

Texas (Mr. RODRIGUEZ) for his outstanding and exemplary work in the Congress for the past 8 years, and he certainly has put veterans first. So again I want to thank him for his work as well.

Mr. REYES. Mr. Speaker, I rise today in support of S. 2486, the Veteran's Benefits Improvement Act of 2004. I would like to thank my colleagues for bringing it to the floor for a vote.

As you may know, S. 2486 would expand educational and housing benefits to qualified veterans and their dependents. With the rise in cost for educational services and home loans, our Nation's veterans are required to supplement the high costs through loans that can become financially burdensome. With the expansion of these two benefits, we can better ensure they are given the opportunity of continuing their education and purchasing their own home.

In addition, I am glad to see the inclusion of important language to provide housing and automobile benefits to veterans disabled by VA medical treatment or vocational rehabilitation. As you may know, I am a sponsor of H.R. 843 which aims to address this same issue by providing full service-connected disability to persons injured while under the care of the Department of Veterans Affairs. Although this bill does not provide full service-connected disability to injured persons, I am certainly glad to see this piece of legislation included in the bill.

I believe this bill will provide them with the resources needed to fulfil their dreams and long term goals for education and home ownership. In addition, this legislation will solidify the care for our veterans welfare and health while under the care of the Department of Veterans Affairs.

Mr. Speaker, I strongly urge my colleagues to support the passage of this important bill.

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

Mr. MICHAUD. 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 New Jersey (Mr. SMITH) that the House suspend the rules and pass the Senate bill, S. 2486.

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

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. SMITH of New Jersey. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on S. 2486, the Senate bill just passed.

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

There was no objection.

VETERANS HEALTH PROGRAMS IMPROVEMENT ACT OF 2004

Mr. SMITH of New Jersey. Mr. Speaker, I move to suspend the rules

and concur in the Senate amendments to the bill (H.R. 3936) to amend title 38, United States Code, to authorize the principal office of the United States Court of Appeals for Veterans Claims to be at any location in the Washington, DC, metropolitan area, rather than only in the District of Columbia, and expressing the sense of Congress that a dedicated Veterans Courthouse and Justice Center should be provided for that Court and those it serves and should be located, if feasible, at a site owned by the United States that is part of or proximate to the Pentagon Reservation, and for other purposes.

The Clerk read as follows:

Senate amendments:

Strike out all after the enacting clause and insert:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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

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

Sec. 1. Short title; table of contents.

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

TITLE I—ASSISTANCE TO HOMELESS VETERANS

Sec. 101. Authorization of appropriations.

TITLE II—VETERANS LONG-TERM CARE PROGRAMS

Sec. 201. Assistance for hiring and retention of nurses at State veterans' homes.

Sec. 202. Treatment of Department of Veterans Affairs per diem payments to State homes for veterans.

Sec. 203. Extension of authority to provide care under long-term care pilot programs.

Sec. 204. Prohibition on collection of copayments for hospice care.

TITLE III—MEDICAL CARE

Sec. 301. Sexual trauma counseling program.

Sec. 302. Centers for research, education, and clinical activities on complex multi-trauma associated with combat injuries.

Sec. 303. Enhancement of medical preparedness of Department of Veterans Affairs.

TITLE IV—MEDICAL FACILITIES MANAGEMENT AND ADMINISTRATION

Subtitle A—Major Medical Facility Leases

Sec. 401. Major medical facility leases.

Sec. 402. Authorization of appropriations.

Sec. 403. Authority for long-term lease of certain lands of University of Colorado.

Subtitle B—Facilities Management

Sec. 411. Department of Veterans Affairs Capital Asset Fund.

Sec. 412. Annual report to Congress on inventory of Department of Veterans Affairs historic properties.

Sec. 413. Authority to acquire and transfer real property for use for homeless veterans.

Sec. 414. Limitation on implementation of mission changes for specified Veterans Health Administration facilities.

Sec. 415. Authority to use project funds to construct or relocate surface parking incidental to a construction or nonrecurring maintenance project.

Sec. 416. Inapplicability of limitation on use of advance planning funds to authorized major medical facility projects.

Sec. 417. Improvements to enhanced-use lease authority.

Sec. 418. First option for Commonwealth of Kentucky on Department of Veterans Affairs Medical Center, Louisville, Kentucky.

Sec. 419. Transfer of jurisdiction, General Services Administration property, Boise, Idaho.

Subtitle C—Designation of Facilities

Sec. 421. Thomas E. Creek Department of Veterans Affairs Medical Center.

Sec. 422. James J. Peters Department of Veterans Affairs Medical Center.

Sec. 423. Bob Michel Department of Veterans Affairs Outpatient Clinic.

Sec. 424. Charles Wilson Department of Veterans Affairs Outpatient Clinic.

Sec. 425. Thomas P. Noonan, Jr. Department of Veterans Affairs Outpatient Clinic.

TITLE V—PERSONNEL ADMINISTRATION

Sec. 501. Pilot program to study innovative recruitment tools to address nursing shortages at Department of Veterans Affairs health care facilities.

Sec. 502. Technical correction to listing of certain hybrid positions in Veterans Health Administration.

Sec. 503. Under Secretary for Health.

TITLE VI—OTHER MATTERS

Sec. 601. Extension and codification of authority for recovery audits.

Sec. 602. Inventory of medical waste management activities at Department of Veterans Affairs health care facilities.

Sec. 603. Inclusion of all enrolled veterans among persons eligible to use canteens operated by Veterans' Canteen Service.

Sec. 604. Annual reports on waiting times for appointments for specialty care.

Sec. 605. Technical clarification.

SEC. 2. REFERENCE 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.

TITLE I—ASSISTANCE TO HOMELESS VETERANS

SEC. 101. AUTHORIZATION OF APPROPRIATIONS.

Section 2013 is amended in paragraph (4) by striking “\$75,000,000” and inserting “\$99,000,000”.

TITLE II—VETERANS LONG-TERM CARE PROGRAMS

SEC. 201. ASSISTANCE FOR HIRING AND RETENTION OF NURSES AT STATE VETERANS' HOMES.

(a) *IN GENERAL.*—(1) Chapter 17 is amended by inserting after section 1743 the following new section:

“§1744. Hiring and retention of nurses: payments to assist States

“(a) *PAYMENT PROGRAM.*—The Secretary shall make payments to States under this section for the purpose of assisting State homes in the hiring and retention of nurses and the reduction of nursing shortages at State homes.

“(b) *ELIGIBLE RECIPIENTS.*—Payments to a State for a fiscal year under this section shall, subject to submission of an application, be made to any State that during that fiscal year—

“(1) receives per diem payments under this subchapter for that fiscal year; and

“(2) has in effect an employee incentive scholarship program or other employee incentive program at a State home designed to promote the hiring and retention of nursing staff and to reduce nursing shortages at that home.

“(c) **USE OF FUNDS RECEIVED.**—A State may use an amount received under this section only to provide funds for a program described in subsection (b)(2). Any program shall meet such criteria as the Secretary may prescribe. In prescribing such criteria, the Secretary shall take into consideration the need for flexibility and innovation.

“(d) **LIMITATIONS ON AMOUNT OF PAYMENT.**—(1) A payment under this section may not be used to provide more than 50 percent of the costs for a fiscal year of the employee incentive scholarship or other employee incentive program for which the payment is made.

“(2) The amount of the payment to a State under this section for any fiscal year is, for each State home in that State with a program described in subsection (b)(2), the amount equal to 2 percent of the amount of payments estimated to be made to that State, for that State home, under section 1741 of this title for that fiscal year.

“(e) **APPLICATIONS.**—A payment under this section for any fiscal year with respect to any State home may only be made based upon an application submitted by the State seeking the payment with respect to that State home. Any such application shall describe the nursing shortage at the State home and the employee incentive scholarship program or other employee incentive program described in subsection (c) for which the payment is sought.

“(f) **SOURCE OF FUNDS.**—Payments under this section shall be made from funds available for other payments under this subchapter.

“(g) **DISBURSEMENT.**—Payments under this section to a State home shall be made as part of the disbursement of payments under section 1741 of this title with respect to that State home.

“(h) **USE OF CERTAIN RECEIPTS.**—The Secretary shall require as a condition of any payment under this section that, in any case in which the State home receives a refund payment made by an employee in breach of the terms of an agreement for employee assistance that used funds provided under this section, the payment shall be returned to the State home's incentive program account and credited as a non-Federal funding source.

“(i) **ANNUAL REPORT FROM PAYMENT RECIPIENTS.**—Any State home receiving a payment under this section for any fiscal year, shall, as a condition of the payment, be required to agree to provide to the Secretary a report setting forth in detail the use of funds received through the payment, including a descriptive analysis of how effective the incentive program has been on nurse staffing in the State home during that fiscal year. The report for any fiscal year shall be provided to the Secretary within 60 days of the close of the fiscal year and shall be subject to audit by the Secretary. Eligibility for a payment under this section for any later fiscal year is contingent upon the receipt by the Secretary of the annual report under this subsection for the previous fiscal year in accordance with this subsection.

“(j) **REGULATIONS.**—The Secretary shall prescribe regulations to carry out this section. The regulations shall include the establishment of criteria for the award of payments under this section.”

(2) The table of sections at the beginning of such chapter is amended by inserting after section 1743 the following new item:

“1744. Hiring and retention of nurses: payments to assist States.”

(b) **IMPLEMENTATION.**—The Secretary of Veterans Affairs shall implement section 1744 of title 38, United States Code, as added by subsection (a), as expeditiously as possible. The Secretary shall establish such interim procedures as necessary so as to ensure that payments are made to eligible States under that section commencing not later than June 1, 2005, notwithstanding that regulations under subsection (j) of that section may not have become final.

SEC. 202. TREATMENT OF DEPARTMENT OF VETERANS AFFAIRS PER DIEM PAYMENTS TO STATE HOMES FOR VETERANS.

Section 1741 is amended by adding at the end the following new subsection:

“(e) Payments to States pursuant to this section shall not be considered a liability of a third party, or otherwise be used to offset or reduce any other payment made to assist veterans.”

SEC. 203. 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.”

SEC. 204. PROHIBITION ON COLLECTION OF CO-PAYMENTS FOR HOSPICE CARE.

Section 1710B(c)(2) is amended—

(1) by striking “or” at the end of subparagraph (A);

(2) by redesignating subparagraph (B) as subparagraph (C); and

(3) by inserting after subparagraph (A) the following new subparagraph (B):

“(B) to a veteran being furnished hospice care under this section; or”

TITLE III—MEDICAL CARE

SEC. 301. SEXUAL TRAUMA COUNSELING PROGRAM.

(a) **PERMANENT AUTHORITY FOR PROGRAM.**—Section 1720D(a) is amended—

(1) in paragraph (1), by striking “During the period through December 31, 2004, the” and inserting “The”; and

(2) in paragraph (2), by striking “, during the period through December 31, 2004,”.

(b) **EXTENSION TO COVER ACTIVE DUTY FOR TRAINING.**—Such section is further amended by inserting “or active duty for training” in paragraph (1) before the period at the end.

SEC. 302. CENTERS FOR RESEARCH, EDUCATION, AND CLINICAL ACTIVITIES ON COMPLEX MULTI-TRAUMA ASSOCIATED WITH COMBAT INJURIES.

(a) **IN GENERAL.**—(1) Subchapter II of chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:

“§7327. Centers for research, education, and clinical activities on complex multi-trauma associated with combat injuries

“(a) **PURPOSE.**—The purpose of this section is to provide for the improvement of the provision of health care services and related rehabilitation and education services to eligible veterans suffering from complex multi-trauma associated with combat injuries through—

“(1) the development of improved models and systems for the furnishing by the Department of health care, rehabilitation, and education services to veterans;

“(2) the conduct of research to support the provision of such services in accordance with the most current evidence on multi-trauma injuries; and

“(3) the education and training of health care personnel of the Department with respect to the provision of such services.

“(b) **DESIGNATION OF CENTERS.**—(1) The Secretary shall designate an appropriate number of cooperative centers for clinical care, consulta-

tion, research, and education activities on combat injuries.

“(2) Each center designated under paragraph (1) shall function as a center for—

“(A) research on the long-term effects of injuries sustained as a result of combat in order to support the provision of services for such injuries in accordance with the most current evidence on complex multi-trauma;

“(B) the development of rehabilitation methodologies for treating individuals with complex multi-trauma; and

“(C) the continuous and consistent coordination of care from the point of referral throughout the rehabilitation process and ongoing follow-up after return to home and community.

“(3) The Secretary shall designate one of the centers designated under paragraph (1) as the lead center for activities referred to in that paragraph. As the lead center for such activities, such center shall—

“(A) develop and provide periodic review of research priorities, and implement protocols, to ensure that projects contribute to the activities of the centers designated under paragraph (1);

“(B) oversee the coordination of the professional and technical activities of such centers to ensure the quality and validity of the methodologies and statistical services for research project leaders;

“(C) develop and ensure the deployment of an efficient and cost-effective data management system for such centers;

“(D) develop and distribute educational materials and products to enhance the evaluation and care of individuals with combat injuries by medical care providers of the Department who are not specialized in the assessment and care of complex multi-trauma;

“(E) develop educational materials for individuals suffering from combat injuries and for their families; and

“(F) serve as a resource for the clinical and research infrastructure of such centers by disseminating clinical outcomes and research findings to improve clinical practice.

