

Mr. MORAN. Mr. Speaker, I yield myself such time as I may consume, just to say I do agree with the gentleman who just spoke that this is a good and appropriate bill.

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

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

Mr. Speaker, in closing I want to again thank many individuals, the gentleman from Virginia [Mr. MORAN], the gentleman from Indiana [Mr. BUYER], the gentleman from Arizona [Mr. STUMP], the gentleman from New York [Mr. SOLOMON], the gentleman from Pennsylvania [Mr. FOX], and all those others who have provided leadership and cooperation so that we could make this bill a reality.

Mr. Speaker, the Veterans' Employment Opportunities Act of 1996 provides much needed protection to our veterans. It provides an effective redress system, and it expands job opportunities for those who have served this Nation honorably in our Armed Forces. I urge my colleagues to join me in passing this important bill today.

Finally, Mr. Speaker, I would like to recognize the service of the distinguished gentleman from Mississippi, Mr. SONNY MONTGOMERY, who will be leaving this body soon. He has chaired the Committee on Veterans' Affairs over many years and led the Nation's efforts to recognize and serve its veterans.

Mr. Speaker, I urge again the passage of this legislation for all our veterans.

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

The SPEAKER pro tempore (Mr. EWING). The question is on the motion offered by the gentleman from Florida [Mr. MICA] that the House suspend the rules and pass the bill, H.R. 3586, 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. MICA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 3586.

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

There was no objection.

VETERANS' HEALTH CARE ELIGIBILITY REFORM ACT OF 1996

Mr. STUMP. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3118) to amend title 38, United States Code, to reform eligibility for health care provided by the Department of Veterans Affairs, as amended.

The Clerk read as follows:

H.R. 3118

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

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

(a) SHORT TITLE.—This Act may be cited as the "Veterans' Health Care Eligibility Reform Act of 1996".

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

SEC. 2. HOSPITAL CARE AND MEDICAL SERVICES.

(a) ELIGIBILITY FOR CARE.—Section 1710(a) is amended by striking out paragraphs (1) and (2) and inserting the following:

"(a)(1) The Secretary shall, to the extent and in the amount provided in advance in appropriations Acts for these purposes, provide hospital care and medical services, and may provide nursing home care, which the Secretary determines is needed to any veteran—
"(A) with a compensable service-connected disability;

"(B) whose discharge or release from active military, naval, or air service was for a compensable disability that was incurred or aggravated in the line of duty;

"(C) who is in receipt of, or who, but for a suspension pursuant to section 1151 of this title (or both a suspension and the receipt of retired pay), would be entitled to disability compensation, but only to the extent that such veteran's continuing eligibility for such care is provided for in the judgment or settlement provided for in such section;

"(D) who is a former prisoner of war;

"(E) of the Mexican border period or of World War I;

"(F) who was exposed to a toxic substance, radiation, or environmental hazard, as provided in subsection (e); and

"(G) who is unable to defray the expenses of necessary care as determined under section 1722(a) of this title.

"(2) In the case of a veteran who is not described in paragraph (1), the Secretary may, to the extent resources and facilities are available and subject to the provisions of subsection (f), furnish hospital care, medical services, and nursing home care which the Secretary determines is needed."

(b) CONFORMING AMENDMENTS.—(1) Section 1710(e) is amended—

(A) in paragraph (1), by striking out "hospital care and nursing home care" in subparagraphs (A), (B), and (C) and inserting in lieu thereof "hospital care, medical services, and nursing home care";

(B) in paragraph (2), by inserting "and medical services" after "Hospital and nursing home care"; and

(C) by striking out "subsection (a)(1)(G) of this section" each place it appears and inserting in lieu thereof "subsection (a)(1)(F)".

(2) Chapter 17 is amended—

(A) by redesignating subsection (g) of section 1710 as subsection (h); and

(B) by transferring subsection (f) of section 1712 to section 1710 so as to appear after subsection (f), redesignating such subsection as subsection (g), and amending such subsection by striking out "section 1710(a)(2) of this title" in paragraph (1) and inserting in lieu thereof "subsection (a)(2) of this section".

(3) Section 1712 is amended—

(A) by striking out subsections (a) and (i); and

(B) by redesignating subsections (b), (c), (d), (h) and (j), as subsections (a), (b), (c), (d), and (e), respectively.

SEC. 3. PROSTHETICS.

(a) ELIGIBILITY FOR PROSTHETICS.—Section 1701(6)(A)(i) is amended—

(1) by striking out "(in the case of a person otherwise receiving care or services under this chapter)" and "(except under the conditions described in section 1712(a)(5)(A) of this title)";

(2) by inserting "(in the case of a person otherwise receiving care or services under this chapter)" before "wheelchairs,"; and

(3) by inserting "except that the Secretary may not furnish sensori-neural aids other than in accordance with guidelines which the Secretary shall prescribe," after "reasonable and necessary,".

(b) REGULATIONS.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall prescribe the guidelines required by the amendments made by subsection (a) and shall furnish a copy of those guidelines to the Committees on Veterans' Affairs of the Senate and House of Representatives.

SEC. 4. MANAGEMENT OF HEALTH CARE.

(a) IN GENERAL.—(1) Chapter 17 is amended by inserting after section 1704 the following new sections:

"§ 1705. Management of health care: patient enrollment system

"(a) In managing the provision of hospital care and medical services under section 1710(a)(1) of this title, the Secretary, in accordance with regulations the Secretary shall prescribe, shall establish and operate a system of annual patient enrollment. The Secretary shall manage the enrollment of veterans in accordance with the following priorities, in the order listed:

"(1) Veterans with service-connected disabilities rated 30 percent or greater.

"(2) Veterans who are former prisoners of war and veterans with service-connected disabilities rated 10 percent or 20 percent.

"(3) Veterans who are in receipt of increased pension based on a need of regular aid and attendance or by reason of being permanently housebound and other veterans who are catastrophically disabled.

"(4) Veterans not covered by paragraphs (1) through (3) who are unable to defray the expenses of necessary care as determined under section 1722(a) of this title.

"(5) All other veterans eligible for hospital care, medical services, and nursing home care under section 1710(a)(1) of this title.

"(b) In the design of an enrollment system under subsection (a), the Secretary—

"(1) shall ensure that the system will be managed in a manner to ensure that the provision of care to enrollees is timely and acceptable in quality;

"(2) may establish additional priorities within each priority group specified in subsection (a), as the Secretary determines necessary; and

"(3) may provide for exceptions to the specified priorities where dictated by compelling medical reasons.

"§ 1706. Management of health care: other requirements

"(a) In managing the provision of hospital care and medical services under section 1710(a) of this title, the Secretary shall, to the extent feasible, design, establish and manage health care programs in such a manner as to promote cost-effective delivery of health care services in the most clinically appropriate setting.

"(b) In managing the provision of hospital care and medical services under section 1710(a) of this title, the Secretary—

"(1) may contract for hospital care and medical services when Department facilities are not capable of furnishing such care and services economically, and

"(2) shall make such rules and regulations regarding acquisition procedures or policies as the Secretary considers appropriate to provide such needed care and services.

"(c) In managing the provision of hospital care and medical services under section 1710(a) of this title, the Secretary shall ensure that the Department maintains its capacity to provide for the specialized treatment and rehabilitative needs of disabled veterans described in section 1710(a) of this title (including veterans with spinal cord dysfunction, blindness, amputations, and mental illness) within distinct programs or facilities of the Department that are dedicated to the specialized needs of those veterans in a manner that (1) affords those veterans reasonable access to care and services for those specialized needs, and (2) ensures that overall capacity of the Department to provide such services is not reduced below the capacity of the Department, nationwide, to provide those services, as of the date of the enactment of this section.

"(d) In managing the provision of hospital care and medical services under section 1710(a) of this title, the Secretary shall ensure that any veteran with a service-connected disability is provided all benefits under this chapter for which that veteran was eligible before the date of the enactment of this section."

