

into a partisan issue instead of a chance for bipartisan working together is really antithetical to the needs of the people of this country for further welfare reform. I hope the next time around, he does not sing the same song.

Mr. CARDIN. Mr. Speaker, I am pleased to yield 3 minutes to the gentlewoman from California (Ms. WOOLSEY).

Ms. WOOLSEY. Mr. Speaker, here we go again. Instead of making this TANF law better, instead of giving welfare recipients the tools to move from welfare to self-sufficiency, we are once again renewing, for the eighth time renewing it, actually, a bill that continues moving families from welfare further into poverty.

Instead, we should be making education or training count as work so that that activity for welfare recipients will help them get ready for better educational opportunities and job training so they can have better opportunities for earning a salary that pays a livable wage. They will not get that unless they have education and training. Instead of again extending an outdated welfare bill, we should be providing quality child care, child care that includes more care for infants, child care that extends to parents who work weekends and evenings. That is what we need. That is what these parents need. That is what they need to help them get their jobs and become self-sufficient.

Let us face it, if parents do not have a safe, convenient place to leave their children, they cannot go to work. Believe me, I know, because over 30 years ago I was a single mother with three small children, abandoned by their father; and even though I was working full-time, I needed welfare, aid for dependent children at that time, to keep our lives together, to get my children the health care, the child care they needed. But eventually I worked my way out of poverty and started my own business before running for Congress. Of course, you have to know that I believe that others should have the same opportunities that I had.

While I support this short-term extension as necessary, I want us to begin to work to authorize a bill that will give workers the training and the education and the child care that they need so that they can be successful. They need the same kind of opportunities that I was afforded 30 years ago.

Mr. CARDIN. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. RODRIGUEZ).

Mr. RODRIGUEZ. Mr. Speaker, let me just rise and talk about how I on the other side am concerned about our situation now. We are concerned. The census reported just this month in August, 36 million Americans living in poverty, more than ever in recorded history. Forty-five million without access to health insurance. And we are saying we have a good program? This is the most powerful country in the world. Yet we find a large number that

still reside in poverty. At the same time we are choosing to cut back in education. We are choosing to say no, when the administration shook hands on Leave No Child Behind.

That Republican compassionate conservatism is self-proclaimed compassionate conservatism because it is not one for allowing young people an opportunity to be able to further their education, to make sure they do not go onto welfare. During the last 4 years, we have lost more jobs than ever recorded. Those jobs that we have gained have been jobs that have paid much less than the ones that we have lost.

□ 1700

So the reality is that we have had an opportunity to make some things happen, and they failed to do that.

The SPEAKER pro tempore (Mr. SHIMKUS). The gentleman from Maryland (Mr. CARDIN) has 1½ minutes remaining.

Mr. CARDIN. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I use that 1½ minutes first to join the gentleman from California (Mr. HERGER) in recognizing the outstanding work that Vee Burke has provided for more than 30 years at the Congressional Research Service.

Vee has helped our committee conduct its work on poverty and public assistance issues by providing detailed and meticulously accurate information on program rules, participation and trends. Since 1981, she has been a regular and valued contributor to the Ways and Means Green Book, which is the key resource on poverty programs for Members of Congress and their staff.

Vee's expertise on welfare issues started during the Nixon administration and has continued through all major developments thereafter, including the 1996 welfare reform law and our current efforts to reauthorize that law. Her work has provided a foundation of understanding needed to improve our Nation's safety net programs.

We wish Vee well in her pending retirement, and we thank her for her contributions to improving social programs in our great Nation. Mr. Speaker, I can assure the Members that the gentleman from California (Mr. HERGER) and I are in complete agreement in regards to Vee Burke's contributions to this body and to this Nation and also urging our colleagues to support this legislation.

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

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

Mr. Speaker, in February of 2003, this House passed long-term reauthorization legislation to encourage more work among welfare recipients and to provide more federal dollars for States to assist low-income families. The other body's unwillingness to work with us to move this legislation forward has resulted in lost resources to the States and 2 years of lost oppor-

tunity to provide more assistance so more low-income parents can make the transition from welfare to work.

I wish the legislation before us today were not needed. As I have said before, I wish we were here debating a long-term reauthorization bill. But we do need to pass this legislation. Therefore, I urge all of my colleagues to support this bill.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. HERGER) that the House suspend the rules and pass the bill, H.R. 5149.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds of those present have voted in the affirmative.

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

#### GENERAL LEAVE

Mr. HERGER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on H.R. 5149, the bill just considered.

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

There was no objection.

#### REPORT ON RESOLUTION WAIVING REQUIREMENT OF CLAUSE 6(a) OF RULE XIII WITH RESPECT TO CONSIDERATION OF CERTAIN RESOLUTIONS

Mr. LINDER (during debate on H.R. 5149) from the Committee on Rules, submitted a privileged report (Rept. No. 108-709) on the resolution (H. Res. 807) waiving a requirement of clause 6(a) of rule XIII with respect to consideration of certain resolutions reported from the Committee on Rules, which was referred to the House Calendar and ordered to be printed.

#### VETERANS HEALTH PROGRAMS AND FACILITIES ENHANCEMENT ACT OF 2004

Mr. SMITH of New Jersey. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4768) to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to enter into certain major medical facility leases, to authorize that Secretary to transfer real property subject to certain limitations, and for other purposes, as amended.

The Clerk read as follows:

H.R. 4768

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

**SECTION 1. SHORT TITLE; REFERENCES TO TITLE 38, UNITED STATES CODE; TABLE OF CONTENTS.**

(a) **SHORT TITLE.**—This Act may be cited as the “Veterans Health Programs and Facilities Enhancement Act of 2004”.

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

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

Sec. 1. Short title; references to title 38, United States Code; table of contents.

**TITLE I—MEDICAL FACILITIES MANAGEMENT**

Sec. 101. Major medical facility leases.

Sec. 102. Department of Veterans Affairs Capital Asset Fund.

Sec. 103. Annual report to Congress on inventory of Department of Veterans Affairs historic properties.

Sec. 104. Authority to use project funds to construct or relocate surface parking incidental to a construction or nonrecurring maintenance project.

