

**STATEMENT OF  
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NATIONAL LEGISLATIVE COMMISSION  
THE AMERICAN LEGION  
BEFORE THE  
APPROPRIATIONS SUBCOMMITTEE ON  
VA, HUD AND INDEPENDENT AGENCIES  
UNITED STATES HOUSE OF REPRESENTATIVES  
ON  
FISCAL YEAR 2003 APPROPRIATIONS FOR  
THE DEPARTMENT OF VETERANS AFFAIRS**

**APRIL 16, 2002**

Mr. Chairman and Members of the Subcommittee:

The American Legion is pleased to present the views of the world's largest veterans' service organization regarding the Fiscal Year (FY) 2003 appropriations for the Department of Veterans Affairs (VA).

The events of September 11, 2001 have changed this country forever. From the creation of a new cabinet level agency, Homeland Security, to a greater emphasis on VA's fourth mission as a back up for emergency preparedness, where the stress is placed on containing the increasing threat of nuclear, chemical, and biological terrorism. Now more than ever, it is incumbent upon this Congress to ensure that adequate funding is provided to support those who are fighting the current War on Terrorism. Congress must always remember that with this appropriation they are sending a signal to America's military personnel that they will be taken care of when they come home and no longer wear the uniform.

There are precious few efficiencies left for VA to wring out of its system. VA cannot do any more with less. VA needs more resources (funding and health care professionals) to care for the increasing number of veterans seeking care within VA. Although The American Legion requested a \$1.6 billion increase in VA medical care in FY 2002, Congress wisely increased President Bush's \$1 billion request by another \$300 million. However, due to several internal and external factors, the current FY 2002 VA budget is about \$300 million short. Unfortunately, The American Legion anticipates Veterans Health Administration (VHA) will be forced to ration health care to enrolled veterans before the end of the current fiscal year.

Before the ink was dry on the FY 2002 VA funding, Secretary Principi was preparing to stop future enrollments of Priority Group 7 veterans. At the eleventh hour, President Bush instructed the Secretary to continue enrollment. The American Legion understands that Secretary Principi will request a \$142 million supplemental to the FY 2002 budget. This additional funding would allow continued enrollment of additional Priority Group 7 veterans. Many of these new enrollees will include recently separated service personnel from the Persian Gulf War, Kosovo and even Afghanistan. However, The American Legion believes this additional request will still not cover the anticipated shortfall.

***The American Legion recommends increasing the proposed supplemental to \$300 million reflecting The American Legion's original FY 2002 funding level for VA medical care.***

The American Legion is very disappointed with VA's approach to the veterans' health care budget in FY 2003. This year's budget request is unique in that it contains some decidedly contentious issues. The President's budget has proposed a \$1500 deductible for Priority Group 7 veterans purportedly to help curtail the cost of their care. The President's budget has requested the shifting of the Veterans Employment and Training Service (VETS) from the Department of Labor (DoL) to VA with no comprehensive plan in place to integrate it into VA's current employment assistance programs. In addition, an accounting adjustment of \$793 million (the cost of the Civil Service Retirement System and Federal Employees Health Benefit Program accrual for employees) is portrayed as an increase to the funding level of the medical care request. This interpretation succeeds only in muddying the waters about the "real" amount of health care dollars that will be available in FY 2003. The President's budget also forecasts first and third party collections to reach a combined total of nearly \$1.5 billion. These collections have also been touted as an increase in the medical care funding dollars. The American Legion believes that these recoveries should be a supplement and not an offset to the health care budget. Once you strip away the anticipated revenue from collections, new charges to veterans and the shifting of funds, the President's budget request proposes only a \$1.4 billion increase in actual medical care dollars.

Under the President's plan, VA would charge Priority Group 7 veterans 45 percent of reasonable charges until the suggested deductible amount of \$1500 is reached. After the deductible is met, the inpatient and outpatient co-payments would resume. According to VA, approximately 25 percent of Priority Group 7 veterans report having billable insurance and they estimate that 55-60 percent of Priority Group 7 veterans are over the age of 65, and thus Medicare-eligible. However, VA is prohibited from billing the Centers for Medicare and Medicaid Services (CMS), but can bill the Medicare supplemental insurers. Under this plan, the remaining 15-20 percent of Priority Group 7 will be expected to generate over \$500 million in medical care costs. VHA predicts this new initiative will discourage Priority Group 7 veterans away from the system. This hardly sounds like veterans' advocacy.

