I. Description of Operations Financed:

This Budget Activity Group encompasses nine functions supporting military medical readiness and delivery of patient care worldwide. The nine medical support functions include:

Examining Activities - Resources administering physical examinations and performing evaluations of medical suitability for military service. Includes resources required for Armed Forces Examination and Entrance Stations and the Department of Defense (DoD) Medical Examination Review Board.

Other Health Activities - Resources organizations and functions that support the provision of health care for DoD beneficiaries. Examples include: central medical laboratories, medical services squadrons, Army and Navy Medicine regional commands, public affairs, the Women Infants and Children Program, humanitarian actions, family advocacy, patient affairs, and contribution of resources for the DoD beneficiaries' health care at the CAPT James A. Lovell Federal Health Care Center North Chicago, IL.

Military Public/Occupational Health - Resources public health civilian personnel, supplies, permits, certification and licensure fees, support equipment, and the associated requirements specifically identified for management, direction, and operation of disease prevention and control. Examples include epidemiology, medical entomology, drinking water safety, monitoring hazardous waste disposal, food and facility sanitation, wellness/health promotion and education, community health nursing, medical intelligence, disease and climate illness, disease prevention and control, hearing conservation, and health and injury surveillance.

Veterinary Services -Resources managing, directing, and operating veterinary procedures involving animals in clinical investigation departments and controlling zoonotic and veterinary public health diseases. Professional support of specialty training programs such as laboratory animal medicine and pathology and support of training programs involving animal models.

Military Unique - Other Medical Activities - Resources unique military medical functions and activities related to the size of the military population supported. Examples of programs include physiological training units, drug abuse detection laboratories, optical repair and fabrication laboratories, medical logistics offices, medical materiel activities, deployment planning, plans, operation and training offices in military treatment facilities, and the Department of Defense Armed Forces Blood Program.

Aeromedical Evacuation System - Resources the facilitation on strategic and CONUS theater patient movement and global patient in-transit visibility in time of peace and war.

Service Support to Other Health Activities - Resources to support USTRANSCOM's Global Patient Movement Requirements Center.

Joint Pathology Center (JPC) - Resources civilian personnel, equipment, and the associated operation and maintenance of the JPC including pathology education, consultation, and diagnostic testing provided to the Department of Defense and other Federal Agencies.

Federal Advisory Committee Act (FACA) Advisory Board Activities - Resources the FACA Advisory Board and subcommittee functions, meetings, support, studies, and other activities. FACA is composed of those committees, boards, commissions, councils, task forces and similar groups which have been established

I. <u>Description of Operations Financed</u>: (Cont.)

to advise officers and agencies in the executive branch of the Federal Government and must follow the regulatory and statutory requirements related to FACA in Title 5 Appendix, United States Code (U.S.C.).

II. Force Structure Summary:

Consolidated Health Support includes civilian staffing and contracts to support the Defense Health Agency, the Army Medical Command, the Navy Bureau of Medicine and Surgery, and the Air Force Medical Service by providing the active duty and beneficiary population with complementary health care such as laboratory testing, immunizations, physical exams, humanitarian actions, entomology testing, disease prevention and control, veterinary services, physiological training, optical repair and fabrication, intra- and inter-theater patient transportation, and pathology education and consultation. In addition, this Budget Activity Group funds operations at the Army and Navy regional medical commands, the Armed Forces Blood Program, the medical logistics offices, and deployment planning and provides resources for facilitating USTRANSCOM's Global Patient Movement Requirements Center.

EV 2022

III. Financial Summary (\$ in Thousands):

		FY 2023						
		Congressional Action						
	FY 2022	Budget				Current	FY 2024	
A. BA Subactivities	<u>Actuals</u>	Request	<u>Amount</u>	<u>Percent</u>	Appropriated	Enacted	<u>Request</u>	
Examining Activities	\$9,579	\$9,183	\$0	0.00%	\$9,183	\$9,183	\$9,222	
2. Other Health Activities	\$319,960	\$778,332	\$-33,771	-4.34%	\$744,561	\$744,561	\$798,970	
3. Military Public / Occupational Health	\$462,003	\$556,555	\$-1,432	-0.26%	\$555,123	\$555,123	\$604,306	
4. Veterinary Services	\$2,685	\$2,559	\$0	0.00%	\$2,559	\$2,559	\$2,628	
5. Military Unique-Other Medical Activities	\$510,697	\$537,785	\$16,373	3.04%	\$554,158	\$554,158	\$559,054	
6. Aeromedical Evacuation System	\$22	\$395	\$0	0.00%	\$395	\$395	\$379	
7. Service Support to Other Health Activities-								
TRANSCOM	\$0	\$493	\$0	0.00%	\$493	\$493	\$502	
8. Joint Pathology Center	\$27,487	\$29,041	\$0	0.00%	\$29,041	\$29,041	\$29,943	
9. Support to FACA Advisory Board Activities	<u>\$0</u>	<u>\$2,023</u>	<u>\$0</u>	0.00%	<u>\$2,023</u>	<u>\$2,023</u>	<u>\$2,008</u>	
Total	\$1,332,433	\$1,916,366	\$-18,830	-0.98%	\$1,897,536	\$1,897,536	\$2,007,012	

