Mr. DOYLE. Mr. Speaker, I rise today to speak about the final version of legislation that deals with a comprehensive and complex set of veterans' healthcare and benefits issues. Without question, this conference report on H.R. 2116, the Veterans Millennium Health Care and Benefits Act, deals constructively with a significant portion of the substantive matters considered at length by the Veterans Affairs Committees in both the House and the Senate.

I want to recognize the efforts of Senator SPECTER, Senator ROCKEFELLER, Senator STUMP, and Ranking Member EVANS for their demonstrated leadership in crafting collaborative compromises in the most productive manner as the conference allowed.

This agreement advances and steps forward in defining the VA's mission in a number of critical health care areas: Extended care, emergency services, mental health services, and chiropractic treatment to name a few. This agreement also moves in the right direction in terms of addressing the lingering need for additional national veterans cemeteries and long-term care facilities, as well as needed renovations at various VA medical centers.

This agreement also provides constructive direction in the areas of veterans' education and housing, in meeting the needs of homeless veterans, and improving the administrative structure of the court of appeals for veterans claims.

I am disappointed however, that many of the provisions that were originally included in the House version pertaining to employee and veterans organizations participation in various VA decision-making and planning practices were not made part of this final package. I also think that the conference could have produced a better work product in terms of providing strong language that speaks to the need for cost-benefit analysis, employee protections, stringent hospital closure guidelines, and heightened oversight measures throughout the entire VA network. Inclusion of such provisions would have greatly improved the agreement's overall intentions and would have made them, less susceptible to inconsistent treatment system wide.

So in summary, while the conference agreement is not a perfect piece of legislation, it is nonetheless worthy of members' support. And as Representative EVANS pointed out earlier, the conference agreement in many ways represents the need to demonstrate our concerted interest in reaffirming our commitment to our nation's veterans. But as I have repeatedly stated, the most well intentioned efforts in the House in particular pertaining to employee and veterans organizations participating in various VA decision-making and planning practices were not made part of this final package. I also think that the conference could have produced a better work product in terms of providing strong language that speaks to the need for cost-benefit analysis, employee protections, stringent hospital closure guidelines, and heightened oversight measures throughout the entire VA network. Inclusion of such provisions would have greatly improved the agreement's overall intentions and would have made them, less susceptible to inconsistent treatment system wide.

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