

the difficulty in getting an energy policy on the ground. In any bill as complicated as this, everyone has a different view and everyone can change things a bit. This has become a collective bill, put together by the House, the Senate, Democrats, Republicans, people from New England, people from all over. We have a mixture of ideas. I would not have done it exactly this way had I been doing it by myself, but I think it is important to have a policy to move on, dealing with our demand for energy, and moving in the direction we want.

In general, this is a good bill. This is a bill that moves us forward for energy in the future, the kind of future in which we can work on our conservation methods and, hopefully, reduce the demands we have—at least the growth level we have had in the past—and that we can find alternative fuels.

As we move forward, we are looking now at coal as the basis for hydrogen. That can be very important. Imagine if we developed hydrogen cars next year and were ready to go with them as a clean and available source. How long would it take to get the delivery system in place, to get hydrogen stations instead of gas stations all over the country?

When we think about potential changes out there, we have to think about reaching that point. We must continue to provide energy as we now know it, as we move toward something different. All this talk of more oil and gas, we will have renewables. Good luck. What are we going to do in the 15-year-period of transition?

I hope we continue to look at a balanced policy with conservation, alternatives, domestic production, research, more cleanliness in production, and so on.

We will continue, I suppose, to talk about this matter for a while. I am disappointed that apparently there is going to be a reluctance to let us move forward with it as quickly as we should. We are trying to complete some business this week, and yet it is going to be very difficult to do that.

VETERANS HEALTH CARE AUTHORITIES EXTENSION AND IMPROVEMENT ACT OF 2003

Mr. THOMAS. Madam President, I ask unanimous consent that the Senate now proceed to the immediate consideration of Calendar No. 383, S. 1156.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 1156) to amend title 38, United States Code, to improve and enhance the provision of long-term health care for veterans by the Department of Veterans Affairs, to enhance and improve authorities relating to the administration of personnel of the Department of Veterans Affairs, and for other purposes.

There being no objection, the Senate proceeded to consider the bill, which

had been reported from the Committee on Veterans' Affairs, with an amendment to the title and an amendment to strike all after the enacting clause and inserting in lieu thereof the following:

[Strike the part shown in black brackets and insert the part shown in italic.]

S. 1156

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 "Department of Veterans Affairs Long-Term Care and Personnel Authorities Enhancement Act of 2003".]

TITLE I—EXTENSION AND ENHANCEMENT OF AUTHORITIES

SEC. 101. EXTENSION AND MODIFICATION OF CERTAIN HEALTH CARE AUTHORITIES.

[(a) TREATMENT OF NONINSTITUTIONAL EXTENDED CARE SERVICES AS MEDICAL SERVICES.—Section 1701(a)(10)(A) of title 38, United States Code, is amended by striking "December 31, 2003" and inserting "December 31, 2008".]

[(b) REQUIRED NURSING HOME CARE.—(1) Subsection (a) of section 1710A of such title is amended by striking "70 percent" and inserting "50 percent".]

[(2) Subsection (c) of such section is amended by striking "December 31, 2003" and inserting "December 31, 2008".]

SEC. 102. ENHANCED AGREEMENT AUTHORITY FOR PROVISION OF NURSING HOME CARE AND ADULT DAY HEALTH CARE IN NON-DEPARTMENT OF VETERANS AFFAIRS FACILITIES.

[Section 1720 of title 38, United States Code, is amended—

[(1) in subsection (c)—

[(A) by designating the existing text as paragraph (2); and

[(B) by inserting before paragraph (2), as so designated, the following new paragraph (1):

["(1) In furnishing nursing home care or adult day health care under this section, the Secretary may enter into agreements for furnishing such care utilizing such authorities relating to agreements for the provision of services under section 1866 of the Social Security Act (42 U.S.C. 1395cc) that the Secretary considers appropriate."; and

[(2) in subsection (f)(1)(B), by inserting "or agreement" after "contract" each place it appears.

TITLE II—CONSTRUCTION AUTHORIZATION

SEC. 201. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS.

[The Secretary of Veterans Affairs may carry out the following major medical facility projects, with each project to be carried out in an amount not to exceed the amount specified for that project:

[(1) Construction of a long-term care facility in Lebanon, Pennsylvania, \$14,500,000.

[(2) Construction of a long-term care facility in Beckley, West Virginia, \$20,000,000.

SEC. 202. AUTHORIZATION OF APPROPRIATIONS.

[(a) IN GENERAL.—There are authorized to be appropriated for the Secretary of Veterans Affairs for fiscal year 2004 for the Construction, Major Projects, account, a total of \$34,500,000 for the projects authorized in paragraphs (1) and (2) of section 201.

[(b) LIMITATION.—The projects authorized in section 201 may only be carried out using—

[(1) funds appropriated for fiscal year 2004 pursuant to the authorization of appropriations in subsection (a);

[(2) funds appropriated for Construction, Major Projects, for a fiscal year before fiscal

year 2004 that remain available for obligation; and

[(3) funds appropriated for Construction, Major Projects, for fiscal year 2004 for a category of activity not specific to a project.

TITLE III—PERSONNEL

SEC. 301. MODIFICATION OF AUTHORITIES ON APPOINTMENTS OF PERSONNEL IN THE VETERANS HEALTH ADMINISTRATION.

[(a) POSITIONS TREATABLE AS HYBRID STATUS POSITIONS.—Section 7401 of title 38, United States Code, is amended—

[(1) in paragraph (2), by striking "Psychologists" and all that follows through "other scientific" and inserting "Other scientific"; and

[(2) by striking paragraph (3) and inserting the following new paragraph (3):

["(3) Audiologists, speech pathologists, and audiologist-speech pathologists, biomedical engineers, certified or registered respiratory therapists, dietitians, licensed physical therapists, licensed practical or vocational nurses, medical instrument technicians, medical records administrators or specialists, medical records technicians, medical technologists, nuclear medicine technologists, occupational therapists, occupational therapy assistants, orthotist-prosthetists, pharmacists, pharmacy technicians, physical therapy assistants, prosthetic representatives, psychologists, diagnostic radiologic technicians, therapeutic radiologic technicians, social workers, and personnel in such other positions as the Secretary designates (subject to section 7403(f)(4) of this title) for purposes of this paragraph as necessary for the medical care of veterans."]

[(b) REPORT ON PROPOSAL TO DESIGNATE ADDITIONAL POSITIONS AS HYBRID STATUS POSITIONS.—Section 7403(f) of such title is amended by adding at the end the following new paragraph:

["(4) Not later than 45 days before the date on which the Secretary proposes to designate a position as a position necessary for the medical care of veterans for which appointment may be made under section 7401(3) of this title, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the proposed designation."]

[(c) TEMPORARY, PART-TIME, AND WITHOUT COMPENSATION APPOINTMENTS.—Section 7405 of such title is amended—

[(1) in subsection (a)—

[(A) in paragraph (1), by striking subparagraphs (B) and (C) and inserting the following new subparagraphs:

["(B) Positions listed in section 7401(3) of this title.

["(C) Librarians."; and

[(B) in paragraph (2), by striking subparagraph (B) and inserting the following new subparagraph (B):

["(B) Positions listed in section 7401(3) of this title."; and

[(2) in subsection (c)(1), by striking "section 7401(1)" and inserting "paragraphs (1) and (3) of section 7401".]

[(d) AUTHORITY FOR ADDITIONAL PAY FOR CERTAIN HEALTH CARE PROFESSIONALS.—Section 7454(b)(1) of such title is amended by striking "certified or registered" and all that follows through "occupational therapists," and inserting "individuals in positions listed in section 7401(3) of this title."]

SEC. 302. COVERAGE OF EMPLOYEES OF VETERANS' CANTEN SERVICE UNDER ADDITIONAL EMPLOYMENT LAWS.

[Section 7802(5) is amended by inserting before the semicolon the following: "Employees and personnel under this clause may be considered for appointment in Department positions in the competitive service in

the same manner that Department employees in the competitive service are considered for transfer to such positions. An employee or individual appointed as personnel under this clause who is appointed to a Department position under the authority of the preceding sentence shall be treated as having a career appointment in such position once such employee or individual meets the three-year requirement for career tenure (with any previous period of employment or appointment in the Service being counted toward satisfaction of such requirement)'.

[SEC. 303. EFFECTIVE DATE OF MODIFICATION OF TREATMENT FOR RETIREMENT ANNUITY PURPOSES OF CERTAIN PART-TIME SERVICE OF CERTAIN DEPARTMENT OF VETERANS AFFAIRS HEALTH-CARE PROFESSIONALS.]

[(a) EFFECTIVE DATE.—The effective date of the amendment made by section 132 of the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 (Public Law 107-135; 115 Stat. 2454) shall be as follows:

[(1) January 23, 2002, in the case of health care professionals referred to in subsection (c) of section 7426 of title 38, United States Code (as so amended), who retire on or after that date.

[(2) The date of the enactment of this Act, in the case of health care professionals referred to in such subsection (c) who retired before January 23, 2002, but after April 7, 1986.

[(b) RECOMPUTATION OF ANNUITY.—The Office of Personnel Management shall recompute the annuity of each health-care professional described in the first sentence of subsection (c) of section 7426 of title 38, United States Code (as so amended), who retired before January 23, 2002, but after April 7, 1986, in order to take into account the amendment made by section 132 of the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001. Such recomputation shall be effective only with respect to annuities paid after the date of the enactment of this Act, and shall apply beginning the first day of the first month beginning after the date of the enactment of this Act.

[SEC. 304. PERMANENT AUTHORITY FOR USE OF CONTRACT PHYSICIANS FOR DISABILITY EXAMINATIONS.]

[(a) PERMANENT AUTHORITY.—Section 504 of the Veterans' Benefits Improvements Act of 1996 (Public Law 104-275; 110 Stat. 3341; 38 U.S.C. 5101 note) is amended—

[(1) in subsection (a), by striking "may conduct a pilot program" and all that follows through "may be made by" and inserting "may carry out examinations with respect to the medical disability of applicants for benefits under the laws administered by the Secretary through"; and

[(2) in subsection (c), by striking "the pilot program under".

[(b) REPEAL OF LIMITATION AND OBSOLETE AUTHORITY.—That section is further amended—

[(1) by striking subsections (b) and (d); and

[(2) by redesignating subsection (c), as amended by subsection (a) of this section, as subsection (b).

[(c) CONFORMING AMENDMENT.—The heading for that section is amended to read as follows:

["SEC. 504. AUTHORITY FOR USE OF CONTRACT PHYSICIANS FOR DISABILITY EXAMINATIONS."]

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Veterans Health Care Authorities Extension and Improvement Act of 2003".

