

submitted a privileged report (Rept. No. 108-220) on the resolution (H. Res. 288) directing the Secretary of Transportation to transmit to the House of Representatives not later than 14 days after the date of the adoption of this resolution all physical and electronic records and documents in his possession related to any use of Federal agency resources in any task or action involving or relating to Members of the Texas Legislature in the period beginning May 11, 2003, and ending May 16, 2003, except information the disclosure of which would harm the national security interests of the United States, which was referred to the House Calendar and ordered to be printed.

VETERANS HEALTH CARE IMPROVEMENT ACT OF 2003

Mr. SIMMONS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2357) to amend title 38, United States Code, to establish standards of access to care for veterans seeking health care from the Department of Veterans Affairs, and for other purposes, as amended.

The Clerk read as follows:

H.R. 2357

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Veterans Health Care Improvement Act of 2003".

SEC. 2. APPOINTMENT OF CHIROPRACTORS IN THE VETERANS HEALTH ADMINISTRATION.

(a) APPOINTMENTS.—Section 7401 of title 38, United States Code, is amended—

(1) by inserting "and chiropractic care" in the matter preceding paragraph (1) after "medical care"; and

(2) by inserting "chiropractors," in paragraph (1) after "podiatrists,".

(b) QUALIFICATIONS OF APPOINTEES.—Section 7402(b) of such title is amended—

(1) by redesignating paragraph (10) as paragraph (11); and

(2) by inserting after paragraph (9) the following new paragraph (10):

"(10) CHIROPRACTOR.—To be eligible to be appointed to a chiropractor position, a person must—

"(A) hold the degree of doctor of chiropractic, or its equivalent, from a college of chiropractic approved by the Secretary; and

"(B) be licensed to practice chiropractic in a State."

(c) PERIOD OF APPOINTMENTS AND PROMOTIONS.—Section 7403(a)(2) of such title is amended by adding at the end the following new subparagraph:

"(H) Chiropractors."

(d) GRADES AND PAY SCALES.—Section 7404(b)(1) of such title is amended by striking the third center heading in the table and inserting the following:

"CLINICAL PODIATRIST, CHIROPRACTOR,
AND OPTOMETRIST SCHEDULE".

(e) TEMPORARY AND PART-TIME APPOINTMENTS.—Section 7405(a) of such title is amended—

(1) by adding at the end of paragraph (1) the following new subparagraph:

"(E) Chiropractors."; and

(2) by adding at the end of paragraph (2) the following new subparagraph:

"(D) Chiropractors."

(f) RESIDENCIES AND INTERNSHIPS.—Section 7406(c) of such title is amended—

(1) in paragraph (1)—

(A) by inserting "and chiropractic" after "medical" the first place it appears; and

(B) by inserting "or chiropractic" after "medical" the second place it appears;

(2) in paragraph (2)(B), by inserting "or chiropractic" after "medical" the first place it appears; and

(3) in paragraph (3)(A), by inserting "or chiropractic" after "medical".

(g) MALPRACTICE AND NEGLIGENCE PROTECTION.—Section 7316(a) of such title is amended—

(1) in paragraph (1), by inserting "or chiropractic" after "medical" each place it appears; and

(2) in paragraph (2)—

(A) by inserting "or chiropractic" after "medical" the first place it appears; and

(B) by inserting "chiropractor," after "podiatrist,".

(h) TREATMENT AS SCARCE MEDICAL SPECIALISTS FOR CONTRACTING PURPOSES.—Section 7409(a) of such title is amended by inserting "chiropractors," in the second sentence after "optometrists,".

(i) REIMBURSEMENT OF CONTINUING PROFESSIONAL EDUCATION EXPENSES.—Section 7411 of such title is amended by striking "or dentist" and inserting "dentist, or chiropractic".

(j) COLLECTIVE BARGAINING EXEMPTION.—Section 7421(b) of such title is amended by adding at the end the following new paragraph:

"(8) Chiropractors."

(k) EFFECTIVE DATE.—The amendments made by this section shall take effect at the end of the 180-day period beginning on the date of the enactment of this Act.

SEC. 3. ELIGIBILITY FOR DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE OF CERTAIN FILIPINO WORLD WAR II VETERANS RESIDING IN THE UNITED STATES.