(2) The table of sections at the beginning of chapter 17 is amended by inserting after the item relating to section 1704 the following new items:

"1705. Management of health care: patient enrollment system.

"1706. Management of health care: other requirements."

(b) CONFORMING AMENDMENTS TO SECTION 1703.—(1) Section 1703 is amended—

(A) by striking out subsections (a) and (b); and

(B) in subsection (c) by—

(i) striking out "(c)", and

(ii) striking out "this section, sections" and inserting in lieu thereof "sections 1710,".

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

"§1703. Annual report on furnishing of care and services by contract".

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

"1703. Annual report on furnishing of care and services by contract."

SEC. 5. IMPROVED EFFICIENCY IN HEALTH CARE RESOURCE MANAGEMENT.

(a) REPEAL OF SUNSET PROVISION.—Section 204 of the Veterans Health Care Act of 1992 (Public Law 102-585; 106 Stat. 4950) is repealed.

(b) COST RECOVERY.—Title II of such Act is further amended by adding at the end the following new section:

"SEC. 207. AUTHORITY TO BILL HEALTH-PLAN CONTRACTS.

"(a) RIGHT TO RECOVER.—In the case of a primary beneficiary (as described in section 201(2)(B)) who has coverage under a health-plan contract, as defined in section 1729(i)(1)(A) of title 38, United States Code, and who is furnished care or services by a Department medical facility pursuant to this title, the United States shall have the right to recover or collect charges for such care or services from such health-plan contract to the extent that the beneficiary (or the provider of the care or services) would be eligible to receive payment for such care or services from such health-plan contract if the care or services had not been furnished by a department or agency of the United States. Any funds received from such health-plan contract shall be credited to funds that have

been allotted to the facility that furnished the care or services.

"(b) ENFORCEMENT.—The right of the United States to recover under such a beneficiary's health-plan contract shall be enforceable in the same manner as that provided by subsections (a)(3), (b), (c)(1), (d), (f), (h), and (i) of section 1729 of title 38, United States Code."

SEC. 6. SHARING AGREEMENTS FOR HEALTH CARE RESOURCES.

(a) REPEAL OF SECTION 8151.—(1) Subchapter IV of chapter 81 is amended—

(A) by striking out section 8151; and

(B) by redesignating sections 8152, 8153, 8154, 8155, 8156, 8157, and 8158 as sections 8151, 8152, 8153, 8154, 8155, 8156, and 8157, respectively.

(2) The table of sections at the beginning of such chapter is amended—

(A) by striking out the item relating to section 8151; and

(B) by revising the items relating to sections 8152, 8153, 8154, 8155, 8156, 8157, and 8158 to reflect the redesignations by paragraph (1)(B).

(b) REVISED AUTHORITY FOR SHARING AGREEMENTS.—Section 8152 (as redesignated by subsection (a)(1)(B)) is amended—

(1) in subsection (a)(1)(A)—

(A) by striking out "specialized medical resources" and inserting in lieu thereof "health-care resources"; and

(B) by striking out "other" and all that follows through "medical schools" and inserting in lieu thereof "any medical school, health-care provider, health-care plan, insurer, or other entity or individual";

(2) in subsection (a)(2) by striking out "only" and all that follows through "are not" and inserting in lieu thereof "if such resources are not, or would not be,";

(3) in subsection (b), by striking out "reciprocal reimbursement" in the first sentence and all that follows through the period at the end of that sentence and inserting in lieu thereof "payment to the Department in accordance with procedures that provide appropriate flexibility to negotiate payment which is in the best interest of the Government,";

(4) in subsection (d), by striking out "preclude such payment, in accordance with—" and all that follows through "to such facility therefor" and inserting in lieu thereof "preclude such payment to such facility for such care or services";

(5) by redesignating subsection (e) as subsection (f); and

(6) by inserting after subsection (d) the following new subsection (e):

"(e) The Secretary may make an arrangement that authorizes the furnishing of services by the Secretary under this section to individuals who are not veterans only if the Secretary determines—

"(1) that such an arrangement will not result in the denial of, or a delay in providing access to, care to any veteran at that facility; and

"(2) that such an arrangement—

"(A) is necessary to maintain an acceptable level and quality of service to veterans at that facility; or

"(B) will result in the improvement of services to eligible veterans at that facility."

(c) CROSS-REFERENCE AMENDMENTS.—(1) Section 8110(c)(3)(A) is amended by striking out "8153" and inserting in lieu thereof "8152".

(2) Subsection (b) of section 8154 (as redesignated by subsection (a)(1)(B)) is amended by striking out "section 8154" and inserting in lieu thereof "section 8153".

(3) Section 8156 (as redesignated by subsection (a)(1)(B)) is amended—

(A) in subsection (a), by striking out "section 8153(a)" and inserting in lieu thereof "section 8152(a)"; and

(B) in subsection (b)(3), by striking out "section 8153" and inserting in lieu thereof "section 8152".

(4) Subsection (a) of section 8157 (as redesignated by subsection (a)(1)(B)) is amended—

(A) in the matter preceding paragraph (1), by striking out "section 8157" and "section 8153(a)" and inserting in lieu thereof "section 8156" and "section 8152(a)", respectively; and

(B) in paragraph (1), by striking out "section 8157(b)(4)" and inserting in lieu thereof "section 8156(b)(4)".

SEC. 7. PERSONNEL FURNISHING SHARED RESOURCES.

Section 712(b)(2) is amended—

(1) by striking out "the sum of—" and inserting in lieu thereof "the sum of the following";

(2) by capitalizing the first letter of the first word of each of subparagraphs (A) and (B);

(3) by striking out "; and" at the end of subparagraph (A) and inserting in lieu thereof a period; and

(4) by adding at the end the following:

"(C) The number of such positions in the Department during that fiscal year held by persons involved in providing health-care resources under section 8111 or 8152 of this title."

SEC. 8. AUTHORIZATION OF APPROPRIATIONS.

There is authorized to be appropriated for the Department of Veterans Affairs for the Medical Care account, for the purposes specified for that account in Public Law 103-327 (108 Stat. 2300), including the cost of providing hospital care and medical services under the amendments made by section 2, not to exceed \$17,250,000,000 for fiscal year 1997 and not to exceed \$17,900,000,000 for fiscal year 1998.

SEC. 9. REPORT ON IMPLEMENTATION AND OPERATION.

(a) REPORT REQUIRED.—In carrying out sections 2, 3, and 4 (including the amendments made by those sections), the Secretary of Veterans Affairs shall establish information systems to assess, and, not later than March 1, 1998, shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives, a report reflecting the experience of the Department during fiscal year 1997 on—

(1) the effect of implementation of, and provision and management of care under, sections 2, 3, and 4, on demand for health care services from the Department of Veterans Affairs by veterans described in section 1710(a)(1), as amended by section 2;

(2) any differing patterns of demand on the part of such veterans relating to such factors as relative distance from Department facilities and prior experience, or lack of experience, as recipients of care from the Department;

(3) the extent to which the Department has met such demand for care; and

(4) changes in health-care delivery patterns in Department facilities and the fiscal impact of such changes.

(b) MATTERS TO BE INCLUDED.—The report under subsection (a) shall include detailed information with respect to fiscal year 1997 regarding the following:

(1) The number of veterans enrolled for care at each Department medical facility and, of those veterans, the number enrolled at each such facility who had not received care from the Department during the preceding three fiscal years.

(2) With respect to those veterans who had not received care from the Department during the three preceding fiscal years, the total cost of providing care to those veterans, shown in total and separately (A) by level of care, and (B) by reference to whether care is

furnished in Department facilities or under contract arrangements.

(3) With respect to the number of veterans described in section 1710(a)(1), as amended by this Act, who applied for health care from the Department during fiscal year 1997—

(A) the number who applied for care (shown in total and separately by facility);

(B) the number who were denied enrollment (shown in total and separately by facility); and

(C) the number who were denied care which was considered to be medically necessary but not of an emergency nature (shown in total and separately by facility).

