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Department of Veterans Affairs FY2026 Appropriations

The Department of Veterans Affairs (VA) administers numerous programs that provide benefits and services to eligible veterans and their families. These benefits include medical care, disability compensation, Dependency and Indemnity Compensation (DIC), pensions, education, vocational rehabilitation and employment services, assistance to homeless veterans, home loan guarantees, and administration of life insurance, as well as traumatic injury protection insurance for servicemembers and benefits that cover burial expenses.

President Donald Trump released the FY2026 budget request for VA in several stages during May and June 2025. The Trump Administration requested \$434.81 billion for FY2026. This included \$300.42 billion in mandatory appropriations and \$134.39 billion in discretionary appropriations. On June 25, 2025, the House passed its version of the FY2026 Military Construction, Veterans Affairs, and Related Agencies (MILCON-VA) appropriations bill (H.R. 3944; H.Rept. 119-161). The House-passed version would have provided \$435.33 billion for VA for FY2026, including \$301.57 billion in mandatory funding and \$133.75 billion in discretionary funding. On August 1, 2025, the Senate amended the House-passed version of H.R. 3944 and passed the Military Construction and Veterans Affairs, Agriculture, and Legislative Branch Appropriations Act, 2026 (H.R. 3944, as amended). Division A of the measure contained the FY2026 MILCON-VA appropriations bill (Division A of H.R. 3944). The Senate-passed version of the bill would have provided \$434.86 billion for VA for FY2026, including \$301.57 billion in mandatory funding and \$133.28 billion in discretionary funding. On November 12, 2025, after a 42-day lapse in appropriations from October 1, 2025, through November 11, 2025, the President signed into law the Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (H.R. 5371; P.L. 119-37). Division D of this act contained the FY2026 MILCON-VA Appropriations Act.

Comparative funding levels for FY2025 (Division A of P.L. 119-4) and FY2026 (Division D of P.L. 119-37) are listed in the table below (component amounts may not sum to totals due to rounding and adjustments due to rescissions).

FY2025-FY2026 VBA, VHA, NCA, and Veterans Affairs (VA)-Departmental Administration Appropriations

	FY2025 Enacted (Division A of P.L. 119-4)	FY2026 Request	House-Passed (H.R. 3944; H.Rept. 119-161)	Senate-Passed (Military Construction and Veterans Affairs, Agriculture, and Legislative Branch Appropriations Act, 2026; Division A of H.R. 3944; S.Rept. 119-43)	FY2026 Enacted (Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026; Division D of P.L. 119-37)	Increase (+)/ Decrease (-) and % Change FY2026 Enacted vs. FY2025 Enacted
Veterans Benefits Administration (VBA, including General Operating Expenses)	\$236.90 billion	\$251.90 billion	\$253.05 billion	\$253.06 billion	\$263.79 billion	(+) \$26.89 billion (+11.35%)
Veterans Health Administration (VHA)	\$113.67 billion	\$116.98 billion	\$117.47 billion	\$115.89 billion	\$116.03 billion	(+) \$2.36 billion (+2.08%)
National Cemetery Administration (NCA)	\$480 million	\$497 million	\$498.50 million	\$497 million	\$498.50 million	(+) \$18.5 million (+3.85%)

R48968

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	FY2025 Enacted (Division A of P.L. 119-4)	FY2026 Request	House-Passed (H.R. 3944; H.Rept. 119- 161)	Senate-Passed (Military Construction and Veterans Affairs, Agriculture, and Legislative Branch Appropriations Act, 2026; Division A of H.R. 3944; S.Rept. 119- 43)	FY2026 Enacted (Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026; Division D of P.L.119-37)	Increase (+)/ Decrease (-) and % Change FY2026 Enacted vs. FY2025 Enacted
Departmental Administration	\$10.65 billion	\$12.75 billion	\$11.64 billion	\$12.74 billion	\$12.49 billion	(+) \$1.84 billion (+17.28%)
Cost of War Toxic Exposures Fund (TEF)	\$6 billion	\$52.68 billion	\$52.68 billion	\$52.68 billion	\$52.68 billion	(+) \$46.68 billion (+778%)
Total VA	\$367.71 billion	\$434.81 billion	\$435.33 billion	\$434.86 billion	\$445.49 billion	(+) \$77.78 billion (+21.15%)
Total Mandatory	\$238.68 billion	\$300.42 billion	\$301.57 billion	\$301.57 billion	\$312.30 billion	(+) \$73.62 billion (+30.85%)
Total Discretionary	\$129.03 billion	\$134.39 billion	\$133.75 billion	\$133.28 billion	\$133.18 billion	(+) \$4.15 billion (+3.22%)

Sources: U.S. Congress, House Appropriations Committee, *Military Construction, Veterans Affairs, And Related Agencies Appropriations Bill, 2026*, report to accompany H.R.3944, 119th Cong., 1st sess., June 10, 2025, H.Rept. 119-161, pp. 93-101; U.S. Congress, Senate Appropriations Committee, *Military Construction, Veterans Affairs, And Related Agencies Appropriations Bill, 2026*, report to accompany H.R.3944, 119th Cong., 1st sess., July 17, 2025, S.Rept. 119-43, pp. 110-115; and “Explanatory Statement Submitted By Ms. Collins, Chair of The Senate Committee on Appropriations, Regarding H.R. 5371, The Continuing Appropriations, Agriculture, Legislative Branch, Military Construction And Veterans Affairs, And Extensions Act, 2026,” *Congressional Record*, vol. 171, no. 189 (November 9, 2025), pp. S8109-S8110.

Contents

Introduction	1
Scope and Limitations of This Report.....	2
The Department of Veterans Affairs Budget	2
Mandatory (Direct) Spending.....	2
Appropriated Entitlements	3
Discretionary Spending.....	4
VA Funding	4
Budget Estimate Development for Veterans Benefits Administration (VBA) and Veterans Health Administration (VHA).....	4
Advance Appropriations.....	8
Cost of War Toxic Exposures Fund (TEF)	10
TEF and Future Authorizing Legislation	15
Historical Perspective.....	16
FY2025 Budget Summary	18
Budget Request for FY2026 and Congressional Action	20
President’s Request	20
House Action.....	21
Senate Action	22
Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Division D of P.L. 119-37).....	22
Mandatory Programs Funding.....	25
Compensation and Pensions	25
Readjustment Benefits	26
Veterans Insurance and Indemnities (VI&I)	27
Medical Care and Medical Research Discretionary Programs Funding	27
Background.....	27
The Veteran Patient Population.....	29
President’s Request and Congressional Action.....	31
Nonmedical Discretionary Programs Funding.....	35
National Cemetery Administration (NCA)	35
Veterans Benefits Administration (VBA), General Operating Expenses.....	36
Board of Veterans’ Appeals (BVA)	36
Information Technology Systems (IT Systems).....	37
Veterans Electronic Health Record (EHR).....	38
Construction, Major Projects	44
Construction, Minor Projects	45
Grants for Construction of State Extended Care Facilities	45
Grants for Construction of Veterans Cemeteries.....	46

Figures

Figure 1. Veterans Benefits Administration (VBA) Budget Estimation Process.....	6
Figure 2. Veterans Health Administration (VHA) Budget Estimation Process	8
Figure 3. VA Appropriations, FY1995-FY2025	16
Figure 4. VA Appropriations: Nominal and Inflation-Adjusted, FY1995-FY2025.....	17

Figure 5. FY2025 VA Budget Request 18

Figure 6. Full-Year Continuing Appropriations and Extensions Act, 2025 (P.L. 119-4)..... 19

Figure 7. FY2026 VA Budget Request 21

Figure 8. Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Division D of P.L. 119-37) 23

Figure 9. Veteran Population, VA Enrollees, and VA Patients, FY2000-FY2026 30

Figure 10. VA Electronic Health Record Modernization (EHRM) Program, Major Milestones, 2017-2026 40

Tables

Table 1. Cost of War Toxic Exposures Fund (TEF), FY2022-FY2026 11

Table 2. Honoring our PACT Act (P.L. 117-168) TEF Allocations, FY2022 12

Table 3. Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2023 (Division J of P.L. 117-328), TEF Allocations, FY2023 13

Table 4. Fiscal Responsibility Act of 2023 (P.L. 118-5), TEF Allocations, FY2024..... 13

Table 5. Fiscal Responsibility Act of 2023 (P.L. 118-5), TEF Allocations, FY2025..... 14

Table 6. Full-Year Continuing Appropriations and Extensions Act, 2025 (P.L. 119-4), and Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (P.L. 119-37), Combined TEF Allocations for FY2025 and FY2026 15

Table 7. FY2025-FY2026 VBA, VHA, NCA, and Veterans Affairs (VA)-Departmental Administration Appropriations 24

Table 8. FY2025 Appropriations, FY2026 Advance Appropriations, FY2026 Appropriations, and FY2027 Advance Appropriations 47

Table A-1. Veteran Population, VA Enrollees, and VA Patients, FY2000-FY2026 53

Appendixes

Appendix. Veteran Population, VA Enrollees, and VA Patients, FY2000-FY2026 53

Contacts

Author Information..... 54

Introduction

The history of the present-day Department of Veterans Affairs (VA) can be traced back to July 21, 1930, when President Hoover issued Executive Order 5398, creating an independent federal agency known as the Veterans Administration by consolidating many separate veterans' programs.¹ On October 25, 1988, President Reagan signed legislation (P.L. 100-527) creating a new federal Cabinet-level Department of Veterans Affairs to replace the Veterans Administration, effective March 15, 1989. The department provides a range of benefits and services to veterans who meet certain eligibility criteria.² These benefits and services include, among other things,

- hospital care, medical services, and nursing home care;³
- disability compensation for service-connected disabilities and death;⁴
- pensions for income maintenance of veterans and survivors;⁵
- education;⁶
- vocational rehabilitation and employment services;⁷
- assistance to homeless veterans;⁸
- home loan guarantees;
- administration of life insurance, as well as traumatic injury protection insurance for servicemembers; and
- death benefits that cover burial expenses.⁹

The department carries out its programs nationwide through three administrations and the Board of Veterans Appeals (BVA). The Veterans Health Administration (VHA) is responsible for health care services and medical and prosthetic research programs. The Veterans Benefits Administration (VBA) is responsible for, among other activities, administering disability compensation, pensions, burial benefits, a fiduciary program, and education assistance. The National Cemetery Administration (NCA)¹⁰ is responsible for maintaining national veterans cemeteries; providing grants to states and other entities for establishing, expanding, and

¹ In the 1920s, three federal agencies, the Veterans Bureau, the Bureau of Pensions in the Department of the Interior, and the National Home for Disabled Volunteer Soldiers, administered various benefits for the nation's veterans.

² For details on basic criteria, including the statutory definition of "veteran," see CRS Report R47299, *U.S. Department of Veterans Affairs: Who Is a Veteran?*; CRS Report R48907, *Military Discharges: Character of Service and Eligibility for Department of Veterans Affairs (VA) Benefits*; and CRS In Focus IF12242, *Veteran Status Based on Service with Certain Civilian Groups*.

³ For more information on health care programs, see CRS Report R42747, *Health Care for Veterans: Answers to Frequently Asked Questions*.

⁴ For more information on disability benefit programs, see CRS Report R44837, *Benefits for Service-Disabled Veterans*, and CRS In Focus IF12799, *Veteran Disability Compensation and Pension Exams*.

⁵ For information on pension programs, see CRS Report R46511, *Veterans Benefits Administration (VBA): Pension Programs*.

⁶ For a discussion of education benefits, see CRS Report R42785, *Veterans' Educational Assistance Programs and Benefits: A Primer*.

⁷ For details on VA's vocational rehabilitation and employment, see CRS Report RL34627, *Veterans' Benefits: The Veteran Readiness and Employment Program*.

⁸ For detailed information on homeless veterans programs, see CRS Report RL34024, *Veterans and Homelessness*.

⁹ For more information on burial benefits, see CRS Report R46813, *Department of Veterans Affairs: Burial Benefits and the National Cemetery Administration*.

¹⁰ Established by the National Cemeteries Act of 1973 (P.L. 93-43).

improving state veterans cemeteries;¹¹ and providing memorial benefits such as headstones and markers for the graves of eligible persons. The BVA reviews all appeals made by veterans or their representatives for entitlement to veterans' benefits, such as claims for service connection, increased disability ratings, pensions, insurance benefits, and educational benefits.

Scope and Limitations of This Report

This report provides an overview of the FY2026 President's budget request for VA (generally, Title II of the Military Construction, Veterans Affairs, and Related Agencies [MILCON-VA] appropriations bill) and subsequent congressional action. Throughout this report, the terms "President's budget" and "Administration's budget" refer to the budget submitted by President Trump and his Administration. This report begins with a discussion of the appropriations and funds that constitute VA's budget and a brief overview of budget formulation process, followed by a brief overview of the FY2025 congressional appropriations process and enacted amounts for FY2025. It then discusses the President's request for FY2026 for care, benefits, and services for veterans and administration of the department, followed by congressional action on the FY2026 request. The report provides funding levels for the accounts as presented in the MILCON-VA appropriations bill; it does not provide funding levels at the subaccount, program, or activity levels. Generally, VA accounts are purpose specific rather than program specific. For example, gender-specific care and programmatic efforts to deliver care for women veterans could include funding from medical services, medical community care, medical support and compliance, and medical facilities accounts. **Table 8** provides account level details of FY2025-FY2026 VA appropriations and FY2027 advance appropriations from the Full-Year Continuing Appropriations and Extensions Act, 2025 (Division A of P.L. 119-4), and the Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Division D of P.L. 119-37).

The Department of Veterans Affairs Budget

Certain budgetary concepts related to mandatory (or direct) spending, appropriated entitlements, and discretionary spending¹² are useful in understanding the various accounts that fund VA's benefits and services, as well as funding provided in the Cost of War Toxic Exposures Fund (TEF), which was established by the Honoring our PACT Act of 2022 (P.L. 117-168); see the "Cost of War Toxic Exposures Fund (TEF)" section below.¹³

Mandatory (Direct) Spending

Mandatory spending, also known as direct spending, is generally characterized as spending that is provided or effectively controlled through authorizing legislation.¹⁴ "The fundamental characteristic of mandatory spending is the lack of annual discretion to establish spending levels.

¹¹ P.L. 116-315, Section 2205, expanded eligibility of these grants to include counties under certain conditions. See 38 U.S.C. §2408.

¹² See CRS In Focus IF13124, *Distinguishing Between Discretionary and Mandatory Spending*.

¹³ 38 U.S.C. §324.

¹⁴ U.S. Congress, Senate Committee on Finance, *Program Descriptions and General Budget Information for Fiscal Year 1995*, committee print, prepared by the Staff for the Use of the Committee on Finance, United States Senate, 103rd Cong., 2nd sess., May 1994, S.Prt. 103-80 (Washington: GPO, 1994), p. 132. Also see 2 U.S.C. §900(c)(8). "The term 'direct spending' means—(A) budget authority provided by law other than appropriation Acts; (B) entitlement authority; and (C) the Supplemental Nutrition Assistance Program."

Instead, mandatory spending usually involves a binding legal obligation by the [federal government] to provide funding for an individual, program, or activity.”¹⁵ There are several types of mandatory (direct) spending, and one such category is entitlement authority. Entitlement authority generally meets a three-part test:

1. **Specified benefits:** The program’s authorizing legislation specifies particular sums of money to be paid;
2. **Specified beneficiaries:** The payments are to be made to a class of persons or governments who meet specified eligibility requirements; *and*
3. **Federal government has a legal obligation to pay which is not subject to appropriations:** The payment is not discretionary, i.e., the legislation obligates the United States to make the specified payments to the eligible class and the legal obligation to make the specified payments to the eligible class of recipients is not contingent on appropriations being enacted. Therefore, if insufficient appropriations are available, the government may presumably be sued for payment of the benefits.¹⁶

Although the appropriations for some entitlement programs, such as Medicare and Social Security, are provided on a permanent basis in the authorizing laws establishing such programs, some entitlement programs (e.g., veterans disability compensation, the veteran survivor’s Dependency and Indemnity Compensation [DIC] program, and pensions) require funding provided in annual appropriations legislation. These types of entitlement programs are known as appropriated entitlements, and the budget authority provided to fund them is considered mandatory (or direct) spending, even though it is provided in appropriations legislation.

Appropriated Entitlements¹⁷

Generally, appropriated entitlements receive funding through the annual appropriations process, but they are not subject to annual appropriations decisions made by the House and Senate Appropriations Committees. “The Appropriations Committees have little or no discretion as to the amounts they provide.”¹⁸ “Even though this funding is included in an appropriations bill, it is still considered mandatory spending rather than discretionary spending.”¹⁹ For example, through the annual Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, Congress provides budget authority for monthly, tax-free disability compensation payments to eligible veterans with disabilities due to disease or injury incurred or aggravated during military service. However, the actual funding level for disability compensation is determined by the “entitlement” criteria in Chapter 11, Title 38, of the *U.S. Code*.²⁰ The appropriations act appropriates the sums estimated to be necessary to cover the cost of disability compensation payments.

¹⁵ U.S. Congress, Senate Committee on the Budget, *The Congressional Budget Process: An Explanation*, committee print, 105th Cong., 2nd sess., December 1998, S.Prt. 105-67 (Washington: GPO, 1998), p. 5.

¹⁶ U.S. Congress, Senate Committee on Finance, *Program Descriptions and General Budget Information for Fiscal Year 1995*, committee print, prepared by the Staff for the Use of the Committee on Finance, United States Senate, 103rd Cong., 2nd sess., May 1994, S.Prt. 103-80 (Washington: GPO, 1994), p. 133.

¹⁷ For more details, see CRS Report RS20129, *Entitlements and Appropriated Entitlements in the Federal Budget Process*. For an overview of mandatory spending, see CRS Report R44641, *Trends in Mandatory Spending*.

¹⁸ CRS Report 98-720, *Manual on the Federal Budget Process* (nondistributable but available from the authors to congressional clients), p. 26.

¹⁹ U.S. Congress, Senate Committee on the Budget, *The Congressional Budget Process: An Explanation*, committee print, 105th Cong., 2nd sess., December 1998, S.Prt. 105-67 (Washington: GPO, 1998), p. 6.

²⁰ See 38 U.S.C. §1110; §1121; §1131; §1141. Basic entitlement.

Discretionary Spending²¹

Discretionary spending is generally defined as spending provided and controlled through appropriations legislation. “If the Appropriations Committees decide to lower funding for a [discretionary program] they can simply reduce the annual appropriation, notwithstanding the authorized funding level sought by the authorizing committee. Unlike entitlement programs, no formulas need to be changed to alter funding levels for discretionary spending.”²²

VA Funding

VA’s budget includes both mandatory and discretionary funding. The accounts for VA’s mandatory programs (appropriated entitlements) fund disability compensation for veterans, the survivor’s Dependency and Indemnity Compensation (DIC) program, pensions, Veteran Readiness and Employment (VR&E), education programs (such as the Post 9-11 GI Bill), life insurance, housing (guarantee of VA-acquired direct home loans), clothing allowances, automobile grants, adaptive equipment, and burial benefits (such as burial allowances, grave liners, outer burial receptacles, and headstones and markers), as well as expenses related to veterans’ health care associated with exposure to environmental hazards (funded from the Cost of War Toxic Exposures Fund), among other benefits and services.

Discretionary appropriations fund medical care (medical services, medical community care, medical support and compliance, and medical facilities accounts), medical research, construction programs (major construction, minor construction, grants for state-extended care facilities, and grants for state cemeteries accounts), information technology, the Veterans Electronic Health Record (EHR), the Office of Inspector General, BVA, NCA, and general operating expenses, among other accounts. These accounts are further supplemented by revolving funds, such as the Canteen Service Revolving Fund; the Pershing Hall Revolving Fund and Franchise Fund; trust funds, such as the Department of Veterans Affairs Cemetery Gift Fund and the General Post Fund; and special funds, such as the Medical Care Collections Fund, Capital Asset Fund, and Recurring Expense Transformational Fund.²³

Budget Estimate Development for Veterans Benefits Administration (VBA) and Veterans Health Administration (VHA)

This section briefly describes the budget estimate development process for VBA and VHA. As shown in **Figure 1**, VBA begins formulating the budget estimates for the compensation pension account and readjustment and related benefit accounts based on data extracted from VA and VBA data sources by the Office of Performance Analysis and Integrity (PA&I), including data such as past budgetary obligations and past benefit claims, as well as feedback from subject matter

²¹ 2 U.S.C. §900(c)(7). The term “discretionary appropriations” means budgetary resources (except to fund direct-spending programs) provided in appropriation acts. For more information, see CRS Report R41726, *Discretionary Budget Authority by Subfunction: An Overview*.

²² U.S. Congress, Senate Committee on Finance, *Program Descriptions and General Budget Information for Fiscal Year 1995*, committee print, prepared by the Staff for the Use of the Committee on Finance, United States Senate, 103rd Cong., 2nd sess., May 1994, S.Prt. 103-80 (Washington: GPO, 1994), p. 131.

²³ For details about these funds, see Department of Veterans Affairs, *FY2026 Congressional Budget Submission*, “Burial and Benefits Programs and Departmental Administration,” vol. 3 of 5, May 2025. For definitions about “revolving funds,” “trust funds,” and “special funds,” see Executive Office of the President, Office of Management and Budget (OMB), OMB Circular No. A-11, *Section 20- Terms and Concepts*, available at <https://www.whitehouse.gov/wp-content/uploads/2025/08/a11.pdf> (accessed March 31, 2026).

experts on newly enacted legislation, or new regulations, affecting veterans benefit payments.²⁴ These inputs and assumptions are used for the compensation and pension budget estimation model to calculate budgetary requirements for compensation and pension programs.²⁵ Additionally, the Pension, Dependency and Indemnity Compensation (DIC) business line; the Burial and Fiduciary Service, Education Service business line; and the VA Home Loan Guaranty Service business line, among other VBA business lines, use information from the Office of PA&I to formulate budget estimates.²⁶ The next step, after this interactive process between VBA business lines and the Office of PA&I, is for VBA business lines to submit the budget estimates to VBA's Office of Financial Management to validate and finalize VBA's budget estimates and forward them to the Office of the Under Secretary for Benefits for approval.²⁷ Following this, the next steps, as shown in **Figure 1**, involve approval from the Office of Budget (OB), the Office of the Assistant Secretary for Management, and the VA Secretary. After that, the entire departmental budget request is forwarded to the Office of Management and Budget (OMB) for consideration and inclusion in the President's consolidated budget request to Congress.²⁸

²⁴ Department of Veterans Affairs, Office of Inspector General (OIG), *Veterans Benefits Administration, Review of VA's \$2.9 Billion Supplemental Funds Request for FY 2024 to Support Veterans' Benefits Payment*, VA OIG 24-03692-76, March 27, 2025, p. 7.