Sec. 105. Inapplicability of limitation on use of advance planning funds to authorized major medical facility projects.

Sec. 106. Improvement in enhanced-use lease authorities.

Sec. 107. Extension of authority to provide care under long-term care pilot programs.

**TITLE II—OTHER MATTERS**

Sec. 201. Inclusion of all enrolled veterans among persons eligible to use can-  
teens operated by Veterans’  
Canteen Service.

Sec. 202. Enhancement of medical preparedness of Department.

**TITLE I—MEDICAL FACILITIES MANAGEMENT**

**SEC. 101. MAJOR MEDICAL FACILITY LEASES.**

(a) **AUTHORIZED LEASES.**—The Secretary of Veterans Affairs may enter into contracts for major medical facility leases at the following locations, in an amount for each facility lease not to exceed the amount shown for that location:

(1) Wilmington, North Carolina, Outpatient Clinic, \$1,320,000.

(2) Greenville, North Carolina, Outpatient Clinic, \$1,220,000.

(3) Norfolk, Virginia, Outpatient Clinic, \$1,250,000.

(4) Summerfield, Florida, Marion County Outpatient Clinic, \$1,230,000.

(5) Knoxville, Tennessee, Outpatient Clinic, \$850,000.

(6) Toledo, Ohio, Outpatient Clinic, \$1,200,000.

(7) Crown Point, Indiana, Outpatient Clinic, \$850,000.

(8) Fort Worth, Texas, Tarrant County Outpatient Clinic, \$3,900,000.

(9) Plano, Texas, Collin County Outpatient Clinic, \$3,300,000.

(10) San Antonio, Texas, Northeast Central Bexar County Outpatient Clinic, \$1,400,000.

(11) Corpus Christi, Texas, Outpatient Clinic, \$1,200,000.

(12) Harlingen, Texas, Outpatient Clinic, \$650,000.

(13) Denver, Colorado, Health Administration Center, \$1,950,000.

(14) Oakland, California, Outpatient Clinic, \$1,700,000.

(15) San Diego, California, North County Outpatient Clinic, \$1,300,000.

(16) San Diego, California, South County, Outpatient Clinic, \$1,100,000.

(b) **AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2005 for the Medical Care account, \$24,420,000 for the leases authorized in subsection (a).

(c) **AUTHORITY FOR LEASE OF CERTAIN LANDS OF UNIVERSITY OF COLORADO.**—Notwithstanding section 8103 of title 38, United States Code, the Secretary of Veterans Affairs may enter into a lease for real property located at the Fitzsimons Campus of the University of Colorado for a period up to 75 years.

**SEC. 102. DEPARTMENT OF VETERANS AFFAIRS CAPITAL ASSET FUND.**

(a) **ESTABLISHMENT OF FUND.**—(1) Subchapter I of chapter 81 is amended by adding at the end the following new section:

**“§8118. Authority for transfer of real property; Capital Asset Fund**

“(a)(1) The Secretary may transfer real property under the jurisdiction or control of the Secretary (including structures and equipment associated therewith) to another department or agency of the United States or to a State (or a political subdivision of a State) or to any public or private entity, including an Indian tribe. Such a transfer may be made only if the Secretary receives compensation of not less than the fair market value of the property, except that no compensation is required, or compensation at less than fair market value may be accepted, in the case of a transfer to a grant and per diem provider (as defined in section 2002 of this title). When a transfer is made to a grant and per diem provider for less than fair market value, the Secretary shall require in the terms of the conveyance that if the property transferred is used for any purpose other than a purpose under chapter 20 of this title, all right, title, and interest to the property shall revert to the United States.

“(2) The Secretary may exercise the authority provided by this section notwithstanding sections 521, 522 and 541–545 of title 40. Any such transfer shall be in accordance with this section and section 8122 of this title.

“(3) The authority provided by this section may not be used in a case to which section 8164 of this title applies.

“(4) The Secretary may enter into partnerships or agreements with public or private entities dedicated to historic preservation to facilitate the transfer, leasing, or adaptive use of structures or properties specified in subsection (b)(3)(D).

“(5) The authority of the Secretary under paragraph (1) expires on the date that is seven years after the date of the enactment of this section.

“(b)(1) There is established in the Treasury of the United States a revolving fund to be known as the Department of Veterans Affairs Capital Asset Fund (hereinafter in this section referred to as the ‘Fund’). Amounts in the Fund shall remain available until expended.

“(2) Proceeds from the transfer of real property under this section shall be deposited into the Fund.

“(3) To the extent provided in advance in appropriations Acts, amounts in the Fund may be expended for the following purposes:

“(A) Costs associated with the transfer of real property under this section, including costs of demolition, environmental remediation, maintenance and repair, improvements to facilitate the transfer, and administrative expenses.

“(B) Costs, including costs specified in subparagraph (A), associated with future transfers of property under this section.

“(C) Costs associated with enhancing medical care services to veterans by improving, renovating, replacing, updating, and establishing patient care facilities through construction projects to be carried out for an amount less than the amount specified in 8104(a)(3)(A) for a major medical facility project.

“(D) Costs, including costs specified in subparagraph (A), associated with the transfer,

lease or adaptive use of a structure or other property under the jurisdiction of the Secretary that is listed on the National Register of Historic Places.

“(c) The Secretary shall include in the budget justification materials submitted to Congress for any fiscal year in support of the President’s budget for that year for the Department specification of the following:

“(1) The real property transfers to be undertaken in accordance with this section during that fiscal year.

“(2) All transfers completed under this section during the preceding fiscal year and completed and scheduled to be completed during the year during which the budget is submitted.

“(3) The deposits into, and expenditures from, the Fund that are incurred or projected for each of the preceding fiscal year, the current fiscal year, and the fiscal year covered by the budget.”.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 8117 the following new item:

“8118. Authority for transfer of real property; Capital Asset Fund.”.

(b) **INITIAL AUTHORIZATION OF APPROPRIATIONS.**—There is authorized to be appropriated to the Department of Veterans Affairs Capital Asset Fund established under section 8118 of title 38, United States Code (as added by subsection (a)), the amount of \$10,000,000.

