Mr. HEFLEY. Mr. Speaker, liberal Democrats do an awful lot of railing against the Republican tax proposal that the President has promised to veto. The funny thing is they never tell us exactly what parts of the tax proposal they find so offensive.

Are they against the part that would make it easier for parents to save for their children's education? Are they against the part that would make it easier for workers to obtain health insurance? Are they against reducing the marriage penalty? Are they against doing away with the death tax? Or are they against the part which reduces the tax on capital gains, the part of the tax code which has perhaps the greatest impact on whether the American economy is a job-producing machine.

Who will come forth and explain what part of the Republican tax proposal offends liberal sensibilities? Let me tell my colleagues I think all of it offends them because they want every penny they can get for more government and bigger government.

I am not surprised that a liberal President wants to veto this true tax relief package.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. CALVERT). Pursuant to the provisions of clause 8 of rule XX, the Chair announces that he will postpone further proceedings today on each motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 6 of rule XX.

Such rollcall votes, if postponed, will be taken after debate has concluded on all motions to suspend the rules, but not before 6 p.m. today.

VETERANS' MILLENNIUM HEALTH CARE ACT

Mr. STUMP. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2116) to amend title 38, United States Code, to establish a program of extended care services for veterans and to make other improvements in health care programs of the Department of Veterans Affairs, as amended.

The Clerk read as follows:

H.R. 2116

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS; REFERENCES TO TITLE 38, UNITED STATES CODE.

(a) SHORT TITLE.—This Act may be cited as the ''Veterans' Millennium Health Care Act''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

Sec. 1. Short title; table of contents; references to title 38, United States Code.

TITLE I—ACCESS TO CARE

Sec. 101. Extended care services.
Sec. 102. Reimbursement for emergency treatment.
Sec. 103. Eligibility for care of combat-injured veterans.
Sec. 104. Access to care for military retirees.
Sec. 105. Benefits for persons disabled by participation in compensated work therapy program.
Sec. 106. Pilot program of medical care for certain dependents of enrolled veterans.
Sec. 107. Enhanced services program at designated medical centers.
Sec. 108. Counseling and treatment for veterans who have experienced sexual trauma.

TITLE II—PROGRAM ADMINISTRATION

Sec. 201. Medical care collections.
Sec. 202. Health Services Improvement Fund.
Sec. 203. Veterans Tobacco Trust Fund.
Sec. 204. Authority to accept funds for education and training.
Sec. 205. Extension and revision of certain authorities.
Sec. 206. State Home grant program.
Sec. 207. Expansion of enhanced-use lease authority.
Sec. 208. Ineligibility for employment by Veterans Health Administration of health care professionals who have lost license to practice in one jurisdiction while still licensed in another jurisdiction.

TITLE III—MISCELLANEOUS

Sec. 301. Review of proposed changes to operation of medical facilities.
Sec. 302. Patient services at Department facilities.
Sec. 303. Report on assisted living services.
Sec. 304. Chiropractic treatment.
Sec. 305. Designation of hospital bed replacement building at Ioannis A. Lougaris Department of Veterans Affairs Medical Center, Reno, Nevada.

TITLE IV—CONSTRUCTION AND FACILITIES MATTERS

Sec. 401. Authorization of major medical facility projects.
Sec. 402. Authorization of major medical facility leases.
Sec. 403. Authorization of appropriations.

(c) REFERENCES TO TITLE 38, UNITED STATES CODE.—Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

TITLE I—ACCESS TO CARE

SEC. 101. EXTENDED CARE SERVICES.

(a) REQUIREMENT TO PROVIDE EXTENDED CARE SERVICES.—(1) Chapter 17 is amended by inserting after section 1710 the following new section:

''§ 1710A. Extended care services

''(a) The Secretary (subject to section 1710(a)(4) of this title and subsection (c) of this section) shall operate and maintain a program to provide extended care services to eligible veterans in accordance with this section. Such services shall include the following:

''(1) Geriatric evaluation.

''(2) Nursing home care (A) in facilities operated by the Secretary, and (B) in community-based facilities through contracts under section 1720 of this title.

''(3) Domiciliary services under section 1710(b) of this title.

''(4) Adult day health care under section 1720(f) of this title.

''(5) Such other noninstitutional alternatives to nursing home care, including those described in section 1720C of this title, as the Secretary considers reasonable and appropriate.

''(6) Respite care under section 1720B of this title.

''(b)(1) In carrying out subsection (a), the Secretary shall provide extended care services which the Secretary determines are needed (A) to any veteran in need of such care for a service-connected disability, and (B) to any veteran who is in need of such care and who has a service-connected disability rated at 50 percent or more.

''(2) The Secretary, in making placements for nursing home care in Department facilities, shall give highest priority to veterans (A) who are in need of such care for a service-connected disability, or (B) who have a service-connected disability rated at 50 percent or more. The Secretary shall ensure that a veteran described in this subsection who continues to need nursing home care shall not after placement in a Department nursing home be transferred from the facility without the consent of the veteran, or, in the event the veteran cannot provide informed consent, the representative of the veteran.

''(c)(1) The Secretary, in carrying out subsection (a), shall prescribe regulations governing the priorities for the provision of nursing home care in Department facilities so as to ensure that priority for such care is given (A) for patient rehabilitation, (B) for clinically complex patient populations, and (C) for patients for whom there are not other suitable placement options.

''(2) The Secretary may not furnish extended care services for a non-service-connected disability other than in the case of a veteran who has a service-connected disability rated at 50 percent or more unless the veteran agrees to pay to the United States a copayment for extended care services of more than 21 days in any year.

''(d)(1) A veteran who is furnished extended care services under this chapter and who is required under subsection (c)(2) to pay an amount to the United States in order to be furnished such services shall be liable to the United States for that amount.

''(2) In implementing subsection (c)(2), the Secretary shall develop a methodology for establishing the amount of the copayment for which a veteran described in subsection (c) is liable. That methodology shall provide for—

''(A) establishing a maximum monthly copayment (based on all income and assets of the veteran and the spouse of such veteran);

''(B) protecting the spouse of a veteran from financial hardship by not counting all of the income and assets of the veteran and spouse (in the case of a spouse who resides in the community) as available for determining the copayment obligation; and

''(C) allowing the veteran to retain a monthly personal allowance.

''(e)(1) There is established in the Treasury of the United States a revolving fund known as the Department of Veterans Affairs Extended Care Fund (hereinafter in this section referred to as the 'fund'). Amounts in the fund shall be available, without fiscal year limitation and without further appropriation, exclusively for the purpose of providing extended care services under subsection (a).

''(2) All amounts received by the Department under this section shall be deposited in or credited to the fund.''.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1710 the following new item:

''1710A. Requirement to provide extended care.''.

(b) REQUIREMENT TO INCREASE EXTENDED CARE SERVICES.—(1) Not later than January

1, 2000, the Secretary of Veterans Affairs shall develop and begin to implement a plan for carrying out the recommendation of the Federal Advisory Committee on the Future of Long-Term Care to increase, above the level of extended care services which were provided as of September 30, 1998—

(A) the options and services for home and community-based care for eligible veterans; and

(B) the percentage of the Department of Veterans Affairs medical care budget dedicated to such care.

(2) The Secretary shall ensure that the staffing and level of extended care services provided by the Secretary nationally in facilities operated by the Secretary during any fiscal year is not less than the level of such services provided nationally in facilities operated by the Secretary during fiscal year 1998.

(c) ADULT DAY HEALTH CARE.—Section 1720(f)(1)(A) is amended to read as follows:

''(f)(1)(A) The Secretary may furnish adult day health care services to a veteran enrolled under section 1705(a) of this title who would otherwise require nursing home care.''

(d) RESPITE CARE PROGRAM.—Section 1720B is amended—

(1) in subsection (a), by striking ''eligible'' and inserting ''enrolled'';

(2) in subsection (b)—

(A) by striking ''the term 'respite care' means hospital or nursing home care'' and inserting ''the term 'respite care services' means care and services'';

(B) by striking ''is'' at the beginning of each of paragraphs (1), (2), and (3) and inserting ''are''; and

(C) by striking ''in a Department facility'' in paragraph (2); and

(3) by adding at the end the following new subsection:

''(c) In furnishing respite care services, the Secretary may enter into contract arrangements.''.

(e) CONFORMING AMENDMENTS.—Section 1710 is amended—

(1) in subsection (a)(1), by striking ''may furnish nursing home care,''; and

(2) in subsection (a)(4), by inserting '', and the requirement in section 1710A of this title that the Secretary provide a program of extended care services,'' after ''medical services''.

(f) STATE HOMES.—Section 1741(a)(2) is amended by striking ''adult day health care in a State home'' and inserting ''extended care services described in any of paragraphs (4) through (6) of section 1710A(a) of this title under a program administered by a State home''.

(g) EFFECTIVE DATE.—(1) Except as provided in paragraph (2), the amendments made by this section shall take effect on the date of the enactment of this Act.

(2) Subsection (c)(2) of section 1710A(a) of title 38, United States Code (as added by subsection (a)), shall take effect on the effective date of regulations prescribed by the Secretary of Veterans Affairs under subsections (c)(2) and (d) of such section. The Secretary shall publish the effective date of such regulations in the Federal Register.

(3) The provisions of section 1710(f) of title 38, United States Code, shall not apply to any day of nursing home care on or after the effective date of regulations under paragraph (2).

SEC. 102. REIMBURSEMENT FOR EMERGENCY TREATMENT.

(a) AUTHORITY TO PROVIDE REIMBURSEMENT.—Chapter 17 is amended by inserting after section 1724 the following new section:

''§ 1725. Reimbursement for emergency treatment

''(a) GENERAL AUTHORITY.—(1) Subject to subsections (c) and (d), the Secretary may reimburse a veteran described in subsection (b) for the reasonable value of emergency treatment furnished the veteran in a non-Department facility.

''(2) In any case in which reimbursement is authorized under subsection (a)(1), the Secretary, in the Secretary's discretion, may, in lieu of reimbursing the veteran, make payment of the reasonable value of the furnished emergency treatment directly—

''(A) to a hospital or other health care provider that furnished the treatment; or

''(B) to the person or organization that paid for such treatment on behalf of such veteran.

''(b) ELIGIBILITY.—(1) A veteran referred to in subsection (a)(1) is an individual who is an active Department health-care participant who is personally liable for emergency treatment furnished the veteran in a non-Department facility.

''(2) A veteran is an active Department health-care participant if the veteran—

''(A) is described in any of paragraphs (1) through (6) of section 1705(a) of this title;

''(B) is enrolled in the health care system established under such section; and

''(C) received care under this chapter within the 12-month period preceding the furnishing of such emergency treatment.

''(3) A veteran is personally liable for emergency treatment furnished the veteran in a non-Department facility if the veteran—

''(A) is financially liable to the provider of emergency treatment for that treatment;

''(B) has no entitlement to care or services under a health-plan contract;

''(C) has no other contractual or legal recourse against a third party that would, in whole or in part, extinguish such liability to the provider; and

''(D) is not eligible for reimbursement for medical care or services under section 1728 of this title.

''(c) LIMITATIONS ON REIMBURSEMENT.—(1) The Secretary, in accordance with regulations prescribed by the Secretary, shall—

''(A) establish the maximum amount payable under subsection (a);

''(B) delineate the circumstances under which such payments may be made, to include such requirements on requesting reimbursement as the Secretary shall establish; and

''(C) provide that in no event may a payment under that subsection include any amount for which the veteran is not personally liable.

''(2) Subject to paragraph (1), the Secretary may provide reimbursement under this section only after the veteran or the provider of emergency treatment has exhausted without success all claims and remedies reasonably available to the veteran or provider against a third party for payment of such treatment.

''(3) Payment by the Secretary under this section, on behalf of a veteran described in subsection (b), to a provider of emergency treatment, shall, unless rejected and refunded by the provider within 30 days of receipt, extinguish any liability on the part of the veteran for that treatment. Neither the absence of a contract or agreement between the Secretary and the provider nor any provision of a contract, agreement, or assignment to the contrary shall operate to modify, limit, or negate the requirement in the preceding sentence.

''(d) INDEPENDENT RIGHT OF RECOVERY.—(1) In accordance with regulations prescribed by the Secretary, the United States shall have the independent right to recover any amount paid under this section when, and to the extent that, a third party subsequently makes a payment for the same emergency treatment.

''(2) Any amount paid by the United States to the veteran (or the veteran's personal representative, successor, dependents, or survivors) or to any other person or organization paying for such treatment shall constitute a lien in favor of the United States against any recovery the payee subsequently receives from a third party for the same treatment.

''(3) Any amount paid by the United States to the provider that furnished the veteran's emergency treatment shall constitute a lien against any subsequent amount the provider receives from a third party for the same emergency treatment for which the United States made payment.

''(4) The veteran (or the veteran's personal representative, successor, dependents, or survivors) shall ensure that the Secretary is promptly notified of any payment received from any third party for emergency treatment furnished to the veteran. The veteran (or the veteran's personal representative, successor, dependents, or survivors) shall immediately forward all documents relating to such payment, cooperate with the Secretary in the investigation of such payment, and assist the Secretary in enforcing the United States right to recover any payment made under subsection (c)(3).

''(e) WAIVER.—The Secretary, in the Secretary's discretion, may waive recovery of a payment made to a veteran under this section that is otherwise required by subsection (d)(1) when the Secretary determines that such waiver would be in the best interest of the United States, as defined by regulations prescribed by the Secretary.

''(f) DEFINITIONS.—For purposes of this section:

''(1) The term 'emergency treatment' means medical care or services furnished, in the judgment of the Secretary—

''(A) when Department or other Federal facilities are not feasibly available and an attempt to use them beforehand would not be reasonable;

''(B) when such care or services are rendered in a medical emergency of such nature that delay would be hazardous to life or health; and

''(C) until such time as the veteran can be transferred safely to a Department facility or other Federal facility.

''(2) The term 'health-plan contract' includes any of the following:

''(A) An insurance policy or contract, medical or hospital service agreement, membership or subscription contract, or similar arrangement under which health services for individuals are provided or the expenses of such services are paid.

''(B) An insurance program described in section 1811 of the Social Security Act (42 U.S.C. 1395c) or established by section 1831 of such Act (42 U.S.C. 1395j).

''(C) A State plan for medical assistance approved under title XIX of such Act (42 U.S.C. 1396 et seq.).

''(D) A workers' compensation law or plan described in section 1729(a)(2)(A) of this title.

''(E) A law of a State or political subdivision described in section 1729(a)(2)(B) of this title.

''(3) The term 'third party' means any of the following:

''(A) A Federal entity.

''(B) A State or political subdivision of a State.

''(C) An employer or an employer's insurance carrier.

''(D) An automobile accident reparations insurance carrier.

''(E) A person or entity obligated to provide, or to pay the expenses of, health services under a health-plan contract.''.

(b) CONFORMING AMENDMENTS.—(1) Section 1729A(b) is amended—

(A) by redesignating paragraph (6) as paragraph (7); and

(B) by inserting after paragraph (5) the following new paragraph:

''(6) Section 1725 of this title.''.

(2) The table of sections at the beginning of chapter 17 is amended by inserting after the item relating to section 1724 the following new item:

''1725. Reimbursement for emergency treatment.''.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect 180 days after the date of the enactment of this Act.

(d) IMPLEMENTATION REPORTS.—The Secretary of Veterans Affairs shall include with the budget justification materials submitted to Congress in support of the Department of Veterans Affairs budget for fiscal year 2002 and for fiscal year 2003 a report on the implementation of section 1725 of title 38, United States Code, as added by subsection (a). Each such report shall include information on the experience of the Department under that section and the costs incurred, and expected to be incurred, under that section.

SEC. 103. ELIGIBILITY FOR CARE OF COMBAT-INJURED VETERANS.

