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ACCOMPLISHMENTS OF THE COMMITTEE ON VETERANS' AFFAIRS

• Mr. SPECTER. Mr. President, I have sought recognition today to summarize for my colleagues, and for the public, the activities and accomplishments of the Committee on Veterans' Affairs during the 106th Congress. I am pleased to report, as chairman of the committee, that this Congress has been one of significant accomplishment.

When this Congress convened, it was determined that three veterans' priorities needed to be met. We had to increase the availability of Department of Veterans Affairs (VA)-provided health care services, particularly long-term care services, to World War II veterans. We had to improve educational assistance benefits—so-called Montgomery GI bill or MGIB benefits—made available by VA to veterans, principally young veterans, newly released from service. And we had to address and rectify vestigial elements of discrimination against women contained in veterans' statutes. With the assistance of the committee's ranking minority member, Senator JOHN D. ("JAY") ROCKEFELLER IV, and in bipartisan partnership with all of the committee's members, we have achieved all three of these goals—and more.

First, with the enactment of the Veterans Millennium Health Care and Benefits Act of 1999, Public Law 106-117 (Millennium Act), the Congress provided for the first time that the most deserving of veterans—those with severe service-connected disabilities—will be assured of receiving nursing home care should they need it—and so long as they need it. Under the terms of the Millennium Act, any veteran who needs nursing home care to treat a service-connected disability will get it. Similarly, any veteran who is rated as 70 percent disabled or higher by VA due to a service-connected cause will be provided with needed nursing home

care—even if the condition which causes the need for such care is not itself service-connected. Further, all veterans who are enrolled for VA care—even those who do not have service-connected disabilities—will, under the terms of the Millennium Act, receive any and all non-institutional alternatives to inpatient long-term care—services such as home health aide services, adult day health care services, and the like—as they might need to forestall the day on which they will have to resort to inpatient long-term care. Finally, the Millennium Act mandates that VA maintain the nursing home capacity that it now has, and that it initiate pilot programs to determine, first, the most cost-effective ways of providing more nursing home care to more veterans and, second, the feasibility of providing to veterans, and their spouses, assisted living services.

With enactment last month of the Veterans Benefits and Health Care Improvement Act of 2000, Public Law 106-419, the other two priorities which had been identified at the outset of the 106th Congress were also met. Under that statute, a veteran who has served a three-year enlistment and who returns to school after service will be eligible to receive as much as \$800 per month in assistance payments while he or she is in school. In January 1997, when I assumed the chairmanship of the committee, veteran-students could receive no more than \$427 per month in Montgomery GI bill assistance; thus, in four years, assistance to full time veteran students has been increased by 87 percent.

The Veterans Benefits and Health Care Improvement Act also addressed two issues of importance to women veterans: It provided that special compensation benefits—those provided to male veterans when they lose, due to a service-connected cause, a so-called creative organ—will also be afforded to

women veterans who sustain the service-connected loss of a breast. And it provided—based on sound scientific evidence—that children with birth defects of women Vietnam veterans will be provided compensation, health care, and job training benefits.

These three measures—addressing the disparate needs of older, younger, and women veterans—are not the only veterans-related legislative accomplishments of the 106th Congress. To the contrary, the list of other legislative achievements is long. In addition to providing the long-term care benefits I have already outlined, the Millennium Act also specifies that VA will itself provide, or reimburse the uninsured costs of, emergency care needed by any veteran enrolled for VA care. It mandates, further, that VA enhance the services it provides to homeless veterans, and to veterans with post-traumatic stress disorders, drug abuse disorders, and injuries from sexual trauma. It provides, in addition, that higher priority access to VA care will be provided to veterans who were wounded in combat and are, as a consequence, recipients of the Purple Heart. And, finally, it authorizes VA to provide enhanced care, as space is available, to active duty service personnel and military retirees (who normally receive care from their respective military services), and reauthorizes the provision of health care evaluations to the spouses and children of Persian Gulf war veterans.

Further in the area of health care benefits, the Millennium Act and the Veterans Benefits and Health Care Improvement Act jointly enhance services provided to veterans by improving VA assistance to State-run veterans' nursing home facilities; by authorizing 13 major hospital construction projects; by improving provisions of law relating to nurse, dentist, and pharmacist pay and the recruitment of

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physician assistants, social workers, and medical support staff; by increasing VA incentives to collect reimbursements from non-service-disabled veterans' health insurance carriers—funds that are not remitted to the Treasury but are funneled back into VA hospitals; and by encouraging increased VA and Department of Defense cooperation in the procurement of pharmaceuticals and medical supplies. And last, but surely not least in the area of health care, VA's health care system received the two greatest increases ever in funding for fiscal years 2000 and 2001, increases of \$1.7 billion and \$1.4 billion respectively. The ranking member and I very much appreciate that the chairman and ranking member of the VA, HUD and Independent Agencies Appropriations Subcommittee, Senators BOND and MIKULSKI, heard our call for such funding increases.

