

Chair's prior announcement, further proceedings on this question will be postponed.

DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITY AUTHORIZATION ACT OF 2006

Mr. BUYER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5815) to authorize major medical facility projects and major medical facility leases for the Department of Veterans Affairs for fiscal years 2006 and 2007, and for other purposes, as amended.

The Clerk read as follows:

H.R. 5815

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.

(a) **SHORT TITLE.**—This Act may be cited as the "Department of Veterans Affairs Medical Facility Authorization Act of 2006".

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Authorization of major medical facility project, Biloxi and Gulfport, Mississippi.
- Sec. 3. Authorization of design, construction, and operation of major medical facility project, New Orleans, Louisiana.
- Sec. 4. Authorization of design, construction, and operation of a major medical facility project, Charleston, South Carolina.
- Sec. 5. Authorization of site purchase for major medical facility project, replacement site, Denver Colorado.
- Sec. 6. Extension of authorization for certain major medical facility construction projects previously authorized in connection with Capital Asset Realignment Initiative.
- Sec. 7. Authorization of major medical facility leases.
- Sec. 8. Authorization of appropriations.
- Sec. 9. Sense of Congress and report on option for medical facility improvements in San Juan, Puerto Rico.
- Sec. 10. Land conveyance, city of Fort Thomas, Kentucky.
- Sec. 11. Establishment within the Department of Veterans Affairs of a career position responsible for Department-wide construction and facilities management.
- Sec. 12. Business plans for enhanced access to outpatient care in certain rural areas.
- Sec. 13. Report on option for construction of a Department of Veterans Affairs medical center in Okaloosa County, Florida.

SEC. 2. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECT, BILOXI AND GULFPORT, MISSISSIPPI.

(a) **PROJECT AUTHORIZATION.**—The Secretary of Veterans Affairs may carry out a major medical facility project for restoration of the Department of Veterans Affairs Medical Center, Biloxi, Mississippi, and consolidation of services performed at the Department of Veterans Affairs Medical Center, Gulfport, Mississippi.

(b) **COST LIMITATION.**—The project authorized by subsection (a) shall be carried out in an amount not to exceed \$310,000,000.

(c) **REQUIREMENT FOR JOINT-USE FACILITY.**—The project authorized by subsection (a) may only be carried out as part of a joint-use facility shared by the Department of Veterans Affairs with Keesler Air Force Base, Biloxi, Mississippi.

SEC. 3. AUTHORIZATION OF DESIGN, CONSTRUCTION, AND OPERATION OF MAJOR MEDICAL FACILITY PROJECT, NEW ORLEANS, LOUISIANA.

(a) **AGREEMENT AUTHORIZED.**—The Secretary of Veterans Affairs may enter into an agreement with the Louisiana State University to design, construct, and operate a co-located, joint-use medical facility in or near New Orleans to replace the medical center facility for the Department of Veterans Affairs Medical Center, New Orleans, Louisiana, damaged by Hurricane Katrina in August 2005.

(b) **COST LIMITATION.**—Advance planning and design for a co-located, joint-use medical facility in or near New Orleans under subsection (a) shall be carried out in an amount not to exceed \$100,000,000.

SEC. 4. AUTHORIZATION OF DESIGN, CONSTRUCTION, AND OPERATION OF A MAJOR MEDICAL FACILITY PROJECT, CHARLESTON, SOUTH CAROLINA.

(a) **AGREEMENT AUTHORIZED.**—The Secretary of Veterans Affairs may enter into an agreement with the Medical University of South Carolina to design, construct, and operate a co-located joint-use medical facility in Charleston, South Carolina, to replace the Ralph H. Johnson Department of Veterans Affairs Medical Center, Charleston, South Carolina.

(b) **COST LIMITATION.**—Advance planning and design for a co-located, joint-use medical facility in Charleston, South Carolina, under subsection (a) shall be carried out in an amount not to exceed \$70,000,000.

SEC. 5. AUTHORIZATION OF SITE PURCHASE FOR MAJOR MEDICAL FACILITY PROJECT, REPLACEMENT SITE, DENVER COLORADO.

(a) **AUTHORIZATION.**—The Secretary of Veterans Affairs may enter into an agreement to purchase a site for the replacement of the Department of Veterans Affairs Medical Center, Denver, Colorado, in an amount not to exceed \$98,000,000.

(b) **REPORT.**—Not later than 180 days 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 identifying and outlining the various options available to the Department for replacing the current Department of Veterans Affairs Medical Center, Denver, Colorado. The report shall include the following:

(1) The feasibility of entering into a partnership with a Federal, State, or local governmental agency, or a suitable non-profit organization, for the construction and operation of a new facility.

(2) The medical, legal, and financial implications of each of the options identified, including recommendations regarding any statutory changes necessary for the Department to carry out any of the options identified.

(3) A detailed cost-benefit analysis of each of the options identified.

(4) Estimates regarding the length of time and associated costs needed to complete such a facility under each of the options identified.

SEC. 6. EXTENSION OF AUTHORIZATION FOR CERTAIN MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS PREVIOUSLY AUTHORIZED IN CONNECTION WITH CAPITAL ASSET REALIGNMENT INITIATIVE.

The Secretary of Veterans Affairs may carry out the following major medical facil-

ity projects, with each such project to be carried out in the amount specified for that project:

(1) Construction of an outpatient clinic and regional office at the Department of Veterans Affairs Medical Center, Anchorage, Alaska, in an amount not to exceed \$75,270,000.

(2) Consolidation of clinical and administrative functions of the Department of Veterans Affairs Medical Center, Cleveland, Ohio, and the Department of Veterans Affairs Medical Center, Brecksville, Ohio, in an amount not to exceed \$102,300,000.

(3) Construction of the extended care building at the Department of Veterans Affairs Medical Center, Des Moines, Iowa, in an amount not to exceed \$25,000,000.

(4) Renovation of patient wards at the Department of Veterans Affairs Medical Center, Durham, North Carolina, in an amount not to exceed \$9,100,000.

(5) Correction of patient privacy deficiencies at the Department of Veterans Affairs Medical Center, Gainesville, Florida, in an amount not to exceed \$85,200,000.

(6) 7th and 8th floor wards modernization addition at the Department of Veterans Affairs Medical Center, Indianapolis, Indiana, in an amount not to exceed \$27,400,000.

