

2009 to have an additional year to participate in the first time homebuyer tax credit, which is currently scheduled to expire on November 30, 2009.

In addition to these particular changes, the legislation would ensure that certain payments under the Department of Defense Homeowner's Assistance Program are exempt from taxation.

The Service Members Home Ownership Tax Act is important for our troops and their families and would foster economic activity in areas near military bases. I urge its quick passage in the House of Representatives.

Mr. BACA. Mr. Speaker, I ask for unanimous consent to address the House for one minute.

I stand in support of H.R. 3590 and commend Representative RANGEL for his leadership in protecting the livelihoods of our service men and women.

H.R. 3590 extends the first-time homebuyer tax credit for one year for qualifying service members and waives the recapture requirement for service members if they are forced to sell their home within three years because of a change in duty station.

The first-time homebuyer program works. We have already seen positive results.

According to the National Association of Home Builders, approximately 200,000 additional home sales are attributable to the present-law tax credit and that it has resulted in a net increase of 187,000 jobs.

H.R. 3590 will allow more families to buy a home and help our economy.

I am hopeful that we will extend the credit for all Americans, but I am most grateful that today we will do the right thing and provide this incentive to our service men and women.

It is in the top five for highest number of foreclosures.

Mr. MITCHELL. Mr. Speaker, I rise today on behalf of America's service members who devote their lives to defending and serving this great country.

The Service Members Home Ownership Tax Act of 2009, H.R. 3590, will help strengthen our Nation's housing industry while ensuring that our honorable service men and women can take full advantage of the benefits they have earned through their service and sacrifice.

Earlier this year, we enacted a temporary \$8000 tax credit for first-time homebuyers.

So far, the tax credit has worked. According to Moody's chief economist Mark Zandi, almost 400,000 new and existing home sales are attributable to the tax break.

In the Phoenix metropolitan area—we have seen a growth in first-time home sales, especially of homes below \$150,000. According to at least one recent survey, home sales reached 9,614 in June, up 11 percent from May.

Current law, however, requires first-time homebuyers who use the \$8,000 tax credit to repay the credit if they move from their principal residence within three years of closing.

This is a problem for service members, who are often required to redeploy overseas within a three year period. We need to ensure that service members are not adversely impacted by simply carrying out their duties.

The Service Members Home Ownership Tax Act of 2009, would exempt service members from the repayment requirement if they are

deployed overseas within three years of using the home buyer tax credit.

I encourage my colleagues to honor the men and women who serve this country and pass this important legislation.

Mr. BLUMENAUER. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Oregon (Mr. BLUMENAUER) that the House suspend the rules and pass the bill, H.R. 3590.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

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

The yeas and nays were ordered.

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

PROVIDING FOR CONCURRENCE BY HOUSE WITH AMENDMENT IN SENATE AMENDMENT TO H.R. 1016, VETERANS HEALTH CARE BUDGET REFORM AND TRANSPARENCY ACT OF 2009

Mr. FILNER. Mr. Speaker, I move to suspend the rules and agree to the resolution (H. Res. 804) providing for the concurrence by the House in the Senate amendment to H.R. 1016, with amendment.

The Clerk read the title of the resolution.

The text of the resolution is as follows:

H. RES. 804

Resolved, That upon the adoption of this resolution the bill (H.R. 1016) entitled "An Act to amend title 38, United States Code, to provide advance appropriations authority for certain medical care accounts of the Department of Veterans Affairs, and for other purposes", with the Senate amendment thereto, shall be considered to have been taken from the Speaker's table to the end that the Senate amendment thereto be, and the same is hereby, agreed to with the following amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Veterans Health Care Budget Reform and Transparency Act of 2009".

SEC. 2. PRESIDENT'S BUDGET SUBMISSION.

Section 1105(a) of title 31, United States Code, is amended by adding at the end the following new paragraph:

"(36) information on estimates of appropriations for the fiscal year following the fiscal year for which the budget is submitted for the following medical care accounts of the Veterans Health Administration, Department of Veterans Affairs account:

"(A) Medical Services.

"(B) Medical Support and Compliance.

"(C) Medical Facilities."

SEC. 3. ADVANCE APPROPRIATIONS FOR CERTAIN MEDICAL CARE ACCOUNTS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Chapter 1 of title 38, United States Code, is amended by inserting after section 116 the following new section:

"§ 117. Advance appropriations for certain medical care accounts

"(a) IN GENERAL.—For each fiscal year, beginning with fiscal year 2011, discretionary new budget authority provided in an appropriations Act for the medical care accounts of the Department shall—

"(1) be made available for that fiscal year; and

"(2) include, for each such account, advance discretionary new budget authority that first becomes available for the first fiscal year after the budget year.

"(b) ESTIMATES REQUIRED.—The Secretary shall include in documents submitted to Congress in support of the President's budget submitted pursuant to section 1105 of title 31, United States Code, detailed estimates of the funds necessary for the medical care accounts of the Department for the fiscal year following the fiscal year for which the budget is submitted.

"(c) MEDICAL CARE ACCOUNTS.—For purposes of this section, the term 'medical care accounts of the Department' means the following medical care accounts of the Veterans Health Administration, Department of Veterans Affairs account:

"(1) Medical Services.