In FY 2002, VHA estimates first-party collections will reach \$228 million and \$192 million in FY 2003. In FY 2002, VHA estimates third-party collections will reach \$577 million and \$529 million in FY 2003. VHA also expects to collect \$363 million in deductibles in FY 2003. The American Legion believes these are extremely optimistic estimates given VA's past Medical Care Collection Fund (MCCF) performance in meeting collection expectations. VHA's billing and collection track record is shaky at best. The American Legion believes that in order for billing and collections to improve VA must possess the necessary technology and provide proper training for MCCF personnel. If these changes don't improve the collection process, VHA should seriously consider contracting out the entire process.

This new budget calls for fewer first-party reimbursements, fewer third-party reimbursements, but more in deductibles. The so-called increase portrayed in this budget reflects the increased health care costs certain veterans will be paying out of their pockets. The American Legion does not oppose certain veterans paying for the treatment of non-service-connected medical

conditions. However, those Medicare-eligible veterans required to pay for VA health care should be reimbursed by their Federally mandated, pre-paid health benefits insurer, Medicare.

### **VETERANS HEALTH ADMINISTRATION**

The past eight years have witnessed a significant reorganization and realignment of the VHA resources and programs. Many dramatic changes were initiated to improve VA's ability to meet the health care needs of the veterans' community. Now, over six million veterans are enrolled in the VA health care system. VA provides outstanding quality care that is recognized and praised by health care critics worldwide. Where comparable data exists, VHA continues to outperform the private sector in all indicators of health promotion and disease prevention. The American Legion strongly believes VHA is the best health care investment of tax dollars. The average cost per patient treated within VHA is unmatched by any other major health care delivery system, especially with comparable quality of care.

There has been a dramatic increase over the last few years in new patients choosing to enroll in VA. A variety of internal and external factors are driving more veterans to choose VHA as their primary health care provider:

- Many Medicare+Choice health maintenance organizations (HMOs) withdrew from the program;
- Many HMOs have collapsed;
- VHA has opened numerous community based outpatient clinics;
- Double-digit increases in health care premiums;
- Dramatic fluctuations in the national economy make VHA a more cost-effective option for veterans; and
- VHA's reputation for quality of care and patient safety is attracting new patients.

PL 104-262 limited enrollment in VHA to existing discretionary appropriations. The American Legion urges Congress to evaluate several options that would assure every veteran that wants to enroll in VHA can enjoy that earned benefit.

Again, The American Legion does not oppose certain veterans paying for the treatment of non-service-connected medical conditions. In fact, The American Legion's GI Bill of Health (a blueprint for VA health care for the 21<sup>st</sup> Century) advocates collecting from all third-party insurers, including Federal health insurers. This plan also recommends VA provide health care benefits packages on a premium basis for those veterans with no health care coverage.

Unlike in the private sector, Medicare-eligible veterans cannot use their Medicare benefits in a VHA facility for treatment of non-service-connected conditions. When Medicare-eligible veterans receive health care for any medical condition in the private sector, the federal government reimburses the health care provider for a portion of that service. When Medicare-eligible veterans receive treatment for the same medical conditions (non-service-connected) within VHA, the federal government will not reimburse VHA for any portion of that service. This equates to a restriction on a veteran's right to access health care of his or her choice and use his or her Medicare benefit.

The American Legion believes that the enactment of Medicare subvention will result in more accessible, quality health care for all Medicare-eligible veterans. Furthermore, Medicare subvention should greatly reduce incidents of fraud, waste and abuse in billing because it will occur between two Federal agencies with congressional oversight. Today's fiscal realities require VHA to seek other revenue streams to supplement the growing demand for service and not simply rely on saving more dollars to serve more veterans. The American Legion strongly recommends allowing Medicare subvention for Priority Group 7 Medicare-eligible veterans enrolled in VHA.

While there is much dialogue concerning the tremendous patient population growth, very little has been mentioned about the need for additional VHA health care professionals to meet the growing demand for care. The American Legion understands that there are currently many veterans waiting to enroll in VHA. Additional health care professionals will also help reduce the long waiting periods for appointments, especially for specialized care. In the private health care industry, there is great concern about a shortage of nurses, yet this budget fails to include any recruitment or retention proposal, much less, funding.

