

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,*

**SECTION 1. SHORT TITLE.**

This Act may be cited as the “Department of Veterans Affairs Health Care Personnel Enhancement Act of 2004”.

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

Except as otherwise expressly provided, whenever in this Act an amendment is expressed in terms of an amendment to 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.

**SEC. 3. SIMPLIFICATION AND IMPROVEMENT OF GRADE AND PAY PROVISIONS FOR PHYSICIANS AND DENTISTS.**

(a) SIMPLIFICATION OF GRADES AND GRADE REQUIREMENTS.—(1) Subsection (b) of section 7404 is amended—

(A) by striking “(1)” after “(b)”;

(B) in the Physician and Dentist Schedule, by striking the items relating to the grades and inserting the following:

“Physician grade.

“Dentist grade.”; and

(C) by striking paragraph (2).

(2) Subsection (a) of such section is amended by adding at the end the following: “The pay of physicians and dentists serving in positions to which an Executive order applies under the preceding sentence shall be determined under subchapter III of this chapter instead of such Executive order.”.

(b) SIMPLIFICATION AND IMPROVEMENT OF PAY AUTHORITIES.—Subchapter III of chapter 74 is amended to read as follows:

**“SUBCHAPTER III—PAY FOR PHYSICIANS AND DENTISTS****“§ 7431. Pay**

“(a) ELEMENTS OF PAY.—Pay of physicians and dentists in the Veterans Health Administration shall consist of three elements as follows:

“(1) Base pay as provided for under subsection (b).

“(2) Market pay as provided for under subsection (c).

“(3) Performance pay as provided under subsection (d).

“(b) BASE PAY.—One element of pay for physicians and dentists shall be base pay. Base pay shall meet the following requirements:

“(1) Each physician and dentist is entitled to base pay determined under the Physician and Dentist Base and Longevity Pay Schedule.

“(2) The Physician and Dentist Base and Longevity Pay Schedule is composed of 15 rates of base pay designated, from the lowest rate of pay to the highest rate of pay, as base pay steps 1 through 15.

“(3) The rate of base pay payable to a physician or dentist is based on the total number of the years of the service of the physician or dentist in the Veterans Health Administration as follows:

**“For a physician or dentist with total service of:      The rate of base pay is the rate payable for:**

two years or less .....	step 1
more than 2 years and not more than 4 years .....	step 2
more than 4 years and not more than 6 years .....	step 3
more than 6 years and not more than 8 years .....	step 4
more than 8 years and not more than 10 years .....	step 5
more than 10 years and not more than 12 years .....	step 6
more than 12 years and not more than 14 years .....	step 7
more than 14 years and not more than 16 years .....	step 8
more than 16 years and not more than 18 years .....	step 9

**“For a physician or dentist with total service of:      The rate of base pay is the rate payable for:**

more than 18 years and not more than 20 years .....	step 10
more than 20 years and not more than 22 years .....	step 11
more than 22 years and not more than 24 years .....	step 12
more than 24 years and not more than 26 years .....	step 13
more than 26 years and not more than 28 years .....	step 14
more than 28 years .....	step 15.

“(4) At the same time as rates of basic pay are increased for a year under section 5303 of title 5, the Secretary shall increase the amount of base pay payable under this subsection for that year by a percentage equal to the percentage by which rates of basic pay are increased under such section for that year.

“(c) MARKET PAY.—One element of pay for physicians and dentists shall be market pay. Market pay shall meet the following requirements:

“(1) Each physician and dentist is eligible for market pay.

“(2) Market pay shall consist of pay intended to reflect the recruitment and retention needs for the specialty or assignment (as defined by the Secretary) of a particular physician or dentist in a facility of the Department of Veterans Affairs.

“(3) The annual amount of the market pay payable to a physician or dentist shall be determined by the Secretary on a case-by-case basis.

“(4)(A) In determining the amount of market pay for physicians or dentists, the Secretary shall consult two or more national surveys of pay for physicians or dentists, as applicable, whether prepared by private, public, or quasi-public entities in order to make a general assessment of the range of pays payable to physicians or dentists, as applicable.

“(B)(i) In determining the amount of the market pay for a particular physician or dentist under this subsection, and in determining a tier (if any) to apply to a physician or dentist under subsection (e)(1)(B), the Secretary shall consult with and consider the recommendations of an appropriate panel or board composed of physicians or dentists (as applicable).

“(ii) A physician or dentist may not be a member of the panel or board that makes recommendations under clause (i) with respect to the market pay of such physician or dentist, as the case may be.

“(iii) The Secretary should, to the extent practicable, ensure that a panel or board consulted under this subparagraph includes physicians or dentists (as applicable) who are practicing clinicians and who do not hold management positions in the medical facility of the Department at which the physician or dentist subject to the consultation is employed.

“(5) The determination of the amount of market pay of a physician or dentist shall take into account—

“(A) the level of experience of the physician or dentist in the specialty or assignment of the physician or dentist;

“(B) the need for the specialty or assignment of the physician or dentist at the medical facility of the Department concerned;

“(C) the health care labor market for the specialty or assignment of the physician or dentist, which may cover any geographic area the Secretary considers appropriate for the specialty or assignment;

“(D) the board certifications, if any, of the physician or dentist;

“(E) the prior experience, if any, of the physician or dentist as an employee of the Veterans Health Administration; and

“(F) such other considerations as the Secretary considers appropriate.

“(6) The amount of market pay of a physician or dentist shall be evaluated by the Secretary not less often than once every 24 months. The amount of market pay may be adjusted as the result of an evaluation under this paragraph. A physician or dentist whose market pay is evaluated under this paragraph shall receive written notice of the results of such evaluation in accordance with procedures prescribed under section 7433 of this title.