"(2) Medical Support and Compliance.

"(3) Medical Facilities.

"(d) ANNUAL REPORT.—Not later than July 31 of each year, the Secretary shall submit to Congress an annual report on the sufficiency of the Department's resources for the next fiscal year beginning after the date of the submittal of the report for the provision of medical care. Such report shall also include estimates of the workload and demand data for that fiscal year."

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 113 the following new line:

"117. Advance appropriations for certain medical care accounts."

SEC. 4. COMPTROLLER GENERAL REVIEW OF THE ACCURACY OF VA MEDICAL CARE BUDGET SUBMISSION IN RELATION TO BASELINE HEALTH CARE MODEL PROJECTION.

(a) REVIEW OF ACCURACY OF MEDICAL CARE BUDGET SUBMISSION.—The Comptroller General shall conduct a review of each budget of the President for a fiscal year that is submitted to Congress pursuant to section 1105(a) of title 31 in order to assess whether or not the relevant components of the amounts requested in such budget for such fiscal year for the medical care accounts of the Department of Veterans Affairs specified in section 117(c) of title 38, United States Code, as added by section 3, are consistent with estimates of the resources required by the Department for the provision of medical care and services in such fiscal year, as forecast using the Enrollee Health Care Projection Model, or other methodologies used by the Department.

(b) REPORTS.—

(1) IN GENERAL.—Not later than 120 days after the date of each year in 2011, 2012, and 2013, on which the President submits the budget request for the next fiscal year under section 1105 of title 31, United States Code, the Comptroller General shall submit to the Committees on Veterans' Affairs, Appropriations, and the Budget of the Senate and the Committees on Veterans' Affairs, Appropriations, and the Budget of the House of Representatives and to the Secretary a report on the review conducted under subsection (a).

(2) ELEMENTS.—Each report under this paragraph shall include, for the fiscal year beginning in the year in which such report is submitted, the following:

(A) An assessment of the review conducted under subsection (a).

(B) The basis for such assessment.

(C) Such additional information as the Comptroller General determines appropriate.

(3) AVAILABILITY TO THE PUBLIC.—Each report submitted under this subsection shall also be made available to the public.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Florida (Mr. BILIRAKIS) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. Mr. Speaker, I rise in support of the Veterans Health Care Budget Reform and Transparency Act of 2009.

Mr. Speaker, this is a very important bill. It's a whole new approach to the funding of Veterans Administration health care programs, one that will allow our Nation's veterans to receive timely, high quality and well-funded care regardless of political considerations that go into the budget process every year. I'm glad I was able to work with my colleagues in the Committee on Veterans' Affairs in both the House and the Senate to get this bill to the House floor today.

This is a bipartisan response to years of chronic underfunding of VA medical care and happens to be the highest legislative priority of veterans' groups in this Nation.

In an unprecedented step, Mr. Speaker, nine veterans' groups formed the Partnership for Veterans Health Care Budget Reform. These groups, including The American Legion, AMVETS, Blinded Veterans Association, Disabled American Veterans, Jewish War Veterans, Military Order of the Purple Heart, Paralyzed Veterans of America, Veterans of Foreign Wars, and the Vietnam Veterans of America all formed together to advocate for a VA health care budget that is sufficient, timely and predictable.

In fact, the leadership of one of the prime organizations that took the leadership in this fight, the Disabled American Veterans, are watching this debate from the gallery. Their national commander, Bobby Barrera; their executive director, Dave Gorman; and their legislative director, Joe Violante, are watching this, and we thank them for their leadership in this fight.

These groups put together the idea that resources for VA health care should be provided through advance appropriations, so that when the fiscal year starts on October 1, the VA will already have its budget figure regardless of what occurred in the year's budget that was funding other agencies. The result of their advocacy is H.R. 1016, which will pass as we pass the resolution before us on the floor.

The VA budget, in fact, has been in place at the start of the fiscal year only four times in the last two decades. We all felt that this delay in providing vital funding, for whatever reasons that were going on in the House and the Senate, put the provision of health care to veterans at risk and hampered

the VA's ability to plan its health care expenditures and hire needed health care professionals. This was a concern that was shared by current and former VA officials.

Again this year the VA was forced to rely on funding from a continuing resolution, even though the House acted in a timely fashion and passed the FY 2010 VA spending bill in July.

The House passed its version of the forward funding bill by a vote of 409-1 this June. Our other colleagues in the Senate acted in August, and the version of the legislation before us represents a compromise agreement between us and our colleagues on the Senate Committee on Veterans' Affairs.

The bill will ensure that VA can best plan and utilize taxpayer dollars to provide veterans with the health care they have earned and deserve. It provides a framework with which we can realize advance appropriations for VA medical care accounts.

As part of the annual budget submission, the President will be required to submit a request for certain VA accounts for the "fiscal year following the fiscal year for which the budget is submitted." For example, as part of the administration's fiscal year 2011 budget, the President will include budget estimates for VA medical care accounts for fiscal year 2012. The VA will be required to detail estimates in the budget documents it submits annually to Congress.

Each July, the VA will be required to report to Congress if it has the resources it needs in the upcoming fiscal year in order for Congress to address any funding imbalances. This will help to safeguard against the VA facing budget shortfalls such as it faced several years ago.