(a) PRIORITY OF CARE.—Chapter 17 is amended —

(1) in section 1710(a)(2)(D), by inserting ''or who was injured in combat'' after ''former prisoner of war''; and

(2) in section 1705(a)(3), by inserting ''or who were injured in combat'' after ''former prisoners of war''.

(b) DEFINITION OF INJURED IN COMBAT.—Section 1701 is amended by adding at the end the following new paragraph:

''(10) The term 'injured in combat' means wounded in action as the result of an act of an enemy of the United States or otherwise wounded in action by weapon fire while directly engaged in armed conflict (other than as the result of willful misconduct by the wounded individual).''.

SEC. 104. ACCESS TO CARE FOR MILITARY RETIREES.

(a) IMPROVED ACCESS.—(1) Section 1710(a)(2) is amended—

(A) by striking ''or'' at the end of subparagraph (F);

(B) by striking the period at the end of subparagraph (G) and inserting ''; or''; and

(C) by adding at the end the following new subparagraph:

''(H) who has retired from active military, naval, or air service in the Army, Navy, Air Force, or Marine Corps, is eligible for care under the TRICARE program established by the Secretary of Defense, and is not otherwise described in paragraph (1) or in this paragraph.''.

(2) Section 1705(a) is amended—

(A) by redesignating paragraph (7) as paragraph (8);

(B) by inserting after paragraph (6) the following new paragraph (7):

''(7) Veterans who are eligible for hospital care, medical services, and nursing home care under section 1710(a)(2)(H) of this title.''; and

(C) in paragraph (6), by inserting ''(other than subparagraph (H) of such section)'' before the period at the end.

(b) INTERAGENCY AGREEMENT.—(1) The Secretary of Defense shall enter into an agreement (characterized as a memorandum of understanding or otherwise) with the Secretary of Veterans Affairs with respect to the provision of medical care by the Secretary of Veterans Affairs to eligible military retirees in accordance with the amendments made by subsection (a). That agreement shall include provisions for reimbursement of the Secretary of Veterans Affairs by the Secretary of Defense for medical care provided by the Secretary of Veterans Affairs to an eligible military retiree and may include such other provisions with respect to the terms and conditions of such care as may be agreed upon by the two Secretaries.

(2) Reimbursement under that agreement shall be in accordance with rates agreed upon by the Secretary of Defense and the Secretary of Veterans Affairs. Such reimbursement may be made by the Secretary of Defense or by the appropriate TRICARE Managed Care Support contractor, as determined in accordance with that agreement.

(3) In entering into the agreement under paragraph (1), particularly with respect to determination of the rates of reimbursement under paragraph (2), the Secretary of Defense shall consult with TRICARE Managed Care Support contractors.

(4) The Secretary of Veterans Affairs may not enter into an agreement under paragraph (1) for the provision of care in accordance with the amendments made by subsection (a) with respect to any geographic service area, or a part of any such area, of the Veterans Health Administration unless—

(A) in the judgment of that Secretary, the Department of Veterans Affairs will recover the costs of providing such care to eligible military retirees; and

(B) that Secretary has certified and documented, with respect to any geographic service area in which the Secretary proposes to provide care in accordance with the amendments made by subsection (a), that such geographic service area, or designated part of any such area, has adequate capacity (consistent with the requirements in section 1705(b)(1) of title 38, United States Code, that care to enrollees shall be timely and acceptable in quality) to provide such care.

(5) The agreement under paragraph (1) shall be entered into by the Secretaries not later than nine months after the date of the enactment of this Act. If the Secretaries are unable to reach agreement, they shall jointly report, by that date or within 30 days thereafter, to the Committees on Armed Services and the Committees on Veterans' Affairs of the Senate and House of Representatives on the reasons for their inability to reach an agreement and their mutually agreed plan for removing any impediments to final agreement.

(c) DEPOSITING OF REIMBURSEMENTS.—Amounts received by the Secretary of Veterans Affairs under the agreement under subsection (b) shall be deposited in the Department of Veterans Affairs Health Services Improvement Fund established under section 1729B of title 38, United States Code, as added by section 202.

(d) PHASED IMPLEMENTATION.—(1) The Secretary of Defense shall include in each TRICARE contract entered into after the date of the enactment of this Act provisions to implement the agreement under subsection (b).

(2) The amendments made by subsection (a) and the provisions of the agreement under subsection (b)(2) shall apply to the furnishing of medical care by the Secretary of Veterans Affairs in any area of the United States only if that area is covered by a TRICARE contract that was entered into after the date of the enactment of this Act.

(e) ELIGIBLE MILITARY RETIREES.—For purposes of subsection (b), an eligible military retiree is a member of the Army, Navy, Air Force, or Marine Corps who—

(1) has retired from active military, naval, or air service;

(2) is eligible for care under the TRICARE program established by the Secretary of Defense;

(3) has enrolled for care under section 1705 of title 38, United States Code; and

(4) is not described in paragraph (1) or (2) of section 1710(a) of such title (other than subparagraph (H) of such paragraph (2)), as amended by subsection (a).

SEC. 105. BENEFITS FOR PERSONS DISABLED BY PARTICIPATION IN COMPENSATED WORK THERAPY PROGRAM.

Section 1151(a)(2) is amended—

(1) by inserting ''(A)'' after ''proximately caused''; and

(2) by inserting before the period at the end the following: '', or (B) by participation in a program (known as a 'compensated work therapy program') under section 1718 of this title''.

SEC. 106. PILOT PROGRAM OF MEDICAL CARE FOR CERTAIN DEPENDENTS OF ENROLLED VETERANS.

(a) IN GENERAL.—(1) Chapter 17 is amended by inserting after section 1713 the following new section:

''§ 1713A. Medical care for certain dependents of enrolled veterans: pilot program

''(a) The Secretary may, during the program period, carry out a pilot program to provide primary health care services for eligible dependents of veterans in accordance with this section.

''(b) For purposes of this section:

''(1) The term 'program period' means the period beginning on the first day of the first month beginning more than 180 days after the date of the enactment of this section and ending three years after that day.

''(2) The term 'eligible dependent' means an individual who—

''(A) is the spouse or child of a veteran who is enrolled in the system of patient enrollment established by the Secretary under section 1705 of this title; and

''(B) is determined by the Secretary to have the ability to pay for such care or services either directly or through reimbursement or indemnification from a third party.

''(c) The Secretary may furnish health care services to an eligible dependent under this section only if the dependent (or, in the case of a minor, the parent or guardian of the dependent) agrees—

''(1) to pay to the United States an amount representing the reasonable charges for the care or services furnished (as determined by the Secretary); and

''(2) to cooperate with and provide the Secretary an appropriate assignment of benefits, authorization to release medical records, and any other executed documents, information, or evidence reasonably needed by the Secretary to recover the Department's charges for the care or services furnished by the Secretary.

''(d)(1) The health care services provided under the pilot program under this section may consist of such primary hospital care services and such primary medical services as may be authorized by the Secretary. The Secretary may furnish those services directly through a Department medical facility or, subject to paragraphs (2) and (3), pursuant to a contract or other agreement with a non-Department facility (including a health-care provider, as defined in section 8152(2) of this title).

''(2) The Secretary may enter into a contract or agreement to furnish primary health care services under this section in a non-Department facility on the same basis as provided under subsections (a) and (b) of section 1703 of this title or may include such care in an existing or new agreement under section 8153 of this title when the Secretary determines it to be in the best interest of the prevailing standards of the Department medical care program.

''(3) Primary health care services may not be authorized to be furnished under this section at any medical facility if the furnishing of those services would result in the denial of, or a delay in providing, access to care for any enrolled veteran at that facility.

''(e)(1) In the case of an eligible dependent who is furnished primary health care services under this section and who has coverage under a health-plan contract, as defined in section 1729(i)(1) of this title, the United States shall have the right to recover or collect the reasonable charges for such care or services from such health-plan contract to the extent that the individual or the provider of the care or services would be eligible to receive payment for such care or services from such health-plan contract if the care or services had not been furnished by a department or agency of the United States.

''(2) The right of the United States to recover under paragraph (1) shall be enforceable with respect to an eligible dependent in the same manner as applies under subsections (a)(3), (b), (c)(1), (c)(2), (d), (f), (h), and (i) of section 1729 of this title with respect to a veteran.

''(f)(1) Subject to paragraphs (2) and (3), the pilot program under this section shall be carried out during the program period in not more than four veterans integrated service networks, as designated by the Secretary. In designating networks under the preceding sentence, the Secretary shall favor designation of networks that are suited to serve dependents of veterans because of—

''(A) the capability of one or more medical facilities within the network to furnish primary health care services to eligible dependents while assuring that veterans continue to receive priority for care and services;

''(B) the demonstrated success of such medical facilities in billings and collections;

''(C) support for initiating such a pilot program among veterans in the network; and

''(D) such other criteria as the Secretary considers appropriate.

''(2) In implementing the pilot program, the Secretary may not provide health care services for dependents who are children—

''(A) in more than one of the participating networks during the first year of the program period; and

''(B) in more than two of the participating networks during the second year of the program period.

''(3) In implementing the pilot program, the Secretary shall give priority to facilities which operate women veterans' clinics.''.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1713 the following new item:

''1713A. Medical care for certain dependents and enrolled veterans: pilot program.''.

(b) GAO REVIEW AND RECOMMENDATIONS.—(1) Beginning six months after the commencement of the pilot program, the Comptroller General, in consultation with the Under Secretary for Health of the Department of Veterans Affairs, shall monitor the conduct of the pilot program.

(2) Not later than 14 months after the commencement of the pilot program, the Comptroller General shall submit to the Secretary of Veterans Affairs a report setting forth the Comptroller General's findings and recommendations with respect to the first 12 months of operation of the pilot program.

(3)(A) The report under paragraph (2) shall include the findings of the Comptroller General regarding—

(i) whether the collection of reasonable charges for the care or services provided reasonably covers the costs of providing such care and services; and

(ii) whether the Secretary, in carrying out the program, is in compliance with the limitation in subsection (d)(3) of section 1713A of title 38, United States Code, as added by subsection (a).

(B) The report shall include the recommendations of the Comptroller General regarding any remedial steps that the Secretary should take in the conduct of the program or in the billing and collection of charges under the program.

(4) The Secretary, in consultation with, and following receipt of the report of, the Comptroller General, shall take such steps as may be needed to ensure that any recommendations of the Comptroller General in the report under paragraph (2) with respect to billings and collections, and with respect to compliance with the limitation in subsection (d)(3) of such section, are carried out.

(5) For purposes of this subsection, the term ''commencement of the pilot program'' means the date on which the Secretary of Veterans Affairs begins to furnish services to eligible dependents under the pilot program under section 1713A of title 38, United States Code, as added by subsection (a).

SEC. 107. ENHANCED SERVICES PROGRAM AT DESIGNATED MEDICAL CENTERS.

(a) FINDINGS.—Congress makes the following findings:

(1) Historically, health care facilities under the jurisdiction of the Department of Veterans Affairs have not consistently been located in proximity to veteran population concentrations.

(2) Hospital occupancy rates at numbers of Department medical centers are at levels substantially below a level needed for efficient operation and optimal quality of care.

(3) The costs of maintaining highly inefficient medical centers, which were designed and constructed decades ago to standards no longer considered acceptable, substantially diminish the availability of resources which could be devoted to the provision of needed direct care services.

(4) Freeing resources currently devoted to highly inefficient provision of hospital care could, through contracting for acute hospital care and establishing new facilities for provision of outpatient care, yield improved access and service to veterans.

(b) ENHANCED SERVICES PROGRAM AT DESIGNATED MEDICAL CENTERS.—The Secretary of Veterans Affairs, in carrying out the responsibilities of the Secretary to furnish hospital care and medical services through network-based planning, shall establish an enhanced service program at Department medical centers (hereinafter in this section referred to as ''designated centers'') that are designated by the Secretary for the purposes of this section. Medical centers shall be designated to improve access, and quality of service provided, to veterans served by those medical centers. The Secretary may designate a medical center for the program only if the Secretary determines, on the basis of a market and data analysis (which shall include a study of the cost-effectiveness of the care provided at such center), that the medical center—

(1) can, in whole or in part, no longer be operated in a manner that provides hospital or other care efficiently and at optimal quality because of such factors as—

(A) the current and projected need for hospital or other care capacity at such center;

(B) the extent to which the facility is functionally obsolete; and

(C) the cost of operation and maintenance of the physical plant; and

(2) is located in proximity (A) to one or more community hospitals which have the capacity to provide primary and secondary hospital care of appropriate quality to veterans under contract arrangements with the Secretary which the Secretary determines are advantageous to the Department, or (B) to another Department medical center which is capable of absorbing some or all of the patient workload of such medical center.

(c) MEDICAL CENTER PLAN.—The Secretary shall, with respect to each designated center, develop a plan aimed at improving the accessibility and quality of service provided to veterans. Each plan shall be developed in accordance with the requirements for strategic network-based planning described in section 8107 of title 38, United States Code. In the plan for a designated center, the Secretary shall describe a program which, if implemented, would allow the Secretary to do any of the following:

(1) Provide for a Department facility described in subsection (b)(2)(B) to absorb some or all of the patient workload of the designated center.

(2) Contract, under such arrangements as the Secretary determines appropriate, for needed primary and secondary hospital care for veterans—

(A) who reside in the catchment area of each designated center;

(B) who are described in paragraphs (1) through (6) of section 1705(a) of title 38, United States Code; and

(C) whom the Secretary has enrolled for care pursuant to section 1705 of title 38, United States Code.

(3) Cease to provide hospital care, or hospital care and other medical services, at such center.

(4) If practicable, lease, under subchapter V of chapter 81 of title 38, United States Code, land and improvements which had been dedicated to providing care described in paragraph (3).

(5) Establish, through reallocation of operational funds and through appropriate lease arrangements or renovations, facilities for—

(A) delivery of outpatient care; and

(B) services which would obviate a need for nursing home care or other long-term institutional care.

(d) EMPLOYEE PROTECTIONS.—(1) In entering into any contract or lease under subsection (c), the Secretary shall attempt to ensure that employees of the Secretary who would be displaced under this section be given priority in hiring by such contractor, lessee, or other entity.

(2) In carrying out subsection (c)(5), the Secretary shall give preference to providing services through employee-based delivery models.

(e) REQUIRED CONSULTATION.—In developing a plan under subsection (c), the Secretary shall obtain the views of veterans organizations, exclusive employee representatives, and other interested parties and provide for such organizations and parties to participate in the development of the plan.

(f) SUBMISSION OF PLAN TO CONGRESS.—The Secretary may not implement a plan described in subsection (c) with respect to a medical center unless the Secretary has first submitted a report containing a detailed plan and justification to the appropriate committees of Congress. No action to carry out such plan may be taken after the submission of such report until the end of a 45-day period following the date of the submission of the report, not less than 30 days of which shall be days during which Congress shall have been in continuous session. For purposes of the preceding sentence, continuity of a session of Congress is broken only by adjournment sine die, and there shall be excluded from the computation of any period of continuity of session any day during which either House of Congress is not in session during an adjournment of more than three days to a day certain.

(g) IMPLEMENTATION OF PLAN.—In carrying out the plan described in subsection (c), or a modification to that plan following the submission of such plan to the appropriate committees of Congress, the Secretary—

(1) may, without regard to any limitation under section 1703 of title 38, United States Code, contract for hospital care for veterans who are—

(A) described in paragraphs (1) through (6) of section 1705(a) of title 38, United States Code; and

(B) enrolled under subsection (a) of such section 1705;

(2) may enter into any contract under section 8153 of title 38, United States Code;

(3) shall, in exercising the authority of the Secretary under this section to contract for hospital care, provide for ongoing oversight and management, by employees of the Department, of the hospital care furnished such veterans; and

(4) shall, in the case of a designated center which ceases to provide services under the program—

(A) ensure a reallocation of funds as provided in subsection (h); and

(B) provide reemployment assistance to employees.