“(4) The Secretary shall designate centers under paragraph (1) upon the recommendation of the Under Secretary for Health.

“(5) The Secretary may designate a center under paragraph (1) only if the center meets the requirements of subsection (c).

“(c) **REQUIREMENTS FOR CENTERS.**—To be designated as a center under this section, a facility shall—

“(1) be a regional lead center for the care of traumatic brain injury;

“(2) be located at a tertiary care medical center and have on-site availability of primary and subspecialty medical services relating to complex multi-trauma;

“(3) have, or have the capacity to develop, the capability of managing impairments associated with combat injuries;

“(4) be affiliated with a school of medicine;

“(5) have, or have experience with, participation in clinical research trials;

“(6) provide amputation care and rehabilitation;

“(7) have pain management programs;

“(8) provide comprehensive brain injury rehabilitation; and

“(9) provide comprehensive general rehabilitation.

“(d) **ADDITIONAL RESOURCES.**—The Secretary shall provide each center designated under this section such resources as the Secretary determines to be required by such center to achieve adequate capability of managing individuals with complex multi-trauma, including—

“(1) the upgrading of blind rehabilitation services by employing or securing the services of blind rehabilitation specialists;

“(2) employing or securing the services of occupational therapists with blind rehabilitation training;

“(3) employing or securing the services of additional mental health services providers; and

“(4) employing or securing additional rehabilitation nursing staff to meet care needs.

“(e) COOPERATION WITH DEPARTMENT OF DEFENSE.—(1) The Secretary of Veterans Affairs may assist the Secretary of Defense in the care of members of the Armed Forces with complex multi-trauma at military treatment facilities by—

“(A) making available, in a manner that the Secretary of Veterans Affairs considers appropriate, certified rehabilitation registered nurses of the Department of Veterans Affairs to such facilities to assess and coordinate the care of such members; and

“(B) making available, in a manner that the Secretary of Veterans Affairs considers appropriate, blind rehabilitation specialists of the Department of Veterans Affairs to such facilities to consult with the medical staff of such facilities on the special needs of such members who have visual impairment as a consequence of combat injury.

“(2) Assistance shall be provided under this subsection through agreements for the sharing of health-care resources under section 8111 of this title.

“(f) AWARD OF FUNDING.—Centers designated under this section may compete for the award of funding from amounts appropriated for the Department for medical and prosthetics research.

“(g) DISSEMINATION OF INFORMATION.—(1) The Under Secretary for Health shall ensure that information produced by the centers designated under this section that may be useful for other activities of the Veterans Health Administration is disseminated throughout the Administration.

“(2) Information shall be disseminated under this subsection through publications, through programs of continuing medical and related education provided through regional medical education centers under subchapter VI of chapter 74 of this title, and through other means.

“(h) NATIONAL OVERSIGHT.—The Under Secretary for Health shall designate an appropriate officer to oversee the operation of the centers designated under this section and provide for periodic evaluation of the centers.

“(i) AUTHORIZATION OF APPROPRIATIONS.—(1) There are authorized to be appropriated to the Department of Veterans Affairs for the centers designated under this section amounts as follows:

“(A) \$7,000,000 for fiscal year 2005.

“(B) \$8,000,000 for each of fiscal years 2006 through 2008.

“(2) In addition to amounts authorized to be appropriated by paragraph (1) for a fiscal year, the Under Secretary for Health may allocate to each center designated under this section, from other funds authorized to be appropriated for such fiscal year for the Department generally for medical and for medical and prosthetic research, such amounts as the Under Secretary for Health determines appropriate to carry out the purposes of this section.”.

(2) The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to section 7326 the following new item: “7327. Centers for research, education, and clinical activities on complex multi-trauma associated with combat injuries.”.

(b) DESIGNATION OF CENTERS.—The Secretary of Veterans Affairs shall designate the centers for research, education, and clinical activities on complex multi-trauma associated with combat injuries required by section 7327 of title 38, United States Code (as added by subsection (a)), not later than 120 days after the date of the enactment of this Act.

(c) ANNUAL REPORTS.—(1) Not later than eighteen months after the date of the designation of centers for research, education, and clinical activities on complex multi-trauma associated with combat injuries required by section 7327 of title 38, United States Code (as so

added), and annually thereafter through 2008, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the status and activities of such centers during the one-year period beginning on the date of such designation, for the first such report, and for successive one-year periods, for subsequent reports.

(2) Each such report shall include, for the period covered by such report, the following:

(A) A description of the activities carried out at each center, and the funding provided for such activities.

(B) A description of any advances made in the participating programs of each center in research, education, training, and clinical activities on complex multi-trauma associated with combat injuries.

(C) A description of the actions taken by the Under Secretary for Health pursuant to subsection (g) of that section (as so added) to disseminate throughout the Veterans Health Administration information derived from such activities.

SEC. 303. ENHANCEMENT OF MEDICAL PREPAREDNESS OF DEPARTMENT OF VETERANS AFFAIRS.

(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 7328 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.—(1) Subchapter II of chapter 73 is amended by inserting after section 7327, as added by section 302(a)(1) of this Act, a new section with—

(A) a heading as follows:

“§ 7328. Medical preparedness centers”; and

(B) 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 prosthetic research account such amounts as the Under Secretary determines necessary in order to carry out the purposes of this section.”.

(2) The table of sections at the beginning of chapter 73 is amended by inserting after the item relating to section 7327, as added by section 302(a)(2) of this Act, the following new item:

“7328. Medical preparedness centers.”.

TITLE IV—MEDICAL FACILITIES MANAGEMENT AND ADMINISTRATION

Subtitle A—Major Medical Facility Leases

SEC. 401. MAJOR MEDICAL FACILITY 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.

SEC. 402. 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 section 401.

SEC. 403. AUTHORITY FOR LONG-TERM 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 Fitzsimmons Campus of the University of Colorado for purposes of a medical facility (as that term is defined in section 8101 of title 38, United States Code) for a period of up to 75 years.

Subtitle B—Facilities Management

SEC. 411. 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; Department of Veterans Affairs 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, 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 through 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, or 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 fiscal 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 fiscal 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 each chapter is amended by inserting after the item relating to section 8117 the following new item:

“8118. Authority for transfer of real property; Department of Veterans Affairs 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 “Department of Veterans Affairs Capital Asset Fund established under section 8118 of this title”.

(f) CONTINGENT EFFECTIVENESS.—Subsection (d) and the amendments made by subsection (c) 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.

(g) ANNUAL UPDATE.—Following a certification under subsection (f), the Secretary shall submit to Congress an annual update on that certification.

SEC. 412. 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, if any, 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. 413. AUTHORITY TO ACQUIRE AND TRANSFER REAL PROPERTY FOR USE FOR HOMELESS VETERANS.

(a) AUTHORITY.—Upon identification of a parcel of real property meeting the description in subsection (b), the Secretary of Veterans Affairs may acquire that property (with the structures and improvements thereon) or, in the case of property owned by the United States and administered by another Federal department or agency, may accept administrative jurisdiction over that property, with the expectation of promptly transferring that property to a homeless assistance provider identified under paragraph (2) of subsection (b), subject to the condition that the primary purpose for which the property shall be used is to provide housing for homeless veterans.

(b) SPECIFIED PROPERTY.—A parcel of real property referred to in subsection (a) is a parcel in the District of Columbia—

(1) that the Secretary determines to be suitable for use for housing for homeless veterans; and

(2) for which there is an identified homeless assistance provider that is prepared to acquire the property for such purpose from the Secretary promptly upon the acquisition of the property by the Secretary.

(c) TRANSFER OF PROPERTY.—Upon acquiring real property under subsection (a), the Secretary shall immediately transfer all right, title, and interest of the United States (other than the reversionary interest retained under subsection (e)) to the homeless assistance provider identified under subsection (b)(2). Such transfer shall be for such consideration as the Secretary determines appropriate.

(d) TERMS AND CONDITIONS.—The acquisition and transfer of real property under this section shall be made upon such terms and conditions as the Secretary may specify not inconsistent with other applicable provisions of law.

(e) REVERTER.—The terms of the transfer shall provide that if the property is no longer used for the purpose for which conveyed by the Secretary, title to the property shall revert to the United States.

SEC. 414. LIMITATION ON IMPLEMENTATION OF MISSION CHANGES FOR SPECIFIED VETERANS HEALTH ADMINISTRATION FACILITIES.

(a) LIMITATION.—The Secretary of Veterans Affairs may not implement a mission change for a medical facility of the Department of Veterans Affairs specified in subsection (c) until—

(1) the Secretary submits to the Committees on Veterans' Affairs of the Senate and House of Representatives a written notice of the mission change; and

(2) the period prescribed by subsection (b) has elapsed.

(b) CONGRESSIONAL REVIEW PERIOD.—(1) The period referred to in subsection (a)(2) is the period beginning on the date of the receipt of the notice under subsection (a)(1) by the committees specified in that subsection and ending on the later of—

(A) the end of the 60-day period beginning on the date on which the notice is received by those committees; or

(B) the end of a period of 30 days of continuous session of Congress beginning on the date on which the notification is received by those committees 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.

(2) For the purposes of paragraph (1)(B)—

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

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

(c) **SPECIFIED FACILITIES.**—A facility referred to in subsection (a) as being specified in this subsection is any of the following facilities of the Department of Veterans Affairs:

(1) The Department of Veterans Affairs medical centers in Boston, Massachusetts.

(2) The Department of Veterans Affairs medical centers in New York City, New York.

(3) The Department of Veterans Affairs medical center in Big Spring, Texas.

(4) The Carl Vinson Department of Veterans Affairs Medical Center, Dublin, Georgia.

(5) The Department of Veterans Affairs medical center in Montgomery, Alabama.

(6) The Department of Veterans Affairs medical center in Louisville, Kentucky.

(7) The Department of Veterans Affairs medical center in Muskogee Oklahoma, and the outpatient clinic in Tulsa, Oklahoma.

(8) The John J. Pershing Department of Veterans Affairs Medical Center, Poplar Bluff, Missouri.

(9) The Department of Veterans Affairs medical center in Ft. Wayne, Indiana.

(10) The Department of Veterans Affairs Medical Center in Waco, Texas.

(11) The Jonathan M. Wainwright Department of Veterans Affairs Medical Center, Walla Walla, Washington.

(d) **COVERED MISSION CHANGES.**—For purposes of this section, a mission change for a medical facility shall consist of any of the following:

(1) Closure of the facility.

(2) Consolidation of the facility.

(3) An administrative reorganization of the facility covered by section 510(b) of title 38, United States Code.

(e) **REQUIRED CONTENT OF NOTICE OF MISSION CHANGE.**—Written notice of a mission change for a medical facility under subsection (a) shall include the following:

(1) An assessment of the effect of the mission change on the population of veterans served by the facility.

(2) A description of the availability and quality of health care, including long-term care, mental health care, and substance abuse programs, available in the area served by the facility.

(3) An assessment of the effect of the mission change on the economy of the community in which the facility is located.

(4) An analysis of any alternatives to the mission change proposed by—

(A) the community in which the facility is located;

(B) organizations recognized by the Secretary under section 5902 of title 38, United States Code;

(C) organizations that represent Department employees in such community; or

(D) the Department.

(f) **MEDICAL FACILITY CONSOLIDATION.**—For the purposes of subsection (d)(2), the term “consolidation” means an action that closes one or more medical facilities within a geographic service area for the purpose of relocating those activities to another medical facility or facilities.

(g) **COORDINATION OF PROVISIONS.**—In the case of a mission change covered by subsection (a) that is also an administrative reorganization covered by section 510(b) of title 38, United States Code, both this section and such section 510(b) shall apply with respect to the implementation of that mission change.

SEC. 415. 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:

“(j) 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. 416. 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. 417. IMPROVEMENTS TO ENHANCED-USE LEASE AUTHORITY.

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

SEC. 418. FIRST OPTION FOR COMMONWEALTH OF KENTUCKY ON DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, LOUISVILLE, KENTUCKY.

(a) **REQUIREMENT.**—Upon determining to convey, lease, or otherwise dispose of the Department of Veterans Affairs Medical Center, Louisville, Kentucky, or any portion thereof, the Secretary of Veterans Affairs shall engage in negotiations for the conveyance, lease, or other disposal of the Medical Center or portion thereof solely with the Commonwealth of Kentucky.

(b) **DURATION OF REQUIREMENT.**—The requirement for negotiations under subsection (a) shall remain in effect for one year after the date of the determination referred to in that subsection.

(c) **SCOPE OF NEGOTIATIONS.**—The negotiations under subsection (a) shall address the use of the medical center referred to in subsection (a), or portion thereof, by the Commonwealth of Kentucky for the primary purpose of the provision of services for veterans and related activities, including use for a State veterans' home.