(7) Construction of a new medical center facility at the Department of Veterans Affairs Medical Center, Las Vegas, Nevada, in an amount not to exceed \$406,000,000.

(8) Construction of an ambulatory surgery/outpatient diagnostic support center in the Gulf South Submarket of Veterans Integrated Service Network (VISN) 8 and completion of Phase I land purchase, Lee County, Florida, in an amount not to exceed \$65,100,000.

(9) Seismic corrections, Buildings 7 and 126, Department of Veterans Affairs Medical Center, Long Beach, California, in an amount not to exceed \$107,845,000.

(10) Seismic corrections, Buildings 500 and 501, Department of Veterans Affairs Medical Center, Los Angeles, California, in an amount not to exceed \$79,900,000.

(11) Construction of a new medical center facility, Orlando, Florida, to be located at the site in Lake Nona known as site selection C, which is directly south of the interchange between SR-417 and Lake Nona Boulevard and is part of a science and research park that is likely to include the proposed campus of the medical school of the University of Central Florida, in an amount not to exceed \$377,700,000.

(12) Consolidation of campuses at the University Drive and H. John Heinz III divisions, Pittsburgh, Pennsylvania, in an amount not to exceed \$189,205,000.

(13) Ward upgrades and expansion at the Department of Veterans Affairs Medical Center, San Antonio, Texas, in an amount not to exceed \$19,100,000.

(14) Construction of a spinal cord injury center, Department of Veterans Affairs Medical Center, Syracuse, New York, in an amount not to exceed \$77,700,000.

(15) Upgrade essential electrical distribution systems, Department of Veterans Affairs Medical Center, Tampa, Florida, in an amount not to exceed \$49,000,000.

(16) Expansion of the spinal cord injury center addition, Department of Veterans Affairs Medical Center, Tampa, Florida, in an amount not to exceed \$7,100,000.

(17) Blind rehabilitation and psychiatric bed renovation and new construction project, Department of Veterans Affairs Medical Center, Temple, Texas, in an amount not to exceed \$56,000,000.

SEC. 7. AUTHORIZATION OF MAJOR MEDICAL FACILITY LEASES.

(a) **FISCAL YEAR 2006 LEASES.**—The Secretary of Veterans Affairs may carry out the

following major medical facility leases in fiscal year 2006 at the locations specified, in an amount for each lease not to exceed the amount specified for that location:

(1) For an outpatient clinic, Baltimore, Maryland, \$10,908,000.

(2) For an outpatient clinic, Evansville, Indiana, \$8,989,000.

(3) For an outpatient clinic, Smith County, Texas, \$5,093,000.

(b) FISCAL YEAR 2007 LEASES.—The Secretary of Veterans Affairs may carry out the following major medical facility leases in fiscal year 2007 at the locations specified, in an amount for each lease not to exceed the amount specified for that location:

(1) For an outpatient and specialty care clinic, Austin, Texas, \$6,163,000.

(2) For an outpatient clinic, Lowell, Massachusetts, \$2,520,000.

(3) For an outpatient clinic, Grand Rapids, Michigan, \$4,409,000.

(4) For up to four outpatient clinics, Las Vegas, Nevada, \$8,518,000.

(5) For an outpatient clinic, Parma, Ohio, \$5,032,000.

SEC. 8. AUTHORIZATION OF APPROPRIATIONS.

(a) AUTHORIZATION OF APPROPRIATIONS FOR FISCAL YEAR 2006 MAJOR MEDICAL FACILITY PROJECTS.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2006 for the Construction, Major Projects, account, a total of \$578,000,000, of which—

(1) \$310,000,000 is for the project authorized in section 2;

(2) \$100,000,000 is for the advance planning and design authorized in section 3;

(3) \$70,000,000 is for the advanced planning authorized in section 4; and

(4) \$98,000,000 is for the purchase of a site authorized in section 5.

(b) AUTHORIZATION OF APPROPRIATIONS FOR MAJOR MEDICAL FACILITY PROJECTS UNDER CAPITAL ASSET REALIGNMENT INITIATIVE.—There is authorized to be appropriated for the Secretary of Veterans Affairs for fiscal year 2007 for the Construction, Major Projects, account, \$1,758,920,000 for the projects specified in section 6.

(c) AUTHORIZATION OF APPROPRIATIONS FOR MAJOR MEDICAL FACILITY LEASES.—

(1) FISCAL YEAR 2006 LEASES.—There is authorized to be appropriated for the Secretary of Veterans Affairs for fiscal year 2006 for the Medical Care account, \$24,990,000 for the leases authorized in section 7(a).

(2) FISCAL YEAR 2007 LEASES.—There is authorized to be appropriated for the Secretary of Veterans Affairs for fiscal year 2007 for the Medical Care account, \$26,642,000 for the leases authorized in section 7(b).

(d) LIMITATION.—The projects authorized in sections 2, 3, 4, 5, and 6 may only be carried out using—

(1) funds appropriated for fiscal year 2006 or 2007 pursuant to the authorization of appropriations in subsections (a), (b), and (c);

(2) funds available for Construction, Major Projects, for a fiscal year before fiscal year 2006 that remain available for obligation;

(3) funds available for Construction, Major Projects, for a fiscal year after fiscal year 2006 or 2007 that are available for obligation; and

(4) funds appropriated for Construction, Major Projects, for fiscal year 2006 or 2007 for a category of activity not specific to a project.

SEC. 9. SENSE OF CONGRESS AND REPORT ON IMPROVEMENTS IN SAN JUAN, PUERTO RICO.

(a) SENSE OF CONGRESS.—Recognizing that concern for the need for medical facility improvements in San Juan, Puerto Rico, is not being adequately addressed, it is the sense of Congress that the Secretary of Veterans Af-

fairs should take steps to explore all options for addressing that concern, including the option of a public/private partnership to construct and operate a facility that would replace the current Department of Veterans Affairs medical center in San Juan, Puerto Rico.

(b) REPORT.—Not later than 180 days 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 identifying and outlining the various options available to the Department for replacing the current Department of Veterans Affairs Medical Center, San Juan, Puerto Rico. The report shall include the following:

(1) The feasibility of entering into a partnership with a Federal, Commonwealth, or local governmental agency, or a suitable non-profit organization, for the construction and operation of a new facility.