(h) FUNDS ALLOCATION.—In carrying out subsection (g)(4), the Secretary shall ensure that not less than 90 percent of the funds that would have been made available to a designated center to support the provision of services, but for such mission change, shall be made available to the appropriate health care region of the Veterans Health Administration to ensure that the implementation of the plan under subsection (g) will result in demonstrable improvement in the accessibility, and quality of service provided, to veterans in the catchment area of such center.

(i) SPECIALIZED SERVICES.—The provisions of this section do not diminish the obligations of the Secretary under section 1706(b) of title 38, United States Code.

(j) REPORT.—Not later than 12 months after implementation of any plan under subsection (b), the Secretary shall submit to Congress a report on the implementation of the enhanced service program.

(k) RESIDUAL AUTHORITY.—Nothing in this section may be construed to diminish the authority of the Secretary to—

(1) consolidate, eliminate, abolish, or redistribute the functions or missions of facilities in the Department;

(2) revise the functions or missions of any such facility or activity; or

(3) create new facilities or activities in the Department.

SEC. 108. COUNSELING AND TREATMENT FOR VETERANS WHO HAVE EXPERIENCED SEXUAL TRAUMA.

(a) EXTENSION OF PERIOD OF PROGRAM.—Subsection (a) of section 1720D is amended—

(1) in paragraph (1), by striking ''December 31, 2001'' and inserting ''December 31, 2002''; and

(2) in paragraph (3), by striking ''December 31, 2001'' and inserting ''December 31, 2002''.

(b) MANDATORY NATURE OF PROGRAM.—(1) Subsection (a)(1) of such section is further amended by striking ''may provide counseling to a veteran who the Secretary determines requires such counseling'' and inserting ''shall operate a program under which the Secretary provides counseling and appropriate care and services to veterans who the Secretary determines require such counseling and care and services''.

(2) Subsection (a) of such section is further amended—

(A) by striking paragraph (2); and

(B) by redesignating paragraph (3) (as amended by subsection (a)(2)) as paragraph (2).

(c) OUTREACH EFFORTS.—Subsection (c) of such section is amended—

(1) by inserting ''and treatment'' in the first sentence and in paragraph (2) after ''counseling'';

(2) by striking ''and'' at the end of paragraph (1);

(3) by redesignating paragraph (2) as paragraph (3); and

(4) by inserting after paragraph (1) the following new paragraph (2):

''(2) shall ensure that information about the counseling and treatment available to veterans under this section—

''(A) is revised and updated as appropriate;

''(B) is made available and visibly posted at appropriate facilities of the Department; and

''(C) is made available through appropriate public information services; and''.

(d) REPORT ON IMPLEMENTATION OF OUTREACH ACTIVITIES.—Not later than six months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the Secretary's implementation of paragraph (2) of section 1720D(c) of title 38, United States Code, as added by subsection (c). Such report shall include examples of the documents and other means of communication developed for compliance with that paragraph.

(e) STUDY OF EXPANDING ELIGIBILITY FOR COUNSELING AND TREATMENT.—(1) The Secretary of Veterans Affairs, in consultation with the Secretary of Defense, shall conduct a study to determine—

(A) the extent to which former members of the reserve components of the Armed Forces experienced physical assault of a sexual nature or battery of a sexual nature while serving on active duty for training;

(B) the extent to which such former members have sought counseling from the Department of Veterans Affairs relating to those incidents; and

(C) the additional resources that, in the judgment of the Secretary, would be required to meet the projected need of those former members for such counseling.

(2) Not later than 16 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the results of the study conducted under paragraph (1).

(f) OVERSIGHT OF OUTREACH ACTIVITIES.—Not later than 14 months after the date of the enactment of this Act, the Secretary of Veterans Affairs and the Secretary of Defense shall submit to the appropriate congressional committees a joint report describing in detail the collaborative efforts of the Department of Veterans Affairs and the Department of Defense to ensure that members of the Armed Forces, upon separation from active military, naval, or air service, are provided appropriate and current information about programs of the Department of Veterans Affairs to provide counseling and treatment for sexual trauma that may have been experienced by those members while in the active military, naval, or air service, including information about eligibility requirements for, and procedures for applying for, such counseling and treatment. The report shall include proposed recommendations from both the Secretary of Veterans Affairs and the Secretary of Defense for the improvement of their collaborative efforts to provide such information.

(g) REPORT ON IMPLEMENTATION OF SEXUAL TRAUMA TREATMENT PROGRAM.—Not later than 14 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the use made of the authority provided under section 1720D of title 38, United States Code, as amended by this section. The report shall include the following with respect to activities under that section since the enactment of this Act:

(1) The number of veterans who have received counseling under that section.

(2) The number of veterans who have been referred to non-Department mental health facilities and providers in connection with sexual trauma counseling and treatment.

TITLE II—PROGRAM ADMINISTRATION

SEC. 201. MEDICAL CARE COLLECTIONS.

(a) LIMITED AUTHORITY TO SET COPAYMENTS.—(1) Section 1722A is amended—

(A) by redesignating subsections (b) and (c) as subsections (c) and (d), respectively;

(B) by inserting after subsection (a) the following new subsection (b):

''(b) The Secretary, pursuant to regulations which the Secretary shall prescribe, may—

''(1) increase the copayment amount in effect under subsection (a);

''(2) establish a maximum annual pharmaceutical copayment amount under subsection (a) for veterans who have multiple outpatient prescriptions; and

''(3) require a veteran, other than a veteran described in subsection (a)(3), to pay to the United States a reasonable copayment for sensori-neural aids, electronic equipment, and any other costly item or equipment furnished the veteran for a nonservice-connected condition, other than a wheelchair or artificial limb.''; and

(C) in subsection (c), as redesignated by subparagraph (A)—

(i) by striking ''this section'' and inserting ''subsection (a)''; and

(ii) by adding at the end the following new sentence: ''Amounts collected through use of the authority under subsection (b) shall be deposited in Department of Veterans Affairs Health Services Improvement Fund.''.

(2)(A) The heading of such section is amended to read as follows:

''§ 1722A. Copayments for medications and certain costly items and equipment''.

(B) The item relating to such section in the table of sections at the beginning of chapter 17 is amended to read as follows:

''1722A. Copayments for medications and certain costly items and equipment.''.

(b) OUTPATIENT TREATMENT OF CATEGORY C VETERANS.—(1) Section 1710(g) is amended—

(A) in paragraph (1), by striking ''the amount under paragraph (2) of this subsection'' and inserting ''in the case of each outpatient visit the applicable amount or amounts established by the Secretary by regulation''; and

(B) in paragraph (2), by striking all after ''for an amount'' and inserting ''which the Secretary shall establish by regulation.''.

SEC. 202. HEALTH SERVICES IMPROVEMENT FUND.

(a) ESTABLISHMENT OF FUND.—Chapter 17 is amended by inserting after section 1729A the following new section:

''§ 1729B. Health Services Improvement Fund

''(a) There is established in the Treasury of the United States a fund to be known as the 'Department of Veterans Affairs Health Services Improvement Fund'.

''(b) Amounts received or collected after the date of the enactment of this section under any of the following provisions of law shall be deposited in the fund:

''(1) Section 1713A of this title.

''(2) Section 1722A(b) of this title.

''(3) Section 8165(a) of this title.

''(4) Section 104(c) of the Veterans' Millennium Health Care Act.

''(c) Amounts in the fund are hereby available, without fiscal year limitation, to the Secretary for the purposes stated in subparagraphs (A) and (B) of section 1729A(c)(1) of this title.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is

amended by inserting after the item relating to section 1729A the following new item:

''1729B. Health Services Improvement Fund.''.

SEC. 203. VETERANS TOBACCO TRUST FUND.

(a) FINDINGS.—Congress finds the following:

(1) Smoking related illnesses, including cancer, heart disease, and emphysema, are highly prevalent among the more than 3,000,000 veterans who use the Department of Veterans Affairs health care system annually.

(2) The Department of Veterans Affairs estimates that it spent $3,600,000,000 in 1997 to treat smoking-related illnesses and that over the next five years it will spend $20,000,000,000 on such care.

(3) Congress established the Department of Veterans Affairs in furtherance of its constitutional power to provide for the national defense in order to provide benefits and services to veterans of the uniformed services.

(4) There is in the Department of Veterans Affairs a health care system which has as its primary function to provide a complete medical and hospital service for the medical care and treatment of such veterans as can be served through available appropriations.

(5) The Federal Government, including the Department of Veterans Affairs, has lacked the means to prevent the onset of smoking-related illnesses among veterans and has had no authority to deny needed treatment to any veteran on the basis that an illness is or might be smoking-related.

(6) With some 20 percent of its health care budget absorbed in treating smoking-related illnesses, the Department of Veterans Affairs health care system has lacked resources to provide needed nursing home care, home care, community-based ambulatory care, and other services to tens of thousands of other veterans.

(7) The network of academically affiliated medical centers of the Department of Veterans Affairs provides a unique system within which outstanding medical research is conducted and which has the potential to expand significantly ongoing research on tobacco-related illnesses.

(b) ESTABLISHMENT OF TRUST FUND.—(1) Chapter 17 is amended by inserting after section 1729B, as added by section 202(a), the following new section:

''§ 1729C. Veterans Tobacco Trust Fund

''(a) There is established in the Treasury of the United States a trust fund to be known as the 'Veterans Tobacco Trust Fund', consisting of such amounts as may be appropriated, credited, or donated to the trust fund.

''(b) If the United States pursues recovery (other than a recovery authorized under this title) from a party or parties specifically for health care costs incurred or to be incurred by the United States that are attributable to tobacco-related illnesses, there shall be credited to the trust fund from the amount of any such recovery by the United States, without further appropriation, the amount that bears the same ratio to the amount recovered as the amount of the Department's costs for health care attributable to tobacco-related illnesses for which recovery is sought bears to the total amount sought by the United States.

''(c) After September 30, 2004, amounts in the trust fund shall be available, without fiscal year limitation, to the Secretary for the following purposes:

''(1) Furnishing medical care and services under this chapter, to be available during any fiscal year for the same purposes and subject to the same limitations (other than with respect to the period of availability for obligation) as apply to amounts appropriated from the general fund of the Treasury for that fiscal year for medical care.

''(2) Conducting medical research, rehabilitation research, and health systems research, with particular emphasis on research relating to prevention and treatment of, and rehabilitation from, tobacco addiction and diseases associated with tobacco use.''.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1729B, as added by section 202(b), the following new item:

''1729C. Veterans Tobacco Trust Fund.''.

SEC. 204. AUTHORITY TO ACCEPT FUNDS FOR EDUCATION AND TRAINING.

(a) ESTABLISHMENT OF NONPROFIT CORPORATIONS AT MEDICAL CENTERS.—Section 7361(a) is amended—

(1) by inserting ''and education'' after ''research''; and

(2) by adding at the end the following: ''Such a corporation may be established to facilitate either research or education or both research and education.''.

(b) PURPOSE OF CORPORATIONS.—Section 7362 is amended—

(1) in the first sentence, by inserting ''and education and training as described in sections 7302, 7471, 8154, and 1701(6)(B) of this title'' after ''of this title''; and

(2) in the second sentence—

(A) by inserting ''or education'' after ''research''; and

(B) by striking ''that purpose'' and inserting ''these purposes''.

(c) BOARD OF DIRECTORS.—Section 7363(a) is amended—

(1) in subsection (a)(1), by striking all after ''medical center, and'' and inserting ''as appropriate, the assistant chief of staff for research for the medical center and the associate chief of staff for education for the medical center, or, in the case of a facility at which such positions do not exist, those officials who are responsible for carrying out the responsibilities of the medical center director, chief of staff, and, as appropriate, the assistant chief of staff for research and the assistant chief for education; and'';

(2) in subsection (a)(2), by inserting ''or education, as appropriate'' after ''research''; and

(3) in subsection (c), by inserting ''or education'' after ''research''.

(d) APPROVAL OF EXPENDITURES.—Section 7364 is amended by adding at the end the following new subsection:

''(c)(1) A corporation established under this subchapter may not spend funds for an education activity unless the activity is approved in accordance with procedures prescribed by the Under Secretary for Health.

''(2) The Under Secretary for Health shall prescribe policies and procedures to guide the expenditure of funds by corporations under paragraph (1) consistent with the purpose of such corporations as flexible funding mechanisms.''.

SEC. 205. EXTENSION AND REVISION OF CERTAIN AUTHORITIES.

(a) READJUSTMENT COUNSELING PROGRAM.—Section 1712A(a)(1)(B)(ii) is amended by striking ''2000'' and inserting ''2003''.

(b) COMMITTEE ON MENTALLY ILL VETERANS.—Section 7321(d)(2) is amended by striking ''three'' and inserting ''five''.

(c) COMMITTEE ON POST-TRAUMATIC STRESS DISORDER.—Section 110 of Public Law 98–528 (38 U.S.C. 1712A note) is amended—

(1) in subsection (e)(1), by striking ''March 1, 1985'' and inserting ''March 1, 2000''; and

(2) in subsection (e)(2), by striking ''February 1, 1986'' and inserting ''February 1, 2001''.

(d) EXTENSION OF AUTHORITY TO MAKE GRANTS.—Section 3(a)(2) of the Homeless Veterans Comprehensive Service Programs Act of 1992 (38 U.S.C. 7721 note) is amended by striking ''September 30, 1999'' and inserting ''September 30, 2002''.

(e) AUTHORITY TO MAKE GRANTS FOR HOMELESS VETERANS.—Section 3(b)(2) of the Homeless Veterans Comprehensive Service Programs Act of 1992 (38 U.S.C. 7721 note) is amended by striking ''and no more than 20 programs which incorporate the procurement of vans as described in paragraph (1)''.

SEC. 206. STATE HOME GRANT PROGRAM.

(a) GENERAL REGULATIONS.—Section 8134 is amended—

(1) by redesignating subsection (b) as subsection (c);

(2) by striking the matter in subsection (a) preceding paragraph (2) and inserting the following:

''(a)(1) The Secretary shall prescribe regulations for the purposes of this subchapter.

''(2) In those regulations, the Secretary shall prescribe for each State the number of nursing home and domiciliary beds for which assistance under this subchapter may be furnished. Such regulations shall be based on projected demand for such care 10 years after the date of the enactment of the Veterans' Millennium Health Care Act by veterans who at such time are 65 years of age or older and who reside in that State. In determining such projected demand, the Secretary shall take into account travel distances for veterans and their families.

''(3)(A) In those regulations, the Secretary shall establish criteria under which the Secretary shall determine, with respect to an application for assistance under this subchapter for a project described in subparagraph (B) which is from a State that has a need for additional beds as determined under subsections (a)(2) and (d)(1), whether the need for such beds is most aptly characterized as great, significant, or limited. Such criteria shall take into account the availability of beds already operated by the Secretary and other providers which appropriately serve the needs which the State proposes to meet with its application.

''(B) This paragraph applies to a project for the construction or acquisition of a new State home facility, to a project to increase the number of beds available at a State home facility, and a project to replace beds at a State home facility.

''(4) The Secretary shall review and, as necessary, revise regulations prescribed under paragraphs (2) and (3) not less often than every four years.

''(b) The Secretary shall prescribe the following by regulation:'';

(3) by redesignating paragraphs (2) and (3) of subsection (b), as designated by paragraph (2), as paragraphs (1) and (2);

(4) in subsection (c), as redesignated by paragraph (1), by striking ''subsection (a)(3)'' and inserting ''subsection (b)(2)''; and

(5) by adding at the end the following new subsection:

''(d)(1) In prescribing regulations to carry out this subchapter, the Secretary shall provide that in the case of a State that seeks assistance under this subchapter for a project described in subsection (a)(3)(B), the determination of the unmet need for beds for State homes in that State shall be reduced by the number of beds in all previous applications submitted by that State under this subchapter, including beds which have not been recognized by the Secretary under section 1741 of this title.