(c) **TERMINATION OF NURSING HOME REVOLVING FUND.**—(1) Section 8116 is repealed.

(2) The table of sections at the beginning of chapter 81 is amended by striking the item relating to section 8116.

(d) **TRANSFER OF UNOBLIGATED BALANCES TO CAPITAL ASSET FUND.**—Any unobligated balances in the nursing home revolving fund under section 8116 of title 38, United States Code, as of the date of the enactment of this Act shall be deposited in the Department of Veterans Affairs Capital Asset Fund established under section 8118 of title 38, United States Code (as added by subsection (a)).

(e) **PROCEDURES APPLICABLE TO TRANSFERS.**—(1) Paragraph (2) of section 8122(a) is amended to read as follows:

“(2) Except as provided in paragraph (3), the Secretary may not during any fiscal year transfer to any other department or agency of the United States or to any other entity real property that is owned by the United States and administered by the Secretary unless the proposed transfer is described in the budget submitted to Congress pursuant to section 1105 of title 31 for that fiscal year.”.

(2) Section 8122(d) is amended—

(A) by inserting “(1)” before “Real property”; and

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

“(2) The Secretary may transfer real property under this section, or under section 8118 of this title if the Secretary—

“(A) places a notice in the real estate section of local newspapers and in the Federal Register of the Secretary’s intent to transfer that real property (including land, structures, and equipment associated with the property);

“(B) holds a public hearing;

“(C) provides notice to the Administrator of General Services of the Secretary’s intention to transfer that real property and waits for 30 days to elapse after providing that notice; and

“(D) after such 30-day period has elapsed, notifies the congressional veterans’ affairs committees of the Secretary’s intention to dispose of the property and waits for 60 days to elapse from the date of that notice.”.

(3) Section 8164(a) is amended by inserting “8118 or” after “rather than under section”.

(4) Section 8165(a)(2) is amended by striking “nursing home revolving fund” and inserting “Capital Asset Fund established under section 8118 of this title”.

(f) **CONTINGENT EFFECTIVENESS.**—The amendments made by this section shall take effect at the end of the 30-day period beginning on the date on which the Secretary of Veterans Affairs certifies to Congress that the Secretary is in compliance with subsection (b) of section 1710B of title 38, United States Code. Such certification shall demonstrate a plan for, and commitment to, ongoing compliance with the requirements of that subsection.

(g) **CONTINUING REPORTS.**—Following a certification under subsection (f), the Secretary shall submit to Congress an update on that certification every six months until the certification is included in the Department's annual budget submission.

**SEC. 103. ANNUAL REPORT TO CONGRESS ON INVENTORY OF DEPARTMENT OF VETERANS AFFAIRS HISTORIC PROPERTIES.**

(a) **IN GENERAL.**—Not later than December 15 of 2005, 2006, and 2007, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the historic properties administered or controlled by the Secretary.

(b) **INITIAL REPORT.**—In the initial report under subsection (a), the Secretary shall set forth a complete inventory of the historic structures and property under the jurisdiction of the Secretary. The report shall include a description and classification of each such property based upon historical nature, current physical condition, and potential for transfer, leasing, or adaptive use.

(c) **SUBSEQUENT REPORTS.**—In reports under subsection (a) after the initial report, the Secretary shall provide an update of the status of each property identified in the initial report, with the proposed and actual disposition of each property. Each such report shall include any recommendation of the Secretary for legislation to enhance the transfer, leasing or adaptive use of such properties.

**SEC. 104. AUTHORITY TO USE PROJECT FUNDS TO CONSTRUCT OR RELOCATE SURFACE PARKING INCIDENTAL TO A CONSTRUCTION OR NONRECURRING MAINTENANCE PROJECT.**

Section 8109 is amended by adding at the end the following new subsection:

“(f) Funds in a construction account or capital account that are available for a construction project or a nonrecurring maintenance project may be used for the construction or relocation of a surface parking lot incidental to that project.”.

**SEC. 105. INAPPLICABILITY OF LIMITATION ON USE OF ADVANCE PLANNING FUNDS TO AUTHORIZED MAJOR MEDICAL FACILITY PROJECTS.**

Section 8104 is amended by adding at the end the following new subsection:

“(g) The limitation in subsection (f) does not apply to a project for which funds have been authorized by law in accordance with subsection (a)(2).”.

**SEC. 106. IMPROVEMENT IN ENHANCED-USE LEASE AUTHORITIES.**

Section 8166(a) is amended by inserting “land use,” in the second sentence after “relating to”.

**SEC. 107. EXTENSION OF AUTHORITY TO PROVIDE CARE UNDER LONG-TERM CARE PILOT PROGRAMS.**

Subsection (h) of section 102 of the Veterans Millennium Health Care and Benefits Act (38 U.S.C. 1710B note) is amended—

(1) by inserting “(1)” before “The authority of”; and

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

“(2) In the case of a veteran who is participating in a pilot program under this section as of the end of the three-year period applicable to that pilot program under paragraph (1), the Secretary may continue to provide to that veteran any of the services that could be provided under the pilot program. The authority to provide

services to any veteran under the preceding sentence applies during the period beginning on the date specified in paragraph (1) with respect to that pilot program and ending on December 31, 2005.”.

**TITLE II—OTHER MATTERS**

**SEC. 201. INCLUSION OF ALL ENROLLED VETERANS AMONG PERSONS ELIGIBLE TO USE CANTEENS OPERATED BY VETERANS' CANTEEN SERVICE.**

The text of section 7803 is amended to read as follows:

“(a) **PRIMARY BENEFICIARIES.**—Canteens operated by the Service shall be primarily for the use and benefit of—

“(1) veterans hospitalized or domiciled at the facilities at which canteen services are provided; and

“(2) other veterans who are enrolled under section 1705 of this title.

“(b) **OTHER AUTHORIZED USERS.**—Service at such canteens may also be furnished to—

“(1) personnel of the Department and recognized veterans' organizations who are employed at a facility at which canteen services are provided and to other persons so employed;

“(2) the families of persons referred to in paragraph (1) who reside at the facility; and

“(3) relatives and other persons while visiting a person specified in this section.”.

