

minute and to revise and extend his remarks.)

Mr. FARR. Mr. Speaker, the President asked this Nation to fly the flag for our troops over the Fourth of July holiday. But while the Nation supports the active duty men and women in uniform serving in harm's way, the President is shortchanging the soldiers who are now serving and will be veterans in the future.

Mr. Speaker, I serve on the appropriations subcommittee most ably led by the ranking member, the gentleman from Texas (Mr. EDWARDS), who has led the battle of pointing out the underfunding of the Veterans Administration for health care. We now see it is a fact.

Both the Republican leadership in the House and the Senate made a quick fix. The Democrats have said this fix is not enough, claiming that we will have a greater shortfall as the veteran soldiers from Iraq come home.

If you truly want to honor those serving, you have to pledge to honor them in the future. Fully funding veterans health care is the most patriotic way we can honor our troops, all of whom will some day be veterans.

SUPPORT OUR TROOPS—GIVE VETERANS BETTER HEALTH CARE

(Mr. FILNER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. FILNER. Mr. Speaker, this morning in "CQ Today" we see: "Shortfall in Veterans Funds Widened."

The chairman of our committee says, well, we have to find the right number somewhere; we have to find the right number.

Well, I tell you, we had a process where we had the right number. The veterans service organizations through this Independent Budget said exactly what was needed and what we should have both for this year and for the coming year. But did we listen to them? No.

The Democrats on the Committee on Veterans' Affairs, the Democrats on this floor tried to amend the appropriations bills so we would get the money that veterans need. They were voted down by a strict party-line vote: all the Democrats voting for the veterans, all the Republicans voting against.

We are at war, Mr. Speaker. The way that we win a war is to make sure that the troops when they come home have sufficient funding for health care. I have a thousand veterans on the waiting list at my veterans hospital in San Diego. The brave young men and women who are returning from Iraq and Afghanistan will have a high probability of having post-traumatic stress disorder, PTSD.

Will they get the treatment they need? No. Will they have to wait a year for a dental appointment? Yes.

Let us support our troops by supporting them when they come home with proper VA health care funding.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

Record votes on postponed questions will be taken tomorrow.

VETERANS' COMPENSATION COST-OF-LIVING ADJUSTMENT ACT OF 2005

Mr. BUYER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1220) to increase, effective as of December 1, 2005, the rates of disability compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for survivors of certain service-connected disabled veterans, and for other purposes, as amended.

The Clerk read as follows:

H.R. 1220

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

SECTION 1. SHORT TITLE.

This Act may be cited as "Veterans' Compensation Cost-of-Living Adjustment Act of 2005".

SEC. 2. INCREASE IN RATES OF DISABILITY COMPENSATION AND DEPENDENCY AND INDEMNITY COMPENSATION.

(a) *RATE ADJUSTMENT.—The Secretary of Veterans Affairs shall, effective on December 1, 2005, increase the dollar amounts in effect for the payment of disability compensation and dependency and indemnity compensation by the Secretary, as specified in subsection (b).*

(b) *AMOUNTS TO BE INCREASED.—The dollar amounts to be increased pursuant to subsection (a) are the following:*

(1) *COMPENSATION.—Each of the dollar amounts in effect under section 1114 of title 38, United States Code.*

(2) *ADDITIONAL COMPENSATION FOR DEPENDENTS.—Each of the dollar amounts in effect under section 1115(1) of such title.*

(3) *CLOTHING ALLOWANCE.—The dollar amount in effect under section 1162 of such title.*

(4) *NEW DIC RATES.—The dollar amounts in effect under paragraphs (1) and (2) of section 1311(a) of such title.*

(5) *OLD DIC RATES.—Each of the dollar amounts in effect under section 1311(a)(3) of such title.*

(6) *ADDITIONAL DIC FOR SURVIVING SPOUSES WITH MINOR CHILDREN.—The dollar amounts in effect under section 1311(b) of such title and paragraph (1) of section 1311(f) of such title (as redesignated by subsection (e) of this section).*

(7) *ADDITIONAL DIC FOR DISABILITY.—The dollar amounts in effect under sections 1311(c) and 1311(d) of such title.*

(8) *DIC FOR DEPENDENT CHILDREN.—The dollar amounts in effect under sections 1313(a) and 1314 of such title.*

(c) DETERMINATION OF INCREASE.—

(1) *BASE FOR INCREASE.—The increase under subsection (a) shall be made in the dollar amounts specified in subsection (b) as in effect on November 30, 2005.*

(2) *PERCENTAGE OF INCREASE.—Except as provided in paragraph (3), each such amount shall be increased by the same percentage as the percentage by which benefit amounts payable under title II of the Social Security Act (42*

U.S.C. 401 et seq.) are increased effective December 1, 2005, as a result of a determination under section 215(i) of such Act (42 U.S.C. 415(i)).

(3) *ROUNDING.—Each dollar amount increased pursuant to paragraph (2) shall, if not a whole dollar amount, be rounded down to the next lower whole dollar amount.*

(d) *SPECIAL RULE.—The Secretary may adjust administratively, consistent with the increases made under subsection (a), the rates of disability compensation payable to persons within the purview of section 10 of Public Law 85-857 (72 Stat. 1263) who are not in receipt of compensation payable pursuant to chapter 11 of title 38, United States Code.*

(e) *DESIGNATION CORRECTION.—Section 1311 of title 38, United States Code, is amended by redesignating the second subsection (e) (added by section 301(a) of the Veterans Benefits Improvement Act of 2004 (Public Law 108-454; 118 Stat. 3610)) as subsection (f).*

SEC. 3. PUBLICATION OF ADJUSTED RATES.