(4)(A) The numbers and characteristics of, and the type and extent of health care furnished to, veterans enrolled for care (shown in total and separately by facility).

(B) The numbers and characteristics of, and the type and extent of health care furnished to, veterans not enrolled for care (shown separately by reference to each class of eligibility, both in total and separately by facility).

(5) The specific fiscal impact (shown in total and by geographic health-care delivery areas) of changes in delivery patterns instituted under the amendments made by this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona [Mr. STUMP] and the gentleman from Mississippi [Mr. MONTGOMERY] each will control 20 minutes.

The Chair recognizes the gentleman from Arizona [Mr. STUMP].

GENERAL LEAVE

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

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

There was no objection.

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

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

Mr. STUMP. Mr. Speaker, H.R. 3118, the Veterans' Health Care Eligibility Reform Act of 1996, is hopefully the first step toward overhauling the confusing eligibility requirements currently confronting our veterans. This bipartisan legislation will move the VA away from its expensive focus on inpatient care to a more accessible and cost effective primary and outpatient means of delivering health care. Eligibility reform has been the top priority of the Committee on Veterans' Affairs in the 104th Congress. We have worked very hard to make this bill as budget neutral as possible.

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The VA committee, as well as the Department of Veterans Affairs, believes the bill can be implemented without the need for additional funds. However, the Congressional Budget Office disagrees and estimates that if fully funded, H.R. 3118 would result in increased demand for VA health care.

Mr. Speaker, the bill is already subject to annual appropriations since the

VA health care is a discretionary spending program. In order to further address CBO estimates and assure members of the Committee on Veterans' Affairs budget-neutral intent, we are adding provisions that will place a ceiling on authorized levels for VA health care for fiscal years 1997 and 1998.

Mr. Speaker, I want to thank the leadership and particularly the gentleman from New York [Mr. SOLOMON], the chairman of the Committee on Rules, the gentleman from Ohio [Mr. KASICH], chairman of the Committee on the Budget, for their assistance in getting this bill to the floor today.

Mr. Speaker, H.R. 3118 may be the final bill brought to the floor of the House by the Committee on Veterans' Affairs during the 104th Congress. I must take just a moment to express my deep appreciation and sincere thanks to my good friend, the gentleman from Mississippi, SONNY MONTGOMERY, the ranking member of the full committee for his work on this committee and on this measure.

Mr. Speaker, without the leadership of SONNY MONTGOMERY on veterans issues over the past 30 years, this country would not have fulfilled its obligations to our veterans of military service the way they have. The commitment and dedication of Mr. MONTGOMERY to the men and women serving in our armed services has rightfully earned him the title "Mr. Veteran".

The members of the Committee on National Security and the Committee on Veterans' Affairs will miss him energetic support for those individuals wearing our country's uniforms and for those who have worn it. I will personally miss his friendship and counsel over the many years that we have served together in this body. We wish this great legislator well in all his future endeavors.

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

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

I certainly want to thank my chairman, the gentleman from Arizona, BOB STUMP, for those very kind and warm words. We have had a wonderful working relationship and great friendship. To BOB STUMP and to the whole committee, we have been nonpartisan, and we are very proud of that, Mr. Speaker. Our bottom line is to help the veterans, and BOB STUMP has been right there with us all the way, and I thank him again for those very, very kind remarks, and I hope that they will remember us some 4 or 5 years from now when we are out somewhere else.

Mr. Speaker, representatives of the major national veterans organizations have told us that their top legislative priority is enactment of legislation to reform the VA health care eligibility rules. Working on a bipartisan basis, we have put a lot of effort into this, Mr. Speaker, and I congratulate, again, the chairman, Mr. STUMP, on bringing

an excellent bill to the floor, H.R. 3138. It has been endorsed by virtually all the major veterans organizations.

We know that the reforms the veterans' groups had proposed would go further than we do today, but they do agree that this bill is a big step forward.

I wish, Mr. Speaker, we could do more, but some other committees of the House could object and we need to get what we can on eligibility out for the veterans.

My good friend and our chairman, BOB STUMP, as well as the gentleman from Arkansas, TIM HUTCHINSON, the chairman of the Subcommittee on Hospitals and Health Care, and the gentleman from Texas, CHET EDWARDS, the subcommittee's ranking member, have really put a lot of time into developing this important bill and ensuring that it met the concerns of the veterans.

Our committee's work on eligibility reform actually started before the 104th Congress, and I particularly want to acknowledge the outstanding oversight work on this subject done by my very able colleague, the gentleman from Illinois, LANE EVANS, who chaired our former Subcommittee on Oversight and Investigations.

Mr. Speaker, this bill would reform outdated eligibility laws that would make it easier to go to outpatient clinics and take care of these veterans at less cost and more veterans would be eligible to use our medical facilities. It would simplify rules which are so complex that even the VA doctors are often confused over who is eligible for what. It would give VA for the first time clear authority to plan for and provide treatment to veterans based simply on meeting their medical needs.

This legislation, Mr. Speaker, also has the support of the Department of Veterans Affairs, which recognizes the need for change and has urged us to give them the authority to improve the way they do business. I think this bill would give VA important tools to provide the kind of care we owe our veterans and to do it in an efficient and effective manner.

Mr. Speaker, in adopting eligibility reform legislation, we are remedying longstanding problems and addressing a long-sought need for change. In pursuing eligibility reform as a goal, however, some have had very lofty expectations of what such reform would achieve. Such high expectations have led some advocates to blur the distinction between eligibility reform and funding reform. H.R. 3118 does not attempt to change the manner in which VA medical care is funded. In contrast, committee amendments to H.R. 3600, 103d Congress, the President's national health care reform bill, would have converted funding for VA health care from discretionary to mandatory funding. H.R. 3118's more modest target does not reflect, on this Member's part, a belief that those broader objectives should be abandoned.

H.R. 3118 has, however, sparked isolated criticism, largely related to what it does not attempt to do. Those criticism warrant acknowledgment.

The most common criticism of this legislation has focused on language which, in

amending section 1710(a) of title 38, U.S. Code, qualifies the VA's obligation to provide hospital care and medical services, stating that VA shall provide care "to the extent and in the amount provided in advance in appropriations Acts for these purposes." In essence this language limits VA medical care spending under the bill to the availability of appropriations. VA health care, however, is currently subject to appropriations; this language does not change that fact.

H.R. 3118 aims to improve statutory eligibility rules which have been attacked for years as badly in need of reform. Under those rules, for example, most nonservice-connected veterans are not even eligible for routine outpatient treatment and generally are eligible for home health care or prosthetics only if they have been hospitalized. This bill would remedy these and other barriers to VA's providing medically needed care. The bill's supporters including most veterans organizations, have described H.R. 3118 as an important step forward, but the bill has never been represented as a solution to all the challenges facing VA. For those of us who believe that the wisest legislative strategy is to make as much progress as you can, when you can, achieving substantial, positive reform of VA health care eligibility laws is a good first step.

With respect to funding, the bill has been attacked on the basis that if funding levels are not sufficient, veterans will be denied care. Unfortunately, inadequate funding levels would have that same effect whether or not H.R. 3118 were enacted, just as they have had in the past.

One critic has expressed concerns that veterans would lose access to VA care by virtue of a provision of the bill requiring establishment and implementation of an enrollment system. In fact, the bill does not specify how that system must work, but allows VA to design a workable system. That system should enhance VA's ability to plan for and effectively serve patients, while providing sufficient flexibility so as not to disenfranchise its most vulnerable and needy veterans. The report on the bill clarifies that the provision is flexible and would allow VA "to establish an enrollment system which simply registers patients throughout all or part of a fiscal year." In fact, the aim of this legislation is to improve veterans' access to VA care. Its drafting reflects an understanding that VA is very much a safety net, serving, for example, a substantial population of veterans with serious mental illness. The bill does not envision that such veterans can necessarily be expected to respond to requests to enroll for care within a time-limited registration period; the drafting of the bill assumes that an enrollment system would be designed, whether through provision for exceptions or otherwise, with such patients in mind.