Finally, the Government Accountability Office will report, within 120 days of the annual budget submission, whether VA's advance appropriations requests are in line with workload and cost estimates and the VA's budget model. It sounds a little complicated. It was worked out by, as I said, this really hardworking coalition of veterans' organizations and, in fact, bottom line and simple, it will make sure that a year in advance, the VA will be funded appropriately.

I want to thank both the Appropriations and the Budget Committees for their assistance in moving this measure forward. The Budget Committee, for example, in the fiscal year 2010 budget resolution provided explicit language exempting the three medical care accounts of the VA, the accounts covered by the compromise agreement on H.R. 1016, from many points of order against advance appropriations. The Appropriations Committee, under the leadership of Chairman OBEY and Chairman EDWARDS, provided for advance appropriations for the three medical care accounts representing an 8 percent increase above the historic levels provided for fiscal year 2010.

Mr. Speaker, I would like to insert a copy of the letter from the veterans' groups comprising the Partnership for Veterans Health Care Budget Reform expressing their full support of this measure and an explanatory statement on the bill in the CONGRESSIONAL RECORD.

By working together, Congress and the administration have provided veterans with their top legislative priority. They spoke, we listened, and today we are acting. I ask the rest of the House to join once again in unanimous support of this bipartisan bill and ask for swift action by the Senate before the end of this session.

THE PARTNERSHIP FOR VETERANS
HEALTH CARE BUDGET REFORM,
Washington, DC, September 29, 2009.

Hon. BOB FILNER,
Chairman, House Committee on Veterans' Affairs,
Cannon House Office Building, Washington, DC.

DEAR CHAIRMAN FILNER: On behalf of the Partnership for Veterans Health Care Budget Reform, we write to fully endorse the substitute amendment that you intend to offer to H.R. 1016, the Veterans Health Care Budget Reform and Transparency Act. We understand that this amendment has been developed in cooperation with Senate Veterans' Affairs Committee Chairman Akaka and Ranking Member Burr, who join you in support of this new language. We agree with all of you that adoption and enactment of H.R. 1016, as amended by this substitute amendment, will lead to VA health care funding that is sufficient, timely and predictable.

The Partnership, comprised of nine leading veterans service organizations, has long sought a solution to the recurring budget problems that have plagued the VA health care system for most of the past two decades. Last year we began advocating that Congress provide advance appropriations for VA medical care and we were grateful that you introduced legislation to authorize this funding reform. We supported your reintroduction of this legislation (H.R. 1016) in February and fully supported the substitute amendment you offered during the Committee's markup in June, that was subsequently approved by the full House with a vote of 409 to 1 on June 23rd. That amendment would add important new budget reporting provisions for VA medical care and would increase transparency of the advance appropriation process, strengthening the legislation.

The compromise substitute amendment you plan to offer on the House floor retains these provisions and makes two other modifications. First, your new amendment provides the Government Accountability Office, GAO, with 120 days from the time the President submits his budget to Congress to review and report on whether the level of funding requested for VA's medical care accounts is consistent with the estimates generated by VA's Enrollee Health Care Projection Model. With this change, GAO would have ample time to complete the review and still report in a timeframe that allows Congress to consider this information before finalizing future appropriations levels for VA health care.

Second, this compromise amendment limits VA's advance appropriations to the three medical care accounts, Medical Services, Medical Facilities, and Medical Support and Compliance, contained in our original proposal, removing the two additional ones, Medical and Prosthetic Research, and Information Technology, added during the Committee's markup. We understand the reasons

for this modification and support your compromise position. However, we expect that the Committee will closely monitor implementation of this legislation and carefully consider whether VA health care would be enhanced if additional budget accounts, such as IT and research, were similarly appropriated in advance.

Mr. Chairman, the Partnership has worked for over two decades to enact legislation that would assure sufficient, timely and predictable funding for VA health care. With your leadership, and that of Chairman Akaka, Ranking Member Burr and others, as well as the crucial support of President Obama, we are closer than ever to achieving an historic legislative victory on behalf of all veterans. We thank you for all that you have done to support these efforts, and look forward to working with you on future matters of importance to the men and women who have served, are serving, and will serve in our nation's armed forces.

Respectfully,

Steve Robertson, Legislative Director, The American Legion; Thomas Zampieri, Director of Government Relations, Blinded Veterans Association; Herb Rosenbleeth, National Executive Director, Jewish War Veterans of the USA; Carl Blake, Legislative Director, Paralyzed Veterans of America; Rick Weidman, Director of Government Relations, Vietnam Veterans of America, Inc.; Raymond C. Kelley, National Legislative Director, AMVETS (American Veterans); Joseph A. Violante, National Legislative Director, Disabled American Veterans; Hershel Gober, National Legislative Director, Military Order of the Purple Heart of the USA; Dennis Cullinan, Legislative Director, Veterans of Foreign Wars of the United States.