***The American Legion recommends VHA medical care receive \$23.1 billion in FY 2003 and that all third-party reimbursement, to include Medicare, be considered as a supplement rather than an offset. This funding level does not reflect the inclusion of the transfer of funds from the Office of Personnel Management to pay for Federal employees' benefits (Civil Service Retirement System or Federal Employees Health Benefit Program).***

### **MEDICAL AND PROSTHETIC RESEARCH**

The contributions of VA medical research include many landmark advances, such as the successful treatment of tuberculosis, the first successful liver and kidney transplants, the concept that led to the development of the CT scan, drugs for treatment of mental illness, and development of the cardiac pacemaker. The VA biomedical researchers of today continue this tradition of accomplishment. Among the latest notable advances are identification of genes linked to Alzheimer's disease and schizophrenia, new treatment targets and strategies for substance abuse and chronic pain, and potential genetic therapy for heart disease. Many more important potentially groundbreaking research initiatives are underway in spinal cord injury, aging, brain tumor treatment, diabetes and insulin research, and heart disease. The American Legion views these research advances as so significant that it has devoted a column in its magazine to VA Research and Development.

Dollar for dollar, others recognize VA as conducting an extraordinarily productive research program. Currently the VA devotes 75 percent of its research funding to direct clinical investigations and 25 percent to bioscience.

The Quality Enhancement Research Initiative (QUERI) is the highest priority within the VA's Research and Development program. The Institute of Medicine has recognized this program as the best of its kind. QUERI is a multidisciplinary, data-driven national quality improvement program designed to promote the systematic translation of evidence into practice. In other words, "putting research results to work." Currently, QUERI focuses on 10 priority conditions.

These conditions include congestive heart failure, heart disease, mental health, substance abuse, HIV/AIDS, diabetes, stroke, spinal cord injury, dementia/Alzheimer's and prostate cancer. Without sufficient funding, VA will not be able to continue all of the QUERI initiatives that involve new technology and the cutting edge of scientific advances. This will have a direct impact on the rapidly aging veteran population.

VA's overall research program requires a significant increase in funding above current levels in each of the next several years to perform important research and evaluation studies. The President's budget request of \$409 million is inadequate and should be increased, especially with the growing threats of nuclear, biological and chemical terrorism.

***The American Legion recommends \$420 million for the research budget in FY 2003.***

## **MEDICAL CONSTRUCTION AND INFRASTRUCTURE SUPPORT**

### **MAJOR CONSTRUCTION**

VA's major construction program continues to be underfinanced. The major construction appropriation over the past few years has allowed for only one or two projects per year. For FY 2001, 16 major ambulatory care or seismic correction projects were submitted to the Office of Management and Budget (OMB). Of this number, only one major VHA project was recommended. For FY 2002, 28 major projects have been submitted for funding.

Over the past several years, The American Legion has testified that VA's major and minor construction appropriation must include all infrastructure priorities. Unfortunately, over the past several years, VA has not received appropriate funding

Private consultants have been warning for years that dozens of VA patient buildings were at the highest level of risk for earthquake damage or collapse. Currently, VHA has identified 890 buildings in its inventory as being at risk. Of those 560 are identified as essential – defined as bed, clinic, psychiatric, research, boiler plant, etc. Additionally, VHA has identified 67 patient care and other related use buildings as Extremely High Risk – danger of collapse or heavy damage. Along with the necessary ambulatory care and patient safety projects, it will require well over \$250 million to address VHA's current major construction requirements.

The Capital Asset Realignment for Enhanced Services (CARES) program has impeded construction projects throughout VHA. Many much needed construction projects that would maintain and update VHA's infrastructure are being put on the back burner while CARES awaits full implementation. The American Legion fears that the CARES process does not allow for the local VA managers to implement the facility improvement projects that they know are necessary to maintain a functional service delivery system. The President's budget request for only \$194 million severely inhibits VHA's ability to properly care for America's veterans.

***The American Legion recommends \$310 million for major construction in FY 2003.***

## MINOR CONSTRUCTION

The American Legion believes that Congress must be consistent from year to year in the amount invested in VHA's infrastructure. Annually, VHA must meet the infrastructure requirements of a system with approximately 5,000 buildings that support 600,000 admissions and over 35 million outpatient visits. This accomplishment requires a substantial inventory investment. The FY 2001 appropriation of \$166 million for minor construction was not nearly enough to meet future physical improvement needs. With the added cost of the CARES program recommendations and the nearly \$42 million request for minor upgrades in the research facilities, it is essential that funding be increased considerably from that of past fiscal years. It would be foolish to reduce this investment. The President's budget request for \$211 million falls short of VHA's minor construction needs.