Finally, the bill has also sparked criticism based on a view that the priorities for enrollment reflected in the legislation are inequitable and unacceptable because 10 and 20 percent service-connected veterans are not included in the highest priority classification. This view fails to take account of the fact that under existing law—38 U.S.C. section 1712(i)—less than 30 percent service-connected veterans have been second in line for care since 1988, when Congress moved them up from third in line in a statutory treatment priority system, where they had been since 1976.

Overall, the voices of criticism have been very few, and have been overwhelmingly drowned out by those in support. It is important, nevertheless, to set the record straight. In short, Mr. Speaker, this is an excellent bill.

Mr. Speaker, I include for the RECORD a letter dated July 26, 1996, from an organization entitled the Independent Budget.

THE INDEPENDENT BUDGET,
Washington, DC, July 26, 1996.

Hon. G.V. MONTGOMERY,
House of Representatives, Rayburn House Office
Bldg., Washington, DC.

DEAR REPRESENTATIVE MONTGOMERY: We are writing to request your strong support for H.R. 3118, "The Veterans' Health Care Eligibility Reform Act of 1996." The bill is scheduled to be brought to the House Floor on Tuesday, July 30, 1996.

Our organizations represent the authors and endorsers of "The Independent Budget", an annual review of budget and policy matters affecting the benefits and services of the Department of Veterans Affairs. Reforming the VA health care system's arcane and inefficient eligibility rules has been a top priority of our organizations for many years.

Current VA eligibility rules dictate what type of services a veteran will receive based on an overly complex system of categorical classifications, such as degree of disability, income, or type of veteran service or status. These eligibility rules give little regard to what would be the best, the most cost effective or the most appropriate venue required to provide the full range of health services a veteran needs. Such disjointed services are both inconvenient and unwarrantedly expensive.

The reforms provided for in H.R. 3118, would, for the first time, give VA health care providers the ability to provide the full range of appropriate health care services to eligible veterans utilizing the most cost effective and efficient methods of modern medical practice.

We consider passage of H.R. 3118 to be one of our highest priorities for the 104th Congress.

Thank you for your consideration.

Sincerely,

Kenneth E. Wofford, National Commander, AMVETS; Thomas A. McMasters III, National Commander, Disabled American Veterans; Carroll M. Fyffe, National Commander, Military Order of the Purple Heart; Richard Grant, National President, Paralyzed Veterans of America; James L. Brazee, Jr., National President, Vietnam Veterans of America, Inc.; Richard G. Fazakerley, Maj. Gen. (Ret.), National President, Blinded Veterans Association; Neil Goldman, National Commander, Jewish War Veterans of the USA; Charles R. Jackson, President, Non Commissioned Officers Association; Paul A. Spera, Commander-in-Chief, Veterans of Foreign Wars of the United States.

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

Mr. STUMP. Mr. Speaker, I yield myself such time as I may consume to also thank the gentleman from Arkansas, TIM HUTCHINSON, Chairman of the Subcommittee on Hospitals and Health Care, and the gentleman from Texas, CHET EDWARDS, the ranking member on that subcommittee, for all their hard work not only on this bill, but for both their cooperation and hard work for carrying the major loads for this committee for this year.

Mr. Speaker, I yield such time as he may consume to the gentleman from Arkansas [Mr. HUTCHINSON].

Mr. HUTCHINSON. Mr. Speaker, I thank the chairman for yielding me this time, and I want to join the chairman in expressing, once again, to the gentleman from Mississippi, SONNY MONTGOMERY, how much he will be missed in this Chamber and in this House. This is the last bill that the committee will bring to the floor this year and it is an appropriate time.

My predecessor, John Paul Hamerschmidt, regarded no one higher and no one closer to him during his 26 years of service in the House than his relationship with SONNY MONTGOMERY. He would come back to Arkansas many times and lauding the achievements of Chairman MONTGOMERY and his advocacy on behalf of veterans. All I can say today is, the half was not told.

I have enjoyed the last 4 years getting to know the gentleman and I wish to tell him he certainly will be missed.

Mr. Speaker, today is indeed a historic day for America's veterans, for it marks the end of a 10-year quest to streamline eligibility for veterans' health care. Under the leadership of Chairman BOB STUMP and in the true spirit of bipartisanship demonstrated by the ranking members of the full committee and subcommittee, SONNY MONTGOMERY and CHET EDWARDS, the Veterans' Affairs Committee has taken the first major step to move the delivery of veterans' health care into the 21st century.

The Veterans' Health Care Eligibility Reform Act of 1996, while not the panacea for all the ills of VA health care, is the first step in the rational transformation of the arcane eligibility provisions which have literally crippled the delivery of VA health services and have left patients feeling cheated and confused. The bill substitutes a single, streamlined eligibility provision—based on clinical need for care—for the complex array of disparate rules currently governing eligibility for hospital and outpatient care. In doing so, it would lift restrictions on VA's providing ambulatory treatment. Those restrictions currently tie many veterans' eligibility for outpatient treatment to determinations that are medically uninterpretable such as "to obviate the need for hospital admission." The application of these medically indefinable standards have contributed to relative disparities in different areas of the country as veterans attempted to access VA health care.

Understanding that this bill is the first of many steps to come in improving veterans' health care, it also contains a number of other important provisions. The bill eliminates restrictions on prosthetic devices but does not turn VA into a drugstore for such devices as hearing aids and eyeglasses. It requires VA to manage the provision of hospital care and medical services through an enrollment system according to a series of priorities. The bill refocuses our

time-honored commitment to service-connected care while allowing the VA to manage care for those veterans with lesser means who depend upon the VA as their health care safety net.

Other important provisions expand operational flexibility by enabling the VA to contract for hospital care and medical services to increase the cost-effective provision of care and services. The bill expands VA's authority to execute sharing agreements by permitting any medical resource to be provided under a contractual agreement with any entity. It also authorizes flexibility in the establishment of payment levels and exempts the personnel involved in providing services under such arrangements from personnel hiring limits. This exemption should be very helpful as VA seeks to participate to a greater extent with TRICARE and other managed care programs.

An important consideration of this bill is that it offers protection of specialized services by directing the VA to maintain its capacity to provide for the specialized treatment and rehabilitation of disabled veterans within distinct programs and facilities dedicated to the specialized needs of veterans.

In closing I would like to address the controversial cost estimate placed on this bill by the Congressional Budget Office, an estimate that we have strongly refuted with a committee cost estimate. To further ensure budget neutrality of the bill, it has been amended to include not only subject to appropriations language but a 2-year cap on the authorization for the medical care appropriation.

Eligibility reform, in my view, is as significant a piece of legislation as the G.I. bill. I urge my colleagues to show their support of veterans by supporting H.R. 3118, the Veterans' Health Care Eligibility Reform Act of 1996.

Mr. MONTGOMERY. Mr. Speaker, I yield myself such time as I may consume to thank the gentleman from Arkansas, TIM HUTCHINSON, for his very, very kind remarks. We have certainly enjoyed having him in the 4 years he has been on our committee. I would ask him to please tell John Paul Hammerschmidt I said hello.

Mr. Speaker, I yield such time as he may consume to the distinguished gentleman from Texas, Mr. CHET EDWARDS.

Mr. EDWARDS. Mr. Speaker, because of our Nation's veterans, America won the cold war; because of our Nation's veterans, today we are the superpower in the world; and because of them our children today live in a safer world. This bill, H.R. 3118, is an effort, a simple but important one, to say thank you to those men and women who have served our Nation in uniform and now need service in our Nation's Va hospitals.

This bill is a win-win. It is a win for veterans who will receive better care because of this legislation, and it is a win for our Nation's taxpayers because it will see that their limited resources are used more efficiently and effec-

tively on behalf of our Nation's veterans.

Basically, this bill does two things. It simplifies rules for VA health care, eligibility rules that perhaps are as complicated as the IRS Tax Code. By simplifying them, we will have a fairer and better system for our veterans. Second, it will facilitate effective and efficient outpatient care for our Nation's veterans.

