 4424, as amended, to the House.

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 of H.R. 4424, as amended, are to study the prevalence of cholangiocarcinoma in Vietnam era veterans and report back to Congress.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 4424, 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 of H.R. 4424, as amended, prepared by the Director of the Congressional Budget Office.] [1]

BUDGET AUTHORITY AND 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. 4424, as amended, provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:] [2]

[1] Formal score forthcoming. CBO is hoping to get us the score soon after this week's NDAA amendment process.

[2] Waiting on formal score.

At a Glance

H.R. 4424, the Vietnam Veterans Liver Fluke Cancer Study Act
As ordered reported by the House Committee on Veterans' Affairs on May 1, 2024

By Fiscal Year, Millions of Dollars	2024	2024-2029	2024-2034
Direct Spending (Outlays)	*	1	-20
Revenues	0	0	0
Increase or Decrease (-) in the Deficit	*	1	-20
Spending Subject to Appropriation (Outlays)	*	3	5

Increases *net direct spending* in any of the four consecutive 10-year periods beginning in 2035?	< $2.5 billion	Statutory pay-as-you-go procedures apply?	Yes
		Mandate Effects	
Increases *on-budget deficits* in any of the four consecutive 10-year periods beginning in 2035?	< $5 billion	Contains intergovernmental mandate?	No
		Contains private-sector mandate?	No

* = between zero and $500,000.

The bill would:

- Require the Department of Veterans Affairs (VA) to conduct a study on prevalence of cholangiocarcinoma (cancer of the bile ducts that has been linked to liver flukes)
- Increase the fees that VA charges borrowers for home loan guarantees

Estimated budgetary effects would mainly stem from:

- Conducting a study on the prevalence of cholangiocarcinoma
- Increasing the fees charged by VA for home loan guarantees

Bill summary: H.R. 4424 would require the Department of Veterans Affairs (VA) to conduct a study on the prevalence of cholangiocarcinoma (cancer of the bile ducts that has been linked to liver flukes) among veterans who served during the Vietnam era. The bill would also increase the fees that VA charges borrowers for its home loan guarantees.

Estimated federal cost: The estimated budgetary effects of H.R. 4424 are shown in Table 1. The costs of the legislation fall within budget function 700 (veterans benefits and services).

TABLE 1.—ESTIMATED BUDGETARY EFFECTS OF H.R. 4424

	By fiscal year, millions of dollars—												
	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2024–2029	2024–2034
INCREASES IN SPENDING SUBJECT TO APPROPRIATION ESTIMATED AUTHORIZATION													
Estimated Authorization	*	1	*	1	*	1	*	1	*	1	*	3	5
Estimated Outlays	*	1	*	1	*	1	*	1	*	1	*	3	5
INCREASES OR DECREASES (−) IN DIRECT SPENDING ESTIMATED BUDGET AUTHORITY													
Estimated Budget Authority	*	*	*	*	1	*	*	*	−22	1	*	1	−20
Estimated Outlays	*	*	*	*	1	*	*	*	−22	1	*	1	−20

* = between zero and $500,000.

Basis of estimate: For this estimate, CBO assumes that H.R. 4424 will be enacted in fiscal year 2024.

Provisions that affect spending subject to appropriation and direct spending: Section 2 of the bill would require VA to conduct a study on the prevalence of cholangiocarcinoma in veterans from the Vietnam era and to continue to monitor prevalence rates and periodically update that study. The department is completing a study on the prevalence of cholangiocarcinoma among Vietnam veterans. Based on information from VA on the current staffing and support costs for that study, CBO estimates the staffing and support costs required to monitor prevalence rates and update the study would average about $600,000 per year, and total about $7 million over the 2024–2034 period.

CBO expects that some of the costs of implementing the bill would be paid from the Toxic Exposures Fund (TEF) established by Public Law 117–168, the Honoring our PACT Act. The TEF is a mandatory appropriation that VA uses to pay for health care, disability claims processing, medical research, and IT modernization that benefit veterans who were exposed to environmental hazards.