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. References to title 38, United States Code.

TITLE I—EXTENSION AND MODIFICATION OF CERTAIN HEALTH CARE AUTHORITIES

Sec. 101. Extension and modification of certain health care authorities.

Sec. 102. Enhanced agreement authority for provision of nursing home care and adult day health care in non-Department of Veterans Affairs facilities.

Sec. 103. Expansion of pilot program of Department of Veterans Affairs on assisted living for veterans.

Sec. 104. Improvement of program for provision of specialized mental health services to veterans.

TITLE II—CONSTRUCTION AND FACILITIES MATTERS

Subtitle A—Construction Authorities

Sec. 201. Increase in threshold for major medical facility construction projects.

Sec. 202. Demolition of obsolete, dilapidated, and hazardous structures on Department of Veterans Affairs property.

Subtitle B—Construction Authorizations

Sec. 211. Authorization of major medical facility projects.

Sec. 212. Authorization of major medical facility leases.

Sec. 213. Authorization of appropriations.

Subtitle C—Designation of Facilities

Sec. 221. Designation of Department of Veterans Affairs outpatient clinic, Horsham, Pennsylvania.

Sec. 222. Designation of Department of Veterans Affairs health care facility, Chicago, Illinois.

Sec. 223. Designation of Department of Veterans Affairs Medical Center, Houston, Texas.

Sec. 224. Designation of Department of Veterans Affairs Medical Center, Minneapolis, Minnesota.

TITLE III—PERSONNEL MATTERS

Sec. 301. Modification of authority on appointments of personnel in the Veterans Health Administration.

Sec. 302. Coverage of employees of Veterans' Canteen Service under additional employment laws.

Sec. 303. Effective date of modification of treatment for retirement annuity purposes of certain part-time service of certain Department of Veterans Affairs health-care professionals.

TITLE IV—OTHER MATTERS

Subtitle A—Capital Asset Realignment for Enhanced Services Initiative

Sec. 401. Advance notification of capital asset realignment initiative.

Sec. 402. Authorization of major construction projects in connection with capital asset realignment initiative.

Subtitle B—Extension of Other Authorities

Sec. 411. Three-year extension of housing assistance for homeless veterans.

Sec. 412. Four-year extension of evaluation of health status of spouses and children of Persian Gulf War veterans.

Subtitle C—Other Matters

Sec. 421. Modification of eligibility of Filipino veterans for health care in the United States.

Sec. 422. Repeal of limits on terms of certain officials in Office of Under Secretary for Health.

SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is ex-

pressed 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.

TITLE I—EXTENSION AND MODIFICATION OF CERTAIN HEALTH CARE AUTHORITIES

SEC. 101. EXTENSION AND MODIFICATION OF CERTAIN HEALTH CARE AUTHORITIES.

(a) TREATMENT OF NONINSTITUTIONAL EXTENDED CARE SERVICES AS MEDICAL SERVICES.—Section 1701(10)(A) is amended by striking "December 31, 2003" and inserting "December 31, 2008".

(b) REQUIRED NURSING HOME CARE.—Section 1710A(c) is amended by striking "December 31, 2003" and inserting "December 31, 2008".

SEC. 102. ENHANCED AGREEMENT AUTHORITY FOR PROVISION OF NURSING HOME CARE AND ADULT DAY HEALTH CARE IN NON-DEPARTMENT OF VETERANS AFFAIRS FACILITIES.

Section 1720 is amended—

(1) in subsection (c)—

(A) by designating the existing text as paragraph (2); and

(B) by inserting before paragraph (2), as so designated, the following new paragraph (1):

"(1) In furnishing nursing home care, adult day health care, or other extended care services under this section, the Secretary may enter into agreements for furnishing such care or services utilizing such authorities relating to agreements for the provision of services under section 1866 of the Social Security Act (42 U.S.C. 1395cc) as the Secretary considers appropriate."; and

(2) in subsection (f)(1)(B), by inserting "or agreement" after "contract" each place it appears.

SEC. 103. EXPANSION OF PILOT PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS ON ASSISTED LIVING FOR VETERANS.

Section 103(b) of the Veterans Millennium Health Care and Benefits Act (Public Law 106-117; 113 Stat. 1552; 38 U.S.C. 1710B note) is amended—

(1) by striking "LOCATION OF PILOT PROGRAM.—" and inserting "LOCATIONS OF PILOT PROGRAM.—(1)"; and

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

"(2)(A) In the addition to the health care region of the Department selected for the pilot program under paragraph (1), the Secretary may also carry out the pilot program in not more than one additional designated health care region of the Department selected by the Secretary for purposes of this section.

"(B) Notwithstanding subsection (f), the authority of the Secretary to provide services under the pilot program in a health care region of the Department selected under subparagraph (A) shall cease on the date that is three years after the commencement of the provision of services under the pilot program in the health care region."

SEC. 104. IMPROVEMENT OF PROGRAM FOR PROVISION OF SPECIALIZED MENTAL HEALTH SERVICES TO VETERANS.

(a) INCREASE IN FUNDING.—Subsection (c) of section 116 of the Veterans Millennium Health Care and Benefits Act (Public Law 106-117; 113 Stat. 1559; 38 U.S.C. 1712A note) is amended—

(1) in paragraph (1), by striking "\$15,000,000" and inserting "\$25,000,000 in each of fiscal years 2004, 2005, and 2006";

(2) in paragraph (2), by striking "\$15,000,000" and inserting "\$25,000,000"; and

(3) in paragraph (3)—

(A) by inserting "(A)" after "(3)"; and

(B) by adding at the end the following new subparagraph:

"(B) For purposes of this paragraph, in fiscal years 2004, 2005, and 2006, the fiscal year utilized to determine the baseline amount shall be fiscal year 2003."

(b) ALLOCATION OF FUNDS.—Subsection (d) of that section is amended—

(1) by striking “The Secretary” and inserting “(1) In each of fiscal years 2004, 2005, and 2006, the Secretary”; and

(2) by adding at the end the following new paragraphs:

“(2) In allocating funds to facilities in a fiscal year under paragraph (1), the Secretary shall ensure that—

“(A) not less than \$10,000,000 is allocated by direct grants to programs that are identified by the Mental Health Strategic Health Care Group and the Committee on Care of Severely Chronically Mentally Ill Veterans;

“(B) not less than \$5,000,000 is allocated for programs on post-traumatic stress disorder; and

“(C) not less than \$5,000,000 is allocated for programs on substance abuse disorder.

“(3) The Secretary shall provide that the funds to be allocated under this section during each of fiscal years 2004, 2005, and 2006 are funds for a special purpose program for which funds are not allocated through the Veterans Equitable Resource Allocation system.”

TITLE II—CONSTRUCTION AND FACILITIES MATTERS

Subtitle A—Construction Authorities

SEC. 201. INCREASE IN THRESHOLD FOR MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS.

Section 8104(a)(3)(A) is amended by striking “\$4,000,000” and inserting “\$9,000,000”.

SEC. 202. DEMOLITION OF OBSOLETE, DILAPIDATED, AND HAZARDOUS STRUCTURES ON DEPARTMENT OF VETERANS AFFAIRS PROPERTY.

(a) IN GENERAL.—Chapter 81 is amended by adding at the end the following new subchapter: “SUBCHAPTER VI—OTHER MATTERS

“§8171. Demolition of obsolete, dilapidated, and hazardous structures

“(a) ESTABLISHMENT OF FUND.—There is established in the Treasury a fund to be known as the Department of Veterans Affairs Facilities Demolition Fund.

“(b) ELEMENTS OF FUND.—The fund shall consist of the following:

“(1) Amounts authorized to be appropriated to the fund.

“(2) Any other amounts deposited or transferred to the fund by law.

“(c) AVAILABILITY OF AMOUNTS IN FUND.—Subject to the provisions of appropriations Acts, amounts in the fund shall be available to the Secretary for the purpose of the demolition and removal, whether in whole or in part, of obsolete, dilapidated, or hazardous structures on Department property.”

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 81 is amended by adding at the end the following:

“SUBCHAPTER VI—OTHER MATTERS

“8171. Demolition of obsolete, dilapidated, and hazardous structures.”

(c) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated for the Department of Veterans Affairs for fiscal year 2004, \$25,000,000 for deposit in the Department of Veterans Affairs Facilities Demolition Fund established by section 8171 of title 38, United States Code, as added by this section.

Subtitle B—Construction Authorizations

SEC. 211. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS.

The Secretary of Veterans Affairs may carry out the following major medical facility projects, with each project to be carried out in an amount not to exceed the amount specified for that project:

(1) Construction of a long-term care facility in Lebanon, Pennsylvania, \$14,500,000.

(2) Construction of a long-term care facility in Beckley, West Virginia, \$20,000,000.

SEC. 212. AUTHORIZATION OF MAJOR MEDICAL FACILITY LEASES.

The Secretary of Veterans Affairs may enter into leases for medical facilities as follows:

(1) Lease for the relocation and expansion of a health administration center, Denver, Colorado, in an amount not to exceed \$4,080,000.

(2) Lease for an outpatient clinic extension or for sharing of Department of Veterans Affairs and Department of Defense resources, Pensacola, Florida, in an amount not to exceed \$3,800,000.

(3) Lease of an outpatient clinic extension, Boston, Massachusetts, in an amount not to exceed \$2,879,000.

(4) Lease of a satellite outpatient clinic, Charlotte, North Carolina, in an amount not to exceed \$2,626,000.

SEC. 213. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated for the Secretary of Veterans Affairs for fiscal year 2004—

(1) for the Construction, Major Projects, account, a total of \$34,500,000 for the projects authorized in section 211; and

(2) for the Medical Care account, a total of \$13,385,000 for the leases authorized in section 212.

(b) LIMITATION.—The projects authorized in section 211 may only be carried out using—

(1) funds appropriated for fiscal year 2004 pursuant to the authorization of appropriations in subsection (a);

(2) funds appropriated for Construction, Major Projects, for a fiscal year before fiscal year 2004 that remain available for obligation; and

(3) funds appropriated for Construction, Major Projects, for fiscal year 2004 for a category of activity not specific to a project.

Subtitle C—Designation of Facilities

SEC. 221. DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC, HORSHAM, PENNSYLVANIA.

The Department of Veterans Affairs outpatient clinic located in Horsham, Pennsylvania, shall after the date of the enactment of this Act be known and designated as the “Victor J. Saracini Department of Veterans Affairs Outpatient Clinic”. Any reference to such outpatient clinic in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the Victor J. Saracini Department of Veterans Affairs Outpatient Clinic.

SEC. 222. DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE FACILITY, CHICAGO, ILLINOIS.