Notes:

- 1. FY 2022 actuals include:
 - \$194K for Overseas Operations Costs execution
 - \$-25,363K reprogrammed from Consolidated Health Support to other BAGs for unfunded requirements
- 2. FY 2022 actuals excludes:
 - \$137,000K for the Dept. of Defense transfer to the Dept. of Veterans Affairs for the Joint DoD/VA Medical Facility Demonstration Fund as these dollars are requested by DoD but executed by the Department of Veterans Affairs
 - \$15,000K for the Dept. of Defense transfer to the Dept. of Veterans Affairs for the DoD/VA Joint Incentive Fund as these dollars are requested by DoD but executed by the Dept. of Veterans Affairs
- 3. The FY 2023 estimates includes:
 - \$1,076K for Overseas Operations Costs in the enacted budget
 - \$168,000K for the for the Dept. of Defense transfer to the Dept. of Veterans Affairs for the Joint DoD/VA Medical Facility Demonstration Fund
 - \$15,000K for the Dept. of Defense transfer to the Dept. of Veterans Affairs for the DoD/VA Joint Incentive Fund
 - \$154.309K for the MRDC transfer
 - \$77,632K for Public Health Services transfer
 - \$137,199K for Centralized Contracts
 - \$26,394K for the Federal Contractor Minimum Wage (\$15/hr)
- 4. The FY 2024 estimates includes:
 - \$234K for Overseas Operations Costs
 - \$172,000K for the Dept. of Defense transfer to the Dept. of Veterans Affairs for the Joint DoD/VA Medical Facility Demonstration Fund
 - \$15,000K for the Dept. of Defense transfer to the Dept. of Veterans Affairs for the DoD/VA Joint Incentive Fund

	Change	Change
B. Reconciliation Summary	FY 2023/FY 2023	FY 2023/FY 2024
BASELINE FUNDING	\$1,916,366	\$1,897,536
Congressional Adjustments (Distributed)	-18,830	
Congressional Adjustments (Undistributed)	0	
Adjustments to Meet Congressional Intent	0	
Congressional Adjustments (General Provisions)	0	
SUBTOTAL APPROPRIATED AMOUNT	1,897,536	
Fact-of-Life Changes (2023 to 2023 Only)	0	
SUBTOTAL BASELINE FUNDING	1,897,536	
Supplemental	0	
Reprogrammings	0	
Price Changes		74,697
Functional Transfers		12,004
Program Changes		22,775
CURRENT ESTIMATE	1,897,536	2,007,012
Less: Supplemental	0	
NORMALIZED CURRENT ESTIMATE	\$1,897,536	\$2,007,012

FY 2023 President's Budget Request (Amended, if applicable)	\$1,916,366
1. Congressional Adjustments	\$-18,830
a) Distributed Adjustments	\$-18,830
1) a. Therapeutic Service Dog Training Program:	\$15,000
2) b. Outdoor Recreation and Education Activities:	\$5,000
3) c. Armed Forces Medical Examiner DNA Testing to Support POW/MIA Efforts:	\$4,000
4) d. Unjustified Growth:	\$-40,417
5) e. Overestimated Growth:	\$-2,413
b) Undistributed Adjustments	\$0
c) Adjustments to Meet Congressional Intent	\$0
d) General Provisions	\$0
FY 2023 Appropriated Amount	\$1,897,536
2. Supplemental Appropriations	\$0

a) Supplemental Funding	\$0
3. Fact-of-Life Changes	\$0
a) Functional Transfers	\$0
b) Technical Adjustments	\$0
c) Emergent Requirements	\$0
FY 2023 Baseline Funding	\$1,897,536
4. Reprogrammings (Requiring 1415 Actions)	\$0
a) Increases	\$0
b) Decreases	\$0
Revised FY 2023 Estimate	\$1,897,536
5. Less: Item 2, Supplemental Appropriation and Item 4, Reprogrammings	\$0
a) Less: Supplemental Funding	\$0
FY 2023 Normalized Current Estimate	\$1,897,536