''(2)(A) Financial assistance under this subchapter for a renovation project may only be provided for a project for which the total cost of construction is in excess of $400,000 (as adjusted from time to time in such regulations to reflect changes in costs of construction).

''(B) For purposes of this paragraph, a renovation project is a project to remodel or alter existing buildings for which financial assistance under this subchapter may be provided and does not include maintenance and repair work which is the responsibility of the State.''.

(b) APPLICATIONS WITH RESPECT TO PROJECTS.—Section 8135 is amended—

(1) in subsection (a)—

(A) by striking ''set forth—'' in the matter preceding paragraph (1) and inserting ''set forth the following:'';

(B) by capitalizing the first letter of the first word in each of paragraphs (1) through (9);

(C) by striking the comma at the end of each of paragraphs (1) through (7) and inserting a period; and

(D) by striking '', and'' at the end of paragraph (8) and inserting a period;

(2) by redesignating subsections (b), (c), (d), and (e) as subsections (c), (d), (e), and (f), respectively;

(3) by inserting after subsection (a) the following new subsection (b):

''(b)(1) Any State seeking to receive assistance under this subchapter for a project that would involve construction or acquisition of either nursing home or domiciliary facilities shall include with its application under subsection (a) the following:

''(A) Documentation (i) that the site for the project is in reasonable proximity to a sufficient concentration and population of veterans who are 65 years of age and older, and (ii) that there is a reasonable basis to conclude that the facilities when complete will be fully occupied.

''(B) A financial plan for the first three years of operation of such facilities.

''(C) A five-year capital plan for the State home program for that State.

''(2) Failure to provide adequate documentation under paragraph (1)(A) or to provide an adequate financial plan under paragraph (1)(B) shall be a basis for disapproving the application.''; and

(4) in subsection (c), as redesignated by paragraph (2)—

(A) in paragraph (1), by striking ''for a grant under subsection (a) of this section'' in the matter preceding subparagraph (A) and inserting ''under subsection (a) for financial assistance under this subchapter'';

(B) in paragraph (2)—

(i) by striking ''the construction or acquisition of'' in subparagraph (A); and

(ii) by striking subparagraphs (B), (C), and (D) and inserting the following:

''(B) An application from a State for a project at an existing facility to remedy a condition or conditions that have been cited by an accrediting institution, by the Secretary, or by a local licensing or approving body of the State as being threatening to the lives or safety of the patients in the facility.

''(C) An application from a State that has not previously applied for award of a grant under this subchapter for construction or acquisition of a State nursing home.

''(D) An application for construction or acquisition of a nursing home or domiciliary from a State that the Secretary determines, in accordance with regulations under this subchapter, has a great need for the beds to be established at such home or facility.

''(E) An application from a State for renovations to a State home facility other than renovations described in subparagraph (B).

''(F) An application for construction or acquisition of a nursing home or domiciliary from a State that the Secretary determines, in accordance with regulations under this subchapter, has a significant need for the beds to be established at such home or facility.

''(G) An application that meets other criteria as the Secretary determines appropriate and has established in regulations.

''(H) An application for construction or acquisition of a nursing home or domiciliary from a State that the Secretary determines, in accordance with regulations under this subchapter, has a limited need for the beds to be established at such home or facility.''; and

(C) in paragraph (3), by striking subparagraph (A) and inserting the following:

''(A) may not accord any priority to a project for the construction or acquisition of a hospital; and''.

(c) TRANSITION.—The provisions of sections 8134 and 8135 of title 38, United States Code, as in effect on June 1, 1999, shall continue in effect after such date with respect to applications described in section 8135(b)(2)(A) of such title, as in effect on that date, that are identified on the list that (1) is described in section 8135(b)(4) of such title, as in effect on that date, and (2) was established by the Secretary of Veterans Affairs on October 29, 1998.

(d) EFFECTIVE DATE FOR INITIAL REGULATIONS.—The Secretary of Veterans Affairs shall prescribe the initial regulations under subsection (a) of section 8134 of title 38, United States Code, as added by subsection (a), not later than April 30, 2000.

SEC. 207. EXPANSION OF ENHANCED-USE LEASE AUTHORITY.

(a) AUTHORITY.—Section 8162(a)(2) is amended—

(1) by striking ''only if the Secretary'' and inserting ''only if—

''(A) the Secretary'';

(2) by redesignating subparagraphs (A), (B), and (C) as clauses (i), (ii), and (iii), respectively, and realigning those clauses so as to be four ems from the left margin;

(3) by striking the period at the end of clause (iii), as so redesignated, and inserting ''; or''; and

(4) by adding at the end the following:

''(B) the Secretary determines that the implementation of a business plan proposed by the Under Secretary for Health for applying the consideration under such a lease to the provision of medical care and services would result in a demonstrable improvement of services to eligible veterans in the geographic service-delivery area within which the property is located.''.

(b) TERM OF ENHANCED-USE LEASE.—Section 8162(b) is amended—

(1) in paragraph (2), by striking ''may not exceed—'' and all that follows and inserting ''may not exceed 75 years.''; and

(2) by striking paragraph (4) and inserting the following:

''(4) The terms of an enhanced-use lease may provide for the Secretary to—

''(A) obtain facilities, space, or services on the leased property; and

''(B) use minor construction funds for capital contribution payments.''.

(c) DESIGNATION OF PROPERTY PROPOSED TO BE LEASED.—(1) Subsection (b) of section 8163 is amended—

(A) by striking ''include—'' and inserting ''include the following:'';

(B) by capitalizing the first letter of the first word of each of paragraphs (1), (2), (3), (4), and (5);

(C) by striking the semicolon at the end of paragraphs (1), (2), and (3) and inserting a period; and

(D) by striking subparagraphs (A), (B), and (C) of paragraph (4) and inserting the following:

''(A) would—

''(i) contribute in a cost-effective manner to the mission of the Department;

''(ii) not be inconsistent with the mission of the Department;

''(iii) not adversely affect the mission of the Department; and

''(iv) affect services to veterans; or

''(B) would result in a demonstrable improvement of services to eligible veterans in the geographic service-delivery area within which the property is located.''.

(2) Subparagraph (E) of subsection (c)(1) of that section is amended by striking clauses (i), (ii), and (iii) and inserting the following:

''(i) would—

''(I) contribute in a cost-effective manner to the mission of the Department;

''(II) not be inconsistent with the mission of the Department;

''(III) not adversely affect the mission of the Department; and

''(IV) affect services to veterans; or

''(ii) would result in a demonstrable improvement of services to eligible veterans in the geographic service-delivery area within which the property is located.''.

(d) USE OF PROCEEDS.—Section 8165(a) is amended—

(1) by striking paragraph (1) and inserting the following:

''(a)(1) Funds received by the Department under an enhanced-use lease and remaining after any deduction from those funds under subsection (b) shall be deposited in the Department of Veterans Affairs Health Services Improvement Fund established under section 1729B of this title. The Secretary shall make available to the designated health care region of the Veterans Health Administration within which the leased property is located not less than 75 percent of the amount deposited in the fund attributable to that lease.''; and

(2) by adding at the end the following new paragraph:

''(3) For the purposes of paragraph (1), the term 'designated health care region of the Veterans Health Administration' means a geographic area designated by the Secretary for the purposes of the management of, and allocation of resources for, health care services provided by the Veterans Health Administration.''.

(e) REPEAL OF TERMINATION PROVISION.—(1) Section 8169 is repealed.

(2) The table of sections at the beginning of chapter 81 is amended by striking the item relating to section 8169.

(f) REPEAL OF OBSOLETE PROVISIONS.—Section 8162 is amended—

(1) by striking the last sentence of subsection (a)(1); and

(2) by striking subsection (c).

SEC. 208. INELIGIBILITY FOR EMPLOYMENT BY VETERANS HEALTH ADMINISTRATION OF HEALTH CARE PROFESSIONALS WHO HAVE LOST LICENSE TO PRACTICE IN ONE JURISDICTION WHILE STILL LICENSED IN ANOTHER JURISDICTION.

Section 7402 is amended by adding at the end the following new subsection:

''(f) A person may not be employed in a position under subsection (b) (other than under paragraph (4) of that subsection) if—

''(1) the person is or has been licensed, registered, or certified (as applicable to such position) in more than one State; and

''(2) either—

''(A) any of those States has terminated such license, registration, or certification for cause; or

''(B) the person has voluntarily relinquished such license, registration, or certification in any of those States after being notified in writing by that State of potential termination for cause.''.

TITLE III—MISCELLANEOUS

SEC. 301. REVIEW OF PROPOSED CHANGES TO OPERATION OF MEDICAL FACILITIES.

Section 8110 is amended by adding at the end the following new subsections:

''(d) The Secretary may not in any fiscal year close more than 50 percent of the beds within a bed section (of 20 or more beds) of a Department medical center unless the Secretary first submits to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report providing a justification for the closure. No action to carry out such closure may be taken after the submission of such report until the end of the 21-day period beginning on the date of the submission of the report.

''(e) The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives, not later than January 20 of each year, a report documenting by network for the preceding fiscal year the following:

''(1) The number of medical service and surgical service beds, respectively, that were closed during that fiscal year and, for each such closure, a description of the changes in delivery of services that allowed such closure to occur.

''(2) The number of nursing home beds that were the subject of a mission change during that fiscal year and the nature of each such mission change.

''(f) For purposes of this section:

''(1) The term 'closure', with respect to beds in a medical center, means ceasing to provide staffing for, and to operate, those beds. Such term includes converting the provision of such bed care from care in a Department facility to care under contract arrangements.

''(2) The term 'bed section', with respect to a medical center, means psychiatric beds (including beds for treatment of substance abuse and post-traumatic stress disorder), intermediate, neurology, and rehabilitation medicine beds, extended care (other than nursing home) beds, and domiciliary beds.

''(3) The term 'justification', with respect to closure of beds, means a written report that includes the following:

''(A) An explanation of the reasons for the determination that the closure is appropriate and advisable.

''(B) A description of the changes in the functions to be carried out and the means by which such care and services would continue to be provided to eligible veterans.

''(C) A description of the anticipated effects of the closure on veterans and on their access to care.''.

SEC. 302. PATIENT SERVICES AT DEPARTMENT FACILITIES.

(a) SCOPE OF SERVICES.—Section 7803 is amended—

(1) in subsection (a)—

(A) by striking ''(a)'' before ''The canteens''; and

(B) by striking ''in this subsection;'' and all that follows through ''the premises'' and inserting ''in this section''; and

(2) by striking subsection (b).

(b) TECHNICAL AMENDMENTS.—(1) Paragraphs (1) and (11) of section 7802 are each amended by striking ''hospitals and homes'' and inserting ''medical facilities''.

(2) Section 7803, as amended by subsection (a), is amended—

(A) by striking ''hospitals and homes'' each place it appears and inserting ''medical facilities''; and

(B) by striking ''hospital or home'' and inserting ''medical facility''.

SEC. 303. REPORT ON ASSISTED LIVING SERVICES.

Not later than April 1, 2000, the Secretary of Veterans Affairs shall submit to the Committees on Veterans Affairs of the Senate and House of Representatives a report on the feasibility of establishing a pilot program to assist veterans in receiving needed assisted living services. The Secretary shall include in such report recommendations on—

(1) the services and staffing that should be provided to a veteran receiving assisted living services under such a pilot program;

(2) the appropriate design of such a pilot program; and

(3) the issues that such a pilot program should be designed to address.

SEC. 304. CHIROPRACTIC TREATMENT.

(a) ESTABLISHMENT OF PROGRAM.—Within 120 days after the date of the enactment of this Act, the Under Secretary for Health of the Department of Veterans Affairs, after consultation with chiropractors, shall establish a policy for the Veterans Health Administration regarding the role of chiropractic treatment in the care of veterans under chapter 17 of title 38, United States Code.

(b) DEFINITIONS.—For purposes of this section:

(1) The term ''chiropractic treatment'' means the manual manipulation of the spine performed by a chiropractor for the treatment of such musculo-skeletal conditions as the Secretary considers appropriate.

(2) The term ''chiropractor'' means an individual who—

(A) is licensed to practice chiropractic in the State in which the individual performs chiropractic services; and

(B) holds the degree of doctor of chiropractic from a chiropractic college accredited by the Council on Chiropractic Education.

SEC. 305. DESIGNATION OF HOSPITAL BED REPLACEMENT BUILDING AT IOANNIS A. LOUGARIS DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, RENO, NEVADA.

The hospital bed replacement building under construction at the Ioannis A. Lougaris Department of Veterans Affairs Medical Center in Reno, Nevada, is hereby designated as the ''Jack Streeter Building''. Any reference to that building in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the Jack Streeter Building.

TITLE IV—CONSTRUCTION AND FACILITIES MATTERS

SEC. 401. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS.

The Secretary of Veterans Affairs may carry out the following major medical facility projects, with each project to be carried out in the amount specified for that project:

(1) Renovation to provide a domiciliary at Orlando, Florida, in a total amount not to exceed $2,400,000, to be derived only from funds appropriated for Construction, Major Projects, for a fiscal year before fiscal year 2000 that remain available for obligation.

(2) Surgical addition at the Kansas City, Missouri, Department of Veterans Affairs medical center, in an amount not to exceed $13,000,000.

SEC. 402. AUTHORIZATION OF MAJOR MEDICAL FACILITY LEASES.

The Secretary of Veterans Affairs may enter into leases for medical facilities as follows:

(1) Lease of an outpatient clinic, Lubbock, Texas, in an amount not to exceed $1,112,000.

(2) Lease of a research building, San Diego, California, in an amount not to exceed $1,066,500.

SEC. 403. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2000 and for fiscal year 2001—

(1) for the Construction, Major Projects, account $13,000,000 for the project authorized in section 401(2); and

(2) for the Medical Care account, $2,178,500 for the leases authorized in section 402.

(b) LIMITATION.—The project authorized in section 401(2) may only be carried out using—

(1) funds appropriated for fiscal year 2000 or fiscal year 2001 pursuant to the authorization of appropriations in subsection (a);

(2) funds appropriated for Construction, Major Projects, for a fiscal year before fiscal year 2000 that remain available for obligation; and

(3) funds appropriated for Construction, Major Projects, for fiscal year 2000 for a category of activity not specific to a project.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona (Mr. STUMP) and the gentleman from Texas (Mr. REYES) each will control 20 minutes.

The Chair recognizes the gentleman from Arizona (Mr. STUMP).

GENERAL LEAVE

Mr. STUMP. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 2116.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arizona?

There was no objection.

Mr. STUMP. Mr. Speaker, I yield such time as I may consume.

(Mr. STUMP asked and was given permission to revise and extend his remarks.)

Mr. STUMP. Mr. Speaker, H.R. 2116, the Veterans' Millennium Health Care Act, is an important bill that is strongly supported by veterans and their service organizations.

This bill would improve access to long-term health care for our most severely disabled veterans. It would authorize the VA to pay reasonable emergency care costs for service-connected disabled veterans who have no health insurance or other medical coverage. It would impose new requirements that the VA must follow to further consolidate or realign facilities. It also increases the health care priority provided for combat-injured veterans and for military retirees choosing to use the VA health services. It would expand VA's flexibility to generate new revenue and spend it on health care for veterans.

H.R. 2116 also extends the VA's authority to make existing grants to homeless veterans.

I urge my colleagues to support the legislation on H.R. 2116, as amended.

Mr. Speaker, I reserve the balance of my time.

Mr. REYES. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the gentleman from Illinois (Mr. EVANS), the ranking Democratic member of the Committee on Veterans' Affairs, has been unavoidably detained, so I will be managing the bill on his behalf this afternoon.