**SEC. 202. ENHANCEMENT OF MEDICAL PREPAREDNESS OF DEPARTMENT.**

(a) **PEER REVIEW PANEL.**—In order to assist the Secretary of Veterans Affairs in selecting facilities of the Department of Veterans Affairs to serve as sites for centers under section 7327 of title 38, United States Code, as added by subsection (c), the Secretary shall establish a peer review panel to assess the scientific and clinical merit of proposals that are submitted to the Secretary for the selection of such facilities. The panel shall be established not later than 90 days after the date of the enactment of this Act and shall include experts in the fields of toxicological research, infectious diseases, radiology, clinical care of veterans exposed to such hazards, and other persons as determined appropriate by the Secretary. Members of the panel shall serve as consultants to the Department of Veterans Affairs. Amounts available to the Secretary for Medical Care may be used for purposes of carrying out this subsection. The panel shall not be subject to the Federal Advisory Committee Act (5 U.S.C. App.).

(b) **PROPOSALS.**—The Secretary shall solicit proposals for designation of facilities as described in subsection (a). The announcement of the solicitation of such proposals shall be issued not later than 60 days after the date of the enactment of this Act, and the deadline for the submission of proposals in response to such solicitation shall be not later than 90 days after the date of such announcement. The peer review panel established under subsection (a) shall complete its review of the proposals and submit its recommendations to the Secretary not later than 60 days after the date of the deadline for the submission of proposals. The Secretary shall then select the four sites for the location of such centers not later than 45 days after the date on which the peer review panel submits its recommendations to the Secretary.

(c) **REVISED SECTION.**—Subchapter II of chapter 73 is amended by adding at the end a new section with—

(1) a heading as follows:

“**§ 7327. Medical preparedness centers**”;

and

(2) a text consisting of the text of subsections (a) through (h) of section 7325 of title 38, United States Code, and a subsection (i) at the end as follows:

“(i) **FUNDING.**—(1) There are authorized to be appropriated for the centers under this section \$10,000,000 for each of fiscal years 2005 through 2007.

“(2) In addition to any amounts appropriated for a fiscal year specifically for the activities of

the centers pursuant to paragraph (1), the Under Secretary for Health shall allocate to the centers from other funds appropriated for that fiscal year generally for the Department medical care account and the Department medical and prosthetics research account such amounts as the Under Secretary determines necessary in order to carry out the purposes of this section.”.

(d) **RULE OF CONSTRUCTION.**—No provision of law may be construed to supersede or nullify this section, or an amendment made by this section, unless it specifically refers to this subsection and specifically states that it is enacted to supersede or nullify this section or a provision of this section.

The **SPEAKER** pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. SMITH) and the gentleman from Texas (Mr. RODRIGUEZ) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in very strong support and urge colleagues to support and embrace H.R. 4768, the Veterans Health Programs and Facilities Enhancement Act of 2004. I want to thank the gentleman from Illinois (Mr. EVANS), ranking member, who has been a very strong partner in helping shape this legislation. And I particularly want to thank the gentleman from Connecticut (Mr. SIMMONS), chairman of the Health Subcommittee, who is the prime sponsor of this legislation, for his leadership. It has been extraordinary, and I do want to acknowledge that. I also want to thank the gentleman from Texas (Mr. RODRIGUEZ), who likewise has worked as a good partner in a bipartisan effort to craft this very important piece of legislation.

Mr. Speaker, this legislation will help address the need to modernize aging veterans health-care facilities, make better use of existing properties and dispose of unneeded VA properties over the next several years. The Veterans Health Care, Capital Asset, and Business Improvement Act of 2003 gave the Secretary of Veterans Affairs wide latitude to spend funds to improve, restore, or replace those VA health-care facilities most in need of such work. Congress instructed the Secretary to approve individual products based on recommendations of an independent capital investments board, and we placed a premium on projects to protect patient safety as well as privacy, improve seismic protection, and provide barrier-free accommodations. Moreover, we also put an emphasis on improving specialized-care facilities. Thus, even though the VA's budget request of \$400 million for fiscal year 2005 to carry out approved modernization projects, the necessary authorization legislation is already enacted.

For the benefit of the many Members who are interested in the plans to improve VA health-care facilities, I will insert a summary of the capital projects which the Secretary listed as the VA's highest priorities when he announced his CARES decision in June of

this year. The cost of the projects for fiscal year 2004 totals \$623 million, while the projects listed for fiscal year 2005 total \$401 million.

Mr. Speaker, after a multi-year drought in available funds to improve VA's extensive hospital and outpatient network, this long list of OMB-approved projects marks the beginning of a multi-year effort to modernize those facilities that will be needed to serve veterans in the first half of the 21st Century. VA Secretary Principi anticipates that the just-completed CARES process will require additional investment of approximately \$1 billion per year for the next 5 years in order to bring the VA's infrastructure up to contemporary standards and meet veterans' expectations of accessible care.

In addition, it should be noted that the CARES process is not complete, and there will undoubtedly be further fiscal consequences when the VA has fully assessed its current and future obligation to veterans who need long-term care as well as mental health care. Honoring these commitments may well mean additional investments in the VA facilities which are not included in the Secretary's \$5 billion figure.

This legislation, Mr. Speaker, authorizes major medical facility leases at 16 locations for community-based clinics at a cost of approximately \$24.4 million in fiscal year 2005. Most of these leases are for replacement facilities, although some expansion into new locations is also proposed and approved by this bill.

This bill would also provide the Department authority to enter into a unique long-term lease for up to 75 years for the land to construct a new medical facility on the Fitzsimons Campus at the University of Colorado in Aurora, Colorado. It is anticipated that this new VA facility will share many services with the university and also provide services to Air Force beneficiaries. I want to recognize and thank the gentleman from Colorado (Mr. BEAUPREZ) for helping to identify the need to provide this authority to sup-

port the Fitzsimons project as well as the close attention he has given it as we have worked on this in the 108th Congress. And I thank the gentleman from Colorado (Mr. BEAUPREZ) so much for that.