EXPLANATORY STATEMENT SUBMITTED BY MR. FILNER, CHAIRMAN OF THE HOUSE COMMITTEE ON VETERANS' AFFAIRS, REGARDING THE AMENDMENT OF THE HOUSE OF REPRESENTATIVES TO THE SENATE AMENDMENT TO H.R. 1016

VETERANS HEALTH CARE BUDGET REFORM AND TRANSPARENCY ACT OF 2009

H.R. 1016, as amended, the "Veterans Health Care Budget Reform and Transparency Act of 2009," reflects a Compromise Agreement reached by the Senate and House Committees on Veterans' Affairs (the Committees) on the following bills reported during the 111th Congress: H.R. 1016, as amended (House bill); S. 423 (Senate bill). H.R. 1016, as amended, passed by the House of Representatives on June 23, 2009. The text of S. 423 passed the Senate as a substitute amendment to the House bill on August 6, 2009.

The Committees have prepared the following explanation of H.R. 1016, as further amended to reflect a compromise agreement between the Committees (Compromise Agreement). Differences between the provisions contained in the Compromise Agreement and the related provisions of the Senate Bill and the House Bill are noted in this document, except for clerical corrections, conforming changes made necessary by the Compromise Agreement, and minor drafting, technical, and clarifying changes.

Section 1. Short title

Both the House bill (section 1) and the Senate bill (section 1) would provide the short title as the "Veterans Health Care Budget Reform and Transparency Act of 2009."

The Compromise Agreement contains this provision.

Section 2. President's budget submission

The House bill (section 3) would amend section 1105 of title 31, United States Code, to

require the President to submit information on the estimates of appropriations for the fiscal year following the fiscal year for which the budget is submitted for the Medical Services, Medical Support and Compliance, Medical Facilities, Information Technology Systems, and Medical and Prosthetic Research accounts of the Department of Veterans Affairs.

The Senate bill contains no similar provision.

The Compromise Agreement contains the House provision but modifies it to require information on the estimates for three accounts: the Medical Services, Medical Support and Compliance, and Medical Facilities accounts.

Section 3. Advance appropriations for certain medical care accounts of the Department of Veterans Affairs

The House bill (section 4) would amend title 38, United States Code, to add a new section providing authority, beginning with fiscal year 2011, for the provision of advance appropriations for the Medical Services, Medical Support and Compliance, Medical Facilities, Information Technology Systems, and Medical and Prosthetic Research accounts of the Department of Veterans Affairs. The new section would require the Department of Veterans Affairs to provide additional detailed budget estimates in support of advance appropriations for these accounts in the annual information it provides to Congress in support of the Department's budget request. The House bill would also require a report to be submitted annually to Congress, no later than July 31 of each year, on the sufficiency of the Department's resources for the fiscal year beginning after the date of the submission of the report for the provision of medical care and include estimates of the workload and demand data for that fiscal year.

The Senate bill (section 3) would amend title 38, United States Code, to add a new section providing that, beginning with fiscal year 2011, new discretionary budget authority for the provision of advance appropriations for the Medical Services, Medical Support and Compliance, and Medical Facilities accounts of the Department of Veterans Affairs, shall be made available for the fiscal year involved, and shall include new discretionary budget authority for such accounts that become available for the first fiscal year after such fiscal year.

The Compromise Agreement contains the House provision modified to include only the three accounts specified in the Senate bill.

Section 4. Comptroller General review of the accuracy of VA medical care budget submissions in relation to baseline health care model projection

Both the House bill (section 5) and the Senate bill (section 4) would provide for enhanced oversight of the Department of Veterans Affairs budget process by requiring the Comptroller General to conduct a study of the adequacy and accuracy of baseline model projections for health care expenditures. Both the House bill and Senate bill would require the Comptroller General to submit reports on the dates in 2011, 2012, and 2013 that the President submits a budget request for the next fiscal year, to appropriate Committees of Congress and to the Secretary of Veterans Affairs, containing statements of whether the amounts requested in the budget by the President are consistent with anticipated expenditures for health care in such fiscal year as determined utilizing the Enrollee Health Care Projection Model, its equivalent, or other methodologies.

The Compromise Agreement contains this provision modified to require the annual reports to be submitted not later than 120 days

after the submission of the President's budget and to include an assessment of the review conducted by the Comptroller General as to whether or not the relevant components of the budget request are consistent with the estimates of the Department of Veterans Affairs for the provision of medical care and services. The Committees have selected a 120-day deadline to give the Comptroller General sufficient time to review the President's budget following its submission and to, at the very least, inform the deliberations of the House and Senate Appropriations Committees prior to their consideration of VA appropriations bills. However, it is the Committees' desire that, notwithstanding the 120-day deadline, the reports under this section be submitted as quickly as possible after submission of the President's budget request so as to be useful by the Committees in meeting their responsibilities under the Congressional Budget Act of 1974 to provide views and estimates on matters within their jurisdiction to the House and Senate Budget Committees, as well as during deliberation on annual Congressional budget resolutions.

PROVISIONS NOT ADOPTED

Section 2 of the House bill would express the Sense of the Congress that the provision of health care services to veterans could be more effectively and efficiently planned and managed if funding was provided for the management and provision of such services in the form of advance appropriations.

Section 2 of the Senate amendment expresses Congressional findings which support the need for enactment of advance appropriations for VA medical care.

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

Mr. BILIRAKIS. Mr. Speaker, I yield myself as much time as I may consume.

I rise in support of House Resolution 804, a resolution providing for the concurrence by the House in the Senate amendment to H.R. 1016, with amendments.