6. Price Change	\$74,697
7. Functional Transfers	\$12,004
a) Transfers In\$23,74	2
1) Consolidating Public Health Services at the Defense Health Agency: \$23,742 Following Section 711 of the National Defense Authorization Act of FY 2019, the Department of Air Force transfers civilian FTEs, pay, and non-pay funding (+\$23,742K; +40FTEs) to the Defense Health Agency to complete the Department of Defense Public Health consolidation at the DHA.	
b) Transfers Out\$-11,73	8
1) Medical Readiness Transfer to the Military Departments:\$-11,738	
The Defense Health Agency continues transferring Medical Readiness activities outside the Military Treatment Facilities to the Military Departments.	
a. The Defense Health Agency will transfer (-\$4,607K; -31 FTES) to the Department of the Army for Capabilities Development Integration Directorate.	
b. The Defense Health Agency will transfer (-\$7,131K; -15 FTES) to the Department of the Air Force for the Air Force Medical Review Board (-\$1,103K; -5 FTEs), the Special Program Authorization Portfolio (-\$1,409K; -9 FTEs), the National Capital Region Special Mission Auxiliary Medical Function (-\$149K; -1 FTE), Flight and Operational Medicine, Human Performance, and centralized contracts at the Medical Readiness Headquarters (-\$4,470K).	
8. Program Increases	\$69,664
a) Annualization of New FY 2023 Program\$	0

1) a. Bi	iodefense Posture Review:	\$39,100
Provide	es funds and civilian FTEs (\$39,100K; 36 FTEs) in the Military Public/Occupational Health program elen	nent to improve the
	to prevent, detect, and respond to biological incidents and threats. Resources will transform the DoD's b mic preparedness posture by detecting and characterizing existing and emerging pathogens, integrating	
	rillance data, creating a common biosurveillance operating picture, and communicating early warning f	
decisio	ons. The FY 2023 Military Public/Occupational Health baseline funding is \$555,294K. The FY 2023 Mili	
Public/0	Occupational Health baseline staffing is 2,365 FTEs.	
2) b. Ex	xecutive Order Minimum Wage Adjustment for Federal Contractors:	\$30,564
	g to address the estimated impacts of Executive Order (E.O.) 14026, Increasing the Minimum Wage for	
	April 27, 2021. E.O. 14026, Section 4(a) requires the Department of Labor to implement regulations to i o \$15 per hour by January 30, 2022, on contracts covered by the Fair Labor Standards Act, the Service	
	vis Bacon Act (DBA). Within the Consolidated Health Support Budget Activity Group, the E.O. 14026 in	
	al assistant and medical clerk contracts. The FY 2023 Consolidated Health Support baseline funding is	\$1,897,536K. The FY
2023 C	Consolidated Health Support baseline contractor staffing is 2,489 CMEs.	
	verseas Operations Costs Accounted for in the Base:	
	/ 2024 Consolidated Health Support baseline request includes \$234K for non-enduring Overseas Opera ements in this budget activity group directly support the transportation of wounded warriors by aircraft fr	
	rations to the United States, the resupply of medical evacuation equipment, and ground transportation fo	
	r. The FY 2023 Consolidated Health Support Overseas Operations Cost baseline is \$1,076K.	'

Adji dete Mei	a. Therapeutic Service Dog Training:	000
Adji Age pari	o. Outdoor Recreation and Education Activities:	
Adj Age	c. Armed Forces Medical Examiner DNA Testing:\$-4,0 ustment to reverse a one-time funding increase for Armed Forces Medical Examiner DNA testing issued to the Defense Health ency to support the Prisoner of War/Missing in Action efforts. Adjustment decreases medical care contract funding in the Military que-Other Medical program element. The FY 2023 Armed Forces Medical Examiner DNA Testing funding is \$4,000K.	
c) Program	Decreases in FY 2024	\$-22,889
The vac Hea	Reduced Requirements for COVID-19:\$-22,8 FY 2024 reduction in COVID funding assumes that future outbreaks in COVID variants will be less severe due to increased cination/natural immunity, requiring fewer hospitalization costs and more outpatient care. COVID-19 funding within Consolidate alth Support will source surveillance testing and Whole Genomic Sequencing. The FY 2023 Consolidated Health Support baseliding is \$1,897,536K.	ed