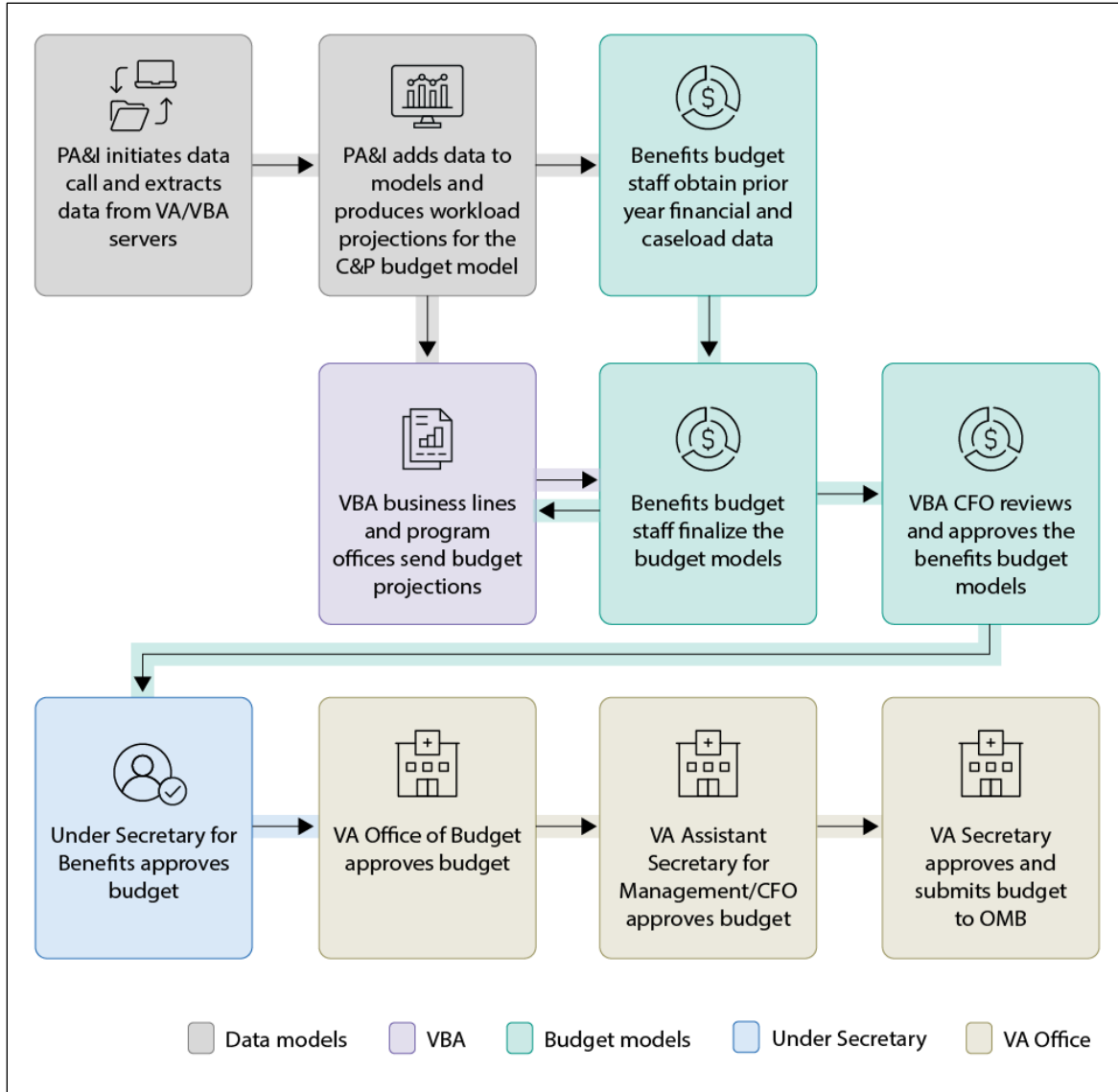
²⁵ Also see "Compensation and Pension Budget Model" *FY2026 Congressional Budget Submission*, "Benefits and Burial Programs and Departmental Administration," vol. 3 of 5, May 2025, p. 168.

²⁶ Department of Veterans Affairs, Office of Inspector General (OIG), *Veterans Benefits Administration, Review of VA's \$2.9 Billion Supplemental Funds Request for FY 2024 to Support Veterans' Benefits Payment*, VA OIG 24-03692-76, March 27, 2025, p. 7.

²⁷ Department of Veterans Affairs, Office of Inspector General (OIG), *Veterans Benefits Administration, Review of VA's \$2.9 Billion Supplemental Funds Request for FY 2024 to Support Veterans' Benefits Payment*, VA OIG 24-03692-76, March 27, 2025, p. 7.

²⁸ For more information on OMB's role in the budget process, see CRS Report R47089, *The Role of the Office of Management and Budget (OMB) in Budget Development: In Brief*.

Figure 1. Veterans Benefits Administration (VBA) Budget Estimation Process



Source: Prepared by CRS, based on Department of Veterans Affairs, Office of Inspector General (OIG), *Veterans Benefits Administration, Review of VA’s \$2.9 Billion Supplemental Funds Request for FY 2024 to Support Veterans’ Benefits Payment*, VA OIG 24-03692-76, March 27, 2025, p. 6.

Notes: PA&I=Office of Performance, Analysis and Integrity; C&P=compensation and pension; CFO=Chief Financial Officer; OMB=Office of Management and Budget.

As shown in **Figure 2**, VHA’s budget estimation begins when VHA’s Office of Enrollment and Forecasting gathers various data sources (inputs)²⁹ and submits this information to the actuaries at Milliman Inc. to model budgetary projections using VA’s Enrollee Health Care Projection Model

²⁹ These inputs could include “the number of [v]eterans expected to be enrolled, the priority group of their enrollment, as well as age and geographic location; total health care demand for enrolled [v]eterans for over 100 health care services; the portion of that care expected to be provided directly by VA versus other providers paid for by VA; the costs; associated with the projected utilization for direct and community care; future changes in health care practice and technology such as telehealth; and the impact of copayments.” Department of Veterans Affairs, *Access to Care Standards*, Report to Congress, October 2025, p. 27.

(EHCPM) to estimate the demand for health care.³⁰ The actuarial model produces three outputs: (1) enrollment, (2) utilization, and (3) costs.³¹ Additionally, VHA program offices develop non-modeled estimates such as nonrecurring maintenance, community care network contract administration, state veterans nursing home program, readjustment counseling, and recently enacted programs, among others.³² The next step in this process is for VHA's Office of Finance to review and combine the modeled and non-modeled estimates and provide VHA's total health care budget request for approval by the Under Secretary for Health.³³ Following this, the next steps, as shown in **Figure 2**, involve approval from the Office of Budget (OB), the Office of the Assistant Secretary for Management, and the VA Secretary. After that, the entire departmental budget request is forwarded to the Office of Management and Budget (OMB) for consideration and inclusion in the President's consolidated budget request to Congress.³⁴

³⁰ The VA Enrollee Health Care Projection Model (EHCPM), which incorporates actuarial methods, projects veteran demand for health care. EHCPM supports the formulation of about 86% of the VA health care budget and is used to assess the budgetary and workload impact of changes in the health care environment. For more details on the EHCPM, see Department of Veterans Affairs, *FY2026 Congressional Budget Submission*, "Medical Programs," vol. 2 of 5, May 2025, p. 305.

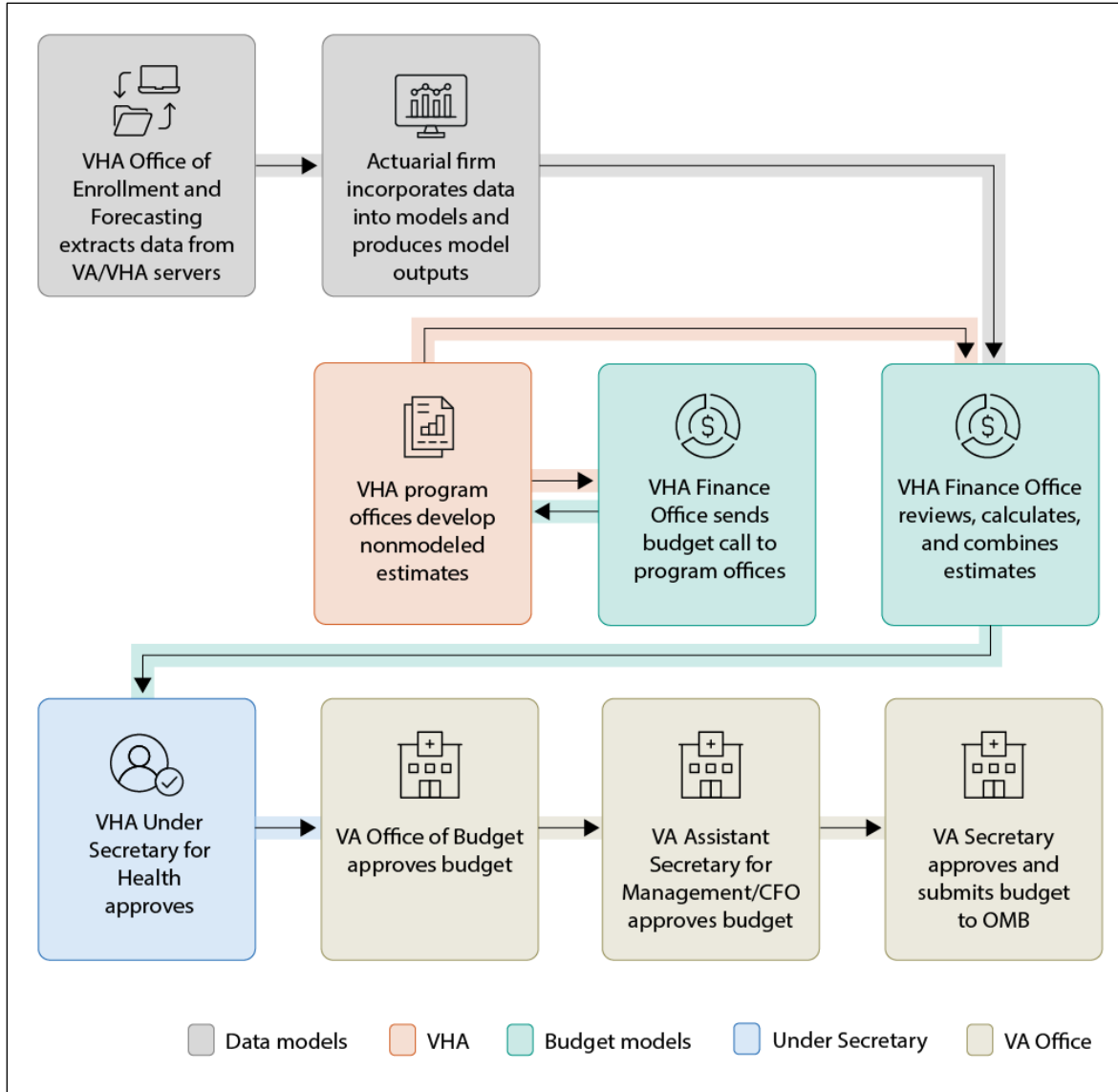
³¹ Department of Veterans Affairs, Office of the Inspector General (OIG), *The Causes and Conditions That Led to a \$12 Billion Supplemental Funding Request*, VA OIG 24-03127-66, March 27, 2025, p. 4.

³² Department of Veterans Affairs, *FY2026 Congressional Budget Submission*, "Medical Programs," vol. 2 of 5, May 2025, p. 19; and Department of Veterans Affairs, Office of the Inspector General (OIG), *The Causes and Conditions That Led to a \$12 Billion Supplemental Funding Request*, VA OIG 24-03127-66, March 27, 2025, p. 5.

³³ Department of Veterans Affairs, Office of the Inspector General (OIG), *The Causes and Conditions That Led to a \$12 Billion Supplemental Funding Request*, VA OIG 24-03127-66, March 27, 2025, p. 5.

³⁴ Department of Veterans Affairs, Office of the Inspector General (OIG), *The Causes and Conditions That Led to a \$12 Billion Supplemental Funding Request*, VA OIG 24-03127-66, March 27, 2025, p. 5.

Figure 2. Veterans Health Administration (VHA) Budget Estimation Process



Source: Prepared by CRS, based on Department of Veterans Affairs, Office of Inspector General (OIG), *Veterans Health Administration, The Causes and Conditions That Led to a \$12 Billion Supplemental Funding Request*, VA OIG 24-03127-66, March 27, 2025, p. 6.

Notes: CFO=Chief Financial Officer; OMB=Office of Management and Budget.

Advance Appropriations³⁵

VA has advance appropriation authority for specified medical care and benefits accounts. In 2009, Congress enacted the Veterans Health Care Budget Reform and Transparency Act of 2009 (P.L. 111-81), authorizing advance appropriations for three of the four VHA accounts: medical

³⁵ In general, advance appropriations refer to budget authority provided in an appropriations act that becomes available for obligation one or more fiscal years after the year covered by the act. For a detailed discussion of advance appropriations, see CRS Report R43482, *Advance Appropriations, Forward Funding, and Advance Funding: Concepts, Practice, and Budget Process Considerations*.

services, medical support and compliance, and medical facilities.³⁶ In 2014, Congress passed the Military Construction and Veterans Affairs, and Related Agencies Appropriations Act, 2015 (Division I of H.R. 83; P.L. 113-235), which amended Title 38, Section 117, of the *U.S. Code* and included three more accounts to the list of accounts identified for advance appropriations. This act authorized advance appropriations for three mandatory VA benefits programs within the Veterans Benefits Administration: compensation and pensions, readjustment benefits, and veterans insurance and indemnities. Beginning with the FY2016 Military Construction and Veterans Affairs, and Related Agencies Appropriations Act (P.L. 114-113), those accounts received advance appropriations for the first time for FY2017, in addition to the three VHA accounts already authorized to receive advance appropriations.

Section 4003 of the VA Budget and Choice Improvement Act (Title IV of P.L. 114-41) required the establishment of a separate account for medical community care, beginning with the FY2017 appropriations cycle. The Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016 (P.L. 114-315) authorized advance appropriations for the medical community care account.

Congress had authorized (through P.L. 111-81, P.L. 113-235, and P.L. 114-315) advance appropriations of new budget authority for the aforementioned VBA and VHA accounts to prevent potential delays in the delivery of care and benefits to veterans that may have arisen in the event of a funding lapse.

Generally, the budget estimates for advance appropriations included in VA's annual budget request are developed using data that are typically three to four years old from the date of budget development to budget execution.³⁷ For example, the advance appropriation estimates for FY2027 included in the FY2026 annual budget request to Congress were developed by VA from about May through July 2024 using enrollment, workload, and costs that occurred during 2023.³⁸ The Government Accountability Office (GAO) has stated that the

process to develop these estimates is inherently complex, as it requires making assumptions based on imperfect information to predict obligations for VA health care 3 and 4 years into the future. For this reason, VA's budget estimate is prepared in the context of uncertainties about the future—including changes in veterans' needs, future economic conditions, and shifting leadership priorities.³⁹

Furthermore, VA's Office of Inspector General (OIG) has found that

because estimating the financial resources VHA needs to provide medical care for a forthcoming fiscal year begins several years before that period starts, there is inherent uncertainty in the process about future conditions. These include surges in costs and in the use of services, new mandates in congressional legislation, and unforeseen economic events.⁴⁰

Therefore, annually, the department “updates its budget estimates to incorporate the most recent data on healthcare utilization rates, actual program experience, and other factors, such as

³⁶ Codified at 38 U.S.C. §117.

³⁷ Department of Veterans Affairs, *FY2026 Congressional Budget Submission*, “Medical Programs,” vol. 2 of 5, May 2025, p. 338.

³⁸ Department of Veterans Affairs, *FY2026 Congressional Budget Submission*, “Medical Programs,” vol. 2 of 5, May 2025, p. 339.

³⁹ U.S. Government Accountability Office, *VA Health Care: Additional Steps Could Help Improve Community Care Budget Estimates*, GAO-20-669, September 2020, p. 3.

⁴⁰ Department of Veterans Affairs, Office of the Inspector General, *The Causes and Conditions That Led to a \$12B Supplemental Funding Request*, VA OIG 24-03127-66, March 27, 2025, p. 3.

economic trends in unemployment and inflation. As a result of these updates, the adjusted budget estimates more accurately reflect the projected medical demands of veterans enrolled in the VA healthcare system.”⁴¹ This revised request, also known as a “second bite” for the upcoming fiscal year, is displayed as additional funding over the advance appropriation amount requested in the previous year’s President’s budget submission to Congress, if applicable.

Under present budget scoring guidelines, advance appropriations are scored as new budget authority in the fiscal year in which they first become available for obligation, not in the fiscal year the appropriations are enacted. Furthermore, advance appropriations are required to be counted for the purpose of enforcing any statutory limits on discretionary spending in effect for the fiscal year they first become available.⁴² Therefore, the advance appropriations numbers noted in the tables of this report are labeled “memorandum” and appear in the corresponding fiscal year column.

Cost of War Toxic Exposures Fund (TEF)

On August 10, 2022, President Biden signed the Sergeant First Class Heath Robinson Honoring our Promise to Address Comprehensive Toxics Act of 2022, or “Honoring our PACT Act of 2022” (P.L. 117-168). Section 805(a) of this act established the Cost of War Toxic Exposures Fund, to be administered by the VA Secretary.⁴³ The Honoring our PACT Act of 2022 appropriated \$500 million for the Cost of War Toxic Exposures Fund for FY2022, to remain available until September 30, 2024. The act further authorized appropriations (such sums as are necessary over the FY2021 level) to this fund for FY2023 and each subsequent fiscal year for expenses associated with the delivery of health care associated with exposure to environmental hazards during active military service.⁴⁴ Additionally, TEF funds may be used for costs associated with medical and other research related to environmental hazards, administrative expenses related to benefits (including information technology), benefit claims processing, and adjudicating appeals from veterans.⁴⁵ The act states that appropriations provided for the Cost of War Toxic Exposures Fund will be considered “direct spending” and will be treated as an “appropriated entitlement.” Furthermore, current law exempts the TEF and its administrative expenses from sequestration pursuant to Sections 255(b) and 256(h)(4) of the Balanced Budget and Emergency Deficit Control Act of 1985 (BBEDCA), as amended.⁴⁶ TEF funding does not pay the disability compensation or survivor benefit payments related to the Honoring our PACT Act of 2022

⁴¹ Office of Management and Budget, *Budget of the United States Government, Fiscal Year 2026*, “Budget Appendix,” May 2025, p. 880.

⁴² Executive Office of the President, Office of Management and Budget (OMB), OMB Circular No. A-11, *Section 20-Terms and Concepts*, and *Appendix A—Scorekeeping Guidelines*, available at <https://www.whitehouse.gov/wp-content/uploads/2025/08/a11.pdf> (accessed March 31, 2026).

⁴³ 38 U.S.C. §324.

⁴⁴ For details on the allocation of initial appropriation of \$500 million of TEF funds, see Department of Veterans Affairs, Office of the Inspector General, Office of Audits and Evaluations, *VA’s Allocation of Initial PACT Act Funding for the Toxic Exposures Fund*, Report #23-02377-35, Washington, DC, January 11, 2024.

⁴⁵ 38 U.S.C. §324 note: “The Secretary of Veterans Affairs may use, from amounts appropriated to the Cost of War Toxic Exposures Fund ... such amounts as may be necessary to continue the modernization, development, and expansion of capabilities and capacity of information technology systems and infrastructure of the Veterans Benefits Administration, including for claims automation, to support expected increased claims processing for newly eligible veterans pursuant to this Act.”

⁴⁶ Section 255(b) of BBEDCA (2 U.S.C. §905(b)) exempts all programs administered by the VA from sequestration. Section 256(h)(4) (2 U.S.C. §906(h)(4)) exempts *administrative expenses* from TEF from sequestration as well. Typically, administrative expenses from otherwise exempt programs and activities are still subject to sequestration. By adding TEF to 256(h)(4), the PACT Act exempted TEF’s administration expenses as well. For more information, see CRS Report R48880, *The Annual Mandatory Spending Sequester Through FY2033*.

presumptions and other service-connected disabilities based on exposure to environmental hazards. These benefit payments are paid from the Compensation and Pension account. Additionally, TEF funds cannot be used for “the delivery of health care and benefits that are not associated with exposure to environmental hazards.”⁴⁷

As shown in **Table 1**, aside from the initial \$500 million provided in the Honoring our PACT Act of 2022, Congress has provided funding for TEF in the following measures:

- The Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2023 (Division J of P.L. 117-328), provided \$5.0 billion for TEF, to remain available until September 30, 2027.
- The Fiscal Responsibility Act (FRA) of 2023 (P.L. 118-5) provided \$20.27 billion for TEF that became available on October 1, 2023, and is to remain available until September 30, 2028, and \$24.46 billion that became available on October 1, 2024, and is to remain available until September 30, 2029.
- The Full-Year Continuing Appropriations Act, 2025 (Division A of P.L. 119-4), provided \$6.00 billion for TEF to remain available until expended.
- The Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Division D of P.L. 119-37), provided \$52.68 billion to remain available until expended.

In total, \$108.90 billion has been provided for TEF from FY2022 through FY2026. **Table 2**, **Table 3**, **Table 4**, **Table 5**, and **Table 6** show the allocation of TEF funding, by account, from FY2022 through FY2026.