SEC. 419. TRANSFER OF JURISDICTION, GENERAL SERVICES ADMINISTRATION PROPERTY, BOISE, IDAHO.

(a) **TRANSFER.**—The Administrator of General Services shall transfer to the Secretary of Veterans Affairs, under such terms and conditions as the Administrator and the Secretary agree, jurisdiction, custody, and control over the parcel of real property, including any improvements thereon, consisting of approximately 2.3 acres located at the General Services Administration facility immediately north of the Army Reserve facility in Boise, Idaho.

(b) **UTILIZATION.**—The Secretary of Veterans Affairs shall utilize the property transferred under subsection (a) for purposes relating to the delivery of benefits to veterans.

Subtitle C—Designation of Facilities

SEC. 421. THOMAS E. CREEK DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER.

(a) **IN GENERAL.**—The Department of Veterans Affairs medical center in Amarillo, Texas, shall after the date of the enactment of this Act be known and designated as the “Thomas E. Creek Department of Veterans Affairs Medical Center”.

(b) **REFERENCES.**—Any reference in any law, regulation, map, document, record, or other paper of the United States to the medical center referred to in subsection (a) shall be considered to be a reference to the Thomas E. Creek Department of Veterans Affairs Medical Center.

SEC. 422. JAMES J. PETERS DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER.

(a) **IN GENERAL.**—The Department of Veterans Affairs medical center in the Bronx, New York, shall after the date of the enactment of this Act be known and designated as the “James J. Peters Department of Veterans Affairs Medical Center”.

(b) **REFERENCES.**—Any reference in any law, regulation, map, document, record, or other paper of the United States to the medical center

referred to in subsection (a) shall be considered to be a reference to the James J. Peters Department of Veterans Affairs Medical Center.

SEC. 423. BOB MICHEL DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC.

(a) **IN GENERAL.**—The Department of Veterans Affairs outpatient clinic located in Peoria, Illinois, shall after the date of the enactment of this Act be known and designated as the “Bob Michel Department of Veterans Affairs Outpatient Clinic”.

(b) **REFERENCES.**—Any reference in any law, regulation, map, document, record, or other paper of the United States to the outpatient clinic referred to in subsection (a) shall be considered to be a reference to the Bob Michel Department of Veterans Affairs Outpatient Clinic.

SEC. 424. CHARLES WILSON DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC.

(a) **IN GENERAL.**—The Department of Veterans Affairs outpatient clinic located in Lufkin, Texas, shall after the date of the enactment of this Act be known and designated as the “Charles Wilson Department of Veterans Affairs Outpatient Clinic”.

(b) **REFERENCES.**—Any reference in any law, regulation, map, document, record, or other paper of the United States to the outpatient clinic referred to in subsection (a) shall be considered to be a reference to the Charles Wilson Department of Veterans Affairs Outpatient Clinic.

SEC. 425. THOMAS P. NOONAN, JR. DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC.

(a) **IN GENERAL.**—The Department of Veterans Affairs outpatient clinic in Sunnyside, Queens, New York, shall after the date of the enactment of this Act be known and designated as the “Thomas P. Noonan, Jr. Department of Veterans Affairs Outpatient Clinic”.

(b) **REFERENCES.**—Any reference in any law, map, regulation, document, paper, or other record of the United States to the outpatient clinic referred to in subsection (a) shall be considered to be a reference to the Thomas P. Noonan, Jr. Department of Veterans Affairs Outpatient Clinic.

TITLE V—PERSONNEL ADMINISTRATION

SEC. 501. PILOT PROGRAM TO STUDY INNOVATIVE RECRUITMENT TOOLS TO ADDRESS NURSING SHORTAGES AT DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE FACILITIES.

(a) **PILOT PROGRAM.**—(1) Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall designate a health care service region, or a section within such a region, in which health care facilities of the Department of Veterans Affairs are adversely affected by a shortage of qualified nurses.

(2) The Secretary shall conduct a pilot program in the region or section designated under paragraph (1) to determine the effectiveness of the use of innovative human capital tools and techniques in the recruitment of qualified nurses for positions at Department health care facilities in such region or section and for the retention of nurses at such facilities. In carrying out the pilot program, the Secretary shall enter into a contract with a private sector entity for services under the pilot program for recruitment of qualified nurses.

(b) **PRIVATE SECTOR RECRUITMENT PRACTICES.**—For purposes of the pilot program under this section, the Secretary shall identify and use recruitment practices that have proven effective for placing qualified individuals in positions that are difficult to fill due to shortages of qualified individuals or other factors. Recruitment practices to be reviewed by the Secretary for use in the pilot program shall include—

(1) employer branding and interactive advertising strategies;

(2) Internet technologies and automated staffing systems; and

(3) the use of recruitment, advertising, and communication agencies.

(c) **STREAMLINED HIRING PROCESS.**—In carrying out the pilot program under this section, the Secretary shall, at health care facilities of the Department in the region or section in which the pilot program is conducted, revise procedures and systems for selecting and hiring qualified nurses to reduce the length of the hiring process. If the Secretary identifies measures to streamline and automate the hiring process that can only be implemented if authorized by law, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives recommendations for such changes in law as may be necessary to enable such measures to be implemented.

(d) **REPORT.**—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the extent to which the pilot program achieved the goal of improving the recruitment and retention of nurses in Department of Veterans Affairs health care facilities.

SEC. 502. TECHNICAL CORRECTION TO LISTING OF CERTAIN HYBRID POSITIONS IN VETERANS HEALTH ADMINISTRATION.

Section 7401(3) is amended—

(1) by striking “and dental technologists” and inserting “technologists, dental hygienists, dental assistants”; and

(2) by striking “technicians, therapeutic radiologic technicians, and social workers” and inserting “technologists, therapeutic radiologic technologists, social workers, blind rehabilitation specialists, and blind rehabilitation outpatient specialists”.

SEC. 503. UNDER SECRETARY FOR HEALTH.

Section 305(a)(2) is amended—

(1) in the matter preceding subparagraph (A), by striking “shall be a doctor of medicine and”; and

(2) in subparagraph (A), by striking “and in health-care” and inserting “or in health-care”.

TITLE VI—OTHER MATTERS

SEC. 601. EXTENSION AND CODIFICATION OF AUTHORITY FOR RECOVERY AUDITS.

Section 1703 is amended by adding at the end the following new subsection:

“(d)(1) The Secretary shall conduct a program of recovery audits for fee basis contracts and other medical services contracts for the care of veterans under this section, and for beneficiaries under sections 1781, 1782, and 1783 of this title, with respect to overpayments resulting from processing or billing errors or fraudulent charges in payments for non-Department care and services. The program shall be conducted by contract.

“(2) Amounts collected, by setoff or otherwise, as the result of an audit under the program conducted under this subsection shall be available for the purposes for which funds are currently available to the Secretary for medical care and for payment to a contractor of a percentage of the amount collected as a result of an audit carried out by the contractor.

“(3) The Secretary shall allocate all amounts collected under this subsection with respect to a designated geographic service area of the Veterans Health Administration, net of payments to the contractor, to that region.

“(4) The authority of the Secretary under this subsection terminates on September 30, 2008.”.

SEC. 602. INVENTORY OF MEDICAL WASTE MANAGEMENT ACTIVITIES AT DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE FACILITIES.

(a) **INVENTORY.**—The Secretary of Veterans Affairs shall establish and maintain a national inventory of medical waste management activities in the health care facilities of the Department of Veterans Affairs. The inventory shall include the following:

(1) A statement of the current national policy of the Department on managing and disposing

of medical waste, including regulated medical waste in all its forms.

(2) A description of the program of each geographic service area of the Department to manage and dispose of medical waste, including general medical waste and regulated medical waste, with a description of the primary methods used in those programs and the associated costs of those programs, with cost information shown separately for in-house costs (including full-time equivalent employees) and contract costs.

(b) **REPORT.**—Not later than June 30, 2005, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on medical waste management activities in the facilities of the Department of Veterans Affairs. The report shall include the following:

(1) The inventory established under subsection (a), including all the matters specified in that subsection.

(2) A listing of each violation of medical waste management and disposal regulations reported at any health care facility of the Department over the preceding five years by any Federal or State agency, along with an explanation of any remedial or other action taken by the Secretary in response to each such reported violation.

(3) A description of any plans to modernize, consolidate, or otherwise improve the management of medical waste and disposal programs at health care facilities of the Department, including the projected costs associated with such plans and any barriers to achieving goals associated with such plans.

(4) An assessment or evaluation of the available methods of disposing of medical waste and identification of which of those methods are more desirable from an environmental perspective in that they would be least likely to result in contamination of air or water or otherwise cause future cleanup problems.

SEC. 603. 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. 604. ANNUAL REPORTS ON WAITING TIMES FOR APPOINTMENTS FOR SPECIALTY CARE.

(a) **ANNUAL REPORTS.**—Not later than January 31 each year through 2007, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on waiting times for appointments for specialty health care from the Department of Veterans Affairs under chapter 17 of title 38, United States Code, during the preceding year.

(b) **REPORT ELEMENTS.**—Each report under subsection (a) shall specify, for the year covered by the report, the following:

(1) A tabulation of the number of veterans whose appointment for specialty health care furnished by the Department was more than three months after the date of the scheduling of such appointment, and the waiting times of such veterans for such appointments, for each

category of specialty care furnished by the Department, broken out by Veterans Integrated Service Network.

(2) An identification of the categories of specialty care furnished by the Department for which there were delays of more than three months between the scheduling date of appointments and appointments in each Veterans Integrated Service Network.

(3) A discussion of the reasons for the delays identified under paragraph (2) for each category of care for each Veterans Integrated Service Network so identified, including lack of personnel, financial resources, or other resources.

(c) **CERTIFICATION ON REPORT INFORMATION.**—The Comptroller General of the United States shall certify to the committees of Congress referred to in subsection (a) whether or not each report under this section is accurate.

SEC. 605. TECHNICAL CLARIFICATION.

Section 811(d)(2) is amended by inserting before the period at the end of the last sentence the following: “and shall be available for any purpose authorized by 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 of H.R. 3936, the Veterans Health Programs Improvement Act of 2004. The bill, as amended, represents a compromise agreement between the House Committee on Veterans' Affairs and the Senate on these matters.

Mr. Speaker, I want to thank the gentleman from Illinois (Mr. EVANS), the committee's ranking member, for his work on this. I especially want to thank the gentleman from Connecticut (Mr. SIMMONS) for his admirable leadership as chairman of the Subcommittee on Health, where most of these measures originated. He has done a tremendous job as chairman. As a 37-year Army veteran, he has put veterans first and has done so in a way that is extraordinary.

Again, I want to thank him for his work and his meticulous attention to detail. It has made the difference. This bill, regrettably, went through a lot of difficulties and travail, and yet he persevered. And I want to thank our chairman of that subcommittee for his leadership. It has been extraordinary.

I also want to thank the gentleman from Texas (Mr. RODRIGUEZ), the ranking member of that subcommittee. Again, these bills are bipartisan. We have worked together very closely, and it is a pleasure to bring this before the body today.

Mr. Speaker, H.R. 3936 contains more than 33 measures that would improve the management and the administration of veterans health care programs. I want to highlight just a few of those provisions that are contained in the bill.

The VA's homeless grant and per diem program is an economical, flexible, and innovative approach to housing and supportive services for thousands of homeless veterans. The compromise agreement would increase the

fiscal year 2005 authorization level for VA's grant and per diem program from \$75 million to \$99 million. The Department requested this increase because it has received far more requests for funding from meritorious potential grantees than it can support under existing funding limits.

Another important provision compromise would direct the Secretary to make payments to assist the 128 State-operated nursing homes in hiring and retaining nursing personnel. These homes provide long-term care to over 38,000 veterans annually in an excellent partnership with the VA, and this provision encourages their efforts to keep highly qualified staff caring for these veterans.

Mr. Speaker, today we are at war overseas. We know war can produce terrible physical injuries, and we must do everything possible for wounded servicemembers. This compromise agreement would authorize the VA to establish, in conjunction with the Department of Defense, a limited number of new centers for research, education, and clinical care to improve rehabilitative services for complex traumatic injuries, such as those being suffered by our brave soldiers and Marines in Iraq. These centers will be a Godsend for these wounded war veterans and for their families.

This bill provides VA authority to enter into a 75-year lease to acquire a medical facility on the new Fitzsimons Campus of the University of Colorado. It is anticipated this Federal-State health sciences campus would share many high-cost specialized services and provide expanded access for Air Force beneficiaries at the nearby Buckley Air Force Base.

I want to recognize and thank the gentleman from Colorado (Mr. BEAUPREZ) for his leadership on this important provision and the chairman of the Committee on Standards of Official Conduct, who has also done yeoman's work on this as well.

Mr. Speaker, our compromise agreement would improve the process for disposing of unneeded VA properties and authorize the proceeds from property transfers to be deposited into a new VA capital asset fund.

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The new fund would facilitate transfers, leases and adaptive uses of VA properties, including historic properties. This compromise agreement also includes authorization for naming five VA medical centers, including one in Illinois to be named for the distinguished House minority leader, Bob Michel. Having served with Bob and having great respect for him, I am grateful that this provision is in here, and I want to thank my colleagues for their support for it. It also names facilities in Texas and New York for two heroic Marines who gave their lives for freedom in Vietnam.