At the same time as the matters specified in section 215(i)(2)(D) of the Social Security Act (42 U.S.C. 415(i)(2)(D)) are required to be published by reason of a determination made under section 215(i) of such Act during fiscal year 2006, the Secretary of Veterans Affairs shall publish in the Federal Register the amounts specified in subsection (b) of section 2, as increased pursuant to that section.

SEC. 4. CODIFICATION OF FISCAL YEAR 2005 COST-OF-LIVING ADJUSTMENT PROVIDED IN PUBLIC LAW 108-363.

(a) *VETERANS' DISABILITY COMPENSATION.—Section 1114 of title 38, United States Code, is amended—*

(1) *in subsection (a), by striking "\$106" and inserting "\$108";*

(2) *in subsection (b), by striking "\$205" and inserting "\$210";*

(3) *in subsection (c), by striking "\$316" and inserting "\$324";*

(4) *in subsection (d), by striking "\$454" and inserting "\$466";*

(5) *in subsection (e), by striking "\$646" and inserting "\$663";*

(6) *in subsection (f), by striking "\$817" and inserting "\$839";*

(7) *in subsection (g), by striking "\$1,029" and inserting "\$1,056";*

(8) *in subsection (h), by striking "\$1,195" and inserting "\$1,227";*

(9) *in subsection (i), by striking "\$1,344" and inserting "\$1,380";*

(10) *in subsection (j), by striking "\$2,239" and inserting "\$2,299";*

(11) *in subsection (k)—*

(A) *by striking "\$82" both places it appears and inserting "\$84"; and*

(B) *by striking "\$2,785" and "\$3,907" and inserting "\$2,860" and "\$4,012", respectively;*

(12) *in subsection (l), by striking "\$2,785" and inserting "\$2,860";*

(13) *in subsection (m), by striking "\$3,073" and inserting "\$3,155";*

(14) *in subsection (n), by striking "\$3,496" and inserting "\$3,590";*

(15) *in subsections (o) and (p), by striking "\$3,907" each place it appears and inserting "\$4,012";*

(16) *in subsection (r), by striking "\$1,677" and "\$2,497" and inserting "\$1,722" and "\$2,564", respectively; and*

(17) *in subsection (s), by striking "\$2,506" and inserting "\$2,573".*

(b) *ADDITIONAL COMPENSATION FOR DEPENDENTS.—Section 1115(1) of such title is amended—*

(1) *in subparagraph (A), by striking "\$127" and inserting "\$130";*

(2) *in subparagraph (B), by striking "\$219" and "\$65" and inserting "\$224" and "\$66", respectively;*

(3) *in subparagraph (C), by striking "\$86" and "\$65" and inserting "\$88" and "\$66", respectively;*

(4) *in subparagraph (D), by striking "\$103" and inserting "\$105";*

(5) in subparagraph (E), by striking “\$241” and inserting “\$247”; and

(6) in subparagraph (F), by striking “\$202” and inserting “\$207”.

(c) CLOTHING ALLOWANCE FOR CERTAIN DISABLED VETERANS.—Section 1162 of such title is amended by striking “\$600” and inserting “\$616”.

(d) DEPENDENCY AND INDEMNITY COMPENSATION FOR SURVIVING SPOUSES.—

(1) NEW LAW DIC.—Section 1311(a) of such title is amended—

(A) in paragraph (1), by striking “\$967” and inserting “\$993”; and

(B) in paragraph (2), by striking “\$208” and inserting “\$213”.

(2) OLD LAW DIC.—The table in paragraph (3) of such section is amended to read as follows:

Pay grade	Monthly rate
E-1	\$993
E-2	\$993
E-3	\$993
E-4	\$993
E-5	\$993
E-6	\$993
E-7	\$1,027
E-8	\$1,084
E-9	\$1,131
W-1	\$1,049
W-2	\$1,091
W-3	\$1,123
W-4	\$1,188
O-1	\$1,049
O-2	\$1,084
O-3	\$1,160
O-4	\$1,227
O-5	\$1,351
O-6	\$1,523
O-7	\$1,645
O-8	\$1,805
O-9	\$1,931
O-10	\$2,118

¹ If the veteran served as sergeant major of the Army, senior enlisted advisor of the Navy, chief master sergeant of the Air Force, sergeant major of the Marine Corps, or master chief petty officer of the Coast Guard, at the applicable time designated by section 1302 of this title, the surviving spouse's rate shall be \$1,221.

² If the veteran served as Chairman or Vice-Chairman of the Joint Chiefs of Staff, Chief of Staff of the Army, Chief of Naval Operations, Chief of Staff of the Air Force, Commandant of the Marine Corps, or Commandant of the Coast Guard, at the applicable time designated by section 1302 of this title, the surviving spouse's rate shall be \$2,272.”.

(3) ADDITIONAL DIC FOR CHILDREN OR DISABILITY.—Section 1311 of such title is amended—

(A) in subsection (b), by striking “\$241” and inserting “\$247”;

(B) in subsection (c), by striking “\$241” and inserting “\$247”; and

(C) in subsection (d), by striking “\$115” and inserting “\$118”.

(e) DEPENDENCY AND INDEMNITY COMPENSATION FOR CHILDREN.—

(1) DIC WHEN NO SURVIVING SPOUSE.—Section 1313(a) of such title is amended—

(A) in paragraph (1), by striking “\$410” and inserting “\$421”;

(B) in paragraph (2), by striking “\$590” and inserting “\$605”;

(C) in paragraph (3), by striking “\$767” and inserting “\$787”; and

(D) in paragraph (4), by striking “\$767” and “\$148” and inserting “\$787” and “\$151”, respectively.