“(7) No adjustment of the amount of market pay of a physician or dentist under paragraph (6) may result in a reduction of the amount of market pay of the physician or dentist while in the same position or assignment at the medical facility of the Department concerned.

“(d) PERFORMANCE PAY.—(1) One element of pay for physicians and dentists shall be performance pay.

“(2) Performance pay shall be paid to a physician or dentist on the basis of the physician's or dentist's achievement of specific goals and performance objectives prescribed by the Secretary.

“(3) The Secretary shall ensure that each physician and dentist of the Department is advised of the specific goals or objectives that are to be measured by the Secretary in determining the eligibility of that physician or dentist for performance pay.

“(4) The amount of the performance pay payable to a physician or dentist may vary annually on the basis of individual achievement or attainment of the goals or objectives applicable to the physician or dentist under paragraph (2).

“(5) The amount of performance pay payable to a physician or dentist in a fiscal year shall be determined in accordance with regulations prescribed by the Secretary, but may not exceed the lower of—

“(A) \$15,000; or

“(B) the amount equal to 7.5 percent of the sum of the base pay and the market pay payable to such physician or dentist in that fiscal year.

“(6) A failure to meet goals or objectives applicable to a physician or dentist under paragraph (2) may not be the sole basis for an adverse personnel action against that physician or dentist.

“(e) REQUIREMENTS AND LIMITATIONS ON TOTAL PAY.—(1)(A) Not less often than once every two years, the Secretary shall prescribe for Department-wide applicability the minimum and maximum amounts of annual pay that may be paid under this section to physicians and the minimum and maximum amounts of annual pay that may be paid under this section to dentists.

“(B) The Secretary may prescribe for Department-wide applicability under this paragraph separate minimum and maximum amounts of pay for a specialty or assignment. If the Secretary prescribes separate minimum and maximum amounts for a specialty or assignment, the Secretary may establish up to four tiers of minimum and maximum amounts for such specialty or assignment and prescribe for each tier a minimum amount and a maximum amount that the Secretary determines appropriate for the professional responsibilities, professional achievements, and administrative duties of the physicians or dentists (as the case may be) whose pay is set within that tier.

“(C) Amounts prescribed under this paragraph shall be published in the Federal Register, and shall not take effect until at least 60 days after the date of publication.

“(2) Except as provided in paragraph (3) and subject to paragraph (4), the sum of the

total amount of the annual rate of base pay payable to a physician or dentist under subsection (b) and the market pay determined for the physician or dentist under subsection (c) may not be less than the minimum amount, nor more than the maximum amount, applicable to specialty or assignment of the physician or dentist under paragraph (1).

“(3) The sum of the total amount of the annual rate of base pay payable to a physician or dentist under subsection (b) and the market pay determined for the physician or dentist under subsection (c) may exceed the maximum amount applicable to the specialty or assignment of the physician or dentist under paragraph (1) as a result of an adjustment under paragraph (3) or (4) of subsection (b).

“(4) In no case may the total amount of compensation paid to a physician or dentist under this title in any year exceed the amount of annual compensation (excluding expenses) specified in section 102 of title 38.

“(f) TREATMENT OF PAY.—Pay under subsections (b) and (c) of this section shall be considered pay for all purposes, including retirement benefits under chapters 83 and 84 of title 5 and other benefits.

“(g) ANCILLARY EFFECTS OF DECREASES IN PAY.—(1) A decrease in pay of a physician or dentist resulting from an adjustment in the amount of market pay of the physician or dentist under subsection (c) shall not be treated as an adverse action.

“(2) If the pay of a physician or dentist is reduced under this subchapter as a result of an involuntary reassignment in connection with a disciplinary action taken against the physician or dentist, the involuntary reassignment shall be subject to appeal under subchapter V of this chapter.

“(h) DELEGATION OF RESPONSIBILITIES.—The Secretary may delegate to an appropriate officer or employee of the Department any responsibility of the Secretary under subsection (c), (d), or (e) except for the responsibilities of the Secretary under subsection (e)(1).

#### “§ 7432. Pay of Under Secretary for Health

“(a) BASE PAY.—The base pay of the Under Secretary for Health shall be the annual rate of basic pay for positions at Level III of the Executive Schedule under section 5314 of title 5.

“(b) MARKET PAY.—(1) In the case of an Under Secretary for Health who is also a physician or dentist, in addition to the base pay specified in subsection (a) the Under Secretary for Health may also be paid the market pay element of pay of physicians and dentists under section 7431(c) of this title.

“(2) The amount of market pay of the Under Secretary for Health under this subsection shall be established by the Secretary.

“(3) In establishing the amount of market pay of the Under Secretary for Health under this subsection, the Secretary shall utilize an appropriate health care labor market selected by the Secretary for purposes of this subsection.

“(c) TREATMENT OF PAY.—Pay under this section shall be considered pay for all purposes, including retirement benefits under chapters 83 and 84 of title 5 and other benefits.

#### “§ 7433. Administrative matters

“(a) REGULATIONS.—(1) The Secretary shall prescribe regulations relating to the pay of physicians and dentists in the Veterans Health Administration under this subchapter.

“(2) In prescribing the regulations, the Secretary shall take into account the recommendations of the Under Secretary for Health on the administration of this subchapter. In formulating recommendations

for the purpose of this paragraph, the Under Secretary shall request the views of representatives of labor organizations that are exclusive representatives of physicians and dentists of the Department and the views of representatives of professional organizations of physicians and dentists of the Department.

“(b) REPORTS.—(1) Not later than 18 months after the Secretary prescribes the regulations required by subsection (a), and annually thereafter for the next 5 years, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the pay of physicians and dentists in the Veterans Health Administration under this subchapter.