(2) The medical, legal, and financial implications of each of the options identified, including recommendations regarding any statutory changes necessary for the Department to carry out any of the options identified.

(3) A detailed cost-benefit analysis of each of the options identified.

(4) Estimates regarding the length of time and associated costs needed to complete such a facility under each of the options identified.

SEC. 10. LAND CONVEYANCE, CITY OF FORT THOMAS, KENTUCKY.

(a) CONVEYANCE AUTHORIZED.—The Secretary of Veterans Affairs may convey to the city of Fort Thomas, Kentucky (in this section referred to as the "City"), all right, title, and interest of the United States in and to a parcel of real property, including the 15 structures located thereon, consisting of approximately 11.75 acres that is managed by the Department of Veterans Affairs and located in the northeastern portion of Tower Park in Fort Thomas, Kentucky. Any such conveyance shall be subject to valid existing rights, easements, and rights-of-way.

(b) CONSIDERATION.—As consideration for the conveyance under subsection (a), the City shall pay to the United States an amount equal to the fair market value of the conveyed real property, as determined by the Secretary.

(c) TREATMENT OF CONSIDERATION.—The consideration received under subsection (b) shall be deposited, at the discretion of the Secretary, in the "Medical facilities" account or the "Construction, minor projects" account (or a combination of those accounts) and shall be available to the Secretary, without limitation and until expended—

(1) to cover costs incurred by the Secretary associated with the environmental remediation of the real property before conveyance under subsection (a); and

(2) with any funds remaining after the Secretary has covered costs as required under paragraph (1), for acquisition of a site for use as a parking facility, or contract (by lease or otherwise) for the operation of a parking facility, to be used in connection with the Department of Veterans Affairs Medical Facility, Cincinnati, Ohio.

(d) RELEASE FROM LIABILITY.—Effective on the date of the conveyance under subsection (a), the United States shall not be liable for damages arising out of any act, omission, or occurrence relating to the conveyed real property, but shall continue to be liable for damages caused by acts of negligence committed by the United States or by any employee or agent of the United States before the date of conveyance, consistent with chapter 171 of title 28, United States Code.

(e) PAYMENT OF COSTS OF CONVEYANCE.—

(1) PAYMENT REQUIRED.—The Secretary shall require the City to cover costs to be in-

curred by the Secretary, or to reimburse the Secretary for costs incurred by the Secretary, to carry out the conveyance under subsection (a), including survey costs, costs related to environmental documentation, and other administrative costs related to the conveyance. If amounts are collected from the City in advance of the Secretary incurring the actual costs, and the amount collected exceeds the costs actually incurred by the Secretary to carry out the conveyance, the Secretary shall refund the excess amount to the City.

(2) TREATMENT OF AMOUNTS RECEIVED.—Amounts received as reimbursement under paragraph (1) shall be credited to the fund or account that was used to cover the costs incurred by the Secretary in carrying out the conveyance. Amounts so credited shall be merged with amounts in such fund or account and shall be available for the same purposes, and subject to the same conditions and limitations, as amounts in such fund or account.

(f) DESCRIPTION OF PROPERTY.—The exact acreage and legal description of the real property to be conveyed under subsection (a) shall be determined by a survey satisfactory to the Secretary.

(g) ADDITIONAL TERMS AND CONDITIONS.—The Secretary may require such additional terms and conditions in connection with the conveyance under subsection (a) as the Secretary considers necessary to protect the interests of the United States.

SEC. 11. ESTABLISHMENT WITHIN THE DEPARTMENT OF VETERANS AFFAIRS OF A CAREER POSITION RESPONSIBLE FOR DEPARTMENT-WIDE CONSTRUCTION AND FACILITIES MANAGEMENT.

(a) ESTABLISHMENT OF POSITION.—Chapter 3 of title 38, United States Code, is amended by inserting after section 312 the following new section:

"§ 312A. Director, Construction and Facilities Management

"(a) CAREER POSITION.—There is in the Department the position of Director, Construction and Facilities Management. The position of Director, Construction and Facilities Management, is a career position with responsibility for construction and facilities management across the Department, including responsibility for all major and minor construction projects. The individual appointed as Director shall be appointed by the Secretary and shall provide direct support to the Secretary and report to the Deputy Secretary of the Department.

"(b) QUALIFICATIONS.—The individual appointed to the position of Director, Construction and Facilities Management, shall be an individual who—

"(1) holds an undergraduate or master's degree in architectural design or engineering; and

"(2) has substantive professional experience in the area of construction project management.

"(c) RESPONSIBILITIES.—The individual appointed to the position of Director, Construction and Facilities Management, shall be responsible for overseeing and managing the planning, design, construction, and facilities operation, including infrastructure, of the Department's major and minor construction projects and performing such other functions as the Secretary prescribes. Such oversight and management responsibilities shall include each of the following:

"(1) Developing and updating short and long-range strategic capital investment strategies and plans.

"(2) Planning, designing, and building facilities, determining architectural and engineering requirements as well as ensuring compliance with all applicable laws relating to the Department's construction program.

“(3) Overseeing and managing the construction of Department facilities.

“(4) Managing the Department’s short and long-term leasing activity.

“(5) Repairing and maintaining the Department’s facilities, including custodial services, building management and administration, and maintenance of roads, grounds, and infrastructure.

“(6) Managing the procurement and acquisition processes, including contract award related to design, construction, furnishing, and supplies and equipment.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 312 the following new item:

“312A. Director, Construction and Facilities Management.”.

SEC. 12. BUSINESS PLANS FOR ENHANCED ACCESS TO OUTPATIENT CARE IN CERTAIN RURAL AREAS.

(a) REQUIREMENT.—Not later than 180 days 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 business plan for enhanced access to outpatient care (as described in subsection (b)) for primary care, mental health care, and specialty care in each of the following areas:

- (1) The Lewiston-Auburn area of Maine.
- (2) The area of Houlton, Maine.
- (3) The area of Dover-Foxcroft, Maine.
- (4) Whiteside County, Illinois.

(b) MEANS OF ENHANCED ACCESS.—The means of enhanced access to outpatient care to be covered by the business plans under subsection (a) are, with respect to each area specified in that subsection, one or more of the following:

- (1) New sites of care.
- (2) Expansions at existing sites of care.
- (3) Use of existing authority and policies to contract for care where necessary.
- (4) Increased use of telemedicine.