Additional spending from the TEF would occur if legislation increases the costs of similar activities that benefit veterans with such exposure. CBO estimates that 18 percent of such additional costs would be paid from the fund in 2025, growing to 31 percent in 2034 as costs for those activities increase over time. Those percentages are based on the amount of formerly discretionary appropriations that CBO projects will be provided through the mandatory appropriation as specified in the Honoring our PACT Act. CBO estimates that over the 2024–2034 period, implementing section 2 would increase spending subject to appropriation by $5 million and direct spending by $2 million.

Direct spending: The discussion above in "Provisions that affect spending subject to appropriation and direct spending" describe provisions that would increase direct spending from the Toxic Exposures Fund under H.R. 4424. The bill also would increase fees paid for VA home loan guarantees, which would decrease direct spending. In total, the bill would decrease direct spending by $20 million over the 2024–2034 period.

H.R. 4424 would increase the fees that VA charges borrowers for its loan guarantees. VA provides loan guarantees to lenders that allow eligible borrowers to obtain better loan terms—such as lower interest rates or smaller down payments—to purchase, construct, improve, or refinance a home. VA typically pays lenders up to 25 percent of the outstanding mortgage balance if a borrower's home is foreclosed upon. Those payments, net of fees paid by borrowers and recoveries by lenders, constitute the subsidy cost for the loan guarantees.[1] That subsidy cost is reflected in the budget as direct spending.

[1] Under the Federal Credit Reform Act of 1990, the subsidy cost of a loan guarantee is the net present value of estimated payments by the government to cover defaults and delinquencies, interest subsidies, or other expenses offset by any payments to the government, including origination or other fees, penalties, and recoveries on defaulted loans. Such subsidy costs are calculated by discounting those expected cash flows using the rate on Treasury securities of comparable maturity. The resulting estimated subsidy costs are recorded in the budget when the loans are disbursed or modified. A positive subsidy indicates that the loan results in net outlays from the Treasury; a negative subsidy indicates that the loan results in net receipts to the Treasury.

Under current law, the rates for most of the fees that borrowers pay to VA for loans guaranteed after November 15, 2031, will drop from a weighted average of about 2.3 percent to about 1.2 percent of the loan amount. The bill would extend the higher rates through November 29, 2031, thereby reducing the subsidy cost of loans guaranteed during that period. Using its forecast of loan volume based on data provided by VA, CBO estimates that extending the higher rates would decrease direct spending by $22 million over the 2024–2034 period.

Pay-as-you-go considerations: The Statutory Pay-As-You-Go Act of 2010 establishes budget-reporting and enforcement procedures for legislation affecting direct spending or revenues. The net changes in outlays that are subject to those pay-as-you-go procedures are shown in Table 1.

Increase in long-term net direct spending and deficits: CBO estimates that enacting H.R. 4424 would not increase net direct spending by more than $2.5 billion in any of the four consecutive 10-year periods beginning in 2035.

CBO estimates that enacting H.R. 4424 would not increase on-budget deficits by more than $5 billion in any of the four consecutive 10-year periods beginning in 2035.

Mandates: The bill contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act.

Estimate prepared by: Federal costs: Matt Schmit (for veterans health care); Paul B.A. Holland (for home loans). Mandates: Brandon Lever.

Estimate reviewed by: David Newman, Chief, Defense, International Affairs, and Veterans' Affairs Cost Estimates Unit; Kathleen FitzGerald, Chief, Public and Private Mandates Unit; Christina Hawley Anthony, Deputy Director of Budget Analysis.

Estimate approved by: Phillip L. Swagel, Director, Congressional Budget Office.

FEDERAL MANDATES STATEMENT

[Section 423 of the Congressional Budget and Impoundment Control Act (as amended by Section 101(a)(2) of the Unfunded Mandate Reform Act, P.L. 104–4), is inapplicable to H.R. 4424, as amended.] [3]

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. 4424, as amended.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that H.R. 4424, as amended, does not relate to the terms and conditions of employment or access to public services or accommodation within the meaning of section 102(b)(3) of the Congressional Accountability Act.