“(2) Each report under this subsection shall include the following:

“(A) A description of the rates of pay in effect during the current fiscal year with a comparison to the rates in effect during the fiscal year preceding the current fiscal year, set forth by facility and by specialty.

“(B) The number of physicians and dentists who left the Veterans Health Administration during the preceding fiscal year.

“(C) The number of unfilled physician positions and dentist positions in each specialty in the Veterans Health Administration, the average and maximum lengths of time that such positions have been unfilled, and an assessment of the reasons that such positions remain unfilled.

“(D) An assessment of the impact of implementation of this subchapter on efforts to recruit and retain physicians and dentists in the Veterans Health Administration.

“(3) The first two annual reports under this subsection shall also include a comparison of staffing levels, contract expenditures, and average salaries of physicians and dentists in the Veterans Health Administration for the current fiscal year and for the fiscal year preceding the current fiscal year, set forth by facility and by specialty.”.

(c) INITIAL RATES OF BASE PAY FOR PHYSICIANS AND DENTISTS.—The initial rates of base pay established for the base pay steps under the Physician and Dentist Base and Longevity Pay Schedule provided in section 7431(b) of title 38, United States Code (as added by subsection (b)), are as follows:

Base Pay Step:	Rate of Pay:
1 .....	\$90,000
2 .....	\$93,000
3 .....	\$96,000
4 .....	\$99,000
5 .....	\$102,000
6 .....	\$105,000
7 .....	\$108,000
8 .....	\$111,000
9 .....	\$114,000
10 .....	\$117,000
11 .....	\$120,000
12 .....	\$123,000
13 .....	\$126,000
14 .....	\$129,000
15 .....	\$132,000

(d) EFFECTIVE DATE.—(1) Notwithstanding the 60-day waiting requirement in section 7431(e)(1)(C) of title 38, United States Code (as amended by subsection (b)), pay provided for a physician or dentist under subchapter III of chapter 74 of such title, as amended by subsection (b), shall take effect on the first day of the first pay period applicable to such physician or dentist that begins on or after January 1, 2006.

(2) Pay provided for the Under Secretary for Health under subchapter III of chapter 74 of title 38, United States Code, as amended by this section shall take effect on the first day of the first pay period applicable to the Under Secretary that begins on or after January 1, 2006.

(e) TRANSITION PROVISIONS.—

(1) PHYSICIANS AND DENTISTS.—

(A) PAY.—(i) The amount of the pay payable on and after the date of the enactment of this Act to a physician or dentist in receipt of pay under section 7404 or 7405 of title 38, United States Code, as of the day before such date shall continue to be determined under such section (as in effect on the day before such date) until the effective date that is applicable under subsection (d) to such physician or dentist, as the case may be.

(ii) A physician or dentist appointed or re-assigned on or after the date of the enactment of this Act, but before the effective date applicable under subsection (d) to such physician or dentist, shall be compensated in accordance with applicable provisions of section 7404 or 7405 of title 38, United States Code (as in effect on the day before date of the enactment of this Act), until such effective date.

(B) SPECIAL PAY.—(i) A special pay agreement entered into by a physician or dentist under subchapter III of chapter 74 of title 38, United States Code, before the date of the enactment of this Act shall terminate on the date of the enactment of this Act. However, a physician or dentist in receipt of special pay pursuant to such an agreement on that date shall continue to receive special pay under the terms of such agreement until the effective date that is applicable under subsection (d) to such physician or dentist.

(ii) A physician or dentist described in subparagraph (A)(ii) may be paid special pay under applicable provisions of section 7433, 7434, 7435, or 7436 of title 38, United States Code (as in effect on the day before the date of the enactment of this Act), during the period beginning on the date of the appointment or reassignment of such physician or dentist, as the case may be, and ending on the effective date applicable under subsection (d) to such physician or dentist. However, no special pay agreement shall be required for the payment of special pay under this clause.

(C) TREATMENT OF SPECIAL PAY.—(i) Special pay paid under subparagraph (B) to a physician or dentist during the period beginning on the date of the enactment of this Act and ending on the effective date applicable under subsection (d) to such physician or dentist shall be subject to the provisions of paragraphs (1), (2), (4), (5), and (6) of section 7438(b) of title 38, United States Code (as in effect on the day before the date of the enactment of this Act).

(ii) Special pay paid to a physician or dentist under section 7438 of title 38, United States Code (as in effect on the day before the date of the enactment of this Act), shall be fully creditable for purposes of computing benefits under chapters 83 and 84 of title 5, United States Code.

(D) PRESERVATION OF PAY.—The amount of pay paid to a physician or dentist after the effective date of this Act shall not be less than the amount of pay paid to such physician or dentist on the day before the effective date of this Act while such physician or dentist remains in the same position or assignment.

(2) UNDER SECRETARY FOR HEALTH.—

(A) SPECIAL PAY.—(i) The current special pay agreement entered into by the Under Secretary for Health under subchapters I and III of chapter 74 of title 38, United States Code, before the date of the enactment of this Act shall terminate on the date of the enactment of this Act. However, the Under Secretary shall continue to receive special pay under the terms of such agreement until the effective date that is applicable under subsection (d) to the Under Secretary.

(ii) An individual appointed as Under Secretary for Health on or after the date of the

enactment of this Act and before the effective date applicable under subsection (d) to the Under Secretary shall be paid special pay in accordance with the provisions of sections 7432(d)(2) and 7433 of title 38, United States Code (as in effect on the day before the date of the enactment of this Act), during the period beginning on the date of appointment and ending on such effective date. However, no special pay agreement shall be required for the payment of special pay under this clause.