The Department of Veterans Affairs health care facility located at 820 South Damen Avenue in Chicago, Illinois, shall after the date of the enactment of this Act be known and designated as the “Jesse Brown Department of Veterans Affairs Medical Center”. Any reference to such facility in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the Jesse Brown Department of Veterans Affairs Medical Center.

SEC. 223. DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, HOUSTON, TEXAS.

The Department of Veterans Affairs Medical Center in Houston, Texas, shall after the date of the enactment of this Act be known and designated as the “Michael E. DeBakey Department of Veterans Affairs Medical Center”. Any reference to such facility in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the Michael E. DeBakey Department of Veterans Affairs Medical Center.

SEC. 224. DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, MINNEAPOLIS, MINNESOTA.

The Department of Veterans Affairs Medical Center in Minneapolis, Minnesota, shall after the date of the enactment of this Act be known and designated as the “Paul Wellstone Department of Veterans Affairs Medical Center”. Any reference to such medical center in any law, reg-

ulation, map, document, record, or other paper of the United States shall be considered to be a reference to the Paul Wellstone Department of Veterans Affairs Medical Center.

TITLE III—PERSONNEL MATTERS

SEC. 301. MODIFICATION OF AUTHORITY ON APPOINTMENTS OF PERSONNEL IN THE VETERANS HEALTH ADMINISTRATION.

Section 7401 is amended—

(1) in paragraph (2), by striking “Psychologists” and all that follows through “dietitians,” and inserting “Dietitians,”; and

(2) in paragraph (3)—

(A) by inserting “other psychologists,” after “approved by the Secretary,”; and

(B) by striking “and occupational therapists” and inserting “occupational therapists, kinesiologists, and social workers”.

SEC. 302. COVERAGE OF EMPLOYEES OF VETERANS' CANTEN SERVICE UNDER ADDITIONAL EMPLOYMENT LAWS.

Section 7802(5) is amended by inserting before the semicolon the following: “. Employees and personnel under this clause may be considered for appointment in Department positions in the competitive service in the same manner that Department employees in the competitive service are considered for transfer to such positions. An employee or individual appointed as personnel under this clause who is appointed to a Department position under the authority of the preceding sentence shall be treated as having a career appointment in such position once such employee or individual meets the three-year requirement for career tenure (with any previous period of employment or appointment in the Service being counted toward satisfaction of such requirement)”.

SEC. 303. EFFECTIVE DATE OF MODIFICATION OF TREATMENT FOR RETIREMENT ANNUITY PURPOSES OF CERTAIN PART-TIME SERVICE OF CERTAIN DEPARTMENT OF VETERANS AFFAIRS HEALTH-CARE PROFESSIONALS.

(a) EFFECTIVE DATE.—The effective date of the amendment made by section 132 of the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001 (Public Law 107-135; 115 Stat. 2454) shall be as follows:

(1) January 23, 2002, in the case of health care professionals referred to in subsection (c) of section 7426 of title 38, United States Code (as so amended), who retire on or after that date.

(2) The date of the enactment of this Act, in the case of health care professionals referred to in such subsection (c) who retired before January 23, 2002, but after April 7, 1986.

(b) RECOMPUTATION OF ANNUITY.—The Office of Personnel Management shall recompute the annuity of each health-care professional described in the first sentence of subsection (c) of section 7426 of title 38, United States Code (as so amended), who retired before January 23, 2002, but after April 7, 1986, in order to take into account the amendment made by section 132 of the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001. Such re-computation shall be effective only with respect to annuities paid after the date of the enactment of this Act, and shall apply beginning the first day of the first month beginning after the date of the enactment of this Act.

TITLE IV—OTHER MATTERS

Subtitle A—Capital Asset Realignment for Enhanced Services Initiative

SEC. 401. ADVANCE NOTIFICATION OF CAPITAL ASSET REALIGNMENT INITIATIVE.

(a) REQUIREMENT FOR ADVANCE NOTIFICATION.—Before taking any action proposed under the Capital Asset Realignment for Enhanced Services initiative of the Department of Veterans Affairs, the Secretary of Veterans Affairs shall submit to Congress a written notification of the intent to take such action.

(b) LIMITATION.—The Secretary may not take any proposed action described in subsection (a) until the later of—

(1) the expiration of the 60-day period beginning on the date on which the Secretary submits to Congress the notification of the proposed action required under subsection (a); or

(2) the expiration of a period of 30 days of continuous session of Congress beginning on such date of notification or, if either House of Congress is not in session on such date, the first day after such date that both Houses of Congress are in session.

(c) CONTINUOUS SESSION OF CONGRESS.—For the purposes of subsection (b)—

(1) the continuity of session of Congress is broken only by an adjournment of Congress sine die; and

(2) the days on which either House is not in session because of an adjournment of more than three days to a day certain are excluded in the computation of any period of time in which Congress is in continuous session.

SEC. 402. AUTHORIZATION OF MAJOR CONSTRUCTION PROJECTS IN CONNECTION WITH CAPITAL ASSET REALIGNMENT INITIATIVE.

(a) AUTHORITY TO CARRY OUT MAJOR CONSTRUCTION PROJECTS.—Subject to subsection (b), the Secretary of Veterans Affairs may carry out major construction projects, and plan for such projects, as outlined in the final report of the Capital Asset Realignment for Enhanced Services Commission and approved by the Secretary.

(b) LIMITATION.—The Secretary may not exercise the authority in subsection (a) until 60 days after the date of the submittal of the report required by subsection (c).

(c) REPORT ON PROPOSED MAJOR CONSTRUCTION PROJECTS.—(1) The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report describing the major construction projects the Secretary proposes to carry out in connection with the Capital Asset Realignment for Enhanced Services initiative.

(2) The report shall list each proposed major construction project in order of priority, with such priority determined in the order as follows:

(A) The use of the facility to be constructed or altered as a replacement or enhancement facility necessitated by the loss, closure, or other divestment of major infrastructure or clinical space at a Department of Veterans Affairs medical facility currently in operation, as determined by the Secretary.

(B) The use of such facility to provide tertiary and acute care services to a population that is determined under the Capital Asset Realignment for Enhanced Services initiative to be in need of such facility and not currently served by such facility.

(C) The use of such facility as an outpatient clinic to provide basic care services to a population of veterans in need of such services, as determined by the Secretary.

(D) The need for such facility to further an enhanced-use lease or sharing agreement.

(E) Any other factors that the Secretary considers to be of importance in providing care to eligible veterans.

(3) In developing the list of projects and according a priority to each project, the Secretary should consider the importance of allocating available resources equitably among the regional health care networks of the Department and take into account recent shifts in populations of veterans among such regional health care networks.

(d) MULTIYEAR CONTRACT AUTHORITY.—To the extent that funds are otherwise available for obligation, the Secretary may enter into a multiyear contract for a major construction project under this section. The period of such a multiyear contract may not exceed five program years. If a multiyear contract under this subsection is not fully funded when entered into, the contract shall provide that performance under the contract during the second and subsequent years of the contract is contingent upon the appropriation of funds and may provide for

a cancellation payment to be made to the contractor if such appropriations are not made.

(e) FUNDING.—To carry out major construction projects under the Capital Asset Realignment for Enhanced Services initiative, the Secretary may use any combination of funds appropriated for such initiative and funds available to the Secretary for major construction.

(f) MAJOR CONSTRUCTION PROJECT DEFINED.—In this section, the term "major construction project" means a major medical facility project, as that term is defined in section 8104(a)(3)(A) of title 38, United States Code, as amended by section 201 of this Act.

Subtitle B—Extension of Other Authorities

SEC. 411. THREE-YEAR EXTENSION OF HOUSING ASSISTANCE FOR HOMELESS VETERANS.

Section 2041(c) is amended by striking "December 31, 2003" and inserting "December 31, 2006".

SEC. 412. FOUR-YEAR EXTENSION OF EVALUATION OF HEALTH STATUS OF SPOUSES AND CHILDREN OF PERSIAN GULF WAR VETERANS.

Section 107(b) of the Persian Gulf War Veterans' Benefits Act (title I of Public Law 103-446; 38 U.S.C. 1117 note) is amended by striking "December 31, 2003" and inserting "December 31, 2007".

Subtitle C—Other Matters

SEC. 421. MODIFICATION OF ELIGIBILITY OF FILIPINO VETERANS FOR HEALTH CARE IN THE UNITED STATES.

The text of section 1734 is amended to read as follows:

"(a) The Secretary shall, within the limits of Department facilities, furnish hospital and nursing home care and medical services to an individual described in subsection (b) in the same manner as provided for under section 1710 of this title.

"(b) An individual described in this subsection is any individual who is residing in the United States and is a citizen of, or an alien lawfully admitted for permanent residence in, the United States as follows:

"(1) A Commonwealth Army veteran.

"(2) A new Philippine Scout."

SEC. 422. REPEAL OF LIMITS ON TERMS OF CERTAIN OFFICIALS IN OFFICE OF UNDER SECRETARY FOR HEALTH.

Section 7306 is amended—

(1) by striking subsection (d); and

(2) by redesignating subsections (e) and (f) as subsections (d) and (e), respectively.

Amend the title to read as follows: "A bill to amend title 38, United States Code, to improve and enhance the provision of long-term health care for veterans by the Department of Veterans Affairs, to enhance and improve authorities relating to the administration of personnel of the Department of Veterans Affairs, to authorize major construction projects for the Department of Veterans Affairs, and for other purposes."

Mr. SPECTER. Madam President, I have sought recognition today to explain briefly the provisions of S. 1156, the proposed Veterans Health Care, Capital Asset, and Business Improvement Act of 2003, as the ranking member of the Committee on Veterans Affairs, Senator GRAHAM of Florida, and I propose be amended to incorporate provisions contained in S. 1156 as reported by the Committee on Veterans Affairs on November 10, 2003, and also to contain provisions derived from H.R. 1720, passed by the House on October 29, 2003, H.R. 2357, passed by the House on July 21, 2003, H.R. 2433, passed by the House on September 10, 2003, H.R. 3260, passed by the House on October 8, 2003, and H.R. 3387, passed by the House October 29, 2003.