[3] Will confirm once receive formal score.

STATEMENT ON DUPLICATION OF FEDERAL PROGRAMS

Pursuant to clause 3(c)(5) of rule XIII of the Rules of the House of Representatives, the Committee finds that no provision of H.R. 4424, as amended, establishes or reauthorizes a program of the Federal Government known to be duplicative of another Federal program, a program that was included in any report from the Government Accountability Office to Congress pursuant to section 21 of Public Law 111–139, or a program related to a program identified in the most recent Catalog of Federal Domestic Assistance.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

Section 1 would establish the short title as the "Vietnam Veterans Liver Fluke Cancer Study Act."

Section 2. Study on the prevalence of cholangiocarcinoma in veterans who served in the Vietnam theater of operations during the Vietnam era

Section 2 would require the Secretary, in consultation with the Director of the Centers for Disease Control, to conduct an epidemiological study on the prevalence of cholangiocarcinoma in covered veterans of the Vietnam era using data from the Veterans Affairs Central Cancer Registry and the National Program of Cancer Registries. This section would require the Secretary to submit a report to Congress not later than one year after the conclusion of the study, which would include the result of the study and any recommendations for administrative or legislative actions. This section would require the Secretary to track the prevalence of cholangiocarcinoma in covered Vietnam era veterans. The section would define "Secretary," "Vietnam era," and "covered veterans of the Vietnam era."

Section 3. Modification of certain housing loan fees

Section three of the bill would provide funding for these programs included in the bill by extending current rates for VA home loan funding fees as established in section 3729 of title 38, U.S.C. from November 15, 2031, to November 29, 2031.

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

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 omitted is enclosed in black brackets, new matter is printed in italics, and existing law in which no change is proposed is shown in roman):

TITLE 38, UNITED STATES CODE

* * * * * * *

PART III—READJUSTMENT AND RELATED BENEFITS

* * * * * * *

CHAPTER 37—HOUSING AND SMALL BUSINESS LOANS

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SUBCHAPTER III—ADMINISTRATIVE PROVISIONS

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§ 3729. Loan fee

(a) REQUIREMENT OF FEE.—(1) Except as provided in subsection (c), a fee shall be collected from each person obtaining a housing loan guaranteed, insured, or made under this chapter, and each person assuming a loan to which section 3714 of this title applies. No such loan may be guaranteed, insured, made, or assumed until the fee payable under this section has been remitted to the Secretary.

(2) The fee may be included in the loan and paid from the proceeds thereof.

(b) DETERMINATION OF FEE.—(1) The amount of the fee shall be determined from the loan fee table in paragraph (2). The fee is expressed as a percentage of the total amount of the loan guaranteed, insured, or made, or, in the case of a loan assumption, the unpaid principal balance of the loan on the date of the transfer of the property.

(2) The loan fee table referred to in paragraph (1) is as follows:

Type of loan	Active duty veteran	Reservist	Other obligor
(A)(i) Initial loan described in section 3710(a) to purchase or construct a dwelling with 0-down, or any other initial loan described in section 3710(a) other than with 5-down or 10-down (closed on or after October 1, 2004, and before January 1, 2020).	2.15	2.40	NA

Type of loan	Active duty veteran	Reservist	Other obligor
(A)(ii) Initial loan described in section 3710(a) to purchase or construct a dwelling with 0-down, or any other initial loan described in section 3710(a) other than with 5-down or 10-down (closed on or after January 1, 2020, and before April 7, 2023).	2.30	2.30	NA
(A)(iii) Initial loan described in section 3710(a) to purchase or construct a dwelling with 0-down, or any other initial loan described in section 3710(a) other than with 5-down or 10-down (closed on or after April 7, 2023, and before November [15] *29*, 2031).	2.15	2.15	NA
(A)(iv) Initial loan described in section 3710(a) to purchase or construct a dwelling with 0-down, or any other initial loan described in section 3710(a) other than with 5-down or 10-down (closed on or after November [15] *29*, 2031).	1.40	1.40	NA
(B)(i) Subsequent loan described in section 3710(a) to purchase or construct a dwelling with 0-down, or any other subsequent loan described in section 3710(a) (closed on or after October 1, 2004, and before January 1, 2020).	3.30	3.30	NA