Mr. Speaker, the Committee on Veterans' Affairs has worked for years to enact legislation that would achieve a comprehensive reform of VA health care laws. H.R. 3118 is not the final answer, but it is a very important first step. It does not remedy the serious funding challenges that the VA has faced. It does not guarantee that every veteran will get the care that they seek.

Comprehensive answers are beyond what we can accomplish in the few remaining days of this session. Nevertheless, this legislation is a bipartisan major step in the positive direction of serving our veterans.

It is important legislation. This bill dismantles the statutory barriers that have interfered with VA efforts to deliver appropriate care. It simplifies an overly complex set of eligibility rules. It expands veterans' access to routine outpatient care, to preventive services and needed prosthetic supplies. And by providing greater latitude for contracting, it gives the VA important new tools to manage care delivery more effectively.

While this bill will help the VA to streamline its health care delivery, it does provide very needed protection for some of the VA's most unique and potentially vulnerable programs. At a time that the VA must make every effort to reduce duplication and unnecessary expenditures, veterans have urged us to be especially vigilant to ensure that the VA maintains its vital specialized treatment and rehabilitation programs.

The bill gives specific recognition to these programs and would provide safeguards to ensure that the VA retains the capacity to serve the specialized needs of the spinal cord injured, the blind, the mentally ill, and other disabled veterans dependent on the VA's specialized care programs.

Our efforts in this bill to help the VA expand veterans' access to primary care services does not signal an intent to abandon needed though sometimes costly specialized treatment missions.

Finally, Mr. Speaker, I want to add to the comments of other colleagues on this floor. I want to add my deep and lasting gratitude to the gentleman from Mississippi [Mr. MONTGOMERY] for his many, many years of service to his country, both in uniform and here as a Member of Congress.

To the gentleman from Arizona, Mr. STUMP, the partner with Mr. MONTGOMERY for so many years now in fighting for our Nation's veterans, this legislation would not be on this floor without

his leadership as chairman of the committee.

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To the gentleman from Arkansas [Mr. HUTCHINSON], the subcommittee chair who worked tirelessly with veterans service organizations and Members of this House on both sides of the aisle to help bring this bill to the floor, and finally and not least importantly I want to say thanks to the gentleman from New York [Mr. SOLOMON], the chairman of the Committee on Rules who helped see that this bill could come to the floor in a timely fashion, knowing that there is not much time left in this session of Congress and if we are to turn this from a bill into law we must move quickly. So my thanks go out to Chairman SOLOMON for his bringing this together.

Mr. Speaker, as with so much of the legislation for our Nation's veterans heralded and pushed through this House by the gentleman from Mississippi [Mr. MONTGOMERY] and the gentleman from Arizona [Mr. STUMP], there is not a big fight on this floor today. There is not a lot of people in the press gallery. Perhaps some think unless there is a fight, it is not important legislation. But, Mr. Speaker, I would suggest this is some of the most important legislation we have passed on behalf of veterans for a long, long time, and it is a credit to the leaders that I have mentioned in my last few comments that this is coming to the floor on a bipartisan basis.

What a shame it is that the country does not see the headlines, the articles, the news coverage when there is such a cooperative effort made in this House of Representatives. But more important than the news coverage is the fact that this legislation when passed into law will make life better for our Nation's veterans who served all of us.

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

Mr. Speaker, I thank the gentleman from Texas [Mr. EDWARDS] once again for all of his work and for his very kind remarks on the floor just now.

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

Mr. STUMP. I yield to the gentleman from Texas.

Mr. COLEMAN. Mr. Speaker, I only wanted to associate myself with the remarks of my colleague from Texas. I think all of us, particularly from that region of the country, as well as the gentleman from Arizona, understand the importance of the statements made by my colleague from Waco, TX, and I wanted to associate myself with his remarks, and I thank the gentleman for yielding.

Mr. STUMP. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from New York [Mr. SOLOMON], chairman of the Committee on Rules.

Mr. SOLOMON. Mr. Speaker, I cannot tell you how proud I am to stand up here today as one of the sponsors of this critical veterans legislation. I

commend the gentleman from Arizona [Mr. STUMP], the gentleman from Mississippi [Mr. MONTGOMERY], the gentleman from Arkansas [Mr. HUTCHINSON], and the gentleman from Texas [Mr. EDWARDS], and the entire Committee on Veterans' Affairs for their hard work in bringing this legislation to the floor.

Mr. Speaker, I served on that committee for 10 years. It was such a pleasure because it was a committee of comity. Everybody worked together for one common goal, and I commend my colleagues for it.

Mr. Speaker, VA eligibility reform has been a long, long time in the making, and that is why it is such a relief for the veterans community that we take this step here today. Ever since my days back in the Committee on Veterans' Affairs and as a ranking member of that body, alongside my good friend, the gentleman from Mississippi [Mr. MONTGOMERY], and the gentleman from Arizona [Mr. STUMP], eligibility reform has been one of our top priorities.

The reform bill we pass here today is a positive step in preserving the future of the VA and veterans' health care. No matter how you look at it Mr. Speaker, the fact remains that the veterans population is dwindling. That means that it is up to us here today, those of us who understand why it is absolutely critical that we protect the earned contractual benefits of all of our veterans, to pass these protections and to pass them into law.

H.R. 3118 I think is a great step toward streamlining health care delivery within the veterans department. It will provide the basis for constructing a system that will preserve the future of VA health care and continue the all-important guarantee of health care for America's deserving veterans, and that is something we have to guarantee down the road for our all-voluntary military.

Mr. Speaker, I urge my fellow veterans and all Members of Congress to pass this bill and finally put the process of reforming VA health care underway. America's veterans will thank you.

Mr. Speaker, in closing, let me heap praise on the former chairman of this committee, SONNY MONTGOMERY. As a veteran myself, I know I speak for all of the veterans throughout this entire Nation in saying that we are grateful for everything that the gentleman from Mississippi has done all of these years. He is a great Congressman. He is a great American and, more than that, he is a great friend of mine, and I wish him the best in his retirement.

Mr. MONTGOMERY. Mr. Speaker, I yield myself 30 seconds.

Mr. Speaker, I apologize to the gentleman from New York for not getting all of those remarks, but thank him very much. I want to point out to my colleagues here today that the gentleman from New York, Mr. SOLOMON, and I did work with him, but he was

the leader that got the Department of Veterans Affairs to be implemented and to become law, and I would like to say on account of JERRY and others that the veterans can go in the front door of the White House now where we used to have to go in the back door. In fact, we had an administrator of the veterans department that has to go through an individual in the White House to see what needed to be done for veterans. And now we have the Department of Veterans Affairs and Jesse Brown, who is a strong Secretary and giving a good job in my opinion.

I thank CHET EDWARDS for what he said about us.

Mr. Speaker, I yield 2 minutes to the gentleman from California [Mr. FILNER].

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

Mr. Speaker, H.R. 3118, The Veterans' Health Care Eligibility Reform Act of 1966, is an important step toward improving health care for our Nation's veterans.

The veterans in my congressional district, the leaders of San Diego County's veterans community, and the representatives of national veterans organizations all agree that we need veterans' health care eligibility reform.

This bill will simplify the rules governing VA medical care. It will allow veterans to get outpatient service when that is more appropriate than inpatient care. This bill will allow the VA to treat veterans for less money, with the savings going for expanded services.

Veterans' health care eligibility reform is one of the first issues confronting me when I came to Congress in 1993, and I am proud to be a member of the Veterans Affairs Committee which has worked so hard on this bill.

I appreciate the work of Chairman BOB STUMP, ranking member SONNY MONTGOMERY, chairman of the Subcommittee on Hospitals and Health Care TIM HUTCHINSON, and Subcommittee ranking member CHET EDWARDS for their tireless efforts in developing H.R. 3118.

As you know, similar legislation passed the Senate Veterans' Affairs panel last week, which makes our vote today even more important. I urge my colleagues to join me in support of this bill.