*The American Legion recommends \$219 million for minor construction in FY 2003.*

## GRANTS FOR THE CONSTRUCTION OF STATE EXTENDED CARE FACILITIES

The State Extended Care Facilities Grant Program continues to be a cost-effective provider of quality care services to the nations' veterans who require domiciliary, nursing home, and hospital care. The State Veterans Home Program must continue, and even expand its role as an integral vital asset to VA. State homes are in a unique position to help meet the long-term care requirements of the Veterans' Millennium Health Care and Benefits Act (Public Law 106-117). By 2010, 42 percent of the entire veteran population, an estimated 8.5 million veterans, will be 65 or older, with half of that number over 85 years of age. By 2030, most Vietnam Era veterans will be 80 years of age or older.

As many VA facilities reduce long-term care beds and VA has no plans to construct new nursing homes, state veterans' homes are relied upon to absorb a greater share of the needs of an aging population. If VA intends to provide care and treatment to greater numbers of aging veterans, it is essential to develop a proactive and aggressive long-term care plan.

The Veterans Millennium Health Care and Benefits Act requires VA to provide long-term nursing care to veterans rated 70 percent disabled or greater. The new law also requires VA to provide long-term nursing care to all other veterans for service-connected disabilities and to those willing to make a co-payment to offset the cost of care. Further, it requires VHA to provide veterans greater access to alternative community-based long-term care programs. These long-term care provisions have placed greater demand on VHA and on the State Extended Care Facilities Grant Program. This legislation has been on the books for almost 2 years and it is time for full implementation.

The American Legion believes it makes economic sense for VA to look to State governments to help fully implement the provisions of PL 106-117. VA spends on average \$225 per day to care for each of their nursing care patients and pays private-sector contract facilities an average per diem of \$149 per contract veteran. The national average daily cost of care for a State Veterans Home nursing care resident is about \$140. VA reimburses State Veterans Homes a per diem of

\$40 per nursing care resident. Over the long term, VA saves millions of dollars through the State Extended Care Facilities Grant Program.

The American Legion supports the State Extended Care Facilities Grant Program and believes the federal government must provide sufficient construction funding to allow for the expected increase in long-term care veteran patients. The President's budget request for \$100 million should be increased to help meet the growing demand for care by veterans of the "Greatest Generation."

***The American Legion recommends \$110 million for the Grants for the State Extended Care Facilities for FY 2003.***

### **NATIONAL CEMETERY ADMINISTRATION (NCA)**

The National Cemetery Administration (NCA) is making great strides in meeting the interment needs of the nation's veterans and their dependents. As of October 31, 2001, NCA maintains more than 2.4 million gravesites at 120 national cemeteries in 39 states (and Puerto Rico). Currently, 75 percent of all veterans live within 75 miles of open national or state veterans' cemeteries. The ultimate goal is to have 90 percent of all veterans living within 75 miles of open national or state veterans' cemeteries.

NCA's workload is increasing by nearly five percent per year, with cremations accounting for the majority of new interments. The peak years for the interment of World War II veterans is expected to be from 2006 to 2010. Over the next decade, new national cemeteries are planned for Atlanta, GA; Miami, FL; Pittsburgh, PA; Detroit, MI; and Sacramento, CA. P.L. 106-117 requires NCA to contract a study to determine where additional national and state veterans' cemeteries will be required through 2020.

NCA is preparing "fast track" construction projects to open new national cemeteries. This allows burials to occur in each section of a new cemetery as it is being constructed. Instead of taking the conventional approach to new cemetery construction, "fast track" authority would permit the planned new national cemeteries to open in less than half the normal time, which is seven years. The most recent cemetery to open under the "fast track" authority is the Fort Sill, Oklahoma National Cemetery. Burials began on November 5, 2001.

The National Shrine Initiative continues to be one of the highest priorities of the NCA. This is an ongoing commitment and scheduling continues to fulfill the pledge of aesthetically improving the national cemeteries. Major improvements and renovations have started at several cemeteries with wonderful results. However, there is much that remains to be done. A tremendous amount of time and money is needed to continue this commitment.