Mr. Speaker, the staff of the Committee on Veterans Affairs has worked

hard in this Congress to examine ways to provide the best possible health care to those who have earned the honored title of "veteran." I would like to recognize the staff of the Subcommittee on Health: John Bradley, staff director; Dolores Dunn and Kathleen Greve, professional staff members; Susan Edgerton, Democratic staff director; and VA detailee Rosalind Howard. I would also like to thank our full committee staff, Pat Ryan to my left, chief counsel and staff director; Kingston Smith, deputy chief counsel; Jeannie McNally, legislative coordinator; and Jim Holley, Democratic staff director.

I also thank the Senate committee staff director, Bill Tuerk, and Bill Cahill, III, professional staff member. I also thank Kim Lipsky, Alexandra Sardegna and Amanda Krohn of the Democratic professional staff for their contributions. This has been a true collaborative effort.

Again, I thank all who have participated in shaping, crafting and making this an extremely valuable bill that will soon be on the desk of President Bush for his signature.

Mr. Speaker, I move that the House suspend the rules and concur in the Senate amendments to H.R. 3936.

Mr. Speaker, I rise in strong support of H.R. 3936, the Veterans Health Programs Improvement Act of 2004.

H.R. 3936, as amended, represents a compromise agreement between the Committees on Veterans' Affairs of the House and Senate.

Mr. Speaker, I want to thank the gentleman from Illinois, Mr. EVANS, Ranking Member of the Veterans' Affairs Committee, who has helped to shape this particular legislation. Also, I want to thank the gentleman from Connecticut, Mr. SIMMONS, for his outstanding leadership as Chairman of the Subcommittee on Health, where most of these measures originated. Finally, I thank the gentleman from Texas, Mr. RODRIGUEZ, the Ranking Member, who has worked in a bipartisan effort to help craft this and numerous other important veterans' health bills during his time in Congress.

Chairman SPECTER and Ranking Member GRAHAM of the Senate Veterans' Affairs Committee also contributed to the legislation before the House today.

Mr. Speaker, VA's homeless grant and per diem program provides competitive grants to community and faith-based organizations that offer transitional housing or comprehensive service centers for homeless veterans. This program is an economical, flexible and innovative approach to housing and supportive services for homeless veterans in all 50 States and in the District. Over 6,000 beds are now available nationally to veterans through this vital community network. In 2003, 66 percent of the veterans discharged from these VA-funded programs went on to either independent living or residential-program housing. The compromise agreement will increase the fiscal year 2005 authorization level for this key program from \$75 million to \$99 million. The department requested this increase because it has received far more requests for funding from meritorious potential grantees than it can support under existing funding limits.

Another important provision in this compromise agreement would direct the Secretary

to make payments to assist states in hiring and retaining nursing personnel at State-operated nursing homes for veterans. The 128 State veterans' homes collectively represent the largest institutional provider of long-term care to elderly veterans, now caring for over 38,000 veterans annually in 47 States. I am personally aware of staffing difficulties that the three New Jersey State veterans' homes in Vineland, Paramus and Menlo Park have faced over the past several years in their efforts to recruit and retain quality nursing staff to those homes. We need this new incentives program all across the country. It would allow State homes currently receiving per diem payments from VA with established employee-incentive programs to apply for assistance to retain and recruit their nurses. This provision encourages their efforts to keep highly-qualified staff caring for veterans.

Another provision affecting the State home programs would specify that per diem payments made by VA to States for the care of veterans in these homes may not be used to offset or reduce third party payments made to assist veterans, whether from private, State or other Federal sources.

There is well established history of partnership between the Federal and State governments providing care for veterans. This originated with the first Federal law in 1888, providing \$100 per year in aid to States to help alleviate the burden of caring for sick and disabled soldiers. This partnership and the first annual payments preceded the advent of the Veterans Administration and the State Home program as we know them today—but Congressional intent has remained constant and clear. Since 1960, Congress has taken an active role in expanding the State home programs to include four levels of care, increased per diem payments and grant funding for construction of facilities. The Congress and its Veterans' Committees are adamant that this partnership and the mutual reliance by VA and the States should not be inadvertently affected by the rules of any other program which is not specifically targeted at caring for aged and infirmed veterans.

Mr. Speaker, 12 years ago, with Public Law 102-585, it was acknowledged that women who experienced sexual trauma while on active military duty may undergo a variety of psychological and physical health effects requiring special counseling. This law authorized VA to provide mental health counseling for these women veterans. Two years later, eligibility for VA sexual trauma counseling and treatment was broadened in Public Law 103-452 to include veterans of either gender who experience sexual trauma while serving on active duty. H.R. 3936 would make permanent VA's authority to provide sexual trauma counseling to veterans.

Mr. Speaker, the shortage of nurses throughout the United States is well documented and VA must position itself to take advantage of all opportunities available to deal with this shortage. H.R. 3936 would establish a pilot program to evaluate the use of proven private sector techniques, such as employer branding, interactive advertising, automated staffing systems and the use of outside recruitment agencies and online technologies to improve VA's program for recruiting nursing personnel.

Mr. Speaker, how well we know that we are at war overseas. We know war can produce

terrible physical injuries. In previous wars, many soldiers did not survive the very serious injuries of the kind being seen in Iraq and Afghanistan today. The means were not available for quick evacuation to sophisticated medical treatment. Today military medical treatment capabilities have greatly improved for complex traumatic injuries.

However, Mr. Speaker, this success creates new challenges for the caregivers who have patients with complex traumatic injuries. The compromise agreement will authorize VA to establish in cooperation with the Department of Defense a limited number of new centers for research, education and clinical activities to improve rehabilitative services for these veterans. I particularly want to thank Senator BOB GRAHAM, Ranking Member of the Senate Veterans' Affairs Committee, for his work in helping us reach agreement on this provision. These centers will be a godsend for these wounded war veterans and their families.

Mr. Speaker, the delivery of health care in this country and in the VA system has undergone a profound transformation over the last decade. Once a hospital based health care system, today's VA has made a significant shift from inpatient to outpatient services, with tremendous growth in the number of enrolled veterans. Yet, much of VA health care bricks-and-mortar infrastructure was designed and built decades ago—some parts of it over a century ago—in a bygone era of health care delivery when long stays in the hospital were the norm.

In 1999, a General Accounting Office report not surprisingly found that VA's cost of operating and maintaining its large inventory of old buildings was a huge and avoidable drain on resources. In the years since that GAO report, VA has undergone a major initiative referred to as the Capital Asset Realignment for Enhanced Services (CARES) initiative, to assess the best use of VA's capital assets for the veteran population to be served, and to use resources more effectively to improve health care delivery to these veterans.

While awaiting the CARES recommendations, little was done by the Department to upgrade VA's physical plants. This legislation is consistent with the CARES recommendations and would provide VA the needed authority to execute leases for 16 community-based outpatient clinics at a cost of approximately \$24.4 million, in fiscal year 2005, in the States of California, Colorado, Florida, Indiana, North Carolina, Ohio, Tennessee, Texas and Virginia. Most of these leases will upgrade existing clinic locations. All of these leases were requested by the VA.

Mr. Speaker, this bill also provides VA authority to enter into a 75-year lease to acquire a medical facility on the Fitzsimons Campus of the University of Colorado in Aurora. It is anticipated that a new federal-state health sciences campus would share many high cost and specialized services, and also would provide expanded access to care for Air Force beneficiaries from nearby Buckley Air Force Base. I want to recognize and thank the gentleman from Colorado, Mr. BEAUPREZ, for his leadership in developing this good Federal health policy to serve the people of Colorado.

Mr. Speaker, our compromise agreement would improve the process for disposing of unneeded VA properties and authorize the proceeds from these property transfers to be deposited into a new VA Capital Asset Fund.

The new fund would defray VA's cost of transferring property including demolition, environmental restoration, historic preservation and establishment of new health facilities. This bill would authorize appropriations of \$10 million in seed money to launch the fund to support these initiatives.

Mr. Speaker, the VA has one of the largest federal inventories of properties with significant historic value. In fact, 24 VA medical center campuses are already listed on the National Register of Historic Places, and even more are eligible for this designation. This compromise agreement would allow the Secretary to enter into new partnerships or agreements with entities dedicated to historic preservation, and to use the funds in the Capital Asset Fund to facilitate transfers, leases or adaptive uses of those historic properties that are no longer useful for VA health care. Thus, this compromise agreement would protect history and at the same time the way to new uses of structures that have served their purposes for veterans.

Mr. Speaker, this compromise agreement includes authorization to name VA facilities to honor two heroic Marines who gave this country the greatest measure of their personal devotion, giving their lives in combat to save others in Vietnam. Lance Corporals Thomas E. Creek of Texas and Thomas P. Noonan, Jr. of New York were each posthumously awarded the Nation's highest military decoration, the Congressional Medal of Honor, for their selfless deeds.

The late James J. Peters of New York, a war hero in Vietnam, and a leader of paralyzed veterans after his service, would also be honored by our naming a VA outpatient clinic in the Bronx in his memory.

Further, Mr. Speaker, a VA facility in Illinois will be named in honor of our distinguished former House Minority Leader, Bob Michel, and a facility in Texas will be named in honor of the public service of another former Member of this House, Charles Wilson.

Mr. Speaker, under current law, VA must comply with a variety of Federal, state and local laws and regulations relating to the collecting, handling and disposing of medical waste. Failure to adhere to these laws and regulations could place patients, VA employees and their communities in hazardous situations, as well as subject VA to civil or criminal penalties. This bill would provide a means for Congress to evaluate the effectiveness of VA's medical waste management policies and determine whether additional procedures are needed to reduce environmental and health risks. The costs of waste disposal would be assessed as well. The bill would require VA to establish and maintain an inventory of medical waste management activities in VA facilities and report to Congress on its inventory, regulatory compliance, and violations of record, along with plans for management improvements.

Mr. Speaker, the staff of the Veterans' Affairs Committee has worked hard in this Congress to examine ways of providing the best possible health care for those who have earned the honored title of "veteran." I would like to recognize the staff of the Subcommittee on Health: John Bradley, Staff Director, Dolores Dunn and Kathleen Greve, professional staff members; Susan Edgerton, Democratic Staff Director, and VA detailee Rosalind Howard. I'd also like to thank our full Committee

staff: Patrick Ryan, Chief Counsel and Staff Director; Kingston Smith, Deputy Chief Counsel; Jeannie McNally, our Legislative Coordinator; and Jim Holley, Democratic Staff Director.

Finally, I want to compliment the Senate Veterans' Affairs Committee staff: Bill Tuerk, Staff Director and Chief Counsel; and Bill Cahill III, professional staff member. I also want to recognize Kim Lipsky, Alexandra Sardegna and Amanda Krohn, of the Democratic professional staff, for their contributions to this bill.

For the benefit of my colleagues, I include at this point in the record a joint explanatory statement describing the compromise agreement we have reached with the other body.

Mr. Speaker, I ask unanimous consent to revise and extend my remarks and that all Members may have 5 legislative days in which to revise and extend their remarks, and include extraneous material on H.R. 3936, as amended.

Mr. Speaker, one final word on homeless veterans: these veterans who need services and a place to lay their heads have difficult problems. VA's programs and the hundreds of community and faith-based programs that serve in partnership with VA work miracles with many of them. The continuation and expansion of these programs with the goal of eradicating chronic homelessness in the veteran population has been one of my top goals as Chairman of this Committee. I intend to further address this program in the next Congress, so that those who once wore the nation's military uniform and who are now homeless. These veterans need a hand up to turn their lives around, and we should provide that hand.

I urge my colleagues to support this measure to enhance health care for veterans.

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

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

Mr. Speaker, I rise in support of H.R. 3936, the Veterans Health Programs Improvement Act of 2004. I want to take this opportunity to thank the gentleman from New Jersey (Mr. SMITH) for his efforts, the ranking member, the gentleman from Illinois (Mr. EVANS) also, as well as the gentleman from Connecticut (Mr. SIMMONS) of the Subcommittee on Health, and the House and Senate committee staffs for addressing some of the concerns raised in earlier pieces of this legislation. We now have a bill which I am pleased to lend my support to.

The bill includes provisions from a bill I introduced, H.R. 3849, the Military Sexual Trauma Counseling Act of 2004 to permanently extend VA's authority to provide counseling and treatment for the women and men who have experienced sexual trauma during their service in the military. Current authority for the program expires at the end of this year. Therefore, it is critical that we pass this legislation today.

Overwhelming demand has been demonstrated for this program. Thousands of veterans, in addition to Reservists and National Guardsmen, have taken

advantage of the resources available to them.

As the number of women serving in the military continue to grow, the need for the program is sadly more evident. Already we hear media reports that more than 100 troops returning from both Iraq and Afghanistan have stated that they were raped during their service.

Although it is unfortunate that we need this particular program, I am pleased we are now on the road to ensuring that we will have these services for current and future veterans.