(a) ELIGIBILITY.—The text of section 1734 of title 38, United States Code, is amended to read as follows:

"(a) The Secretary shall furnish hospital and nursing home care and medical services to any individual described in subsection (b) in the same manner, and subject to the same terms and conditions, as apply to the furnishing of such care and services to individuals who are veterans as defined in section 101(2) of this title. Any disability of an individual described in subsection (b) that is a service-connected disability for purposes of this subchapter (as provided for under section 1735(2) of this title) shall be considered to be a service-connected disability for purposes of furnishing care and services under the preceding sentence.

"(b) Subsection (a) applies to any individual who is a Commonwealth Army veteran or new Philippine Scout and who—

"(1) is residing in the United States; and

"(2) is a citizen of the United States or an alien lawfully admitted to the United States for permanent residence."

(b) LIMITATION.—(1) The amendment made by subsection (a) shall take effect on the date on which the Secretary of Veterans Affairs submits to the Committees on Veterans' Affairs of the Senate and House of Representatives and publishes in the Federal Register a certification described in paragraph (2).

(2) A certification referred to in paragraph (1) is a certification that sufficient resources are available for the fiscal year during which the certification is submitted to carry out section 1734 of title 38, United States Code, as amended by such amendment, during that fiscal year at each significantly affected health care facility of the Department of Veterans Affairs.

(3) For purposes of paragraph (2), the term "significantly affected health care facility" means a health care facility at which, as determined by the Secretary, it is reasonably foreseeable that the implementation of the provisions of

section 1734 of title 38, United States Code, as amended by subsection (a), will result in a significant increase in the use of health care resources due to the number of veterans described in subsection (b) of that section who are considered to be likely to seek hospital or nursing home care or medical services, as authorized by subsection (a) of that section, at that facility.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Connecticut (Mr. SIMMONS) and the gentlewoman from California (Mrs. DAVIS) each will control 20 minutes.

The Chair recognizes the gentleman from Connecticut (Mr. SIMMONS).

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

Mr. Speaker, I rise in strong support of H.R. 2357, as amended, the Veterans Health Care Improvement Act of 2003. H.R. 2357 would provide two important new health services to veterans. First, the bill would clearly establish the authority of the Department of Veterans Affairs to appoint chiropractors within its health care system, allowing veterans to receive this care in VA facilities. Currently, veterans are not receiving this specialty care from VA because the VA has decided that chiropractic care is not necessary and duplicates services already provided by physicians, nurses, and physical therapists.

For nearly 3 years, the Committee on Veterans' Affairs has been working to include chiropractic care as part of the VA's health care system. Through provisions in the Veterans Millennium Health Care and Benefits Act, the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001, the VA has been required to establish a policy for the role of chiropractic care for veterans and to provide chiropractic care and services for veterans in its health care system. By law, VA has also been required to establish a Chiropractic Advisory Committee within the Department.

Although some progress has been made by the Advisory Committee on chiropractic care, veterans are dissatisfied with the VA's reluctance to fulfill its obligations under law. The gentleman from Kansas (Mr. MORAN), our former Health Subcommittee chairman, has spearheaded this important effort for our veterans, and I thank him for his leadership on this issue.

Mr. Speaker, our bill would also authorize VA to provide health care services to Filipino World War II veterans who legally reside in the United States. During World War II, the Commonwealth of the Philippines army was called to serve with the U.S. Armed Forces. Tens of thousands of Filipino soldiers served alongside U.S. soldiers during World War II, exhibiting great courage and determination at the epic battles of Bataan and Corregidor and contributing to the successful outcome of the war.

After the Philippines became an independent Nation, Congress passed the Rescission Act of 1946, reducing or eliminating many of the benefits that Filipino veterans had been eligible for

based on service in the Commonwealth army. Today, almost 60 years later, 60,000 World War II Filipino veterans are alive and continue to seek restoration of these benefits. Approximately 14,000 Filipino veterans in the U.S. would be eligible for the VA health care services this bill would authorize.

Today, Commonwealth army veterans and new Philippine Scouts residing in United States are only eligible for VA health care services if they are in receipt of a disability compensation. This legislation before us today would broaden eligibility for VA health care for all Filipino veterans residing in the United States. Commonwealth army veterans and new Philippine Scouts living in the United States would be subject to the same eligibility and means test requirements as American veterans.

This bill would honor our commitment to those veterans by covering hospital, nursing home, and medical care services.