In the area of veterans' readjustment benefits and other non-healthcare-related benefits provided by VA, I have already outlined the significant increases in monthly Montgomery GI bill benefits that have been gained since 1997, and the improvements in women veterans' benefits. Beyond these accomplishments, there is a lengthy and strong record of accomplishment. In addition to increasing veterans' educational assistance allowances, the Veterans Benefits and Health Care Improvement Act also increased education assistance benefits provided to the widows and surviving children of persons who were killed in service or who died after service from service-connected causes. And these survivors' educational assistance benefits were, for the first time, "indexed" by the Veterans Benefits and Health Care Improvement Act so that they will keep pace with inflation. The Veterans Benefits and Health Care Improvement Act and the Millennium Act also improved VA educational assistance programs by allowing benefits to be paid to students taking test preparation courses and certification or licensing examinations, and by paying benefits to students during term breaks and, retroactively, to students who are veterans' survivors and who are deemed eligible for such benefits only after their educations have begun. In addition, those statutes also expanded eligibility standards applicable to post-Vietnam era veterans by allowing those who had participated in the less generous Veterans Educational Assistance Program or VEAP program of the late 1970's and early 1980's to convert to Montgomery GI bill eligibility. Finally, the Veterans Benefits and Health Care Improvement Act liberalized MGIB participation rules so that officer candidates and veterans serving second enlistments would not, due to technicalities in the law, be denied Montgomery GI bill eligibility.

Benefits other than educational assistance benefits were also improved by the Veterans Benefits and Health Care Improvement Act, the Millennium Act,

and other committee-approved legislation. Compensation benefits provided to radiation-exposed veterans were modified by the addition, under the Millennium Act, of bronchiolo-alveolar cancer to the listing of diseases that are presumed to be service-connected if they are contracted by radiation-exposed veterans. The Veterans Benefits and Health Care Improvement Act specifies that compensation will be provided, for the first time, to reservists who suffer heart attacks or strokes while on active duty and to veterans who are injured while participating in VA-sponsored compensated work therapy programs. In addition, that statute provides for a long-overdue increase in the net worth threshold at which compensation payments are suspended in certain cases involving veterans who are hospitalized on a long term basis, though I hasten to add that a repeal of this limitation—which, under current law, applies to mentally incompetent hospitalized veterans but not to other hospitalized veterans—will remain a top priority of mine. And benefits provided to veterans' widows were improved by liberalizing eligibility for survivors of former prisoners of war and widows who have remarried. In addition, the Veterans Claims Assistance Act of 2000, Public Law 106-475, reinstated and improved court-struck provisions of law requiring that VA assist veterans and other claimants—principally, widows and surviving children—in the preparation of their claims to VA for benefits. And Public Laws 106-118 and 106-413 increased VA compensation, survivors' benefits, and other cash-transfer benefits by 2.4 percent and 3.5 percent, respectively, thereby assuring that VA benefits keep pace with inflation.

In the area of insurance benefits, the Veterans Benefits and Health Care Improvement Act increased the amount of life insurance available to service members from \$200,000 to \$250,000, and authorized insurance program participation by members of the Reserves. That statute also freezes premiums paid by certain insured veterans who have reached the age of 70. And, in the area of housing benefits, the Veterans Benefits and Health Care Improvement Act improved remodeling grant programs to assist disabled veterans in making their homes accessible, and the Millennium Act extended mortgage loan guarantee benefits to members of the Reserves.

In order to assist veterans in gaining meaningful post-service employment, the Veterans Benefits and Health Care Improvement Act extends eligibility for Federal contractor outreach programs to recently-separated veterans. In addition, the Veterans Entrepreneurship and Small Business Development Act of 1999, Public Law 106-50, provides technical, financial, and procurement assistance to veteran-owned small businesses.

Finally, in the area of memorial affairs, the Millennium Act mandates

that VA establish six new national cemeteries in areas which VA had identified as being underserved. In addition, the Millennium Act facilitated last month's dedication of the World War II Memorial on the National Mall by authorizing the American Battle Monuments Commission to borrow funds needed to proceed now while World War II veterans remain alive to see the memorial they earned. Finally, the Veterans Benefits and Health Care Improvement Act extended eligibility for burial, and funeral expense and plot allowances, to certain U.S.-citizen Filipino veterans, improved VA assistance to States in establishing State cemeteries, and extended job-protection benefits to Reserve and Guard members who take leave from their civilian jobs to honor veterans by serving in burial details.

Mr. President, I commend and thank the ranking minority member of the Veterans' Affairs Committee, and all of the committee's members, for their extraordinary diligence and cooperation in assisting me in pressing forward the numerous improvements to veterans programs that I have outlined in this statement. The Veterans' Affairs Committee operates in an unusually bipartisan way—a way that might be a model for constructive activity in the 107th Congress. We will continue to so act, and we anticipate that the 107th Congress will show a record of accomplishment similar to that which characterizes the 106th.●

THE COMMODITY FUTURES MODERNIZATION ACT OF 2000

● Mr. SARBANES. Mr. President, I ask to print in the RECORD a letter from the President's Working Group on Financial Markets strongly supporting the Commodity Futures Modernization Act of 2000.

The act provides certainty for over-the-counter swaps and authorizes a new financial product, the "security future," to be traded under a regulatory scheme that protects investors against fraud, market manipulation and insider trading.

The act contains three principal components. It would provide legal certainty that specified types of swaps which are traded over-the-counter are not regulated as futures. The Report of the President's Working Group on Over-the-Counter Derivatives Markets and the Commodity Exchange Act, issued in November 1999, strongly recommended that Congress enact legislation to provide OTC swaps with legal certainty in order to "reduce systemic risk in the U.S. financial markets and enhance the competitiveness of the U.S. financial sector."

In addition the act would authorize trading in futures on single stocks and narrow-based stock indices. These are new investment products which, until now, have been prohibited from trading by the Shad-Johnson Accord, which this act would repeal. By authorizing