(2) SUPPLEMENTAL DIC FOR CERTAIN CHILDREN.—Section 1314 of such title is amended—

(A) in subsection (a), by striking “\$241” and inserting “\$247”;

(B) in subsection (b), by striking “\$410” and inserting “\$421”; and

(C) in subsection (c), by striking “\$205” and inserting “\$210”.

SEC. 5. DEMONSTRATION PROJECT TO IMPROVE BUSINESS PRACTICES OF VETERANS HEALTH ADMINISTRATION.

(a) DEMONSTRATION PROJECT REQUIRED.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a demonstration project under this section for the improvement of business practices of the Veterans Health Administration.

(2) PERFORMANCE-BASED CONTRACT.—To carry out the demonstration project, the Secretary shall enter into a performance-based contract for a contractor to carry out the functions specified in subsection (e).

(3) COST LIMITATION.—The total amount paid to the contractor under the contract may not exceed \$10,000,000.

(b) COMMENCEMENT AND DURATION OF PROJECT.—The demonstration project shall be conducted during the two-year period beginning on the first day of the first month beginning more than 120 days after the date of the enactment of this Act.

(c) SITES FOR CONDUCT OF PROJECT.—The Secretary shall conduct the demonstration project at two facilities, at least one of which shall be a medical center, of the Veterans Health Administration within the same service area (referred to as a Veterans Integrated Service Network) of the Veterans Health Administration. The two facilities at which the project is conducted shall be selected by the Secretary from among facilities that the Secretary determines have relatively low performance for recovery or collection of indebtedness from third-party payors under section 1729 of title 38, United States Code.

(d) SELECTION OF CONTRACTOR.—The Secretary shall carry out the process for selection of the contractor for the demonstration project so that the contractor to perform the contract is selected, and the contract is awarded, not later than three months after the date of the enactment of this Act. The contractor shall be an entity or organization that has significant experience in the administrative processing of health care charges and claims.

(e) FUNCTIONS OF CONTRACTOR.—The Secretary shall provide in the contract for the following functions of the contractor with respect to each facility at which the demonstration project is conducted:

(1) Detailed specification of existing business processes that the contractor determines are relevant to the capability of the facility to recover or collect indebtedness from third-party payors under section 1729 of title 38, United States Code.

(2) Reengineering of the business processes identified under paragraph (1), including provision for standardized application of such reengineered processes throughout the facility.

(3) Establish and implement a plan to transition from the business processes identified under paragraph (1) to the reengineered and standardized businesses established pursuant to paragraph (2).

(4) Establishment of a comprehensive database containing third-party payor information for veterans receiving health care and services at the facility.

(f) VHA PROJECT MANAGER.—As part of the demonstration project, the Secretary shall ensure that a Veterans Health Administration employee is designated to be the full-time project manager for the project and that such employee's duty station is at one of the facilities at which the project is conducted, with provision for visits as needed to the other facility at which the project is conducted.

(g) EMPLOYEE PROTECTION.—The Secretary shall administer the demonstration project so that during the period of the conduct of the demonstration project there is no reduction in active full-time equivalent employees of the Department of Veterans Affairs at the facilities at which the project is conducted that is attributable to the conduct of the demonstration project.

(h) REPORTS TO CONGRESS.—

(1) PERIODIC PROGRESS REPORTS ON PROJECT IMPLEMENTATION.—

(A) REPORTS REQUIRED.—The Secretary shall submit to Congress progress reports on the implementation of the demonstration project.

(B) TIME FOR PROGRESS REPORTS.—Such reports shall be submitted as expeditiously as feasible after the end of—

(i) the 60-day period and the 90-day period beginning on the date of the enactment of this Act; and

(ii) the 60-day period, the 90-day period, and the 180-day period beginning on the date of the award of the contract under subsection (d).

(C) MATTER TO BE INCLUDED.—Each report under this paragraph shall set out the progress to date of the demonstration project, including—

(i) before the contractor has been selected, progress toward selection of the contractor (identified by the steps in the acquisition process that have been accomplished and that remain to be accomplished); and

(ii) after the contractor has been selected—

(I) the contractor's progress in initiating and carrying out the demonstration project in accordance with the requirements of this section; and

(II) a copy of each contract under the demonstration project and any change order or modification to any such contract.

(2) INTERIM REPORTS ON PROJECT OPERATION.—After the completion of the first 12 months, and after the completion of the first 18 months, of the demonstration project, the Secretary shall submit to Congress an interim report on the operation of the demonstration project to that date. Each such report shall include the following:

(A) The assessment of the Secretary as to whether the rate of recovery or collection of indebtedness owed the United States from third-party payors has improved by reason of the project.

(B) The assessment of the Secretary as to the performance of the contractor.

(3) FINAL REPORT.—

(A) REQUIREMENT.—After the conclusion of the demonstration project, the Secretary shall submit to Congress a final report on the project.

(B) CONTENT.—The Secretary shall include in that report—

(i) the matters specified in paragraph (2);

(ii) the Secretary's estimate of cost savings to the Department attributable to the reengineered business processes implemented under the demonstration project, with supporting evidence and documentation for such estimate; and

(iii) the Secretary's recommendation for implementing on a permanent basis the recovery or collection system demonstrated in the project and expanding the project to other facilities of the Veterans Health Administration.

(C) SUBMISSION.—The final report shall be submitted not later than 90 days after the conclusion of the demonstration project.

(i) COMPTROLLER GENERAL REVIEW AND REPORTS.—

(1) REVIEW.—The Comptroller General shall review the demonstration project on an ongoing basis.