(B) TREATMENT OF SPECIAL PAY.—Special pay paid under subparagraph (A) during the period beginning on the date of the enactment of this Act and ending on the effective date applicable under subsection (d) to the Under Secretary—

(i) shall be subject to the provisions of paragraphs (1), (2), (4), (5), and (6) of section 7438(b) of title 38, United States Code (as in effect on the day before the date of the enactment of this Act); and

(ii) shall be fully creditable for purposes of computing benefits under chapters 83 and 84 of title 5, United States Code.

(f) CONFORMING AMENDMENTS.—Section 7404 is amended—

(1) in subsection (c), by striking “special pay” and inserting “pay”; and

(2) in subsection (d), by striking “pay may not be paid” and all that follows and inserting “pay for positions for which basic pay is paid under this section may not be paid at a rate in excess of the rate of basic pay authorized by section 5316 of title 5 for positions in Level V of the Executive Schedule.”.

(g) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 74 is amended by striking the items relating to subchapter III and inserting the following new items:

**“SUBCHAPTER III—PAY FOR PHYSICIANS AND DENTISTS**

“Sec. 7431. Pay.

“Sec. 7432. Pay of Under Secretary for Health.

“Sec. 7433. Administrative matters.”.

**SEC. 4. ALTERNATE WORK SCHEDULES FOR REGISTERED NURSES.**

(a) IN GENERAL.—(1) Chapter 74 is amended by inserting after section 7456 the following new section:

**“§ 7456A. Nurses: alternate work schedules**

“(a) APPLICABILITY.—This section applies to registered nurses appointed under this chapter.

“(b) 36/40 WORK SCHEDULE.—(1)(A) Subject to paragraph (2), if the Secretary determines it to be necessary in order to obtain or retain the services of registered nurses at any Department health-care facility, the Secretary may provide, in the case of nurses employed at such facility, that such nurses who work three regularly scheduled 12-hour tours of duty within a work week shall be considered for all purposes to have worked a full 40-hour basic work week.

“(B) A nurse who works under the authority in subparagraph (A) shall be considered a 0.90 full-time equivalent employee in computing full-time equivalent employees for the purposes of determining compliance with personnel ceilings.

“(2)(A) Basic and additional pay for a nurse who is considered under paragraph (1) to have worked a full 40-hour basic work week shall be subject to subparagraphs (B) and (C).

“(B) The hourly rate of basic pay for a nurse covered by this paragraph for service performed as part of a regularly scheduled 36-hour tour of duty within the work week shall be derived by dividing the nurse’s annual rate of basic pay by 1,872.

“(C) The Secretary shall pay overtime pay to a nurse covered by this paragraph who—

“(i) performs a period of service in excess of such nurse’s regularly scheduled 36-hour tour of duty within an administrative work week;

“(ii) for officially ordered or approved service, performs a period of service in excess of 8 hours on a day other than a day on which such nurse’s regularly scheduled 12-hour tour of duty falls;

“(iii) performs a period of service in excess of 12 hours for any day included in the regularly scheduled 36-hour tour of duty work week; or

“(iv) performs a period of service in excess of 40 hours during an administrative work week.

“(D) The Secretary may provide a nurse to whom this subsection applies with additional pay under section 7453 of this title for any period included in a regularly scheduled 12-hour tour of duty.

“(3) A nurse who works a work schedule described in this subsection who is absent on approved sick leave or annual leave during a regularly scheduled 12-hour tour of duty shall be charged for such leave at a rate of ten hours of leave for every nine hours of absence.

“(c) HOLIDAY PAY.—A nurse working a work schedule under subsection (b) that includes a holiday designated by law or Executive order shall be eligible for holiday pay under section 7453(d) of this title for any service performed by the nurse on such holiday under such section.

“(d) 9-MONTH WORK SCHEDULE FOR CERTAIN NURSES.—(1) The Secretary may authorize a registered nurse appointed under section 7405 of this title, with the nurse’s written consent, to work full time for nine months with 3 months off duty, within a fiscal year, and be paid at 75 percent of the full-time rate for such nurse’s grade for each pay period of such fiscal year.

“(2) A nurse who works under the authority in paragraph (1) shall be considered a 0.75 full-time equivalent employee in computing full-time equivalent employees for the purposes of determining compliance with personnel ceilings.

“(3) Work under this subsection shall be considered part-time service for purposes of computing benefits under chapters 83 and 84 of title 5.

“(4) A nurse who works under the authority in paragraph (1) shall be considered a full-time employee for purposes of chapter 89 of title 5.

“(e) NOTIFICATION OF MODIFICATION OF BENEFITS.—The Secretary shall provide each employee with respect to whom an alternate work schedule under this section may apply written notice of the effect, if any, that the alternate work schedule will have on the employee’s health care premium, retirement, life insurance premium, probationary status, or other benefit or condition of employment. The notice shall be provided not later than 14 days before the employee consents to the alternate work schedule.

“(f) REGULATIONS.—The Secretary shall prescribe regulations to carry out this section.”.

(2) The table of sections at the beginning of chapter 74 is amended by inserting after the item relating to section 7456 the following new item:

“Sec. 7456A. Nurses: alternate work schedules.”.

(b) POLICY AGAINST CERTAIN WORK HOURS.—(1) It is the sense of Congress to encourage the Secretary of Veterans Affairs to prevent work hours by nurses providing direct patient care in excess of 12 consecutive hours or in excess of 60 hours in any 7-day period, except in the case of nurses providing emergency care.