I want to thank my committee chair, Mr. FILNER. With this important legislation, he responded to the needs of our veterans who depend on the Veterans Health Administration.

This resolution represents an agreement between the Chambers and provides for advance appropriations authority for certain medical care accounts for the Department of Veterans Affairs. An advance appropriations means that Congress would approve funding for VA health care accounts 1 year in advance of the actual fiscal year in which the funding would become available.

The impetus for this legislation is clearly evident as last week we began a new fiscal year with a continuing resolution, because once again Congress failed to pass the annual funding for veterans health care on time. In fact, VA has received a timely budget on only four occasions during the last 21 years.

It is a disservice to our veterans and wounded warriors when legislative budgetary impasses delay funding and prevent VA from effectively planning for the day-to-day operations of its health care system.

It is disappointing, however, that the compromise agreement would provide

for advance appropriations for just three VA accounts, Medical Services, Medical Support and Compliance, and Medical Facilities. It should also include advance appropriations for the information technology account and medical and prosthetic research accounts.

The former Chair and current ranking member of the VA Committee, STEVE BUYER, made a strong argument that the IT and research accounts should be included in any advance appropriations because they are closely related to the previously mentioned accounts, and having separate funding mechanisms could lead to unintended consequences.

The members of the VA Committee, including the chairman, recognized the importance of keeping the accounts together and included them in the House-passed bill.

Adding the IT accounts was also a recommendation of the Secretary of Veterans Affairs, Eric Shinseki. Likewise the Congressional Research Service analysis of advance appropriations gave support to including both accounts. It is unfortunate that the House position did not prevail in the compromise agreement. Inclusion of these accounts would have greatly improved the bill by providing a more comprehensive funding method for veterans' medical care needs.

Nonetheless, the legislation is a very positive development for the VA budgeting process. It will provide a procedure that could allow more predictable funding. It would not guarantee the VA or Congress that we will get the amount of the veterans health care budget exactly right.

We must continue to work hard for the benefit of our veterans to get the VA budget as close as possible to the intended results. Implementation of this legislation will require strong congressional oversight to ensure we meet our objectives.

Mr. Speaker, this resolution is a new approach in trying to remove the uncertainty from veterans' health care and its funding, and is strongly supported, as the chairman said, by the Partnership for Veterans Health Care Budget Reform, a coalition of nine veterans service organizations.

I want to congratulate the chairman, and I strongly urge my colleagues to support this resolution.

I reserve the balance of my time.

Mr. FILNER. As I yield 2 minutes to the gentleman from Maine (Mr. MICHAUD), I would just remind the gentleman from Florida that when the Senate saw that the prime mover of the amendment that put those two extra accounts in the bill was the only one in the House that voted against the bill that was sent to the Senate, they didn't take that too seriously. I just would remind the gentleman.

Mr. MICHAUD. Thank you very much, Mr. Chairman.

I rise in strong support of the Veterans Health Care Budget Reform and Transparency Act of 2009.

I am here today as original cosponsor of this legislation. I would like to express my appreciation for all of the work that the chairman has done on this legislation bringing it to the floor.

This bill accomplishes a simple but crucial goal that we all share, to provide family funding for veterans health care.

I represent the State of Maine with 1.3 million people. Out of that number, 155,000 are veterans. Maine is a State that works hard to honor our veterans. The talented and dedicated professional workers at Togus VA Medical Center do a terrific job. So do our community-based outpatient clinics and all VA partners. But all too often the VA's ability to provide the best possible care has been hamstrung by the appropriations process. In some cases VA has not been funded until after the beginning of the fiscal year. As a result, maintenance of facilities, cost-saving investments in technology, and ultimately care for our veterans was delayed or put in jeopardy. This cannot be allowed to occur when we are dealing with our veterans' health care benefits.

This is a bill that is timely. The bill will provide timely, sufficient and predictable funding streams for VA, and that is exactly what this legislation is designed to do.

Passage of this legislation today is a huge step that will help make sure our veterans get access to the best possible care. I want to urge my colleagues to support it. I want to thank all the members of the Veterans' Affairs Committee for their willingness to move this legislation forward because it will make a difference in veterans' lives.

Finally, I want to thank the veterans service organizations for all their tenacity and hard work in getting this legislation through the committee and through Congress.

Mr. BILIRAKIS. I will continue to reserve.

Mr. FILNER. Mr. Speaker, I would yield 2 minutes to the gentlewoman from Illinois (Mrs. HALVORSON) who as a new Member has been an incredibly active and committed member of our committee.

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Mrs. HALVORSON. Thank you, Mr. Chairman.

I rise in support of passage of H.R. 1016, the Veterans Health Care Budget Reform and Transparency Act of 2009, which was introduced under the leadership of Chairman FILNER. I want to thank Mr. FILNER and the Subcommittee on Health chairman, Mr. MICHAUD, for their great leadership on this issue. This is an urgent issue for our country's veterans.

Almost 5.5 million people received care in VA health care facilities in 2008, and the VA's outpatient clinics registered over 60 million visits. This is one of the largest health care providers in the country. However, in fiscal 2009, for only one of the third or fourth times in the past 20 years, the VA re-

ceived its budget prior to the start of the new fiscal year. So it isn't reasonable to expect that one of the largest and fastest-growing health care providers in the country can operate in the most efficient and effective manner if they don't even know what their budget is going to be. So this situation harms the VA's ability to plan services and deliver quality health care.