If this is indeed the last bill that SONNY MONTGOMERY will be on the floor for, we also want to add our profuse gratitude for his friendship. I knew SONNY before any of you did, by the way. I worked with him before he was a Member of Congress, when he was a general in Mississippi. He taught us everything, and I think that the lasting, the greatest legacy that SONNY MONTGOMERY will have is that as much work as he did, there is still more work to be done for veterans, and he has trained us all, educated us all, and we will carry on the work that he has been so successful at and we will finish the job that he started.

Mr. STUMP. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois [Mr. WELLER], a member of the committee.

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

Mr. WELLER. Mr. Speaker, I come to the well today to speak on behalf of this bipartisan bill, which will enable tens of thousands of rural veterans to have greater access to VA outpatient health care. H.R. 3118 provides much-needed authority and allows the VA for the first time ever to enter into sharing agreements with local health care providers so that rural and suburban veterans can benefit from the convenience of utilizing health care services in their local community, to be treated by local doctors and local hospitals they know and trust.

For example, in my home district in LaSalle County, IL, the closest outpatient center for veterans is 60 miles away. We have 45,000 veterans in the LaSalle County area. Sixty miles is a long way to travel, and for many veterans it requires that they ask friends and family to take off half a day or a full day just to provide transportation.

This past spring, the gentleman from Arkansas [Mr. HUTCHINSON] and the Subcommittee on Hospitals and Health Care held a field hearing in LaSalle County and brought to light the need for some changes in VA authority to be brought forward. Thanks to this hearing, we noted that the VA is currently prohibited from contracting with private, nonprofit health care providers.

This legislation, when passed into law, will not only benefit counties like LaSalle in Illinois, but other rural care areas throughout the Nation. This language was originally in H.R. 3321, a bill I introduced to allow the VA to enter into contractual agreements with local health care providers, doctors and hospitals in order to provide health care to veterans locally.

Mr. Speaker, it just makes common sense to make it easier and more convenient for veterans to have the opportunity to obtain veterans health care right in their local community, right from their local doctors, right from their local hospitals they know and trust.

I want to note that this legislation has broad-based support in the veterans community; has broad-based bipartisan support amongst local officials and members of this committee. I am proud that we are keeping our commitment to our veterans and doing it in a bipartisan fashion. Let us move forward and provide quality health care for our veterans and meet our commitment to our veterans and give this bill bipartisan support.

Mr. Speaker, I commend the chairman of the committee, the gentleman from Arizona [Mr. STUMP], and the ranking member for their efforts and their bipartisan leadership.

Mr. MONTGOMERY. Mr. Speaker, I yield 2 minutes to the gentleman from

Massachusetts [Mr. KENNEDY], who is also a member of the committee, one of our ranking members.

Mr. KENNEDY of Massachusetts. Mr. Speaker, with everything I have to say about the gentleman from Mississippi [Mr. MONTGOMERY], maybe he will want to make it 4 minutes. But let me just say very sincerely, from really the bottom of my heart, how much I have appreciated all of the hard work that SONNY MONTGOMERY has shown.

I think particularly for some of the younger Members of Congress that care very deeply about veterans issues there is no one that has stood up more clearly and strongly on behalf of our Nation's veterans, no one who commands the respect of Members of both sides of the aisle about the issues of concern to our Nation's veterans than SONNY MONTGOMERY, and I know that Chairman STUMP feels the same way.

We have all enjoyed, although not every moment that Chairman STUMP has had the gavel over the course of the last couple of years, I do not think he has enjoyed a couple of moments that I have been speaking in the last couple of years, but I do appreciate his sincere efforts on behalf of SONNY MONTGOMERY and to bring to the former chairman of the committee, Mr. MONTGOMERY, the credit that he deserves for the hard work that he has done on behalf of our Nation's veterans.

Mr. Speaker, despite the fact that every other speaker has talked about the fact that this is SONNY's last bill on the House floor, unless he has some announcement, I hope he is going to be sticking with us through next November. And I know that his spirit will continue to guide us on veterans affairs far into the future.

Mr. Speaker, I join with Chairman STUMP in thanking SONNY MONTGOMERY for all of the guidance, support, and courage that he has shown for our country and for our Nation's veterans. I really appreciate it. In addition, I also support this bill.

Mr. STUMP. Mr. Speaker, I yield 1 minute to the gentleman from Illinois [Mr. FLANAGAN].

Mr. FLANAGAN. Mr. Speaker, I rise today in full support of H.R. 3118, the veterans' eligibility reform bill, introduced by the gentleman from Arizona [Mr. STUMP] and the gentleman from Mississippi [Mr. MONTGOMERY].

And, parenthetically, Mr. Speaker, I have enjoyed every moment that the gentleman from Arizona has had the gavel in his hand. And, Mr. Speaker, I would say to Mr. MONTGOMERY, our many great thanks, our many great remarks at his leadership and the warmth that he has shown us all, freshman Member and senior Member alike, over the years.

Mr. Speaker, I believe that this legislation, though not a complete reform of current eligibility standards, is a positive first step toward achieving that goal.

Veterans with service-connected disabilities, former POW's and World War

I veterans are eligible under this legislation.

H.R. 3118 will enable the VA to provide all needed hospital and medical services to eligible veterans and expand operational flexibility by enabling VA to contract for hospital care and medical services to increase cost-effectiveness. It will also protect specialized programs, and work to expedite VA's transition from inpatient care to greater use of outpatient care efficiently and effectively. This bill will accomplish these provisions without reducing benefits to other veterans.

Mr. Speaker, we must never forget the sacrifices America's veterans have made for our country and our freedoms. Quality and accessibility of veterans' health care is a priority of this Congress. H.R. 3118 ensures that our veterans receive the very best in health care, and reaffirms our commitment to our veterans. I am very proud to be a cosponsor of H.R. 3118, as it will pave the way for greater reforms in the future.

Mr. STUMP. Mr. Speaker, I yield 2 minutes to the gentleman from Indiana [Mr. BUYER], chairman of the Subcommittee on Education, Training and Employment.

Mr. BUYER. Mr. Speaker, I thank the gentleman from Arizona [Mr. STUMP], chairman of the Veterans' Affairs Committee, and the gentleman from Mississippi, [Mr. MONTGOMERY], our good friend, for their work on this bill.

Mr. Speaker, this bill represents the culmination of years of hard work on behalf of the most pressing issues facing the Department of Veterans Affairs, that being eligibility reform. Anyone who has been to a VA hospital knows how difficult it can be to access the VA health care system. The patchwork of confusing and complex rules governing accessibility often defy medical common sense.

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Madam Speaker, H.R. 3118 goes a long way to change this system while staying within the current budget constraints. This bill requires the VA to manage its medical services through a system of priorities, giving service-connected veterans the top priority. We have some very difficult issues that face us, that being the veterans' community, and I want to thank Chairman STUMP and SONNY MONTGOMERY.

As we have a declining veteran population out there, with a stabilizing VA medical system, this is a transition-type bill. I cannot predict what the VA system is going to look like in year 2010 to 2015, as we begin facing the reality of losing the World War II and Korean veterans, which includes my father, but how we visualize that system into the future is going to require some real leadership. This is a transition bill. It is far from a perfect bill, but I am very pleased with the hard work that the chairman has done. Appreciate it.

Mr. MONTGOMERY. Madam Speaker, I yield 1 minute to the gentleman from North Carolina [Mr. HEFNER].

Mr. HEFNER. Madam Speaker, first of all, I would like to say we are certainly going to miss SONNY MONTGOMERY around here. I served with him for a lot of years, worked on a lot of veterans' legislation. He is to be commended and he will be remembered a long, long time. As long as veterans are around, he will be remembered.

BOB STUMP, my dear friend from Arizona, who has worked very hard on this bill and labored in the vineyard for so many years. I rise in very strong support of this legislation and wish for Mr. MONTGOMERY, as a friend of mine in North Carolina often said, I hope you live as long as you want and never want as long as you live, and rise in strong support of this legislation which is long overdue.