Mr. Speaker, I rise today in support of the Veterans Millennium Health Care Act, H.R. 2116. I thank the gentleman from Arizona (Chairman STUMP); the gentleman from Illinois (Mr. EVANS); the ranking member, the

gentleman from Florida (Chairman STEARNS); and the gentleman from Illinois (Mr. GUTIERREZ), the ranking Democratic member of the Subcommittee on Health for their fine work on this measure and their support in incorporating certain provisions.

The gentleman from Illinois (Mr. EVANS) has long supported in this important bill the issues that are very important and vital for our veterans.

This is an ambitious, but realistic bill. It recognizes recent disturbing trends in funding for veterans health care, notwithstanding the committee's support of significant funding increases.

□ 1415

This bill will better assure Congress that the VA is continuing to meet vital needs for long-term care services for our veterans. It gives Congress better assurance that the Veterans' Administration will plan effectively for ways to continue treating veterans, regardless of the health care setting.

It will also allow high-priority veterans, who regularly use the VA system, to receive reimbursement for emergency care services. The millennium plan establishes a good baseline for meeting veterans' needs for long-term health care. It provides that veterans with the highest priority for care, those with health care conditions due to military service, receive all of the long-term care that they actually need.

This measure also contains a report-and-wait requirement. This responds to the concerns that VA is dismantling its inpatient programs without adequately planning to fulfill veterans' needs in outpatient or community settings.

This measure also further allows the Veterans' Administration to reimburse certain enrolled veterans for medical emergency expenditures. Veterans who rely on the Veterans' Administration for their health care have been financially devastated by medical emergencies which require them to seek care from the closest available health care facility. Veterans have been told by the VA staff to go to the closest health care facility for emergency care; but once the bills come, the VA has refused repeatedly to reimburse these veterans. The VA should not abandon these veterans when they have a health care emergency.

This millennium bill will also require the Veterans' Administration to work with chiropractors to develop a policy that will allow veterans better access to chiropractic services within the Veterans' Administration. It is abundantly clear that the VA is not operating in a world of unlimited resources. I believe that this bill has many positive gains for veterans while not imposing unreasonable new costs onto an already fiscally strapped system. I endorse this ambitious bipartisan legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. STUMP. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. STEARNS), the chairman of our Subcommittee on Health.

Mr. STEARNS. Mr. Speaker, I thank the distinguished chairman of the Committee on Veterans' Affairs, and I rise in support of H.R. 2116, as amended.

Mr. Speaker, I believe we will one day look back and note on September 21, 1999, that the House took two historic actions on behalf of our American veterans. First, it added $1.7 billion for veterans' medical care; and, second, it adopted the Veterans' Millennium Health Care Act, H.R. 2116.

This important legislation tackles some of the major challenges facing the VA health care system. In doing so, Mr. Speaker, it offers a blueprint to help position the Veterans Administration for the future. Overall, the bill has four central themes: first, to give VA much needed direction for meeting veterans' long-term care needs; second, it expands veterans' access to health care; third, it closes gaps in current eligibility law; and, fourth, it makes needed reforms that will further improve the VA health care system.

Foremost among vast challenges are the long-term care needs of aging veterans. That challenge has gone unanswered, Mr. Speaker, for too long. This legislation would put a halt to the steady erosion we have seen in the VA long-term care program, and it would establish a framework for expanding access to needed long-term care services.

The bill tackles the challenge posed by the General Accounting Office audit which found that VA may spend billions of dollars in the next 5 years to operate unneeded buildings. In testimony before my subcommittee, the GAO stated that one of every four VA medical care dollars is spent in maintaining buildings rather than caring for patients.

It is no secret that the VA is discussing hospital closures and, in some locations, in some locations, that may be appropriate. The point is that the VA has closure authority today and, my colleagues, has already used it. We should not let tight budgets drive such decisions, however. This bill, instead, requires that decisions on hospital missions must be based on comprehensive studies and planning. The process must include veterans' organizations and the employee groups.

In short, the bill puts in place numerous safeguards to help and protect veterans. Most important, it would specifically provide that the VA cannot simply stop operating a hospital and walk away from its responsibility to those veterans. It must ''reinvest'' savings in a new, improved treatment facility or improved services in the area.

This is a very reasonable approach. The VA health care system has certainly improved significantly in the last 4 years. This comprehensive bill, my colleagues, continues the VA on the course towards improving veterans' access to needed care. I am proud that this bill breaks new ground. It is a bold step forward for our veterans in the area of long-term care, emergency care coverage, military retirees' care, and placing the VA health care system on a sounder footing.

Now, we have worked closely with veterans' organizations in developing this legislation. It was not done in a vacuum. And they have recognized the important advances this bill would establish. It is important that the two largest veterans' organizations, representing millions of veterans, the American Legion and Veterans of Foreign Wars, have endorsed this bill. Many other organizations also support the bill, including AMVETS, the Vietnam Veterans of America, the Non-Commissioned Officers Association, the Military Order of the Purple Heart, the Retired Enlisted Association and, Mr. Speaker, the 26 organizations making up the Military Coalition.

So I urge my colleagues to join with me and others here in passing this bill and supporting it on the House floor.

Mr. REYES. Mr. Speaker, I yield 6 minutes to the gentleman from Maine (Mr. BALDACCI).

Mr. BALDACCI. Mr. Speaker, I wish to thank my colleague, the gentleman from Texas (Mr. REYES), for managing the bill, and for the committee and their work on both sides of the aisle on this very important subject matter. I also wish to echo the statements by the gentleman from Florida (Mr. STEARNS) in regards to the fact of the appropriation being $1.7 billion for veterans' health care.

I wish to address, Mr. Speaker, the Millennium Health Care Act; and I rise in support of the provisions, most of the provisions in the bill, but there is a section of the bill which I would like to be able to address today, and that is section 206 of the bill. I hope to be able to work with the chairman and the ranking member and the committee as they go to conference to further ensure that rural areas and rural health care needs are addressed.

I think that the amendment that was put forward by the gentleman from Vermont (Mr. SANDERS), that was unanimously approved by a voice vote in regards to the VA–HUD appropriations, which states that the House supports improvements in health care services for veterans in rural areas, was very important. I think we all agree this is an important priority, and I think it extends to the long-term residential care and nursing home care as well as other forms of health care.

The needs of veterans in my State cannot be reasonably met by setting up a single facility in one area of the State. The second district of Maine, which I represent, is the largest physical district east of the Mississippi. I represent 32 rural health clinics in my district, a very sparsely populated 22 million acres of land, and with a large population of veterans versus the whole State-wide population of 1.2 million, a veteran population of 154,000 people.

So the rural aspects of my State and the challenges that those represent impact upon the access to health care. The difficulties of veterans and families in traveling long distances to facilities are compounded by varied terrain and, often, inclement weather.

Just this past weekend I was in Lubec, Maine, which is the easternmost point in the United States, where the sunrises in Sunrise County, and it required landing far away and taking a cutter across the bay and taking further transportation to get to Lubec in order to be able to put on a benefit for a restoration in the community. I would hate to think that the requirements that were being forced upon veterans in Downeast Maine would cause them those same kind of requirements.

One of the things that always interests me in every veterans' ceremony I go to in every community in the second district is the length and breadth of the town's honor roll which recognizes the veterans in that community that have not only been part of the military service but usually have been enlisted and have felt the responsibility to serve of their own volition to continue to ensure the freedoms for all Americans. And the length of that list in some very small towns is remarkable.

We always talk about Joshua Chamberlain and the 20th Maine; but there are many other veterans, up until even Gary Gordon, who is from Lincoln, Maine, who is a Congressional Medal of Honor winner who risked and lost his life in trying to save others. But they are all throughout Maine in their willingness to become part of the military service in this country to preserve the freedoms and foundation which we all enjoy.

Mr. Speaker, I hate to think that we put obstacles in their way, in their families' way, in terms of getting the care, and health care, that we really owe them as a country and a Nation.

The issue in terms of section 206, in establishing the new priorities and criteria and how it impacts on rural health care and the availability of that care, I seek to work with Members on both sides of the aisle. Maine currently has preapproval for four projects that will be placed on the priority list by the end of October. These four projects are to add beds to existing homes. The current occupancy rate at our existing homes is 94.5 percent. This is far above the national average and demonstrates the great need for this care in my State.

I hope that we will be able to assure States that have made the commitment to put up the matching funds for these projects, that the promise for those crucial Federal dollars will be met. I am concerned that this legislation does not adequately protect the hard work that States have done to get their projects listed and that many will be forced to start all over again. I am also concerned about the criteria used for new construction and its push toward renovation.

Washington County, Downeast Maine, is looking for a residential care facility. There is no structure there now. Recognizing there are others who wish to speak, Mr. Speaker, I would just like to be able to offer for the RECORD some of the facts that have been presented in terms of occupancy rates and meeting that level and other information that is being presented by the State of Maine.

In closing, I would just like to again thank the chairman and the ranking members of the committee for their dedication that they have exhibited in addressing the long-term care issues, and I look forward to working with them on this as we try to serve our veterans throughout the country.

The information I just alluded to, Mr. Speaker, is as follows:

MAINE VETERANS' HOMES DAILY CENSUS

[Sept. 16, 1999]

Facility	Total beds	Veteran vs. non-veteran status					Payor source							Occupancy (percent)
		Veteran	Percent	Non-vet	Percent	Total	Private	Percent	Medicaid	Percent	Medicare	Percent	Total	
Augusta	120	81	71.7	32	28.3	113	38	33.6	67	59.3	8	7.1	113	94.2
Bangor	120	78	67.8	37	32.2	115	17	14.8	83	72.2	15	13.0	115	95.8
Caribou	40	28	75.7	9	24.3	37	3	8.1	34	91.8	0	0.0	37	92.5
Scarborough	120	91	62.0	20	18.0	111	31	27.9	73	65.8	7	6.3	111	92.5
So. Paris	90	63	72.4	24	27.6	87	19	21.8	66	75.9	2	2.3	87	96.7
NF	62	41	68.3	18	31.7	50	17	28.3	41	68.3	2	3.3	80	95.8
Res. Care	28	22	31.8	5	18.5	27	2	7.4	25	92.5	0	0.0	27	95.4
Totals	490	341	73.7	122	26.3	463	108	23.3	323	69.8	32	6.9	463	94.5

Mr. STUMP. Mr. Speaker, I yield myself such time as I may consume to assure the gentleman from Maine, representing a district of 50,000-some square miles, I will be more than happy to work with him on rural health care issues, and especially on the State Veterans Home Program. This is probably one of the most efficient and one of the best programs we have in the VA, and we look forward to working with him on any problems he may have.

Mr. Speaker, I yield such time as he may consume to the gentleman from Virginia (Mr. BLILEY), the chairman of our Committee on Commerce.

Mr. BLILEY. Mr. Speaker, I thank the chairman of the committee, the gentleman from Arizona (Mr. STUMP), for yielding me this time, and I applaud him for bringing this bill to the floor. I also want to thank the gentleman from Florida (Mr. STEARNS) for his efforts on this bill.

Today, Mr. Speaker, I rise in support of the Veterans' Millennium Health Care Act of 1999. The gentleman from Florida (Mr. STEARNS) was kind enough to include as a provision of this legislation my bill, H.R. 430, the Combat Veterans Medical Equity Act. Due to a broad base of support, my bill gained 177 cosponsors and was endorsed by the Military Order of the Purple Heart.

Most people are unaware that under current law combat wounded veterans do not always qualify for medical care at VA facilities.

□ 1430

This bill would change the law to ensure combat wounded veterans receive automatic access to treatment at VA facilities. It sets the enrollment priority for combat-injured veterans for medical service at level three, the same level as former prisoners of war, and veterans with service-connected disabilities rated between 10 and 20 percent.

We, as a Nation, owe a debt of gratitude to all of our veterans who have been awarded the Purple Heart for injuries suffered in service to our country. I would like to thank the gentleman from Florida (Chairman STEARNS) for including my legislation, the Combat Veterans Equity Act in this important legislation.

I also would like to congratulate the Military Order of the Purple Heart for their hard work and advocacy on behalf of our Nation's combat-wounded veterans.

The Veterans Millennium Health Care Act of 1999 is long overdue. I am proud to support this bill for our Nation's veterans, and I urge a ''yes'' vote.

Mr. REYES. Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore (Mr. CALVERT). The gentleman from Texas (Mr. REYES) has 11 minutes remaining.

Mr. REYES. Mr. Speaker, I yield 3 minutes to the gentlewoman from Indiana (Ms. CARSON).

Ms. CARSON. Mr. Speaker, I thank very much the gentleman from Texas (Mr. REYES) and the gentleman from Florida (Mr. STEARNS) and the gentleman from Arizona (Mr. STUMP), et al, for allowing me to say just a few words on behalf of the Veterans Millennium Health Care Act, H.R. 2116.

I would anticipate that every Member of this House would be enthusiastically supportive of the Veterans Millennium Health Care Act in that they have veterans in all 50 States of the United States.

I applaud the bipartisan effort that led to the creation and movement of

this innovative legislation. I want to specifically point out the section that deals with sexual harassment and domestic violence that is incorporated in H.R. 2116.

In the wake of several allegations of sexual harassment in the Armed Services, H.R. 2116 would reauthorize until December 31, 2002, a VA program that provides counseling and medical treatment to veterans who were sexually abused or raped while serving in the military. It is estimated that 35 to 50 percent of all female veterans have reported at least one incident of sexual harassment while serving in the military.

I enthusiastically encourage and urge each Member of this august body to vote in favor of the Veterans Millennium Health Care Act.

Mr. Speaker, I rise today in support of the Veterans Millennium Health Care Act, H.R. 2116, and encourage all of my colleagues to add their support for this measure that will take veterans health care into the 21st century.

I applaud the bipartisan effort that led to the creation and movement of this innovative legislation.

This bill tackles some of the most pressing issues facing the VA, including the VA long-term care challenge, and provides a blueprint to help position VA for the future.

This bill opens the door to an expansion of long-term care, to greater access to outpatient care and to improve benefits including emergency care coverage. The measure improves access to care through facility realignment, eligibility enhancement for military retirees and veterans injured in combat, and ensures that the VA offers nursing home care to the highest priority veterans.

One provision of this bill would require the VA to maintain long-term care programs and increase both home and community-based long-term care and respite care. The VA also would be required to provide long-term care for 50-percent service-connected veterans, and veterans needing care for a specific service-related condition. Another provision would require other veterans receiving long-term care to make co-payments, based on ability to pay. The revenues from co-payments would support expanded long-term benefits.

This bill would set conditions under which the VA could close an obsolete, inefficient hospital and reinvest savings in new outpatient clinics and other improved services for the veterans affected. It also extends VA's authority to make grants to assist homeless veterans, and reform the criteria for awarding grants for building and remodeling State veterans' homes.

The measure also would extend the length of time the VA could lease facilities, space or land to private companies from 35 years to 75 years. This extension would raise the incentive to foster private-public relationships between the VA and local hospitals, nursing homes and clinics, allowing VA to contract out under-utilized property.

The eligibility provisions include specific authority for VA care of veterans who were awarded the Purple Heart for injuries sustained in combat, and authority for VA care of TRICARE-eligible military retirees not otherwise eligible for priority VA care. Under this provision, DOD would reimburse VA for such care at rates to be negotiated by the Departments.

Another measure authorizes VA to establish and make payments for emergency care of service-connected and low-income veterans who have no health insurance or other medical coverage and rely on VA care.

H.R. 2116 also would generate revenues by authorizing VA to increase copayments on prescription drugs and establish copayments on hearing aids and other costly items provided for nonservice-connected conditions. Such new revenues would be earmarked to find VA medical care.

In the wake of several allegations of sexual harassment in the armed services, H.R. 2116 would reauthorize, until December 31, 2002, a VA program that provides counseling and medical treatment to veterans who were sexually abused or raped while serving in the military. It is estimated that 35 percent to 50 percent of all female veterans have reported at least one incident of sexual harassment while serving in the military.