(2) Not later than one year after the date of the enactment of this Act and every year thereafter for the next two years, the Secretary shall certify to Congress whether or not each Veterans Health Administration facility has in place, as of the date of such certification, a policy designed to prevent work hours by nurses providing direct patient care (other than nurses providing emergency care) in excess of 12 consecutive hours or in excess of 60 hours in any 7-day period.

**SEC. 5. NURSE EXECUTIVE SPECIAL PAY.**

Section 7452 is amended by adding at the end the following new subsection:

“(g)(1) In order to recruit and retain highly qualified Department nurse executives, the Secretary may, in accordance with regulations prescribed by the Secretary, pay special pay to the nurse executive at each location as follows:

“(A) Each Department health care facility.

“(B) The Central Office.

“(2) The amount of special pay paid to a nurse executive under paragraph (1) shall be not less than \$10,000 or more than \$25,000.

“(3) The amount of special pay paid to a nurse executive under paragraph (1) shall be based on factors such as the grade of the nurse executive position, the scope and complexity of the nurse executive position, the personal qualifications of the nurse executive, the characteristics of the health care facility concerned, the nature and number of specialty care units at the health care facility concerned, demonstrated difficulties in recruitment and retention of nurse executives at the health care facility concerned, and such other factors as the Secretary considers appropriate.

“(4) Special pay paid to a nurse executive under paragraph (1) shall be in addition to any other pay (including basic pay) and allowances to which the nurse executive is entitled, and shall be considered pay for all purposes, including retirement benefits under chapters 83 and 84 of title 5, and other benefits, but shall not be considered basic pay for purposes of adverse actions under subchapter V of this chapter.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Connecticut (Mr. SIMMONS) and the gentleman from Texas (Mr. RODRIGUEZ) each will control 20 minutes.

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

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

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

Mr. SIMMONS. Mr. Speaker, today the House considers S. 2484, the Department of Veterans Affairs Personnel Enhancement Act of 2004. This legislation is designed to improve VA’s ability to recruit and retain physicians and nurses. The bill represents a compromise agreement between the two bodies and is supported by the administration.

The Department of Veterans Affairs has almost 1,000 vacancies for full-time physicians, particularly specialists. Inadequate salaries are one of the biggest obstacles to filling these physician vacancies. Because VA is not able to hire the physician it needs, it will spend over a billion dollars this year for non-VA physicians to care for veterans under contractual agreements.

Thirteen years have passed since Congress last made changes to the VA

physician and dentist compensation system. Last year, VA submitted a legislative proposal to allow VA to be more competitive in physician recruitment. After receiving that proposal, we worked with our Senate counterparts, the VA and interested organizations to craft the compromise legislation before the House today.

The largest component of physician compensation for most physicians would be fixed in statute and adjusted annually. A second component, market pay, would be determined through an open three-step process. VA's Under Secretary for Health in formulating recommendations on pay to the Secretary would solicit the views of concerned employee representatives and professional organizations. The Secretary would then provide notice in the Federal Register with a 60-day waiting period before adjustments to pay bans would be finalized.

Further, the compromise agreement would require VA to provide each physician and dentist written notice of any decisions made by the VA concerning their pay.

This compromise agreement would also provide a third component of compensation that addresses the issue of performance pay for physicians and dentists. Any award of performance pay would be made on the basis of an individual physician's or dentist's achievement of specific goals agreed upon in advance. This provision is very important because it would ensure that performance payments serve as incentives for good performance rather than as penalties for lack of performance.

The compromise we are considering today is supported by the VA employee representatives and professional organizations and is a very much needed change that should enhance health care for our veterans. The compromise agreement also includes provisions that would ensure proper retirement credits to physicians and dentists during the transition from the current pay system to the new system. It provides a total VA compensation paid to a physician or dentist in a given year would not exceed the salary of the President, and the compromise agreement would also make the new compensation system effective the first pay period following January 1, 2006.

Our compromise agreement includes several provisions from H.R. 4231, which was a bill I introduced earlier this year, to authorize alternative tours of duty for VA registered nurses. This bill passed the House on September 30, 2004, and the provisions are intended to make VA's scheduling of nurse duty hours more flexible and more family-friendly while enabling VA nurses to pursue their careers in VA health care.

Mr. Speaker, this is a good bill that ought to pass.

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 S. 2484, the Department of Veterans Affairs Health Care Personnel Enhancement Act of 2004. I am pleased that this bill is the result of the collaboration of the House and Senate Committee on Veterans' Affairs' staff working with the representatives from the VA, the National Association of VA Physicians and Dentists, and the American Federation of Government Employees.

This legislation has been a long time coming and provides much needed updated improvements in how the VA physicians and dentists are compensated. The VA's current system of pay for physicians and dentists has not been modified since 1991 and has not kept up with the compensation for doctors in the private and academic sectors. According to the testimony from the VA in June of this year, the effects of the noncompetitive pay and benefits are reflected in the dramatic increases in the VA's reliance on expensive, scarce medical specialist contracts and fee-based care.

This bill establishes two components that make up the physician's total salary and also incorporates additional performance pay.

□ 1530

Under this new system, base pay for doctors is comprised of 15 steps.

Physicians automatically move up one step every 2 years, so a doctor's base pay is based on the number of years he or she has worked in the VA health care system. Step increases in base pay are another way of rewarding the VA doctors for their long-term commitment to caring for our veterans.

The second component of this particular bill is market pay as set by the Secretary of Veterans Affairs and will be determined according to geographic areas, specialty or assignment, board certifications, and experience.

The VA will rely on national surveys to establish market pay comparable bands, which are then to be published in the Federal Register. Market pay helps the VA achieve comparability with the private sector.

Performance pay makes up the final tier of this new system and is a result of the VA physicians' annual performance reviews measuring achievement as well as attainment of VA "corporate" goals. This bipartisan bill also contains special pay for the VA nurse executives, a bonus of between \$10,000 and \$25,000, which is based on several descriptive factors.