Table 1. Cost of War Toxic Exposures Fund (TEF), FY2022-FY2026
(\$ in thousands)

Act	FY2022	FY2023	FY2024	FY2025	FY2026
Honoring our PACT Act of 2022 (P.L. 117-168)	\$500,000	—	—	—	—
Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2023 (Division J of P.L. 117-328)	—	\$5,000,000	—	—	—
Fiscal Responsibility Act (FRA) of 2023 (P.L. 118-5)	—	—	\$20,268,000	\$24,455,000	—

⁴⁷ Department of Veterans Affairs, *Financial Policy Documents, Volume XI - Unique Fund Accounts Chapter 06 – Toxic Exposures Fund*, February 6, 2026, <https://department.va.gov/financial-policy-documents/financial-document/chapter-06-toxic-exposures-fund/> (accessed February 26, 2026).

Act	FY2022	FY2023	FY2024	FY2025	FY2026
Full-Year Continuing Appropriations Act, 2025 (Division A of P.L. 119-4)	—	—	—	\$6,000,000	—
The Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Division D of P.L. 119-37)	—	—	—	—	\$52,676,000
Total	\$500,000	\$5,000,000	\$20,268,000	\$30,455,000	\$52,676,000

Source: Table prepared by CRS.

Table 2. Honoring our PACT Act (P.L. 117-168) TEF Allocations, FY2022
(\$ in thousands)

VA Account	Final Allocation
Veterans Medical Care	
Medical Services	\$8,075
Medical Support and Compliance	\$26,049
<i>Subtotal Medical Care</i>	<i>\$34,124</i>
Medical and Prosthetic Research	\$650
Office of Information & Technology	\$123,053
Veterans Benefits Administration (VBA) - General Operating Expenses (GOE)	\$302,018
Office of General Counsel	\$4,374
Human Resources and Administration/Operations, Security and Preparedness	\$11,550
Office of Public and Intergovernmental Affairs	\$18,100
Office of Enterprise Integration	\$3,335
Office of the Secretary	\$224
PACT Act Program Management Office	\$2,572
<i>Subtotal, Medical and Prosthetic Research and General Administration</i>	<i>\$465,876</i>
Total	\$500,000

Source: Table prepared by CRS based on Department of Veterans Affairs, *FY2025 Congressional Budget Submission*, "Supplemental Information and Appendices," vol. 1 of 5, March 2024, p. Appendix-126, and reports to Congress required by the Honoring our PACT Act of 2022 (P.L. 117-168).

Table 3. Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2023 (Division J of P.L. 117-328), TEF Allocations, FY2023
(\$ in thousands)

VA Account	Estimated Allocation
Veterans Medical Care	
Medical Services	\$3,841,141
<i>Subtotal Medical Care</i>	<i>\$3,841,141</i>
Medical and Prosthetic Research	\$1,830
Office of Information & Technology	\$656,000
Veterans Benefits Administration (VBA) - General Operating Expenses (GOE)	\$482,362
Office of General Counsel	\$11,708
Human Resources and Administration/Operations, Security and Preparedness	\$629
Office of Public and Intergovernmental Affairs	\$692
Office of Enterprise Integration	\$2,510
Office of the Secretary	\$338
PACT Act Program Management Office	\$2,790
<i>Subtotal, Medical and Prosthetic Research and General Administration</i>	<i>\$1,158,859</i>
Total	\$5,000,000

Source: Table prepared by CRS based on Department of Veterans Affairs, *FY2025 Congressional Budget Submission*, "Supplemental Information and Appendices," vol. 1 of 5, March 2024, p. Appendix-126, and reports to Congress required by the Honoring our PACT Act of 2022 (P.L. 117-168).

Table 4. Fiscal Responsibility Act of 2023 (P.L. 118-5), TEF Allocations, FY2024
(\$ in thousands)

VA Account	Estimated Allocation
Veterans Medical Care	
Medical Services	\$9,525,428
Medical Community Care	\$6,801,538
Medical Support and Compliance	\$850,000
<i>Subtotal Medical Care</i>	<i>\$17,176,966</i>
Medical and Prosthetic Research	\$46,000
Office of Information & Technology	\$1,243,000
Veterans Benefits Administration (VBA) - General Operating Expenses (GOE)	\$1,768,586
Board of Veterans Appeals	\$4,000
Office of General Counsel	\$10,660
Human Resources and Administration/Operations, Security and Preparedness	\$6,350
Office of Public and Intergovernmental Affairs	\$3,500
Office of Enterprise Integration	\$1,690

VA Account	Estimated Allocation
Office of the Secretary	\$250
PACT Act Program Management Office	\$6,998
<i>Subtotal, Medical and Prosthetic Research and General Administration</i>	<i>\$3,091,034</i>
Total	\$20,268,000

Source: Table prepared by CRS based on Department of Veterans Affairs, *FY2025 Congressional Budget Submission*, “Supplemental Information and Appendices,” vol. 1 of 5, March 2024, p. Appendix-127, and reports to Congress required by the Honoring our PACT Act of 2022 (P.L. 117-168).

Table 5. Fiscal Responsibility Act of 2023 (P.L. 118-5), TEF Allocations, FY2025
(\$ in thousands)

VA Account	Estimated Allocation
Veterans Medical Care	
Medical Services	\$11,683,896
Medical Community Care	\$9,894,178
<i>Subtotal Medical Care</i>	<i>\$21,578,074</i>
Medical and Prosthetic Research	\$59,000
Office of Information & Technology	\$1,363,601
Veterans Benefits Administration (VBA) - General Operating Expenses (GOE)	\$1,401,105
Board of Veterans Appeals	\$8,897
Contingency Reserve	\$20,000
Office of General Counsel	\$9,604
Office of Public and Intergovernmental Affairs	\$3,500
Office of Enterprise Integration	\$3,254
Office of the Secretary	\$190
PACT Act Program Management Office	\$7,775
<i>Subtotal, Medical and Prosthetic Research and General Administration</i>	<i>\$2,876,926</i>
Total	\$24,455,000

Source: Table prepared by CRS, based on reports to Congress required by the Honoring our PACT Act of 2022 (P.L. 117-168); and Department of Veterans Affairs, *FY2027 Congressional Budget Submission*, “Supplemental Information and Appendices,” vol. 1 of 5, April 2026, p. 96.

Table 6. Full-Year Continuing Appropriations and Extensions Act, 2025 (P.L. 119-4), and Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (P.L. 119-37), Combined TEF Allocations for FY2025 and FY2026

(\$ in thousands)

VA Account	Estimated Allocation ^a
Veterans Medical Care	
Medical Services	\$35,570,000
Medical Community Care	\$19,830,000
Medical Support and Compliance	\$400,000
<i>Subtotal Medical Care</i>	<i>\$55,800,000</i>
Medical and Prosthetic Research	\$57,000
Office of Information & Technology (OIT)	\$1,385,000
Veterans Benefits Administration (VBA) - General Operating Expenses (GOE)	\$1,401,000
Board of Veterans Appeals	—
General Administration	33,000
Contingency Reserve	—
Office of General Counsel	—
Office of Public and Intergovernmental Affairs	—
Office of Enterprise Integration	—
Office of the Secretary	—
PACT Act Program Management Office	—
<i>Subtotal, Medical and Prosthetic Research, OIT, VBA-GOE and General Administration</i>	<i>2,876,000</i>
Total	\$58,676,000

Source: Table prepared by CRS, based on reports to Congress required by the Honoring our PACT Act of 2022 (P.L. 117-168); and Department of Veterans Affairs, *FY2027 Congressional Budget Submission*, “Supplemental Information and Appendices,” vol. I of 5, April 2026, p.97.

a. This allocation includes \$6.0 billion provided by P.L. 119-4 and \$52.676 billion provided by P.L. 119-37, for a total of \$58.676 billion that is available until expended.

TEF and Future Authorizing Legislation

On December 7, 2022, the Congressional Budget Office (CBO) issued a statement on how certain TEF provisions would affect how the agency plans to score future veterans’ benefits and programs authorizing legislation:

The TEF will provide support for five kinds of activities: health care, processing disability claims, medical research, modernizing information technology (IT) programs, and other services. Some future authorizing bills may affect the costs of those types of activities, both for veterans generally and for veterans with toxic exposures. As a result, some of those costs could now be paid in part from the TEF (thereby increasing mandatory spending) and some could be paid, as they have been previously, from discretionary appropriations (thereby increasing discretionary authorization levels). CBO would therefore include the effects of both types of payments in its cost estimates for such legislation.... CBO would

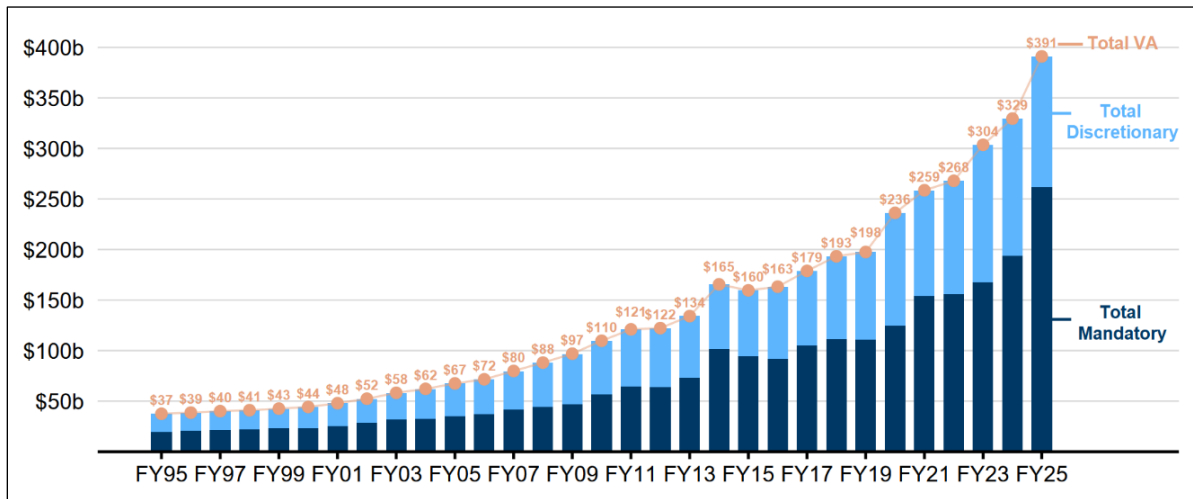
allocate 21 percent of the added costs of subsequent legislation to the TEF in 2023; that amount would grow to 42 percent by 2032. Those amounts would be shown as mandatory spending in CBO’s cost estimates.⁴⁸

Furthermore, according to CBO, TEF would affect certain benefits and services funded through the following VA accounts: medical services; medical community care; medical support and compliance; information technology systems; Veterans Benefits Administration, general operating expenses; veterans electronic health care record; medical and prosthetic research; general administration; and Board of Veterans Appeals.⁴⁹

Historical Perspective

Figure 3 illustrates funding trends, in nominal dollars (not adjusted for inflation), for mandatory, discretionary, and total VA-enacted appropriations from FY1995 (a year before significant VA health care eligibility reform with the enactment of the Veterans’ Health Care Eligibility Reform Act of 1996; P.L. 104-262) through FY2025. Between FY1995 and FY2025, total mandatory appropriations grew from \$19.45 billion to \$191.18 billion; this amount includes the Cost of War Toxic Exposures Fund. During this same period, discretionary appropriations grew from \$18.02 billion to \$135.20 billion. Total VA appropriations from FY1995 through FY2025 grew from \$37.47 billion to \$326.38 billion.

Figure 3. VA Appropriations, FY1995-FY2025
(budget authority, in billions)



Source: Prepared by CRS, based on figures from the Department of Veterans Affairs, Office of Management, Office of Budget.

Notes: Amounts in nominal, or noninflation-adjusted, dollars and do not include appropriation transfers. Discretionary funding excludes offsetting collections deposited in the Medical Care Collections Fund (MCCF). Mandatory funding excludes Housing Benefit Program Fund Credit Subsidy Reestimates but includes Cost of War Toxic Exposures Fund (TEF) amounts.

⁴⁸ Congressional Budget Office, *Statement for the Record Regarding How CBO Would Estimate the Effects of Future Authorizing Legislation on Spending From the Toxic Exposures Fund*, December 7, 2022, pp. 1-2, <https://www.cbo.gov/publication/58843> (accessed April 24, 2026).

⁴⁹ Congressional Budget Office, *Statement for the Record Regarding How CBO Would Estimate the Effects of Future Authorizing Legislation on Spending From the Toxic Exposures Fund*, December 7, 2022, p. 2, <https://www.cbo.gov/publication/58843> (accessed May 6, 2025).

FY2009: American Recovery and Reinvestment Act (P.L. 111-5) provided supplemental funding. VHA received \$1.0 billion for the medical facilities account, and \$700 million was for the economic recovery payments. The supplemental \$700 million is not included in the discretionary subtotal but is included in overall VA total.

FY2014: Amounts include \$15 billion in mandatory funding provided in the Veterans Choice Act (P.L. 113-146).

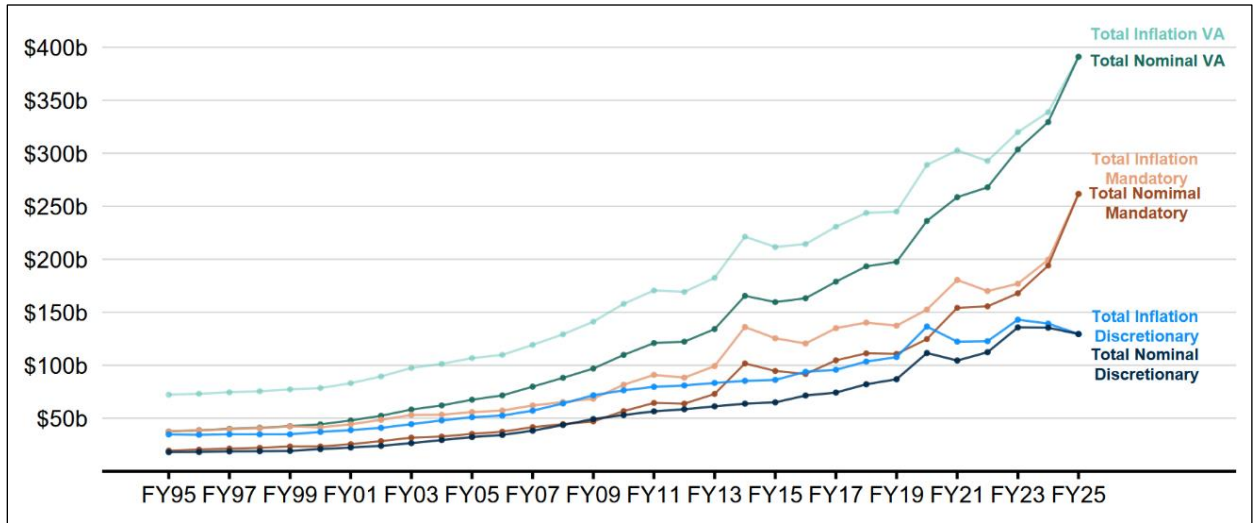
FY2021: Amounts include American Rescue Plan Act of 2021 (ARPA; P.L. 117-2) funding.

FY2022 and FY2023: Amounts include unobligated balances of expired discretionary funds transferred to the Recurring Expenses Transformational Fund.

FY2024: Amounts include enacted appropriations provided in the Consolidated Appropriations Act, 2024 (P.L. 118-42), and supplemental funding for FY2024 provided in the Veterans Benefits Continuity and Accountability Supplemental Appropriations Act, 2024 (P.L. 118-82).

FY2025: Amounts include enacted appropriations provided in the Full-Year Continuing Appropriations and Extensions Act, 2025 (P.L. 119-4), and funding provided in the American Relief Act, 2025 (Division B of P.L. 118-158), for damages to VA facilities from Hurricanes Helene and Milton in September and October 2024.

Figure 4. VA Appropriations: Nominal and Inflation-Adjusted, FY1995-FY2025
(budget authority, in billions)



Source: Prepared by CRS, based on figures from the Department of Veterans Affairs, Office of Management, Office of Budget.

Notes: Nominal (or current) dollar values are adjusted to real (constant) 2025 dollars using the Gross Domestic Product (GDP) Price Index Series deflator, U.S. Bureau of Economic Analysis, “Table I.1.4. Price Indexes for Gross Domestic Product” (accessed February 27, 2026). Discretionary funding excludes offsetting collections deposited in the Medical Care Collections Fund (MCCF). Mandatory funding excludes Housing Benefit Program Fund Credit Subsidy Reestimates and includes Cost of War Toxic Exposures Fund (TEF) amounts.

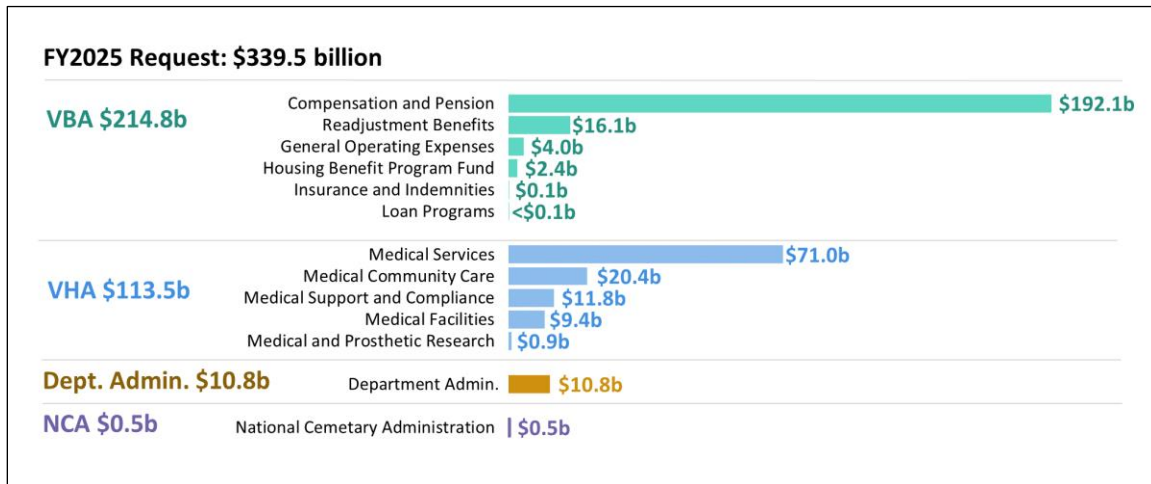
Figure 4 shows funding trends for mandatory, discretionary, and total VA-enacted appropriations from FY1995 through FY2025, in both nominal and inflation-adjusted dollars. Between FY1995 and FY2025, total mandatory appropriations, when adjusted for inflation, grew from \$37.47 billion to \$261.61 billion in 2025 dollars, an increase of 598.1%. During this same period, discretionary appropriations grew from \$34.73 billion to \$129.43 billion, a 243.07% increase in real (in 2025 dollars) terms. Total VA appropriations from FY1995 through FY2025 grew from \$72.20 billion to \$391.03 billion in 2025 dollars, a 441.6% increase in real terms.⁵⁰

⁵⁰ As noted by the Congressional Budget Office (CBO), after a period of slow growth from 1980 to 1999, “VA’s budget has more than quadrupled in real terms [after adjusting for inflation] since 1999. The budgets for income (continued...) ”

FY2025 Budget Summary

On March 11, 2024, President Biden submitted his budget proposal for FY2025. The Biden Administration requested \$339.51 billion for VA (see **Figure 5**). The request included \$129.10 billion in discretionary appropriations and \$210.41 billion in mandatory appropriations. The budget also requested \$376.47 billion in advance appropriations for FY2026, including \$22.80 billion for the Cost of War Toxic Exposures Fund (TEF). TEF funding is categorized as mandatory funding. In its budget submission to Congress, the Administration indicated that the lower discretionary budget request for FY2025 (\$129.10 billion) compared with the FY2024 enacted amount (\$134.77 billion) was based on the nondefense (or “nonsecurity”) discretionary limits (or “caps”) set by the Fiscal Responsibility Act of 2023 (P.L. 118-5).

Figure 5. FY2025 VA Budget Request
(budget authority, in billions)



Source: U.S. Congress, House Appropriations Committee, *Military Construction, Veterans Affairs, and Related Agencies Appropriations Bill, 2025*, report to accompany H.R. 8580, 118th Cong., 2nd sess., May 28, 2024, H.Rept. 118-528, pp. 109-116; U.S. Congress, Senate Appropriations Committee, *Military Construction, Veterans Affairs, and Related Agencies Appropriations Bill, 2025*, report to accompany S. 4677, 118th Cong., 2nd sess., July 11, 2024, S.Rept. 118-191, pp. 106-111.

Notes: Total budget authority excludes offsetting collections deposited in the Medical Care Collections Fund (MCCF). VBA=Veterans Benefits Administration; VHA=Veterans Health Administration; NCA=National Cemetery Administration.