IV. Performance Criteria and Evaluation Summary:

	FY 2022 Estimate	FY 2023 Estimate	FY 2024 Estimate	Change FY 2022/2023	Change FY 2023/2024
1) Active Duty Force Structure	1,572,218	1,559,023	1,570,275	-13,195	11,252
2) Spectacles/Inserts Fabricated (000's)	1,320	1,359	1,400	39	41

¹⁾ Active Duty Force Structure: The FY 2022 to FY 2023 and FY 2023 to FY 2024 changes in Active Duty Force Structure support the Department of Defense's decrease in Active Duty end strength from the FY 2022 actuals to the FY 2023 projection and the Department's increase in Active Duty end strength from the FY 2023 projection to the FY 2024 request.

²⁾ Spectacles/Inserts Fabricated: The FY 2022 to FY 2023 and FY 2023 to FY 2024 increase is due to a combination of multiple factors, including the G-EYEs, and the optical access program that has been opened across the DoD to give access to all military personnel in conjunction with Joint Spectacle Prescription Entry Cloud-based Solution (JSPECS) that will increase our incoming workload volume. Historical data before to COVID-19 kept us on a 3% increase in ophthalmic production. Anticipate a return to historical workload growth of 3% from FY 2022 to FY 2023 and FY 2023 to FY 2024.

V. <u>Personnel Summary</u>:

	FY 2022	FY 2023	FY 2024	Change FY 2022/ <u>FY 2023</u>	Change FY 2023/ <u>FY 2024</u>
Active Military End Strength (E/S) (Total)	6,634	4,833	5,046	-1,801	213
Officer	1,778	1,318	1,325	-460	7
Enlisted	4,856	3,515	3,721	-1,341	206
Active Military Average Strength (A/S) (Total)	6,701	7,282	4,940	581	-2,342
Officer	1,810	1,548	1,322	-262	-226
Enlisted	4,891	5,734	3,618	843	-2,116
Civilian FTEs (Total)	4,922	4,853	4,883	-69	30
U.S. Direct Hire	4,712	4,751	4,781	39	30
Foreign National Direct Hire	109	51	51	-58	0
Total Direct Hire	4,821	4,802	4,832	-19	30
Foreign National Indirect Hire	101	51	51	-50	0
Average Annual Civilian Salary (\$ in thousands)	110.5	124.8	130.2	14.3	5.4
Contractor FTEs (Total)	2,439	2,489	2,609	50	120

Personnel Summary Explanations:

Explanation of changes in Active Military End Strength: The net decrease from FY 2022 to FY 2023 (-1,801) reflects the following changes by Component: Army (-1,534): for transfer of the following programs to the Department of the Army: Defense-Wide Review Army Readiness (-1,419); Public Health Command and Regional Dental Command (-138); In-MTF Army Readiness Programs (-127); internal realignments for the Executive Agent Shared Services Reconciliation (-27) and the Armed Forces Pest Management Board (-3); a technical correction to align Agency controls with Service controls in the CAPE manpower system (-2) and execution adjustments and FY 2023 Next Generation Resource Management System (NGRMS) program element sync (+182). Navy (-426): for transfer of Navy BUMED resources to the Department of the Navy for the following programs: Research and Development Lab (-77); Drug Lab (-8); Medical Sealift Command (-4); Medical Headquarters (-4); execution adjustments and FY 2023 NGRMS program element sync (-333). Air Force (+159): for transfer of Air Force Medical Services resources to the Department of the Air Force for the following programs: non-MTF resources (-128), Public Health (-28), and execution adjustments and FY 2023 NGRMS program element sync (+315). The net increase from FY 2023 to FY 2024 (+213) reflects the following changes by Component: Army (+63): for Medical

Chana

V. <u>Personnel Summary</u>: (Cont.)

End Strength Restoral (+192); transfer of the Capabilities Development Integration Directorate to the Department of the Army (-59); and NGRMS program element sync (-70). Navy (+173): for NGRMS program element sync (+174), and transfer to the Department of the Navy for Research and Development (-1). Air Force (-23): for transfer to the Department of the Air Force for National Capital Region Special Mission Auxiliary (-1) and for Program Corrections (-35); and transfer of the Public Health phase II to the DHA (+13).