This will also help further the VA's ability to recruit and retain highly qualified nurse executives and adds incentive for those nurses to move into managerial positions within the VA health care system.

Since one of the major causes of dissatisfaction in the nursing workforce is inflexible work schedules, a more flexible work schedule for VA nurses is also provided in this piece of legislation.

This new system of pay for VA physicians and dentists and the provisions

for the nurses greatly improves the VA's ability not only to recruit, but also to retain top-quality doctors and nurses to care for our veterans.

I ask my colleagues to join me in supporting this piece of legislation.

I also want to take this opportunity to thank the gentleman from Connecticut (Mr. SIMMONS) for his leadership in this area and also personally thank him for his kind words. It has been rewarding working with him on this particular piece of legislation.

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

Mr. SIMMONS. Mr. Speaker, I yield such time as he may wish to consume to the gentleman from New Jersey (Mr. SMITH), my friend and colleague and the distinguished chairman of the Committee on Veterans' Affairs.

Mr. SMITH of New Jersey. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, after 22 years on the House Committee on Veterans' Affairs, Pat Ryan, our chief counsel and staff director, is retiring from government service. I want to take this opportunity to pay tribute to his extraordinary career and his many, many accomplishments.

For over 2 decades, Pat Ryan has made tremendous contributions to many of the most important new veterans laws that have been approved by Congress. He worked on numerous bills to expand services for aging veterans and those in need of long-term health care.

He was instrumental in helping to establish domiciliaries for homeless veterans and was the principal drafter of legislation to authorize VA's transitional housing guarantee program to benefit homeless veterans. Pat played an essential role in helping to establish the Department of Veterans Affairs and in creating the Court of Appeals for Veterans Claims.

Pat has been deeply involved in numerous successful committee initiatives that expanded and strengthened programs to assist surviving spouses and children of servicemembers killed in action or who later died of service-related causes. Over the past 20 years, Pat has helped to increase the Montgomery GI Bill benefit for qualified veterans from \$300 per month when he joined the committee to over \$1,000 per month today.

Using his budget expertise gained from 10 years working for the VA early in his career, Pat has been an extraordinarily valuable person in helping the Congress to ensure that the VA's budget has been both appropriate and responsive and that all funds are well spent. His extensive knowledge of the law and the inner workings of the VA greatly aided our committee in its work to create exemplary oversight of veterans programs.

From managing the committee's professional staff, to drafting legislation, to overseeing VA's programs and services, Patrick Ryan is the consummate

professional. I consider him to be a great friend and a great partner in all that this committee has accomplished during our time together, and it has been an honor to work side by side with him.

On a personal level, Pat Ryan has lived his life in a way that has truly made a difference and has walked to the beat of our Lord's drummer when He said whatever you do to the least of my brethren, you do likewise to me. For Pat, that means always looking out for the little guy. I have such respect and admiration for that character trait, and it is very strong in Patrick Ryan. What motivates him more than anything else, and it is first and foremost in his life, is his love for his wife, Kathy, and their three children: Kerry, Dan, and Julia. For Pat Ryan, family always comes first.

Pat is ever proud of his father who has passed, William Everest Ryan, who was a proud Marine and who saw combat during World War II in the South Pacific where he was wounded and won the Purple Heart award. He later joined the Justice Department while continuing in the Marine reserves as an officer in the JAG, retiring with the rank of colonel in 1964. Pat Ryan has spent his entire career in Congress, defending the same values his father defended on the battlefield and in the courtroom.

Mr. Speaker, on behalf of his colleagues in the House and members of the Committee on Veterans' Affairs who know and admire him so much, and other Members who have known and worked with him, and on behalf of millions of veterans who have benefited from his work, but have never known his name, I want to thank Pat Ryan for a distinguished career of faithful public service. It has been an honor to work with him.

Mr. RODRIGUEZ. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. EVANS), our ranking member.

Mr. EVANS. Mr. Speaker, I rise in support of S. 2484, the Department of Veterans Affairs Health Care Personnel Enhancement Act of 2004.

There are now over 14,000 physicians and dentists who work in the VA health care system. Unfortunately, the pay system that the VA uses to pay our doctors has not been updated since 1991, and it is not helping the VA's efforts to recruit and retain high-quality providers for our veterans.

The current system is very complex and does not offer the flexibility needed to respond to the changes of competitive markets, especially for the highest paid subspecialties.

This legislation offers the VA the opportunity to award its physicians and dentists for tenure within the VA health care system, and even adds a performance pay section which acts as a bonus for those doctors who achieved specific goals and performance objectives outlined by the Secretary of Veterans Affairs.

Thanks to the efforts of the Senate and House Committee on Veterans' Af-

fairs, we will have legislation that will greatly enhance the VA's ability to recruit and retain high-quality physicians and dentists.

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

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

I want to thank Chairman SPECTER and Ranking Member GRAHAM of the Senate Committee on Veterans' Affairs for their diligence on this important piece of legislation. Again, I thank our very distinguished chairman, the gentleman from New Jersey (Mr. SMITH); our committee ranking member, the gentleman from Illinois (Mr. EVANS); and my colleague and ranking member on the Subcommittee on Health Care, the gentleman from Texas (Mr. RODRIGUEZ), for all of their hard work on bringing this legislation to fruition.

I would also like to recognize the Senate Committee on Veterans' Affairs Staff Director Bill Tuerk and Bill Cahill, health counsel to the Senate committee, without whose hard work this compromise simply would not have been possible. Finally, I want to acknowledge the excellent staff work conducted by our own committee staff, Pat Ryan, our committee chief counsel; staff director Kingston Smith, Jeannie McNally, John Bradley, and Dolores Dunn of the committee staff.