(2) REPORTS.—The Comptroller General shall submit to Congress a report on the Comptroller General's findings and recommendations concerning the demonstration project—

(A) after the operation of the demonstration project for a period of one year; and

(B) after the operation of the demonstration project for a period of two years.

(j) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs for the conduct of the demonstration project under this section the sum of \$10,000,000.

SEC. 6. PARKINSON'S DISEASE RESEARCH, EDUCATION, AND CLINICAL CENTERS.

(a) REQUIREMENT FOR ESTABLISHMENT OF CENTERS.—

(1) IN GENERAL.—Subchapter II of chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:

“§7329. Parkinson’s Disease research, education, and clinical centers

“(a) The Secretary, upon the recommendation of the Under Secretary for Health and pursuant to the provisions of this section, shall designate six Department health-care facilities as the locations for centers of Parkinson’s Disease research, education, and clinical activities and (subject to the appropriation of sufficient funds for such purpose) shall establish and operate such centers at such locations in accordance with this section.

“(b) In designating locations for centers under subsection (a), the Secretary, upon the recommendation of the Under Secretary for Health, shall—

“(1) designate each Department health-care facility that as of January 1, 2005, was operating a Parkinson’s Disease research, education, and clinical center unless (on the recommendation of the Under Secretary for Health) the Secretary determines that such facility does not meet the requirements of subsection (c) or has not demonstrated effectiveness in carrying out the established purposes of such center or the potential to carry out such purposes effectively in the reasonably foreseeable future; and

“(2) assure appropriate geographic distribution of such facilities.

“(c) The Secretary may not designate a health-care facility as a location for a center under subsection (a) unless the peer review panel established under subsection (d) has determined under that subsection that the proposal submitted by such facility as a location for a new center under subsection (a) is among those proposals which have met the highest competitive standards of scientific and clinical merit, and the Secretary (upon the recommendation of the Under Secretary for Health) determines that the facility has (or may reasonably be anticipated to develop) each of the following:

“(1) An arrangement with an accredited medical school which provides education and training in neurology and with which such facility is affiliated under which residents receive education and training in innovative diagnosis and treatment of chronic neurodegenerative diseases and movement disorders, including Parkinson’s disease.

“(2) The ability to attract the participation of scientists who are capable of ingenuity and creativity in health-care research efforts.

“(3) A policymaking advisory committee composed of appropriate health-care and research representatives of the facility and of the affiliated school or schools to advise the directors of such facility and such center on policy matters pertaining to the activities of such center during the period of the operation of such center.

“(4) The capability to conduct effectively evaluations of the activities of such center.

“(5) The capability to coordinate, as part of an integrated national system, education, clinical, and research activities within all facilities with such centers.

“(6) The capability to jointly develop a consortium of providers with interest in treating neurodegenerative diseases, including Parkinson’s Disease, and other movement disorders, at facilities without such centers in order to ensure better access to state-of-the-art diagnosis, care, and education for neurodegenerative disorders throughout the health care system.

“(7) The capability to develop a national repository for the collection of data on health services delivered to veterans seeking care for neurodegenerative diseases, including Parkinson’s Disease, and other movement disorders in the health care system.

“(d)(1) The Under Secretary for Health shall establish a panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary for the establishment of new centers under this section.

“(2)(A) The membership of the panel shall consist of experts in neurodegenerative diseases,

including Parkinson’s Disease, and other movement disorders.

“(B) Members of the panel shall serve as consultants to the Department for a period of no longer than two years except in the case of panelists asked to serve on the initial panel as specified in subparagraph (C).

“(C) In order to ensure panel continuity, half of the members of the first panel shall be appointed for a period of three years and half for a period of two years.

“(3) The panel shall review each proposal submitted to the panel by the Under Secretary and shall submit its views on the relative scientific and clinical merit of each such proposal to the Under Secretary.

“(4) The panel shall not be subject to the Federal Advisory Committee Act.

“(e) Before providing funds for the operation of any such center at a health-care facility other than a health-care facility designated under subsection (b)(1), the Secretary shall assure that the center at each facility designated under such subsection is receiving adequate funding to enable such center to function effectively in the areas of Parkinson’s Disease research, education, and clinical activities.

“(f) There are authorized to be appropriated such sums as may be necessary for the support of the research and education activities of the centers established pursuant to subsection (a). The Under Secretary for Health shall allocate to such centers from other funds appropriated generally for the Department medical services account and medical and prosthetics research account, as appropriate, such amounts as the Under Secretary for Health determines appropriate.

“(g) Activities of clinical and scientific investigation at each center established under subsection (a) shall be eligible to compete for the award of funding from funds appropriated for the Department medical and prosthetics research account and shall receive priority in the award of funding from such account insofar as funds are awarded to projects for research in Parkinson’s disease and other movement disorders.”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7328 the following new item:

“7329. Parkinson’s Disease research, education, and clinical centers.”.

(b) EFFECTIVE DATE.—Section 7329 of title 38, United States Code, as added by subsection (a), shall take effect on October 1, 2005.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Indiana (Mr. BUYER) and the gentleman from Nevada (Ms. BERKLEY) each will control 20 minutes.

The Chair recognizes the gentleman from Indiana (Mr. BUYER).

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

Mr. Speaker, H.R. 1220, as amended, is one of the more important bills the committee brings to the floor each year. This bill, as amended, would authorize the cost-of-living adjustment effective December 1, 2005 for veterans with service-connected disabilities and their survivors.