Again, I would like to thank the gentleman from Connecticut (Mr. SIMMONS) for his leadership and cooperation in including the Military Sexual Trauma Program in this bill. I also thank the gentleman from New Jersey (Mr. SMITH) and the gentleman from Illinois (Mr. EVANS), the ranking member, for their support.

I am also supportive of the provisions to increase the funding levels available for the homeless grant and the per diem programs from \$75 million to \$99 million for 2005. We still have a very long way to go in meeting the Congress's goals to eliminating chronic homelessness by 2011, and this bill can help us get there.

This particular legislation also includes a provision that will require the Secretary of the VA to establish and maintain an inventory of the medical waste management activities in VA facilities, including inventory, regulatory violations and plans for management improvements. We believe the VA should be on the frontline of environmental protection policies, and these provisions help to make that happen.

There are provisions also from our Senate counterparts in this bill, including a requirement that the VA report annually through 2007 on veterans waiting more than 3 months for scheduled appointments in specialty care and the reasons for these delays.

This measure also requires the Secretary of the VA to establish a pilot program to study innovative recruitment tools to address the nursing shortage within the VA. We must be able to recruit and retain well-qualified nurses to care for our veterans. This pilot will help the VA Health Administration identify and adopt the best practices of private industries in hiring of well-qualified nurses.

Now the largest provider of long-term care to our Nation's veterans, the State veterans' home system plays a vital role in caring for the growing number of aging veterans.

This bill will authorize VA to make payments to assist State veterans' homes in hiring and retaining nurses, to help care for our aging veterans, and adds a clarification that per diem payments made by the VA to State veterans' homes are not to be used to offset or reduce third-party payments, such as Medicaid, made to assist veterans.

There are a high number of veterans returning home that have injuries from

the war in both Iraq and Afghanistan. This measure authorizes the establishment of four cooperative centers for research, education and clinical activities to improve the rehabilitation services available to veterans suffering from complex multi-trauma associated with combat injuries. These centers build on the Veterans Health Administration's nationally recognized care for special populations such as post-traumatic stress disorders, spinal cord injuries, traumatic brain injuries, as well as visual impairment, and will prove to be most valuable in providing future combat injury rehabilitation.

While the CARES process was under way, the VA health care system has managed within infrastructure that is in sore need of repair and upgrade. This bill establishes a VA Capital Asset Fund that will help strengthen our funding flow to assist the VA in developing and improving its properties. These funds will allow the VA to improve properties for disposal as well as future disposal and for minor construction. These funds also will allow the VA to use funds for improving properties.

The Secretary of Veterans Affairs will be given the flexibility in using funds to develop advance planning for major construction projects previously authorized and additional authority to transfer unneeded real property and retain the proceeds from the transfer. The bill authorizes \$10 million to be appropriated to the Capital Asset Fund where it can be used for these purposes.

Mr. Speaker, 16 major new leases are authorized in this bill, including leases throughout this country. Because many of the VA important historic buildings are poorly maintained or falling apart, I am pleased that the Committee on Veterans' Affairs concluded that the VA should use funds to preserve historic properties. It is the committee's intent for VA to provide a series of reports to address its large inventory of these registered assets.

This legislation will extend the VA authority to provide care to the veterans participating in long-term care pilot programs which were previously authorized until December, 2005.

This is a bill that we all should be very proud of.

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 Connecticut (Mr. SIMMONS).

Mr. SIMMONS. Mr. Speaker, I rise to add my strong support to H.R. 3936, the Veterans Health Programs Improvement Act of 2004.

I want to acknowledge what some of my colleagues have already said. I want to acknowledge the committee leadership for its commitment to our veterans under the direction of our very able and very courageous chairman, the gentleman from New Jersey (Mr. SMITH). The gentleman from New Jersey has been a remarkable leader

over the last 2 years. He has been a courageous leader. He has stood up in this body and leadership councils for our veterans, and I look forward to his continued leadership as our chairman in the 109th Congress.

I also recognize the work of the ranking member, the gentleman from Illinois (Mr. EVANS), who also serves with me as co-chairmen of the U.S. Vietnam Caucus. He has made extraordinary contributions to our veterans in this legislation and in other bills we have taken up before this body.

Finally, I want to express very special words of gratitude to my colleague and ranking member on the Subcommittee on Health, the gentleman from San Antonio, Texas (Mr. RODRIGUEZ).

Let me just share with the body two anecdotes. One, I traveled to San Antonio to chair a field hearing with the gentleman from Texas (Mr. RODRIGUEZ), and we studied how the Department of Defense in that community and how the Veterans' Administration interact to provide health services not only for active troops but for our veterans. What was immediately apparent to me was the warmth with which his local constituents treated him because of his long interest in veterans, an interest that extends back at least 8 years as a member of this body.

But then I invited the gentleman from Texas up to the lovely, warm, pleasant weather of Connecticut, where we spent some time at Newington, Connecticut, at a VA facility. Not only did we have a hearing at that facility but then the gentleman from Texas (Mr. RODRIGUEZ) went to the State Veterans Home at Rocky Hill and spent many hours looking at that facility to see how the VA and the Connecticut State Department of Veteran Affairs interacted once again to provide these services. This shows a very genuine interest on his part in veterans not only in his own State but in Connecticut and elsewhere throughout the country.

We are going to miss that genuine interest in our veterans. I thank the gentleman for his service to the subcommittee, to the committee and to our Nation's veterans.

Our chairman has summarized many of the provisions of this bill. What I would like to do is just point out a couple of features that I think are particularly important.

First and foremost, America has a tradition of caring for her veterans dating back to the Plymouth Colony where the Pilgrims enacted laws to assist sick and disabled soldiers. In 1811, our young country established the first domiciliary and medical facility for veterans that was authorized by the national government and today the Veterans' Administration has stewardship over the fourth largest real estate inventory in the Federal Government, over 20,000 buildings and tens of thousands of acres of land.

One of the provisions of this bill allows the Secretary of the Veterans' Administration to get his arms around

this huge inventory through the CARES project, a master plan for realigning the VA's inventory of capital assets in response to GAO findings and our committee oversight that some of these facilities were underutilized and that some dollars could be saved.

In addition, what this legislation does is provide language for the reuse of historic properties. On the one hand, properties that can be adopted to new uses but, secondly, properties that are truly historic and ought to be preserved and protected, for example, the Eisenhower Recovery Room at the Fitzsimmons Hospital in Colorado. We are engaged in a major effort to build a state-of-the-art facility at Fitzsimmons. It will be co-located with the State university hospital system, but that historic room in Fitzsimmons will be preserved and protected into the future.

Furthermore, the hiring and retraining of nursing staff in VA and State veterans homes, this legislation provides provisions that will address that challenge, the challenge of the almost 100,000 vacant nursing positions and a growing need for health care workers nationwide. It allows the VA to look outside for recruiting and advertising these positions and using interactive and online technologies to improve their exposure in today's recruiting market.

□ 1500

It also allows the State veterans homes to apply for a new grant program to serve as an incentive to attract nurses to State homes for their employment there with a 50-50 split between the VA and the State homes.

I have spent a long time at the Connecticut State home at Rocky Hill. This is a successor to the first State home built in America which was built just after the Civil War. They provide a wonderful service, but if they could work interactively with the VA in Connecticut, they could enhance that service, both in providing more nurses and also in providing better services for our veterans. That is what this legislation attempts to do.

Mr. Speaker, H.R. 3936 was carefully crafted to give the VA the flexibility and authority it needs to manage its capital assets. At the same time, it holds VA accountable for protecting the public interest of the United States as stewards of the valuable inventory of structures and lands held in trust by the VA. Finally, it provides the VA with the resources needed to enhance nurses and other professionals within the system so that they can better provide the services that we need. I urge my colleagues to support this legislation.

Mr. RODRIGUEZ. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. EVANS), ranking member of the Committee on Veterans' Affairs.

Mr. EVANS. Mr. Speaker, I rise in support of H.R. 3936, the Veterans Health Programs Improvement Act of

2004. I want to thank the gentleman from New Jersey (Mr. SMITH) again for his leadership on these issues. Every time we try to do something good, his name is always in the forefront of the action. I want to thank the gentleman from Texas (Mr. RODRIGUEZ) who came to our committee, has done great work as the subcommittee ranking member obviously through helping not only the gentleman from Connecticut (Mr. SIMMONS) but all veterans across the board. If we gave Medal of Honor awards to Members, he would certainly be given one.

I want to thank everybody for developing this legislation. We have accomplished a lot. Of particular interest to me is the establishment of the capital asset fund to help renovate some of the VA's most underutilized 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 men and women return from Iraq with physical and psychological disabilities.

I am also pleased that the legislation will permanently allow the VA to provide sexual trauma counseling to those men and women who have experienced such trauma. The VA should continue to be available to veterans who need help picking up the pieces after these tragic events.

This measure also includes a requirement for VA to develop a pilot to examine the effectiveness of interactive and online recruiting techniques. This pilot program is just one step to update VA's recruitment tools to what are now commonplace recruitment practices in the private sector.

I support this legislation, and I urge my colleagues to do the same.

Mr. SMITH of New Jersey. Mr. Speaker, for the benefit of my colleagues, I include at this point in the RECORD a joint explanatory statement describing the compromise agreement we have reached with the other body.

EXPLANATORY STATEMENT ON SENATE AMENDMENTS TO H.R. 3936

H.R. 3936, as amended, the Veterans Health Programs Improvement Act of 2004, (Compromise Agreement) reflects a negotiated agreement reached by the House and Senate Committees on Veterans' Affairs (the Committees) concerning provisions in a number of bills considered by the House and the Senate during the 2nd Session of the 108th Congress. The measures considered in this compromise are: H.R. 1318, passed the House on September 13, 2004; H.R. 2786, as introduced in the House on July 17, 2003, H.R. 4231, as amended, passed the House on September 30, 2004; H.R. 4248, as amended, passed the House on October 7, 2004; H.R. 4317, passed the House on June 1, 2004; H.R. 4608, passed the House on July 21, 2004; H.R. 4658, as amended, passed the House on October 7, 2004; H.R. 4768, as amended, passed the House on September 29, 2004; H.R. 4836, passed the House on September 13, 2004 (House Bills); and S. 2485, as amended, reported by the Senate Committee on Veterans' Affairs on September 27, 2004; and S. 2596, as introduced in the Senate on June 24, 2004 (Senate Bills).

The House and Senate Committees on Veterans' Affairs have prepared the following explanation of the Compromise Agreement.

Differences between the provisions of the Compromise Agreement and the related provisions of the House and Senate bills are noted, except for clerical corrections, conforming changes made necessary by the Compromise Agreement, and minor drafting, technical, and clarifying changes.

TITLE I—ASSISTANCE TO HOMELESS VETERANS

SEC. 101—AUTHORIZATION OF APPROPRIATIONS

Current law

Section 2013 of title 38, United States Code, authorizes appropriations of \$60 million for fiscal year 2002, and \$75 million per year for fiscal years 2003 through 2005, for a program to make grants to providers of comprehensive services for homeless veterans.

House bill

Section 2 of H.R. 4248 would increase the annual authorized appropriation for this program to \$99 million for fiscal year 2005.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement

Section 203 of the Compromise Agreement follows the House language.

TITLE II—VETERANS LONG-TERM CARE PROGRAMS

SEC. 201—ASSISTANCE FOR HIRING AND RETENTION OF NURSES AT STATE VETERANS HOMES

Current law

Subchapter V, chapter 17 of title 38, United States Code, authorizes VA to make payments to States for the care of veterans in a State veterans' home.

House bill

Section 5 of H.R. 4231 would amend subchapter V, chapter 17 of title 38, United States Code, to add a new section 1744 to authorize the Secretary to make payments to States for the purpose of assisting State veterans' homes in the hiring and retention of registered nurses through the use of an approved incentive program.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement

Section 201 of the Compromise Agreement follows the House language.

SEC. 202—TREATMENT OF DEPARTMENT OF VETERANS AFFAIRS PER DIEM PAYMENTS TO STATE HOMES FOR VETERANS

Current law

Section 1741 of title 38, United States Code, establishes criteria for VA payments to States for the care of veterans in a State veterans' home.

House bill

The House Bills contain no comparable provision.

Senate bill

Section 203 of S. 2485 would amend section 1741 of title 38, United States Code, to add a new subsection (e) to clarify that per diem payments made by VA to States for the care of veterans in a State veterans' home would not be used to offset or reduce other third party payments made to assist veterans.

Compromise agreement

Section 202 of the Compromise Agreement follows the Senate language.

SEC. 203—EXTENSION OF AUTHORITY TO PROVIDE CARE UNDER LONG-TERM CARE PILOT PROGRAMS

Current law

Section 102 of Public Law 106-117, The Veterans Millennium Health Care and Benefits Act, directed VA to carry out three pilot programs over a three-year period to determine the feasibility and practicability of different models for providing long-term care.

The authority for the pilot program expires December 31, 2004.

House bill

Section 107 of H.R. 4768 would extend VA's authority to provide health care services under the long-term care pilot programs authorized in Public Law 106-117 through December 31, 2005.