Finally, I would like to associate myself with the remarks made by the chairman on Pat Ryan. I had the honor a number of years ago to serve as staff director of a committee, regrettably on the Senate side; but what I learned from those 4 years was how difficult it is sometimes to accommodate the differing views of Members, all of whom argue in good faith for their points of view; and observing Pat over the 4 years that I have served on this committee, I think he has done an excellent job. He has been very professional. He has kept his cool under some difficult circumstances. I wish him all the best in his future endeavors.

Again, Mr. Speaker, I urge my colleagues to support this reform.

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

Let me take this opportunity also just to thank the gentleman from New Jersey (Chairman SMITH) for his leadership and the bipartisan manner in which we have conducted this piece of legislation and during the last 8 years. I want to personally thank the gentleman from New Jersey (Chairman SMITH) for his hard work and for reaching out on behalf of all veterans in this country. I also wanted to take this opportunity to thank the gentleman from Connecticut (Mr. SIMMONS), whom I have enjoyed working with, and I want to personally thank him also for all his hard work and for coming down to San Antonio also.

In the same light, I also want to thank Pat Ryan. I know that a lot of times the Members get all the credit and the staff does all the work. And I

do want to thank the staff from both sides of the aisle and thank them for their hard work in a bipartisan manner.

Mr. Speaker, I also want to take this opportunity to thank our ranking member, the gentleman from Illinois (Mr. EVANS). From the very beginning when I first got elected, he came forth to my district in San Antonio and was there with my veterans, one of the first times; and he has helped to educate me on a lot of the issues in my district. So I want to personally thank the gentleman from Illinois (Mr. EVANS) for the opportunity of working with him, and thank him, as well as all the other veterans here for their service to our country.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise today as a strong supporter of S. 2484 the Department of Veterans Affairs Health Care Personnel Enhancement Act of 2004 which received unanimous approval in the Senate and is now before this body for passage. The Veterans Affairs Health Care Personnel Enhancement Act would set forth important new pay provisions for physicians and dentists employed by the Veterans Health Administration.

These physicians and dentists represent the lifeblood of the services provided by the Veterans Health Administration. There are over 26,550,000 veterans in the United States, the great majority of whom rely upon these services to maintain a healthy standard of living. In the 18th Congressional District alone there are more than 38,000 veterans and they make up almost ten percent of the district's civilian population over the age of 18. These veterans rely upon the great services offered at the Michael E. DeBakey VA Medical Center in Houston. Of course any great medical facility is only as good as its health care personnel, which is why this legislation is so necessary to correct any pay inequities.

The Veterans Affairs Health Care Personnel Enhancement Act includes three different components. The first calls for base pay that is uniform nationwide; which will ensure that entry level personnel will not be taken advantage and paid lower wages than their counterparts in other facilities. The second component institutes market pay that varies based on geographic area, specialty, assignment, personal qualifications, and individual experience. This component will allow for varying pay grades based on each individuals experience and circumstance as opposed to fixed pay rates that do not properly reflect each individual's contribution to the Veterans Health Administration. The final component calls for performance pay linked to the achievement of specific corporate goals and individual performance objectives. Again, this component will allow individual health care personnel to be rewarded based on their level of service and it will encourage others to raise their level of performance in order to collect performance bonuses. These three components as a whole will provide a more equitable and just pay scale physicians and dentists employed by the Veterans Health Administration. As a Member in this body I have always insisted on our brave veterans receiving the best of care in the finest health care facilities that we can provide. The Veterans Affairs Health Care Personnel Enhancement Act will allow those who provide these



vital health care services to be properly compensated and motivated to stay within the Veterans Health Administration.

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

Mr. SIMMONS. 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 Connecticut (Mr. SIMMONS) that the House suspend the rules and pass the Senate bill, S. 2484.

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. SIMMONS. 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. 2484.

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

There was no objection.

#### ARIZONA WATER SETTLEMENTS ACT

Mr. HAYWORTH. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 437) to provide for adjustments to the Central Arizona Project in Arizona, to authorize the Gila River Indian Community water rights settlement, to reauthorize and amend the Southern Arizona Water Rights Settlement Act of 1982, and for other purposes.

The Clerk read as follows:

S. 437

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

#### SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Arizona Water Settlements Act".

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Definitions.
- Sec. 3. Arbitration.
- Sec. 4. Antideficiency.

#### TITLE I—CENTRAL ARIZONA PROJECT SETTLEMENT

- Sec. 101. Short title.
- Sec. 102. Findings.
- Sec. 103. General permissible uses of the Central Arizona Project.
- Sec. 104. Allocation of Central Arizona Project water.
- Sec. 105. Firming of Central Arizona Project Indian water.
- Sec. 106. Acquisition of agricultural priority water.
- Sec. 107. Lower Colorado River Basin Development Fund.
- Sec. 108. Effect.
- Sec. 109. Repeal.
- Sec. 110. Authorization of appropriations.
- Sec. 111. Repeal on failure of enforceability date under title II.

#### TITLE II—GILA RIVER INDIAN COMMUNITY WATER RIGHTS SETTLEMENT

- Sec. 201. Short title.

Sec. 202. Purposes.

Sec. 203. Approval of the Gila River Indian Community Water Rights Settlement Agreement.

Sec. 204. Water rights.

Sec. 205. Community water delivery contract amendments.

Sec. 206. Satisfaction of claims.

Sec. 207. Waiver and release of claims.

Sec. 208. Gila River Indian Community Water OM&R Trust Fund.

Sec. 209. Subsidence remediation program.