Explanation of changes in Civilian FTEs: The net decrease from FY 2022 to FY 2023 (-69) reflects FY 2022 execution adjustments (-382: Army +144; Air Force +40; Direct Care Financial Management -534; and the Defense Health Agency-32) based on FY 2022 actual FTE execution and well as the following changes by component: Defense Health Agency (+797): Consolidation of the Public Health Services at the Defense Health Agency (+601), transfer of the Army Medical Research, Development and Acquisition Capabilities (+158), Independent review Commission on Sexual Assault (+3), Stand up of the Stand-Alone Offices (SSO) and Defense Health Regions (+57); and the Defense-Wide Review correction Womack Phase 1 (-22). Army (-348): Transfer of the following programs to the Department of the Army: 1) Readiness Functions of the Army Medicine Regional Public Health Command (-246); 2) In-Medical Treatment Facility Readiness Programs (-155); 3) Army Medical Readiness (-139); 4) FTE only transfer for Family Advocacy Program (-1); as well as internal realignments to other BAGs (-193). Air Force (-92): Internal realignment to other BAGs (-91) and action to reverse a Foreign National Indirect Hire (-1). Navy (-44): Internal realignment from other BAGs (-44). The net increase from FY 2023 to FY 2024 (+30) reflects the following changes: Transfer to the Defense Health Agency from the Department of the Air Force (-15) for Medical Review Board (-5), Special Program Authorization Portfolio (-9), National Capital Region Special Mission Auxiliary Medical Function (-1); and transfer to the Department of the Army for support to the Capabilities Development Integration Directorate (-31).

Explanation of changes in Contractor FTEs: The increase from FY 2022 to FY 2023 (+50) is due to execution adjustments based on actual FY 2022 execution in the Other Health Activities (+209), Military Public/Occupational Health program element (+1), and Military Unique-Other Medical program elements (+134), as well as reductions due to contract consolidation efforts and the transfer of readiness programs to the Military Departments the Other Health Activities (-202), Military Unique-Other Medical (-44), Military Public/Occupational Health (-42), Examining Activities (-5), and SPT to FACA Advisory Board Activities program elements (-1). The increase from FY 2023 to FY 2024 (+118) is accounted for in the Military Public/Occupational Health program element and is attributed to contract dollars for Biodefense Posture Review (+138) and the transfer of centralized contract dollars to the military departments (-20).

VI. OP 32 Line Items as Applicable (Dollars in thousands):

			Change from FY 2022 to FY 2023 Change fr		Change from FY	om FY 2023 to FY 2024		
		FY 2022 Program	Price <u>Growth</u>	Program <u>Growth</u>	FY 2023 Program	Price <u>Growth</u>	Program Growth	FY 2024 Program
101	EXEC, GEN'L & SPEC SCHEDS	526,210	21,732	41,349	589,291	29,630	301	619,222
103	WAGE BOARD	8,314	343	-300	8,357	420	-416	8,361
104	FN DIRECT HIRE (FNDH)	4,463	184	223	4,870	245	-113	5,002
105	SEPARATION LIABILITY (FNDH)	231	10	-241	0	0	0	0
106	BENEFIT TO FMR EMPLOYEES	0	0	72	72	4	-4	72
107	VOLUNTARY SEP INCENTIVES	436	18	-215	239	12	-12	239
0199	TOTAL CIVILIAN PERSONNEL COMPENSATION	539,654	22,287	40,888	602,829	30,311	-244	632,896
308	TRAVEL OF PERSONS	9,828	206	5,250	15,284	336	846	16,466
0399	TOTAL TRAVEL	9,828	206	5,250	15,284	336	846	16,466
401	DLA ENERGY (FUEL PRODUCTS)	6		0	6	-1	1	6
422	DLA MAT SUPPLY CHAIN (MEDICAL) TOTAL DEFENSE WORKING CAPITAL FUND SUPPLIES AND	163	1	4	168	10	-5	173
0499	MATERIALS	169	1	4	174	9	-4	179
719	SDDC CARGO OPS-PORT HNDLG	185	19	-59	145	49	-45	149
771	COMMERCIAL TRANSPORT	503	11	1,044	1,558	31		1,589
0799	TOTAL TRANSPORTATION	688	30	985	1,703	80	-45	1,738
901	FOREIGN NATIONAL INDIRECT HIRE (FNIH)	4,105	170	-1,681	2,594	130	-58	2,666
914	PURCHASED COMMUNICATIONS (NON-FUND)	1,565	33	259	1,857	41	-6	1,892
915	RENTS (NON-GSA)	120	3	2,578	2,701	59	-4	2,756
920	SUPPLIES & MATERIALS (NON-FUND)	63,365	1,331	10,364	75,060	1,651	-445	76,266
921	PRINTING & REPRODUCTION	307	6	1,297	1,610	35	-9	1,636
922	EQUIPMENT MAINTENANCE BY CONTRACT	1,967	41	424	2,432	54	-11	2,475
923	FACILITIES SUST, REST, & MOD BY CONTRACT	2,520	53	51	2,624	58	31	2,713
924	PHARMACEUTICAL DRUGS	18,261	950	22,937	42,148	1,728	696	44,572
925	EQUIPMENT PURCHASES (NON-FUND)	35,407	744	7,781	43,932	967	1,420	46,319
930	OTHER DEPOT MAINTENANCE (NON-FUND)	1	0	-1	0	0	0	0