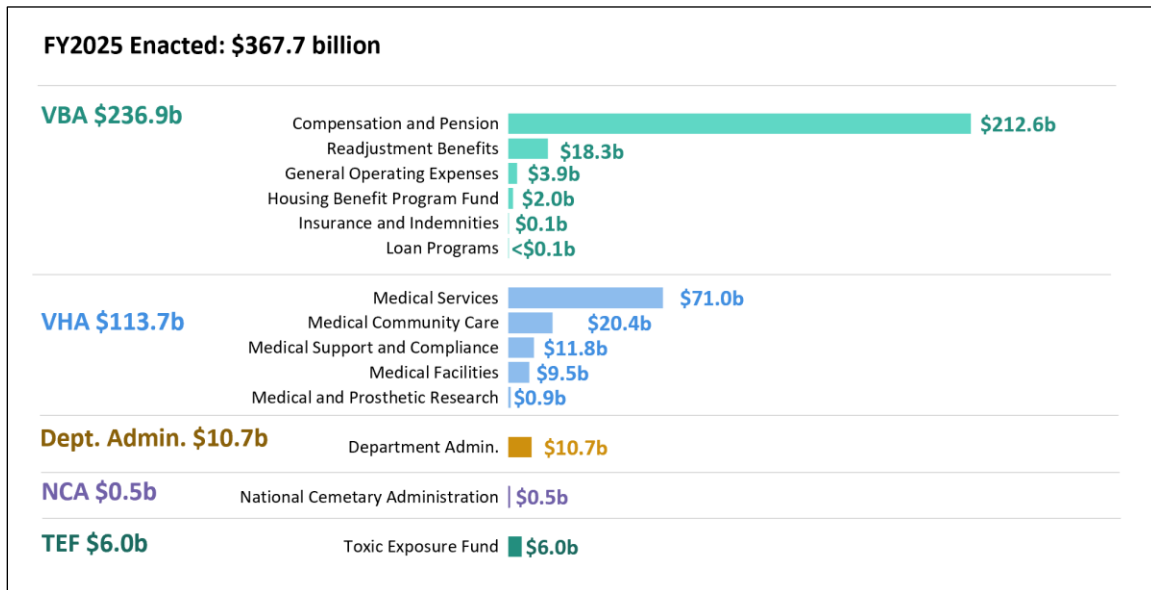
On June 5, 2024, the House passed its version of the Military Construction, Veterans Affairs, and Related Agencies Appropriations (MILCON-VA) bill for FY2025 (H.R. 8580; H.Rept. 118-528). The House-passed bill would have provided \$339.64 billion for VA for FY2025, which included \$129.22 billion in discretionary appropriations and \$210.41 billion in mandatory appropriations.

security and medical care account for most of that growth ... VA’s funding has grown since 2000, though the number of veterans has been declining. Furthermore, the number of combat veterans has been decreasing as a share of veterans who receive disability compensation—even though the United States was engaged in operations in Iraq and Afghanistan for more than 10 years. Because of policy changes, veterans who served after 9/11 (known as Gulf War II veterans) are more likely to get benefits, whether they served in combat or not.” For additional details, see Congressional Budget Office, *Atlas of Military Compensation, 2024*, January 30, 2025, <https://www.cbo.gov/publication/60886> (accessed April 14, 2026).

The House-passed bill (H.R. 8580, 118th Congress) would have provided \$376.47 billion in advance appropriations for FY2026, including \$22.80 billion for TEF.

After a series of continuing resolutions, on March 15, 2025, the Full-Year Continuing Appropriations and Extensions Act, 2025, was enacted into law (H.R. 1968; P.L. 119-4).⁵¹ Division A of the act contained the Full-Year Continuing Appropriations Act, 2025. The Full-Year Continuing Appropriations Act continued to fund certain accounts that did not receive advance appropriations budget authority for FY2025 in the FY2024 Consolidated Appropriations Act, 2024 (P.L. 118-42), at FY2024 levels, with certain anomalies. Additionally, the Full-Year Continuing Appropriations Act generally continued all requirements, authorities, conditions, limitations, and other provisions that were included in appropriations acts enacted for FY2024, unless specified otherwise, including the general provisions contained in such acts. See **Figure 6**, **Table 7**, and **Table 8** for FY2025 enacted amounts.

Figure 6. Full-Year Continuing Appropriations and Extensions Act, 2025 (P.L. 119-4)
(budget authority, in billions)



Source: “Explanatory Statement Submitted by Ms. Collins, Chair of The Senate Committee on Appropriations, Regarding H.R. 5371, The Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, And Extensions Act, 2026,” *Congressional Record*, vol. 171, no. 189 (November 9, 2025), pp. S8109-S8110.

Notes: Total budget authority excludes offsetting collections deposited in the Medical Care Collections Fund (MCCF). VBA=Veterans Benefits Administration; VHA=Veterans Health Administration; NCA=National Cemetery Administration; TEF=Cost of War Toxic Exposures Fund.

⁵¹ For additional details see, CRS Report R48517, *Section-by-Section Summary of the Full-Year Continuing Appropriations Act, 2025 (Division A of P.L. 119-4)*.

Budget Request for FY2026 and Congressional Action

President's Request

On May 2, 2025, President Donald Trump submitted his recommendations on discretionary funding levels for FY2026 (also known as the “skinny budget”) to Congress.⁵² The preliminary recommendations for VA included increases in funding for medical care accounts and the Electronic Health Record Modernization (EHRM) account and decreases to the Information Technology (IT) Systems and General Administration accounts. In justifying the increases and decreases for the selected discretionary VA accounts, the Administration stated the following:

Medical Care: a \$3.31 billion increase over the FY2025 enacted amount. The Budget provides increased funding for healthcare services tailored to U.S. veterans’ needs both at VA medical centers and in the community. This funding level, in combination with mandatory funding from the Toxic Exposures Fund of \$50 billion, would ensure that the Nation provides the world-class healthcare to America’s veterans that they deserve. In addition, veterans who qualify for access to care with local community providers would be empowered to make the choice to see them, rather than having to drive in some cases hours to access the nearest VA facility. Of this total, the Budget provides a \$1.1 billion increase for the President’s commitment to ending veterans’ homelessness. This new funding and authorities would empower VA to be directly responsible for programs and financial support helping homeless and at-risk veterans with rental assistance, augmenting VA’s existing case management and support services, to help veterans get back on their feet.

Electronic Health Record Modernization: a \$2.17 billion increase over the FY2025 enacted amount. VA’s EHRM effort is moving the Department from a decades-old legacy system to a modern system that is interoperable with DOD and other Federal partners, as well as participating community care providers, allowing clinicians to easily access a veteran’s full medical history anywhere they seek care. The Secretary has made accelerated VA EHRM rollout—which had stalled under the Biden Administration—a top priority effort.

Information Technology (IT) Systems: a \$493 million decrease from the FY2025 enacted amount. VA has over 1,000 distinct IT systems, including many legacy systems, some of which are decades old. The President has directed the U.S. DOGE Service to work with Agency Heads to improve the quality and efficiency of Government software and IT systems. The Budget protects VA’s core mission systems that deliver healthcare, benefits, and cemetery services to America’s veterans, while reducing spending on duplicative legacy systems and pausing procurement of new systems until VA and the U.S. DOGE Service team can conduct a full review.

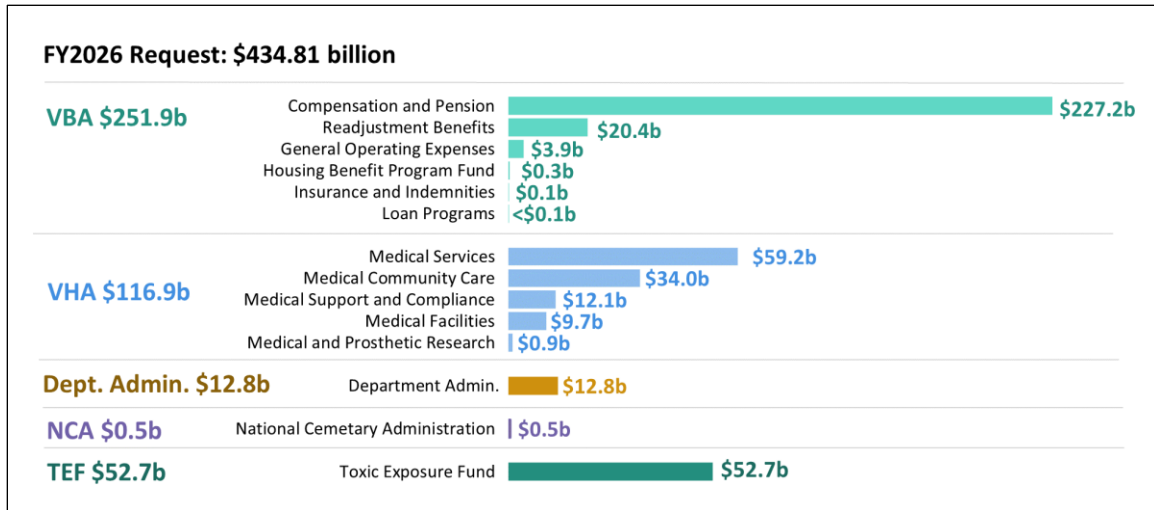
General Administration: a \$37 million decrease from the FY2025 enacted amount. These targeted cuts eliminate DEI [Diversity, Equity, Inclusion] programing, reduce nonessential outreach activities, and institute a reduction in force to cut bureaucratic overhead in line with the President’s Executive Order 14210, “Implementing the President’s ‘Department of Government Efficiency’ Workforce Optimization Initiative.” This level provides

⁵² Letter from Russell T. Vought, Director, Office of Management and Budget, to Honorable Susan Collins, Chair, Committee on Appropriations, United States Senate, May 2, 2025.

funding for the critical VA missions providing healthcare, benefits, and cemetery services for America’s veterans.⁵³

On May 30, 2025, the Office of Management and Budget (OMB) released partial details of the President’s FY2026 budget request, with additional details released on June 3, 2025. The Administration requested a total of \$434.81 billion for VA for FY2026. This included \$300.42 billion in mandatory funding and \$134.39 billion in discretionary funding (see **Figure 7**). Additionally, the President’s budget proposed \$52.67 billion for TEF for FY2026. The budget also requested a total of \$436.10 billion in advance appropriations for FY2027. This included \$313.84 billion for veterans’ benefits programs (compensation and pensions, readjustment benefits, and veterans insurance and indemnities), \$122.26 billion for the medical care accounts (medical services, medical community care, medical support and compliance, and medical facilities), and \$51.74 billion advance appropriations for TEF. The President’s budget also proposed \$1.1 billion in funding for a new program, known as the Bridging Rental Assistance for Veteran Empowerment (BRAVE), for veterans at risk of or experiencing homelessness.

Figure 7. FY2026 VA Budget Request
(budget authority, in billions)



Source: “Explanatory Statement Submitted by Ms. Collins, Chair of The Senate Committee on Appropriations, Regarding H.R. 5371, The Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, And Extensions Act, 2026,” *Congressional Record*, vol. 171, part no. 189 (November 9, 2025), pp. S8109-S8110.

Notes: Total budget authority excludes offsetting collections deposited in the Medical Care Collections Fund (MCCF). VBA=Veterans Benefits Administration; VHA=Veterans Health Administration; NCA=National Cemetery Administration; TEF=Cost of War Toxic Exposures Fund.

House Action

On June 5, 2025, the House Military Construction, Veterans Affairs, and Related Agencies Appropriations Subcommittee marked up a draft version of the MILCON-VA appropriations bill for FY2026, and on June 10, 2025, the full House Appropriations Committee marked up the MILCON-VA appropriations bill for FY2026 and reported the bill to the House (H.R. 3944; H.Rept. 119-161). On June 25, 2025, the House passed its version of the MILCON-VA

⁵³ Letter from Russell T. Vought, Director, Office of Management and Budget, to Honorable Susan Collins, Chair, Committee on Appropriations, United States Senate, May 2, 2025, pp. 35-36.

appropriations bill for FY2026 (H.R. 3944). The House-passed version would have provided \$435.33 billion for VA for FY2026, which included \$301.57 billion in mandatory funding and \$133.75 billion in discretionary funding. Additionally, the House-passed version of the MILCON-VA appropriations bill for FY2026 would have provided \$970 million for the Administration’s new initiative Bridging Rental Assistance for Veteran Empowerment (BRAVE), subject to authorization of the new program by Congress. The House-passed version of H.R. 3944 would have provided the requested amounts for advance appropriations for FY2027, including \$51.74 billion for TEF. **Table 7** shows comparative budget authority for FY2026 for VBA, VHA, NCA, and departmental administration that would have been provided by the House-passed MILCON-VA appropriations bill (H.R. 3944; H.Rept. 119-161). **Table 8** provides account level details.

Senate Action

On July 17, 2025, the Senate Committee on Appropriations marked up the House-passed H.R. 3944, and reported it favorably with an amendment in the nature of a substitute containing its version of the MILCON-VA appropriations bill for FY2026 (S.Rept. 119-43). On July 23, 2025, the Senate considered the reported bill as amended by S.Amdt. 2977; the Military Construction and Veterans Affairs, Agriculture, Legislative Branch, and Commerce, Justice, and Science Appropriations Act, 2026.⁵⁴ Then on August 1, the Senate withdrew SA 2977 and considered and passed S.Amdt. 3411, a new version of the Military Construction and Veterans Affairs, Agriculture, and Legislative Branch Appropriations bill for FY2026.⁵⁵ The Senate then passed H.R. 3944, as amended by S.Amdt. 3411. Division A of this minibus appropriations bill contained the FY2026 MILCON-VA appropriations bill (Division A of H.R. 3944). The Senate-passed version of the bill would have provided \$434.86 billion for VA for FY2026, including \$301.57 billion in mandatory funding and \$133.28 billion in discretionary funding. The Senate-passed version of the bill did not provide funding for the Administration’s Bridging Rental Assistance for Veteran Empowerment (BRAVE) proposal. **Table 7** shows comparative budget authority for FY2026 for VBA, VHA, NCA, and departmental administration that would have been provided in the Senate-passed MILCON-VA appropriations bill (Division A of H.R. 3944; S.Rept. 119-43). **Table 8** provides account level details.

Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Division D of P.L. 119-37)

On November 12, 2025, after a 42-day lapse in appropriations from October 1, 2025, through November 11, 2025, the President signed into law the Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (H.R. 5371; P.L. 119-37). Division D of this act contained the MILCON-VA Appropriations Act for FY2026. The act provides \$445.49 billion for VA for FY2026, including \$312.30 billion in mandatory funding and \$133.18 billion in discretionary funding. Additionally, the act provides

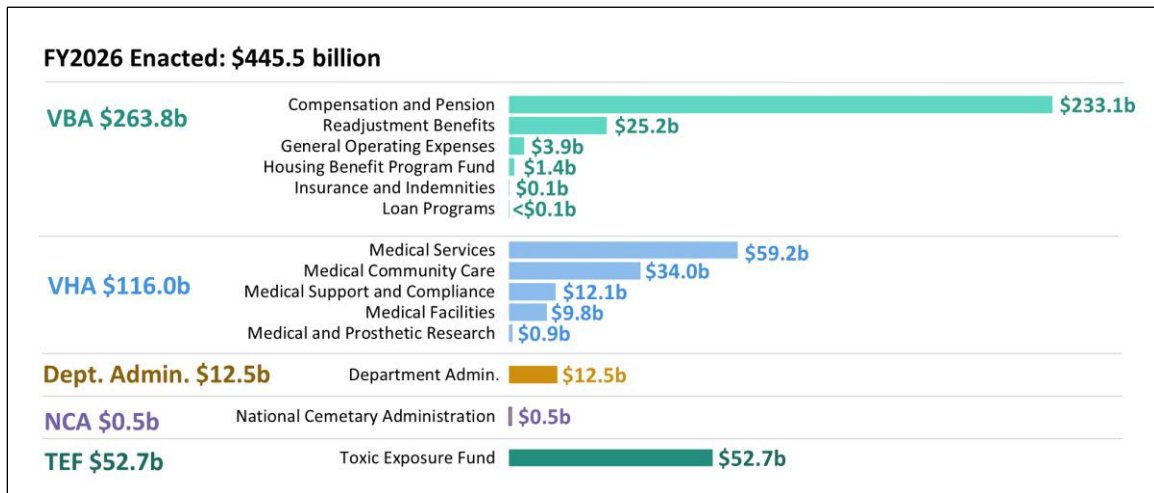
⁵⁴“S.Amdt. 2977. Ms. Collins submitted an amendment intended to be proposed by her to the bill H.R. 3944, making appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2026, and for other purposes,” *Congressional Record*, vol. 171, no.126 (July 23, 2025), pp. S4629-S4675.

⁵⁵“S.Amdt. 3411. Ms. Collins submitted an amendment intended to be proposed by her to the bill H.R. 3944, making appropriations for military construction, the Department of Veterans Affairs, and related agencies for the fiscal year ending September 30, 2026, and for other purposes,” *Congressional Record*, vol. 171, no.132 (July 31, 2025), pp. S5140-S5150.

\$393.69 billion in advance appropriations for FY2027 for the seven accounts (compensation and pensions, readjustment benefits, insurance and indemnities, medical services, medical community care, medical support and compliance, and medical facilities) that receive advance appropriations. The act does not provide advance appropriations for TEF as requested in the President’s budget for FY2027. Furthermore, the MILCON-VA Appropriations Act for FY2026 (Division D of P.L. 119-37) does not provide any funding for the Administration’s Bridging Rental Assistance for Veteran Empowerment (BRAVE) proposal.

Table 7 provides comparative budget authority for FY2026 for VBA, VHA, NCA, and departmental administration provided in the House-passed Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Division D of P.L. 119-37). **Figure 8** and **Table 8** provide account-level details.

Figure 8. Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Division D of P.L. 119-37)
(budget authority in billions)



Source: “Explanatory Statement Submitted By Ms. Collins, Chair of The Senate Committee on Appropriations, Regarding H.R. 5371, The Continuing Appropriations, Agriculture, Legislative Branch, Military Construction And Veterans Affairs, And Extensions Act, 2026,” *Congressional Record*, vol. 171, no. 189 (November 9, 2025), pp. S8109-S8110.

Table 7. FY2025-FY2026 VBA, VHA, NCA, and Veterans Affairs (VA)-Departmental Administration Appropriations

	FY2025 Enacted (Division A of P.L. 119-4)	FY2026 Request	House-Passed (H.R. 3944; H.Rept. 119-161)	Senate-Passed (Military Construction and Veterans Affairs, Agriculture, and Legislative Branch Appropriations Act, 2026; Division A of H.R. 3944; S.Rept. 119-43)	FY2026 Enacted (Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026; Division D of P.L. 119-37)	Increase (+)/ Decrease (-) and % Change FY2026 Enacted vs. FY2025 Enacted
Veterans Benefits Administration (VBA, including General Operating Expenses)	\$236.90 billion	\$251.90 billion	\$253.05 billion	\$253.06 billion	\$263.79 billion	(+) \$26.89 billion (+11.35%)
Veterans Health Administration (VHA)	\$113.67 billion	\$116.98 billion	\$117.47 billion	\$115.89 billion	\$116.03 billion	(+) \$2.36 billion (+2.08%)
National Cemetery Administration (NCA)	\$480 million	\$497 million	\$498.50 million	\$497 million	\$498.50 million	(+) \$18.5 million (+3.85%)
Departmental Administration	\$10.65 billion	\$12.75 billion	\$11.64 billion	\$12.74 billion	\$12.49 billion	(+) \$1.84 billion (+17.28%)
Cost of War Toxic Exposures Fund (TEF)	\$6 billion	\$52.68 billion	\$52.68 billion	\$52.68 billion	\$52.68 billion	(+) \$46.68 billion (+778%)
Total VA	\$367.71 billion	\$434.81 billion	\$435.33 billion	\$434.86 billion	\$445.49 billion	(+) \$77.78 billion (+21.15%)
Total Mandatory	\$238.68 billion	\$300.42 billion	\$301.57 billion	\$301.57 billion	\$312.30 billion	(+) \$73.62 billion (+30.85%)
Total Discretionary	\$129.03 billion	\$134.39 billion	\$133.75 billion	\$133.28 billion	\$133.18 billion	(+) \$4.15 billion (+3.22%)

Sources: U.S. Congress, House Appropriations Committee, *Military Construction, Veterans Affairs, And Related Agencies Appropriations Bill, 2026*, report to accompany H.R.3944, 119th Cong., 1st sess., June 10, 2025, H.Rept. 119-161, pp. 93-101; U.S. Congress, Senate Appropriations Committee, *Military Construction, Veterans Affairs, And Related Agencies Appropriations Bill, 2026*, report to accompany H.R.3944, 119th Cong., 1st sess., July 17, 2025, S.Rept. 119-43, pp. 110-115; and “Explanatory Statement Submitted By Ms. Collins, Chair of The Senate Committee on Appropriations, Regarding H.R. 5371, The Continuing Appropriations, Agriculture, Legislative Branch, Military Construction And Veterans Affairs, And Extensions Act, 2026,” *Congressional Record*, vol. 171, no. 189 (November 9, 2025), pp. S8109-S8110.

The following sections discuss account-level details of the President’s budget request for FY2026 and subsequent House and Senate action on regular VA appropriations for FY2026. In discussing the House and Senate measures and the final FY2026 enacted bill, the following references are used:

- **House-passed bill** means the Military Construction, Veterans Affairs, and Related Agencies Appropriations bill (MILCON-VA appropriations bill, 2026; H.R. 3944 and its accompanying report H.Rept. 119-161).
- **Senate-passed bill** means the Military Construction, Veterans Affairs, and Related Agencies Appropriations bill, 2026, passed the Senate on August 1, 2025, (MILCON-VA appropriations bill, 2026; Division A of H.R. 3944, as amended and its accompanying report, S.Rept. 119-43).
- **The FY2026 enacted bill** is Division D of the Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (MILCON-VA appropriations Act; Division D of P.L. 119-37 and its accompanying explanatory statement published in the *Congressional Record*, vol. 171, no. 189 [November 9, 2025], pp. S8085-S8111).

Mandatory Programs Funding

Major mandatory program funding includes (1) Compensation and Pensions (VA’s disability compensation program, Dependency and Indemnity Compensation [DIC], for service-connected deaths for surviving spouses and dependent children pensions to low-income veterans), (2) Readjustment Benefits (education and vocational rehabilitation assistance), and (3) Veterans Insurance and Indemnities (the provision of life insurance).

Compensation and Pensions

The compensation and pensions account provides payments for benefits such as disability compensation, DIC, pension benefits for low-income disabled or elderly wartime veterans and their survivors, burial benefits (allowances, flags, headstones, etc.), and a clothing allowance for certain disabled veterans. In FY2026, VA anticipates distributing an estimated \$227.5 billion in compensation payments to 6,456,252 veterans, 556,499 survivors, and 1,034 children.⁵⁶

Both the House-passed and Senate-passed versions of the FY2026 MILCON-VA appropriations bills would have provided \$227.24 billion, identical to the President’s request. Both versions would have also provided \$241.95 billion in advance appropriations for FY2027 as requested by the President, to become available on October 1, 2026 (**Table 8**).