Senate bill

Section 206 of S. 2485 contains a similar provision.

Compromise agreement

Section 203 of the Compromise Agreement contains this provision.

SEC. 204—PROHIBITION ON COLLECTION OF
COPAYMENTS FOR HOSPICE CARE

Current law

Section 1710B(c) of title 38, United States Code, requires certain veterans to pay a copayment for extended care services furnished under that section.

House bill

The House Bills contain no comparable provision.

Senate bill

Section 201 of S. 2485 would exempt veterans receiving hospice care under Section 1710B from copayment obligations.

Compromise agreement

Section 204 of the Compromise Agreement follows the Senate language.

TITLE III—MEDICAL CARE

SEC. 301—SEXUAL TRAUMA COUNSELING
PROGRAM

Current law

Section 1720(D)(a) of title 38, United States Code, authorizes VA to provide counseling services to veterans who may have experienced sexual trauma while serving on active duty through December 31, 2004.

House bill

Section 3 of H.R. 4248 would make this authority permanent.

Senate bill

Section 202 of S. 2485 would make this authority permanent and broaden the authority to include the treatment of former Reservists who may have experienced sexual trauma while not serving on active duty.

Compromise agreement

Section 301 of the Compromise Agreement follows the House language with a modification. The modification broadens the authority to provide counseling services to individuals who may have experienced sexual trauma while on active duty for training.

SEC. 302—CENTERS FOR RESEARCH, EDUCATION,
AND CLINICAL ACTIVITIES ON COMPLEX MULTI-
TRAUMA ASSOCIATED WITH COMBAT INJURIES

Current law

There is no comparable provision in current law.

House bill

The House Bills contain no comparable provision.

Senate bill

Section 205 of S. 2485 would establish, in collaboration with the Department of Defense, at least one, but not more than three, VA "War-Related Blast Injury Centers", and establish procedures for the Secretary's designation of such centers. These centers would provide comprehensive rehabilitation programs, targeted education and outreach programs, and research initiatives for veterans injured by explosive blasts in combat theaters.

Compromise agreement

Section 203 of the Compromise Agreement authorizes, and authorized the appropria-

tions to support, the Secretary to establish an appropriate number of centers for research, education, and clinical activities to improve and coordinate rehabilitative services for veterans suffering from complex multi-trauma from combat injuries. The Compromise Agreement consolidates a number of current VA clinical, research and other practices for traumatic brain injuries, blind rehabilitation and VA's concepts for combat-injury rehabilitation. The Compromise Agreement requires this authority be coordinated between the Departments of Veterans Affairs and Defense under section 8111 of title 38, United States Code.

SEC. 303—ENHANCEMENT OF MEDICAL PREPARED-
NESS OF DEPARTMENT OF VETERANS AFFAIRS

Current law

Section 7325 of title 38, United States Code, requires the Secretary to establish four Medical Emergency Preparedness Research Centers.

House bill

Section 202 of H.R. 4768 would amend chapter 73, of title 38, United States Code to add a new section 7327, to direct the Secretary to take a series of actions by dates certain to establish four Medical Emergency Preparedness Research Centers.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement

Section 303 of the Compromise Agreement follows section 202(a) through (c) of the House language.

TITLE IV—MEDICAL FACILITIES MAN-
AGEMENT AND ADMINISTRATION SUB-
TITLE A—MAJOR MEDICAL FACILITY
LEASES

SEC. 401—MAJOR MEDICAL FACILITY LEASES

Current law

Section 8104(a)(2) of title 38, United States Code, prohibits VA from obligating or expending more than \$600,000 per year for a lease unless that lease has been specifically authorized by law.

House bill

Section 101(a) of H.R. 4768 would authorize major medical facility leases in the following locations: (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; and (16) San Diego, California, South County Outpatient Clinic, \$1,100,000.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement

Section 401 of the Compromise Agreement follows the House language.

SEC. 402—AUTHORIZATION OF APPROPRIATIONS

Current law

Section 8104(a)(2) of title 38, United States Code, prohibits funds from being appro-

priated for a VA major medical facility lease, unless that appropriation has been specifically authorized by law.

House bill

Section 101(b) of H.R. 4768 would authorize \$24,420,000 to carry out major medical facility leases specified location in the bill.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement

Section 402 of the Compromise Agreement follows the House language.

SEC. 403—AUTHORITY FOR LONG-TERM LEASE OF
CERTAIN LANDS OF UNIVERSITY OF COLORADO

Current law

Section 490(h) of title 40, United States Code, limits lease agreements between the Federal Government and any person, co-partnership, corporation, or other public or private entity to periods not exceeding twenty years.

House bill

Section 101(c) of H.R. 4768 would authorize VA to enter into a long-term lease of up to 75 years for land to construct a new VA medical facility at the Fitzsimons Campus of the University of Colorado, Aurora, Colorado.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement

Section 403 of the Compromise Agreement follows the House language. The authority provided in this section is permissive and intended by the Committees to foster good-faith negotiations between the partners to this lease agreement. In the event that the Secretary of Veterans Affairs determines the terms or conditions of the lease not to be in the best interest of the United States, the Secretary should propose an alternative strategy to Congress. The Committees not that the Administrator of General Services has delegated to the Secretary of Veterans Affairs the authority to enter into lease agreements for VA major medical facility leases.

SUBTITLE B—FACILITIES MANAGEMENT

SEC. 411—DEPARTMENT OF VETERANS AFFAIRS
CAPITAL ASSET FUND

Current law

Section 8122 of title 38, United States Code, authorizes the Secretary to dispose of real property administered by VA and retain the proceeds from such a disposal, but only if the property is considered excess to any need, there is no use for the property in providing services to homeless veterans, and the property is valued at less than \$50,000. In cases where a property carries value in excess of \$50,000, any disposal must be proposed in the President's budget. In the event such property is so disposed of, proceeds are deposited into the Nursing Home Revolving Fund for construction, acquisition, or alteration of VA nursing homes.

House bill

Section 102 of H.R. 4768 would amend chapter 81 of title 38, United States Code, to add a new section 8118 to provide the Secretary authority to transfer by sale, exchange or lease unneeded real properties. It would establish a Department of Veterans Affairs Capital Asset Fund to finance these transfers, as well as to construct new and improved VA health care facilities. The Fund could also be used for demolition, environmental restoration, maintenance, repair, historic preservation, and administrative expenses. Section 102 would establish fair market value as the basis for property transfers.

It would require the Secretary to include in each budget submission to Congress a report of the uses of the Capital Asset Fund and descriptive information on each transfer completed, pending, and planned. The section would also repeal the Nursing Home Revolving Fund in section 8116 of title 38, United States Code, and transfer remaining balances from that fund to the new Fund. The authority of Section 102 would be contingent upon the Secretary's certifying to Congress that VA facilities maintain long-term care capacity as required by section 1710B(b) of title 38, United States Code.

Senate bill

Section 101 of S. 2485 contains a similar proposal.

Compromise agreement

Section 411 of the Compromise Agreement follows the House language with modification. The Compromise Agreement modified the contingency authority to pertain to repeal of the Nursing Home Revolving Fund and its remainder deposits. All other authority of section 411 is effective on enactment.

SEC. 412—ANNUAL REPORT TO CONGRESS ON INVENTORY OF DEPARTMENT OF VETERANS AFFAIRS HISTORIC PROPERTY

Current law

No similar provision exists under current law.

House bill

Section 103 of H.R. 4768 would require VA to establish a national inventory of historic VA properties and would require two subsequent annual reports to Congress on the status and plans associated with any VA property listed on the National Register of Historic Places.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement

Section 412 of the Compromise Agreement follows the House language.

SEC. 413—AUTHORITY TO ACQUIRE AND TRANSFER REAL PROPERTY FOR USE FOR HOMELESS VETERANS

Current law

Section 8103 of title 38, United States Code, authorizes the Secretary to acquire such land or interest in land as necessary for the purpose of providing medical services.

House bill

The House Bills contain no comparable provision.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement

Section 413 of the Compromise Agreement authorizes the Secretary to acquire property in the District of Columbia that the Secretary determines is suitable for providing services to homeless veterans, if the Secretary identifies a provider of homeless services that is prepared to acquire the property from the Secretary. The Compromise Agreement requires the Secretary, having so identified a provider, to promptly transfer the acquired property to that provider of homeless services. The Compromise Agreement provides a reverter power to the Secretary if the provider of homeless services discontinues providing services to homeless veterans.

SEC. 414—LIMITATION ON IMPLEMENTATION OF MISSION CHANGES FOR SPECIFIED VETERANS HEALTH ADMINISTRATION FACILITIES

Current law

Section 401 of Public Law 108-170, the "Veterans Health Care, Capital Asset, and

Business Improvement Act of 2003", requires VA to notify Congress of facility closings proposed under the Capital Asset Realignment for Enhanced Services initiative, and prohibits such closings until the lapse of 60 days following the notification or 30 days of continuous session of Congress, whichever is longer.

House bill

The House Bills contained no comparable provision.

Senate bill

Section 104 of S. 2485 would prohibit the Secretary from implementing a mission change for a medical facility (other than a mission change prescribed by the Secretary in the Capital Asset Realignment for Enhanced Services (CARES) initiative) until 90 days after the date on which the Secretary submits to the Committees written notice of the mission change.

Compromise agreement

Section 414 of the Compromise Agreement prohibits the Secretary from implementing a mission change until the lapse of 60 days following the notification or 30 days of continuous session of Congress, whichever is longer, at VA Medical Centers in the following locations: Boston, Massachusetts; New York City, New York; Big Springs, Texas; Dublin, Georgia; Montgomery, Alabama; Louisville, Kentucky; Muskogee (and the outpatient clinic in Tulsa), Oklahoma; Poplar Bluff, Missouri; Ft. Wayne, Indiana; Waco, Texas; and Walla Walla, Washington.

SEC. 415—AUTHORITY TO USE PROJECT FUNDS TO CONSTRUCT OR RELOCATE SURFACE PARKING INCIDENTAL TO A CONSTRUCTION OR NON-RECURRING MAINTENANCE PROJECT

Current law

Section 8109 of title 38, United States Code, limits the funding of construction, alteration or acquisition of VA parking facilities to the collections made from parking fees at VA facilities and deposited into the Parking Revolving Fund.

House bill

Section 104 of H.R. 4768 would authorize the use of funds in a construction or capital account for the relocation of a surface parking facility if the relocation is necessitated by a construction or non-recurring maintenance project.

Senate bill

Section 103 of S. 2485 would authorize the use of funds in a construction or capital account for the relocation of a surface parking facility if the relocation is necessitated by a construction or non-recurring maintenance project.

Compromise agreement

Section 415 of the Compromise Agreement contains this provision.

SEC. 416—INAPPLICABILITY OF LIMITATION ON USE OF ADVANCE PLANNING FUNDS TO AUTHORIZED MAJOR MEDICAL FACILITY PROJECTS

Current law

Section 8104 of title 38, United States Code, limits the amount VA may obligate for the design and development of a major construction proposal to \$500,000, unless VA notifies Congress and waits for a period of 30 days.

House bill

Section 105 of H.R. 4768 would provide more flexibility to VA by eliminating the "notice and wait" provision if the project VA is planning has already been authorized by law.

Senate bill

Section 106 of S. 2485 contains a similar provision.

Compromise agreement

Section 416 of the Compromise Agreement contains this provision.

SEC. 417—IMPROVEMENTS TO ENHANCE-USE LEASE AUTHORITY

Current law

Section 8162 of title 38, United States Code, authorizes VA to lease real property within its jurisdiction to non-Federal entities provided the lease contributes to the mission of VA and enhance the use of the property. The enhanced-use lease authority in this section restricts the projects the Secretary may consider to those plans set forth by the Under Secretary for Health. Section 8166, of title 38, United States Code, provides the Secretary permissive authority to disregard State and local laws relating to building codes, permits or inspections that would regulate or restrict construction, alteration, repair, remodeling or improvement of VA property associated with an enhanced-use lease.

House bill

Section 106 of H.R. 4768 would add to existing exemptions from State and local laws for enhanced-use leases, any land-use laws and ordinances.

Senate bill

Section 102 of S. 2485 would extend the enhanced-use lease authority to the Veterans Benefits Administration and the National Cemetery Administration.

Compromise agreement

Section 417 of the Compromise Agreement follows the House language.

SEC. 418—FIRST OPTION FOR COMMONWEALTH OF KENTUCKY ON DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER, LOUISVILLE, KENTUCKY

Current law

Section 8122 of title 38, United States Code, requires VA to transfer real property for fair market value and describe the transfer in its annual budget to Congress. This section includes an exception for the transfer of VA property to a State for use as the site of a State nursing home or domiciliary.

House bill

The House Bills contain no comparable provision.

Senate bill

Section 131 of S. 2485 would require VA for one year, if it determines that it will convey, lease, or otherwise dispose of all or part of the VA Medical Center in Louisville, Kentucky, to negotiate for the conveyance, lease, or other disposal of the property to the Commonwealth of Kentucky to provide services for veterans or for other purposes. The bill would require the Commonwealth to pay fair market value for the property if VA transfers such property to the Commonwealth.