This bill, as so amended, incorporates agreements reached between the Senate Committee on Veterans' Affairs, which I am privileged to chair, and our counterpart committee in the House of Representatives, on legislation relating to the provision of health care services by the Department of Veterans Affairs. I thank the Ranking Member, Senator GRAHAM of Florida, and the Chairman and Ranking Member of the House Committee on Veterans Affairs, Representative CHRIS SMITH of New Jersey and Representative LANE EVANS of Illinois, for their advocacy for veterans and for their cooperation in resolving issues raised by the bills considered in our respective bodies. Inasmuch as S. 1156, as reported by the Committee on Veterans' Affairs, itself incorporated provisions drawn from nine separate Senate bills, S. 1156 as presented to the Senate today is properly viewed as a bill that incorporates provisions from 14 separate pieces of legislation. A bill containing such a range of material would not have been knitted together, as this one has been, without a spirit of cooperation and bipartisanship from the other body. The Ranking Member, Senator GRAHAM of Florida, and I appreciate the leadership of the House Committee on Veterans Affairs.

Since this is a lengthy bill—over 50 pages—I will not endeavor in this statement to explain in detail each and every provision. Rather, I will discuss the highlights briefly in this statement, and refer my colleagues to a Joint Explanatory Statement, which I ask be incorporated into the RECORD as if read, for a detailed explanation of the bill as amended.

The starting point for S. 1156, as presented to the Senate today, was S. 1156, the proposed Veterans' Health Care Authorities Extension and Improvement Act of 2003. That bill was marked up by the Senate Committee on Veterans' Affairs on September 30, 2003, and reported on November 10, 2003. S. 1156, as reported, contained a number of elements; its key provisions would have extended mandates that VA provide nursing home care and outpatient-based long term care services to our senior veterans; improved VA assisted living and mental health programs; modified VA personnel provisions relating to non-physician providers of healthcare services and employees of VA's Veterans Canteen Service; and authorized major medical facility projects and projects related to VA's Capital Assets Realignment for Enhanced Services, CARES, initiative. Each and all of these provisions, with some modifications as appropriate, are contained in S. 1156 as presented to the Senate today.

The major change between the bill, as reported, and the current bill is the addition of provisions contained in House-passed legislation. House-approved provisions incorporated into the bill would allow radiation-exposed veterans higher priority access to VA

health care; exempt former prisoners-of-war from pharmaceutical copayments; create in VA an Office of Research Oversight; authorize VA to allow "Saturday premium pay" to licensed practical nurses and nursing assistants; and authorize additional needed VA construction projects. All of these added provisions are constructive and useful.

I ask that my colleagues in the Senate approve this legislation. It is good bipartisan legislation that is supported by VA's extraordinary Secretary, the Honorable Anthony J. Principi, and by the major veterans service organizations.

I ask unanimous consent that the Joint Explanatory Statement that accompanies my statement today be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

EXPLANATORY STATEMENT ON S. 1156, AS AMENDED—VETERANS HEALTH CARE, CAPITAL ASSET, AND BUSINESS IMPROVEMENT ACT OF 2003

S. 1156, as amended, the Veterans Health Care, Capital Asset, and Business Improvement Act of 2003, (hereinafter, "Compromise Agreement") reflects a negotiated agreement reached by the Senate and House of Representatives Committees on Veterans' Affairs concerning provisions in a number of bills considered by the House and Senate during the 1st session of the 108th Congress. The measures considered in this compromise are: S. 1156, as amended, as reported by the Senate Committee on Veterans' Affairs on November 10, 2003 (hereinafter, "Senate bill"); S. 1815 introduced on November 4, 2003; H.R. 2357, as amended, passed the House on July 21, 2003; H.R. 2433, as amended, passed the House on September 10, 2003; H.R. 1720, as amended, passed the House on October 29, 2003; H.R. 3260, as introduced in the House on October 8, 2003; and H.R. 3387, as introduced in the House on October 29, 2003 (hereinafter, "House bills").

The House and Senate Committees on Veterans' Affairs have prepared the following explanation of the Compromise Agreement. Differences between the provisions contained in the Compromise Agreement and the related provisions of the Senate bill and the House bills are noted, except for clerical corrections, conforming changes made necessary by the Compromise Agreement, and minor drafting, technical, and clarifying changes.

TITLE I—HEALTH CARE AUTHORITIES AND RELATED MATTERS
IMPROVED BENEFITS FOR FORMER PRISONERS OF WAR

Current Law

Section 1712 of title 38, United States Code, authorizes outpatient dental services and related dental appliances to veterans who are former prisoners of war (POWs) if they were detained or interned for a period of at least 90 days.

Section 1722A of title 38, United States Code, requires veterans who are not service-connected with a disability rated at more than 50 percent or eligible for pensions under section 1521 of title 38, United States Code, to make copayments for medications.

Senate Bill

The Senate bill contains no comparable provisions.

House Bill

Section 3 of H.R. 3260 would authorize veterans who are former POWs to receive out-

patient dental care, irrespective of the number of days held captive, and would exempt former POWs from the requirement to make copayments on outpatient prescription medications.

Compromise Agreement

Section 101 of the Compromise Agreement follows the House language.

PROVISION OF HEALTH CARE TO VETERANS WHO PARTICIPATED IN CERTAIN DEPARTMENT OF DEFENSE CHEMICAL AND BIOLOGICAL WARFARE TESTING

Current Law

There is no comparable provision in current law.

Senate Bill

The Senate bill contains no comparable provision.

House Bill

Section 2 of H.R. 2433, as amended, would authorize the Department of Veterans Affairs (hereinafter "VA" or "Department") to provide higher priority health care to veterans who participated in Project Shipboard Hazard and Defense (SHAD), Project 112 or related land-based tests conducted by the Department of Defense Desert Test Center, from 1962 through 1973, without those veterans needing an adjudicated service-connected disability to establish their priority for care.

Compromise Agreement

Section 102 of the Compromise Agreement follows the House language.

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

Current Law

Section 1734 of title 38, United States Code, establishes that veterans of the Commonwealth Army and New Philippine Scouts residing legally in the United States are eligible for VA health care services for the treatment of service-connected disabilities and, in the case of Commonwealth Army veterans, for non service-connected conditions if they are in receipt of disability compensation.

Senate Bill

Section 421 of the Senate bill contains a similar provision.

House Bill

Section 3 of H.R. 2357, as amended, would authorize VA health care for additional World War II Filipino veterans who reside legally in the United States. These veterans of the Commonwealth Army and New Philippine Scouts, would be subject to the same eligibility and means test requirements as U.S. veterans. The House bill would require the Secretary of Veterans Affairs (hereinafter, "Secretary") to certify each fiscal year that sufficient resources are available at the VA health care facilities where the majority of these veterans would seek care.

Compromise Agreement

Section 103 of the Compromise Agreement follows the House language, except the Compromise Agreement does not include the resource availability certification requirement.

ENHANCEMENT OF REHABILITATIVE SERVICES

Current Law

Chapter 31 of title 38 authorizes VA to provide vocational rehabilitation services. VA is authorized under chapter 17 of title 38 to offer medical care and compensated work therapy to certain veterans.

Senate Bill

The Senate bill contains no comparable provisions.

House Bill

Section 3 of H.R. 3387 would authorize the Secretary to provide therapeutic employment support services (i.e., skills training and development services, employment support services, and job development and placement services) to patients in need of rehabilitation for mental health disorders, including serious mental illness and substance use disorders.

Section 3 of H.R. 3387 would also authorize VA to use funds in the Special Therapeutic and Rehabilitation Activities Fund (STRAF) authorized under section 1718(c) of title 38, United States Code, to furnish such therapeutic employment support services.

Compromise Agreement

Section 104 of the Compromise Agreement follows the House language.

ENHANCED AGREEMENT AUTHORITY FOR PROVISION OF NURSING HOME CARE AND ADULT DAY HEALTH CARE IN CONTRACT FACILITIES

Current Law

Section 1720 of title 38, United States Code, authorizes VA to contract for the provision of nursing home care and adult day health care for certain veterans and members of the Armed Forces.

Senate Bill

Section 102 of the Senate bill would expand VA's authority to enter into relationships based upon "provider agreements" with Centers for Medicare and Medicaid Services (CMS)-certified, small, community-based nursing homes and non-institutional extended care providers, by permitting VA to use provider agreements similar to those used by CMS.

House Bill

The House bills contain no comparable provision.

Compromise Agreement

Section 105 of the Compromise Agreement generally follows the Senate language.

FIVE-YEAR EXTENSION OF PERIOD FOR PROVISION OF NONINSTITUTIONAL EXTENDED-CARE SERVICES AND REQUIRED NURSING HOME CARE

Current Law

Section 1701(10)(A) of title 38, United States Code, requires VA to provide non-institutional extended care services to enrolled veterans. In addition, section 1710A(c) of title 38, United States Code, requires VA to provide nursing home care to high-priority veterans in need of care.

Senate Bill

Section 101 of the Senate bill would extend the authorities for noninstitutional extended care and required nursing home care through December 31, 2008.

House Bill

Section 2 of H.R. 3260 would extend the authorities for the noninstitutional extended care services and required nursing home care to December 31, 2008. The report required under section 101 of Public Law 106-117 would be extended until January 1, 2008.

Compromise Agreement

Section 106 of the Compromise Agreement follows the House language from subsection 2(a) and (b) of H.R. 3260.

EXPANSION OF DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM ON ASSISTED LIVING FOR VETERANS

Current Law

Section 103(b) of Public Law 106-117 authorizes the establishment of a pilot program in one VA geographic health care region to provide assisted living services to veterans.

Senate Bill

Section 103 of the Senate bill would authorize the establishment of one additional

assisted living pilot program for three years from the commencement of the provision of assisted living services under the program.

House Bill

The House bills contain no comparable provision.

Compromise Agreement

Section 107 of the Compromise Agreement follows the Senate language.

IMPROVEMENT OF PROGRAM FOR PROVISION OF SPECIALIZED MENTAL HEALTH SERVICES TO VETERANS

Current Law

Section 116(c) of Public Law 106-117 provides funding in the amount of \$15,000,000 for specialized mental health services in fiscal years 2004, 2005 and 2006.

Senate Bill

Section 104 of the Senate bill would increase the funding authorization for these specialized mental health services from \$15,000,000 to \$25,000,000, and would specify allocation of these funds outside the Veterans Equitable Resource Allocation system.

House Bill

The House bills contain no comparable provisions.

Compromise Agreement

Section 108 of the Compromise Agreement follows the Senate language.

TITLE II—CONSTRUCTION AND FACILITIES MATTERS

Subtitle A—Program Authorities

INCREASE IN THRESHOLD FOR MAJOR MEDICAL FACILITY CONSTRUCTION PROJECTS

Current Law

Section 8104(a)(3) of title 38, United States Code, defines a major medical facility project as a project for construction, alteration, or acquisition of a medical facility involving a total expenditure of more than \$4,000,000.

Senate Bill

Section 201 of the Senate bill would raise the threshold for major medical facility projects from \$4,000,000 to \$9,000,000.