The projected increase is 2.3 percent, but may be higher or lower depending on changes in the consumer price index. After our ranking member, the gentleman from Illinois (Mr. EVANS), speaks, the gentlewoman from Florida (Ms. GINNY BROWN-WAITE), a member of the Subcommittee on Disability Assistance and Memorial Affairs, will provide a more detailed description of this provision.

H.R. 1220, as amended, will also authorize a demonstration project to improve the ability of the Veterans Health Administration to collect funds from third party insurance companies. Under certain circumstances, the VA may bill insurance companies for the treatment of conditions that are not a result of injuries or illnesses incurred or aggravated during military service. Despite improvements, weaknesses in VA’s billing and collection process still exist. Every dollar rightfully owed to the VA and not collected is a dollar less to veterans care.

We are working to ensure the VA can accurately forecast health care demand. We must also ensure that the system is able to collect a just debt. I expect that all revenue collected from the project will be returned to the VA medical center where the pilot occurs and not be subjected to appropriations offsets.

Finally, the bill would permanently authorize six Parkinson’s disease research, education and clinical centers. Parkinson’s disease affects as many as 1.5 million Americans. While treatment exists, we are still in search of a cure.

Currently, the VA has six of these centers. They provide researchers the ability to see results rapidly and put their knowledge to use in helping patients. These centers, working with other VA clinicians, treat tens of thousands of veterans with Parkinson’s disease. This section will ensure that the VA continues this invaluable research and treatment.

I want to thank my ranking member, the gentleman from Illinois (Mr. EVANS), for his work on this part of the bill.

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

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

Mr. Speaker, I would like to thank the gentleman from Indiana (Mr. BUYER) for his help and his work on this; the ranking member, the gentleman from Illinois (Mr. EVANS), as always; and subcommittee chairman, the gentleman from Florida (Mr. MILLER), for their continued efforts to ensure the value of veterans benefits does not erode as the cost of living increases.

H.R. 1220, the Veterans’ Compensation Cost-of-Living Adjustment Act of 2005 will help our service-disabled veterans and their survivors maintain the purchasing power of their benefits in 2006. Although we do not know at this time the amount of the increase until the consumer price index is calculated in October, I believe this bill will help VA beneficiaries keep the value of their benefits. No amount of money can adequately compensate our veterans for the loss of their health and families for the loss of loved ones. It is important that the benefits which our Nation provides to partially compensate for such losses do not lose their value over time.

In 2004, over 28,000 veterans in Nevada received disability benefits compensation or pension payments from the VA,

and thousands of Nevada family members and survivors received VA cash benefits. The actions we are taking here today will help Nevada veterans and families who depends on these VA benefits.

I am particularly pleased that the bill contains an amendment that I was pleased to offer to include the transitional DIC benefit in the COLA. Without the amendment, the value of the \$250 transitional benefit paid to surviving spouses with minor children for their first 2 years of eligibility would have eroded in value by 2006.

Mr. Speaker, this is the least we can do for our Gold Star wives and their children.

I am also pleased to note that the bill contains authority for six VA Parkinson's disease centers. I believe that the research conducted at those centers will improve the lives not only of the veterans with Parkinson's, but of many thousands of other Americans.

Veterans in Las Vegas are already reaping the benefits of the local VA's affiliation with the Southwest Center in West Los Angeles. I want to thank the gentleman from Illinois (Mr. EVANS) in particular for bringing this to our attention and making sure that it was a top priority for the VA committee.

The bill also contains provisions for a demonstration project to improve VA's procedure for collecting money owed by third parties such as insurance companies when VA provides medical care for veterans with nonservice-connected conditions.

H.R. 1220 will receive my full support. It deserves the full support of all Members of this House.

Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. EVANS), the ranking member of the Committee on Veterans' Affairs.

Mr. EVANS. Mr. Speaker, I am proud that H.R. 1220, in addition to providing veterans with needed health care, includes the cost-of-living adjustment as well. This will permanently authorize VA Parkinson's centers as well. Some 42,000 veterans with Parkinson's receive care at the VA.

In 5 years, an estimated 39,000 older veterans will have the disorder. Treatments exist for Parkinson's, but research continues to improve treatments and to search for a cure.

VA is on the cutting edge of research and treatment because of these centers. Veterans service organizations and Parkinson's advocates all support the permanent authorization of these centers.

While the bill does not also authorize VA's two multiple sclerosis centers, I continue to support the centers and hope they can work so we can get them properly authorized.

Authorizing the centers will make sure that the VA will continue to be a model of innovation in the delivery of health care and research for this chronic disease. This bill offers hope to veterans and others with Parkinson's. I ask my colleagues for their support.

Ms. BERKLEY. Mr. Speaker, I yield 2 minutes to the gentleman from Maine (Mr. MICHAUD).

Mr. MICHAUD. Mr. Speaker, I thank the gentlewoman for yielding me time and for her leadership in this effort.

Mr. Speaker, I rise in strong support of H.R. 1220, the Veterans' Compensation Cost-of-Living Act of 2005. I believe that this is a good bipartisan bill. Each year we pass the COLA for veterans. This ensures that veterans benefits maintain their value as the cost of living goes up. These benefits were earned by the men and women who have served our country and their families, and they should not be allowed to diminish.

These benefits are critical to helping many veterans and their families make ends meet. I would also like to thank the gentlewoman from Nevada (Ms. BERKLEY) for her efforts to include a provision to improve benefits that I have been working on since I became a Member of Congress.

Last Congress in response to the VA evaluation, we passed legislation to provide an increase of \$250 to the monthly DIC benefits for surviving spouses with children under 18 years of age for the first 2 years of eligibility.