As we saw again this year, the VA will be forced to defer planning until Congress can complete its budget and appropriations work for the year. Medical staff cannot be hired, equipment cannot be procured, waiting times increase, and the quality of care suffers. So H.R. 1016 will solve many of these problems by funding the VA 1 year in advance. This bill will help the VA spend taxpayer money more efficiently while at the same time providing better and more comprehensive care for our veterans. H.R. 1016 will make sure that the VA has the resources that it needs to provide quality care in a timely manner without having to question what funds will be available next month.

So I'm here today in an attempt to serve our veterans' best interests and to fight to make sure that they receive the best care possible. I urge my colleagues to join me in accomplishing these goals by voting "yes" on H.R. 1016, as amended.

Mr. BILIRAKIS. I continue to reserve the balance of my time.

Mr. FILNER. Mr. Speaker, I yield 3 minutes to another new Member who has been a great addition to our committee, the gentleman from New Mexico (Mr. TEAGUE).

Mr. TEAGUE. Mr. Speaker, I rise today to speak in support of H.R. 1016, the Veterans Health Care Budget Reform and Transparency Act of 2009. I would like to thank the distinguished gentleman from California, BOB FILNER, for introducing this bill. I'm happy to be a cosponsor of the legislation, but it is through his leadership as chairman of the Committee on Veterans Affairs that we will finally be able to make advance appropriations of the VA's health budget a reality.

It's not right that we lapse in our care for our veterans when they never lapsed in the defense of our country, and it's not right that out of the last 22 budgets that were passed for the VA, 19 have been late. Our veterans served their country and provided us the security we often take for granted, and we owe them quality health care.

Without a predictable and on-time funding source, it is difficult, or impossible, for the VA to provide our veterans with the high level of health care and services they deserve. That is why I led 50 Members of Congress to demand a provision allowing for advance appropriations in the fiscal year 2010 budget, and we were fortunate enough to convince the Budget Conference Committee to support it.

As a result of allowing for advance appropriations in the budget, the Appropriations Committee decided that

the Military Construction and VA spending bill should contain \$48.2 billion in advance appropriations for the VA for fiscal year 2011. This represents a 15 percent increase over fiscal year 2009 levels and a step in the right direction for veterans' health care.

Many people have compared advance appropriations to a family budget. A family needs to know how much their income is before they know what they can spend. I think that about sums up why we need this bill. I think that it's about common sense and being responsible.

As a businessman, I never tried to make a purchase without knowing what my budget was going to be. I had to plan ahead and have a roadmap for all of the company's finances. Because the VA is a direct provider of services, they need to have the same ability to plan ahead. It's about delivering a quality service for our veterans.

I urge my colleagues to take this giant step in improving the VA's ability to deliver quality health care services to our Nation's veterans.

Mr. BILIRAKIS. Mr. Speaker, I would ask if the gentleman from California has additional speakers.

Mr. FILNER. I do have more speakers, yes.

Mr. BILIRAKIS. I will continue to reserve the balance of my time.

Mr. FILNER. How much time do I have left, Mr. Speaker?

The SPEAKER pro tempore. The gentleman from California has 7 minutes remaining.

Mr. FILNER. I yield 2 minutes to another new member of our committee who has, again, given us a great commitment and energy to the cause of veterans, the gentleman from Virginia (Mr. NYE).

Mr. NYE. Mr. Speaker, I would like to thank Chairman FILNER for his leadership on this issue and also Chairman MICHAUD. I am proud to rise in support of this legislation that will bring a commonsense solution to a long-standing problem.

For far too long, the VA health care system has been plagued with budgets that were too little, too late. Insufficient funding for veterans' health care leads to waiting lists, delayed care and veterans being turned away from VA hospitals and clinics. Underfunding threatens the very quality of care that the VA has worked so hard to achieve.

But just as important as how much funding the VA receives is when the VA receives that funding. With just three exceptions, the budget has been late for 20 of the past 23 years, this year included. When funding is late, the budget levels are uncertain, and it makes it harder to plan ahead for the needs of our veterans.

H.R. 1016 will solve this problem by authorizing VA's medical care budget in advance. Moreover, to help ensure that we have sufficient funding, H.R. 1016 adds transparency to the budget process by requiring the Government Accountability Office to audit the VA's

internal budget. This way, we can see if the budget request accurately reflects the projected needs of our veterans.

Mr. Speaker, the commitment of our men and women in uniform does not stop at the end of the fiscal year nor do the needs of our veterans. Our soldiers, sailors, airmen and marines stand ready to defend our Nation whenever they are called upon. We can plan for the future security of the United States because we know that our troops will be there. We owe them that same commitment in return.

The passage of this legislation is critical to ensure that our veterans receive their benefits on time, and it will allow the VA to plan ahead to meet the needs of the new veterans returning home each day from Iraq and Afghanistan. No longer can we allow the care of our Nation's veterans to be affected by the unstable budgetary process.

I am proud to support this legislation. I urge my colleagues to do the same.

Mr. BILIRAKIS. I will continue to reserve the balance of my time, Mr. Speaker.