House Bill

Section 7 of H.R. 1720, as amended, would raise the threshold for major medical facility projects from \$4,000,000 to \$6,000,000.

Compromise Agreement

Section 201 of the Compromise Agreement would raise the threshold for major medical facility projects from \$4,000,000 to \$7,000,000.

ENHANCEMENTS TO ENHANCED-USE LEASE AUTHORITY

Current Law

Section 8162 of title 38, United States Code, authorizes the Secretary to enter into enhanced-use leases of Veterans Health Administration (VHA) real property under the jurisdiction of the Secretary.

Senate Bill

The Senate bill contains no comparable provision.

House Bill

Section 4 of H.R. 3260 would extend the jurisdiction of this authority to the Veterans Benefits Administration (VBA) and National Cemetery Administration (NCA), for properties of these Administrations under the control of the Secretary. Further, the bill would streamline the process and notification requirements and allow proceeds from an enhanced-use lease to be credited to accounts for use by VHA, VBA or NCA as appropriate. The bill would allow individual VA facilities to be reimbursed for the expenses incurred by the development and execution of enhanced-use leases.

Compromise Agreement

Section 202 of the Compromise Agreement adopts the provisions of the House bill which streamline the approval process for enhanced use leases in VHA. The provisions concerning the expansion of this authority to properties of NCA and VBA have been omitted due to mandatory spending concerns.

SIMPLIFICATION OF ANNUAL REPORT ON LONG-RANGE HEALTH PLANNING

Current Law

Section 8107 of title 38, United States Code, requires VA to submit annually a report regarding the long-range health planning of the Department. Included in that report is a five-year strategic plan for the provision of health care services to veterans, a plan for the coordination of care among the geographic health care regions of the Department, a profile of each such region, any planned changes to the mission of any medical facility of the Department, and a listing of the 20 VA major medical facility projects with the highest priority.

Senate Bill

The Senate bill contains no comparable provision.

House Bill

Section 7(d) of H.R. 3260 would change the report date on the Annual Report on Long-Range Health Planning to June 1 of each year.

Compromise Agreement

Section 203 of the Compromise Agreement rescinds section 8107(b)(3) and (4) of title 38, United States Code, to simplify the required report by removing the detailed prescription of its content.

Subtitle B—Project Authorizations

AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS

Current Law

Section 8104(2) of title 38, United States Code, requires Congressional authorization of any VA major medical facility construction project.

Senate Bill

Section 211 of the Senate bill, as reported, would authorize the following major construction projects:

Location	Purpose	Cost
Lebanon, PA	New Long-Term Care Facility	\$14,500,000
Beckley, WV	New Long-Term Care Facility	20,000,000

House Bill

Section 3 of H.R. 1720, as amended, would authorize the following major construction projects:

Location	Purpose	Cost
Chicago, IL	New Inpatient Bed Tower	\$98,500,000
San Diego, CA	Seismic Corrections, Building 1.	48,600,000
West Haven, CT	Renovate Inpatient Wards & Consolidate Medical Research Facilities.	50,000,000
Columbus, OH	New Medical Facility	90,000,000
Pensacola, FL	New VA-Navy Joint Venture Outpatient Clinic.	45,000,000

Compromise Agreement

Section 211 of the Compromise Agreement authorizes the major construction projects for Lebanon, Pennsylvania; Beckley, West Virginia; Chicago, Illinois; San Diego, California; West Haven, Connecticut; and Pensacola, Florida.

AUTHORIZATION OF MAJOR MEDICAL FACILITY LEASES

Current Law

Section 8104 of title 38, United States Code, requires Congressional authorization of any VA medical facility lease with an annual lease payment of more than \$600,000.

Senate Bill

Section 212 of the Senate bill, as reported, would authorize the following leases:

Location	Purpose	Cost
Denver, CO	Relocate Health Administration Center.	\$4,080,000
Pensacola, FL	Relocate Outpatient Clinic ...	3,800,000
Boston, MA	Extend Outpatient Clinic	2,879,000
Charlotte, NC	Relocate Outpatient Clinic ...	2,626,000

House Bill

Section 3 of H.R. 1720, as amended, would authorize the following leases:

Location	Purpose	Cost
Charlotte, NC	Outpatient Clinic	\$3,000,000
Clark County, NV	Multi-specialty Outpatient Clinic.	6,500,000
Aurora, CO	Regional Federal Medical Center.	30,000,000

Compromise Agreement

Section 212 of the Compromise Agreement authorizes the leases for Charlotte, North Carolina, and Boston, Massachusetts.

The Compromise Agreement contains the provision of Section 211 of H.R. 1720, as amended, to authorize a major construction project for Pensacola, Florida. It was determined that no lease authority for the Pensacola site was necessary. Further, the Compromise Agreement would not authorize a lease supporting relocation and expansion of the Health Administration Center (HAC) in Denver, Colorado. The Committees believe the Department has not justified the continuing expansion of activities at the HAC. The Committees are concerned that this administrative function, originally authorized to process reimbursement claims for the Civilian Health and Medical Program for the VA (CHAMPVA), has inflated its activities well beyond its original responsibilities. The Committees urge VA to reconsider whether the long-term obligation of leased space and the significant growth of staff at the HAC, as opposed to other methods of accomplishing these various tasks, are warranted.

The Compromise Agreement generally follows the Senate language on the Regional Federal Medical Center lease at the former Fitzsimons Army Medical Center in Aurora, Colorado, pending a decision by the Secretaries of Veterans Affairs and Defense on the nature of any joint venture undertaking at the site. However, advance planning is authorized for this project under section 213 of the Compromise Agreement.

ADVANCE PLANNING AUTHORIZATIONS

Current Law

Section 8104(2) of title 38, United States Code, requires Congressional authorization of all VA major medical facility construction project.

Senate Bill

The Senate bill contains no similar provisions.

House Bill

Section 3 of H.R. 1720, as amended, would authorize major construction projects in Columbus, Ohio; Denver (Aurora), Colorado; and the lease of a Multi-specialty Outpatient Clinic in Clark County (Las Vegas), Nevada.

Compromise Agreement

Section 213 of the Compromise Agreement authorizes advance planning funds for fiscal year 2004 for purposes of developing new medical facilities at the following locations:

Location	Purpose	Cost
Columbus, OH	Advance Planning	\$9,000,000
Las Vegas, NV	Advance Planning	25,000,000
Pittsburgh, PA	Advance Planning	9,000,000
Denver (Aurora), CO	Advance Planning	26,000,000
East Central Florida	Advance Planning	17,500,000

The Committees concluded these projects, while warranted, require further development. The Committees believe these projects should be considered high priorities from VA's ongoing review of future health care infrastructure needs, the Capital Asset Realignment for Enhanced Services (CARES) initiative.

Given VA's documented plan to pursue significant capital investments and improvements in health care infrastructure and the Committees' understanding that the Appropriations Committees of the House and Senate are hesitant to provide funds for new VA medical facility construction prior to the completion of the CARES process, the Compromise agreement authorizes \$86,500,000 to allow for planning of projects at these sites.

AUTHORIZATION OF APPROPRIATIONS

Current Law

Section 8104(2) of title 38, United States Code, requires Congressional authorization of appropriations for VA major medical facility projects.

Senate Bill

Section 213 of the Senate bill would authorize \$34,500,000 for fiscal year 2004 for projects authorized and \$4,984,000 for the leases authorized by this bill.

House Bill

Section 3 of H.R. 1720, as amended, would authorize \$332,100,000 to be appropriated in fiscal year 2004 for the projects authorized by this bill.

Compromise Agreement

Section 214 of the Compromise Agreement authorizes \$276,600,000 for fiscal year 2004 for the major construction projects authorized in section 211 of the Compromise Agreement. In addition, section 214 of the Compromise Agreement authorizes the appropriation of \$86,500,000 for advanced planning projects identified in section 213 of the Compromise Agreement.

Subtitle C—Capital Asset Realignment for Enhanced Services Initiative

AUTHORIZATION OF MAJOR CONSTRUCTION PROJECTS IN CONNECTION WITH CAPITAL ASSET REALIGNMENT INITIATIVE

Current Law

Section 8104(2) of title 38, United States Code, requires Congressional authorization of all VA major medical facility projects.

Senate Bill

Section 402 of the Senate bill would authorize the Secretary to carry out major construction projects outlined in the final report on the CARES initiative. This authority would be subject to a 60-day advance notification to Congress. The Secretary would be required to submit a list containing each major project in order of priority, based on the criteria specified in the bill. The bill also would add a provision authorizing multi-year contract authority for major construction projects.

House Bill

The House bills contain no comparable provisions.

Compromise Agreement

Section 221 of the Compromise Agreement follows the Senate language with modifications. The Compromise Agreement would require a 45-day advance notification to Congress prior to carrying out major medical facility construction projects selected by the Secretary. The Secretary would be required to submit a one-time report to Congress by February 1, 2004, that lists each proposed major construction project in order of priority. The Compromise Agreement establishes these priorities as follows: (a) to replace or enhance a facility necessitated by

the loss, closure or other divestment of a VA medical facility currently in operation; (b) to remedy life-safety deficiencies, including seismic, egress, and fire deficiencies; (c) to provide health care services to an underserved population; (d) to renovate or modernize facilities, including providing barrier free design, improving building systems and utilities, or enhancing clinical support services; (e) to further an enhanced-use lease or sharing agreement; and (f) to give the Secretary discretion to select other projects of importance in providing care to veterans.

The authority to enter into any major medical facility construction contracts for projects selected under the authority of section 221 of the Compromise Agreement would expire on September 30, 2006.

ADVANCE NOTIFICATION OF CAPITAL ASSET REALIGNMENT ACTIONS

Current Law

There is no comparable provision in current law.

Senate Bill

Section 401 of the Senate bill would require the Secretary to provide Congress a 60-day advance notification of any actions proposed by the Department under the CARES initiative.

House Bill

The House bills contain no comparable provisions.

Compromise Agreement

Section 222 of the Compromise Agreement follows the Senate language with modifications. VA would be required to notify Congress in writing of actions under the CARES initiative that would result in medical facility closures, significant staff realignments or medical facility consolidations. The Compromise Agreement would prohibit such actions for 60 days (or 30 days of continuous session of Congress) after such notifications are made.

SENSE OF CONGRESS AND REPORT ON ACCESS TO HEALTH CARE FOR VETERANS IN RURAL AREAS.

Current Law

There is no comparable provision in current law.

Compromise Agreement

Section 223 of the Compromise Agreement would express the sense of Congress recognizing the difficulties in access to VA health care faced by veterans residing in rural areas and require VA to report to the Committees on Veterans' Affairs with a plan of action to improve access to health care for veterans residing in rural areas. A report of VA's plan to improve access to health care for these veterans would be due not later than 120 days after the date of enactment of this Act.