This legislation, Mr. Speaker, will also facilitate the Secretary's authority to transfer unneeded real property currently in the VA's portfolio. The bill would require fair-market value for disposals, except when a property would be transferred to a provider of homeless veterans' services under a grant under section 2011 of title 38, U.S. Code.

This bill would also establish a new fund to be known as the Capital Asset Fund. The purpose of the new fund would be to defray VA's cost of transferring real property, including demolition, environmental restoration, maintenance, repair, historic preservation, and administrative expenses. This bill would authorize appropriations of \$10 million in seed money to launch the fund and support the capital planning initiatives developed through the VA's capital planning process.

Mr. Speaker, VA controls the fourth largest inventory of owned, leased and operated federal real property. It is estimated that more than half of the VA's facilities are over 50 years old. Many structures date from the 19th Century, and many more were constructed in the late 1940s and early 1950s. Portions of the 24 VA medical center campuses are currently listed on the National Register of Historic Places. Another 61 sites have been determined eligible or potentially eligible for this designation. Given this array of heritage assets, H.R. 4768 would also allow the Secretary to enter into partnerships or agreements with public or private entities dedicated to historic preservation and to use resources from the Capital Asset Fund to facilitate the transfer, leasing or adaptive uses of these historic properties that no longer serve useful purposes as health-care facilities.

The bill would also require an inventory and series of reports on the status

of each historic property. The bill would also require the Department's annual budget submission to include information on each proposed and completed transfer of VA real property, including historic property, using this authority, as well to report deposits and expenditures from the new fund.

Mr. Speaker, the Millennium Health Care and Benefits Act requires the VA to maintain long-term care programs, sustain a defined number of nursing home beds, and enhance other long-term programs, such as geriatric evaluation, domiciliary, and adult day health care, and respite, palliative and hospice programs, in both institutional and noninstitutional settings. The Congress' interest in these programs is strong and ongoing, as evidenced by our decision last year to extend many of the provisions of the 1999 Millennium Health Care Act for another 5 years. Since VA has struggled to meet many of these requirements of the Act, this bill would make the new property transfer authority contingent on the Secretary's certification that the VA is maintaining the long-term-care facility required in that Act.

The bill also includes additional provisions endorsed by the administration, including one to clarify that the Veterans' Canteen Service can serve all enrolled veterans, not just hospitalized veterans. Congress established the Canteen Service in the late 1940s at a time when the VA health-care system was hospital-based and many patients were hospitalized for months at a time at facilities that were far from commercial centers. This restatement of the Canteen's mission is consistent with the shift of VA care over the past 10 years from hospital-based care to an outpatient-based health-care system. Veterans enrolled in the VA health care ought to be able to obtain the products and services available in VA canteens without any restrictions in law.

Below are the FY 2004 and 2005 projects for which VA is requesting authorization and appropriation approval from Congress to proceed.

## SUMMARY OF CARES FY 2004 AND 2005 CAPITAL PROJECTS

Year	VISN	Location	Project title—brief description	Priority #	Budget request (\$000)
2004	12	Chicago, IL	Bed Tower	*	\$98,500
2004	12	North Chicago, IL	Joint VA and Dept of Navy Medical Project	*	13,000
2004	21	Palo Alto, CA	Seismic Corrections Bldg. 2	1	34,000
2004	10	Cleveland, OH	Cleveland-Brecksville Cons., Ph 1 Design	2	15,000
2004	4	Pittsburgh, PA	Consolidation of Campuses, Ph 1 Design	3	20,000
2004	23	Minneapolis, MN	SCI & SCD Center	4	20,500
2004	22	Las Vegas, NV	New Federal Medical Facility, Design and Land Purchase	6	60,000
2004	8	Gainesville, FL	Correct Pt. Privacy Def., Ph 1-Design	7	8,800
2004	11	Indianapolis, IN	7th & 8th Fl. Wards Modernization Addition	7	27,400
2004	18	Tucson, AZ	Mental Health Clinic	9	12,100
2004	19	Denver, CO	New Federal Medical Facility, Ph 1 Design	10	30,000
2004	17	San Antonio, TX	Ward Upgrades and Expansion	11	19,100
2004	8	Orlando, FL	Bed Tower, Phase 1 Design	12	25,000
2004	8	Tampa, FL	Upgrade Essential Electrical Dist. Systems	13	49,000
2004	10	Columbus, OH	Construction of Outpatient Clinic	14	94,800
2004	6	Durham, NC	Renovate Patient Wards	15	9,100
2004	22	Long Beach, CA	Seismic Corrections—Bldgs 7,126, Phase 1 Design	16	10,300
2004	20	Anchorage, AK	Outpt. Clinic/Regional Office, Ph 1 Design	18	11,760
2004	Various	Various	Line Items		64,378
Total					622,738
2005	8	Tampa, FL	SCI Expansion	**5	7,100
2005	16	Pensacola, FL	Joint VA and Department of Navy OPC	***17	55,500
2005	17	Temple, TX	Blind Rehab and Psychiatric Beds	19	56,000
2005	8	San Juan, PR	Seismic Corrections—Bldg. 1, Ph 1 Design	20	15,000
2005	2	Syracuse, NY	Construct Addition for SCI Center	21	53,900

## SUMMARY OF CARES FY 2004 AND 2005 CAPITAL PROJECTS—Continued

Year	VISN	Location	Project title—brief description	Priority #	Budget request (\$000)
2005	7	Atlanta, GA	Modernize Patient Wards	22	20,700
2005	21	Menlo Park, CA	Seismic Corrections—Geropsych. NH Replacement (Bldg. 324)	23	33,239
2005	21	San Francisco, CA	Seismic Corrections—Bldg. 203	24	41,500
2005	22	Los Angeles, CA	Seismic Corrections—Bldgs. 500 & 501, Ph 1 Design	25	8,000
2005	8	Lee County, FL	Outpatient Clinic Land Purchase	26	6,510
2005	23	Des Moines, IA	Extended Care Building	27	25,000
2005	22	San Diego, CA	Seismic Corrections—Bldg. 1	***29	48,260
2005		Various	Line Items		*30,091
Total					400,800

\* Projects approved in the pilot CARES study for Network 12—Chicago/Wisconsin.