While I believe that we should make this benefit permanent, especially in light of our brave men and women giving their lives in Afghanistan and Iraq, the provision in today's bill is extremely important and will ensure that this benefit maintains its value over time.

Finally, I am pleased that this legislation will allow the VA to continue its important work on Parkinson's disease research. I would like to thank the chairman, the gentleman from Indiana (Mr. BUYER), and the ranking member, the gentleman from Illinois (Mr. EVANS), for their leadership in this very important legislation.

This is a good bill to help veterans and their families across the country. I urge my colleagues to support it.

Ms. BERKLEY. Mr. Speaker, I yield 2 minutes to the gentlewoman from South Dakota (Ms. HERSETH).

Ms. HERSETH. Mr. Speaker, I thank the gentlewoman for yielding me time.

Mr. Speaker, I rise today in support of H.R. 1220, the Veterans' Compensation Cost-of-Living Adjustment Act, which authorizes the annual cost-of-living adjustment for disabled veterans and their survivors.

I would like to thank the chairman, the gentleman from Indiana (Mr. BUYER), and the ranking member, the gentleman from Illinois (Mr. EVANS), for their leadership on the full committee and for their good work in shepherding this bill to the floor today. I would like to thank the gentleman from Florida (Mr. MILLER) and the ranking member, the gentlewoman from Nevada (Ms. BERKLEY) of the Subcommittee on Disability Assistance and Memorial Affairs, for their hard work and bipartisan leadership.

□ 1100

Mr. Speaker, I support this legislation and am a proud cosponsor of the bill because it is an important way we can keep our Nation's promise to the veterans who have served. This legislation is aimed at improving the quality of life for disabled veterans and their families whose sacrifices and contributions to our great country should not be forgotten. I believe the way we treat our veterans is a moral issue and we need to do the right, moral, honorable thing with respect to disabled veterans and their families.

There are more than 3,000 veterans in my home State of South Dakota who received disability compensation last year, and tens of thousands more nationwide who rely on this annual cost of living increase to help support a dignified quality of life. With wounded young servicemen and women returning home by the thousands from battlefields in Iraq and Afghanistan, we know there is a new and growing generation that is equally deserving of this modest increase to reflect a rising cost of living. It is imperative we work to provide this newest generation of veterans and their families with the benefits they have earned and deserve.

This bill will provide continuing assistance for these brave men and women who will forever live with the scars of their sacrifice. We must honor their service by considering veterans' care to be an ongoing cost of war.

I would like to thank the gentlewoman from Nevada (Ms. BERKLEY) for an amendment she offered in committee, which was passed and included in this bill to provide a cost of living adjustment in fiscal year 2006 for the additional payment of \$250 per month for the first 2 years of dependency indemnity compensation eligibility to surviving spouses with minor children.

I also would like to thank the gentleman from Illinois (Mr. EVANS) for his work to include a provision to provide for the establishment of Parkinson's Disease Research Education Clinical Centers in the Veterans Health Administration of the Department of Veterans Affairs.

Again, I am proud to support H.R. 1220, the Veterans' Compensation Cost-of-Living Adjustment Act, and urge my colleagues to do the same.

Mr. BUYER. Mr. Speaker, I yield 4 minutes to the gentlewoman from Florida (Ms. GINNY BROWN-WAITE), a member of the committee.

Ms. GINNY BROWN-WAITE of Florida. Mr. Speaker, I rise in support of the Veterans' Compensation Cost-of-Living Adjustment Act of 2005. H.R. 1220, as amended, would provide a cost-of-living adjustment, in the same amount as given to Social Security recipients, to disabled veterans and their surviving spouses. Veterans who receive disability compensation and survivors of certain veterans would receive a full COLA beginning on December 1 of this year. Congress has provided for these increases every fiscal year since 1976.

This bill would also codify the current amounts of disability compensation and dependency and indemnity compensation. More than 2.6 million American veterans are receiving service-connected disability compensation. Many of them reside in my Congressional District. These benefits are paid monthly and range from \$108 per month for a 10 percent disability to \$2,299 for a 100 percent disability.

Additional monetary benefits are available for our most severely disabled veterans as well as those with dependents. Spouses of veterans who died on active duty or as a result of a service-connected disability likewise are entitled to monetary compensation. Additional amounts are paid to survivors who are housebound or in need of aid and attendance or who have minor children.

Currently, more than 336,000 surviving spouses and children are receiving survivor benefits. The administration's fiscal year 2006 budget projects a 2.3 percent cost-of-living increase, but it may be higher or lower, depending on changes in the Consumer Price Index. The exact percentage will be calculated as of September 30 of this year.

I certainly want to thank the subcommittee's chairman and ranking member, the gentleman from Florida (Mr. MILLER), and the gentlewoman from Nevada (Ms. BERKLEY), respectively, for their work on H.R. 1220, as amended. I also want to commend the chairman of the committee, the gentleman from Indiana (Mr. BUYER), and ranking member, the gentleman from Illinois (Mr. EVANS) for their leadership in bringing the bill to the floor today, as well as the subcommittee staff on both sides of the aisle for their hard work on this issue.

Mr. Speaker, I urge my colleagues to support H.R. 1220, as amended.

Ms. BERKLEY. Mr. Speaker, may I inquire how much time I have remaining?

The SPEAKER pro tempore (Mr. SIMPSON). The gentlewoman from Nevada has 12 minutes remaining.

Ms. BERKLEY. Mr. Speaker, I yield 1 minute to the gentlewoman from New York (Mrs. MALONEY).

(Mrs. MALONEY of New York asked and was given permission to revise and extend her remarks.)