Subtitle D—Plans for New Facilities

PLANS FOR HOSPITAL CARE FACILITIES IN SPECIFIED AREAS

Current Law

There is no comparable provision in current law.

Senate Bill

The Senate bill contains no comparable provision.

House Bill

Section 6 of H.R. 1720, as amended, would require the Secretary to develop plans for meeting the future hospital care needs of veterans who reside in a number of counties of southern New Jersey and far southern counties of Texas, with a report to the Committees by January 31, 2004.

Compromise Agreement

Section 231 of the Compromise Agreement follows the House language and would add a requirement for plans for the Florida Pan-

handle and North Central Washington. The due date of the report required would be adjusted in section 231 of the Compromise Agreement to April 15, 2004.

STUDY AND REPORT ON FEASIBILITY OF COORDINATION OF VETERANS HEALTH CARE SERVICES IN SOUTH CAROLINA WITH NEW UNIVERSITY MEDICAL CENTER

Current Law

There is no comparable provision in current law.

Senate Bill

The Senate bill contains no comparable provision.

House Bill

Section 8 of H.R. 1720, as amended, would require the Secretary to conduct a feasibility study in coordination with the Medical University of South Carolina and in consultation with the Secretary of Defense, to consider establishing a joint health-care venture to deliver inpatient, outpatient and/or long-term care to veterans, military personnel, and other beneficiaries who reside in Charleston, South Carolina, with a report to the Committees by March 31, 2004.

Compromise Agreement

Section 232 of the Compromise Agreement follows the House language and adjusts the due date of the report to April 15, 2004.

Subtitle E—Designation of Facilities DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, PRESCOTT, ARIZONA, AS THE BOB STUMP DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

Current Law

Section 531 of title 38, United States Code, requires a Department facility, structure or real property to be named after the geographic area in which the facility, structure or real property is located, except as expressly provided by law.

Senate Bill

The Senate bill contains no comparable provision.

House Bill

Section 8 of H.R. 3260 would name the VA Medical Center in Prescott, Arizona, the "Bob Stump Department of Veterans Affairs Medical Center."

Compromise Agreement

Section 241 of the Compromise Agreement follows the House language.

DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE FACILITY, CHICAGO, ILLINOIS, AS THE JESSE BROWN DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

Current Law

Section 531 of title 38, United States Code, requires a Department facility, structure or real property to be named after the geographic area in which the facility, structure or real property is located, except as expressly provided by law.

Senate Bill

Section 222 of the Senate bill contains a similar provision.

House Bill

Section 9 of H.R. 1720, as amended, would name the VA Chicago Health Care System, West Side Division, the "Jesse Brown Department of Veterans Affairs Medical Center."

Compromise Agreement

Section 242 of the Compromise Agreement contains this provision.

DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, HOUSTON, TEXAS, AS THE MICHAEL E. DEBAKEY DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

Current Law

Section 531 of title 38, United States Code, requires a Department facility, structure or

real property to be named after the geographic area in which the facility, structure or real property is located, except as expressly provided by law.

Senate Bill

Section 223 of the Senate bill would name the VA Medical Center located in Houston, Texas, the "Michael E. DeBakey Department of Veterans Affairs Medical Center."

House Bill

The House bills contain no comparable provision.

Compromise Agreement

Section 243 of the Compromise Agreement follows the Senate language.

DESIGNATION OF THE DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, SALT LAKE CITY, UTAH, AS THE GEORGE E. WAHLEN DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

Current Law

Section 531 of title 38, United States Code, requires a Department facility, structure or real property to be named after the geographic area in which the facility, structure or real property is located, except as expressly provided by law.

Senate Bill

S. 1815 would name the VA Medical Center located in Salt Lake City, Utah, the "George E. Wahlen Department of Veterans Affairs Medical Center."

House Bill

The House bills contain no comparable provision.

Compromise Agreement

Section 244 of the Compromise Agreement follows the Senate language.

DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC, NEW LONDON, CONNECTICUT

Current Law

Section 531 of title 38, United States Code, requires a Department facility, structure or real property to be named after the geographic area in which the facility, structure or real property is located, except as expressly provided by law.

Senate Bill

The Senate bill contains no comparable provision.

House Bill

Section 10 of H.R. 1720, as amended, would name the outpatient clinic located in New London, Connecticut, the "John J. McGuirk Department of Veterans Affairs Outpatient Clinic."

Compromise Agreement

Section 245 of the Compromise Agreement follows the House language.

DESIGNATION OF DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC, HORSHAM, PENNSYLVANIA

Current Law

Section 531 of title 38, United States Code, requires a Department facility, structure or real property to be named after the geographic area in which the facility, structure or real property is located, except as expressly provided by law.

Senate Bill

Section 221 of the Senate bill, as reported, would name the VA Outpatient Clinic located in Horsham, Pennsylvania, the "Victor J. Saracini Department of Veterans Affairs Outpatient Clinic."

House Bill

The House bills contain no comparable provision.

Compromise Agreement

Section 246 of the Compromise Agreement follows the Senate language.

TITLE III—PERSONNEL MATTERS

MODIFICATION OF CERTAIN AUTHORITIES ON APPOINTMENT AND PROMOTION OF PERSONNEL IN THE VETERANS HEALTH ADMINISTRATION

Current Law

Section 7401 of title 38, United States Code, authorizes VA to appoint medical care personnel, under title 5, United States Code, or title 38, United States Code, depending on the duties of such personnel.

Senate Bill

Section 301 of the Senate bill would modify title 38 to authorize the appointment of psychologists, kinesiologists and social workers, under title 38 provisions as opposed to title 5 provisions.

House Bill

The House bills contain no comparable provisions.

Compromise Agreement

Section 301 of the Compromise Agreement follows the Senate language with modifications.

The Compromise agreement reflects two important policy goals. First, VA will be permitted to hire clinical staff in a timely fashion through use of the direct appointment authority provided in title 38, United States Code. Second, employee representatives will be afforded an opportunity to participate in a dialogue and process with VA management to determine the best system under which to promote the clinicians appointed under this section.

The Committees believe that VA management and the promotion policy for clinical staff can benefit from interactions with employee representatives. The Committees would allow the Secretary the discretion to develop a system for judging the merits of an individual's advancement in VA, provided that the Secretary reports to the Committees the actions taken under this authority.

APPOINTMENT OF CHIROPRACTORS IN THE VETERANS HEALTH ADMINISTRATION

Current Law

Public Law 107-135 requires VA to establish a Veterans Health Administration-wide program for chiropractic care.

Senate Bill

The Senate bill contains no comparable provision.

House Bill

Section 2 of H.R. 2357, as amended, would authorize VA appointment of chiropractors under title 38, United States Code. The House bill would establish the qualifications of appointees, the period of appointments and promotions, set grades and pay scales, provide temporary and part-time appointments, authorize residencies and internships, extend malpractice and negligence protection coverage, define chiropractors as scarce medical specialists for contracting purposes, authorize reimbursement of continuing professional education expenses, and exempt chiropractors from collective bargaining, consistent with the provisions in chapter 74 of title 38, the United States Code. The bill would provide for an effective date of 180 days from enactment.

Compromise Agreement

Section 302 of the Compromise Agreement follows the House language with modifications that would redefine "medical care" occupations as "health care" occupations and eliminate provisions that would provide for residencies and internships and reimbursement of continuing professional education expenses.

ADDITIONAL PAY FOR SATURDAY TOURS OF DUTY FOR ADDITIONAL HEALTH CARE WORKERS IN THE VETERANS HEALTH ADMINISTRATION

Current Law

Title 38, United States Code, specifies in sections 7453 and 7454 that nurses, physician assistants, and expanded-function dental auxiliaries are entitled to additional pay for working regular tours of duty of Saturdays. Under this authority, respiratory therapists, physical therapists, practical or vocational nurses, pharmacists and occupational therapists are also entitled to additional pay for Saturday tours, if the Secretary determines it is necessary in order to hire and retain these health care professionals.

Senate Bill

The Senate bill contains no comparable provision.

House Bill

Section 4 of H.R. 2433, as amended, would amend section 7454 (b) of title 38, United States Code, to authorize premium pay for Saturday tours of duty for additional VHA health care workers.

Compromise Agreement

Section 303 of the Compromise Agreement follows the House language.

COVERAGE OF EMPLOYEES OF VETERANS' CANTEEN SERVICE UNDER ADDITIONAL EMPLOYMENT LAWS

Current Law

Section 7802 of title 38, United States Code, authorizes appointment of Veterans' Canteen Service (VCS) employees.

Senate Bill

Section 302 of the Senate bill contains a similar provision.

House Bill

Section 5 of H.R. 2433, as amended, would authorize hourly workers of VCS to be qualified for competitive title 5, United States Code, appointments in VA in recognition of time-in service obtained in the VCS.

Compromise Agreement

Section 304 of the Compromise Agreement contains this provision.

TITLE IV—OTHER MATTERS

OFFICE OF RESEARCH OVERSIGHT IN VETERANS HEALTH ADMINISTRATION

Current Law

There is no similar provision in current law.

Senate Bill

The Senate bill contains no comparable provision.

House Bill

Section 11 of H.R. 1720, as amended, would add a new section 7307 to title 38, United States Code, to establish an Office of Research Oversight within the Veterans Health Administration to monitor, review and investigate matters of medical research compliance and assurance in VA, including matters relating to the protection and safety of human subjects, research animals and VA employees participating in VA medical research programs. The bill would require an annual report to the Committees on Veterans' Affairs of the Senate and House of Representatives on the activities of the Office of Research Oversight during the preceding calendar year and require that the activities of the Office of Research Oversight be funded from amounts appropriated for VA medical care.

Further, under the bill, the General Accounting Office (GAO) would be required to submit a report to Congress not later than January 1, 2006, on the results of the establishment of the Office of Research Oversight

and any recommendations for other legislative and administrative actions. Finally, the Secretary would be required to submit a report to Congress setting forth the Department's implementation of the requirement to establish an Office of Research Oversight, and related provisions, not later than 180 days after the date of enactment.

Compromise Agreement

Section 401 of the Compromise Agreement follows the House language with modifications that would not include references to animal welfare, research animals and laboratory animals. Section 7307(c)(2)(A) of title 38, United States Code, referencing peer review responsibilities would also not be included in the Compromise Agreement, along with the required reports from GAO and the Secretary.