The total enacted budget authority for FY2026 for this account is \$233.09 billion. This includes \$227.24 billion in advance appropriations provided in the Full-Year Continuing Appropriations and Extensions Act, 2025 (Section 11109 of Division A of P.L. 119-4), and \$5.85 billion provided by the FY2026 MILCON-VA Appropriations Act (Division D of P.L. 119-37). Division D of P.L. 119-37 also provides \$246.63 billion for this account in advance appropriations for FY2027, to become available on October 1, 2026 (**Table 8**).

⁵⁶ Department of Veterans Affairs, *FY2026 Congressional Budget Submission, Burial and Benefits Programs and Department-Administration*, vol. 3 of 5, May 2025, p. 149.

Disability compensation is by far the largest program in the compensation and pension account, in terms of both the number of beneficiaries and the cost of benefits disbursed,⁵⁷ so the increase in this account is driven largely by increased spending on disability compensation. Between 2011 and 2024, the number of veterans receiving disability compensation grew by 78%, from 3.3 million to 5.8 million.⁵⁸ This increase reflects the success of joint VA-DOD predischarge programs in encouraging more veterans to apply for benefits, but it is also a result of the expansion of eligible service-connected conditions through the Blue Water Navy Vietnam Veterans Act (P.L. 116-23) and the Honoring our PACT Act of 2022 (P.L. 117-168). The Honoring our PACT Act of 2022 expanded eligibility significantly by adding 24 categories of presumptive conditions, including 300 diseases and medical conditions related to burn pits and other toxic exposures, and by adding more presumptive-exposure locations for Agent Orange and radiation.

Readjustment Benefits

The readjustment benefits category reflects several benefits related to the transition of servicemembers from active-duty status to veteran status, as well as benefits for disabled veterans (not including disability compensation). Some of these programs include education benefits for veterans and their dependents, such as the Post 9-11 GI Bill, the Survivors' and Dependents' Educational Assistance Program, the Veteran Readiness and Employment (VR&E) program, and programs to provide housing, automotive, and adaptive equipment grants for disabled veterans.

Both the House-passed and Senate-passed versions of the FY2026 MILCON-VA appropriations bills would have provided \$20.37 billion, in line with the President's request. Both versions would have also provided \$20.06 billion in advance appropriations for FY2027 similar to the Administration's request, to become available on October 1, 2026.

The total enacted budget authority for FY2026 for this account is \$25.25 billion. This includes \$20.37 billion in advance appropriations provided in the Full-Year Continuing Appropriations and Extensions Act, 2025 (Section 11109 of Division A of P.L. 119-4), and \$4.88 billion provided by the FY2026 MILCON-VA Appropriations Act (Division D of P.L. 119-37). The act also provides \$24.70 billion for this account in advance appropriations for FY2027, to become available on October 1, 2026 (**Table 8**).

The \$25.25 billion budget authority for the readjustment benefits account for FY2026 represents an increase of \$6.99 billion over the FY2025 amount of \$18.26 billion. The need for greater funding can be attributed to a multitude of factors among various readjustment benefits programs, including increases in average payments driven by inflation and rising tuition costs for higher education programs. Funding needs also increased due to the enactment of the Senator Elizabeth Dole (E. Dole) 21st Century Veterans Healthcare and Benefits Improvement Act (P.L. 118-210) on January 2, 2025. In addition to expanding eligibility for several scholarships and vocational programs, the E. Dole Act created a new Veterans Employment Through Technology Education Courses (VET TEC) program, which increased the VET TEC obligations by \$82.5 million.⁵⁹

⁵⁷ Department of Veterans Affairs, *FY2026 Congressional Budget Submission, Burial and Benefits Programs and Department-Administration*, vol. 3 of 5, May 2025, pp. 148-149.

⁵⁸ Department of Veterans Affairs, *FY2026 Congressional Budget Submission, Burial and Benefits Programs and Department-Administration*, vol. 3 of 5, May 2025, p. 149.

⁵⁹ Department of Veterans Affairs, *FY2026 Congressional Budget Submission, Burial and Benefits Programs and Department-Administration*, vol. 3 of 5, May 2025, p. 172.

Veterans Insurance and Indemnities (VI&I)

The veterans insurance and indemnities category includes seven life insurance programs. The newest program is the Veterans Affairs Life Insurance (VA Life) program, which opened for enrollment on January 1, 2023. The largest category of obligations is the Service-Disabled Veterans Insurance (S-DVI) program, which uses government subsidies to provide insurance for veterans with service-connected disabilities. S-DVI closed to new applicants on December 31, 2022, but S-DVI policyholders had the option to convert their policy to VALife between January 1, 2023, and December 31, 2025. The programs with the greatest number of recipients fall under the Servicemembers' Group Life Insurance (SGLI) Public Enterprise Revolving Fund. Revolving funds are largely self-supporting and thus less costly for VA to administer.

The President requested \$131.52 million for the FY2026 VI&I account. Both the House-passed and Senate-passed versions of the MILCON-VA appropriations bills would have provided the President's requested amount. The FY2026 amount is \$3.60 million less than the \$135.12 million requested for FY2025. The decrease is largely due to reestimations of the SGLI Premiums Paid to Primary Insurer.⁶⁰

The total enacted budget authority for FY2026 for this account is \$131.52 million. This was the amount provided in the Full-Year Continuing Appropriations and Extensions Act, 2025 (Section 11109 of Division A of P.L. 119-4). The FY2026 MILCON-VA Appropriations Act (Division D of P.L. 119-37) did not provide any additional funding for the VI&I account for FY2026, and the act provides \$97.90 million for this account in advance appropriations for FY2027, to become available on October 1, 2026 (Table 8).

Medical Care and Medical Research Discretionary Programs Funding

Background

VA's Veterans Health Administration (VHA) operates the nation's largest integrated health care delivery system.⁶¹ VHA's primary mission is to provide health care services to eligible veterans.⁶² VHA generally provides care directly through more than 1,700 sites of care, including hospitals, clinics, and health care facilities.⁶³

VHA is not a health insurance financing program that provides reimbursement to providers for all or a portion of a patient's health care costs. It operates associated facilities and employs clinicians.⁶⁴ This model differs from the predominant health care financing and delivery model in the United States, in which there is a payer for health care services (e.g., Medicare, private health insurance plan), a provider (e.g., hospital, physician), and a recipient of care (the patient).

⁶⁰ Department of Veterans Affairs, *FY2026 Congressional Budget Submission, Burial and Benefits Programs and Department-Administration*, vol. 3 of 5, May 2025, p. 225.

⁶¹ Department of Veterans Affairs, *FY2026 Congressional Submission, Budget in Brief*, May 2025, p. BiB-2.

⁶² 38 U.S.C. §7301.

⁶³ Department of Veterans Affairs, *FY2026 Congressional Submission, Budget in Brief*, May 2025, p. BiB-18.

⁶⁴ VHA does pay for care in the community (i.e., non-VA providers) under certain circumstances. The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (VA MISSION Act; P.L. 115-182) established the Veterans Community Care Program (VCCP), which requires VHA to provide for care in the community to all enrolled veterans who meet specified criteria.

VA's health care system is organized into 18 geographically defined administrative regions, known as Veterans Integrated Service Networks (VISNs). Although VA headquarters develops policies and guidelines to be applied throughout the VA health care system, management authority for basic decisionmaking and budgetary responsibilities is delegated to the VISNs.⁶⁵ VHA operates 142 hospitals, 136 nursing homes, 755 community-based outpatient clinics (CBOCs), and 302 Readjustment Counseling Centers (Vet Centers).⁶⁶ In 2009, VA began a pilot Mobile Vet Center (MVC) program to improve access to services for veterans in rural areas, and the department has deployed 85 MVCs to date.⁶⁷

Although VHA provides most health care services to eligible veterans through its integrated network of facilities, it does pay for care in the community under certain circumstances. The Veterans Community Care Program (VCCP) applies eligibility for care in the community broadly to all enrolled veterans based on specific criteria.⁶⁸ VA is also authorized to provide care in the community through individual agreements with community providers, called *veterans care agreements*. Furthermore, VA is authorized to reimburse for emergency care visits if specific criteria are met.⁶⁹ Inpatient and outpatient care is provided in the private sector to eligible dependents of veterans under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).⁷⁰ In addition, VHA provides grants for the construction of state-owned nursing homes and domiciliary facilities⁷¹ and collaborates with the Department of Defense (DOD) in sharing health care resources and services. (DOD is “using a secondary Department of War designation” under Executive Order 14347 dated September 5, 2025.)

VHA has additional statutory missions besides providing direct patient care to veterans.⁷² It is required to conduct medical research,⁷³ serve as a contingency backup to the DOD medical system during a national security emergency,⁷⁴ provide support to the National Disaster Medical System and the Department of Health and Human Services as necessary,⁷⁵ and train health care professionals to provide an adequate supply of health personnel for VA and the nation.⁷⁶

⁶⁵ Kenneth Kizer, John Demakis, and John Feussner, “Reinventing VA health care: Systematizing Quality Improvement and Quality Innovation,” *Medical Care*, vol. 38, no. 6 (June 2000), Suppl. 1:17-116.

⁶⁶ Department of Veterans Affairs, *FY2026 Congressional Submission, Budget in Brief*, May 2025, p. BiB-18. Vet Centers are a nationwide system of community-based programs separate from VA medical centers (VAMCs). Client services provided by Vet Centers include psychological counseling and psychotherapy (individual and group), screening for and treatment of mental health issues, substance abuse screening and counseling, employment/educational counseling, and bereavement counseling, among other services.

⁶⁷ Department of Veterans Affairs, *FY2026 Congressional Submission, Budget in Brief*, May 2025, p. BiB-18.

⁶⁸ For more information on the VCCP and the eligibility criteria, see CRS Report R45390, *VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (VA MISSION Act; P.L.115-182)*.

⁶⁹ For more information, see CRS Report R42747, *Health Care for Veterans: Answers to Frequently Asked Questions*.

⁷⁰ For details on CHAMPVA, see CRS Report RS22483, *Health Care for Dependents and Survivors of Veterans*.

⁷¹ Under the grant program, VA may fund up to 65% of the cost of these state-owned facilities. States must fund the remaining 35%. The law requires that 75% of the residents in a state-extended care facility must be veterans (38 U.S.C. §§8131-8138). All nonveteran residents must be spouses of veterans or parents of children who died while serving in the U.S. Armed Forces. VA is prohibited by law from exercising any supervision or control over the operation of a state veterans nursing home, including setting admission criteria. States exclusively determine admission requirements. See CRS In Focus IF11656, *State Veterans Homes*.

⁷² 38 U.S.C. §7301(b).

⁷³ 38 U.S.C. §7303.

⁷⁴ 38 U.S.C. §8111A.

⁷⁵ 38 U.S.C. §8117(e).

⁷⁶ 38 U.S.C. §7302. For additional information, see CRS Report R48636, *Federal Support for Graduate Medical Education*.

The Veteran Patient Population

VA projects that in FY2026 the overall population of veterans nationwide will decrease but utilization of the system will remain relatively constant.⁷⁷ In FY2026, approximately 9.2 million of the 17.6 million total veterans are enrolled in VA's health care system.⁷⁸ In FY2026, VA anticipates treating approximately 6.8 million unique veteran patients and 930,648 nonveteran patients (see **Table A-1**).⁷⁹

VHA estimates that outpatient visits will increase from 154.0 million visits in FY2025 to 162.6 million visits in FY2026, an increase of 5.6%. VHA also anticipates that inpatient care and average daily census in most inpatient settings will continue to increase on an annual basis.

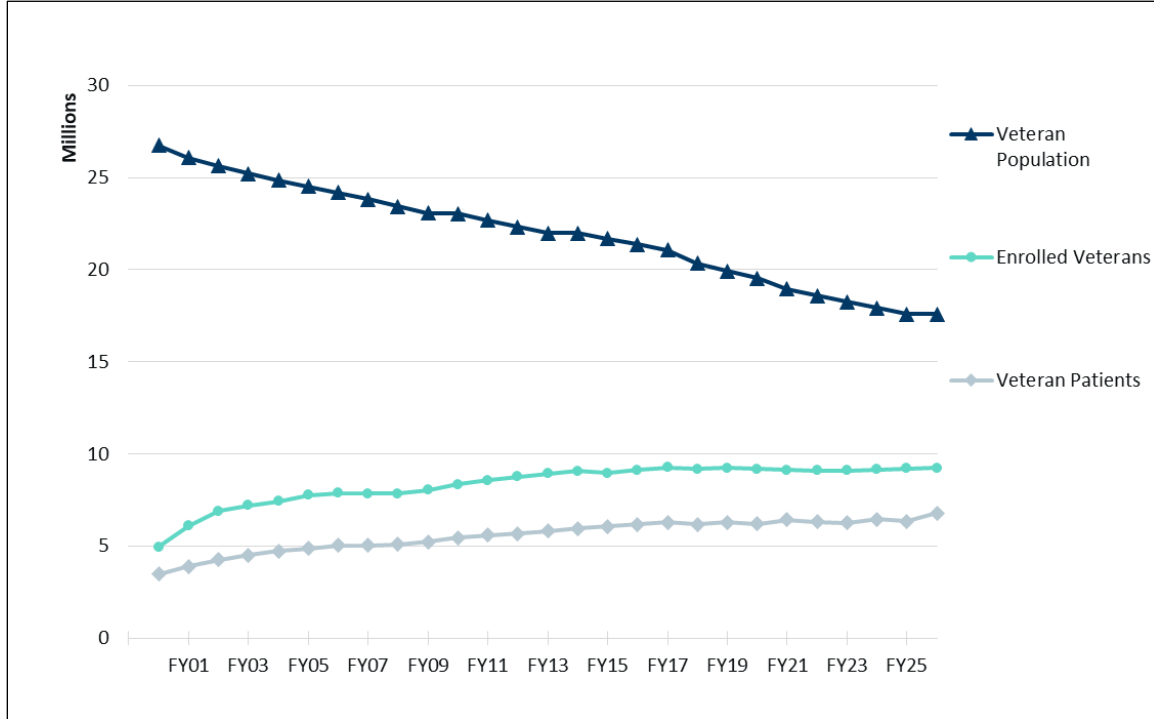
The change in enrollment and utilization is indicative of a long-term trend. The veteran population is declining—due to the death of World War II- and Vietnam-era veterans—while enrollment in the VA health care system and health care utilization is staying relatively constant (see **Figure 9**). In FY2000, 18.4% of the veteran population was enrolled in the health care system. In FY2026, over 50% of the veteran population will have enrolled in the health care system.

⁷⁷ VA uses actuarial models to support formulation of the VA health care budget. The primary model, the Enrollee Health Care Projection Model (EHCPM), supports approximately 86% of the medical care budget. Department of Veterans Affairs, *FY2026 Congressional Submission, Medical Programs*, vol. 2 of 5, May 2025, p. VHA-306.

⁷⁸ In general, a veteran is required to be enrolled in the VA health care system to receive health care services, and once a veteran is enrolled, that veteran remains enrolled in the VA health care system and maintains access to VA health care services. For more information on enrollment, see CRS Report R42747, *Health Care for Veterans: Answers to Frequently Asked Questions*.

⁷⁹ A *unique veteran patient* means each patient is counted only once in each fiscal year. However, there could be multiple visits (clinical encounters) per unique veteran patient in a given fiscal year. Department of Veterans Affairs, *FY2026 Congressional Submission, Medical Programs*, vol. 2 of 5, May 2025, p. VHA-37.

Figure 9. Veteran Population, VA Enrollees, and VA Patients, FY2000-FY2026



Source: “Veteran Population” numbers are from Veteran Population Projection Model 2023 (VetPop2023) (FY2023-FY2025), available at https://www.va.gov/VETDATA/docs/Demographics/New_Vetpop_Model/IL_VetPop2023_National_NCVAS.xlsx, and an archived copy of an earlier version no longer available on the website (FY2000-FY2022). “VA-Enrolled Veterans” numbers and “Patients Using VA Health Care During the Year” numbers were obtained from VA and/or VA budget submissions to Congress for FY2002-FY2026; the number for each fiscal year is taken from the budget submission two years later (e.g., the FY2022 number is from the FY2024 budget submission).

Notes: FY2026 total veteran population projected as of September 30, 2023. FY2025 and FY2026 veteran enrollee and patient data are estimates.

Some portion of the increase in proportional enrollment among living veterans is likely due to maturity of the modern enrollment system.⁸⁰ However, multiple other factors may contribute to increased enrollment and utilization of the health care system. For instance, Congress on multiple occasions has expanded qualifying criteria for enrollment in VA health care.⁸¹ The services provided through VHA have also expanded over time, such as the addition of benefits for family caregivers, expansion of gender-specific care, and expansion of long-term care benefits, thereby increasing the appeal of the VA health care system.

⁸⁰ Veterans have generally been required to enroll in the VA health care system since FY1999. Therefore, the data presented in **Table A-1** represent the inaugural years of the enrollment system. It is likely that this is at least partially the reason for enrollment growth in earlier years. Department of Veterans Affairs, “Enrollment—Provision of Hospital and Outpatient Care to Veterans,” 64 *Federal Register* 54207, October 1999, <https://www.govinfo.gov/content/pkg/FR-1999-10-06/pdf/99-25871.pdf>.

⁸¹ For information on qualifying for enrollment, see CRS Report R42747, *Health Care for Veterans: Answers to Frequently Asked Questions*.

VA anticipates that the veteran population will continue to decline—projecting 11.2 million veterans in FY2053.⁸² In addition, VA projects that enrollment will remain relatively constant through 2033 while the veteran population declines overall.⁸³

President’s Request and Congressional Action

VA’s annual appropriations for the medical services, medical community care, medical support and compliance, and medical facilities accounts include advance appropriations that become available one fiscal year after the fiscal year for which the appropriations act was enacted. Therefore, the Full-Year Continuing Appropriations Act, 2025 (Division A of P.L. 119-4), provided FY2026 funding for these four accounts. However, in any given year, the Administration could request additional funding for the upcoming fiscal year and Congress could revise these amounts through the annual appropriations process.

President Trump’s FY2026 budget request proposed two cancellations of advance appropriations: \$15.9 billion from the medical services account and \$610 million from the medical support and compliance account. The President’s request also included a transfer of \$2.0 billion from the medical services account to the medical facilities account.

While the President’s request included rescissions that would have decreased the total discretionary budget authority, the overall anticipated budget authority, including mandatory TEF funds, would have increased in FY2026.⁸⁴ The FY2026 discretionary budget request for VHA totaled \$121.27 billion, including medical care collections.⁸⁵ The total budget authority for FY2026, including mandatory appropriations under TEF and Section 707 of the PACT Act, is \$169.7 billion.⁸⁶

To illustrate how the President’s request compares with approved amounts under the House and Senate, the sections below compare discretionary funding amounts. For FY2026, the Trump Administration’s budget request for discretionary appropriations included \$59.15 billion for the medical services account, \$34.0 billion for medical community care, \$12.09 billion for the

⁸² Veteran Population numbers are from Veteran Population Projection Model 2023 (VetPop2023) (FY2023-FY2025), available at https://www.va.gov/VETDATA/docs/Demographics/New_Vetpop_Model/1L_VetPop2023_National_NCVAS.xlsx.

⁸³ *FY2026 Congressional Submission, Medical Programs*, vol. 2 of 5, May 2025, p. VHA-310.

⁸⁴ *FY2026 Congressional Submission, Medical Programs*, vol. 2 of 5, May 2025, p. VHA-13.

⁸⁵ The appropriations committees include medical care cost recovery collections when considering funding for VHA. Congress has provided VHA with the authority to bill some veterans and most health care insurers for nonservice-connected care provided to veterans enrolled in the VA health care system, to help defray the cost of delivering medical services to veterans. Funds collected from first- and third-party bills (copayments and insurance) are retained by the VA health care facility that provided the care for the veteran. The Consolidated Omnibus Budget Reconciliation Act of 1985 (P.L. 99-272), enacted into law in 1986, established means testing for veterans seeking care for nonservice-connected conditions. The Balanced Budget Act of 1997 (P.L. 105-33), established the Department of Veterans Affairs Medical Care Collections Fund (MCCF), gave VHA the authority to retain these funds in the MCCF. Instead of returning the funds to the Treasury, VA can use them, without fiscal year limitations, for medical services for veterans. In FY2004, the Administration’s budget requested consolidating several existing medical collections accounts into one MCCF. The conferees of the Consolidated Appropriations Act, 2004 (H.Rept. 108-401), recommended that collections that would otherwise be deposited in the Health Services Improvement Fund (former name), Veterans Extended Care Revolving Fund (former name), Special Therapeutic and Rehabilitation Activities Fund (former name), Medical Facilities Revolving Fund (former name), and the Parking Revolving Fund (former name) should be deposited in MCCF. The Consolidated Appropriations Act of 2005 (P.L. 108-447, H.Rept. 108-792) provided VA with permanent authority to deposit funds from these five accounts into the MCCF.

⁸⁶ Section 707 of the PACT Act appropriated funds for medical facility leases in addition to amounts otherwise available for fiscal years 2024 through 2031.

medical support and compliance account, and \$9.70 billion for the medical facilities account (**Table 8**).

As required by the Veterans Health Care Budget Reform and Transparency Act of 2009 (P.L. 111-81), the President's FY2026 budget requested \$122.26 billion in discretionary advance appropriations for the four medical care appropriations (medical services, medical community care, medical support and compliance, and medical facilities) for FY2027, a decrease of approximately 7.0% from the FY2026 discretionary advance appropriation of \$131.44 billion. For FY2027, the Administration's budget request for discretionary appropriations included \$59.86 billion for the medical services account, \$38.70 billion for medical community care, \$12.00 billion for the medical support and compliance account, and \$11.70 billion for the medical facilities account.