Mr. FILNER. I yield myself 30 seconds just to say something I forgot when I introduced the gentleman from Maine (Mr. MICHAUD).

In this process, there was a time when the executive branch seemed to waiver in its commitment to this effort, and Mr. MICHAUD's tenacity and his steadfast support of this makes sure that we continue down this path. I want to thank him for doing that.

I yield as much time as he may consume to Mr. HARE from Illinois, a former member of the committee, who I wish was still on our committee.

Mr. HARE. Mr. Speaker, I rise in strong support of H.R. 1016, the Veterans Health Care Budget Reform and Transparency Act of 2009. I would like to thank Chairman FILNER for introducing this very important bill.

In the 110th Congress, we gave the VA its largest funding increase in 77 years, and we gave it to them on time; but sadly, punctual VA funding has not always been the case. The VA received its annual funding for health care programs late in 19 of the last 22 years. This record of tardiness is deplorable. With the ongoing wars in Iraq and Afghanistan, the time to fix the broken system is now.

Late funding is more than a missed deadline. It is a veteran with posttraumatic stress disorder who cannot access the treatment that he or she needs. It's an injured hero who must wait for a prosthetic. It is the VA in disarray at a time when our wounded warriors are counting on the Department's services. That is why, in the last Congress, I introduced the Assured Funding for Veterans Health Care Act.

Like the bill I introduced, advance appropriations is a means to an end. That end is ensuring veterans receive the best care possible from a VA that has access to timely, sufficient, and predictable resources. The legislation

we are considering today will do just that. It will allow the VA to effectively budget and manage its health care programs and services, meaning it can hire the appropriate number of doctors, nurses, clinicians, and support staff to meet the demand for high-quality medical care for our Nation's veterans. Anything less is unacceptable.

I would also like to acknowledge and commend Chairmen OBEY and EDWARDS for their strong proactive leadership in putting in an advance appropriation for VA health care in the fiscal year 2010 Military Construction and Veterans Affairs Appropriations bill. The bill that we're voting on today has been slightly amended from a version which the House passed earlier this Congress by a margin of 409-1. I enthusiastically support H.R. 1016.

I want to once again thank Chairman BOB FILNER for drafting a bill that will ensure that the VA has sufficient, timely, and predictable funding.

Mr. Speaker, I urge all my colleagues to support this legislation.

Mr. BILIRAKIS. Mr. Speaker, this compromise agreement will finally provide advance appropriations beginning for the fiscal year 2011 for three VA medical accounts. Although I prefer the House version of the bill, I think this is a great advancement, and I will congratulate the chairman and members of the VA Committee for a great job.

I urge my colleagues to vote for H.R. 1016, as amended.

I yield back the balance of my time.

GENERAL LEAVE

Mr. FILNER. Mr. Speaker, I thank the gentleman from Florida for those words of support, and I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on House Resolution 804.

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

There was no objection.

Mr. FILNER. Mr. Speaker, this is a unique solution for a unique population, our veterans. Again, I want to thank the Disabled American Veterans and all of the members of the coalition who are watching this on television or in the gallery today for working so hard to come up with this unique approach. It is an incredibly good solution to what we saw as a real problem. It took creativity, it took commitment, and it took sticktuitiveness to get this done. I tell you, we would not have been here without the coalition's work. So I urge all my colleagues to adopt this legislation.

Mrs. KIRKPATRICK of Arizona. Madam Speaker, as a member of the House Committee on Veterans' Affairs, I am proud to have been an early co-sponsor of the Veterans Health Care Budget Reform and Transparency Act—a landmark piece of legislation which would require Congress to approve the Department of Veterans Affairs health care budget one year in advance.

Imagine being the sole breadwinner in your house and not knowing your annual salary until well after that year started. As you are forced each year to guess, you might alternate between underspending and overspending, between scrimping and splurging.

Now imagine that rather than the head of a small family, you were the VA.

The VA—despite its size and its undeniably important mission to fulfill our Nation's most sacred promise—has received its appropriation after the start of the fiscal year in 18 out of the last 21 years, including, now, this fiscal year.

The VA employs well over 250,000 staff nationwide, with more than 222,000 of those employees directly supporting the VA's health care system serving 5.6 million unique patients. Last year, the Veterans Health Administration spent approximately \$43.5 billion on medical care and research. These numbers make the VA the second largest agency in the federal government after the Department of Defense, and make the VHA both the Nation's largest health care delivery system as well as its largest provider of health care education and training.

The late appropriations and insufficient budgets have meant restricted access for many Veterans. When funding is short, late, or unpredictable, it is our Veterans who pay the price.

Veterans in Greater Arizona are keenly aware that we need more medical facilities and the claims backlog is keeping many Veterans from the benefits they have earned. But once inside the VHA, there is no denying that the quality of service is very good. Numerous third party sources, including both the *New England Journal of Medicine* and *Annals of Medicine*, have concluded that the quality of care in the VA health care system is among the best available publicly or privately in the Nation.

However, its sheer size has amplified the problems stemming from late appropriations, which lead to rationed care, waiting lists and Veterans being turned away from service.

As Iraq and Afghanistan Veterans return and Veterans from prior conflicts continue to age, the number of those who need care will only increase, and the situation will become more critical.