I want to commend the gentleman from New Jersey, my chairman, the chairman of the full Committee on Veterans' Affairs, for his leadership in bringing this legislation forward; and I also commend the gentleman from California (Mr. FILNER) who has championed the cause of Filipino veterans for years and is due a great deal of credit for the legislation we put before the House today.

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

Mrs. DAVIS of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am pleased to join with the gentleman from Connecticut (Mr. SIMMONS) today and rise in strong support of H.R. 2357. First, I would also like to recognize the commitment of the gentleman from California (Mr. FILNER), a long-time member of the Committee on Veterans' Affairs and my San Diego colleague, to the cause of Filipino veterans.

Mr. Speaker, the Filipino soldiers recruited to fight in the Pacific during the Second World War served proudly under General MacArthur and fought courageously against the enemies of the United States. Because their contributions were crucial to our victory, these brave soldiers thought that when the war was won, they would receive the same recognition as American soldiers fighting by their side.

Unfortunately, Mr. Speaker, in 1946, Congress passed an act that rescinded the benefits it had granted to thousands of Filipino veterans, and this was wrong. This was wrong. And passing H.R. 2357 today will help correct this injustice.

H.R. 2357 also contains a provision to allow the VA to hire chiropractors. Mr. Speaker, it is time that the VA recognized the value chiropractors can add as part of a health care service continuum. Chiropractors can help promote and maintain wellness rather than simply treating illness. Millions

of Americans rely on their services to manage pain and treat a broad range of conditions.

I am pleased to stand up on these bills today.

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

Mr. SIMMONS. Mr. Speaker, I yield 4 minutes to the distinguished gentleman from Kansas (Mr. MORAN), formerly the chairman of the Health Subcommittee of the Committee on Veterans' Affairs, currently serving as vice chairman of that subcommittee and a tireless advocate for chiropractic care for our veterans.

Mr. MORAN of Kansas. Mr. Speaker, I thank the gentleman from Connecticut (Mr. SIMMONS) for yielding me this time.

Mr. Speaker, I am pleased to be here today as provisions of H.R. 2414, the Department of Veterans Affairs Chiropractic Employment Act, a bill that I introduced earlier this year, are included in this bill now before the House.

I thank the gentleman from New Jersey (Mr. SMITH), chairman of the full committee, as well as the gentleman from Connecticut (Mr. SIMMONS), my predecessor as the chairman of the Health Subcommittee for their leadership and assistance in advancing this measure to the House floor today.

Mr. Speaker, these provisions will prompt the Department of Veterans Affairs to make chiropractic care available to America's veterans in VA facilities by granting specific employment authority in VA for chiropractic care as clinicians under title 38 of the United States Code.

Millions of Americans use the services of doctors of chiropractic. However, veterans who are enrolled in the VA health care system are unable to receive this specialty care. Numerous studies have demonstrated that chiropractic care can and is an effective therapy.

Mr. Speaker, Congress has acted twice before on chiropractic care in the VA health care system, but our intent has not yet been implemented by the Department of Veterans Affairs. Signed into law in 1999, section 303 of Public Law 106-117 required the VA Under Secretary for Health to establish a defined policy regarding the role of chiropractic care for veterans enrolled in the Veterans Health Administration. Almost a year later, the VA established what it deemed to be a "policy" on chiropractic care. However, the Committee on Veterans' Affairs found the VA's response to be inadequate.

As a result, in 2001, 2 years later, Congress enacted section 204 of Public Law 107-135. This legislation required the Secretary of VA to create a program of chiropractic care and services for veterans who are enrolled in the VA health care system and specified that each of the VA's health care networks put at least one program in place. This law also required the establishment of a Chiropractic Advisory Committee

within the Department and charged the committee to provide assistance to the Secretary in developing and implementing the chiropractic health care program.

While some progress has been made by the VA's Advisory Committee, the Department is now contending that formal organizational, qualification, and classification studies are needed due to the VA's lack of a specified employment authority in title 38 of the United States Code. Such an undertaking by the VA would probably require extensive use of specialized resources and more bureaucracy on the part of the Central Office, the Advisory Committee, the Office of Personnel Management, as well as outside consultants. We can remedy this situation with the bill before the House today to speed the VA's decision-making on establishing chiropractic clinical care positions within the Department.

Mr. Speaker, I urge my colleagues to support this legislation. Our bill will provide a specialty care program for our Nation's veterans, who are most deserving of this benefit.

I again thank the chairman for his leadership.