The House-passed version of the FY2026 MILCON-VA appropriations bill would have provided the same VHA medical care appropriation as the President's request, except for the medical support and compliance account, which did not include the \$610 million rescission in the House-passed bill. The Senate-passed version of the bill would have provided the same appropriation for the medical services, medical community care, and medical support and compliance accounts as the President's request, while the medical facilities appropriation would have been 0.03% higher. The Senate-passed version would have provided \$3 million above the President's request for the expansion of child care centers. Ultimately, the FY2026 MILCON-VA Appropriations Act (Division D of P.L. 119-37) provides the same appropriation for the medical services, medical community care, and medical support and compliance accounts as the President's request, while the medical facilities appropriation increased by \$126 million for nonrecurring maintenance.

The sections below detail the amounts requested for each VHA account for FY2026, including the funds included in the House-passed bill and the Senate-passed bill for each account.

Medical Services

The medical services account covers expenses for furnishing inpatient and outpatient care and treatment of veterans and certain dependents. It also includes care and treatment in non-VA facilities; outpatient care on a fee basis; medical supplies and equipment; salaries and expenses of employees hired under Title 38 of the *U.S. Code*; cost of hospital food service operations; grants for adaptive sports programs for disabled veterans and members of the Armed Forces; beneficiary travel; prosthetics; Long-Term Services and Supports (LTSS); aid to state veterans' homes; assistance and support services for family caregivers; and costs associated with activation of newly constructed or leased VA medical care facilities, among other distinct activities.

For FY2026, the President's budget requested \$59.15 billion for the medical services account. The House and Senate-passed versions of the MILCON-VA appropriations bills for FY2026 included the same amount for the Medical Services account as the President's request. In addition to the \$15.9 billion rescission discussed previously, the President's budget included a planned transfer from the medical services account to the medical facilities account of \$2.0 billion. Furthermore, in its FY2026 submission, VA estimates \$35.37 billion in expenditures from TEF to support medical services in FY2026, bringing total budgetary resources to \$92.49 billion in discretionary and mandatory funds. Both the House-passed and the Senate-passed versions of the MILCON-VA appropriations bills would have provided FY2027 advance appropriations equal to the President's request of \$59.86 billion.

The FY2026 MILCON-VA Appropriations Act (Division D of P.L. 119-37) funded this account at the same level as the President's request for FY2026, \$59.2 billion. Division D of P.L. 119-37

provides \$59.9 billion for this account, in advance appropriations for FY2027, to become available on October 1, 2026 (**Table 8**).

Medical Community Care

Section 4003 of the Surface Transportation and Veterans Health Care Choice Improvement Act of 2015 (P.L. 114-41) required the establishment of a separate new account for medical community care, beginning with the FY2017 appropriations cycle. The Jeff Miller and Richard Blumenthal Veterans Health Care and Benefits Improvement Act of 2016 (P.L. 114-315) authorized advance appropriations for the medical community care account. The account consolidates all community care programs in a single appropriation. It is the funding source for care that eligible veterans receive through community health care providers. These programs include the Veterans Community Care Program (VCCP), the Camp Lejeune Family Member Program (CLFMP), CHAMPVA, the Foreign Medical Program (FMP), the Spina Bifida Health Care Program, the Children of Women Vietnam Veterans Health Care Benefits Program (CWVV), and the Indian Health Service (IHS)/Tribal Health Programs (THP) Reimbursement Agreements Program.

The medical support and compliance and the Information Technology accounts fund some expenses related to the community care program. These expenses include administrative expenses related to claims processing performed by the Third-Party Administrators (TPAs) and VHA, and software required for information technology (IT) systems related to the community care program.⁸⁷

The President's budget requested \$34.0 billion for the medical community care account for FY2026. The House-passed and the Senate-passed versions of the MILCON-VA appropriations bills included the same amount for the Medical Community Care account as the President's request. In its FY2026 submission, VA estimated \$14.03 billion in expenditures from TEF to support medical community care in FY2026, bringing total budgetary resources to \$48.03 billion in discretionary and mandatory funds.

The FY2026 MILCON-VA Appropriations Act (Division D of P.L. 119-37) provides \$34.0 billion for FY2026, the same as the President's request. Division D of P.L. 119-37 provides \$38.7 billion for this account, in advance appropriations for FY2027, to become available on October 1, 2026 (**Table 8**).

Medical Support and Compliance

The medical support and compliance account provides for expenses related to the management, security, and administration of VA's health care system through the operation of VA medical centers (VAMCs) and other medical facilities, such as community-based outpatient clinics (CBOCs) and Vet Centers. This account includes funding for, among other things, VAMC leadership teams (Director, Chief of Staff, Chief Medical Officer, and Chief Nurse) and VAMC support functions, such as "quality of care oversight, security services, legal services, billing and coding activities, acquisition, procurement, and logistics activities, human resource management, logistics and supply chain management, and financial management."⁸⁸ This account funds 18

⁸⁷ Department of Veterans Affairs, *FY2026 Congressional Submission, Medical Programs*, vol. 2 of 5, May 2025, p. VHA-278.

⁸⁸ Department of Veterans Affairs, *FY2026 Congressional Submission, Medical Programs*, vol. 2 of 5, May 2025, p. VHA-283.

Veterans Integrated Service Network (VISN)⁸⁹ offices, which include network leadership teams.⁹⁰ This account also provides for expenses related to VHA Central Office (VHACO) operating units, such as offices of the Assistant Under Secretary for Community Care and Deputy Assistant Under Secretary for Community Care, the Office of the Assistant Under Secretary for Health for Clinical Services and the Chief Medical Officer (AUSH/CS), and the Office of Discovery, Education, and Affiliate Networks (DEAN), among other offices and suboffices.

The President's budget requested \$12.09 billion for the medical support and compliance account for FY2026. This included a \$610 million rescission from the advance appropriated amount. The House-passed version of the MILCON-VA bill did not include the rescission. The Senate-passed version of the bill included the same amount as the President's request. In its FY2026 submission, VA estimates \$400 million in expenditures from TEF to support medical support and compliance in FY2026, bringing total budgetary resources to \$12.49 billion in discretionary and mandatory funds.

The FY2026 MILCON-VA Appropriations Act (Division D of P.L. 119-37) provides \$12.09 billion for the medical support and compliance account. Furthermore, Division D of P.L. 119-37 provides \$38.70 billion for this account, in advance appropriations for FY2027, to become available on October 1, 2026 (**Table 8**).

Medical Facilities

The medical facilities account funds expenses pertaining to the operations and maintenance of VHA's capital infrastructure. These expenses include utilities and administrative expenses related to planning, designing, and executing construction or renovation projects at VHA facilities. It also funds medical facility leases, including clinical space in CBOCs, engineering and environmental management, grounds maintenance, fire protection, nonrecurring maintenance, recurring maintenance and repairs, textile care processing and maintenance, and operating equipment maintenance and repairs, among others.

The President's budget requested \$9.70 billion for the medical facilities account. In addition, the President's request includes a \$2.03 billion transfer from the medical services account to the medical facilities account. Section 707 of the PACT Act appropriated \$400 million for medical facility leases for FY2026, bringing the total of budgetary resources to \$12.13 billion. The House-passed version of the bill included the same amount for the medical facilities account as the President's request. The Senate-passed version of the bill included an increase of \$3 million, intended for the expansion of child care centers at VA facilities.

The FY2026 MILCON-VA Appropriations Act (Division D of P.L. 119-37) provides \$9.8 billion, which is \$146 million above the President's request for FY2026. The additional funding is intended for nonrecurring maintenance of campus facilities, including expansion of child care centers. Division D of P.L. 119-37 also provides \$11.7 billion for this account, in advance appropriations for FY2027, to become available on October 1, 2026 (**Table 8**).

⁸⁹ Department of Veterans Affairs, *FY2026 Congressional Submission, Medical Programs*, vol. 2 of 5, May 2025, p. VHA-283. VISN offices provide management and oversight to the medical centers and clinics within their assigned geographic areas. Each VISN office is responsible for allocating funds to facilities, clinics, and programs within its region and coordinating the delivery of health care to veterans.

⁹⁰ Department of Veterans Affairs, *FY2026 Congressional Submission, Medical Programs*, vol. 2 of 5, May 2025, p. VHA-284.

Medical and Prosthetic Research

As required by law, the medical and prosthetic research program (medical research) focuses on research into the special health care needs of veterans. This account provides funding for many types of research, such as investigator-initiated research; mentored research; large-scale, multisite clinical trials; and centers of excellence. VA researchers receive funding not only through this account but also from DOD, the National Institutes of Health (NIH), and private sources. The medical services, medical support and compliance, and medical facilities accounts also provide funds for additional expenses required for VAMC’s supporting research activities.

In general, VA’s research program is intramural; VA investigators conduct research at VA facilities and in approved off-site spaces occupied by VA under a legal agreement. Unlike other federal agencies, such as NIH and DOD, VA does not have the statutory authority to make research grants to colleges and universities, cities and states, or any other non-VA entities.

The President’s budget requested \$943 million for the medical and prosthetic research account for FY2026, which is the same as the FY2025 enacted amount. The VHA’s major research priorities in FY2026 include, among others, suicide prevention, homelessness, Traumatic Brain Injury (TBI), and precision oncology.⁹¹

The House-passed version of the MILCON-VA appropriations bill included \$2 million more than the FY2026 request. The Senate-passed version of the bill was the same as the President’s request. The FY2026 MILCON-VA Appropriations Act (Division D of P.L. 119-37) provides \$945 million for this account, \$2 million above the President’s request for FY2026 (**Table 8**).

Nonmedical Discretionary Programs Funding

National Cemetery Administration (NCA)

Operations and Maintenance

NCA’s Operations and Maintenance account receives the largest amount of NCA’s discretionary funding. This account includes funding to operate 158 national cemeteries and administer seven related programs, including the Veterans Cemetery Grants Program (VCGP); the Headstone, Marker, and Medallion Program; and casket and urn reimbursements.⁹² The Operations and Maintenance account does not include the purchase and transportation costs of headstones, markers, or medallions, nor does it include casket and urn reimbursements. These mandatory benefits to veterans are provided under NCA’s Compensation and Pension account, which is a separate account from the Compensation and Pensions account under VBA.

The President requested \$497.0 million for NCA’s Operations and Maintenance account for FY2026. The Senate-passed version of the MILCON-VA appropriations bill would have provided the President’s requested amount. The House-passed version would have included an additional \$1.50 million for a “pilot [program] in unidentified remains,”⁹³ bringing the total request to

⁹¹ Department of Veterans Affairs, *FY2026 Congressional Submission, Medical Programs*, vol. 2 of 5, May 2025, p. VHA-464.

⁹² This number comes from the Department of Veterans Affairs, *FY2026 Congressional Budget Submission, “Burial and Benefits Programs and Department-Administration”* vol. 3 of 5, May 2025, p. 7, which states that NCA administers 157 national cemeteries, not 158.

⁹³ U.S. Congress, House Appropriations Committee, *Military Construction, Veterans Affairs, And Related Agencies Appropriations Bill, 2026*, report to accompany H.R. 3944, 119th Cong., 1st sess., June 10, 2025, H.Rept. 119-161, p. 103.

\$498.50 million. The FY2026 MILCON-VA Appropriations Act (Division D of P.L. 119-37) provides \$498.50 million for NCA for FY2026, which is \$18.50 million more than the \$480.0 million for FY2025 (**Table 8**). The funding increase for this account was driven largely by nonpayroll inflation and cemetery workload increases.⁹⁴

Veterans Benefits Administration (VBA), General Operating Expenses

The VBA General Operating Expenses (GOE) account includes funding for personnel compensation, travel, rents and utilities, supplies, and equipment. The President requested \$3.88 billion for VBA's GOE account for FY2026, a decrease of \$20 million compared to the FY2025 enacted amount of \$3.90 billion. The requested funding would support discretionary costs associated with the expansion of educational benefits as a result of the *Rudisill v. McDonough* U.S. Supreme Court decision, which are expected to total approximately \$7.1 million in 2026.⁹⁵

The House-passed MILCON-VA bill would have provided \$3.87 billion in funding, while the Senate-passed version would have provided approximately \$3.88 billion, identical to the President's request. The Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Division D of P.L. 119-37), provides \$3.88 billion for the VBA GOE account for FY2026, which is \$2.0 million above the Administration's request (**Table 8**).

Board of Veterans' Appeals (BVA)

BVA hears and decides appeals from the VBA, VHA, NCA, and the Office of General Counsel (OGC).

The President requested \$277 million for BVA for FY2026, a \$10 million decrease from the FY2025 enacted amount. This decrease is partially because personnel costs are expected to decrease by \$12.6 million, as the number of full time equivalent (FTEs) staff are expected decrease. BVA estimated that the number of FTEs would decrease from 1,405 in FY2025 to 1,320 in FY2026. According to VA, this decrease can be attributed partially to regular attrition but also to the Deferred Resignation Program and Voluntary Early Retirement Authority (VERA) programs.⁹⁶ Changes in personnel costs have a significant impact on BVA obligations overall, as BVA expects that personnel costs would make up 93% of the \$277 million requested.⁹⁷

The House-passed MILCON-VA bill would have provided \$289 million in funding, \$12 million more than the President's request. H.Rept. 119-161 cited concerns with ongoing delays in the resolution of claims, noting that some veterans waited years for their claims to be resolved. The report states, "The Committee urges VA to prioritize hiring the staff necessary to allow the

⁹⁴ Department of Veterans Affairs, *FY2026 Congressional Budget Submission*, "Burial and Benefits Programs and Department-Administration" vol. 3 of 5, May 2025, p. 21, <https://department.va.gov/wp-content/uploads/2025/06/2026-Volume-3-Burial-and-Benefits-Programs-and-Department-Administration.pdf>.

⁹⁵ Department of Veterans Affairs, *FY2026 Congressional Budget Submission*, "Burial and Benefits Programs and Department-Administration" vol. 3 of 5, May 2025, p. 47, <https://department.va.gov/wp-content/uploads/2025/06/2026-Volume-3-Burial-and-Benefits-Programs-and-Department-Administration.pdf>.

⁹⁶ Department of Veterans Affairs, *FY2026 Congressional Budget Submission*, "Burial and Benefits Programs and Department-Administration" vol. 3 of 5, May 2025, p. 237, <https://department.va.gov/wp-content/uploads/2025/06/2026-Volume-3-Burial-and-Benefits-Programs-and-Department-Administration.pdf>.

⁹⁷ Department of Veterans Affairs, *FY2026 Congressional Budget Submission*, "Burial and Benefits Programs and Department-Administration" vol. 3 of 5, May 2025, p. 236, <https://department.va.gov/wp-content/uploads/2025/06/2026-Volume-3-Burial-and-Benefits-Programs-and-Department-Administration.pdf>.

efficient process of the Board’s current inventory of cases.”⁹⁸ The Senate-passed version of the MILCON-VA appropriations bill (Division A of H.R. 3944) would have provided \$277 million, equal to the President’s request. The Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Division D of P.L. 119-37), provides \$280 million for BVA for FY2026.

Information Technology Systems (IT Systems)

The IT Systems account provides funding for department-wide IT activities such as IT and telecommunications support, management of data systems, and acquisition of IT systems and department-wide cybersecurity efforts, among other things.

The President’s budget requested \$5.91 billion for FY2026 and proposed changes to appropriations act bill language to eliminate the statutory requirement for three subaccounts that fund IT development, such as new software applications, operations and maintenance, and staffing and administrative support services (Development, Operations and Maintenance, and Pay & Associated Costs). The Administration’s budget also requested that appropriated funds be available for a period of three fiscal years.

The House-passed bill would have provided \$5.88 billion for the IT systems account, maintained the three-subaccount structure, and allocated \$1.35 billion for pay and associated costs, \$4.41 billion for operations and maintenance, and \$118.90 million for activations. The House-passed bill carried over previous appropriations bill language from FY2024 limiting the funds available for developing information technology systems to the projects and in the amounts specified in H.Rept. 119-161.

The Senate-passed bill would have provided \$5.91 billion for FY2026 for this account, the same as the President’s request. The Senate-passed measure, also would have maintained the three-subaccount structure and would have allocated \$1.42 billion for staff salaries and expenses, \$4.49 billion for operation and maintenance of existing programs, and \$118.9 million for facility activations. As stated in S.Rept. 119-43:

The Committee has appropriated the Information Technology Systems account as three subaccounts. This funding structure enhances the Committee’s ability to ensure funds are executed in a manner consistent with the Department’s budget submission. The Committee has provided sufficient flexibility within the subaccounts by way of authorized carryover amounts and reprogramming authority to give the Office of Information Technology as much flexibility as possible to accomplish its mission and goals, while ensuring proper accountability and oversight.⁹⁹

The Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Division D of P.L. 119-37), provides \$5.92 billion for this account for FY2026 (**Table 8**). Maintaining the three-subaccount structure, the act provides \$1.42 billion for staff salaries and expenses; \$3.92 billion for operation and maintenance of existing programs, of which \$118.9 million is for facility activations; and \$578.16 million for

⁹⁸ U.S. Congress, House Whole, *Military Construction, Veterans Affairs, and Related Agencies Appropriations Bill, 2026*, report to accompany H.R. 3944, 119th Cong., 2nd sess., June 10, 2025, H.Rept. 119-161 (Washington: GPO, 2025), pp. 63-64.

⁹⁹ U.S. Congress, Senate Appropriations Committee, *Military Construction, Veterans Affairs, And Related Agencies Appropriations Bill, 2026*, report to accompany H.R. 3944, 119th Cong., 1st sess., July 17, 2025, S.Rept. 119-43, p. 66.

development, modernization, and enhancement of IT systems. This account would also receive an estimated \$1.39 billion from the TEF IT systems in FY2026.¹⁰⁰

Veterans Electronic Health Record (EHR)

Given the various challenges of its existing EHR system, VA embarked on several modernizing initiatives prior to the announcement by then-Secretary David Shulkin, on June 5, 2017, to adopt the same EHR system as DOD.¹⁰¹ These efforts included (1) the HealtheVet initiative, (2) the Integrated Electronic Health Record (iEHR) initiative, and (3) the VistA Evolution initiative.¹⁰² On May 17, 2018, VA entered into an indefinite-delivery, indefinite-quantity (IDIQ) contract¹⁰³ with Cerner Government Services Inc.¹⁰⁴ to procure an Electronic Health Record (EHR) solution (the Cerner Millennium Solution, now known as the Oracle Health Millennium Platform). The goals of the system were to (1) provide seamless care to veterans transitioning from the DOD health care system, including the Department of Homeland Security’s U.S. Coast Guard; (2) replace the legacy EHR system;¹⁰⁵ and (3) improve health information interoperability between the VA health care system and community providers participating in the Veterans Community Care Program (VCCP).¹⁰⁶ Recently, VA has begun to refer to its system as “Federal EHR”¹⁰⁷ and has stated that once completed, the Federal EHR will provide “VA with a single system that can store and retrieve administrative, clinical, laboratory, radiology, pharmacy, and scheduling data, and can interact with other internal and external systems.”¹⁰⁸

The Veterans Electronic Health Record account provides funding for activities required to plan and deploy the Oracle Health Millennium Platform (“Federal EHR”) at VA medical facilities. This includes funding for the Electronic Health Record (EHR) contract, infrastructure readiness, and expenses related to the Project Management Office (PMO). Congress established this account

¹⁰⁰ “Explanatory Statement Submitted by Ms. Collins, Chair of The Senate Committee on Appropriations, Regarding H.R. 5371, The Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026,” *Congressional Record*, vol. 171, part no. 189 (November 9, 2025), p. S8092.

¹⁰¹ Department of Veterans Affairs, “VA Secretary announces decision on next-generation Electronic Health Record,” press release, June 5, 2017, <https://www.va.gov/opa/pressrel/includes/viewPDF.cfm?id=2914> (accessed April 24, 2026).

¹⁰² For more details on these previous VA EHR modernization efforts, see GAO, *VA Health IT Modernization: Historical Perspective on Prior Contracts and Update on Plans for New Initiative*, GAO-18-208, February 2018.

¹⁰³ Department of Veterans Affairs, “Statement by Acting Secretary Robert Wilkie – VA signs contract with Cerner for an electronic health record system” press release, May 17, 2018, <https://news.va.gov/press-room/statement-by-acting-secretary-robert-wilkie-va-signs-contract-with-cerner-for-an-electronic-health-record-system/> (accessed April 24, 2026). For more information about IDIQ contracts, see CRS In Focus IF12558, *Indefinite Delivery, Indefinite Quantity Contracts*.

¹⁰⁴ Oracle Cerner, after Oracle Corporation completed the acquisition of Cerner on June 8, 2022, and later renamed Oracle Health Government Services, Inc., and sometimes referred as “Oracle Health.”

¹⁰⁵ The legacy EHR system is the Veterans Health Information Systems and Technology Architecture (VistA)/Computerized Patient Record System (CPRS) system.

¹⁰⁶ Department of Veterans Affairs, *Oversight of the Electronic Health Record Modernization Program, 4 Quarter Report to Congress, Fiscal Year 2024*, February 2025, p. 1.

¹⁰⁷ According to GAO, “VA and DOD use the same Oracle Health Millennium system with agency-specific configuration differences. VA refers to its EHR system as the Federal EHR, while DOD refers to its system as Military Health System (MHS) GENESIS.” U.S. Government Accountability Office, *VA Electronic Health Record Modernization: Critical Actions Needed to Support Accelerated System Deployments*, GAO-26-108812, December 15, 2025, p. 5.

¹⁰⁸ Department of Veterans Affairs, Office of the Deputy Secretary, *Request for Information (RFI) Systems Integration Support to the EHRM Integration Office*, July 3, 2025, p. 1, <https://sam.gov/opp/55f64aef6284310b606ef09263664c0/view#attachments-links> (accessed April 24, 2026).

through the Military Construction, Veterans Affairs, and Related Agencies Appropriations Act for FY2018 (P.L. 115-141). The account is “intended to be the single source of funding within VA for the electronic health record effort” (H.Rept. 115-673), and “[n]o authority is provided for funds from other VA accounts to be transferred into this account nor for funds from this account to be transferred out to other accounts” (H.Rept. 118-528). The Office of the Deputy Secretary is the only office responsible for administering the funds in this account.