Compromise agreement

Section 418 of the Compromise Agreement follows the Senate language, with a modification to include use of the property as a State veterans' home.

SEC. 419—TRANSFER OF JURISDICTION, GENERAL SERVICES ADMINISTRATION PROPERTY, BOISE, IDAHO

Current law

No similar provision exists under current law.

House bill

The House Bills contain no comparable provision.

Senate bill

Section 111 of S. 2485 would direct the Administrator of General Services to transfer to the Secretary of Veterans Affairs certain property in Boise, Idaho, for the purpose of use in providing veterans benefits services.

Compromise agreement

Section 419 of the Compromise Agreement follows the Senate language.

SUBTITLE C—DESIGNATION OF FACILITIES

SEC. 421—THOMAS E. CREEK DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

Current law

Section 531 of title 38, United States Code, prohibits the naming of VA facilities other than for the geographic area in which they are located, unless expressly provided by law.

House bill

H.R. 4836 would designate the Department of Veterans Affairs Medical Center in Amarillo, Texas as the “Thomas E. Creek Department of Veterans Affairs Medical Center”.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement.

Section 421 of the Compromise Agreement follows the House language.

SEC. 422—JAMES J. PETERS DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

Current law

Section 531 of title 38, United States Code, prohibits the naming of VA facilities other than for the geographic area in which they are located, unless expressly provided by law.

House bill

H.R. 2786 would designate the Department of Veterans Affairs Medical Center in the Bronx, New York as the “James J. Peters Department of Veterans Affairs Medical Center”.

Senate bill

Section 121 of S. 2485 contains a similar provision.

Compromise agreement

Section 422 of the Compromise Agreement contains this provision.

SEC. 423—BOB MICHEL DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC

Current law

Section 531 of title 38, United States Code, prohibits the naming of VA facilities other than for the geographic area in which they are located, unless expressly provided by law.

House bill

H.R. 4608 would designate the Department of Veterans Affairs outpatient clinic in Peoria, Illinois as the “Bob Michel Department of Veterans Affairs Outpatient Clinic”.

Senate bill

S. 2596 contains a similar provision.

Compromise agreement

Section 423 of the Compromise Agreement contains this provision.

SEC. 424—CHARLES WILSON DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC

Current law

Section 531 of title 38, United States Code, prohibits the naming of VA facilities other than for the geographic area in which they are located, unless expressly provided by law.

House bill

H.R. 4317 would designate the Department of Veterans Affairs outpatient clinic in Lufkin, Texas as the “Charles Wilson Department of Veterans Affairs Outpatient Clinic”.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement

Section 424 of the Compromise Agreement follows the House language.

SEC. 425—THOMAS P. NOONAN, JR. DEPARTMENT OF VETERANS AFFAIRS OUTPATIENT CLINIC

Current law

Section 531 of title 38, United States Code, prohibits the naming of VA facilities other than for the geographic area in which they are located, unless expressly provided by law.

House bill

H.R. 1318 would designate the Department of Veterans Affairs outpatient clinic in Sunnyside, Queens, New York as the “Thomas P. Noonan, Jr. Department of Veterans Affairs Outpatient Clinic”.

Senate bill

The Senate Bills contain no comparable provision.

Compromise bill

Section 425 of the Compromise Agreement follows the House language.

TITLE V—PERSONNEL ADMINISTRATION

SEC. 501—PILOT PROGRAM TO STUDY INNOVATIVE RECRUITMENT TOOLS TO ADDRESS NURSING SHORTAGES AT DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE FACILITIES

Current law

No similar provision exists under current law.

House bill

Section 2 of H.R. 4231 would establish a pilot program within VA to study the use of outside recruitment, advertising and communications agencies and the use of interactive and online technologies to improve VA's program for recruiting nursing personnel.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement

Section 501 of the Compromise Agreement follows the House language.

SEC. 502—TECHNICAL CORRECTION TO LISTING OF CERTAIN HYBRID POSITIONS IN VETERANS HEALTH ADMINISTRATION

Current law

Section 7401 of title 38, United States Code, authorizes VA to appoint in a hybrid manner under title 5, United States Code and title 38, United States Code, certain scientific and professional medical care personnel.

House bill

Section 4 of H.R. 4231 would make technical corrections to the description of certain occupations included in section 7401 treatable as hybrid appointments, and add blind rehabilitation specialists and blind rehabilitation outpatient specialists to these hybrid appointment categories.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement

Section 502 of the Compromise Agreement follows the House language.

SEC. 503—UNDER SECRETARY FOR HEALTH

Current law

Section 305(A)(2) of title 38, United States Code, requires that the Under Secretary for Health be a “doctor of medicine.”

House bill

Section 7 of H.R. 4231 would repeal the requirement that VA's Under Secretary for Health be a medical doctor.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement

Section 503 of the Compromise Agreement follows the House language.

TITLE VI—OTHER MATTERS

SEC. 601—EXTENSION AND CODIFICATION OF AUTHORITY FOR RECOVERY AUDITS

Current law

Section 116 of Public Law 108-199, “Consolidated Appropriations Act, 2004”, requires the Secretary to conduct a program of recovery audits to recoup overpayments for fee basis and other medical services contracts for the care of veterans.

House bill

The House Bills contain no comparable provision.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement

Section 601 of the Compromise Agreement requires the Secretary of Veterans Affairs to contract to conduct a program of recovery audits for fee basis and other contract care of veterans. The requirement expires on September 30, 2008.

The Committees are encouraged by the Department's increased third party collection in 2003, as a result of more aggressive efforts to improve VA business practices. The Committees expect the Department to assist third party health insurers to process disputed VA claims by using an automated system to download information in standardized formats and to ensure compliance with rules governing dispute resolution through the appeals process.

SEC. 602—INVENTORY OF MEDICAL WASTE MANAGEMENT ACTIVITIES AT DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE FACILITIES

Current law

No similar provision exists under current law.

House bill

Section 401 of H.R. 4658 would require the Secretary to establish and maintain an inventory of medical waste management activities in VA medical facilities and submit a report on such activities by April 15, 2005. The VA would be required to report on plans to modernize or improve the management of medical waste and evaluate the most desirable methods of disposal from an environmental perspective.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement

Section 602 of the Compromise Agreement follows the House language with a modification to change the report date to June 30, 2005.

SEC. 603—INCLUSION OF ALL ENROLLED VETERANS AMONG PERSONS ELIGIBLE TO USE CANTEENS OPERATED BY VETERANS' CANTEEN SERVICE

Current law

Section 7803 of title 38, United States Code, defines those persons eligible to use the Veterans' Canteen Service.

House bill

Section 201 of H.R. 4768 would expand the definition of persons eligible to use the Veterans' Canteen Service to include all individuals enrolled in VA health care under section 1705 of title 38, United States Code, or employed at VA facilities, as well as families and relatives of veteran patients.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement

Section 603 of the Compromise Agreement follows the House language.

SEC. 604—ANNUAL REPORTS ON WAITING TIMES
FOR APPOINTMENTS FOR SPECIALTY CARE

Current law

No similar provision exists under current law.

House bill

The House Bills contain no comparable provision.

Senate bill

Section 207 of S. 2485 would require VA to report annually on patient appointment waiting times, including specialty and primary care services, and separate the data by facility and network.

Compromise agreement

Section 604 of the Compromise Agreement requires the Secretary to report, not later than January 31 of each year through 2007, on veterans waiting more than 3 months for scheduled appointments in specialty care clinics and on any reasons for such delays. Further, the Compromise Agreement requires the Comptroller General to certify the accuracy of the report submitted under this section.

SEC. 605—TECHNICAL CLARIFICATION

Current law

Section 8111 of title 38, United States Code, requires the Secretary and the Secretary of Defense to enter into agreements and contracts for the mutually beneficial sharing of health care resources and establishes a fund, known as the "DOD-VA Health Care Sharing Incentive Fund" to provide incentives to enter into such sharing initiatives.

House bill

Section 6 of H.R. 4231 would make the established DOD-VA Health Care Sharing Incentive Fund available for any purpose authorized by section 8111.

Senate bill

The Senate Bills contain no comparable provision.

Compromise agreement

Section 605 of the Compromise Agreement follows the House language.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. STEARNS), the author of the law, the Millennium Health Care Act, which has made a tremendous difference on behalf of our seniors who are veterans who need long-term health care.

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

Mr. STEARNS. Mr. Speaker, I thank the distinguished chairman of the Committee on Veterans' Affairs, and also I want to thank the gentleman from Connecticut who chairs the Subcommittee on Health for what an outstanding job he has done, having served as the chairman of that committee with the very, very good staff that he has. I think it is a credit to him what we are accomplishing.

I think all of my colleagues know that Florida has one of the largest growing populations of veterans. So many of us in Florida have to be particularly sensitive. We need new facilities down there. That is why I am very supportive of H.R. 3936, the Veterans Health Programs Improvement Act. I especially appreciate that it incorporates provisions of H.R. 4768, the Facilities Management Act of 2004, of

which I was an original cosponsor. I thank the chairman for including that in H.R. 3936. This will authorize projects which the CARES (Capital Asset Realignment for Enhanced Services) Commission recommended to the Secretary of Veterans Affairs. He based his recommendations last May upon that, and that is included in this bill.

Mr. Speaker, under CARES, the VA reviewed all of its facilities systematically to consider where resources might be reallocated for optimal service to veterans. I think the veterans should realize that this was a systematic study. As more veterans have relocated to the Southeast over the years, it appears the VA has insufficient clinic room in the Southeast, particularly in my State of Florida. Accordingly, the majority of the leases which this legislation would authorize are facilities to be located in the South. The aim has been to match the assets with the veterans, and this bill does just that. Florida, as we know, has the second largest veterans population and the number one oldest.

Obviously, I am pleased to see a lease for a regional health care facility in South Marion County, my home county, Summerfield, Florida. The plans are for this clinic to offer comprehensive services to veterans, including audiology, which is very important; ophthalmology; dermatology, particularly in Florida; minor surgery; and complete imaging services. It is going to be housed in a 75,000-square-foot building and provide more services and greater resources for the veterans than the existing VA outpatient clinics that we have throughout my congressional district. Even better, while this clinic is predicted to be opened in the summer of 2007, appropriations willing, the generous, resourceful people of north central Florida have indeed offered the VA the use of free space for an interim clinic, so that should expedite it. So our ever-increasing veterans population can see immediate relief for their long health-care waits in the winter when they come down will be decreased, and this more comprehensive specialty clinic which the act authorizes will be built and in the long run will help everybody. I am very enthusiastically supporting this bill.

I want to thank both the Democrats and Republicans on the Committee on Veterans' Affairs and particularly the gentleman from Connecticut (Mr. SIMMONS) and the gentleman from New Jersey (Mr. SMITH) for their support.

Mr. RODRIGUEZ. Mr. Speaker, I yield 4½ minutes to the gentleman from California (Mr. FILNER), a member of the Committee on Veterans' Affairs and an activist in pushing forward on issues regarding veterans.

Mr. FILNER. Mr. Speaker, as a member of the VA Subcommittee on Health, I also rise in support of H.R. 3936 which includes, as we have heard, a lot of provisions to enhance services to our Nation's veterans. We have thanked the gentleman from New Jersey (Mr.

SMITH), the gentleman from Illinois (Mr. EVANS) and the gentleman from Connecticut (Mr. SIMMONS).

I would particularly like to just thank the gentleman from Texas (Mr. RODRIGUEZ), the ranking member, for his service. I always say, when I get to the committee meetings, "Ciro, you're my hero." The gentleman from Texas, for the 8 years he has been here, has fought steadfastly for his veterans not only in San Antonio but in the United States as a whole. He has done a tremendous amount for health care for our veterans in this Nation, and we thank him for his service. We are going to miss him.

One of the important provisions of this bill is to set up a pilot program to study new and innovative ways to improve the recruitment and retention of nurses at the VA. We all know about the shortage of nurses in our Nation, and we cannot rely on the old methods of recruitment. The use of online technology, for example, can be a valuable tool in finding nurses who are interested in serving the country through their work at a VA medical facility.

Likewise, we have to find ways to keep the nurses that we recruit. A second bill that is before us after this has a provision in fact for alternative work schedules for nurses. Allowing nurses to work these flexible hours to accommodate personal and family needs is a sure way to improve their lives and to encourage them to continue working at the VA center. In addition, this bill provides payments to States to assist State veterans homes in their hiring and retention of nurses.

I think we all know that funding for grants is vital for homeless veterans. That program will be authorized in this bill at a level of \$99 million, an increase of \$24 million. Although we all know that even more funding is needed to assist the homeless veterans of our Nation, this authorization is a welcome increase. Homelessness among veterans is a national disgrace. I know we are all firmly behind the gentleman from New Jersey's goal of eliminating chronic homelessness within the veterans population in 10 years. This bill will help us reach that goal.

The bill also gives permanent authority to the VA Secretary to continue the military sexual trauma counseling program that was established in 1992. As we have heard, this program provides counseling and treatment for the men and women who have experienced sexual trauma or harassment while in the military service. Again, the gentleman from Texas was a major supporter of this program, and we thank him for his leadership once again.