These initiatives cover the broad spectrum of programs long sought by veterans and would ensure that this Nation is responsive to those who have served in armed conflicts for almost a century. Further it would send a powerful signal to those now serving that their extraordinary sacrifices are appreciated and that the health care they have earned through years of dedicated service will be available when or if they need it.

Caring for America's veterans is an ongoing cost of war. As a nation, if we fail in this obligation, how can we justify sending more and more young service members into harm's way? How might we expect our children and grandchildren to volunteer for military service in the future, if we are not prepared to keep promises to disabled veterans today?

Additionally, our failure to appropriately fund the VA will mean that veterans may not receive the health care they need and the level of service they deserve. Appropriate funding is vital to keeping the promise that was made to our veterans when they joined the Armed Forces and made their promise to serve their country. Only with this funding can we begin to meet the long-term care needs of our aging veterans. We owe more to the men and women who served our Nation in battle.

H.R. 2116 is a good bill with very important provisions that have been endorsed by major veterans groups. It passed by an overwhelmingly majority in the full Committee on Veterans Affairs. I urge all my colleagues to support this legislation.

Mr. STUMP. Mr. Speaker, I yield 2 minutes to the gentleman from Colorado (Mr. HEFLEY).

Mr. HEFLEY. Mr. Speaker, I want to commend the gentleman from Arizona (Mr. STUMP) on bringing this bill to the floor of the House. This is one of the really serious issues, veterans and retirees' health care both. We are dealing with veterans' health care here, but both are very, very important.

As I go around to these various military bases, and I am sure my colleagues have the same experience, one of the things that the young recruits express concern about is that recruits before them were promised certain health care benefits that they do not feel they are getting today.

I think the bill that my colleague is proposing today goes a long way towards meeting that concern or, at least, takes giant steps in that direction. I think it will help in recruitment, it will help in retention.

It is an extremely important thing that we ask people to go and lay their necks on the line for America and, by golly, we need to take care of their health care needs; and I think my colleague goes a long way towards that. I thank the gentleman for yielding me the time and for bringing this bill to the floor.

Mr. REYES. Mr. Speaker, it is my pleasure to yield 4 minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, there are many ways that we can express our gratitude to those who answered their Nation's call and have made such great sacrifices for their country, sacrifices that protect our country and our people and ensure that we embody the highest aspirations of human endeavor to allow each individual to conduct a life with freedom and with dignity.

I rise in support of this legislation, which not only extends long-term care services but also attempts to extend an additional degree of dignity to our veterans that comes with home- and community-based health care options that are recommended in this bill.

The legislation recognizes that even though the Veterans Administration operates the largest health care system in the United States, there are still many communities that desperately lack resources for our veterans.

Central Texas, which I represent, is experiencing a rapid growth in the number of veterans that are retiring there; and many of these folks are entitled to medical services that just simply are not available nearby at our local Veterans Outpatient Clinic or at other local health care facilities.

If a woman in Travis County, for example, needs a mammogram, she has to drive 60 to 70 miles to get one. Despite all the orthopedic doctors in Austin, Texas, veterans must make the same long drive past those clinics and to a VA Hospital because none of the services are available locally.

So I am pleased that the committee is exploring new ways for the Veterans Administration to spread its resources. For instance, the bill allows the Veterans Administration to enter into long-term leases to improve services.

The veterans health care system is facing considerable budget pressures as it attempts to deal with an aging veterans population and escalating pharmaceutical costs. But while we must maintain fiscal discipline, it is important that our veterans who defended our freedom do not bear a disproportionate share of the burden.

Mr. Speaker, in August, the New York Times reported on an audit of the Veterans Health Administration by the General Accounting Office, the investigating arm of Congress, under the headings ''Audit of VA Health Care

Finds Millions Are Wasted,'' and says ''Money That Could Improve Treatment Goes to Operate Unneeded Buildings.'' That report noted that the Veterans Administration ''Spends more than $1 million a day to operate unneeded hospital buildings, where a dwindling number of veterans receive care in under-populated wards,'' and that of the ''more than $17 billion that the Veterans Administration receives each year to provide health care to veterans, it spends about one-fourth of the money caring for 4,700 buildings around the country.''

The Austin American-Statesman editorialized similarly ''Veterans Hospitals Monuments to Waste.'' The General Accounting Office itself noted that the Veterans Health Administration ''could enhance veterans' health care benefits if it reduced the level of resources spent on underused, inefficient, or obsolete buildings and reinvested these savings, instead, to provide health care more efficiently in future facilities at existing locations or new locations closer to where veterans live.''

That is certainly what we need in Central Texas. And the advice seems pretty reasonable. It reminds me of the baseball legend Wee Willie Keeler who, when asked the secret to hitting, replied ''hit it where they ain't.'' Well, I believe the Veterans Administration needs to provide more services where our veterans are rather than simply maintaining under-utilized buildings and making people come to them.

I believe that today's legislation represents a modest step in that direction.

We should pledge ourselves to the fulfillment of our obligations to those who have suffered in the defense of our country. To do less would be to sell short the very principles we profess to value so highly as a nation.

Mr. REYES. Mr. Speaker, I yield myself such time as I may consume.

As a Nation, Mr. Speaker, we are seeing a growing population of older veterans whose health care needs are increasingly complex and, in some cases, serious. Moreover, these veterans are entering a system which is in transition, moving toward a greater outpatient and community-based treatment.

At the same time, the VA is suffering under straining and insufficient budgets, this bill is vital as it restores security and confidence in veterans' health care in this changing environment. Therefore, as a member of the Committee on Veterans Health Affairs, I am proud that this bill focuses on important priorities, including long-term services and reimbursement for emergency care services to our veterans.

In addition, I am pleased that this bill requires input and planning as the Veterans Administration attempts to restructure and modernize its facilities so that the VA will continue to treat veterans regardless of their health care provider.

In addition, I am proud of the provisions which strengthen long-term care. We have seen reduced levels of long-term care as veterans are prematurely discharged from long-term care facilities. Inadequate time in long-term care is a short-sighted method of trying to care for larger numbers of aging veterans.

This bill attacks this problem by assuring that veterans with health care conditions due to military service can obtain long-term care for as long as they need it.

Also, I am pleased that that bill makes sure that veterans are reimbursed for emergency care no matter where they get that treatment. Veterans and their families deserve to know that they can obtain emergency care and not later be financially strapped or devastated because the VA refuses to reimburse them.

This bill rectifies this situation, following the request of the VA and the President's Patients' Bill of Rights. It also allows VA to reimburse any high priority enrolled veterans for medical emergencies.

In summary, this millennium bill is the most comprehensive health care bill for veterans in the past 5 years. It provides a framework that better ensures that the views of veterans, employees, and veterans' advocates are taken into account and that the VA finds the best way to care for our Nation's veterans.

Health care for our veterans should not be compromised. With this bill, we are taking important steps to ensure that we meet our needs and our obligations to these proud Americans who have sacrificed so much for our country.

I, therefore, am pleased and proud to support this bill, and I ask all my colleagues to join in passing this important legislation.

Mr. Speaker, I yield back the balance of my time.

Mr. STUMP. Mr. Speaker, I would like to thank the gentleman from Illinois (Mr. EVANS), ranking member of the full committee; as well as the chairman of the Health Subcommittee, the gentleman from Florida (Mr. STEARNS); and also the gentleman from Texas (Mr. REYES) for all their hard work in bringing this bill to the floor.

Mrs. CHRISTENSEN. Mr. Speaker, I rise today in support of the Veterans Millennium Health Care Act and I compliment my colleagues Mr. SUTMP and Mr. EVANS for bringing this bill to the floor today.

Mr. Speaker, we can all agree that we have not done right by our Veterans. Over and over we have told our young men and women that if they answered their country's call to serve, we would provide for their health for the rest of their lives. But, sadly, this has not been done. We have instead, continued to reduce spending for veterans services and at the same time narrowly classify the eligibility for veterans to receive this limited services.

It is because of this why I am pleased to support the Veterans Millennium Health Care Act because it begins to reverse this unfair treatment towards veterans and responds to some of their pressing needs.

Some of the bills key provisions include the requirement that the VA increase both home and community-based long term care particularly for veterans who are 50% service-connected and veterans needing care for a service-related condition. This provision is particularly important to the veterans in my Congressional District who have to travel, at their own expense, to the neighboring island of Puerto Rico for their care.

I am likewise very pleased that the bill would also authorize the VA to pay reasonable emergency care cost for service-connected, low-income and other high priority veterans who have no health insurance of other medical coverage, authorize an increase in the copayment on prescription drugs and extend the VA's authority to make grants to assist homeless veterans.

Mr. Speaker, in my previous life as a Family Physician, I counted many of our local veterans as my patients. I got to know many of them very well and came to understand the disappointment that feel about their apparently reneging on the promises that were made to them when they enlisted. It is time that we begin to do right by our veterans and H.R. 2116 is a good beginning.

I urge my colleagues to support this important bill.

Mr. GILMAN. Mr. Speaker, I reluctantly rise in opposition to H.R. 2116, the Veterans Millennium Health Care Act.

I say reluctantly because the majority of H.R. 2116 contains provisions that expand services to veterans and provide many vitally needed benefits. These include: requiring the VA to provide long term care to veterans with service connected disabilities of 50% or greater, lifting the six month limit on VA adult day health care, providing Purple Heart recipients with the same priority as POWs in regards to health care, expanding services for homeless veterans, grants higher priority access to VA medical services for military retirees, extends authority for the VA to provide counseling for sexual trauma victims, and expands VA's authority to lease unneeded property.

My primary objection to this legislation is with regard to section 107, which sets out conditions under which VA medical facilities can be closed and veterans sent to local hospitals for care.

VA medical facilities represent a unique resource. There are many who would argue that their maintenance costs could be best used in other areas, and for this reason they should be closed if they are being underutilized. I do not agree with that assessment.

If these facilities are being underutilized, as the critics would claim, it is through no fault of the veteran. There has been a concentrated drive underway in recent years in the VA to increase the amount of health care provided on an outpatient basis. This is commendable, and necessary to hold down costs, as everyone knows outpatient care is often more efficient and cheaper to provide that traditional inpatient care.

However, this drive towards efficiency has left far too many of our veterans in its wake. Not all veterans can be best treated in an outpatient setting. The ironic fact is that those who are most in need of traditional inpatient care: the elderly, the immobile, the paralyzed, the mentally ill, the homeless and the substance abuser, are the individuals who could best use the existing ''underutilized'' facilities that many are eager to close.

My congressional district has a large percentage of elderly veterans, as does most of the northeast. There is an increasing demand for long term care for the elderly in New York, which the VA cannot presently address. Likewise, New York City has a very large population of homeless veterans who continually fall between the cracks in the current system.

Rather than these proposals to close existing VA medical facilities that have seen their traditional inpatient population decrease over time, we need to explore what other needs these facilities could be used for.

As I noted, these facilities are a unique resource. Once they are closed down and sold off, they are gone forever. The Government will never be able to procure a similar piece of real estate for an affordable price should the need arise in the future.

We should not squander the irreplaceable resource found in our VA medical centers while so many veterans are not having their needs fully addressed.

As I stated earlier, there is much in this bill that is sorely needed and worthy of our support. However, as a Member from the VA VISN that has suffered the deepest cuts in its health care budget, I cannot bring myself to vote for a bill that would further reduce their VA medical options.

In the interim, I will continue to work with the distinguished chairman of the House Veterans Committee (Mr. STUMP), to ensure that adequate funds are diverted from the VA emergency reserve to VISN #3 for FY'00. Moreover, both Chairman STUMP and I will request the VA to revisit its VERA formulas used to determine funding levels for northeastern VISNS, particularly those in New York which have been the hardest hit under VERA.

In closing, I want to thank our distinguished Veteran's Committee Chairman for his agreement to designate lower New York as a demonstration site should Medicare subvention legislation pass the Congress, as well as for his working with me to ensure that the VA explores the possibility of turning unused space at VISN #3 medical facilities into long term nursing home care units for veterans through the expanded use of the enhanced lease authority.

Mr. SMITH of New Jersey. Mr. Speaker, the Veterans' Millennium Health Care Act addresses the future of VA health care in the 21st century. The legislative package which we are considering today is an ambitious and very necessary undertaking. It forces the VA to step up to the challenges posed by the aging of our society. It will also ensure that the VA's long term care services reflect the health needs of America's veterans. It puts important checks and balances in place so that critical VA decisions regarding health care delivery are made with the input of veterans, health care staffers, and Congress.

The Veterans' Millennium Health Care Act includes the following key components: it requires the VA to provide long term care to veterans who are either 50% service connected or in need of such care for a service connected condition; it requires the VA to operate and maintain long term care programs including geriatric evaluation, nursing home care, domiciliary care, adult day health care, and respite care; and it restores the ability of Purple Heart recipients to automatically use VA health care facilities.

One component of this package is especially important to me: respite care. Earlier this year, I introduced H.R. 1762, legislation which expands the definition of respite care within the VA's health care system. For the first time, this legislation allows the VA to contract with home care professionals to provide care for our aging veteran population, as well as provide care services through non-VA facilities when appropriate. Currently, veterans and their care givers who are in need of respite care must travel to the closest VA nursing home—even if it is just for temporary relief—when a bed becomes available. By providing respite care in the home, the VA will relieve a veteran's spouse or adult child of such duties as preparing meals, doing laundry, or changing bed linens.

The current policy places a tremendous burden on the care giver, be it a spouse, an adult child, family member, or friend. The closest VA nursing home or state facility may be hours away. My legislation instead allows the VA to either send someone to the veterans' home to relieve the caregiver or to make arrangements and pay for other short-term options.

H.R. 1762 has been endorsed by the American Legion, the VFW, Eastern Paralyzed Veterans of America, Vietnam Veterans of America, and the Disabled Paralyzed Veterans Association. All of these groups know that if it were not for the loving care being provided by spouses and adult children, the VA long term care system would be in dire straits. I cannot underscore how crucial it is for our veterans that we provide assistance for these caregivers and enable them to continue their good works.

Providing caregivers with the occasional day off so that they might attend to their own lives for a few hours or days will significantly improve the lives of our veterans and unquestionably save the VA money in the long run. Most Americans want to remain in their own homes for as long as possible. Expanding the VA's ability to use respite care as well as other long term care services reflects the flexibility that America's seniors demand and have come to expect.

A few years ago, I got a first-hand education about the need for respite care when I watched my parents suffer from cancer. My wife, Marie, provided my mother with around the clock care—so our family knows how emotionally consuming it can be. This is why I am a passionate believer in expanding the VA's ability to provide respite care. This provision of the bill is much needed by our Nation's veterans and their care givers.

As a Co-Chair of the Congressional Alzheimer's Disease Task Force, I know that unless we begin building the framework for dealing with long-term care issues in our VA system, a demographic tidal wave—the aging of our veterans—will crash into the system and cause serious damage. The VA should lead the way.

For example, persons aged 85 and above are the fastest growing age category in the country, and half of those persons will contract Alzheimer's disease. Cases of Alzheimer's are expected to more than quadruple from 4 million to 18 million by the year 2050. We need to take measures to accommodate families caring for Alzheimer's patients, and the respite care provisions in the Millennium Health Care Act are the right policy at the right time.

In a California statewide survey taken by the Family Caregiver Alliance, 58% of the caregivers showed signs of clinical depression. When asked, they responded that their two greatest needs were emotional support and respite care. On average, they are providing 10.5 hours of care per day. According to the Caregiver Assistance Network, family and volunteer caregivers provide 85% of all home care given in the United States. These husbands and wives, sons and daughters, are willing to make the sacrifices necessary to ensure that their loved one—who have served our Nation in the Armed Forces—are able to remain at home in their time of need.