SEC. 13. REPORT ON OPTION FOR CONSTRUCTION OF A DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER IN OKALOOSA COUNTY, FLORIDA.

Not later than 180 days 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 identifying and outlining the various options available to the Department for the placement of a Department of Veterans Affairs Medical Center in Okaloosa County, Florida. The report shall include the following:

(1) The feasibility of entering into a partnership with Eglin Air Force Base for the construction and operation of a new, joint Department of Veterans Affairs-Department of Defense facility.

(2) The medical, legal, and financial implications of each of the options identified, including recommendations regarding any statutory changes necessary for the Department to carry out any of the options identified.

(3) A detailed cost-benefit analysis of each of the options identified.

(4) Estimates regarding the length of time and associated costs needed to complete such a facility under each of the options identified.

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

The Chair recognizes the gentleman from Indiana.

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

H.R. 5815, the Department of Veterans Affairs Medical Facility Authorization Act of 2006, would ensure that

we will act officially and provide the right facilities at the right places given the current veteran populations that we can expect in the coming years.

I thank my colleagues, HENRY BROWN, the chairman of our Subcommittee on Health, and MIKE MICHAUD, the subcommittee ranking member, for their hard work on a bipartisan bill that deploys new models for providing health care. These models show great promise for veterans who want cutting-edge care as close to their home as possible.

Mr. Speaker, the very nature of health care delivery has changed dramatically over the last 15 years, yet the VA has not built a single hospital in that time. Some challenges ahead of us deal with, for example, in New Orleans the damage by Hurricane Katrina and that along the coast of Mississippi. Some put a price tag on a new New Orleans VA facility at around \$600 million. I recently toured a new cutting-edge tertiary care hospital in Indiana built for about \$280 million. So trying to figure out how we build new hospitals for the government and at the same time trying to do one that is cost effective is the challenge.

When we look at the VA, the VA has some aging infrastructure and we must replace some facilities, not only the ones damaged by the hurricanes, but also we need to modernize others. This bill will help rationalize the work, including the actions necessary along the Gulf Coast where we restored the VA medical centers in Biloxi and in New Orleans.

We will also move forward with construction in Charleston, South Carolina, with regard to delivering a new model, and Mr. BROWN will be talking about that in a moment. We will be purchasing property in Denver. We will work toward a facility in San Juan, Puerto Rico. The bill would authorize the construction of 17 major facility projects authorized in the last session of Congress, including Las Vegas and Orlando, all of which align with the demand projected for the next two decades.

Mr. Speaker, after World War II, the VA faced a huge influx of returning service members and a worrisome shortage of doctors. Responding to the challenge, the VA in 1946 formed its affiliation program with medical schools.

A wise decision at the VA, made two generations ago by some far-seeing leaders, among them Army General Omar Bradley, a post war VA administrator, enabled the agency to avail itself of the country’s best doctors and nurses, and opened VA to the country’s best health care practices, ensuring it had the capacity to care for millions of new patients.

According to VA, more than 150 VA facilities have affiliations with more than 100 medical schools, dozens of dental schools and more than 1,200 other schools across the country. VA trains 50,000 students and residents each year,

more than half of the physicians practicing in the United States, and a similar portion of nurses, I might add, have experienced parts of their professional education in the VA health care system. The VA has built up considerable experience leveraging service and quality throughout this collaboration.

As the visionaries of 1946 dared to look beyond the familiar patterns, we must now be willing to consider the possibilities that new ideas generate. These new ideas can also generate controversy. Some veterans are concerned that some form of collaboration may dilute the “veterans’ identity” of a VA hospital. That is not an intention on our part at all.

Mr. Speaker, the facts show that the last 50 years of affiliation have meant better VA care for veterans. If a veteran in the Capital area went to Washington, DC Veteran Center for an emergency, that veteran would likely be seen by a doctor also on staff at the George Washington University Medical Center. A veteran being seen at the Ralph Johnson VA Medical Center in Charleston, South Carolina, is almost certain, the chances are about 90 percent, to be seen by a doctor also on staff with the Medical University of South Carolina. You do not hear complaints from veterans about these arrangements.

H.R. 5815 would position VA to leverage existing affiliation relationships with top notch medical universities and build a new relationship with these universities, while preserving the veterans’ identity through a collaboration of shared facilities.

In Biloxi, the bill would take advantage of the joint-use facility being shared with Keesler Air Force Base in Biloxi.

Veterans in the New Orleans area would benefit from a new agreement that we are most hopeful could have fruition with Louisiana State University for the construction and operation of a collocated joint-use medical facility.

In Charleston, South Carolina, we would move forward with the building and operation of a joint-use facility with the Medical University of South Carolina.

Mr. Speaker, this legislation would authorize the purchase of a site in Denver for the ultimate replacement of the medical facility there and would require the VA to report to us and our Senate counterpart on the viability of engaging in a public-private partnership that would reduce taxpayer burden as construction begins.

Mr. Speaker, resources are not on the side of isolated facilities. Enhanced collaboration means that the most expensive equipment, such as medical imaging devices, could be shared between VA and university facilities. As new technology becomes available with its inevitable steep price tag, it could be more easily acquired through these collaborative efforts.

Sharing expensive capital assets reduces duplication and waste. Physicians can more easily travel from the university facility to the VA's facility. That, in turn, means that the veterans will get quality care much faster. This logic has appealed to veterans advocates with whom I have spoken.

This bill would also help the VA grow the expertise that has gone fallow over the past decade and a half, since VA's last construction project. H.R. 5815 would establish within the VA a senior Civil Service position whose role would be to provide department-wide executive leadership over all construction and facility management.

Mr. Speaker, the total cost of this legislation is approximately \$2.4 billion.

Shortly I will turn to my distinguished colleague, Mr. BROWN of South Carolina, chairman of the Subcommittee on Health, for a detailed explanation of the bill.

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

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

Mr. Speaker, I am pleased to rise in support of H.R. 5815. This legislation will authorize the Department of Veterans Affairs major medical facility projects and leases for fiscal year 2006 and 2007. I wish to commend my good friend and colleague, the chairman of the committee, Chairman BUYER, for his willingness to bring this legislation forward to the House. It is an excellent piece of legislation. I want to commend also a good friend and colleague, the chairman of the Health Subcommittee, HENRY BROWN of South Carolina, for his work on this legislation as well.