Funding to open several new outpatient clinics is included in this bill, including two in San Diego County, a portion of which I represent. The VA's move to open clinics near veterans' homes has been overwhelmingly successful.

I will also continue work for a full outpatient health clinic in Imperial

County, which is also in my congressional district.

I should add that, as we look at the ways we fund outpatient clinics, the formulas used involve only population. We ought to also, I think, include "isolation" of a county or an area because that is also important, not just the numbers.

These are a few of the provisions in H.R. 3936. Health care of our veterans has to be a priority all the time but especially at this time when we have so many active duty soldiers fighting for this Nation. Whether they are from World War II or from the present conflicts in Afghanistan and Iraq, they are looking to us to meet their needs. Morale in active duty depends on how we are going to treat our soldiers when they come home, so I hope everyone supports H.R. 3936.

Mr. SMITH of New Jersey. Mr. Speaker, I yield 3½ minutes to the gentleman from Indiana (Mr. SOUDER).

Mr. SOUDER. Mr. Speaker, I first want to thank the gentleman from New Jersey (Mr. SMITH) for his leadership and advocacy on behalf of veterans. No one has worked harder for veterans than he has. I appreciate his commitment not only on this bill but across the board in working to improve veterans health care and the benefits for veterans in the United States. I also want to specifically thank John Bradley on the gentleman from New Jersey's committee staff for his willingness to work with my staff on matters of concern to veterans in my district.

The bill before us contains many important provisions related to veterans health care and facilities management. Particularly, section 414 is of specific interest to veterans in my district, and I appreciate the inclusion of this language to force additional reporting to Congress as far as informing us of changes or closure of veterans hospitals.

In May of this year, Secretary Principi issued his decision on the CARES Commission recommendations for veterans health care. Among the slated changes was a mission change for the Fort Wayne veterans hospital located in my district. The decision called for closure of the hospital's inpatient beds and a transfer of those patients to either a community hospital in the local area or the Indianapolis veterans hospital. Fort Wayne is the largest veterans hospital and city in the United States affected by this bill. It is the second largest city in Indiana. The northern Indiana hospital covers an area larger than 2 million people who live 2 to 4 hours from Indianapolis and have no desire to go to Indianapolis, especially for continuing outpatient care; or for some inpatient care; or far away from their doctors where they have to get motels, where their spouses have to come, far away from their families, where their children will not visit them. They have no interest in this process.

Fort Wayne is one of the top military recruiting areas in the United States.

In addition, our Guard and Reserve units are regularly serving on the front lines. Currently, I have a Reserve unit of over 200 men and women in Afghanistan for a year. I just had an Air Guard unit return to Fort Wayne from the Middle East. I have another large Reserve unit that just returned from a year down in Guantanamo. This spring, I had an Army Guard unit of 700 return from 14 months in Iraq. None of this was considered in the CARES Commission report.

In Congress, we are asked to repeatedly support, which I support as well, actions in Afghanistan, actions in Iraq and other parts of the world. But we cannot ask men and women in our Guard and Reserve to repeatedly be called up and then not have health care in the districts that they live in.

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The CARES Commission assumed retirement communities, and where the military bases were, were where the future demand was going to be. But if we are going to use the Guard and Reserve in the way we are using them, we are going to provide them health care because if they are on the frontline in combat, they are going to be treated like other military personnel. And if they get called up a second time and third time around, the health care system is going to be revolutionized in the United States, and these people do not retire in Florida. They do not live there. They do not go where the bases are. They live in the communities they work in, in the Guard and the Reserve. And we have to factor this in as we look at the health care system.

Obviously, population shifts have occurred. Obviously, modernization is needed in our veterans hospitals. Obviously, outpatient services are the growing category in all kinds of health care, and we do not need more input. But what I fear when we look at the obvious trends that are occurring is, this is a back-door way to actually reduce benefits for many veterans and people in the Guard and Reserve in areas where they have been loyal patriotic Americans risking and dying, as many have in my district already in these wars, and they do not deserve to have their health care diminished dramatically.

Mr. RODRIGUEZ. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. WATERS).

Ms. WATERS. Mr. Speaker, I would like to thank my colleagues on both sides of the aisle: The gentleman from New Jersey (Chairman SMITH); the gentleman from Connecticut (Mr. SIMMONS), subcommittee chairman; the gentleman from Illinois (Mr. EVANS), our ranking member; and the gentleman from Texas (Mr. RODRIGUEZ), ranking member of the subcommittee. They have done a fabulous job in putting together this legislation.

And this is a good day for veterans. It is a good day for veterans because, again, we are beginning to address

some of the issues that we should have addressed a long time ago. Let me just say the gentleman from Texas (Mr. RODRIGUEZ) has done a very wonderful job. I am very proud of the work he has done, and I really do commend him to the care and attention that he has given.

And to the gentleman from Illinois (Mr. EVANS), I served with the gentleman from Illinois (Mr. EVANS) when I first came to the House, and I had the opportunity even to vote for him to be Chair. Sonny Montgomery has never forgiven me. But he is the best advocate the veterans have ever had, and I appreciate him each and every day.

Mr. Speaker, this bill is important for a number of reasons. Someone mentioned earlier that homelessness among the veterans of this country is a disgrace, and it really is. I was at the U.S. Vets again on Veterans Day, and that program fed over 600 or 700 veterans off the street who were homeless. Some of them were fortunate enough to be in the program; others just off the street who were fed that day. But any place that one goes in America and particularly in our cities, when they go to the areas where the homeless congregate, whether they are in the downtowns or wherever they are, disproportionately those will be veterans. So this bill increases the overall authorization for the Grant and Per Diem Homeless Veterans Assistance Program from \$75 million to \$99 million in funding year 2005, and I hope that each year it will continue to go up.

It is a good bill. It has a lot of good things that are covered in the bill. And so I am pleased that I am here to support it, and I would ask my colleagues to do so.

Mr. SMITH of New Jersey. Mr. Speaker, I reserve the balance of my time.

Mr. RODRIGUEZ. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. SOLIS).

Ms. SOLIS. Mr. Speaker, I would also like to rise in support of the Veterans Health Program Improvement Act and to the gentleman from Texas (Mr. RODRIGUEZ), the distinguished manager of this particular legislation, who has been a strong advocate for many years on the health care of our veterans.

I would also like to recognize the gentleman from Illinois (Mr. EVANS), the ranking Democrat on this committee, also and thank him for allowing me the opportunity to speak.

As a Member here, this is now going on my third term. But L.A. County in the area that I represent has one of the largest concentrations of veterans, a large number of Vietnam veterans, but in particular, many that are now serving in Iraq and Afghanistan.

And I am very delighted to see that there has been an extension of the sexual trauma counseling program, and this has been made permanent, and I would like to commend those that worked on this in particular because this has been a subject for the Women's

Caucus. We actually had an informal hearing here and brought forward individuals to talk to us about how we could remedy this problem. It is something we have to work on, and sexual assault in the military is something that we all know is unacceptable. The counseling program is one step towards helping victims access services that they deserve. And studies, as we know, have shown that three-fourths of the female veterans who are raped did not report the incident to a ranking officer. Many did not know how to, and some even thought that rape was somehow expected in the military. Since August of 2002 until November 1 of this year, there has been an estimated 261 cases of sexual assault in Iraq, Kuwait, Afghanistan and Bahrain.

We must enforce a zero-tolerance policy within the Armed Forces and protect all of our veterans, women and men, from having to cope with these injustices. And I urge the Congress to support this piece of vital legislation and also want to thank those who worked on this legislation to increase the health care services for our veterans.

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

Let me say that this particular piece of legislation is extremely important. I know, as has been mentioned, the importance of the number of veterans that are still estimated to be homeless, some 299,000 veterans out there that sleep under the bridges, and I know that our efforts in this area will help begin to continue to decrease the number of those homeless veterans that are out there.

According to the VA, 45 percent of the homeless veterans also suffer from mental health disorders. We know the importance of coming forth on post-traumatic stress disorder and how critical that is. And I also want to just emphasize how key and how important it is for the sexual trauma situations where we have improved in increasing the number of women in the military, and as we do that, we need to make sure that we have a good safe place for a work environment where they can feel comfortable in addition to the services that are needed.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise as a strong supporter of H.R. 3936 the Veterans Health Programs Improvement Act of 2004 which would increase the authorization of appropriations for grants to benefit homeless veterans, would improve programs for management and administration of veterans' facilities and health care programs. I want to thank Chairman SMITH and Ranking Member EVANS for bringing this necessary piece of legislation before this entire body.

Veterans are some of America's most valued members of society. These are people who served our Nation in a time of need, people who risked their lives to protect our own. Yet, it pains me to say that many of these same veterans who fought so bravely and risked so much in lands far abroad have come back to their nation and are now homeless.

The problem of homeless veterans is far more prevalent than we would like to believe. About one-third of the entire adult homeless population has served their country in the Armed Services. On any given day, as many as 250,000 veterans, both male and female, are living on the streets or in shelters, and perhaps twice as many experience hopelessness at some point during the course of a year. Many other veterans are considered near homeless or at risk because of their poverty, lack of support from family and friends, and dismal living conditions in cheap hotels or in overcrowded or substandard housing.

This legislation is necessary not only because this problem is so devastating and prevalent, but also because homeless veterans have special needs that are unique from those faced by the rest of the homeless population. Almost all homeless veterans are male, with three percent being female, the vast majority are single, and most come from poor, disadvantaged backgrounds. Homeless veterans tend to be older and more educated than homeless non-veterans. But similar to the general population of homeless adult males, about 45% of homeless veterans suffer from mental illness and slightly more than 70% suffer from alcohol or other drug abuse problems. Roughly 56% are African American or Hispanic.

I believe that the Veterans Health Programs Improvement Act will help make an impact in helping homeless veterans and ensuring that they have a viable future. This legislation has a number of important provisions, but in my mind none is more important than the issue of homeless veterans. If we cannot even provide our brave veterans with basic necessities then where are we as a Nation? Our Nation's veterans did not risk their lives abroad so that they could come home and feel a cold shoulder. We must all have outrage that so many of our Nation's veterans live this way; only then can we find a way to correct this injustice.

Mr. REYES. Mr. Speaker, I rise today in support of H.R. 3936, the Veterans Health Programs Improvement Act of 2004. I would like to thank the sponsors of this legislation, Chairman CHRIS SMITH and Ranking Member LANE EVANS for their work to bring it through the House Veterans Affairs Committee and to the floor expeditiously.

Among other important actions, H.R. 3936 would provide the needed funding to assist our homeless veterans. As a Vietnam veteran and Member of Congress, I know the importance of addressing and appropriately funding programs to end homelessness among our veteran population. I feel this legislation is a step in the right direction to meet this need.

Sadly, today's homeless veteran population are men and women who have resorted to living out in the streets of the very same country they committed to serve. In addition, nearly half of this population consists of veterans who served with me in Vietnam.

Mr. Speaker, I can't stress enough the importance of this legislation, especially at a time of conflict that is increasing the veteran population. We should not forget the sacrifices made by our Nation's veterans. Instead, we need to uphold our promise to care for those who have answered the call to duty.

Mr. Speaker, I strongly urge my colleagues to support the passage of this important bill.

Mr. BEAUPREZ. Mr. Speaker, I rise today in support of H.R. 3936, the Veterans Health

Programs Improvement Act of 2004. Today, more than ever, it is imperative that we address the benefits we provide to our Nation's veterans. Over the past few decades, the needs of veterans have evolved, and it is incumbent upon us to ensure the benefits they have so dutifully earned will sufficiently meet those changing needs.

Included in this bill is language to allow the Department of Veterans Affairs to begin negotiations with the University of Colorado for the land on which to build a new, state-of-the-art veterans medical facility on the Fitzsimons Campus in Aurora, CO. This landmark veterans hospital will be capable of providing services that were previously unthinkable in many of the unequipped, outdated VA hospitals of the past.

Through a collaboration between the VA, the DOD, and the University of Colorado, veterans in the Rocky Mountain region will gain access to a higher quality of health care made possible thanks to 21st century innovations and the synergy of this unique partnership.

Mr. Speaker, I applaud the efforts of everyone involved in bringing this bill to the floor for a vote today. It is a paramount piece of legislation not only for the veterans in my district, but for all of our Nation's veterans, and I strongly support its intent.

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

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

The SPEAKER pro tempore (Mr. TERRY). The question is on the motion offered by the gentleman from New Jersey (Mr. SMITH) that the House suspend the rules and concur in the Senate amendments to the bill, H.R. 3936.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the Senate amendments were concurred in.

A motion to reconsider was laid on the table.

GENERAL LEAVE

Mr. SMITH of New Jersey. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 3936.

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

There was no objection.

DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PERSONNEL ENHANCEMENT ACT OF 2004

Mr. SIMMONS. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 2484) to amend title 38, United States Code, to simplify and improve pay provisions for physicians and dentists and to authorize alternate work schedules and executive pay for nurses, and for other purposes.

The Clerk read as follows:

S. 2484

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