Mr. LARSON of Connecticut. Mr. Speaker, I rise today in support of H.R. 2357. This legislation was originally drafted to establish standards of care for veterans seeking health care from the Department of Veterans Affairs. I commend the gentlewoman from Florida (Ms. BROWN-WAITE) for introducing this legislation that, when introduced, would have ensured that veterans receive health care within thirty days of their initial request for appointments at VA facilities or if the VA could not meet this requirement, allow veterans to receive care at non-VA facilities. In its original form, this legislation closely resembled a bill that I first introduced in the 107th Congress and reintroduced in February. Like the bill the gentlewoman from Florida introduced, the 21st Century Veterans Equitable Treatment Act, H.R. 890, would establish standards for appointments at VA facilities and allow veterans to receive care at non-VA facilities if the VA was not able to meet its obligation. Additionally, my legislation recommends the use of "smart card" technology to expedite reimbursements for services and reduce complicated paperwork.

As you may know, the President's Task Force to Improve Health Care Delivery for Our Nation's Veterans recently released its final report and found that due to the number of veterans seeking access to the VA and Department of Defense health care system, those with service-connected disabilities and indigent veterans have been faced with diminished access to care. I agree with the Task Force that this situation is unacceptable and concur with one of their recommendations that "VA facilities should be held accountable to meet the VA's access standards for enrolled Priority Groups 1 through 7 (new). In instances where an appointment cannot be offered within the access standard, VA should be required to arrange for care with a non-VA provider, unless the veteran elects to wait for an available appointment with VA." The bill introduced by the gentlewoman from Florida, as well as my legislation, was created to accomplish this.

Unfortunately, during markup of this legislation in the Veterans' Affairs Committee, this

provision was removed from H.R. 2357. The bill that we are debating now would no longer “establish standards of access to care for veterans seeking health care from the Department of Veterans Affairs” as is indicated by its title but instead authorizes the Secretary to hire chiropractors and makes certain Filipino World War II veterans living in the United States eligible for VA health care. I am very disappointed that this critical issue in veterans’ health care access and element of the President’s Task Force recommendations is not being voted on by the House today. However, I am encouraged to hear of the possibility that the Committee will hold a hearing on this very important issue when we return from the August recess. I wholeheartedly support further debate and would look forward to testifying before the Committee.

While disappointed that the appointment standards for the VA have been stripped from this bill, I am pleased that this legislation will give the Secretary of Veterans Affairs the authority to hire chiropractors. Congress has passed legislation numerous times to ensure that veterans have access to chiropractic care and I hope that this bill will clear any final hurdles that have prevented veterans from receiving this type of care.

Mr. Speaker, I ask my colleagues to join me today in supporting this legislation that is a small, yet important, step to meeting our commitment to those Americans who made the sacrifice to serve their nation in the armed forces. As future veterans face combat in Iraq, we in Congress must live up to our pledge by providing health care to all veterans, by ensuring that it is accessible, and by fully funding the VA health care system. I urge my colleagues to join me in calling for additional legislation to meet these goals so that we may return to this floor in the near future and step closer to meeting our promise.

Mr. FILNER. Mr. Speaker, and colleagues, I rise today to urge support for H.R. 2357, legislation which includes a provision from my bill, H.R. 664, that would authorize the Department of Veterans Affairs to provide health care to Filipino World War II veterans who legally reside in the United States.

As my colleagues know, I have been working to restore these benefits for many years. By passing this legislation for Filipino World War II veterans, we are providing a giant step forward in our quest to correct the injustice that was inflicted upon them by the 1946 Congress, shortly after World War II ended.

Over 50 years ago, Filipino soldiers were drafted into service by President Franklin D. Roosevelt. They fought side-by-side with soldiers from the United States mainland, exhibiting great courage at the epic battles of Bataan and Corrigidor. Their participation was critical to the successful outcome of the war in the Far East. It was quite a shock when Congress deprived many of the benefits that they were expecting.

Because these veterans are in their 70s and 80s, their most urgent need is for health care. So I sincerely appreciate the actions of Veterans’ Affairs Committee Chairman CHRIS SMITH and Ranking Member LANE EVANS, and Chairman BOB SIMMONS and Ranking Member CIRO RODRIGUEZ of the VA Health Subcommittee, as well as of VA Secretary Anthony Principi, to restore VA health care benefits to them.