On October 24, 2020, VA began initial deployment of the Cerner Millennium EHR at the Mann-Grandstaff VAMC in Spokane, WA. Due to various implementation challenges and potential patient safety issues encountered during transition to the new EHR system, as highlighted by GAO, VA OIG, and medical center staff, on March 19, 2021, then-Secretary Denis McDonough announced a strategic review of the EHRM program.¹⁰⁹ The results of this review were released in July 2021 and a final update was released in November 2021.¹¹⁰ On December 1, 2021, VA announced an updated plan to move forward with the EHRM Program, mitigating challenges documented during the strategic review and implementing lessons learned and feedback from VA medical providers at initial deployment sites.¹¹¹ VA also instituted new management and governance structures to oversee the deployments. After the initial deployment on October 24, 2020, VA deployed the Cerner Millennium EHR at four other medical centers in early 2022. In total, the new EHR was deployed at five VAMCs (see **Figure 10**), 22 community-based outpatient clinics (CBOCs) affiliated with the VAMCs, the West Consolidated Patient Accounts Center (WCPAC), the North Central Consolidated Patient Accounts Center (NCCPAC),¹¹² and 52 remote sites.¹¹³

¹⁰⁹ Department of Veterans Affairs, “VA announces strategic review of Electronic Health Record Modernization program,” press release, March 19, 2021, <https://news.va.gov/press-room/va-announces-strategic-review-of-electronic-health-record-modernization-program/> (accessed April 24, 2026).

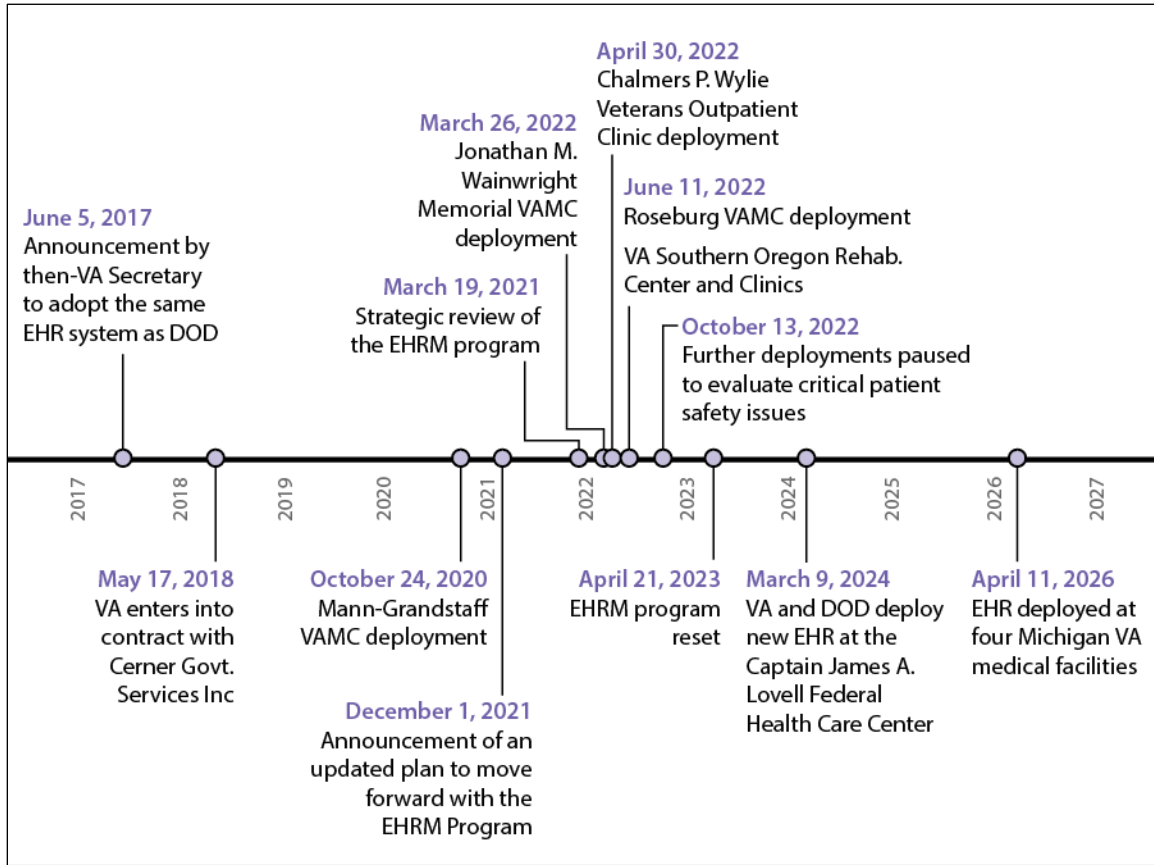
¹¹⁰ Department of Veterans Affairs, *Electronic Health Record Modernization: Comprehensive Lessons Learned Report*, July 2021, and *VA’s Electronic Health Record Comprehensive Lessons Learned update*, November 2021, available at <http://www.va.gov/opa/docs/EHRM-Comprehensive-Lessons-Learned-Progress-Update-FINAL-11-29-21.pdf> (accessed April 24, 2026).

¹¹¹ Department of Veterans Affairs, “VA advances Electronic Health Record Modernization program,” press release, December 1, 2021, <https://news.va.gov/press-room/va-advances-electronic-health-record-modernization-program/> (accessed April 24, 2026).

¹¹² Consolidated Patient Account Centers (CPAC) provide health care billing and collections functions through seven regional centers. The new Cerner Millennium EHR system’s financial processes and workflows are required to be aligned to the existing CPAC and financial management system; therefore, these two sites have been included in the initial deployments. (Sources: Department of Veterans Affairs, *OEHRM Site Infrastructure and End User Device (EUD) Requirements*, April 15, 2021, p. 30; and Department of Veterans Affairs, *Congressionally Mandated Report on the Oversight of the Electronic Health Record Modernization Program*, Quarter 2, FY2023, June 2023, p. 33.)

¹¹³ U.S. Congress, Senate Committee on Veterans’ Affairs, *Examining the Status of VA’s Electronic Health Record Modernization Program*, 117th Cong., 2nd sess., July 20, 2022, S. HRG. 117-636 (Washington: GPO, 2023), p. 43.

Figure 10. VA Electronic Health Record Modernization (EHRM) Program, Major Milestones, 2017-2026



Source: Figure developed by CRS.

Notes: VA = Department of Veterans Affairs; DOD = Department of Defense; EHR = Electronic Health Record; EHRM = Electronic Health Record Modernization Program.

The next deployment site was the Boise VAMC, which was scheduled to go live on July 23, 2022. Due to site deployment readiness issues, deployment was further postponed,¹¹⁴ and on October 13, 2022, VA announced that it had paused further EHR deployment at all sites until June 2023.¹¹⁵ With all further deployments postponed, VA established an EHRM Sprint Project Team to evaluate and recommend solutions to “critical patient safety issues as identified by the National Center for Patient Safety (NCPS) led Patient Safety Team (PST).”¹¹⁶ On April 21, 2023, VA once

¹¹⁴ Department of Veterans Affairs, “VA adjusts electronic health record rollout schedule to assure continued success,” press release, August 10, 2022, <https://digital.va.gov/ehr-modernization/news-stories/va-adjusts-electronic-health-record-rollout-schedule-to-assure-continued-success/> (accessed April 24, 2026).

¹¹⁵ Department of Veterans Affairs, “VA extends delay of upcoming electronic health record deployments to June 2023 to address technical and other system performance issues,” press release, October 23, 2022, <https://news.va.gov/press-room/va-extends-delay-of-upcoming-electronic-health-record-deployments-to-june-2023-to-address-technical-and-other-system-performance-issues/> (accessed April 24, 2026).

¹¹⁶ Department of Veterans Affairs, Veterans Health Administration, *EHRM Sprint Report*, March 2023, p. 4. The major patient safety issues that were identified and needed fixes were “1) Unknown queue and related issues (including medications); 2) No show and cancelled appointment orders failed to route to scheduling queues; 3) Add Referral button not creating visible external site referral for worklist action; 4) Usability issues with the EHR application, allowing providers to order procedure charge codes for imaging without ordering the actual clinical imaging.”

again announced that future deployments of the new Cerner EHR would be stopped “as part of a larger program reset.”¹¹⁷

During the reset period, VA focused on

- addressing the concerns at the five initial sites where the EHR system was deployed by “improving the end user experience, increasing reliability of the system, and refining internal program processes”;¹¹⁸
- investing in foundational work necessary for EHR deployment at future sites; and
- preparing for deployment at the Captain James A. Lovell Federal Health Care Facility in North Chicago, IL (Lovell FHCC).¹¹⁹

Meanwhile, on May 16, 2023, VA finalized renegotiations on a modified contract with Oracle Health Government Services, Inc., for the next option period of the contract. The contract was renegotiated from a five-year term to five one-year terms, so VA would be able to review Cerner’s performance and renegotiate again in one year if needed. The renegotiated contract included the following key components:

- **Reliability.** Minimizing system outages (time when the system crashes completely), incidents (time when one component of the system is not working), and interruptions (time when the system is operating slowly).
- **Responsiveness.** Quickly and reliably resolving help tickets and clinician requests.
- **Interoperability with other health care systems.** Ensuring that VA can quickly and reliably access patient health records from private-sector hospitals when necessary.
- **Interoperability with other applications.** Ensuring that the EHR system interfaces with VA’s website, mobile app, and other critical applications, so veterans have a seamless and integrated health care experience.¹²⁰

While deployment of the EHR to future sites was paused, on March 9, 2024, VA and DOD launched the new EHR at the Captain James A. Lovell Federal Health Care Center (Lovell FHCC) in North Chicago, IL—the only joint VA and DOD medical facility.¹²¹ Furthermore, on June 13, 2024, VA awarded the second option period for VA’s contract with Oracle Health Government Services, Inc., with an “emphasis on improved fiscal and performance accountability.” According to VA, “during negotiations for this second option period, VA focused on two main objectives: (1) supporting value-added services, such as system improvements and

¹¹⁷ Department of Veterans Affairs, “VA announces reset of Electronic Health Record project” press release, April 21, 2023, <https://news.va.gov/press-room/va-announces-reset-of-electronic-health-record-project/> (accessed April 24, 2026).

¹¹⁸ Department of Veterans Affairs, *Oversight of the Electronic Health Record Modernization Program, 4 Quarter Report to Congress, Fiscal Year 2024*, February 2025, p. 2.

¹¹⁹ U.S. Congress, House Veterans’ Affairs Committee, Technology Modernization Subcommittee, *From Reset to Rollout: Can The VA EHRM Program Finally Deliver?* 119th Cong., 1st sess., February 24, 2025, p. 39.

¹²⁰ EHRM Contract Update handout provided to House and Senate VA Committees and Department of Veterans Affairs, *Oversight of the Electronic Health Record Modernization Program*, FY2023, third-quarter report to Congress, August 2023, p. 4.

¹²¹ Department of Veterans Affairs, “VA, DOD, and FEHRM roll out Federal Electronic Health Record in North Chicago,” press release, March 9, 2024, <https://news.va.gov/press-room/va-dod-fehrm-launch-ehr-lovell-health-care/> (accessed April 24, 2026).

optimizations and (2) achieving better predictability in hosting, deployment, and sustainment costs.”¹²²

On December 20, 2024, the department announced that it was beginning EHR predeployment activities at four Michigan VA medical facilities—VA Battle Creek Medical Center, VA Detroit Healthcare System, VA Ann Arbor Healthcare System, and VA Saginaw Healthcare System, and their associated clinics—with an estimated go-live date sometime in 2026.¹²³ Generally, prior to go-live of the EHR at a site, the Electronic Health Record Modernization Integration Office (EHRM-IO), Office of Information Technology (OIT), and VA medical facility leadership in the Veterans Integrated Services Networks (VISNs) conduct a current state review (CSR),¹²⁴ which is followed by approximately 12 months of site preparation, such as staff training and facility infrastructure upgrades to support the new EHR, among others, before going live.¹²⁵

Furthermore, on March 6 and March 31, 2025, respectively, VA announced that it would deploy the new Oracle Health Millennium Platform at nine additional sites: (1) Cincinnati VA Medical Center, Cincinnati, OH; (2) Cincinnati VA Medical Center-Fort Thomas, Fort Thomas, KY; (3) Chillicothe VA Medical Center, Chillicothe, OH; (4) Dayton VA Medical Center, Dayton, OH; (5) Fort Wayne VA Medical Center, Fort Wayne, IN; (6) Marion VA Medical Center, Marion, IL; (7) Richard L. Roudebush VA Medical Center, Indianapolis, IN; (8) Alaska VA Healthcare System, Anchorage, AK; and (9) Louis Stokes Cleveland VA Medical Center, Cleveland, OH, and their associated clinics.¹²⁶ VA estimated that the go-live dates for these facilities would be sometime in 2026.¹²⁷ In selecting these facilities, VA used a market-based approach, meaning that 12 of the 13 sites selected are located in Veterans Integrated Services Network (VISN) 10, and the Alaska VA Healthcare System is located in VISN 20, which is the same VISN where the five initial deployment sites are located.¹²⁸ According to VA, “this approach allows [VA] to scale up the

¹²² Department of Veterans Affairs, *Oversight of the Electronic Health Record Modernization Program, 3rd Quarter Report to Congress, Fiscal Year 2024*, October, 2024, p. 2.

¹²³ Department of Veterans Affairs, “VA begins early-stage planning for the next Federal Electronic Health Record rollout in mid-2026, continues ongoing improvement efforts at existing sites,” press release, December 20, 2024, <https://digital.va.gov/ehr-modernization/news-releases/va-begins-early-stage-planning-for-the-next-federal-electronic-health-record-rollout-in-mid-2026-continues-ongoing-improvement-efforts-at-existing-sites/> (accessed April 24, 2026).

¹²⁴ “A CSR is a thorough evaluation of a VA Medical Center’s (VAMC) current infrastructure, workflows, processes, and technologies that interact with the EHR system. This includes technical aspects such as hardware, network infrastructure, and existing software applications and integrations, as well as operational workflows like patient registration and clinical documentation. CSRs involve interviews and discussions with key stakeholders across various departments at the local site—administrative, clinical, and IT teams—to understand their VA service scope and specific needs related to the EHR system.” (Source: U.S. Congress, House Veterans’ Affairs Committee, Technology Modernization Subcommittee, *From Reset to Rollout: Can The VA EHRM Program Finally Deliver?*, 119th Cong., 1st sess., February 24, 2025, p. 41.)

¹²⁵ U.S. Congress, House Veterans’ Affairs Committee, Technology Modernization Subcommittee, *From Reset to Rollout: Can The VA EHRM Program Finally Deliver?*, 119th Cong., 1st sess., February 24, 2025, p. 41.

¹²⁶ Department of Veterans Affairs, “VA to complete Federal EHR deployment at nine additional sites in 2026,” press release, March 6, 2025, <https://digital.va.gov/ehr-modernization/news-releases/va-to-complete-federal-ehr-deployment-at-nine-additional-sites-in-2026/> (accessed April 24, 2026).

¹²⁷ Department of Veterans Affairs, “VA names nine additional facilities that will deploy Federal EHR in 2026,” press release, March 31, 2025, <https://digital.va.gov/ehr-modernization/news-releases/va-names-nine-additional-facilities-that-will-deploy-federal-ehr-in-2026/> (accessed April 24, 2026).

¹²⁸ For administrative and budgetary purposes, the VA health care system is “divided into 18 geographical administrative areas called Veterans Integrated Services Networks (VISNs), and VISNs are further divided into health care markets. Markets are health care areas within each VISN that have a sufficient population and geographic size to benefit from the coordination and planning of health care services and to support a full health care delivery system.” (Source: Department of Veterans of Affairs, Veterans Health Administration, *2024 Survey of Veteran Enrollees’ Health and Use of Health Care*, January 2024, p. 6.)

number of deployments, enhance efficiencies, and improve the sharing of best practices within and between markets.”¹²⁹

Meanwhile in May 2025, the department exercised its third option period of the contract with Oracle Health Government Services, Inc.¹³⁰ According to VA, “Negotiations for the third optional ordering period focused on cost efficiencies and optimizations to deliver the Federal EHR system ... and [would] ensure both the ongoing technical and implementation support VA needs to accelerate deployments and VA’s ability to hold [Oracle Health Government Services] accountable for degradations in system performance, as appropriate.”¹³¹ Furthermore, on November 17, 2025, VA awarded a contract to Accenture Federal Services LLC, to serve as a systems integrator to help coordinate deployment activities.¹³²

In September 2025, VA Secretary Doug Collins notified Congress of the department’s intention to deploy the new Federal EHR at all VA medical facilities by 2031.¹³³ As part of its first wave of 13 planned deployments in calendar year 2026, on April 11, 2026, VA deployed the Federal EHR system at four hospitals and their associated clinics in Michigan:¹³⁴

- VA Ann Arbor Healthcare System,
- VA Battle Creek Medical Center,
- VA Detroit Healthcare System,
- VA Saginaw Healthcare System

The President’s budget requested \$3.50 billion for this account. The House-passed measure would have provided \$2.52 billion for this account, and the Senate-passed bill would have provided \$3.49 billion. Both the House- and Senate-passed versions of the bill would have included specific reporting and contingent funding, requirements that were later incorporated into the FY2026 final enacted MILCON-VA Appropriations Act for FY2026.

The MILCON-VA Appropriations Act for FY2026 (Division D of P.L. 119-37) provides \$3.40 billion for this account (**Table 8**). The bill specifically included language requiring VA to report to the appropriations committees by June 1, 2026, on the following:¹³⁵

- (1) an updated life-cycle cost estimate for the EHRM program based on the Department’s acceleration of deployments announced in March 2025;
- (2) an updated facility-by-facility deployment schedule for all facilities to receive the EHRM program;

¹²⁹ U.S. Congress, House Veterans’ Affairs Committee, Technology Modernization Subcommittee, *Ready, Set, Go-Live: Assessing VA’s EHR Modernization Deployment Readiness*, 119th Cong., 1st sess., December 15, 2025 (Washington: GPO, 2026), p. 5.

¹³⁰ Department of Veterans Affairs, *Oversight of the Electronic Health Record Modernization Program, 3rd Quarter Report to Congress, Fiscal Year 2025*, October, 2025, p. 2.

¹³¹ Department of Veterans Affairs, *Oversight of the Electronic Health Record Modernization Program, 3rd Quarter Report to Congress, Fiscal Year 2025*, October, 2025, p. 2.

¹³² https://www.usaspending.gov/award/CONT_AWD_36C10B26F0033_3600_47QTCK18D0036_4732 (accessed April 24, 2026).

¹³³ U.S. Congress, House Veterans’ Affairs Committee, Technology Modernization Subcommittee, *Ready, Set, Go-Live: Assessing VA’s EHR Modernization Deployment Readiness*, 119th Cong., 1st sess., December 15, 2025 (Washington: GPO, 2026), p. 5.

¹³⁴ VA Federal EHR Deployment Schedule, available at <https://digital.va.gov/ehr-modernization/ehr-deployment-schedule/> (accessed April 24, 2026).

¹³⁵ P.L. 119-37, November 12, 2025, 139 Stat. 606.

(3) a certification that all VA facilities using the new EHR on or before April 1, 2024, have exceeded or met certain health care performance baseline metrics indicating they have returned to their service delivery levels in place prior to the deployment of the new EHR;

(4) a description of the projected Federal VA staffing levels, contract support, and other relevant activities required, and the resources required to fund those activities, to meet the deployment goal as outlined in (2), including target Federal and contracted staffing levels at VA Central Office and, each local VA medical center with a slated deployment in 2026 and 2027, as well as contract support to provide technical and other change management support to carry out the deployments; and

(5) a certification that the Department has achieved at least four consecutive successful site deployments without any incidents of a delay in care or patient harm which must be disclosed under Veterans Health Administration Directive 1004.08 which are attributable to EHR systems.

Construction, Major Projects

The major construction account provides funding for capital projects where the cost is expected to exceed \$30 million (and increased annually as stipulated in law) or where budget authority was previously provided under the major construction appropriation account.¹³⁶ Funding provided in this account could be used for constructing, altering, extending, and improving any VA facilities, including planning, architectural and engineering services, construction management services, offsite utility and storm drainage system construction costs, and site acquisition. Generally, projects are identified through the Strategic Capital Investment Planning (SCIP) process and submitted for congressional authorization.¹³⁷ Congress reviews, approves, and funds major construction projects on a project-by-project basis. Typical major construction projects are new or replacements of hospital buildings and new large ambulatory care centers, among others. Generally, funding provided to this account is available for a period of five fiscal years, or as stipulated in the annual appropriations acts.

The Administration’s budget request for FY2026 included \$1.87 billion for the major construction account. Additionally, the President’s budget estimated that \$900 million from the Recurring Expenses Transformational Fund would be allocated to the major construction account, bringing the total budgetary resources to \$2.77 billion for FY2026.¹³⁸

¹³⁶ 38 U.S.C. §8104(a)(3)(A) defines a *major medical facility construction* as a project for the construction, alteration, or acquisition of a medical facility involving a total expenditure of *more than* \$30 million. The FY2024 National Defense Authorization Act (NDAA; H.R. 2670/P.L. 118-31), Section 5001, increased the threshold amount from \$20 million to \$30 million and authorized the Secretary to annually adjust the \$30 million amount by the “percentage increase, if any, in construction costs during the prior calendar year, as determined by—(I) the relevant composite construction and lease cost indices pursuant to section 3307(h) of 11 title 40, or any similar successor index developed by the Administrator of the General Services Administration; or (II) the Producer Price Index for New Health Care Building Construction published by the Bureau of Labor Statistics of the Department of Labor, or any similar successor index developed by the Secretary of Labor.”

¹³⁷ Beginning with the FY2012 budget cycle, VA began using an integrated, comprehensive planning process for capital programs known as SCIP. SCIP is used to identify critical performance gaps in safety, security, utilization, access, seismic safety, facility condition, space, parking, and energy. The process identifies current deficiencies, as well as future demand, through the use of long-range workload estimates in each market area.