\*\* Delayed pending results of further SCI study.

\*\*\* Priority numbers 17 and 18, and 28 and 29 are reversed to maximize the utilization of the funding as requested in the 2004 and 2005 budgets.

The non-CARES capital investment decision process resulted in the identification of the following highest priority non-CARES

projects that were reviewed by the Senior Management Council and approved by the Secretary. They were included in the Depart-

ment's FY 2005 budget submission and are currently being considered by the Congress.

## SUMMARY OF NON-CARES FY 2005 CAPITAL PROJECTS

Year	Admin	Location	Project title—brief description	Priority	Budget request (\$000)
<b>Acquisition Business Case Applications</b>					
2005	NCA	Vacaville, CA	Sacramento Area New Cemetery Phase 1 Development	1	\$21,600
2005	NCA	Bushnell, FL	Cemetery Expansion	2	20,000
2005	NCA	Rock Island, IL	Moline Cemetery Expansion	3	10,200
2005	VBA	Huntington, WV	New GSA Lease	4	3,700
2005	VBA	Reno, NV	VARO Reno GSA Lease	5	1,000
<b>Planning Business Case Applications (Requesting Design Funds)</b>					
2005	NCA	San Diego, CA	Ft. Rosecrans Cemetery Annex at Miramar (Design)	1	1,000
2005	NCA	Riverside, CA	Cemetery Expansion (Design)	2	1,400
2005	NCA	Gustine, CA	San Joaquin Valley Cemetery Expansion (Design)	3	800

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

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

Mr. Speaker, let me, first of all, take this opportunity to thank the gentleman from New Jersey (Chairman SMITH) for his efforts in this particular piece of legislation, and I want to thank him personally for his work in the Committee on Veterans' Affairs; as well as the gentleman from Connecticut (Mr. SIMMONS), the subcommittee chairman, for his work and his diligence and outreach to my side. I also want to take this opportunity to also thank the gentleman from Illinois (Mr. EVANS) for his work.

Mr. Speaker, I rise in support of H.R. 4768, the Veterans Health Programs and Facilities Enhancement Act of 2004. For the last 5 years, Mr. Speaker, the VA construction has essentially been nonexistent in large part to allow the completion of the CARES initiative. As the Members well know, the CARES initiative was an effort by the President to go out and look at facilities' utilizations, and so the fact is that we have not had an opportunity to improve on a lot of the facilities that are out there, and I am really pleased that this piece of legislation we have been able to bring forth. For the last 5 years, the VA health-care system has struggled to provide services with infrastructure that is in sore need of repair and upgrade.

H.R. 4768 will help the VA to develop and improve its properties, and under this bill, the Secretary of Veterans Affairs will have the authority to transfer unneeded properties and to retain the proceeds from those transfers.

In place of the Nursing Home Revolving Fund, the bill establishes a Capital Asset Fund, allowing the proceeds from the property transfers to be used for financing the cost of those transfers. The bill also authorizes \$10 million to be appropriated to the Capital Asset Fund where it can be used for these purposes. Sixteen new major leases are authorized in this bill, including leases that I would like to mention in South Texas, where the gentleman from Texas' (Mr. ORTIZ) district has had a lack of services in the Corpus Christi area.

□ 1715

The gentleman from Texas (Mr. HINOJOSA), in the Harlingen area, and as well some services in the South Texas area, in San Antonio and others. So I am real pleased to have seen those areas, that even the CARES proposal that identified some areas of disparity that exists in terms of services for veterans.

Because many of the VA's important historic buildings are poorly maintained and are falling apart, I am also pleased that the Committee on Veterans' Affairs concluded that the VA should also use the capital asset fund to preserve historic properties. It is the committee's intent for VA to provide a series of reports to address its large inventory of historic assets.

In addition to the VA's construction, H.R. 4768 will include funds for four emergency preparedness centers we authorized in November of 2004. These centers will enhance medical preparedness for the VA and for the Nation. It is clear to me that as the Nation's largest health care provider, the VA has an important role to play in providing for attack or natural disasters. I have

fought for funds to address the initiative costs of these centers, and I am pleased that the provisions are included.

This legislation would also extend the VA's authority to provide care to veterans participating in long-term care pilot programs. These programs were previously authorized in the Veterans Millennium Health Care and Benefits Act, and are set to expire in December of 2005. I am pleased to be an original cosponsor of the legislation, and I hope Members will support this bill.

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

Mr. SMITH of New Jersey. Mr. Speaker, I yield 4 minutes to my good friend and colleague, the gentleman from Florida (Mr. STEARNS), the prime sponsor of the Millennium Health Care Act referenced earlier in the debate.

Mr. STEARNS. Mr. Speaker, I thank the distinguished chairman, and I also thank the chairman of the Subcommittee on Health for his support and commend him for all his actions.

I rise in support of this bill, H.R. 4768. I am also pleased, as the chairman mentioned, to be an original cosponsor of this bill, which authorized projects which have been well analyzed by the CARES Commission. I think we all know what this is, the Capital Asset Realignment For Enhancement Services. It has been recommended to Secretary Principi.

Under CARES, the VA reviewed all of its facilities systematically, and I think that should be an assurance to all veterans, to consider where resources should be allocated for optimum services for the veterans, particularly as more veterans, as we know, relocate to the Southeast, particularly in

Florida. It appears the VA has insufficient clinics down in the southeast portion, and so I am very pleased to see that they are looking at that.

Accordingly, the majority of the leases which the legislation would authorize are in the South. The aim has been to match assets with the veterans, and this bill does just that. Florida, as we know, has the second largest veterans population and the number one in terms of age.

Obviously, I am heartened to see a lease for a regional health care facility providing multiple specialties in South Marion County, Summerfield, Florida, in this legislation. The plans are for such a clinic to offer comprehensive services to veterans. These are comprehensive services you would not get in an outpatient clinic and they are complete. It also will have imaging service in its facility. It will be 75,000 square feet. It will provide more services and greater resources for veterans than existing outpatient VA clinics can currently provide.