I thank the gentleman from Arizona and the gentleman from Mississippi for bringing it to fruition.

Mr. STUMP. Madam Speaker, I yield 2 minutes to the gentleman from Oregon [Mr. COOLEY].

Mr. COOLEY. Madam Speaker, I rise today in support of H.R. 3118, the Veterans' Health Care Eligibility Reform Act of 1996.

I represent eastern Oregon, the seventh largest congressional district in the country. Veterans in my district often must drive 4 or 5 hours—over the Cascades to Portland—in order to receive medical care. Veterans who must drive so far for medical service have a strong interest in fair and efficient eligibility standards.

By allowing the VA to contract out for hospital care and medical services, and, by allowing the VA to share health care resources with group providers, H.R. 3118 will potentially bring the VA closer to the veterans of eastern Oregon.

H.R. 3118 also abolishes the complex provisions of law governing eligibility for outpatient care, expanding the array of services that the VA can provide to our Nation's veterans.

I urge all of my colleagues to support this long-overdue reform.

Madam Speaker, I, too, would like to thank the leadership, SONNY MONTGOMERY and his past services to the veterans of this country and, especially now, the reins have been passed over to BOB STUMP, and what a fantastic job he has done to bring forth these issues which I think are very, very critical, especially to our veterans more in the rural areas that really truly have to drive many, many miles to receive this kind of service.

I will tell my colleagues that in the near future I will probably be using these as well. I would certainly like to be able to use the local hospital instead of driving 155 miles to the closest veterans' hospital for my community where I live in Alfalfa, OR. I think that the veterans of the country and Congress should commend BOB STUMP with the cooperation of SONNY MONTGOMERY

and the fantastic job they have done for veterans in this country. I think we all are proud of both of these gentlemen.

Mr. STUMP. Madam Speaker, I yield 1 minute to the gentleman from Florida [Mr. WELDON], a Member who has been very active in veterans' affairs for his State.

(Mr. WELDON of Florida, asked and was given permission to revise and extend his remarks.)

Mr. WELDON of Florida. Madam Speaker, I rise in strong support of the bill before us.

As a veteran and a practicing physician, I understand firsthand the needs of veterans in underserved areas. The veterans in east-central Florida have suffered for over a decade and a half for lack of adequate veterans medical facilities. Last year this Congress set us on a sound road toward meeting these needs by providing \$25 million to meet the outpatient needs of these veterans.

H.R. 3118 includes provisions that will allow the VA to contract with local hospitals to meet the inpatient needs of veterans who have sacrificed for our great Nation.

Last year, I introduced legislation that would allow the VA to contract in this manner. The bill before us includes similar provisions and I appreciate the chairman for his support of this concept.

This bill will allow veterans in underserved areas, like east-central Florida to receive VA medical care right in their own communities. This is what veterans in my district have been telling me they want and I'm pleased to see it before us.

Let's pass this bill.

Madam Speaker, I rise in strong support for H.R. 3118, the Veterans Health Care Eligibility Reform Act. This bill is long overdue and it will ensure that we fulfill our commitments to our veterans.

I would like to focus on one particular element of this bill that is very important to the veterans in my district. It was more than 14 years ago that a veterans hospital was first proposed for east-central Florida. Since that time, more politics has been played over this hospital than one can recount. While politicians have enjoyed their sport, the veterans in Brevard and surrounding counties have suffered for lack of adequate veterans medical facilities.

Earlier this year the Congress took the right step by providing \$25 million for an outpatient clinic. The VA has informed me that this outpatient clinic will meet at least 80 percent of the health care needs of area veterans. This is a good first step in meeting these veteran's needs. I was also pleased that in a letter to me dated July 17, the Secretary of Veterans Affairs committed to issuing a contract for design work by September 1996.

The verdict on a hospital for Brevard County is still out. There are some who have suggested holding up the construction of a veterans outpatient clinic and instead holding out for a full hospital. Anyone remotely familiar with the history of the Brevard medical facility recognizes that this would be playing Russian roulette with the lives of veterans and would

likely see the possibility of even an outpatient clinic slip away.

Earlier this year the veterans of east-central Florida received an authorization for a \$25 million outpatient clinic, and Congress and the President already set aside the \$25 million needed to fully construct this clinic. While an outpatient clinic may not meet 100 percent of the needs, it will meet 80 percent of the needs and it will do so in less than 2 years. Any delay in moving forward with this clinic may see this money and clinic disappear like the hopes that these veterans have seen fade away so many times before.

As a physician who has been put in the unfortunate position of having to refer veterans across the State to a veterans hospital, I understand how critical it is that veterans have access to inpatient care in our own community. That is why I introduced H.R. 2798, the Veterans Health Care Management and Contracting Flexibility Act of 1995. This bill will allow the VA to enter into contracts with local hospitals to meet the inpatient health care needs of area veterans. In other words, while the verdict is still out on Brevard's VA hospital, veterans will be able to receive inpatient care at local hospitals rather than being shipped hours away from home and family. This in no way rules out the possibility of a VA hospital in the future, but it ensures that regardless of what happens, veterans will not continue to suffer for lack of adequate facilities.

I am pleased that the provisions of my bill have been incorporated into H.R. 3118. Quite frankly, broad contracting authority should have been permitted years ago. It was wrong to allow veterans to suffer while politicians played. The outpatient clinic and the inpatient contracting will ensure that veterans in east-central Florida have access to health care facilities. I will continue to work with veterans throughout our community to ensure that their health care needs are met.

I am pleased to be a part of our constructive effort to ensure that we follow through on our promises to those who have given of themselves to protect our liberty.

Mr. STUMP. Madam Speaker, I yield 1 minute to the gentleman from Pennsylvania [Mr. FOX], a member of the committee.

Mr. FOX of Pennsylvania. Madam Speaker, I rise in strong support of H.R. 3118, the Veterans' Health Care Eligibility Reform Act of 1996.

I would like to commend Chairman STUMP, Ranking Member MONTGOMERY, Chairman HUTCHINSON, and Ranking Member EDWARDS for their joint leadership on this important issue of health care eligibility reform. This bill exemplifies the bipartisan tradition of the House Veterans' Affairs Committee, on which I am proud to serve.

H.R. 3118 continues the efforts of this Congress in honoring our duty to care for those who have risked their lives for our country. This bill provides the comprehensive eligibility reform that has been needed to clarify and correct current law which is complex, confusing, and often inconsistent with sound health care practices. By authorizing and clarifying eligibility without additional limitations, eliminating inpatient restrictions on provision of prosthetic devices, and setting sensible pri-

orities for enrollment and registration, H.R. 3118 significantly improves current law.

I urge adoption of the bill and yield back the balance of my time.

Mr. MONTGOMERY. Madam Speaker, I thank my colleagues for their very kind remarks today. I urge my colleagues to support this measure.

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

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

Once again, as I mentioned, this may be the last time that the VA has an opportunity to bring a bill to the floor of this House. I want to take this opportunity to thank all the members of the committee for their cooperation during this Congress.

Even on a committee that maintained a truly bipartisan work ethic, there were still some scheduling inconveniences and problems that Members were asked to endure and I appreciate very much all their cooperation. I believe we have a good record of accomplishment to show for this Congress.

Additionally, Madam Speaker, I would like to acknowledge the hard work of our committee staff on both sides of the aisle. The bipartisan tradition of this committee may start at the top but it is also practiced by the staff in their work on all of our bills. We greatly appreciate that. I want to thank them very much.

Mrs. KELLY. Mr. Speaker. I rise today in strong support of H.R. 3118, the Veterans' Health Care Eligibility Reform Act. I am a co-sponsor of this legislation and urge all Members to support it.

One of the primary responsibilities of our Government is to provide for those who have defended our freedoms. In attempting to meet this responsibility, the Government has developed a complex, and often confusing system of health care eligibility laws. The legislation before the House today will help simplify the eligibility requirements of veterans, thereby ensuring that needed hospital care and medical services will continue to be provided to all veterans who are eligible to receive it.