Sec. 210. After-acquired trust land.

Sec. 211. Reduction of water rights.

Sec. 212. New Mexico Unit of the Central Arizona Project.

Sec. 213. Miscellaneous provisions.

Sec. 214. Authorization of appropriations.

Sec. 215. Repeal on failure of enforceability date.

#### TITLE III—SOUTHERN ARIZONA WATER RIGHTS SETTLEMENT

Sec. 301. Southern Arizona water rights settlement.

Sec. 302. Southern Arizona water rights settlement effective date.

#### TITLE IV—SAN CARLOS APACHE TRIBE WATER RIGHTS SETTLEMENT

Sec. 401. Effect of titles I, II, and III.

Sec. 402. Annual report.

Sec. 403. Authorization of appropriations.

#### SEC. 2. DEFINITIONS.

In titles I and II:

(1) ACRE-FEET.—The term "acre-feet" means acre-feet per year.

(2) AFTER-ACQUIRED TRUST LAND.—The term "after-acquired trust land" means land that—

(A) is located—

(i) within the State; but

(ii) outside the exterior boundaries of the Reservation; and

(B) is taken into trust by the United States for the benefit of the Community after the enforceability date.

(3) AGRICULTURAL PRIORITY WATER.—The term "agricultural priority water" means Central Arizona Project non-Indian agricultural priority water, as defined in the Gila River agreement.

(4) ALLOTTEE.—The term "allottee" means a person who holds a beneficial real property interest in an Indian allotment that is—

(A) located within the Reservation; and

(B) held in trust by the United States.

(5) ARIZONA INDIAN TRIBE.—The term "Arizona Indian tribe" means an Indian tribe (as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b)) that is located in the State.

(6) ASARCO.—The term "Asarco" means Asarco Incorporated, a New Jersey corporation of that name, and its subsidiaries operating mining operations in the State.

(7) CAP CONTRACTOR.—The term "CAP contractor" means a person or entity that has entered into a long-term contract (as that term is used in the repayment stipulation) with the United States for delivery of water through the CAP system.

(8) CAP OPERATING AGENCY.—The term "CAP operating agency" means the entity or entities authorized to assume responsibility for the care, operation, maintenance, and replacement of the CAP system.

(9) CAP REPAYMENT CONTRACT.—

(A) IN GENERAL.—The term "CAP repayment contract" means the contract dated December 1, 1988 (Contract No. 14-0906-09W-09245, Amendment No. 1) between the United States and the Central Arizona Water Conservation District for the delivery of water and the repayment of costs of the Central Arizona Project.

(B) INCLUSIONS.—The term "CAP repayment contract" includes all amendments to and revisions of that contract.

(10) CAP SUBCONTRACTOR.—The term "CAP subcontractor" means a person or entity that has entered into a long-term subcontract (as that term is used in the repayment stipulation) with the United States and the Central Arizona Water Conservation District for the delivery of water through the CAP system.

(11) CAP SYSTEM.—The term "CAP system" means—

(A) the Mark Wilmer Pumping Plant;

(B) the Hayden-Rhodes Aqueduct;

(C) the Fannin-McFarland Aqueduct;

(D) the Tucson Aqueduct;

(E) the pumping plants and appurtenant works of the Central Arizona Project aqueduct system that are associated with the features described in subparagraphs (A) through (D); and

(F) any extensions of, additions to, or replacements for the features described in subparagraphs (A) through (E).

(12) CENTRAL ARIZONA PROJECT.—The term "Central Arizona Project" means the reclamation project authorized and constructed by the United States in accordance with title III of the Colorado River Basin Project Act (43 U.S.C. 1521 et seq.).

(13) CENTRAL ARIZONA WATER CONSERVATION DISTRICT.—The term "Central Arizona Water Conservation District" means the political subdivision of the State that is the contractor under the CAP repayment contract.

(14) CITIES.—The term "Cities" means the cities of Chandler, Glendale, Goodyear, Mesa, Peoria, Phoenix, and Scottsdale, Arizona.

(15) COMMUNITY.—The term "Community" means the Gila River Indian Community, a government composed of members of the Pima Tribe and the Maricopa Tribe and organized under section 16 of the Act of June 18, 1934 (25 U.S.C. 476).

(16) COMMUNITY CAP WATER.—The term "Community CAP water" means water to which the Community is entitled under the Community water delivery contract.

(17) COMMUNITY REPAYMENT CONTRACT.—

(A) IN GENERAL.—The term "Community repayment contract" means Contract No. 6-0907-0903-09W0345 between the United States and the Community dated July 20, 1998, providing for the construction of water delivery facilities on the Reservation.

(B) INCLUSIONS.—The term "Community repayment contract" includes any amendments to the contract described in subparagraph (A).

(18) COMMUNITY WATER DELIVERY CONTRACT.—

(A) IN GENERAL.—The term "Community water delivery contract" means Contract No. 3-0907-0930-09W0284 between the Community and the United States dated October 22, 1992.

(B) INCLUSIONS.—The term "Community water delivery contract" includes any amendments to the contract described in subparagraph (A).

(19) CRR PROJECT WORKS.—

(A) IN GENERAL.—The term "CRR project works" means the portions of the San Carlos Irrigation Project located on the Reservation.

(B) INCLUSION.—The term "CRR Project works" includes the portion of the San Carlos Irrigation Project known as the "Southside Canal", from the point at which the Southside Canal connects with the Pima Canal to the boundary of the Reservation.

(20) DIRECTOR.—The term "Director" means—

(A) the Director of the Arizona Department of Water Resources; or

(B) with respect to an action to be carried out under this title, a State official or agency designated by the Governor or the State legislature.