Even better, Mr. Chairman, while this clinic is predicted to be open in the summer of 2007, appropriations willing, the generous resourceful people up in north central Florida have offered the VA use of a free space for an interim clinic. We have had the participation of local businesses to help out. So our ever increasing veterans population can see immediate relief for their long health care wait as early as this winter, and then the more comprehensive specialty clinic which the act authorizes in the long run.

So I have great enthusiasm for what we are doing. I am also proud to be the author of the millennium health care bill for veterans' long-term care, and I am pleased to help move this bill forward for outpatient care.

Lastly, let me say to my colleagues, this Congress and this President have delivered real results for the veterans health care system. The total VA budget has increased almost 50 percent, 50 percent, in just 4 years, and the budget for veterans medical care has increased 40 percent in 4 years.

So I say, a record number of veterans are receiving health care today, over 5 million, up 1.2 million from 4 years ago, and the number of veterans on medical waiting lists has dropped from over 300,000 in the year 2002 to just over 3,000 today.

This is America. This is something we should be very proud of, and I think all the veterans should realize this. So all we need to do now to complete this great track record is continue the clinics and, of course, pass H.R. 4768.

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

Mr. Speaker, I want to thank the chairman for the bill, but I just had some concerns with the dialogue on the House floor.

We service about 4.7 million veterans in this country. There are 25 million veterans out there, and our veterans

are reaching that age where we really need to reach out to them. So we do have a long way to go. But I am real pleased to have this bill before us.

Mr. Speaker, I would like for the record to show that the ranking member, the gentleman from Illinois (Mr. EVANS) wanted to be here to comment on this important bill, in which he has played a very important role and strategic role, but at the present time he is at the Committee on Armed Services meeting on the 9/11 legislation that is there before him. He does, however, intend to make comments available for the record.

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

Mr. SMITH of New Jersey. Mr. Speaker, it is a pleasure and delight to yield such time as he may consume to the gentleman from Connecticut (Mr. SIMMONS), the prime sponsor of this bill and the chairman of our Subcommittee on Health.

Mr. SIMMONS. Mr. Speaker, I thank the gentleman for yielding me time. I also thank my colleague, the gentleman from Texas (Mr. RODRIGUEZ), the ranking member of the Subcommittee on Health of the Committee on Veterans' Affairs, for all of the hard work he has done over the last 2 years working with me in a bipartisan fashion to bring this and many other bills forward that benefit our veterans. Of course, our chairman, the gentleman from New Jersey (Chairman SMITH) and ranking member, the gentleman from Illinois (Mr. EVANS), have been stalwart advocates for our veterans, and I appreciate their leadership as well.

Mr. Speaker, several years ago the Government Accounting Office revealed that the Veterans Administration was losing millions of dollars because of the upkeep of underutilized facilities, and the VA has been moving to realign their capital assets, their real properties, so that this expenditure of funds is no longer excessive.

What this legislation tries to do is give the VA the appropriate tools to better manage their capital assets. This legislation would not only provide them with the funding authority to open 16 new outpatient clinics, it also provides a mechanism for the transfer of VA properties, to turn the proceeds from such transfers into additional revenues to support veterans health care.

It allows the VA to retain proceeds from the sale or leasing or transfer of excess property, and then these proceeds go into the new capital asset fund where then the VA could reappropriate them to provide delivery of health care to our veterans.

Furthermore, it would allow or require the VA to obtain fair market value for the transfer of any properties except those properties that might be transferred to providers of homeless services for our veterans.

Thirdly, the legislation recognizes that some VA properties have tremendous historic value, such as the Fitzsimons Hospital out in Colorado,

which has a room that was used for President Dwight Eisenhower as he recovered from his heart attack. We do not want to destroy those properties that have historic value or that have rooms or bays in them that housed famous personalities.

So what we want to do, as we move the VA properties into the 21st century, we also want to preserve and protect numerous properties that have historic value, and this legislation allows the VA to adopt these historic properties to new uses.

I know my colleague from Colorado is here and that he will be speaking about the Fitzsimons Hospital. So I will pass over that and simply say that this legislation, again, was designed to allow the VA to be more effective in how it manages its capital assets so that as we sell, lease or transfer these properties, the VA can recover those dollars and then reallocate them to provide services for our veterans.

Mr. Speaker, I am proud to work with my colleagues across the aisle on this legislation.

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

Mr. Speaker, let me briefly just mention I am real pleased that in the piece of legislation, in 2002 we had passed the wordings for the emergency preparedness centers. One of the beauties of the VA is the fourth mission, and that is to respond to health care needs in case of emergencies, in case this country is ever hit, such as what happened on 9/11. It is one of the few systems that we have nationwide to respond.

We drafted legislation to establish four emergency preparedness centers, and I am real pleased the effort is there in this piece of legislation to try to make that happen and create that.

This is definitely an area where we really need to beef up on. I am hoping that the appropriators look at this seriously. I know that the discussions in the past have been that this should be a homeland security issue. The bottom line is that homeland security does not have access to health care, VA does, and emergency preparedness centers could provide that care.

So I think this is the appropriate area where we could respond through this legislation.

Let me just add once again on the CARES process, the CARES process also came up with some real good data that I think we also need to be concerned about, and this legislation begins to address some of those, but there are still some gaps there, and that is where it showed the disparities throughout the country.

Depending on where the veteran resides, depending on where he lives, determines basically the types of services that he gets or does not get, and that is one of the proposals and one of the recommendations that the CARES process has.

But one of the negative things that I would like to mention is that in the

process of having this CARES and going throughout the country, I know the VA put out a letter asking the staff not to solicit, not to educate veterans about services. The letter even indicated that even where there were gaps and where utilization of facilities were not being utilized, not to bring in more additional veterans, to the point that the Vietnam Veterans of America got fed up with it and decided to file a lawsuit against the VA.

So I was very pleased to see that, and we need to continue to move forward.

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

Mr. SMITH of New Jersey. Mr. Speaker, I yield such time as he may consume to the gentleman from Colorado (Mr. BEAUPREZ), who was instrumental and really took the lead on this Fitzsimons Hospital. I congratulate him on his leadership.