It is a good bill. It is long overdue that the Committee on Veterans Affairs and this Congress get back to our job of authorizing construction of veterans medical facilities. This bill takes important steps forward in rebuilding the VA's presence in New Orleans and Mississippi. It is important that we do all that we can to help our veterans in the Gulf region. This bill also authorizes many of the VA's most urgent projects, projects whose authorization expires at the end of the month.

I am eagerly awaiting further study and discussion of possible collaborative efforts of the VA that may result in both enhanced care for patients and savings for our taxpayers. Although I am excited about these possibilities, we must also make sure that the needs of veterans are fully met and that the veterans health care system retains its distinct identity as a health care system dedicated to the unique needs of our veterans.

If this health care system is to maintain its position at the forefront of American medicine, then we must make prudent investments in the infrastructure that will enable this care to take place. We must modernize these facilities that are antiquated, we must build new facilities in areas that are seeing increased numbers of veterans

and we must take steps to ensure that the underserved areas do not remain underserved for long.

I would like to thank the staff of both sides of the aisle for their hard work on this legislation. They put a lot of time and effort in this legislation.

This is a good, bipartisan bill, and I hope our committee can bring more good bills like this one to the floor before the end of the year. I urge my colleagues to support H.R. 5815.

Mr. BUYER. Mr. Speaker, I yield 6½ minutes to the gentleman from South Carolina (Mr. BROWN).

Mr. BROWN of South Carolina. Mr. Speaker, I thank the gentleman for yielding me this time. I want to thank our committee chairman, Mr. BUYER, for all of his hard work in bringing this bill to the House floor this morning. Also I would like to recognize the work of my good friend and ranking member of the subcommittee, Mr. MICHAUD of Maine, for his contribution and bipartisanship and cooperation in moving this bill forward.

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I believe it is vital that VA better manage their medical facility capital assets to meet the needs of our Nation's veterans. VA has not constructed a new hospital in nearly 15 years, and as a result, a good amount of this institutional memory has been lost. It is important that we reassemble the processes that will allow VA to build appropriately sized facilities where they are truly needed and, at the same time, be prudent stewards of the taxpayers' money. Opportunities exist to reevaluate the traditional thinking and create new models for facility financing and construction that take full advantage of existing and potential collaborative relationships with medical universities, research partners, and other nonprofit organizations.

My bill, H.R. 5815, as amended, would ensure that major medical facility projects are appropriately prioritized and support the out-year health care demands of the veteran population. It would reinstitute a sense of centralized, consolidated institutional knowledge within the VA in the areas of construction and project management and also require VA to embrace opportunities to improve the quality of the care delivered through collaborative partnerships.

Collaboration is becoming increasingly essential in delivering health care across the Nation. So long as we remain true to the distinct identity of the VA, and so long as we ensure the continued quality associated with VA care, VA collaboration on joint ventures with its extensive medical university affiliations and the Department of Defense can be mutually advantageous for all organizations by reducing capital and operational costs and eliminating duplications of clinical infrastructure such as operating rooms, labs, and expensive medical equipment.

Let me briefly highlight some of the measures included in the bill. H.R. 5815

would authorize a total of about \$2.4 billion for VA medical facility construction projects and leases.

Section 2 of the bill would authorize \$310 million to restore the VA medical center in Biloxi, Mississippi, and consolidate the services performed in Gulfport, Mississippi because of the damage from Hurricane Katrina. The project authorized may only be carried out as part of the joint-use facility shared by VA with Keesler Air Force Base, which is also in Biloxi and located in very close proximity to the existing VA medical center.

Section 3 of the bill would authorize \$100 million for VA to enter into an agreement with the Louisiana State University to design, construct, and operate a co-located, joint-use medical facility in or near New Orleans to replace the medical center damaged by Hurricane Katrina in August of 2005. The \$100 million for advance planning and design effectively places a ceiling on how much can be expended while LSU and VA work toward a viable, collaborative model of care. This allows Congress the ability to assess progress and exercise prudent oversight prior to the actual construction of the facility.

Section 4 of the bill would authorize \$70 million for VA to enter into an agreement with the Medical University of South Carolina to design, construct, and operate a co-located, joint-use medical facility in Charleston, South Carolina, to replace the Ralph H. Johnson VA Medical Center. Similar to New Orleans, this provision allows the Department and Medical University the opportunity to thoroughly examine the opportunities and benefits that may exist as a result of co-location, while only providing the funding necessary to plan and design a new facility. I would like to share my special thanks with the chairman of the committee, STEVE BUYER, for his diligence on this project.

We have come a long way with the VA over the past years, and I appreciate the momentum you have helped provide. Thank you, Mr. Chairman.

Section 5 of the bill would authorize \$98 million for VA to purchase a site for the replacement of the VA medical center in Denver, Colorado. It would also require VA to submit a report to this committee and our Senate counterpart on the viability of entering into a public-private partnership for the construction and operation of the anticipated replacement facility. This would allow the taxpayers a reprieve from front-end loading the capital costs associated with building a state-of-the-art facility.

Section 6 of the bill would extend authorization for 17 major medical facility construction projects previously authorized under Public Law 108-170, but for which VA is unlikely to have contracts awarded by the end of this fiscal year. The bill would authorize \$1.76 billion for these projects. The projects include the construction of

new medical centers in Las Vegas, Nevada, and Orlando, Florida, and the expansion of the Spinal Cord Injury Center in Tampa, Florida.

Section 7 of the bill would authorize the appropriation of \$52 million and give VA the authorization to enter into certain major medical facility leases in eight different areas for needed outpatient clinics.

Section 9 of the bill expresses the sense of Congress that VA should take steps to explore all options prior to our approval of funding expensive renovations in San Juan, Puerto Rico, that in the end will still fall short of the capacity needed to handle the projected workload for the region. VA would be required to provide a report on the various options available, including the option of a public or nonprofit organization partnership to construct and operate a new facility that would replace the current medical center.

Section 11 of the bill would establish within VA a new career position with responsibility for construction and facilities management across all segments of the Department.

Mr. Speaker, this is a carefully developed bill that represents the diligence and bipartisan work of the committee in this jurisdiction over VA construction matters. The key provisions of H.R. 5815 are supported by the administration, and I urge my colleagues to join me in support of this legislation.