VI. OP 32 Line Items as Applicable (Dollars in thousands):

			Change from FY 2022 to FY 2023			Change from FY 2023 to FY 2024		
		FY 2022 <u>Program</u>	Price <u>Growth</u>	Program <u>Growth</u>	FY 2023 <u>Program</u>	Price <u>Growth</u>	Program Growth	FY 2024 Program
932	MGT PROF SUPPORT SVCS	101,064	2,122	-21	103,165	2,270	-1,700	103,735
933	STUDIES, ANALYSIS & EVAL	6,082	128	18	6,228	137	-193	6,172
955	OTHER COSTS (MEDICAL CARE)	44,147	2,296	255,219	301,662	12,368	13,531	327,561
960	OTHER COSTS (INTEREST AND DIVIDENDS) OTHER COSTS (SUBSISTENCE AND SUPPORT OF	12	0	2	14	0	1	15
964	PERSONS)	52	1	380	433	10	-2	441
986	MEDICAL CARE CONTRACTS	296,098	15,397	175,317	486,812	19,959	-3,223	503,548
987	OTHER INTRA-GOVT PURCH	77,192	1,621	-2,585	76,228	1,677	-1,913	75,992
988	GRANTS	18,246	383	-1,928	16,701	367	-14,825	2,243
989	OTHER SERVICES	102,841	2,160	-2,497	102,504	2,255	6,692	111,451
990	IT CONTRACT SUPPORT SERVICES	8,742	184	-85	8,841	195	34,244	43,280
0999	TOTAL OTHER PURCHASES	782,094	27,623	467,829	1,277,546	43,961	34,226	1,355,733
9999	GRAND TOTAL	1,332,433	50,147	514,956	1,897,536	74,697	34,779	2,007,012

Notes:

- 1. FY 2022 actuals **excludes** \$137,000K, OP32 line 986, the Department of Defense transferred to Department of Veterans Affairs in FY 2022 for the Joint Department of Defense Department of Veterans Affairs (DoD/VA) Medical Facility Demonstration Fund (FHCC).
- 2. FY 2022 actuals excludes \$15,000K, OP32 line 986, the Department of Defense transferred to Department of Veterans Affairs in FY 2022 for the DoD-VA Health Care Joint Incentive Fund (JIF).
- 3. FY 2023 estimates includes \$168,000K, OP32 line 986, the Department of Defense will transfer to the Department of Veterans Affairs in FY 2023 for the DoD/VA FHCC.
- 4. FY 2023 estimates includes \$15,000K, OP32 line 986 the Department of Defense will transfer to the Department of Veterans Affairs in FY 2023 for the DoD/VA JIF.
- 5. FY 2023 increase in OP32 line 955 is attributed to the following:
 - --The Army Medical Research, Development, and Acquisition Capabilities transferred to DHA: +\$122,590K.
 - -- Central Contracts Realigned to the Defense Health Agency: \$83,697K.
 - --Deployment Health realigned to the Defense Health Agency: \$49,021K.
- 6. The FY 2024 increase in OP32 line 990 is attributed to the non-pay increase for the Biodefense Posture Review.
- 7. The FY 2024 increase in OP32 lines 955 and 989 is attributed to the increase in the Executive Order Minimum Wage Adjustment for Federal Contractors.
- 8. FY 2024 estimate includes \$172,000K, OP32 line 986 the Department of Defense will transfer to the Department of Veterans Affairs in FY 2024 for the DoD/VA FHCC.
- 9. FY 2024 estimate includes \$15,000K, OP32 line 986 the Department of Defense will transfer to the Department of Veterans Affairs in FY 2024 for the DoD/VA JIF.