Mr. BEAUPREZ. Mr. Speaker, I thank the chairman of the committee for yielding me time. He is to be commended for his vigilance on behalf of all of our veterans, and the gentleman from Illinois (Mr. EVANS) as well, our ranking member. I say to the subcommittee chairman, the gentleman from Connecticut (Mr. SIMMONS), it has been a pleasure to work with you on this legislation, as it has with the gentleman from Texas (Mr. RODRIGUEZ) on behalf of all of our veterans, and, I might add, on behalf of our taxpayers, because I think we are being good stewards of the taxpayers' money. I think that is a point worth making.

I know with the Fitzsimons project out in Colorado, which has already been mentioned, thank you very much, that I am going to talk about some more, I was convinced early on by the planners of this project that the operational savings of this new facility will more than pay for it as compared to maintaining and upgrading the aged 50-year-old facility we now have. So that makes sense, and we are delivering to our veterans health care in a network of facilities, especially the outpatient clinics, the way we deliver health care now in this 21st century. So it does make sense.

A word about Fitzsimons, if I might. Another word about Fitzsimons, if I might. We are so excited about this project, for many reasons. It will continue a 50-year-plus partnership with the University of Colorado Health Science Center and the VA. The University of Colorado maintains a teaching research hospital that now in the new Fitzsimons campus, the renovated Fitzsimons campus, is going to be an enhanced, expanded, state-of-the-art facility.

□ 1730

It is an absolute true state-of-the-art facility that will attract the best and brightest in the medical industry from all over the world.

Why is that key to our veterans? Because 90 percent of our VA docs have cross privileges, so we have the best

talent right there available, yes, for our veterans. We are also going to be in partnership with the DOD. Buckley Air Force Base is right across the street. So we are going to have the most modern facility, a research teaching facility, the greatest staff from which to recruit and staff our hospital. We believe in this hospital creating a state-of-the-art, a new standard, elevating the standard for health care for all of our veterans.

Mr. Speaker, I thank all of the committee members, and I thank Secretary Principi for supporting this as well. It is an opportunity to do the right thing for those among our population who very much deserve the very best: our veterans.

Mr. ORTIZ. Mr. Speaker, this bill is good news for veterans around this great Nation, and it is particularly very good news for South Texas. It recognizes a fundamental truth: The population of veterans in the South Texas area is exploding and the services we currently offer simply are not enough to adequately serve veterans' needs in the 21st Century.

Veterans across South Texas have joined me in talking to DVA in forums and conferences around our area—that one-on-one illustration of how veterans were being served had a large impact on the legislation we are considering today.

I have hosted an annual South Texas Veterans' Fair for the last several years, bringing together South Texas veterans with concerns about the health services and the policy makers at DVA. Earlier this month was the most recent fair I hosted, in Corpus Christi. The most often-repeated concern, as always, was with how to address the lack of in-patient hospital services in South Texas.

Nothing will ever be enough for our veterans—and change can never come fast enough, but this bill, with specific directions on in-patient hospital care and funding for the Secretary to lease medical facilities, is a considerably better place to be than we were before.

Those who wear the uniform of the United States serve this Nation; it is our duty to serve them.

Mr. VISCLOSKEY. Mr. Speaker, I rise in strong support of H.R. 4768, the Veterans' Medical Facilities Management Act of 2004. I thank Congressman SIMMONS for introducing this important piece of legislation and the Veterans' Affairs Committee for giving it the immediate attention that it deserves. In keeping with our commitment to high-quality veterans' medical care, this measure authorizes \$850,000 in funds for the Adam Benjamin Jr. VA outpatient medical facility in Crown Point, Indiana.

It is imperative that we support our Nation's veterans and ensure that their medical care is among our highest priorities. We owe a great debt of gratitude for those who have sacrificed on behalf of all Americans. That is why I strongly support this measure which provides for the consistent supply of quality health care to our veterans.

I urge passage of H.R. 4768, an essential step in keeping our commitment to maintaining a strong VA health care service network. I want to recognize the important efforts of all of those who work at the Crown Point VA out-

patient clinic, taking up the noble daily effort of caring for our Nation's veterans. And I am proud to honor the veterans of Northwest Indiana who have served our country with courage and distinction. I ask that you and my other colleagues join me in thanking these brave men and women, as well as our other former and current members of the United States military, for their bravery and valor in the face of danger. These men and women risked their lives in order to protect the freedoms that we enjoy each day, and they deserve all of our honor and respect. I am proud to represent them in Indiana's First Congressional District.

Mr. Speaker, I urge my colleagues to support this important legislation so that our brave veterans may continue to receive the health care they so deserve.

Mr. EVANS. Mr. Speaker, I join my colleagues in support of the Veterans Health Programs and Facilities Enhancement Act of 2004.

I'd like to thank both Congressman RODRIGUEZ, ranking member of the Health Subcommittee, and Congressman SIMMONS, chairman of the Health Subcommittee, for their hard work in developing this bill.

VA has requested many of the authorities in this bill, and the establishment of the Capital Asset Fund will help to renovate some of VA's underused facilities.

The VA needs to meet construction priorities in order to maintain a health care system infrastructure that will be called on increasingly as our service personnel return from Iraq with physical and psychological disabilities.

I also support the need to continue some pilot programs we authorized in the Millennium Health Care and Benefits Act of 1999.

I certainly agree that veterans who have been program beneficiaries should be able to continue receiving services.

Under this bill, VA's authority to care for veterans participating in long-term care pilots will be extended until December 2005.

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

Mr. SMITH of New Jersey. Mr. Speaker, we likewise yield back the balance of our time, and ask for a "yea" vote.

The SPEAKER pro tempore (Mr. SHIMKUS). The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 4768, as amended.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the bill, as amended, was passed.

The title was amended so as to read: "A bill to authorize the Secretary of Veterans Affairs to enter into certain major medical facility leases, to authorize that Secretary to transfer real property subject to certain limitations, otherwise to improve management of medical facilities of the Department of Veterans Affairs, and for other purposes."

A motion to reconsider was laid on the table.