Mr. MICHAUD. Mr. Speaker, I yield 4 minutes to the good gentleman from California, BOB FILNER.

Mr. FILNER. Mr. Speaker, I thank the gentleman for yielding and thank the committee and the Chair for moving this bill forward.

I rise also in support of H.R. 5815. It has been some time now since Congress acted to address the health care infrastructure of the Department of Veterans Affairs. I am pleased, along with everyone else, that the Committee on Veterans' Affairs has reasserted its traditional role in this area.

We have supported the CARES process, the Capital Asset Realignment for Enhanced Services, but have always maintained that the most important part of that acronym is at the end, that is, "enhanced services." Realignment is certainly essential, but enhanced services are critical.

As the CARES report to the Secretary stated in 2004: "VA infrastructure and support facilities, many built in the aftermath of World War II, are not all configured for contemporary health care delivery, and some are no longer appropriately located. Moreover, with an average age exceeding 50 years, these buildings are becoming more costly to maintain."

We all know that VA health care is a national asset. Our committee has been trying to ensure that veterans receive the health care they have earned and deserve. While health care funding should remain our biggest priority, we must also see to it that the facilities where veterans receive this health care

are modern and up to date, as well as conveniently located to their place of residence. It is difficult to provide the most modern health care in facilities that are half a century old. It is time that we recognize this and move forward in bringing the aging VA infrastructure up to the standards of the 21st century.

This bill is an important step in the process. It provides the authorization for the VA to complete the projects it has started. It provides the authorization for us to rebuild VA facilities that were destroyed by Hurricane Katrina, and it provides authority to further the VA's collaborative efforts, efforts that hold the promise of enhancing health care for our veterans while maintaining the unique identity of the VA health care system.

We must ensure that VA construction projects are authorized, that the resources are provided to quickly complete them, and that we provide all the resources needed to maintain high quality health care in the Veterans Administration. We must keep our promises to the men and women who have served our Nation in the past and, of course, are serving us today.

So I thank my colleagues on the Veterans' Affairs Committee for their work on this issue and urge speedy passage of this important legislation.

Mr. MICHAUD. Mr. Speaker, I yield 3 minutes to the gentlewoman and fighter for veterans issues from the great State of Florida, CORRINE BROWN.

Ms. CORRINE BROWN of Florida. Mr. Speaker, I am pleased to support this bill and the hard work put in by Chairman BROWN and Ranking Member MICHAUD.

I am especially pleased that the committee has chosen to authorize the construction of a new medical center facility in Orlando, Florida, for \$377.7 million and to require the facility to be located at the site in Lake Nona known as site selection C.

It has been documented for 25 years, let me repeat, 25 years, that a VA hospital is badly needed in central Florida. As a 14-year member of the Veterans' Affairs Committee, I have been working to obtain a hospital in this area, something that has always been one of my top committee priorities. When the Naval Training Center was closed, I was excited to work with former Secretary Jesse Brown to open the clinic that was badly needed for central Florida veterans. It is time for a full medical center.

It is important that the veterans of the central Florida region have a VA medical center that will serve all the needs to provide the type of health care that the VA is known for.

I am especially pleased that the VA medical center will be co-located with the new Florida State medical school near an urban medical complex, in an area where doctors and research professors can work collaboratively on the needs of our area veterans. As many studies have shown, teaching hospitals

give the best care and for the veterans to have access to this care and the veterans to have the same access is invaluable. It is the ultimate urban model, one that needs to be followed at all levels of medical treatment from Florida and throughout the Nation.

The many hearings we have held to discuss the benefits of working together have shown the benefits, and the path has been set for success in other institutions. This is a win-win for everyone in the VA system in the central Florida area, and the veterans are truly deserving of this facility.

Again, this is a great day and long overdue day for the central Florida community and for central Florida veterans. It is also a great day for all veterans from all over the Nation who will come to central Florida.

Thank you again, Mr. Chairman and Mr. Ranking Member.

Mr. BUYER. Mr. Speaker, at this time I yield 2½ minutes to the delegate from Puerto Rico (Mr. FORTUÑO).

Mr. FORTUÑO. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise in strong support of the Veterans Affairs Medical Facility Authorization Act. This bipartisan proposal, which I am honored to cosponsor with Chairman BROWN and Ranking Member MICHAUD, would authorize major medical facility projects and major medical facility leases for the Department of Veterans Affairs for fiscal years 2006 and 2007.

As Puerto Rico's sole representative in Congress, I want to thank Chairman BROWN and Ranking Member MICHAUD for agreeing to include section 9 of this bill. This section recognizes the need for medical facility improvements in San Juan, Puerto Rico. I request that the Secretary of Veterans Affairs take steps to explore all options for addressing these concerns, including the option of a public/private partnership to construct and operate a facility that would replace the current Department of Veterans Affairs medical center in San Juan, Puerto Rico. The San Juan VA Medical Center is a 319-acute-care-bed facility with documented condition deficiencies.

In October of 2002, a decision was made to develop a two-phased strategy for the San Juan VA Medical Center: phase one, a new six-story tower with 314 beds; phase two, a main building renovation that will include asbestos abatement, sprinklers, utility improvements, and would correct seismic deficiencies.

On April 14, 2006, an \$84.05 million construction contract was awarded for phase one. The building is expected to be completed in May 2009. The existing facility has approximately 630,845 gross square feet, and the proposed new tower would provide an additional 250,000 feet. However, the CARES review determined that San Juan, based on current and projected workload, requires a total of 1,283,547 gross square feet to efficiently service our veterans. The current two-phase plan still falls

far short of the requirements identified under CARES by nearly 402,702 gross square feet.

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Given the documented substantial facility deficiencies, I am concerned about the U.S. taxpayers continuing to fund expensive renovations in San Juan which will ultimately fail to meet the capacity needed to handle the predicted workload.

For this reason, this bill requires that no later than 180 days after the date of the enactment of this act, the Secretary of Veterans Affairs shall submit to the Committee of Veterans' Affairs of the House and the Senate a report identifying and outlining the various options available to the Department for replacing the current Department of Veterans Affairs Medical Center in Puerto Rico.