Mrs. MALONEY. Mr. Speaker, I thank the gentlewoman for yielding me this time and for her outstanding, consistent leadership on behalf of our veterans. It is incredibly important.

I rise in full support of this increase of benefits of an across-the-board cost-of-living adjustment, but I rise particularly to speak about the authorization for the permanent Parkinson's disease research education. As the founder and co-chair of the Parkinson's Task Force, this is critically important. Many of our veterans, because of exposure to toxic elements, suffer from Parkinson's. This research is important. Some of their breakthroughs in these vet-

erans' research facilities have led to cures.

I rise in strong support of the overall bill and for this particular aspect that will help many veterans and many Americans across our Nation.

Ms. BERKLEY. Mr. Speaker, I yield 6 minutes to the gentleman from California (Mr. FILNER).

Mr. FILNER. Mr. Speaker, I thank the gentlewoman for yielding me this time and for her leadership on veterans' issues.

I too rise in support of H.R. 1220, the Veterans' Compensation Cost-of-Living Adjustment Act, and I would just like to speak briefly about two provisions in it.

This bill will, in December, provide a cost-of-living adjustment to the disability compensation received by our Nation's veterans, and to compensation received by their widows. A transitional benefit to widows with minor children, who will receive an extra \$250 per month for 2 years, is specifically included in this cost-of-living increase.

The compensation that veterans and their widows receive does not adequately compensate them for their losses, but we hope it will ease their burden and let them know our Nation is grateful. It is important this compensation keep abreast of the rising cost of living.

Another provision of the bill establishes, subject to appropriations, a Parkinson's Disease Research Educational and Clinical Center in six VA health care facilities, with appropriate geographical distribution of these centers. These centers would cooperate with an accredited medical school, one that provides education and training in neurology and attracts the participation of scientists who are capable of ingenuity and creativity in their research efforts.

The centers would provide the opportunity for VA clinicians to more fully understand Parkinson's Disease and collaborate on innovative treatments. The findings would be shared with facilities without research centers in order to ensure access to state-of-the-art information through our VA health care system. I am especially supportive of the provision which would advance our knowledge of Parkinson's Disease and would provide new treatments to those who are suffering.

So let us support H.R. 1220, but let us not get too self-congratulatory about this bill. It is a necessary bill. It is already provided for in the appropriations process, but the amount of money we are talking about in this bill is very, very small compared to the shortfall in the health care budget of the VA that we have been informed about by our new Secretary of VA.

Mr. Speaker, we are being irresponsible by not approving an adequate health care budget for our veterans. While today we approve the Disability Compensation COLA, we are still leaving our veterans health care short by billions of dollars, both in this year's and next year's budget.

And for those who say, well, we did not know about it, or it was a bad mathematical model that was used, these are rather ridiculous statements. The Independent Budget, which has been formulated by our veterans' service organizations in a very professional, a very detailed way, forecast the exact amount that we would need in the health care budget. While the chairman of our committee is going around searching for a right number, the number was right here in the independent budget.

And, in fact, Mr. Speaker, the Democrats in this House tried to get this budget number into our budget. But were we allowed to? No, we were not allowed to vote on it in our committee. We were not allowed to vote on it on the floor. There were attempts to do that by the gentleman from Texas (Mr. EDWARDS) and the gentlewoman from Oregon (Ms. HOOLEY). I had an amendment on the floor to put the required money in the budget that we were lacking for our veterans, and I was ruled out of order. Out of order to help our veterans? I will tell you what was out of order, and that was the process that the majority party set up.

Mr. Speaker, I have a thousand veterans in San Diego, California, who are on a waiting list to get into the VA health system. Does that sound like we were adequately funding our health care? We will have thousands of returning Veterans from Iraq and Afghanistan, many with PTSD, post-traumatic stress disorder, who will not be able to get the required counseling at our VA centers. They will have to wait a year for a dental appointment. Is this supporting our troops? Is this showing how much we care about them?

Mr. Speaker, the way to show that we support our troops is to treat them well when they return home. We already have unsettling reports of veterans returning from Iraq and Afghanistan. We have reports of veterans who suffer from PTSD probably, who are committing domestic violence, who have not gotten help from the VA and who may be on the streets already. We know what happens to the troops when they do not get the proper help. Half of the homeless on the streets today are Vietnam vets.

That is a tragedy, that is a disgrace, and an incredible immoral act that we have allowed this country to commit, to put our veterans on the streets. But the same thing is going to happen again. The same thing is going to happen again if we do not adequately fund this budget.

This House voted a week ago to put \$900 million into this year's budget. The Senate appropriated 1.5 billion. And the Veteran's Committee chairman said, oh, I do not know how they got their number. Well, that is the right number. We should vote for the Senate number. We can get this passed for veterans immediately, and then we can fix the 2006 budget in our regular appropriations process.

Mr. Speaker, when the President says support our troops, support our troops, support our troops, and then does not provide the adequate funding when those troops come home, we are not doing the job that we should be doing to thank the veterans for their service. It is time to adequately fund the health care budget. It is time to listen to the Independent Budget. It is time for the chairman to listen to those who have been saying this for years. It is time to show proper respect for the veterans who have given us our freedom today.

Ms. BERKLEY. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I would urge everybody to support H.R. 1220, everyone in this body. I do not think there is a reason why anybody should be voting against it. It is a very important piece of legislation. But I would like to echo what the gentleman from California (Mr. FILNER) has so eloquently stated in his floor remarks.