***The American Legion recommends \$140 million for NCA in FY 2003.***

## **STATE CEMETERY GRANTS PROGRAM**

The State Cemetery Grants Program, which provides 100 percent federal funding for new state veterans' cemeteries, has received a significant increase in the number of state cemetery applications. Within the next several years, NCA is hopeful that up to 30 new state veterans' cemeteries will be opened. The workload and budgetary requirements of NCA will continue to grow over the next 15-20 years. The American Legion continues to fully support the further development of the State Cemetery Grants Program.

*The American Legion recommends \$30 million for the State Cemetery Grants Program in FY 2003.*

## **VETERANS' EMPLOYMENT AND TRAINING PROGRAMS (VETS)**

In the President's budget request for FY 2003, he proposes to add \$197 million to VA budget for a new competitive grant program that replaces programs currently administered by DoL. The American Legion expressed opposition to a similar recommendation proposed by the Congressional Commission on Servicemembers and Veterans Transition Assistance back in 1999. The American Legion strongly suggests this Committee consider oversight hearings before such an initiative is allowed to prevail. DoL has the expertise and resources for effective job placement and training. The National Veterans Training Institute (NVTI) provides standardized training for all veterans' employment advocates in an array of employment and training functions.

Some suggest that moving VETS to VA would improve the overall performance of VA's Vocational Rehabilitation Program (Voc Rehab). Others would argue that moving Voc Rehab to VETS in DoL would be a much better approach. Nearly all VETS employees attend NVTI and receive continuing training, whereas few (if any) Voc Rehab employees have attended NVTI training. The American Legion perceives the relationship between VETS and DoL to be much more germane than VETS and VA.

The American Legion welcomes the opportunity to work with the Assistant Secretary for Veterans' Employment and Training (ASVET) and his staff to improve and enhance the overall performance of VETS. However, The American Legion believes reinventing the wheel within VA would be counterproductive and ineffective. The American Legion believes that many of VETS problems stem from persistent inadequate Federal funding, failure to be staffed at Federally mandated levels, and inconsistent national leadership. These problems cannot reasonably be expected to evaporate by transferring the function to VA.

The mission of VETS is to promote the economic security of America's veterans. This stated mission is executed by assisting veterans in finding meaningful employment.

Annually, DoD discharges approximately 250,000 service members. These recently separated service personnel are actively seeking immediate employment or preparing to continue their formal or vocational education. The veterans' advocates in VETS program play a significant role in helping the recently separated service personnel (veterans) reach their employment goals.

- VETS continues to improve by expanding its outreach efforts with creative initiatives designed to improve employment and training services for veterans.
- VETS provides employers with a labor pool of quality applicants with marketable and transferable job skills.
- VETS took the initiative in identifying military occupations that require licenses, certificates or other credentials at the local, state, or national levels.
- VETS helps to eliminate barriers to recently separated service personnel and assist in the transition from military service to the civilian labor market.

VETS started an information technology project with the Computing Technologies Industry Association, to recruit veterans recently separated from the military; assess their interest and skill level for a career in information technology; provide occupational skills training and certification; and place these veterans into information technology jobs. VETS continues to expand its PROVET (Providing Re-employment Opportunities for Veterans) program. PROVET is an employer-focused job development and placement program that focuses on screening, matching and placing job ready transitioning service members into career-building jobs. PROVET programs are currently operating in several states. In addition to employment services, VETS also supports the Transition Assistance Program (TAP), the Disabled Transition Assistance Program (DTAP), Veterans Preference in the Federal workplace, and the Uniformed Services Employment and Re-employment Rights Act (USERRA).

***The American Legion adamantly opposes the President's new initiative to transfer VETS from DoL to VA.***

***The American Legion strongly recommends restoring funding for the ASVET within DoL's FY 2003 budget at a funding level of \$300 million. Staffing levels for Disabled Veterans Employment Program Specialists and Local Veterans Employment Representatives should match the Federal mandates or those statutes should be rewritten.***

***The American Legion recommends an increase in the NVTI budget to \$3 million annually.***

***The American Legion further recommends that VA send Voc Rehab employees to NVTI training.***

### **VETERANS BENEFITS ADMINISTRATION**

Under the proposed budget for FY 2003, mandatory spending for compensation, pension, education, burial, and other benefit programs is expected to be \$31.5 billion. This is an increase of \$ 3.4 billion over the level approved for FY 2002. It represents the funding requirements for ongoing statutory benefit payments to some 3.25 million veterans, dependents, and survivors, as well as the impact of recent, expanded statutory and regulatory entitlements, higher average benefit payments, and certain new legislative proposals. It also includes an estimated 1.8 percent cost-of-living adjustment.