¹³⁸ 38 U.S.C. §313 note. The Recurring Expenses Transformational Fund (RETF) was established by the Consolidated Appropriations Act, 2016 (P.L. 114-113, Division J, Title II, Section 243). The law allows unobligated balances of expired discretionary appropriations, in FY2016 or any succeeding fiscal year, to be transferred from the General Fund of the Treasury to VA and deposited in the Recurring Expenses Transformational Fund at the end of the fifth fiscal year after the last fiscal year for which such funds were available. The law stipulates that amounts deposited in the fund may (continued...)

The House-passed bill would have provided \$1.75 billion for this account, and the Senate-passed bill would have provided \$1.39 billion for this account. The FY2026 MILCON-VA Appropriations Act (Division D of P.L. 119-37) provides \$1.39 billion for this account for FY2026 (**Table 8**), supports VA's plan to allocate \$900 million from the Recurring Expenses Transformational Fund, and includes an administrative provision (§252) providing that these funds will be available for constructing, altering, extending, and improving medical facilities of the VHA.¹³⁹

Construction, Minor Projects

The minor construction account provides funding for capital projects where the cost is *equal to or less than* \$30 million, or where budget authority was previously provided under the minor construction appropriation account. Funding in this account could be used for constructing, altering, and extending and improving facilities, including planning, architectural and engineering services, and land acquisition and disposition. Minor construction projects are approved by the Office of Capital Asset Management through the SCIP process. Additionally, funding from this account could be used for repairs to any of the nonmedical VA facilities because of loss or damage caused by natural disasters or catastrophes, and for temporary measures to prevent or to minimize further infrastructure losses. Similar to the major construction account, funding is generally available for five fiscal years or as stipulated in annual appropriations acts.

The President's budget requested \$232 million for FY2026 for this account. The House-passed bill would have provided the same amount for this account as requested, and the Senate-passed bill would have provided \$709 million for this account. The FY2026 MILCON-VA Appropriations Act (Division D of P.L. 119-37) provides \$350 million for the minor construction account (**Table 8**).

Grants for Construction of State Extended Care Facilities

VA is authorized to provide grants to participating states (including state homes on tribal lands) as a share of the cost of construction. Specifically, VA provides states up to 65% of the cost to construct, acquire, remodel, or modify state homes.¹⁴⁰

The FY2026 President's budget requested \$171 million for this account. The House-passed version of the bill would have provided \$173 million for this account, and the Senate-passed version of the bill was identical to the President's request.

The FY2026 MILCON-VA Appropriations Act (Division D of P.L. 119-37) provides \$275.0 million for this account, to remain available until expended (**Table 8**). This is a \$104.0 million, or 61%, increase over the President's request. The explanatory statement accompanying the act does not provide any context for the increase in funding. However, the House Appropriations Committee noted that

the Department of Veterans Affairs is experiencing a nearly \$2 billion backlog in identified priority grant projects, and that an increase in resources is required to ensure that State

be available for facility infrastructure improvements, including nonrecurring maintenance, at existing VA hospitals and clinics, and information technology systems improvements and sustainment, subject to approval by the Office of Management and Budget (OMB) and House and Senate Appropriations Committees.

¹³⁹ P.L. 119-37, November 12, 2025, 139 Stat. 620.

¹⁴⁰ 38 U.S.C. §8131. Also see CRS In Focus IF11656, *State Veterans Homes*.

Veterans Homes can continue to serve their vital role for low-income veterans and those wishing to spend their final years housed and cared for among fellow veterans.¹⁴¹

The explanatory statement accompanying the act also directs the Comptroller General to report on the current backlog in funding for construction and renovation of state homes for veterans.¹⁴²

Grants for Construction of Veterans Cemeteries

This account funds the Veterans Cemetery Grants Program (VCGP), which provides funding for the expansion and maintenance of state, territorial, or tribal veterans cemeteries.¹⁴³ The VCGP assists NCA with its strategic goal of providing 95% of veterans' access to a burial option within 75 miles of a veteran's place of residence. NCA expects that percentage to hit 94.2% in 2026.¹⁴⁴

The President requested \$60 million for this account for FY2026. The House-passed MILCON-VA bill would have provided \$62 million in funding, while the Senate-passed version of the bill would have provided \$60 million. The FY2026 MILCON-VA Appropriations Act (Division D of P.L. 119-37) provides \$150 million for this account for FY2026 (**Table 8**).

¹⁴¹ U.S. Congress, House Committee on Appropriations, *Military Construction, Veterans Affairs, And Related Agencies Appropriations Bill, 2026*, report to accompany H.R. 3944, 119th Cong., 1st sess., June 10, 2025, H.Rept. 119-161, p. 69.

¹⁴² "Explanatory Statement Submitted by Ms. Collins, Chair of The Senate Committee on Appropriations, Regarding H.R. 5371, The Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, And Extensions Act, 2026," *Congressional Record*, vol. 171, no. 189 (November 9, 2025), p. S8093.

¹⁴³ P.L. 116-315, Section 2205, expanded eligibility of these grants to include counties under certain conditions. See 38 U.S.C. §2408.

¹⁴⁴ Department of Veterans Affairs, *FY2026 Congressional Budget Submission, Burial and Benefits Programs and Department-Administration*, vol. 3 of 5, May 2025, p. 8.

Table 8. FY2025 Appropriations, FY2026 Advance Appropriations, FY2026 Appropriations, and FY2027 Advance Appropriations

(Budget authority in thousands)

Program	Full-Year Continuing Appropriations Act, 2025 (Division A of P.L. 119-4) ^a		President's Request		House-Passed (H.R. 3944; H.Rept. 119-161)		Senate-Passed (Division A of H.R. 3944; S. Rept. 119-43)		Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Division D of P.L. 119-37)	
	FY2025	FY2026	FY2026	FY2027	FY2026	FY2027	FY2026	FY2027	FY2026	FY2027
Compensation and Pensions	\$182,310,515	—	\$227,240,071	—	\$227,240,071	—	\$227,240,071	—	\$227,240,071	—
Over FY2025 Enacted Advance Appropriations	\$30,242,064	—	—	—	—	—	—	—	—	—
Over FY2026 Enacted Advance Appropriations	—	—	—	—	—	—	—	—	\$5,850,000	—
<i>Subtotal Compensation and Pensions</i>	<i>\$212,552,579</i>	<i>—</i>	<i>\$227,240,071</i>	<i>—</i>	<i>\$227,240,071</i>	<i>—</i>	<i>\$227,240,071</i>	<i>—</i>	<i>\$233,090,071</i>	<i>—</i>
Readjustment Benefits	\$13,399,805	—	\$20,372,030	—	\$20,372,030	—	\$20,372,030	—	\$20,372,030	—
Over FY2025 Enacted Advance Appropriations	\$4,864,566	—	—	—	—	—	—	—	—	—
Over FY2026 Enacted Advance Appropriations	—	—	—	—	—	—	—	—	\$4,877,886	—
<i>Subtotal Readjustment Benefits</i>	<i>\$18,264,371</i>	<i>—</i>	<i>\$20,372,030</i>	<i>—</i>	<i>\$20,372,030</i>	<i>—</i>	<i>\$20,372,030</i>	<i>—</i>	<i>\$25,249,916</i>	<i>—</i>
Insurance and Indemnities	\$135,119	—	\$131,518	—	\$131,518	—	\$131,518	—	\$131,518	—
Over FY2024 Enacted Advance Appropriations	\$12,701	—	—	—	—	—	—	—	—	—
<i>Subtotal Insurance and Indemnities</i>	<i>\$147,820</i>	<i>—</i>	<i>\$131,518</i>	<i>—</i>	<i>\$131,518</i>	<i>—</i>	<i>\$131,518</i>	<i>—</i>	<i>\$131,518</i>	<i>—</i>
Housing Benefit Program Fund Credit Subsidy	\$1,720,000	—	—	—	\$1,155,000	—	\$1,155,000	—	\$1,155,000	—

Program	Full-Year Continuing Appropriations Act, 2025 (Division A of P.L. 119-4) ^a		President's Request		House-Passed (H.R. 3944; H.Rept. 119-161)		Senate-Passed (Division A of H.R. 3944; S. Rept. 119-43)		Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Division D of P.L. 119-37)	
	FY2025	FY2026	FY2026	FY2027	FY2026	FY2027	FY2026	FY2027	FY2026	FY2027
	Housing Benefit Program Fund Administrative Expenses	\$316,742	—	\$266,737	—	\$266,737	—	\$266,737	—	\$266,737
Vocational Rehabilitation Loan Program	\$78	—	\$45	—	\$45	—	\$45	—	\$45	—
Vocational Rehabilitation Loan Program Administrative Expenses	\$461	—	\$507	—	\$507	—	\$507	—	\$507	—
Native American Housing Loan Program	\$2,719	—	—	—	—	—	—	—	—	—
Native American Housing Loan Program Administrative Expenses	—	—	\$5,845	—	\$5,007	—	\$5,845	—	\$5,845	—
Subsidy for Native American Veteran Housing Loan Program Account ^b	—	—	\$6,865	—	\$6,865	—	\$6,865	—	\$6,865	—
General Operating Expenses (VBA)	\$3,899,000	—	\$3,879,000	—	\$3,879,000	—	\$3,879,000	—	\$3,881,000	—
Total, Veterans Benefits Administration (VBA)	\$236,903,770	—	\$251,902,618	—	\$253,050,705	—	\$253,057,618	—	\$263,787,504	—
Medical Services	\$71,000,000	—	\$75,039,000	—	\$75,039,000	—	\$59,150,000	—	\$75,039,000	—
Administrative rescission	—	—	-\$15,889,000	—	-\$15,889,000	—	—	—	-\$15,889,000	—
<i>Subtotal Medical Services</i>	<i>\$71,000,000</i>	<i>—</i>	<i>\$59,150,000</i>	<i>—</i>	<i>\$59,150,000</i>	<i>—</i>	<i>\$59,150,000</i>	<i>—</i>	<i>\$59,150,000</i>	<i>—</i>
Medical Community Care	\$20,382,000	—	\$34,000,000	—	\$34,000,000	—	\$34,000,000	—	\$34,000,000	—

Program	Full-Year Continuing Appropriations Act, 2025 (Division A of P.L. 119-4) ^a		President's Request		House-Passed (H.R. 3944; H.Rept. 119-161)		Senate-Passed (Division A of H.R. 3944; S. Rept. 119-43)		Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Division D of P.L. 119-37)	
	FY2025	FY2026	FY2026	FY2027	FY2026	FY2027	FY2026	FY2027	FY2026	FY2027
Medical Support and Compliance	\$11,800,000	—	\$12,700,000	—	\$12,700,000	—	\$12,700,000	—	\$12,090,000	—
Administrative rescission	—	—	-\$610,000	—	—	—	-\$610,000	—	—	—
<i>Subtotal Medical Support and Compliance</i>	<i>\$11,800,000</i>	—	<i>\$12,090,000</i>	—	<i>\$12,700,000</i>	—	<i>\$12,090,000</i>	—	<i>\$12,090,000</i>	—
Medical Facilities	\$9,400,000	—	\$9,700,000	—	\$9,700,000	—	\$9,700,000	—	\$9,700,000	—
Over FY2024 Enacted Advance Appropriations	\$149,485	—	—	—	—	—	—	—	—	—
Over FY2025 Enacted Advance Appropriations	—	—	—	—	—	—	\$3,000	—	\$145,917	—
<i>Subtotal Medical Facilities</i>	<i>\$9,549,485</i>	—	<i>\$9,700,000</i>	—	<i>\$9,700,000</i>	—	<i>\$9,703,000</i>	—	<i>\$9,845,917</i>	—
Medical and Prosthetic Research	\$943,000	—	\$943,000	—	\$945,000	—	\$943,000	—	\$945,000	—
Bridging Rental Assistance for Veteran Empowerment Program ^c	—	—	\$1,100,000	—	\$970,000	—	—	—	—	—
Medical Care Collections Fund (MCCF)										
(Offsetting Receipts)	\$4,632,000	—	\$4,279,000	—	\$4,279,000	—	\$4,279,000	—	\$4,279,000	—
(Appropriations—indefinite)	(\$4,632,000)	—	(\$4,279,000)	—	(\$4,279,000)	—	(\$4,279,000)	—	(\$4,279,000)	—
Total, Veterans Health Administration	\$113,674,485	—	\$116,983,000	—	\$117,465,000	—	\$115,886,000	—	\$116,030,917	—
Total VHA with MCCF	\$118,306,485	—	\$121,262,000	—	\$121,744,000	—	\$120,165,000	—	\$120,309,917	—

Program	Full-Year Continuing Appropriations Act, 2025 (Division A of P.L. 119-4) ^a		President's Request		House-Passed (H.R. 3944; H.Rept. 119-161)		Senate-Passed (Division A of H.R. 3944; S. Rept. 119-43)		Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Division D of P.L. 119-37)	
	FY2025	FY2026	FY2026	FY2027	FY2026	FY2027	FY2026	FY2027	FY2026	FY2027
National Cemetery Administration (NCA)	\$480,000	—	\$497,000	—	\$498,500	—	\$497,000	—	\$498,500	—
Total NCA	\$480,000	—	\$497,000	—	\$498,500	—	\$497,000	—	\$498,500	—
General Administration	\$475,000	—	\$440,000	—	\$436,000	—	\$440,000	—	\$429,000	—
Board of Veterans Appeals	\$287,000	—	\$277,000	—	\$289,000	—	\$277,000	—	\$280,000	—
Information Technology	\$6,401,000	—	\$5,908,000	—	\$5,882,000	—	\$5,908,000	—	\$5,919,000	—
Veterans Electronic Health Record (EHR)	\$1,309,642	—	\$3,495,000	—	\$2,515,893	—	\$3,488,000	—	\$3,400,000	—
Office of Inspector General	\$296,000	—	\$296,000	—	\$297,000	—	\$296,000	—	\$296,000	—
Construction, major projects	\$961,219	—	\$1,871,000	—	\$1,750,000	—	\$1,394,000	—	\$1,394,000	—
Construction, minor projects	\$692,000	—	\$232,000	—	\$232,000	—	\$709,000	—	\$350,000	—
Grants for State-Extended Care Facilities	\$171,000	—	\$171,000	—	\$173,000	—	\$171,000	—	\$275,000	—
Grants for State Veterans Cemeteries	\$60,000	—	\$60,000	—	\$62,000	—	\$60,000	—	\$150,000	—
Total, Departmental Administration	\$10,652,861	—	\$12,750,000	—	\$11,636,893	—	\$12,743,000	—	\$12,493,000	—
Cost of War Toxic Exposures Fund	\$6,000,000	—	\$52,676,000	—	\$52,676,000	—	\$52,676,000	—	\$52,676,000	—
Total, Department of Veterans Affairs (without MCCF)	\$367,711,116	—	\$434,808,618	—	\$435,327,098	—	\$434,859,618	—	\$445,485,921	—

Program	Full-Year Continuing Appropriations Act, 2025 (Division A of P.L. 119-4) ^a		President's Request		House-Passed (H.R. 3944; H.Rept. 119-161)		Senate-Passed (Division A of H.R. 3944; S. Rept. 119-43)		Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026 (Division D of P.L. 119-37)	
	FY2025	FY2026	FY2026	FY2027	FY2026	FY2027	FY2026	FY2027	FY2026	FY2027
	Total Mandatory	\$238,684,770	—	\$300,419,619	—	\$301,574,619	—	\$301,574,619	—	\$312,302,505
Total Discretionary	\$129,026,346	—	\$134,388,999	—	\$133,752,479	—	\$133,284,999	—	\$133,183,416	—
Memorandum: Advance Appropriations										
Compensation and Pensions	—	\$227,240,071	—	\$241,947,603	—	\$241,947,603	—	\$241,947,603	—	\$246,630,525
Readjustment Benefits	—	\$20,372,030	—	\$20,057,841	—	\$20,057,841	—	\$20,057,841	—	\$24,703,528
Veterans Insurance and Indemnities	—	\$131,518	—	\$97,893	—	\$97,893	—	\$97,893	—	\$97,893
Cost of War Toxic Exposures Fund	—	—	—	\$51,742,000	—	\$51,742,000	—	—	—	—
<i>Subtotal</i>	—	\$247,743,619	—	\$313,845,337	—	\$313,845,337	—	\$262,103,337	—	\$271,431,946
Medical Services	—	\$75,039,000	—	\$59,858,000	—	\$59,858,000	—	\$59,858,000	—	\$59,858,000
Medical Community Care	—	\$34,000,000	—	\$38,700,000	—	\$38,700,000	—	\$38,700,000	—	\$38,700,000
Medical Support and Compliance	—	\$12,700,000	—	\$12,000,000	—	\$12,000,000	—	\$12,000,000	—	\$12,000,000
Medical facilities	—	\$9,700,000	—	\$11,700,000	—	\$11,700,000	—	\$11,700,000	—	\$11,700,000
<i>Subtotal</i>	—	\$131,439,000	—	\$122,258,000	—	\$122,258,000	—	\$122,258,000	—	\$122,258,000
Total Advance Appropriations	—	\$379,182,619	—	\$436,103,337	—	\$436,103,337	—	\$384,361,337	—	\$393,689,946

Source: U.S. Congress, House Appropriations Committee, *Military Construction, Veterans Affairs, And Related Agencies Appropriations Bill, 2026*, report to accompany H.R.3944, 119th Cong., 1st sess., June 10, 2025, H.Rept. 119-161, pp. 93-101; U.S. Congress, Senate Appropriations Committee, *Military Construction, Veterans Affairs, And Related Agencies Appropriations Bill, 2026*, report to accompany H.R.3944, 119th Cong., 1st sess., July 17, 2025, S.Rept. 119-43, pp. 110-115; and “Explanatory Statement

Submitted By Ms. Collins, Chair of The Senate Committee on Appropriations, Regarding H.R. 5371, The Continuing Appropriations, Agriculture, Legislative Branch, Military Construction And Veterans Affairs, And Extensions Act, 2026,” *Congressional Record*, vol. 171, no. 189 (November 9, 2025), pp. S8109-S8110.

- a. The FY2025 enacted amounts exclude \$61.94 million provided in the Disaster Relief Supplemental Appropriations Act, 2025 (Division B of American Relief Act, 2025; P.L. 118-158), for expenses related to the consequences of Hurricanes Milton and Helene, and \$24.46 billion that became available on October 1, 2024, for the Cost of War Toxic Exposures Fund is to remain available until September 30, 2029, as provided in Fiscal Responsibility Act of 2023 (P.L. 118-5).
- b. Beginning in FY2026, the Native American Veteran Housing Loan Program account is classified as a discretionary program under the Balanced Budget and Emergency Deficit Control Act of 1985 (BBEDCA).
- c. This is a proposed new program included in the FY2026 budget request.

Appendix. Veteran Population, VA Enrollees, and VA Patients, FY2000-FY2026

Table A-I. Veteran Population, VA Enrollees, and VA Patients, FY2000-FY2026

Year	Total Veteran Population	VA-Enrolled Veterans	Patients Using VA Health Care During the Year		
			Veterans	Nonveterans	Total Patients
FY2000	26,745,368	4,936,259	3,462,082	355,191	3,817,273
FY2001	26,092,046	6,073,264	3,890,871	356,333	4,247,204
FY2002	25,627,596	6,882,488	4,246,084	380,320	4,671,037
FY2003	25,217,342	7,186,643	4,504,508	417,023	4,961,453
FY2004	24,862,857	7,419,851	4,713,583	453,250	5,166,833
FY2005	24,521,247	7,746,201	4,862,992	445,322	5,308,314
FY2006	24,179,183	7,872,438	5,030,582	435,488	5,466,070
FY2007	23,816,018	7,833,445	5,015,689	463,240	5,478,929
FY2008	23,442,489	7,834,763	5,078,269	498,420	5,576,689
FY2009	23,066,965	8,048,560	5,221,583	523,110	5,744,693
FY2010	23,031,892	8,343,117	5,441,059	559,051	6,000,110
FY2011	22,676,149	8,574,198	5,582,171	584,020	6,166,191
FY2012	22,328,279	8,762,548	5,680,374	652,717	6,333,091
FY2013	21,972,964	8,926,546	5,803,890	680,774	6,484,664
FY2014	21,999,108	9,078,615	5,955,725	677,010	6,632,735
FY2015	21,680,534	8,965,923	6,047,750	694,120	6,741,870
FY2016	21,368,156	9,124,712	6,168,606	705,743	6,874,349
FY2017	21,065,561	9,247,803	6,277,360	715,928	6,993,288
FY2018	20,333,894	9,178,149	6,170,756	744,740	6,915,496
FY2019	19,928,795	9,237,638	6,271,019	764,777	7,035,796
FY2020	19,541,961	9,190,143	6,211,825	764,006	6,975,831
FY2021	18,957,110	9,134,760	6,407,529	990,602	7,398,131
FY2022	18,592,457	9,080,134	6,296,830	951,616	7,248,446
FY2023	18,266,970	9,097,859	6,264,938	918,014	7,182,952
FY2024	17,921,241	9,152,504	6,458,079	868,682	7,326,761
FY2025	17,587,687	9,204,479	6,639,825	894,344	7,534,168
FY2026	16,941,015	9,232,629	6,771,268	930,648	7,701,915

Source: “Total Veteran Population” numbers are from Veteran Population Projection Model 2023 (VetPop2023), available at https://www.va.gov/VETDATA/docs/Demographics/New_Vetpop_Model/IL_VetPop2023_National_NCVAS.xlsx and an archived copy of an earlier version no longer available on the website (FY2000-FY2022). “VA-Enrolled Veterans” numbers and “Patients Using VA Health Care During the Year” numbers were obtained from the VA and/or the VA budget submissions to Congress for FY2002-FY2026; the number for each fiscal year is taken from the budget submission two years later (e.g., the FY2024 number is from the FY2026 budget submission).

Notes: FY2026 total veteran population projected as of September 30, 2023. FY2025 and FY2026 veteran enrollee and patient data are estimates.

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