When I go home and talk to my veterans, they look to me for my help and my support in providing the health care that they so justly deserve and are entitled to. This Congress needs to step up to the plate and do what we know is right. We cannot continue short-changing our veterans. We cannot continue low-balling them, taking the lowest number, when we know it is the highest number that will barely suffice to provide for the health care needs of our veterans.

Our older veterans, Vietnam, Korea, World War II, some left in World War I, these men and women age, and they are continuing to age. We will have hundreds of thousands of veterans from our latest operations across the globe. Let us be farsighted. Let us be prepared for what is coming. And let none of us, none of us, have the temerity or the audacity to state that we did not know what the needs of the veterans were or what they will be confronted with in the near future. Let us all be on the same page, work in a bipartisan way, and let us do what is right for our veterans. And let us pass unanimously H.R. 1220.

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

Mr. BUYER. Mr. Speaker, I yield myself the balance of my time.

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

Mr. BUYER. Mr. Speaker, I want to thank the ranking member of the committee, the gentleman from Illinois (Mr. EVANS), for his work and cooperation on this legislation. I also would like to say to him that he is a champion of Parkinson's Disease, and I am proud of his leadership by example and I am proud of his spirit to live and equally am proud to call him my friend.

I also commend the gentleman from Florida (Mr. MILLER) and the gentlewoman from Nevada (Ms. BERKLEY), the chairman and ranking member on

the Subcommittee on Disability Assistance and Memorial Affairs, for their timely work concerning H.R. 1220, ensuring that disabled veterans and their survivors receive their COLA.

I would also like to thank the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. STRICKLAND), the chairman and ranking member of the Subcommittee on Oversight and Investigations, for their hard work on reaching a compromise on the authorization of the demonstration project.

I am equally appreciative of the hard work of the staff directors of the majority and the minority, Art Wu and Len Sitek for their work to improve the bill.

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Mr. Speaker, I urge my colleagues to support the Veterans Cost-of-Living Adjustment Act of 2005.

Mr. REYES. Mr. Speaker, I rise today in support of H.R. 1220, the Veterans' Compensation Cost-of-Living Adjustment Act of 2005.

All too often, our veterans and their dependents are forced to pay unexpected medical fees and sometimes forced to juggle their finances just to make ends meet. By increasing the COLA we would help ease these burdens forced upon our veterans and their dependents. Our veterans deserve and need this assistance now.

This legislation is especially important to me because my Congressional District of El Paso, Texas is home to nearly 60,000 veterans.

These brave men and women have made tremendous sacrifices for our freedom, just as our servicemembers are currently doing in Iraq and Afghanistan. It is our responsibility as Members of Congress to take care of our Nation's heroes so that we can fulfill our promises to our veterans after their service to our country.

Mr. Speaker, my colleagues and I on the House Veterans' Affairs Committee favorably passed H.R. 1220 and I would urge all my colleagues to do the same on the House floor.

Mr. BILIRAKIS. Mr. Speaker, I rise in strong support of H.R. 1220, the Veterans' Compensation Cost-of-Living Adjustment Act, which will increase, effective December 1, 2005, the rates of disability compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for survivors of certain disabled veterans. As in previous years, these deserving men and women will receive the same cost-of-living-adjustment (COLA) that Social Security recipients are scheduled to receive, and as a cosponsor of H.R. 1220, I am pleased that we are acting to provide disabled veterans and their survivors with an annual COLA.

In the 108th Congress, we created an additional Dependency and Indemnity Compensation (DIC) payment of \$250 a month provided for the first two years of DIC eligibility to surviving spouses with minor children. This new benefit is aimed at easing the transition following the death of the servicemember or veteran. H.R. 1220, as amended, would also increase the amount of this additional assistance by the same COLA.

I am pleased that the amended bill also includes the provisions from H.R. 2988, the Vet-

erans Medical Care Revenue Enhancement Act of 2005. This is a bill that I introduced which authorizes a two-year demonstration project to improve business practices within the Veterans Health Administration (VHA) relating to third-party billing collections.

When Congress gave the Department of Veterans Affairs (VA) the authority to collect payment from insurance companies for the treatment of non-service connected conditions, the funds collected were returned to the U.S. Treasury. At one point, the VA acknowledged that it did a poor job of collecting payments from insurance companies because it had no real incentive to do so. As a result, in 1997 Congress gave VA the authority to retain any third party collections recovered.

Despite improvements in VA's third-party collections, there continue to be weaknesses in the billing and collections processes that impair the VA's ability to maximize the amount of dollars paid by third-party insurance companies. In June, the VA briefed the staff of the Veterans' Affairs Committee that the Department has about \$600 million in outstanding payments that have been billed but not collected from third-party insurers. Collecting these funds would be a significant revenue source for the Department which could improve its ability to provide health care services to our Nation's veterans.

H.R. 1220 creates a modest \$10 million demonstration project to improve the VA's business practices at two sites that have low collections rates. It is our hope that this demonstration project will lead to improved collection practices by the VA.

Finally, H.R. 1220 would permanently authorize six Parkinson's Disease Research Education and Clinical Centers with the VA.

I urge my colleagues to support H.R. 1220.

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

The SPEAKER pro tempore (Mr. SIMPSON). The question is on the motion offered by the gentleman from Indiana (Mr. BUYER) that the House suspend the rules and pass the bill, H.R. 1220, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. BUYER. 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. 1220, as amended, the bill just passed.

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

There was no objection.

MAKING PERMANENT THE AUTHORITY OF THE SECRETARY OF COMMERCE TO CONDUCT THE QUARTERLY FINANCIAL REPORT PROGRAM

Mr. TURNER of Ohio. Mr. Speaker, I move to suspend the rules and pass the