Mr. Speaker, Puerto Rican veterans have served with honor and distinction in the Armed Forces of the United States in all wars and conflicts since 1917. Currently, over 9,000 of our men and women are active in our Nation's war on terrorism. Puerto Ricans have always responded to the call of defending our Nation, ranking number sixth in per capita contribution in Army, Reserve, and National Guard, fourth in the Reserve deployments when compared to units, and four Medals of Honor in Korea.

In closing, I would like to once again thank Chairmen BUYER and BROWN, Ranking Members EVANS and MICHAUD, and committee staff for their report and their fine work.

Mr. BUYER. I thank the delegate for his work on this bill.

I yield 1¼ minutes to Mr. STEARNS of Florida.

Mr. STEARNS. Mr. Speaker, I appreciate the time from my distinguished colleague.

I am delighted today that we are voting today on H.R. 5815 that includes about \$85 million for the Gainesville, Florida Malcom Randall Medical Center to correct patient privacy deficiencies. My colleagues, north Florida and south Georgia veterans rely on this hospital, and it will be well served by this appropriation. Further, this bill authorizes a long-awaited hospital in Orlando. And like the hospital in Gainesville, there is a synergistic collaboration of VA, academia, and industry research all coming together to make things better.

We initiated the Capital Asset Realignment for Enhanced Services (CARES) process a few years ago. It is a comprehensive, objective system-wide approach to projecting into the future the appropriate function, size, and location of VA facilities. Out of CARES and then-Secretary Principi's recommendation came the decisions on which we are voting today. It was carefully thought out, and I commend the chairman.

What we learned from CARES is nothing we don't all know: veterans,

like many seniors, are retiring to Florida. Every day they are crossing the border coming into our hospitals in the southern States, and we need to put the care where the veterans are coming and where they are located, Mr. Speaker. So I look forward to voting on this, and I appreciate the chairman's help.

Mr. MICHAUD. Mr. Speaker, I am pleased to yield 3 minutes to the gentlewoman from Nevada who has been a true advocate for veterans health care, Congresswoman SHELLEY BERKLEY.

Ms. BERKLEY. Mr. Speaker, I thank the gentleman for yielding.

I rise in strong support of this remarkably good piece of legislation, and I would like to thank both Mr. BROWN and Mr. MICHAUD, in particular the chairman Mr. BUYER and our ranking member Mr. FILNER, for bringing us to this point with this legislation.

I had the great pleasure of hosting both Mr. FILNER and Mr. BUYER in Las Vegas so they could see for themselves firsthand what the needs of my veterans were. The day that Mr. BUYER was touring our shared VA hospital facility, the hospital facility was on divert, and unfortunately every other hospital in the Las Vegas area was also on divert. It is a very common occurrence in the fastest growing community in the United States, and that is why this is such an important piece of legislation.

I represent the Las Vegas area of the State of Nevada. It is the fastest growing community in the United States. But I also have the fastest growing veterans population in the United States, and no health care facilities in which to treat these 200,000-plus veterans that call southern Nevada home.

After the CARES study, it was determined that Las Vegas was indeed entitled to an entire medical complex, and I am very happy to say that this piece of legislation authorizes a medical complex that is comprised of three buildings, an 80-bed VA hospital, full-service VA hospital, a full-service outpatient clinic to take care of the needs of our veterans, and a 120-bed long-term facility which is so desperately needed in the southern Nevada area.

It will be located on 147 acres in north Las Vegas on the corner of the 215 and Pecos Road. This land has already been transferred to the VA, so we don't have to worry about the land. This land has already been blessed by the Southern Nevada Paiute Tribe in a remarkable ceremony. We have already been allocated \$259 million, and the VA Secretary in his testimony in front of our committee has stated on numerous occasions that the balance of the amount to finish this VA medical complex will be contained in the 2008 budget. I am absolutely delighted to be able to go back to the veterans in southern Nevada and let them know that my colleagues in the United States Congress recognized their needs and are answering the call and providing the needs for our veterans.

I am looking forward to the groundbreaking that will be taking

place in October. I am waiting for the VA Secretary to let us know when this groundbreaking will take place. We will do vertical construction at the beginning of next year, and hopefully this complex will be completed for our veterans in 2010.

Mr. BUYER. I yield to Mr. FEENEY of Florida 2 minutes.

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

Mr. FEENEY. Mr. Speaker, I want to thank Chairman BUYER, I want to thank Chairman BROWN, and I want to thank Ranking Member MICHAUD, because as several of my colleagues from central Florida have said, our community in central Florida, which is home to almost 850,000 veterans, has for 30 years waited to get service that much of the rest of the country has enjoyed.

Over 45 percent of our veterans are underserved, according to the veterans' own criteria in having to travel more than 2 hours for treatment. That doesn't include the many people that call central Florida their winter home from all over the districts from my friends around the rest of the country. It doesn't include the veterans that come as tourists that need immediate attention. We will be able to finally, after three decades, provide the attention that these much deserved veterans need.

I would tell you that over 50 percent of our veterans have a service-connected disability; 18 percent of them have posttraumatic stress syndrome, and it is very difficult for them to travel as far as Jacksonville or Tampa or beyond. We are the largest metropolitan area in the country that is not currently served by a VA medical center. We thank the CARES commission. We congratulate our friends in Las Vegas for their much needed funding for a new hospital, and we are very, very grateful for our colleagues.

I will finish by saying that this site is a very, very exciting site. Five years ago, there was simply nothing existing here. Within 5 years, we will have a University of Central Florida brand-new medical school. We will have a Burnham Institute, one of the finest research medical facilities in the entire world, all sorts of spin-off businesses. The University of Central Florida, the University of Florida, probably Florida State University will all have medical research facilities located nearby.

In sum I would say that, out of nowhere, we have built a medical city, and in the midst of it our great central Florida veterans will be being treated. They will remember what we have done here today. Again, I express my appreciation for all of you.

Today, there are more than 26.5 million veterans living in the United States and Puerto Rico with more than 1.8 million of them residing in the State of Florida. That is the second highest total in America, only behind California. More than one-third of these live in the Central Florida area alone. This number does not include those veterans who choose to

make Florida their home during the winter months of the year and those veterans who visit the numerous vacation areas in Central Florida, which can number in the tens of thousands.

According to the VA, Central Florida is the number one destination for combat veterans and veterans 65 years of age or older. It is also the number one area for veterans who have 50 percent or more service connected disability, and 18 percent of our veterans have post traumatic stress disorder (PTSD).