This bill is also about restoring dignity and honor to these proud veterans. Over fifty years

of injustice burns in the hearts of the Filipino World War II veterans and in the hearts of their sons and daughters. This bill says that we will begin to remedy this historical injustice. We will make good on the promise of America.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise in support of H.R. 2357, the Veterans Health Care Improvement Act of 2003. This piece of legislation amends Title 38 of the United States Code, to establish standards of access to care for veterans seeking health care from the Department of Veterans Affairs. Mr. Speaker, this piece of legislation is long overdue. This legislation provides new health care benefits to Filipino veterans.

Mr. Speaker, at this time there are thousands of Filipino veterans who have proudly served this country in World War II and still, to this day, aren’t eligible to receive health care benefits from Veterans Affairs. That is simply unacceptable. Under this legislation, any individual who is a veteran of the Philippine Commonwealth Army or a former New Philippine Scout living legally in the United States would be eligible for these benefits. The Congressional Budget Office estimates that by 2004, if this legislation is enacted, 9,500 Filipino veterans would qualify for these new benefits.

In addition to providing much over due health care benefits to Filipino veterans, this bill will serve to enhance the quality of chiropractic care offered by VA facilities. Currently, the VA is required to make chiropractic care available to veterans at least one site in each of VA’s 21 geographic service areas, however, the bureaucracy often involved in hiring these chiropractors makes it difficult to comply. This legislation makes it easier to hire chiropractors by allowing the VA to appoint and hire the practitioners by specifying that they be treated as other medical professionals like optometrists and podiatrists. This would also allow these medical professionals to become eligible for part-time or temporary employment, educational expense reimbursements, and enhanced protection from malpractice suits.

Again, Mr. Speaker, I urge my colleagues to support this worthwhile legislation. It is our duty to provide our veterans with world-class health care for the countless sacrifices that they have made on behalf of our country.

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

Mr. SIMMONS. Mr. Speaker, I urge my colleagues to support the Veterans Health Care Improvement Act of 2003.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Connecticut (Mr. SIMMONS) that the House suspend the rules and pass the bill, H.R. 2357, 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.

The title of the bill was amended so as to read: “A bill to amend title 38, United States Code, to provide for the appointment of chiropractors in the Veterans Health Administration of the Department of Veterans Affairs and to

provide eligibility for Department of Veterans Affairs health care for certain Filipino World War II veterans residing in the United States.”

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. SIMMONS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on H.R. 2357, as amended.

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

There was no objection.

□ 1530

NATIONAL CEMETERY EXPANSION ACT OF 2003

Mr. SIMMONS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1516) to direct the Secretary of Veterans Affairs to establish a national cemetery for veterans in southeastern Pennsylvania, as amended.

The Clerk read as follows:

H.R. 1516

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “National Cemetery Expansion Act of 2003”.

SEC. 2. ESTABLISHMENT OF NEW NATIONAL CEMETERIES.

(a) ESTABLISHMENT.—Not later than four years after the date of the enactment of this Act, the Secretary of Veterans Affairs, in accordance with chapter 24 of title 38, United States Code, shall establish five new national cemeteries. The new cemeteries shall be located in the following locations (those locations having been determined by the Secretary of Veterans Affairs to be the most appropriate locations for new national cemeteries):

- (1) Southeastern Pennsylvania.*
- (2) The Birmingham, Alabama, area.*
- (3) The Jacksonville, Florida, area.*
- (4) The Bakersfield, California, area.*
- (5) The Greenville/Columbia, South Carolina, area.*

(b) FUNDS.—Amounts appropriated for the Department of Veterans Affairs for any fiscal year after fiscal year 2003 for Advance Planning shall be available for the purposes of subsection (a).

(c) SITE SELECTION PROCESS.—In determining the specific sites for the new cemeteries required by subsection (a) within the locations specified in that subsection, the Secretary shall solicit the advice and views of representatives of State and local veterans organizations and other individuals as the Secretary considers appropriate.

(d) INITIAL REPORT.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the establishment of the national cemeteries required by subsection (a). The report shall—

(1) set forth a schedule for the establishment of each such cemetery and an estimate of the costs associated with the establishment of each such cemetery; and

(2) identify the amount of Advance Planning Funds obligated for purposes of this section as of the submission of the report.

(e) ANNUAL REPORTS.—The Secretary shall submit to Congress an annual report on the implementation of this section until the establishment of all five cemeteries is completed and each