Under General Operating Expenses (GOE), the budget request for FY 2003 includes a total of \$1.2 billion for discretionary spending to cover staffing and other costs associated with the

administration of the various benefits and service programs within the Veterans Benefits Administration (VBA). This represents a net increase of \$94 million over the amount approved for FY 2002. It includes an additional 125 full time employees (FTE) to support current efforts to bring the case backlog under control and support a new case development program at the Board of Veterans Appeals. The budget request also includes funding for a number of information technology initiatives that will provide much needed direct and indirect support toward improving the claims process.

In addition to this modest staffing increase, the FY 2003 budget request for VBA describes a number of steps that, over time, are expected to steadily reduce the backlog of pending cases to about 250,000 and the claims processing time to 100 days by the end of FY 2003. As part of the strategy to reach these rather ambitious goals, VBA has implemented a broad spectrum of regulatory, programmatic, and administrative changes, in addition to its long-term strategic plan initiatives, that are intended to improve the regional offices' operational efficiency and decision-making. Also, recommendations of the Secretary's Claims Processing Task Force have been accepted and are in the process of being implemented over the next year. VA expects these changes to produce both near-term and long-term improvements in the quality and timeliness of the decision-making process.

The data upon which VBA's budget request is predicated shows a continued overall increase, rather than a decrease, in the volume of incoming claims. With more complex claims per case and the level of available adjudication expertise, it is doubtful that regional offices will be able to achieve the dramatic increases in production and improvements in quality that will be necessary to reach the claims processing goal of 100 days with a backlog of 250,000 cases. In an effort to achieve such ambitious production goals, The American Legion is concerned that regional offices will emphasize expediency rather than ensuring full compliance with the due process and assistance requirements of the Veterans Claims Assistance Act and other provisions of the law. Even with the implementation of the many changes and efficiencies described, claims development and adjudication will continue to be a very labor intensive and time-consuming process.

***The American Legion believes that the requested staffing increase is insufficient to meet the expected workload demand in FY 2003. The American Legion recommends a total of \$1.03 billion in VA-GOE.***

### **Summary**

Mr. Chairman and Members of the Subcommittee, adequate health care for veterans is important because veterans are important. Whenever the VA budget suffers, it hurts America's veterans, and adversely impacts their families. We have all heard the hardships of veterans waiting for months, and sometimes years, for a claim to be processed. We have all heard of other veterans who must wait weeks, sometimes months, for a medical appointment. America can ill afford to neglect the needs of those that have fought and those that continue to fight for the freedoms that each of us enjoys every day.

The American Legion recommends the following minimal funding levels:

<b>Program</b>	<b>P.L. 107-73</b>	<b>President's Request</b>	<b>The American Legion's FY 2003 Request</b>
<i>Medical Care</i>	<i>\$21.3 billion*</i>	<i>\$22.7 billion**</i>	<i>\$23.1 billion**</i>
<i>Medical and Prosthetics Research</i>	<i>\$371 million</i>	<i>\$409 million</i>	<i>\$420 million</i>
<i>Construction</i>			
<i>Major</i>	<i>\$183 million</i>	<i>\$194 million</i>	<i>\$310 million</i>
<i>Minor</i>	<i>\$211 million</i>	<i>\$211 million</i>	<i>\$219 million</i>
<i>State Veterans' Home</i>	<i>\$100 million</i>	<i>\$100 million</i>	<i>\$110 million</i>
<i>State Veterans' Cemeteries</i>	<i>\$ 25 million</i>	<i>\$ 32 million</i>	<i>\$ 30 million</i>
<i>NCA</i>	<i>\$121 million</i>	<i>\$138 million</i>	<i>\$140 million</i>
<i>General Administration</i>	<i>\$1.2 billion</i>	<i>\$1.2 billion</i>	<i>\$1.3 billion</i>

*\* THE AMERICAN LEGION STRONGLY RECOMMENDS A \$300 MILLION SUPPLEMENTAL APPROPRIATIONS.*

*\*\* DOES NOT INCLUDE THE PRESIDENT'S INITIATIVE TO TRANSFER FEDERAL EMPLOYEES' BENEFITS FUNDING FROM OPM.*

Mr. Chairman and Members of the Subcommittee, this concludes my statement.