Besides Alzheimer's, many of our veterans suffer from the aftermath of a stroke, Parkinson's disease, and other adult onset brain-impairing diseases and disorders. By contracting out for respite care services, the VA will make a real difference in the day to day quality of life for a veteran and his or her family member.

Another important provision in the Veterans Millennium Health Care Act is that the bill puts in ''speed bumps'' for the VA as it examines its physical facilities and their future use as we enter the next century. Last month, House Veterans' Affairs Committee staff along with my veterans aide traveled to New Jersey to see first hand how our state and the VA network which it is part of, is dealing with the President's budget cuts. They were pleased to find out that there is a strong level of commitment and dedication among the staff in spite of much belt tightening that has resulted under the Veterans Equitable Resource Allocation (VERA) formula. And yet, VA officials told Committee staff that future cuts will cut into the bone. As a result, veterans in New Jersey and throughout the Northeast have been concerned about closure of hospitals, nursing homes, and clinics. I know that at the Brick Clinic located within my Congressional district, we have successfully fought to restore specialty services for our veterans. To not do so would force them to travel an hour and a half in the car to the VA's facility in East Orange. This is unacceptable and we were able to successfully persuade the VA to rethink their health care strategy for Central New Jersey.

Recognizing veterans' concerns about their facilities, H.R. 2116 puts in place several mechanisms that will prevent the VA from an arbitrary closure or realignment of a facility. For instance, under H.R. 2116, the VA must conduct a study before it can even consider changing a hospital's mission. Any realignment plan put forth must include the participation of federal employees and veterans. Furthermore, VA employees will be given preference in future hiring. Any savings from a mission change must be retained within the local area and reinvested in new services for veterans, insuring improved access to care. Finally, and most importantly, Congress will be given a minimum of 45 days to review any VA recommendations on potential changes.

This provision, and the overall Millennium Health Care Act, does come with a price tage—but it is one that our veterans both need and deserve. Enhancing eligibility for veterans on a variety of levels requires that both Congress and the President find the necessary funds for long term care and eligibility expansion. Earlier this month, the House approved a $1.7 billion increase for veteran's health care.

I urge all of my colleagues to join me in voting for passage of this bill which is integral to

the health and well being of America's veterans.

Mr. FILNER. Mr. Speaker, I rise in support of the Veterans' Millennium Health Care Act. This bill improves the VA health care system in many ways. For example, it will extend long term care and emergency care services, provide sexual trauma counseling, expand care and treatment for veterans who have been recognized by the award of the Purple Heart.

In addition, I am especially pleased that this legislation ensures that the Veterans Administration (VA) will work with licensed doctors of chiropractic care to develop a policy to provide veterans with access to chiropractic services. Even though chiropractic is the most widespread of the complementary approaches to medicine in the United States, serving roughly 27 million patients—and even though Congress has recognized chiropractic care in other areas of the federal health care system (Medicare, Medicaid, and federal workers compensation), VA has chosen not to make chiropractic routinely available to veterans. This bill changes that.

As a Member representing a portion of San Diego County, I am also pleased that H.R. 2116 includes a biomedical research facility for the VA San Diego Healthcare System to accommodate current and pending research programs on diabetes, immunology, hypertension, Parkinson's Disease, AIDS, and memory.

I encourage my colleagues to support and vote in favor of the Veterans' Millennium Health Care Act.

Mrs. KELLY. Mr. Speaker, I rise today in opposition to H.R. 2116, the Veterans Millennium Health Care Act, in its present form. This is a position I take after a great deal of deliberation and review of the effects of some of the provisions in this legislation.

I want to begin by recognizing the many positive initiatives contained in this legislation that will truly benefit our veterans population, such as the requirement for long term care for veterans with 50 percent or greater service connected disability. This issue is one of my highest priorities in Congress and is the reason I introduced H.R. 1432, the Veterans Long Term Care Availability Act, which requires, essentially, the very same thing. Additionally, the provisions that provide coverage for emergency care services to veterans, priority care for Purple Heart recipients and expansion of the enhanced use lease authority available to VA facilities with extra unused space are all good initiatives that I wholeheartedly support.

Unfortunately, these good provisions are coupled with two problematic provisions that we should be given the opportunity to offer amendments to correct. By suspending the rules to pass this bill we are unable to offer amendments to correct some of the bill's problems. For instance, Section 107 of this legislation, entitled ''Enhanced services program at designated medical centers,'' sounds like a good program. In reality, however, this section stipulates the conditions under which a VA hospital can be closed. This is a very important process before us now that entails a great deal of controversy that should be debated on its merits. I have to question why we would want to put into place a procedure for closing VA hospitals in a time when we are facing unprecedented growth of the health care needs of veterans. One of the stipulations of this section is that Congress gets 30 in session days to review the VA's findings. I believe this period should be longer. We all know that Congress was intentionally created to be a very deliberative body. If we are going to have an opportunity to review such a report we will need more than 30 days to do so.

Additionally, Section 201 entitled ''Medical care collections,'' would enable the VA to raise co-payments that veterans would be required to pay on their prescription drug benefits. Veterans I have spoken to in my area are frustrated enough with the current co-payments they are required to pay. The typical veteran from New York is poorer, sicker and older than the rest of the nation. The current prescription drug benefits that veterans have are one of the few benefits that genuinely helps them. If we need more money we should appropriate it, not charge veterans.

Finally, the question that comes to my mind is the cost of this legislation. CBO testified before the House Veterans Affairs Committee that this bill would cost $1.4 billion a year to implement. Where are we going to get this money. The last thing Congress should do is pass costly mandates upon the VA without passing appropriate funding. If we fail to pass appropriate proper funding, the VA will be forced to cut back or end other services in order to comply with these new mandates. This year the House has passed a VA–HUD Appropriations Act that increases VA spending by $1.7 billion. This level is currently in question and I wonder if we will be able to achieve it. With the funding requirements this bill would incur, where is the money going to come from? Do we have a commitment to provide a $1.4 billion increase next Congress? This is one of the questions that must be answered before we pass such a large bill. We cannot afford to short change veterans.

Finally, the supporters of this bill speak of the many endorsements H.R. 2116 has received from national veterans groups. I have contacted these groups and found that many of them agree with my concerns. Let me quote from a letter from Richard Esau, Jr., the National Commander of the Military Order of the Purple Heart.

H.R. 2116 was ''the topic'' of conversation at our Convention. We concur completely with your evaluation of this bill. Yes, we need long term care for veterans with service connected disability of 50 percent or greater. Yes, we need VA provided emergency care services and most assuredly we need priority care for Purple Heart recipients and military retirees. If a percentage of these funds is to be recovered via the Federal tobacco lawsuit, so be it. I can't ever remember a C-ration package that didn't have a cigarette pack in it.

Congresswoman, we couldn't agree more with your concerns about the bill's procedures for closing VA hospitals. You have only to look at the State of Maine to see how the laissez faire attitude of federal bureaucrats is working a hardship on thousands of veterans who soon will have to travel from their homes (some on the Canadian border) to Boston, Massachusetts for treatment. Further, we wouldn't want the VA Secretary to have the authority to increase prescription co-payments for veterans with service connected disabilities of less than 50 percent. Too often, the VA Secretary is a political animal who has never had a shot fired at him in anger. This type of Secretary just doesn't seem to understand how important medicines are to older vets and what a slap in the face it is to require them to pay more rather than less for this service. Do other Members of Congress realize a plurality of these veterans are on fixed incomes?

I personally would like to see your bill, H.R. 1432, taken out of committee and debated on the floor of the House. I am, however, a realist who knows that ''half a loaf'' is better than none. Therefore, along with my fellow patriots, I support passage of H.R. 2116 and ask you, Sue Kelly, to continue your watchdog activities to ensure vets have their medicines at reasonable prices and needed ''old'' VA facilities stay open.

As we see from this letter, veterans are ready to take the good portions of this bill along with the bad portions of this legislation. We should pass the best bill possible, not a good and bad bill. We should allow for a full and open debate of these provisions and take H.R. 2116 off the suspension list and allow amendments. It is only through the full open democratic process that we can ensure that all sides are properly represented. If this bill fails tonight when the full House votes, I pledge to do everything in my power to ensure that this bill is given the proper time for full House consideration of all germane amendments.

I am joined in opposition by members who want only the best for our veterans and the Eastern Paralyzed Veterans Association. I urge members on both sides of the aisle to carefully consider these issues before casting their vote on this all too important legislation.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in support of H.R. 2116. This bill makes a number of important changes to veterans' health care programs.

The bill directs that the VA operate and maintain a national program of extended care services, including geriatric evaluations, nursing home care, adult day health care, domiciliary care and respite. The measure requires the VA to develop and begin to implement by January 1, 2000 a plan for carrying out the recommendation of the Federal Advisory Committee on the Future of Long Term Care. The VA was directed to increase home and community based care options as well as the percentage of the medical care budget dedicated to such care. The bill mandates the VA to provide needed extended care services in the case of veterans who are 50% service connected or in the need of such care for a service connected condition; and provide such veterans highest priority for placement in VA nursing homes.

Although the calendar year indicates that we honor these men and women on Memorial Day and Veteran Day, I believe that we should pause everyday to thank them for their sacrifice. The collective experience of our 25 million living veterans encompasses the turbulence and progress America has experienced throughout the twentieth century. This nation's veterans have written much of the history of the last hundred years. They have served this nation without reservation or hesitation during its darker moments.

Their unwavering devotion to duty and country has brought this nation through two World Wars and numerous costly struggles against aggression. From World War I to the Gulf War, America's veterans have been leading this nation against those who have threatened the values and interests of our nation.

Only today are the accomplishments and sacrifices of our veterans being fully appreciated by historians and the public. These genuine heroes have often been ignored and

denied their proper place in America's melting pot. We need to remember that America owes these men and women the best it can offer because they have given us the best they could when America was in need.

Mr. Speaker, I am fortunate to have The Houston Department of Veterans Affairs Medical Center located in my congressional district. Having just celebrated fifty years of service to the veterans in the Houston community. Some 1,646,700 veterans live in the State of Texas alone. The Houston VA Medical Center expects to receive and serve over 50,000 veterans in this year alone. I expect this measure to improve the quality of life for all our veterans who so proudly served our nation.

Mr. Speaker, this bill is important not only because it provides for the needs of our veterans today but because it sends an important signal to the men and women serving our nation in places like Bosnia, Kosovo, Germany, Korea, Japan and other far off places around the world. That message is simple, that when you serve our nation we will answer the plea of President Lincoln ''to care for him who shall have borne the battle.''

I urge my colleagues to vote yes on H.R. 2116 and care for the men and women who have borne the battle.

Mr. PORTMAN. Mr. Speaker, I rise to support H.R. 2116, the Veterans' Millennium Health Care Act of 1999, which is designed to address the long-term health care needs of veterans of the 21st century.

However, I want to express my seniors concerns with a provision of the bill that may unfairly impact a vital nursing home facility proposed to serve veterans in southern Ohio. Specifically, I am concerned with Section 206, the State Home Grant Program, which would only allows projects to be funded in FY 2000 that are on the VA's approved list as of October 29, 1998. The effect of this could be to prevent the federal matching funds next year for a facility in Georgetown, Ohio in Brown County. Ohio's application for the Brown County facility was submitted to VA earlier this summer.

Ohio has a shortfall of more than 4,000 VA nursing home beds and is vastly underserved. In fact, the only VA nursing facility Ohio is located in Sandusky in the northern part of the state, and there are 160 veterans on the waiting list for admission. Of the Sandusky VA facility's 650 residents, only 8 are from southern Ohio. As a result of this shortfall and the need to better serve veterans in southern Ohio, the state committed $4.5 million for the Brown County project as its share of the construction money in Ohio's FY 2000 budget. The state has also committed $500,000 for various administrative expenses to see the project to completion for a total of $5 million in state funds. The federal share needed for the facility is $7.8 million.

The State of Ohio's financial commitment to the Brown County facility was signed into law by the Governor on June 30, 1999. Ohio's application was submitted to VA on July 22, a month ahead of VA's August 15 deadline for receiving FY 2000 funding applications. As you know, the House recently approved $90 million for the State Homes Construction Grant program in the FY 2000 VA, HUD, Independent Agencies bill—a $50 million increase over the President's request which I had worked for in the Appropriations Committee and supported. I am told that a similar amount is expected to be included in the Senate bill. It is my understanding that Ohio's application should be sufficiently high in priority that the VA, HUD Independent Agencies appropriation would provide the federal funds needed for the Brown County facility in FY 2000. Unfortunately, I am advised by the State of Ohio officials and the VA, that the October 29, 1998 cutoff date in H.R. 2116 will automatically make Ohio's application ineligible for funding next year.

Ohio has acted in good faith to provide the needed $5 million state match and has spent an additional $154,000 to prepare the application, which was submitted well within the timetable for FY 2000 funding under VA's current guidelines. I want to add that Brown County has spent $186,000 of its own funds for land acquisition, an environmental impact study and for other expenses, so there has been a considerable state and local investment in this project.

Of course, the VA still must approve the Brown County application based on its merits. However, it is unfair to change the rules in the middle of this year's application process and preclude Brown County's facility from being funded in FY 2000 as would happen under the current language of H.R. 2116. It is my hope that an equitable solution to this unfortunate situation can be worked out in conference, and I look forward to working with Chairman STUMP, Chairman STEARNS, ranking members EVANS and GUTIERREZ and the Senate to ensure that the veterans in southern Ohio are treated fairly in this process.

Mr. STUPAK. Mr. Speaker, I speak today in support of H.R. 2116, the Veterans Millennium Health Care Act. I would like to commend Chairman STUMP and Ranking Member EVANS on their hard work on this bill, and their work on behalf of America's veterans.

I have a small VA medical facility in my district, Iron Mountain Veterans Medical Center. Under existing law, VA could arbitrarily close this facility, and have come close to doing so in the past. H.R. 2116 would provide protections not available under current law. It would require VA to involve veterans' service organizations, employee unions, and other interested parties. It would require VA to submit the plan and justification to Congress and allow a waiting period of 45 days. These provisions provide for far greater protection than under current law, and allow for the community and individual input which is lacking in current proceedings.

Other notable provisions in H.R. 2116 address issues which have been neglected for too long. Long-term care is expanded; VA's authority to make grants to assist homeless veterans is extended; the criteria for awarding grants to building and remodeling state veteran's homes has been reformed; VA is directed to cover emergency costs for uninsured veterans; it provides for sexual trauma counseling; provides for chiropractic care; it will give the VA access to a portion, if funds are recovered from tobacco companies, to compromise for its costs of tobacco-related illnesses; and it establishes a new health care enrollment category for non-disabled military retirees eligible for Tricare which essentially guarantees these military retirees health care.

The innovative provisions in this bill which make it so responsive to those veterans who have served our country so well is deserving of our support, and I urge my colleagues to vote for the Veterans Millennium Health Care Act.

Mr. RODRIGUEZ. Mr. Speaker, I rise in support of the Veterans Millennium Health Care Act of 1999. I commend the efforts of the Chairman and Ranking Member of the VA Committee, along with the Chairman and Ranking Member of the Health Subcommittee and their staff, of developing this needed piece of legislation.

This health care bill offers many positive improvements, including the expansion of care for long-term nursing, mental health services, emergency and other needed care. It represents a comprehensive and necessary change to keep our VA health care facilities and services in tune with the needs of veterans and the changing health care industry. I urge the Senate to act quickly in passing this bill so we can have it enacted into law this year.

A more fundamental problem we face lies in the funding of such programs, especially for the discretionary health care budget. We can authorize all we want for VA health care. But based on the budget caps set by the House leadership, veterans will be lucky just to avoid having cutbacks in fiscal year 2001 and could face much more drastic cuts in future years. We all want HR 2116, and authorizing bills like it, to expand health care and benefits to veterans and their families. But we must be prepared to bite the bullet and give adequate funding for all veterans services.