ENHANCEMENT OF AUTHORITIES RELATING TO NONPROFIT RESEARCH CORPORATIONS

Current Law

Sections 7361 through 7366 of title 38, United States Code, establish the authority for VA's Nonprofit Research Corporations. Section 7368 of title 38, United States Code, provides that no such corporations may be established after December 31, 2003.

Senate Bill

The Senate bill contains no comparable provisions.

House Bill

Section 6 of H.R. 3260 would cover employees of Nonprofit Research Corporations under the Federal Tort Claims Act and would extend the authority to create new Nonprofit Research Corporations through December 31, 2008.

Compromise Agreement

Section 402 of the Compromise Agreement follows the House language.

DEPARTMENT OF DEFENSE PARTICIPATION IN REVOLVING SUPPLY FUND PURCHASES

Current Law

Section 8121 of title 38, United States Code, establishes authority for VA to use a revolving supply fund to operate and maintain its supply system.

Senate Bill

The Senate bill contains no comparable provision.

House Bill

Section 5 of H.R. 3260 would extend authority to the Secretary of Defense to purchase medical equipment, services and supplies through VA's revolving supply fund beginning in fiscal year 2004. The Department of Defense (DoD) would be required to reimburse VA's revolving supply fund using DoD appropriations.

Compromise Agreement

Section 403 of the Compromise Agreement follows the House language.

FIVE-YEAR EXTENSION OF HOUSING ASSISTANCE FOR HOMELESS VETERANS

Current Law

Section 2041(c) of title 38, United States Code, authorizes the Secretary to enter into housing assistance agreements for homeless veterans until December 31, 2003.

Senate Bill

Section 411 of the Senate bill would extend the authority of the Secretary to enter into housing assistance agreements through December 31, 2006.

House Bill

Section 6 of H.R. 3387 would extend the authority of the Secretary to enter into housing assistance agreements until December 31, 2008.

Compromise Agreement

Section 404 of the Compromise Agreement follows the House language.

REPORT DATE CHANGES

Current Law

Title 38, United States Code, requires:

(a) in section 516(e)(1)(A), a quarterly report summarizing the employment discrimination complaints filed against senior managers; the report is due no later than 30 days after the end of each quarter;

(b) in section 2065(a), an annual report on assistance to homeless veterans; the report is due no later than April 15 each year;

(c) in section 7321(d)(2), an annual report of the Committee on Care of Severely Chronically Mentally Ill Veterans; the report is due no later than February 1 each year through 2004;

(d) in section 8107, an annual report on long-range health planning; due June 1 of each year;

(e) in section 8153(g), an annual report on sharing of health care resources; the report is due no later than 60 days after the end of each fiscal year; and

(f) in section 1712A note and enacted in section 110(e)(2) of Public Law 106-117, an annual report of the Special Committee on PTSD; the report is due February 1 of each of the three following years.

Senate Bill

The Senate bill contains no comparable provisions.

House Bill

Section 7 of H.R. 3260, subsection (a) would extend the Senior Managers Quarterly Report from 30 days to 45 days following each quarter; subsection (b) would change the report due date from April 15 to June 15 of each year for the annual report on Assistance to Homeless Veterans; subsection (c) would change the report due date from February 1 to June 1 of each year for the annual report of the Committee on Care of Severely Chronically Mentally Ill Veterans through 2004; subsection (d) would change the report due date on the Annual Reports on Long-Range Health Planning to June 1 of each year; subsection (e) would change the report due dates on the Annual Report on Sharing of Health Care Resources to February 1 of each year; and subsection (f) would change the report due date on the Annual Report of the Special Committee on PTSD to May 1 of each year through 2004.

Section 7(a) of H.R. 3387 would extend the annual reporting requirement for the Committee on Care of Severely Chronically Mentally Ill Veterans in Section 7321(d)(2) to February 1, 2009. Section 7(b) of H.R. 3387 would extend the annual report of the Special Committee on PTSD to February 1, 2009.

Compromise Agreement

Section 405 of the Compromise Agreement follows the House language on the provisions in subsections (a), (b), and (e) of the House bill and would extend the reports in subsections (c) and (f) of the House bill through 2008. Section 405 of the Compromise Agreement would simplify the reporting requirements in subsection (d) of the House bill without altering the report due date.

LEGISLATIVE PROVISIONS NOT ADOPTED

DEMOLITION OF OBSOLETE, DILAPIDATED, AND HAZARDOUS STRUCTURES ON DEPARTMENT OF VETERANS AFFAIRS PROPERTY

Current Law

There is no similar provision in current law.

Senate Bill

Section 202 of the Senate bill would add section 8171 to title 38, United States Code, to authorize the demolition of obsolete, dilapidated, and hazardous structures; would establish a specific fund in the Treasury designated as the Department of Veterans Af-

fairs Facilities Demolition Fund; and would authorize an appropriation of \$25,000,000 for fiscal year 2004 for this Demolition Fund.

House Bill

The House bills contain no comparable provision.

Compromise Agreement

The Compromise Agreement does not contain this provision.

SUPPLEMENTARY MATTERS

SAN JUAN, PUERTO RICO VA MEDICAL CENTER

In 1999, Congress provided \$50,000,000 to the VA Medical Center in San Juan, Puerto Rico, to assist that facility in correcting numerous structural safety issues. Since then, VA has spent \$4,000,000 of those funds on the design and planning of a bed tower that will alleviate the strain on the older bed tower currently in use. The remaining \$46,000,000 will be used for the tower's construction, with a projected Spring 2004 groundbreaking. The Committees understand that the Secretary has pledged at least an additional \$25,000,000 to enhance this project and minimize any reduction of total beds at this facility. Even with the completion of this construction, the Committees are advised that additional seismic and utility upgrades are needed at the San Juan VA. The Committees encourage the Secretary to honor this pledge and continue the practice of providing high quality services to the veterans of Puerto Rico.

Mr. GRAHAM of Florida. Madam President, I rise today to urge swift passage of S. 1156, which is essentially a conference report on various veterans' health care measures. This bill will dramatically assist the Department of Veterans Affairs in providing quality health care to our Nation's veterans. I would like to highlight some of the key provisions.

The compromise agreement would authorize \$17.5 million in advanced planning funds for a new medical facility in East-Central Florida. While this is only an authorization, I note that the VA-HUD appropriations bill will likely contain an unspecified pot of construction funding—up to \$600 million total. These funds will likely be used for East-Central Florida and other worthy projects stemming from VA's realignment effort.

Veterans living in East-Central Florida are in dire need of a full-fledged VA hospital. One VA report found that since 1996, "the Central Florida market sustained the greatest workload expansion of the entire VA system—105 percent." Other VA studies have deemed the region as "the logical choice for infrastructure investment for all major Inpatient and Outpatient categories." The decision about where to place a new VA hospital in this region falls to VA, but I encourage Secretary Principi to carefully study all the options to ensure that the most appropriate location is chosen.

The demand for care in East-Central Florida heretofore has also been validated by the Capital Asset Realignment for Enhanced Services (CARES) process. CARES is a multi-stage analysis that VA has undertaken of its assets and infrastructure nationwide, for the purposes of making according adjustments to meet the projected health

care needs of veterans over the next 20 years. The process has reached its final stages, with the release of a Draft National Plan currently under review by a commission.

The CARES initiative will have profound ramifications for hospitals all across the country. As such, the compromise agreement includes a provision that I fought for, granting Congress a 60-day notice and wait period before commencing any closures or consolidations that result from CARES recommendations. It is imperative that Congress have a role in this process, as the delivery of health care to our nation's veterans will be greatly affected by its outcome. This became particularly apparent when the Draft National Plan was unveiled, revealing the targeting for closure of up to 6,000 beds nationwide—including some 1,500 long-term care and 800 psychiatry beds. As long-term care and mental health were not factored into the original CARES model, many questions were raised about the validity of the process.

The Veterans Health Care, Capital Asset, and Business Improvement Act of 2003 would also authorize the construction of a comprehensive outpatient medical care facility at the Pensacola Naval Air Station, in Pensacola, FL. The clinic, as envisioned, would be a joint venture between VA and the Department of the Navy. This area of my home state is greatly underserved in terms of medical facilities for servicemembers and veterans, and I am pleased to be a part of bringing vital health care services to the region.

Because of the need for quality, accessible hospital services for veterans in the Pensacola area and surrounding counties, this bill would require VA to develop a plan to meet their inpatient needs. While there is no doubt that the VA-Navy clinic would provide vital outpatient services, inpatient care will still be lacking. This provision seeks to address that facet of the health care continuum for veterans in the Panhandle.

Another important provision of the compromise agreement would expand VA's assisted living pilot program to one additional site. The assisted living pilot program is designed to help the large numbers of men and women in the VA system over the age of 65, who either need long-term care now or potentially will need it in the future. The pilot program was first established through The Veterans Millennium Health Care and Benefits Act, which gave VA clear authority to furnish an assisted living service, including to the spouses of veterans.

The CARES Draft National Plan also puts emphasis on assisted living programs. No fewer than 19 sites are proposed to be converted into assisted living facilities. The assisted living pilot program seeks to help VA address inequities in availability of noninstitutional services by developing models for proliferating the program nationwide. I am hopeful that Network 8 will

apply to be the next pilot program. There is a great need for long-term care services in my home state of Florida.

I am proud to have worked on this valuable piece of legislation for our Nation's veterans, and I urge my colleagues to support it.

Mr. INOUE. Madam President, I commend Senator ARLEN SPECTER and the Committee on Veterans Affairs for their efforts in support of S. 1156, the Veterans Health Care Authorities Extension and Improvement Act of 2003, which would improve the provision of long-term health care for veterans by the Department of Veterans Affairs.

I would like to take this opportunity to comment on the section of S. 1156 that authorizes the VA to provide Filipino veterans residing in the United States the same medical benefits that are currently provided to veterans of the Armed Forces of the United States. Approximately 9,500 Filipino veterans residing in the United States would be eligible for these benefits.

Many of you are aware of my continued support and advocacy on behalf of the Filipino World War II veterans, and the importance of addressing their plight. As an American, I believe the treatment of Filipino World War II veterans is bleak and shameful. Throughout the years, I have sponsored several measures to rectify the wrongs committed against these World War II veterans, and I am grateful to the committee for the assistance and consideration given to my past initiatives. While some strides have been made, I believe more needs to be done to assist these veterans who are in their twilight years. Of the 120,000 who originally served in the Commonwealth Army during World War II, approximately 59,899 Filipino veterans currently reside in the United States and the Philippines. According to the Department of Veterans Affairs, the Filipino veteran population is expected to decrease to approximately 20,000, or roughly one-third of the current population, by 2010.