Mr. Speaker, the issue of veterans health care eligibility is one that is very important to me. I have a particular interest in proposed changes in the VA health care system because there are two VA medical facilities located in the congressional district that I represent. That is why I am supporting this legislation. H.R. 3118 will benefit the thousands of veterans that use the two facilities in New York's 19th Congressional District, and indeed will benefit all veterans around the country who depend on the VA to meet their unique health care needs.

There are a few provisions of the bill that I would like to highlight. First, H.R. 3118 will substitute the current single uniform eligibility standard of eligibility with a new standard which is clinically appropriate and based on a medically sound system of priorities. The bill also extend indefinitely the VA's authority to provide services to dependents of active-duty and retired service-members. It clarifies the VA's authority to collect from insurance plans of Department of Defense [DOD] beneficiaries cared for in VA facilities to the same extent as

DOD currently recovers for care rendered in its facilities. Most importantly, however, the bill authorizes the VA to retain these funds, instead of being required to return them to the General Treasury. This will provide the VA with additional resources for its use in continuing to provide health care to veterans.

Mr. Speaker, it is vital that we continue to provide veterans with the health benefits that they have earned. H.R. 3118 is one more step that this Congress has taken to meet this responsibility. I would like to thank Chairman Stump for his tireless leadership on veterans issues and for bringing this measure to the floor, and I would urge all Members to lend H.R. 3118 their support. Thank you.

Mr. HASTERT. Mr. Speaker, I rise today to support a measure that will help provide veterans in Illinois' LaSalle County with outpatient VA services.

LaSalle County veterans have had to travel long distances to receive needed VA medical services. This often requires a family member or friend to travel with or drive them to their appointments. The Veterans Health Care Eligibility Reform Act, will help provide an outpatient VA clinic in LaSalle County which will serve over 13,000 eligible veterans and their families.

At a veterans field hearing this past April, Representatives TIM HUTCHINSON, JERRY WELLER, LANE EVANS, and myself heard the concerns of representatives of several organizations who testified to the need for a closer outpatient care center. The nearest outpatient care facility for eligible LaSalle County veterans is over an hour's drive away, with the nearest VA hospital over 2 hours away.

The measure adopted today authorizes the VA to provide all needed outpatient care services, including preventive care and home health care, and to contract out for those services where a VA facility does not exist.

This important legislation represents the commitment of Veterans' Committee chairman, BOB STUMP, the entire House Veterans' Committee, and this Congress to keep our promises to our Nation's veterans.

Our veterans answered the call when our Nation needed them, so Congress must answer the call when veterans need our help. Today, we've answered that call and I'm proud to support this measure.

Mr. STEARNS. Mr. Speaker, I rise in support of this legislation today which takes the first step toward comprehensive veterans' health care reform. Passage of this bill will ensure changes in the tricky eligibility rules that currently bar access to health care for our Nation's veterans.

The health care eligibility bill accelerates the shift from expensive inpatient care to more cost effective primary and outpatient care. The reform is necessary to ensure that the VA refocuses its efforts toward assisting those who served our country. Under current VA rules, veterans are required to check into hospitals to receive their intended treatment. The savings alone from this switch to outpatient care services will allow more veterans to have access to the health care system.

The legislation continues the path of decentralization and restructures the VA with regard to the management of its health care system. By increasing the number of VA partnerships with community providers, access to outpatient services, and protecting the VA's special disability programs, H.R. 3118 will be a major

step in the right direction for veterans' health care reform.

I want to emphasize that this measure is only the first step toward achieving health care reform for our veterans. It is imperative that we meet this challenge and preserve health care for those who have given selflessly to serve our country.

Mr. BILIRAKIS. Mr. Speaker, I rise in support of H.R. 3118, the Veterans' Health Care Eligibility Act. I ask unanimous consent to revise and extend my remarks.

Eligibility reform is an issue that the Veterans' Affairs Committee, the VA and veterans service organizations have been working on for a long time. I am a cosponsor of the Veterans' Health Care Eligibility Reform Act and am pleased that we are moving this important bill forward through the legislative process.

Today's complex and confusing eligibility criteria represent a continuing source of frustration for both veterans and VA personnel. Moreover, it is often an impediment to providing veterans with the kind of health care they really need.

As most health care providers move toward a new model of care that emphasizes primary and preventive care in outpatient settings, the VA must also shift its focus from inpatient to outpatient care. Without meaningful eligibility reform, it will be extremely difficult for the VA to remain a viable health care provider.

H.R. 3118 is a step in the right direction for the VA and simplifying the VA's eligibility criteria will greatly benefit veterans.

H.R. 3118 will expand veterans' access to VA care, particularly for those with service-connected disabilities or limited means. It will eliminate statutory rules which for years have barred the VA from providing many veterans with routine outpatient treatment, preventive health care services and home care.

Eligibility reform is long overdue and I urge my colleagues to support H.R. 3118.

Mr. EVERETT. Mr. Speaker I rise today to indicate my strong support for H.R. 3118 offered by VA Committee Chairman STUMP and our ranking member, SONNY MONTGOMERY.

Mr. Speaker, this important legislation is a giant first step in improving access to and the quality of health care provided to our veterans. To our many veterans who served in our Armed Forces, who loyally and selflessly gave a portion of their lives and the lives of their families to protect and defend this country, we owe a debt that can never be fully repaid.

Mr. Speaker, we have a responsibility to meet the health care needs of these veterans. H.R. 3118 will enable the VA to restructure and prioritize health care delivery and eligibility criteria. Rather than continuing to focus on inpatient care, which is not only more expensive but is, in most cases, less desirable for the patient, the VA will have the flexibility to expand access to outpatient treatment and preventative services.

Mr. Speaker, this element of the bill is especially important for my constituents. I represent a majority rural part of southeast Alabama. Over 37,000 veterans reside within a 50-mile radius of the city of Dothan, AL. These veterans, whether ill, elderly, disabled, or infirmed must travel over 100 miles, even 200 miles, to reach a VA medical facility. For many, they may wait until their injury or illness has reached a dangerous point before they make the trip.

Mr. Speaker, for years I have worked with the VA to establish an outpatient access point

around the Dothan area. Certainly, this legislation reinforces the priority for such a facility. Quality outpatient care, preventative health care services, and reliable home care should be readily available and accessible to our eligible veterans' population. To this end, we must foster relationships with our community health care providers and in turn provide more opportunities to meet the needs of our veterans with expanded ambulatory treatment services.

Mr. Speaker, H.R. 3118 goes a long way to meet these goals. Yes, this legislation is a first step, but a giant step in the right direction. I urge my colleagues to offer their unbridled support for H.R. 3118.

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

The SPEAKER pro tempore (Mrs. MYRICK). The question is on the motion offered by the gentleman from Arizona [Mr. STUMP] that the House suspend the rules and pass the bill, H.R. 3118, as amended.

The question was taken.

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 5 of rule I and the Chair's prior announcement, further proceedings on this motion will be postponed until disposition of H.R. 2391.

WORKING FAMILIES FLEXIBILITY ACT OF 1996

The SPEAKER pro tempore. Pursuant to House Resolution 488 and rule XXIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 2391.

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IN THE COMMITTEE OF THE WHOLE

Accordingly the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 2391) to amend the Fair Labor Standards Act of 1938 to provide compensatory time for all employees, with Mr. LAHOOD in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered as having been read the first time.

Under the rule, the gentleman from Pennsylvania [Mr. GOODLING] and the gentleman from Missouri [Mr. CLAY] each will control 30 minutes.

The Chair recognizes the gentleman from Pennsylvania [Mr. GOODLING].

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

Mr. GOODLING. Mr. Chairman, I yield myself 2 minutes.

Mr. Chairman, I take these 2 minutes since there was so much disinformation given on Friday. I do not believe that most of those Members read the legislation as it is at present.

We made 20 changes since the legislation was introduced, all supporting the employee. There will be additional, in