Yet Orlando is the largest metropolitan area in the country that is not serviced by a VA medical center. In 2004, Orlando and its surrounding area was identified by the Department of Veterans Affairs through the Capital Asset Realignment for Enhanced Services (CARES) Commission as an area in need of a new VA medical center. CARES was intended to be a comprehensive, system-wide approach, identifying the demand for VA care and projecting into the future the appropriate function, size, and location for VA facilities. At this same time, CARES identified the need for a new medical complex in Las Vegas, Nevada. This need was appropriate and warranted, and the facility in Las Vegas has received funding and is scheduled to break ground this year. However, a hospital in Central Florida still remains an idea.

Orlando area veterans along with the 128 active veterans service organizations in the Central Florida region average 2 hours of travel time to get to VA hospitals located in Tampa, Gainesville, and Jacksonville. This includes veterans who live in Orange, Seminole, Brevard, and Volusia counties. In fact, only 45% of our veterans are within the VA's access standards for hospital care. An Orlando VA medical center would cut most drive times in half, making it more convenient and cut down travel costs. A closer facility would also mean veterans would pursue the medical services provided by the VA and lead to a better quality of life, which they deserve.

Concerns have arisen from Central Florida veterans associations in the area that a VA medical center will not come to fruition. At a May 1st public hearing administered by the Orlando VA Hospital Site Selection Committee, many veterans were accusing lawmakers of not caring for veterans because of the slow progress that has been made.

As of now, \$25 million had been authorized by the VA for the Orlando VA Medical Center to assist in site selection, design, and planning. Choosing a site needs to be done while balancing the accessibility needs of Central Florida's veterans, along with the long-term economic impact the hospital will have on the State. This is essential as we look for ways to leverage funds to maximize investment benefit.

This bill would authorize more than \$377 million for the construction of this desperately needed facility at the Lake Nona site. This site will include a proposed medical school for the University of Central Florida and the future site of a laboratory research facility from the Burnham Institute, one of the world's leading healthcare and cancer research institutes.

This stunning trifecta for Orlando: the VA hospital, the UCF Medical School, and the Burnham Institute will be valuable to both local veterans and the VA, as the medical school and research environment will provide insight into innovative and cutting-edge technologies

which could serve as a vehicle for sharing expensive medical equipment. We also have confirmation from Orlando's Florida hospital that they look forward to partnering with the VA to help share in the costs of diagnostic equipment and contribute to residency and staffing needs. This commitment will ensure that those who have served our country have access to additional resources to further enhance the medical services the VA may offer to them.

Veterans in Central Florida have been waiting for nearly three decades for a new complex that has continuously met delays. I appreciate this opportunity to express Central Florida's immediate and urgent need for a medical facility and I strongly urge passage of this bill so that our growing veterans' population may finally have appropriate access to vital health care services.

Mr. MICHAUD. Mr. Speaker, once again I would like to thank the good chairman of the committee, Chairman BUYER, and chairman of the House Subcommittee, HENRY BROWN, for their hard work that they have done on this legislation, really making it a concerted effort to bringing on board today so that we can vote on this legislation. But, once again, the staff. I know this is not an easy process. The staff on both sides of the aisle have worked very diligently in this effort. So I do want to commend the staff on both sides of the aisle, and I really appreciate the chairman's strong advocacy for veterans and veterans issues, and enjoyed working with him on this legislation.

Mr. BUYER. Mr. Speaker, will the gentleman yield?

Mr. MICHAUD. I yield to the gentleman from Indiana.

Mr. BUYER. Likewise, you do such good because you are a genuine human being, and I want to thank you for your leadership. And it was a treat and joy to work with you and Chairman BROWN on this, along with your staff.

I appreciate you also recognizing the staff. Mr. Tucker who is sitting there next to you, when I think of his work, and Mr. Weekly and Ms. Dunn, but also that of Jim Lariviere, Jim who now has been activated as a colonel in the Marine Corps in Afghanistan, Kelly Craven and Jim Holley who is also here on the floor for their hard work.

But I also want to pause and, if I might, this is a pretty large bill and we have had to work with a lot of different Members. So if I might, I would like to thank, in particular, Mr. MICHAUD for your work. I want to thank Mr. EVANS for his bipartisanship and his good work and his leadership. I also want to thank Chairman BROWN for his work on the Charleston project, Mr. FORTUÑO for his work in Puerto Rico, Ms. BERKLEY in Las Vegas, Mr. BEAUPREZ in Denver, Mr. BAKER for New Orleans.

And we got a full court press when it came to Orlando. We had leadership of Mr. STEARNS, Mr. FEENEY, Ms. BROWN, Chairman MILLER, Mr. KELLER, Chairman BILIRAKIS, and Ms. GINNY BROWN-WAITE. So we got the full court press when it came to Orlando; we got the

message. And it was just a real treat in working with all of them, and I thank the gentleman for recognizing them.

Mr. MICHAUD. And, likewise, it has been a real treat. And even though I do not represent the State of Florida, there are a lot of snow birds from the State of Maine, veterans that go to Florida. So I have heard from my veterans as well as far as the facilities in Florida. I really appreciate your comments, Mr. Chairman.

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

Mr. BUYER. Mr. Speaker, H.R. 5815 is a well-thought-out bill. It is the product of thorough bipartisan collaboration. I urge my colleagues to act favorably now and move this legislation to the Senate so that we can give our veterans the assurances of new and improved medical facilities.

Mr. EVANS. Mr. Speaker, I am pleased to rise in support of H.R. 5815, the VA construction authorization bill. I commend my colleagues on the Committee in producing this important piece of legislation.

I am glad to see Congress once again fulfilling its responsibility to authorize new health care facilities for veterans. This is an important task. Veterans deserve the highest quality of health care.

I urge my colleagues to support this bill.

Mr. BUYER. 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 Indiana (Mr. BUYER) that the House suspend the rules and pass the bill, H.R. 5815, 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 in which to revise and extend their remarks and include extraneous material relative to H.R. 5815, as amended.

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

There was no objection.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

Ordering the previous question on H. Res. 996, by the yeas and nays; adopting H. Res. 996, if ordered; and suspending the rules and passing H.R. 4893, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. Remaining