I support the provision in S. 1156 that authorizes the VA to provide Filipino veterans residing in the United States the same medical benefits that are currently provided to veterans of the Armed Forces of the United States. However, I remain concerned that these benefits are restricted to only those veterans residing in the United States. In my view, a distinction should not be made between veterans residing in the United States and those residing in the Philippines.

As a result of a citizenship statute enacted by the Congress in 1990, some Filipino veterans who were able to travel came to the United States to become United States citizens. At the same time, many other Filipino World War II veterans were unable to travel to the United States and take advantage of the naturalization benefit because of their advanced age. The law was subsequently amended in the Fis-

cal Year 1993 Departments of State, Justice, Commerce and the Judiciary Appropriations Act, Public Law 102-395, to allow the naturalization process for these veterans to occur in the Philippines. Since then, a distinction has been made, and benefits have been provided to only those Filipino veterans residing in the United States.

I believe it is unfair to make this distinction. The Commonwealth Army of the Philippines was called to serve with the United States Armed Forces in the Far East during World War II under President Roosevelt's July 26, 1941, military order. Together, these gallant men and women stood in harm's way with our American soldiers to fight our common enemies during World War II. Because all Filipino veterans stood in equal jeopardy during World War II, I do not believe we should draw a distinction based on their current residency in the U.S. or in the Philippines. All of them were at equal risk, and so all should receive equal benefits.

Accordingly, I introduced S. 68, the Filipino Veterans' Benefits Improvements Act of 2003, which provides health and disability compensation benefits that are similar to the provision included in S. 1156, but without limitations based on the residency of the veterans. I strongly urge Chairman SPECTER and members of the Committee to give consideration to S. 68, and to work with me in the coming year to provide health benefits to veterans residing in the Philippines.

Heroes should never be forgotten or ignored, so let us not turn our backs on those who sacrificed so much. Many of the Filipinos who fought so hard for our nation have been honored with American citizenship. Let us now work to repay all of these brave men and women for their sacrifices by providing them the veterans' benefits they deserve.

Mr. THOMAS. Madam President, I ask unanimous consent that the substitute amendment which is at the desk be agreed to, the committee substitute, as amended, be agreed to, the bill, as amended, be read a third time and passed, the amendment to the title as reported be amended with the amendment at the desk, the title amendment, as amended, be agreed to, the motions to reconsider be laid upon the table en bloc, and that any statements relating to the bill be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 2203) in the nature of a substitute was agreed to.

(The amendment is printed in today's RECORD under "Text of Amendments.")

The committee amendment in the nature of a substitute, as amended, was agreed to.

The amendment (No. 2204) was agreed to, as follows:

AMENDMENT NO. 2204

Amend the title to read as follows: "A bill to amend title 38, United States Code, to improve and enhance provision of health care

for veterans, to authorize major construction projects and other facilities matters for the Department of Veterans Affairs, to enhance and improve authorities relating to the administration of personnel of the Department of Veterans Affairs, and for other purposes.”

The bill (S. 1156), as amended, was read the third time and passed.

The title amendment, as amended, was agreed to

IMPROVING BENEFITS UNDER LAWS ADMINISTERED BY THE SECRETARY OF VETERANS AFFAIRS

Mr. THOMAS. Madam President, I ask unanimous consent that the Veterans' Affairs Committee be discharged from further consideration of H.R. 2297 and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. Without objection, it is so ordered. The committee is discharged.

The clerk will report the bill by title. The assistant legislative clerk read as follows:

A bill (H.R. 2297) to amend title 38, United States Code, to improve benefits under laws administered by the Secretary of Veterans Affairs, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. SPECTER. Madam President, I have sought recognition today to explain briefly the provisions of H.R. 2297, the proposed Veterans Benefits Act of 2003, that the Ranking Member of the Committee on Veterans Affairs, Senator GRAHAM of Florida, and I propose be approved, as amended, by the Senate. H.R. 2297, as so amended and as presented to the Senate today, incorporates agreements reached between the Senate Committee of Veterans Affairs, which I am privileged to chair, and our counterpart Committee in the House of Representatives, on legislation relating to the provision of non-healthcare-related benefits by the Department of Veterans Affairs.

H.R. 2297, as amended, contains provisions derived from S. 1132, the proposed Veterans Benefits Enhancements Act of 2003, as approved by the Senate on October 31, 2003, and S. 1156, as reported by the Committee on Veterans Affairs on November 10, 2003. It also contains provisions derived from H.R. 2297, as approved by the House on October 8, 2003; H.R. 1257, as approved by the House on May 22, 2003; and H.R. 1460, as amended from the bill approved by the House on June 24, 2003. Inasmuch as S. 1132, as approved by the Senate earlier this year, had itself incorporated provisions derived from 11 Senate bills—meaning that H.R. 2297 contains provisions derived from 15 separate bills—it is apparent that this bill represents the work and ideas of many sponsors with many differing interests. I thank the Ranking Member, Senator GRAHAM of Florida, and the Chairman and Ranking Member of the House Committee on Veterans Affairs, Representative CHRIS SMITH of New

Jersey and Representative LANE EVANS of Illinois, for the spirit of cooperation and bipartisanship that they showed in addressing the sometimes-competing interests in play as 15 pieces of legislation were knitted into a single, coherent whole.

Since this is a lengthy bill—over 50 pages—I will not endeavor in this statement to explain in detail each and every provision. Rather, I will discuss the highlights briefly in this statement, and refer my colleagues to a Joint Explanatory Statement. I ask unanimous consent to print in the RECORD a detailed explanation of the bill as amended.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

EXPLANATORY STATEMENT ON SENATE AMENDMENT TO HOUSE BILL, H.R. 2297, AS AMENDED

H.R. 2297, as amended, the Veterans Benefits Act of 2003, reflects a Compromise Agreement reached by the House and Senate Committees on Veterans Affairs (“the Committees”) on the following bills considered in the House and Senate during the 108th Congress: H.R. 1257; H.R. 1460, as amended; H.R. 2297, as amended (“House Bill”); and S. 1132, as amended (“Senate Bill”). H.R. 1257 passed the House on May 22, 2003; H.R. 1460, as amended, passed the House on June 24, 2003; H.R. 2297, as amended, passed the House on October 8, 2003; S. 1132, as amended, passed the Senate on October 31, 2003.

The House and Senate Committees on Veterans Affairs have prepared the following explanation of H.R. 2297, as amended (“Compromise Agreement”). Differences between the provisions contained in the Compromise Agreement and the related provisions of H.R. 1257, H.R. 1460, as amended, H.R. 2297, as amended, and S. 1132, as amended, are noted in this document, except for clerical corrections, conforming changes made necessary by the Compromise Agreement, and minor drafting, technical, and clarifying changes.

TITLE I: SURVIVOR BENEFITS

RETENTION OF CERTAIN VETERANS SURVIVOR BENEFITS FOR SURVIVING SPOUSES REMARRYING AFTER AGE 57

Current Law

Section 103(d) of title 38, United States Code, prohibits a surviving spouse who has remarried from receiving dependency and indemnity compensation (“DIC”) and related housing and education benefits during the course of the remarriage. This benefit may be reinstated in the event the subsequent marriage is terminated. Public Law 107-330 extended to surviving spouses who remarry after age 55 continuing eligibility under the Civilian Health and Medical Program of the Department of Veterans Affairs (“CHAMPVA”).

House Bill

Section 6 of H.R. 2297, as amended, would allow a surviving spouse who remarries after attaining age 55 to retain the DIC benefit. Spouses who remarry at age 55 or older prior to enactment of the bill would have one year from the date of enactment to apply for reinstatement of DIC benefits. The amount of DIC would be paid with no reduction of certain other Federal benefits to which the surviving spouse might be entitled.

Senate Bill

The Senate Bill contains no comparable provision.

Compromise Agreement

Section 101 of the Compromise Agreement would provide that a surviving spouse upon

remarriage after attaining age 57 would retain DIC, home loan, and educational benefits eligibility. Surviving spouses who remarried after attaining age 57 prior to enactment of the Compromise Agreement would have one year to apply for reinstatement of these benefits.

BENEFITS FOR CHILDREN WITH SPINA BIFIDA OF VETERANS OF CERTAIN SERVICE IN KOREA

Current Law

Chapter 18 of title 38, United States Code, authorizes the Department of Veterans Affairs (“VA”) to provide benefits and services to those children born with spina bifida whose natural parent (before the child was conceived) served in the Republic of Vietnam between January 9, 1962 and May 7, 1975. Benefits and services are authorized due to the association between exposure to dioxin and the incidence of spina bifida in the children of those exposed. Children born with spina bifida whose parent was exposed to dioxin and other herbicides during military service in locations other than the Republic of Vietnam do not qualify for VA benefits and services.

House Bill

Section 12 of H.R. 2297, as amended, would permit children born with spina bifida whose parent (before the child was conceived) served in an area of Korea near the demilitarized zone (“DMZ”) between October 1, 1967 and May 7, 1975, to qualify for benefits in the same manner as children whose parent served in the Republic of Vietnam.

Senate Bill

Section 101 of S. 1132, as amended, would permit children with spina bifida whose parent (before the child was conceived) served in or near the DMZ in Korea during the period beginning on January 1, 1967, and ending on December 31, 1969, to qualify for benefits in the same manner as children whose parent served in the Republic of Vietnam. The Senate Bill would require the Secretary of Veterans Affairs to make determinations of exposure to herbicides in Korea in consultation with the Secretary of Defense.

Compromise Agreement

Section 102 of the Compromise Agreement would generally follow the Senate language. However, under the Compromise Agreement, the time period for qualifying service in or near the DMZ is changed to service which occurred during the period beginning on September 1, 1967, and ending on August 31, 1971. The Committees note that although use of herbicides in Vietnam ceased in 1971, Vietnam-era veterans who served until May 7, 1975, are presumed to have been exposed to residuals. Similarly, even though herbicide use in or near the Korean DMZ ended in 1969, the Committees believe it is appropriate to extend the qualifying service period beyond 1969 to account for residual exposure.

The Committees also note that the Secretary of Defense has identified the following units as those assigned or rotated to areas near the DMZ where herbicides were used between 1968 and 1969: combat brigades of the 2nd Infantry Division (1-38 Infantry, 2-38 Infantry, 1-23 Infantry, 2-23 Infantry, 3-23 Infantry, 3-32 Infantry, 1-9 Infantry, 2-9 Infantry, 1-72 Armor, and 2-72 Armor); Division Reaction Force (4-7th Cavalry, Counter Agent Company); 3rd Brigade of the 7th Infantry Division (1-17th Infantry, 2-17 Infantry, 1-73 Armor and 2-10th Cavalry); and Field Artillery, Signal and Engineer support personnel.