It is heartening, then, that those who support the Veterans Health Care Budget Reform and Transparency Act are also increasing in number. General Eric Shinseki, voiced his support for advance appropriations shortly after becoming the Secretary of Veterans Affairs. The American Federation of Government Employees, which represents many of the federal employees who work for the VA, also supports the bill, as does the Partnership for Veterans Health Care Budget Reform—a coalition of eleven Veterans service organizations representing millions of Veterans, service members, spouses and survivors.

In my short time on the House Committee on Veterans' Affairs, we have made great strides toward a budget that lives up to the sacrifices of our Veterans. We voted to increase the budget for the VA by \$5.6 billion—an increase of 11.7% for Veterans health care and other programs. We ensured that Veterans are given their fair share of the American Recovery and Reinvestment Act, providing \$1.4 billion for maintenance at VA medical facilities, construction of Veterans' ex-

tended care facilities, and Veteran cemetery repairs, as well as providing one-time payments of \$250 to disabled veterans.

However, we still struggle to provide sufficient, timely, and predictable funding for our Veterans. When the Veterans Health Care Budget Reform and Transparency Act arrives at the floor of the House, I would urge all Members of the Arizona delegation and from all across the Nation to support it to ensure Veterans can get the care they have earned.

Mr. FILNER. I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and agree to the resolution, H. Res. 804.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

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

The yeas and nays were ordered.

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

AUTHORIZATION OF MAJOR MEDICAL FACILITY LEASES FOR DEPARTMENT OF VETERANS AFFAIRS FOR FISCAL YEAR 2010

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1717) to authorize major medical facility leases for the Department of Veterans Affairs for fiscal year 2010, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1717

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

SECTION 1. AUTHORIZATION OF FISCAL YEAR 2010 MAJOR MEDICAL FACILITY LEASES.

(a) IN GENERAL.—The Secretary of Veterans Affairs may carry out the following fiscal year 2010 major medical facility leases at the locations specified, in an amount not to exceed the amount shown for that location:

- (1) Anderson, South Carolina, Outpatient Clinic, in an amount not to exceed \$4,774,000.
- (2) Atlanta, Georgia, Specialty Care Clinic, in an amount not to exceed \$5,172,000.
- (3) Bakersfield, California, Community Based Outpatient Clinic, in an amount not to exceed \$3,464,000.
- (4) Birmingham, Alabama, Annex Clinic and Parking Garage, in an amount not to exceed \$6,279,000.
- (5) Butler, Pennsylvania, Health Care Center, in an amount not to exceed \$16,482,000.
- (6) Charlotte, North Carolina, Health Care Center, in an amount not to exceed \$30,457,000.
- (7) Fayetteville, North Carolina, Health Care Center, in an amount not to exceed \$23,487,000.
- (8) Huntsville, Alabama, Outpatient Clinic Expansion, in an amount not to exceed \$4,374,000.
- (9) Kansas City, Kansas, Community Based Outpatient Clinic, in an amount not to exceed \$4,418,000.

(10) Loma Linda, California, Health Care Center, in an amount not to exceed \$31,154,000.

(11) McAllen, Texas, Outpatient Clinic, in an amount not to exceed \$4,444,000.

(12) Monterey, California, Health Care Center, in an amount not to exceed \$11,628,000.

(13) Montgomery, Alabama, Health Care Center, in an amount not to exceed \$9,943,000.

(14) Tallahassee, Florida, Outpatient Clinic, in an amount not to exceed \$13,165,000.

(15) Winston-Salem, North Carolina, Health Care Center, in an amount not to exceed \$26,986,000.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2010 or the year in which funds are appropriated for the Medical Facilities account \$196,227,000 for the leases authorized in subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Florida (Mr. BILIRAKIS) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. Mr. Speaker, I yield myself as much time as I may consume.

I rise in support of S. 1717, a bill to authorize 15 major medical facility leases for the Department of Veterans Affairs' fiscal year 2010 budget. The bill would also authorize \$196 million to allow the VA to carry out these leases in a timely manner.

Mr. Speaker, the VA operates the largest direct health care delivery system in America. Providing timely access to high-quality health care to veterans is the work of the VA. It provides these services through their sizable inventory of buildings and properties that include 153 medical centers, 755 outpatient clinics, and 230 vet centers. This bill provides the VA the ability to move forward without delay on the execution of important leases. Veterans who have been anticipating new clinics opening up in their communities will not be disappointed if we act on time.

Mr. Speaker, I would like to take a moment to thank the Senate Veterans Affairs Committee for taking the lead and moving this bill so quickly. I urge support of the legislation.

I reserve the balance of my time.

□ 1530

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

Mr. Speaker, I rise in support of S. 1717, a bill to authorize major medical facility leases for the Department of Veterans Affairs for fiscal year 2010 and other purposes.

S. 1717 would allow for new and expanded veterans' medical facilities throughout the United States. New VA outpatient facilities would be opened in Atlanta, Georgia; Butler, Pennsylvania; Birmingham, Alabama; Fayetteville, North Carolina; Huntsville, Alabama; Kansas City, Kansas; Loma Linda, California; and Montgomery, Alabama. These new facilities will provide the ability to handle larger veteran populations and deliver expanded