Mr. SMITH of Texas. Mr. Speaker, I strongly support H.R. 2116, the Veterans Millennium Health Care Act.

Health care as we know it is changing. New technology allows for better treatment, better diagnosis and greater opportunities than ever before.

But as we approach the 21st century, the Veterans Administration must also change to address the needs of our veterans. This bill accomplishes that objective.

Mr. Speaker, my district contains one of the highest concentrations of veterans in the country. I have held town meetings across my district to listen to their concerns. The veterans I represent have advocated many of the provisions contained in this bill.

From requiring the VA to enlist the help of veterans organizations in developing enhanced service plans, to allowing the VA to contract for needed hospital care, the provisions contained in H.R. 2116 will benefit the VA for years to come.

Mr. KOLBE. Mr. Speaker, I welcome this legislation to meet the health care needs of our veterans and rise to express my support for the Veterans' Millennium Health Care Act. This is the kind of act that will help restore accountability and credibility to the government's reputation with regard to keeping our promise to take care of our nation's veterans.

In Tucson, we eagerly await the ground breaking of the Tucson VA Medical Center's new outpatient facility. This legislation complements that effort to insure the policy as well as the infrastructure is in place to provide appropriate care for Southern Arizona veterans. Outpatient care delivers more care to greater number at a lower cost. I am pleased to see outpatient care further supported in this bill. With the World War II generation and their sons and daughters entering the later half of their lives, these improvements to long term care is timely and needed.

This represents Congress responding to real needs of the people. The broad support within the House of Representatives shows that we put the people we serve first and we are using the best of our collective experience to implement the most responsible policies. Again, I thank the members of the Committee and fellow Arizona member BOB STUMP for is diligent efforts and leadership in serving our veterans.

Mr. BUYER. Mr. Speaker, I rise in strong support of the Veterans' Millennium Health Care Act. This bill will directly address the veterans' concerns regarding the availability of long-term care, improving access to VA health care, and provide many military retirees access to a VA Health Care system that, in the past, has been closed to them.

In addition, this bill finally addresses the issue of allowing VA to reimburse service-connected veterans and low income veterans for emergency care that they may have received at a non-VA facility. Equally important, the Veterans' Millennium Health Care Act provides VA the authority to generate much needed revenues by establishing copayments on hearing aids and other extremely high cost items for nonservice-connected conditions, and allow VA to earmark these revenues specifically for medical care.

Lastly, this bill provides veterans and their families a voice in the future of their health care system by requiring the VA to consult with the veterans community about the realignment of any VA facilities. Mr. Speaker, this bill is good for VA, and more importantly good for veterans.

Mr. EVANS. Mr. Speaker, I rise in support of H.R. 2116, as amended, the Veterans' Millennium Health Care Act. Before I comment on some of the specific provisions of this bill, I want to thank Chairman STUMP, Chairman STEARNS, and the Ranking Democratic Member of the Health Subcommittee, Mr. GUTIERREZ, for working with me to incorporate certain provisions I have long-supported in this important bill.

This is an ambitious bill, but it is a bill that works in a realistic context. It takes cognizance of some disturbing trends we have seen in funding for veterans' health care, notwithstanding the Committee's support of significant funding increases. It is a bill that will better assure Congress that VA is continuing to meet veterans' vital needs for long-term care services. It is a bill that gives Congress better assurance that VA will plan effectively for ways to continue to treat veterans regardless of the health care setting. Finally, it is a bill that will allow veterans who regularly use the VA system to receive reimbursement for emergency care services.

The bill also contains a ''report and wait'' requirement which responds to a concern I raised that VA is dismantling its inpatient programs without adequate planning to fulfill veterans' needs for these programs in outpatient or community settings. The provision follows other efforts Congress has put in place to ensure that important services and programs remain available to veterans as it restructures under what may be an austere budget.

Since decentralizing its management, VA has closed acute inpatient beds at a pace that I believe has taken many by surprise. The hardest hit have been the beds for psychiatric, rehabilitation, and other services of a ''longer term'' nature. Unfortunately there are some indications that, instead of planning effectively to continue to meet the needs of these vulnerable patients on an outpatient basis, their care is slipping through the cracks.

Long-term care remains an area of concern as VA continues to tighten its belt. Last month, I presented findings from a report done at my request to assess recent changes in VA's long-term care delivery efforts to veterans. My staff surveyed VA's Chiefs of Staff to see how VA was responding to veterans' growing need for long-term care. Survey findings indicated that there were substantial erosions in the long-term care program—VA may be treating more veterans, but it is discharging them after much shorter stays that may not satisfy their need for ongoing care. The Report concluded with several recommendations to improve VA Long-Term Care that the Millennium Plan addresses. The findings and recommendations of this report were instrumental in shaping this legislative plan for addressing long-term care in VA.

The Millennium Plan establishes a good baseline for meeting veterans' needs for long-term care. We believed it was best to guarantee that veterans with the highest priority for care—those with health care conditions due to military service—receive all of the long-term care they need.

The bill also requires VA to maintain its long-term care program and enhance the services it provides in the home and community. VA is under enormous financial pressure and long-term care is expensive. The survey identified some disturbing changes in VA's long-term care program that obviously stemmed from financial pressure. it is time to give VA clear direction about whom we expect VA to treat and what services we will require it to offer.

I have had a long-standing interest in emergency care reimbursement. I introduced two bills in the last Congress and this year I introduced H.R. 135, the ''Veterans Emergency Health Care Act''. H.R. 135 allows VA to reimburse enrolled veterans for expenditures made during medical emergencies. Veterans who rely on VA for their health care have been financially devastated by an emergency health care episode. Veterans who try to reach VA during a health care crisis have been told by VA staff to go to the closest health care facility for treatment, but once the bills came, the VA refused to reimburse them. It seems unconscionable that VA would abandon these veterans during their greatest health care crises, but I know it happens.

I also know VA wants to fix this problem. Asked to identify legislation it needs to comply with the President's ''Patient Bill of Rights'', VA indicated it would need authorization to reimburse emergency health care for the veterans it enrolled. The President ordered federal agencies to comply with the bill, yet a proposal contained in the President's budget only partially addressed VA's request for this authority. The Millennium Bill goes farther by allowing VA to reimburse any high-priority enrolled veteran for emergency care services.

I have also advocated allowing more veterans to choose chiropractic care in VA. Last year I introduced a bill to establish a chiropractic service in VA which was supported by the American Chiropractic Association and the International Chiropractors Association. The Millennium Bill will require that VA work with chiropractors on a policy that will allow veterans' better access to their service within VA. Veterans deserve the opportunity to choose chiropractic care.

The Millennium Bill contains provisions that will authorize VA to increase copayments for drugs, neurosensory devices and certain other prosthetics, and extended care. I believe the Committee must offer leadership in addressing some of these difficult issues head on. I want to make sure that VA can maintain services for veterans that rely on it for their health care—the best way we can do this is by requiring some veterans to contribute more to their health care. VA's costs for pharmaceuticals have doubled over the last ten years; allowing more veterans to acquire hearing aids and eyeglasses from VA has also put a tremendous strain on VA's ability to acquire prosthetics. We need to ask some veterans to chip in for these benefits which are not provided by most health care insurers—it's still a significant benefit for veterans.

The bill addresses facility realignment which has been an understandable concern for some. Mr. Speaker, it is important to realize that VA currently has the authority to realign its medical resources, including closing hospitals. Since the VA has allowed so much of its decision making to take place in its 22 networks, Congress' ability to ensure that VA is going through a fair process in determining the need for facility closures has diminished considerably. In this bill, we provide VA with a framework that better ensures that the views of veterans, employees and other interested parties are taken into account and that VA finds the least disruptive means of continuing to care for the veterans it serves. While I do not view this legislation as supportive of such closures, I do not believe it will lead to a more constructive process for planning for major restructuring.

It is abundantly clear that VA is not operating in a world of unlimited resources. I believe this bill has many positive gains for veterans while not imposing unreasonable new costs onto an already fiscally strapped system. I endorse this ambitious bipartisan legislation.

Mr. UDALL of New Mexico. Mr. Speaker, I rise today to voice my support for the Veterans' Millenium Health Care Act, a bill which I have cosponsored.

As we enter the dawn of a new millenium, we are faced with a nation of aging veterans. These men and women, who protected our national security, now need us to ensure their long-term health care security.

This bill quite literally changes the face of the current VA hospital system. Under this Act, veterans' health care will shift from one where veterans must go to a designated center to one that will become more accessible to veterans through outpatient clinics, long-term care and community care centers. This is the prescription for medical care that northern New Mexico veterans have been waiting for.

With only one major VA center in New Mexico, hundreds of miles from where my constituents live, veterans are dependent on the limited care provided by rural health care centers. This bill will ensure these rural health care clinics have the resources available to give our veterans the full medical treatment they require.

This is a commonsense bill that provides veterans in rural communities the same type of treatment that veterans in other communities already receive and I urge my colleagues to pass it immediately.

Mr. STUMP. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Arizona (Mr. STUMP) that the House suspend the rules and pass the bill, H.R. 2116, as amended.

The question was taken.

Mrs. KELLY. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

NATIONAL HISTORIC PRESERVATION FUND AUTHORIZATION

Mr. HEFLEY. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 834) to extend the authorization for the National Historic Preservation Fund, and for other purposes, as amended.

The Clerk read as follows:

H.R. 834

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. AMENDMENT OF NATIONAL HISTORIC PRESERVATION ACT.

The National Historic Preservation Act (16 U.S.C. 470 and following; Public Law 89–665) is amended as follows:

(1) Section 101(e)(2) (16 U.S.C. 470a(e)(2)) is amended to read as follows:

''(2) The Secretary may administer grants to the National Trust for Historic Preservation in the United States, chartered by an Act of Congress approved October 26, 1949 (63 Stat. 947), consistent with the purposes of its charter and this Act.''.

(2) Section 102 (16 U.S.C. 470b) is amended by redesignating subsection (e) as subsection (f) and by redesignating subsection (d), as added by section 4009(3) of Public Law 102–575, as subsection (e).

(3) Section 107 (16 U.S.C. 470g) is amended to read as follows:

''SEC. 107. Nothing in this Act shall be construed to be applicable to the White House and its grounds, the Supreme Court building and its grounds, or the United States Capitol and its related buildings and grounds. For the purposes of this Act, the exemption for the United States Capitol and its related buildings and grounds shall apply to those areas depicted within the properly shaded areas on the map titled 'Map Showing Properties Under the Jurisdiction of the Architect of the Capitol,' and dated November 6, 1996, which shall be on file in the office of the Secretary of the Interior.''.

(4) Section 108 (16 U.S.C. 470h) is amended by striking ''1997'' and inserting ''2005''.

(5) Section 110(a) (16 U.S.C. 470h–2(a)) is amended as follows:

(A) In paragraph (1) by deleting the second sentence.

(B) In paragraph (2)(D) by deleting ''and'' at the end thereof.

(C) In paragraph (2)(E) by striking the period at the end thereof and inserting ''; and''.

(D) By adding at the end of paragraph (2) the following new subparagraph:

''(F)(i) When operationally appropriate and economically prudent, when locating Federal facilities, Federal agencies shall give first consideration to—

''(I) historic properties within historic districts in central business areas; if no such property is suitable; then

''(II) other developed or undeveloped sites within historic districts in central business areas; then

''(III) historic properties outside of historic districts in central business areas, if no suitable site within a historic district exists;

''(IV) if no suitable historic properties exist in central business areas, Federal agencies shall next consider other suitable property in central business areas;

''(V) if no such property is suitable, Federal agencies shall next consider the following properties outside central business areas;

''(VI) historic properties within historic districts; if no such property is suitable; then

''(VII) other developed or undeveloped sites within historic districts; then

''(VIII) historic properties outside of historic districts, if no suitable site within a historic district exists.

''(ii) Any rehabilitation or construction that is undertaken affecting historic properties must be architecturally compatible with the character of the surrounding historic district or properties.

''(iii) As used in this subparagraph:

''(I) The term 'central business area' means centralized community business areas and adjacent areas of similar character, including other specific areas which may be recommended by local officials.

''(II) The term 'Federal facility' means a building, or part thereof, or other real property or interests therein, owned or leased by the Federal Government.

''(III) The term 'first consideration' means a preference. When acquiring property, first consideration means a price or technical evaluation preference.''.

(6) The first sentence of section 110(l) (16 U.S.C. 470h–2(l)) is amended by striking ''with the Council'' and inserting ''pursuant to regulations issued by the Council''.

(7) The last sentence of section 212(a) (16 U.S.C. 470t(a)) is amended by striking ''2000'' and inserting ''2005''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Colorado (Mr. HEFLEY) and the gentleman from Puerto Rico (Mr. ROMERO-BARCELÓ) each will control 20 minutes.

The Chair recognizes the gentleman from Colorado (Mr. HEFLEY).

Mr. HEFLEY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 834 reauthorizes the National Historic Preservation Fund until the year 2005. The bill also amends the National Historic Preservation Act of 1966 to include a larger area of exemption under the jurisdiction of the Architect of the Capitol and modifies the way Federal agencies consider historic properties for carrying out their responsibilities.

H.R. 834 reauthorizes funds for the National Historic Preservation Act which established a general policy of Federal support and funding for the preservation of the prehistoric and historic resources of the Nation.

This policy directs the Secretary of the Interior to maintain a national register of historic places, to encourage State and local historic preservation through State historic preservation officers, authorizes a grant program under the Historic Preservation Fund to provide States monies for historic preservation projects and to individuals for the preservation of properties listed on the national register.

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Lastly, the policy established the advisory counsel on historic preservation which reviews the policies of federal agencies in implementing the Historic Preservation Act. We need this policy to continue in order to protect our valued historic treasures.

Mr. Speaker, it seems to me that one of the principle purposes of the government is to preserve the cultural fabric of the Nation. Since 1966, one way this Nation has tried to accomplish that goal is through the National Historic Preservation Act. The bill before us reauthorizes that act, as I said, through 2005 at its present level. I think it is a tribute to the program that it has achieved enormous success in spite of the fact that it has never received its full authorization.

State historic preservation agencies have used these federal funds to attract over three times the amount of State and private investment. The bill also codifies and clarifies Executive Order 13006 regarding historic properties by federal agencies. H.R. 834 includes a check list agencies must run through to ensure that wherever possible federal agencies will first make use of adjacent historic properties before seeking to build or buy new buildings.

The bill maintains the exemptions for the Capitol, as I stated earlier. It is hoped that the requirement that the Architect of the Capitol report the area of his jurisdiction will bring awareness to the Federal Government that it should abide by the same laws it passes for the citizenry. That has not always been the case, particularly here in the District of Columbia.

Finally, this bill provides as authorization by which the Interior Department may administer grants to the National Trust for Historic Preservation. This does not mean we are putting the trust back on the public payroll. Rather it allows Interior to respond quickly to emergency situations such as hurricanes or flooding.

In conclusion this bill makes most sweeping changes, only incremental changes to what has become a mature and, I think, a very successful program. There is an element of urgency in passing this legislation since the program has been without authorization for 3 years.

So I would hope that all my colleagues would support this very sound, very solid legislation.

Mr. Speaker, I reserve the balance of my time.

Mr. ROMERO-BARCELÓ. Mr. Speaker, I yield myself such time as I may consume.

(Mr. ROMERO-BARCELÓ asked and was given permission to revise and extend his remarks.)

Mr. ROMERO-BARCELÓ. Mr. Speaker, H.R. 834 reauthorizations funding for the National Historic Preservation Fund and the Advisory Council on Historic Preservation. The bill also makes several minor changes to the National Historic Preservation Act. The National Historic Preservation Act enacted in 1966 established a comprehensive program through which federal,