

LEGISLATIVE PRIORITY SHEET

FY 2010 Mil Con – VA Appropriations – Timely passage of this legislation is absolutely critical to meeting the needs of America’s veterans and their families. The status chart below presents funding levels in the House-passed H.R. 3082, the Senate Appropriations Committee passed S. 1407, and The American Legion’s FY 2010 budget recommendations as presented last September:

VA Discretionary Programs	H.R. 3082 FY 2010 Mil Con-VA Appropriations	S. 1407 FY 2010 Mil Con-VA Appropriations	Legion’s FY 2010 Budget Recommendations
Medical Services	\$34.7 billion	\$34.7 billion	<i>\$42.8 billion (includes medical & prosthetic research)</i>
Medical Support and Compliance	\$4.9 billion	\$5.1 billion	
Medical Facilities	\$4.9 billion	\$4.8 billion	
<i>Total Medical Care</i>	<i>\$44.5 billion</i>	<i>\$44.6 billion</i>	
Medical Care Collections Funds	[\$2.9 billion]	[\$2.9 billion]	*
Medical/Prosthetic Research	\$580 million	\$580 million	\$532 million
Information Technology	\$3.3 billion	\$3.3 billion	\$2.7 billion
General Operating Expenses	\$2.1 billion	\$2.1 billion	\$2.8 billion
National Cemetery Administration	\$250 million	\$250 million	\$249 million
Major Construction	\$1.2 billion	\$1.2 billion	\$1.8 billion
Minor Construction	\$700 million	\$685 million	\$1.5 billion
State Homes Construction Grants	\$85 million	\$115 million	\$275 million
State Cemeteries Construction Grants	\$42 million	\$42 million	\$49 million

* The American Legion supports using Medical Care Collections Funds as *supplements*, not *offsets*, to discretionary VA funding.

Both H.R. 3082 and S. 1407 include advance appropriations for FY 2011 for the medical care accounts, totaling nearly \$48.2 billion. These FY 2011 accounts include: \$37.1 billion for medical services; \$5.3 billion for medical support and compliance; and, \$5.7 billion for medical facilities.

FY 2011 Department of Veterans Affairs (VA) Budget Recommendation – The National Commander’s testimony signals the beginning of the FY 2011 budget cycle for VA. The American Legion continues to lobby Congress in this way to spotlight the needs of America’s veterans and their dependents. The table below outlines The American Legion’s VA funding recommendations for FY 2011:

Program	Legion’s Recommendations for FY 2011
Medical Services	\$48 billion (including Medical and Prosthetic Research)
Medical Administration	
Medical Facilities	
Medical Care Total	
Medical Care Recovery Fund	*
Medical and Prosthetic Research	\$700 million
Major Construction	\$2 billion
Minor Construction	\$1.5 billion
State Veterans Homes Grants	\$275 million
State Veterans Cemetery Grants	\$50 million
National Cemetery Administration	\$260 million
Information Technology	\$3.8 billion
General Operating Expenses	\$3.2 billion

* The American Legion continues to support using Medical Care Recovery Funds as *supplements*, not *offsets*, to discretionary VA funding.

Veterans Health Care Budget Reform and Transparency Act – The American Legion fully supports **S. 423** and **H.R. 1016**, “Veterans Health Care Budget Reform and Transparency Act of 2009.” Both bills have passed their respective chambers; however, contain different provisions. The American Legion’s goal is to ensure that VA medical care’s annual appropriation is timely, predictable, and sufficient. The American Legion urges Congress to resolve the differences between these two bills and pass meaningful budget reform legislation. The American Legion believes this legislation would help to resolve the question of timely and predictable that would not be affected by continuing resolutions or other budget delays. The American Legion would still have the normal appropriations process to request additional funding if the amount already approved appeared insufficient.

Medicare VA Reimbursement Act – The American Legion fully supports **H.R. 3365**, the “Medicare VA Reimbursement Act of 2009,” and would urge introduction of companion legislation in the Senate. When Medicare-eligible veterans receive allowable health care treatment for a medical condition in the private sector, the Centers for Medicare and Medicaid Services (CMS) reimburse the health care provider for a portion of that service. When Medicare-eligible enrolled veterans receive health care treatment for the same allowable medical conditions within VA, the CMS is prohibited by law from reimbursing VA for any portion of that service. However, Congress requires VA to collect third-party reimbursements from veterans’ health care insurance providers to help cover the annual discretionary appropriations for medical care. Congress allows VA to treat all eligible veterans within existing appropriations, but in recent years new Priority Group 8 veterans were prohibited from enrolling in VA. Since over half of VA current patient population is Medicare-eligible, enactment of H.R. 3365 would allow VA to collect third-party reimbursements for only the treatment of allowable, nonservice-connected medical condition of Medicare-eligible veterans.