Type of loan	Active duty veteran	Reservist	Other obligor
(B)(ii) Subsequent loan described in section 3710(a) to purchase or construct a dwelling with 0-down, or any other subsequent loan described in section 3710(a) (closed on or after January 1, 2020, and before April 7, 2023).	3.60	3.60	NA
(B)(iii) Subsequent loan described in section 3710(a) to purchase or construct a dwelling with 0-down, or any other subsequent loan described in section 3710(a) (closed on or after April 7, 2023, and before November [15] *29*, 2031).	3.30	3.30	NA
(B)(iv) Subsequent loan described in section 3710(a) to purchase or construct a dwelling with 0-down, or any other subsequent loan described in section 3710(a) (closed on or after November [15] *29*, 2031).	1.25	1.25	NA
(C)(i) Loan described in section 3710(a) to purchase or construct a dwelling with 5-down (closed before January 1, 2020).	1.50	1.75	NA
(C)(ii) Loan described in section 3710(a) to purchase or construct a dwelling with 5-down (closed on or after January 1, 2020, and before April 7, 2023).	1.65	1.65	NA

Type of loan	Active duty veteran	Reservist	Other obligor
(C)(iii) Loan described in section 3710(a) to purchase or construct a dwelling with 5-down (closed on or after April 7, 2023, and before November [15] *29*, 2031).	1.50	1.50	NA
(C)(iv) Loan described in section 3710(a) to purchase or construct a dwelling with 5-down (closed on or after November [15] *29*, 2031).	0.75	0.75	NA
(D)(i) Loan described in section 3710(a) to purchase or construct a dwelling with 10-down (closed before January 1, 2020).	1.25	1.50	NA
(D)(ii) Loan described in section 3710(a) to purchase or construct a dwelling with 10-down (closed on or after January 1, 2020, and before April 7, 2023).	1.40	1.40	NA
(D)(iii) Loan described in section 3710(a) to purchase or construct a dwelling with 10-down (closed on or after April 7, 2023, and before November [15] *29*, 2031).	1.25	1.25	NA
(D)(iv) Loan described in section 3710(a) to purchase or construct a dwelling with 10-down (closed on or after November [15] *29*, 2031).	0.50	0.50	NA
(E) Interest rate reduction refinancing loan.	0.50	0.50	NA
(F) Direct loan under section 3711.	1.00	1.00	NA

Type of loan	Active duty veteran	Reservist	Other obligor
(G) Manufactured home loan under section 3712 (other than an interest rate reduction refinancing loan).	1.00	1.00	NA
(H) Loan to Native American veteran under section 3762 (other than an interest rate reduction refinancing loan).	1.25	1.25	NA
(I) Loan assumption under section 3714.	0.50	0.50	0.50
(J) Loan under section 3733(a).	2.25	2.25	2.25.

(3) Any reference to a section in the "Type of loan" column in the loan fee table in paragraph (2) refers to a section of this title.

(4) For the purposes of paragraph (2):

(A) The term "active duty veteran" means any veteran eligible for the benefits of this chapter other than a Reservist.

(B) The term "Reservist" means a veteran described in section 3701(b)(5)(A) of this title who is eligible under section 3702(a)(2)(E) of this title.

(C) The term "other obligor" means a person who is not a veteran, as defined in section 101 of this title or other provision of this chapter.

(D)(i) The term "initial loan" means a loan to a veteran guaranteed under section 3710 or made under section 3711 of this title if the veteran has never obtained a loan guaranteed under section 3710 or made under section 3711 of this title.

(ii) If a veteran has obtained a loan guaranteed under section 3710 or made under section 3711 of this title and the dwelling securing such loan was substantially damaged or destroyed by a major disaster declared by the President under section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5170), the Secretary shall treat as an initial loan, as defined in clause (i), the next loan the Secretary guarantees or makes to such veteran under section 3710 or 3711, respectively, if—

(I) such loan is guaranteed or made before the date that is three years after the date on which the dwelling was substantially damaged or destroyed; and

(II) such loan is only for repairs or construction of the dwelling, as determined by the Secretary.

(E) The term "subsequent loan" means a loan to a veteran, other than an interest rate reduction refinancing loan, guaranteed under section 3710 or made under section 3711 of this title that is not an initial loan.

(F) The term "interest rate reduction refinancing loan" means a loan described in section 3710(a)(8), 3710(a)(9)(B)(i), 3710(a)(11), 3712(a)(1)(F), or 3762(h) of this title.

(G) The term "0-down" means a downpayment, if any, of less than 5 percent of the total purchase price or construction cost of the dwelling.

(H) The term "5-down" means a downpayment of at least 5 percent or more, but less than 10 percent, of the total purchase price or construction cost of the dwelling.

(I) The term "10-down" means a downpayment of 10 percent or more of the total purchase price or construction cost of the dwelling.

(c) WAIVER OF FEE.—(1) A fee may not be collected under this section from a veteran who is receiving compensation (or who, but for the receipt of retirement pay or active service pay, would be entitled to receive compensation), from a surviving spouse of any veteran (including a person who died in the active military, naval, air, or space service) who died from a service-connected disability, or from a member of the Armed Forces who is serving on active duty and who provides, on or before the date of loan closing, evidence of having been awarded the Purple Heart.

(2)(A) A veteran described in subparagraph (B) shall be treated as receiving compensation for purposes of this subsection as of the date of the rating described in such subparagraph without regard to whether an effective date of the award of compensation is established as of that date.

(B) A veteran described in this subparagraph is a veteran who is rated eligible to receive compensation—

(i) as the result of a pre-discharge disability examination and rating; or

(ii) based on a pre-discharge review of existing medical evidence (including service medical and treatment records) that results in the issuance of a memorandum rating.

* * * * * * *

MINORITY VIEWS

Liver fluke is a serious parasitic infection that is a well-recognized risk factor for the development of bile duct cancer. H.R. 4424, Vietnam Veterans Liver Fluke Cancer Study Act, would require VA, in consultation with the Centers for Disease Control and Prevention, to commence an epidemiological study on the prevalence of bile duct cancer in veterans who served in the Vietnam War versus their non-veteran U.S. resident counterparts. VA would be required to submit a report with the results of the study broken out by age, gender, race, ethnicity and geographic location.

While Democratic Members are supportive of robust and thorough research about the diseases veterans may have been exposed to as part of their service, we believe VA raised valid concerns in its written testimony at the Health Subcommittee's legislative hearing on H.R. 4424. Specifically, VA believes that the bill as written may be duplicative of past and ongoing VA research efforts and may not advance understanding of the link between liver fluke and cancer mortality rates, given the study's required structure, which focuses on prevalence rather than mortality. Furthermore, VA questioned whether the study required by this legislation could be carried out successfully, given a lack of reliable data.

In testimony provided at the Subcommittee on Health's legislative hearing on March 21, 2024, the Department of Veterans' Affairs stated:

> Given VA's observations with existing studies, the bill's requirements would not be as useful to the agency as VA's current efforts at this time. Any additional epidemiological study would face significant hurdles in counting cases because of the lack of available and comprehensive health care data (such as cancer diagnoses and risk factors) on the entire population of Vietnam-era Veterans over the years since the war, whereas VA has conducted this mortality study by compiling a roster of all Vietnam Veterans along with a database of their death dates and causes.

Given VA's concerns, Democratic members have concerns about using the results of any study that does not follow the structure that VA outlined in its testimony to guide conclusions about cancer causation links and presumptive coverage decisions.

MARK TAKANO,
Ranking Member.

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