

I urge my colleagues to support H.R. 6445.

Mr. BUYER. Mr. Speaker, I rise in support of H.R. 6445, as amended, the Veterans Health Care Policy Enhancement Act of 2008, to amend title 38, United States Code, to make a number of improvements to Department of Veterans Affairs health care policies.

H.R. 6445 is a bipartisan bill that includes provisions from four veterans' health care bills that were introduced by members from both sides of the aisle. I thank our new colleague on the Committee, DON CAZAYOUX, for introducing this bill.

H.R. 6445 would exempt veterans, who have non-service connected catastrophic injuries, from co-payment requirements for treatment at VA facilities. Such veterans require extensive medical care and many have limited financial means. The bill would also require the VA to implement a comprehensive policy on the management of pain experienced by veterans, encourage HIV testing for veterans, and expand the VA's authority to provide counseling for family members of veterans receiving non-service-connected treatment.

I am pleased that this bill also includes the text of H.R. 6366, the Veterans Revenue Enhancement Act of 2008. I, along with MIKE MICHAUD, JEFF MILLER and HENRY BROWN, introduced this bipartisan legislation to help VA better manage third-party collections, and provide additional fiscal responsibility for the department.

The provision would require VA to establish seven Consolidated Patient Accounting Centers (CPACs) modeled after the successful demonstration project in Asheville, NC. The concept of the Consolidated Patient Accounting Center, also known as CPAC, was included as a demonstration project in the Conference Report (House Report 109-95 and Conference Report 109-305) in 2005 accompanying H.R. 2528, requiring the Department of Veterans Affairs (VA) to initiate a revenue improvement demonstration project within 60 days after enactment of the bill (Public Law 109-114). The VA followed the recommendations in the report, and created the Mid-Atlantic Consolidated Patient Accounting Center demonstration project located in Asheville, North Carolina.

The Asheville project proved to be very successful in enhancing revenue by more than \$12.5 million in fiscal year 2007 and \$6.5 million so far in fiscal year 2008. Building on this success, would enable VA to secure hundreds of millions of dollars that currently go uncollected. These funds could be used to further improve veterans' health care.

I urge my colleagues to support the Veterans' Health Care Policy Enhancement Act of 2008.

Mr. FILNER. Mr. Speaker, I urge my colleagues to support the bill before us, H.R. 6445, as amended, and yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 6445, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. MORAN of Kansas. Mr. Speaker, I object to the vote on the ground that

a quorum is not present and make the point of order that a quorum is not present.

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

The point of no quorum is considered withdrawn.

ESTABLISHING AN OMBUDSMAN WITHIN THE DEPARTMENT OF VETERANS AFFAIRS

Mr. HARE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2192) to amend title 38, United States Code, to establish an Ombudsman within the Department of Veterans Affairs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2192

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

SECTION 1. ESTABLISHMENT OF OFFICE OF THE OMBUDSMAN IN VETERANS HEALTH ADMINISTRATION.

(a) OFFICE OF THE OMBUDSMAN.—

(1) ESTABLISHMENT.—Subchapter I of chapter 73 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 7309. Office of the Ombudsman

“(a) OFFICE; DIRECTORS.—There is established in the Veterans Health Administration an Office of the Ombudsman (in this section referred to as the ‘Office’). The Office shall be headed by a Director appointed by the Secretary. The Director shall report directly to the Secretary.

“(b) DUTIES OF OFFICE.—The Office shall—

“(1) be responsible for ensuring—

“(A) all matters referred to the Office are handled in a confidential manner; and

“(B) any action taken by the Administration with respect to such a matter does not negatively affect the ability of any veteran to receive health care or benefits under a law administered by the Secretary; and

“(2) serve as a last resort for complaints and issues that cannot be resolved at a local or regional level in the Administration.

“(c) DUTIES OF DIRECTOR.—The Director shall—

“(1) be responsible for overseeing the efforts of patient advocates in the Administration;

“(2) develop and make available to local offices of the Administration tools for monitoring the work of such patient advocates and standards to evaluate the work of such patient advocates;

“(3) determine trends, in terms of numbers, topics, and facility locations, in patient issues and complaints;

“(4) participate in such national quality conferences of the Administration as the Under Secretary for Health may designate;

“(5) help coordinate assistance for veterans who need assistance from the Administration in more than one region of the Administration; and

“(6) maintain a public Web site with links to contact information for each patient advocate at each medical center of the Department.

“(d) REGIONAL ADMINISTRATORS.—The Director shall appoint three regional administrators to support facilities of the Administration and veterans integrated service networks in their patient advocacy work, to identify best practices for patient advocacy work and inform such facilities and networks of such best practices, and to receive and refer to the board established under subsection (e) appeals from veterans in their respective regions who are not satisfied

with the efforts of their local medical center of the Department and veteran integrated service network.

“(e) BOARD.—The Director shall establish a board composed of the Director and the three regional administrators appointed under subsection (d) to hear appeals referred to the board by a regional administrator under subsection (d) and issue a letter explaining the board's decision regarding such appeal and outlining possible steps for resolving issues raised in such appeal.

“(f) LIMITATION ON STATUTORY CONSTRUCTION.—Nothing in this section shall be construed as affecting the authority and responsibility of coordinators of patient advocates for severely injured veterans of Operation of Enduring Freedom and severely injured veterans of Operation Iraqi Freedom.”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7308 the following new item:

“7309. Office of the Ombudsman.”.

(b) DEADLINE FOR DESIGNATION OF OMBUDSMAN.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall designate an individual to serve as the Ombudsman of the Veterans Health Administration under section 7309 of title 38, United States Code, as added by subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. HARE) and the gentleman from Kansas (Mr. MORAN) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

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

Mr. Speaker, I am glad my colleagues and I on both sides of the aisle were able to work together to craft this important piece of legislation. I would like to thank the Subcommittee on Health Chairman, MIKE MICHAUD of Maine, and Ranking Member JEFF MILLER for the bipartisan leadership they demonstrated in working on this important bill.

Over 30,000 servicemembers have been wounded in Operation Enduring Freedom and Iraqi Freedom. Many of these servicemembers suffer from multiple serious injuries that will require long-term care, spanning beyond their discharge and into the care they receive from the VA.

In 2007, reports from the Independent Review Group, the President's Task Force on Returning Global War on Terror Heroes, and the President's Commission on Care for America's Returning Wounded Warriors, all highlighted the need to improve case management for servicemembers and veterans in the military health system and in the VA. In response, the VA instituted a number of initiatives to support veterans and their families. These measures include appointing patient advocates in every medical center for OEF and OIF coordinators and transition patient advocates for those seriously injured in combat.

The Joint Federal Recovery Coordinator Program was also established to serve as a single point of contact for seriously wounded and ill servicemembers, veterans and their families. However, the scope of the FRCP is very

limited. As of June 1, 2008, there were only eight recovery coordinators working with 80 patients. Less seriously wounded veterans do not have access to the FRCP. Instead, they must attempt to navigate the complex system using medical centers, patient advocates, benefit counselors, OEF and OIF coordinators, transition patient advocates and vet center counselors.

H.R. 2192, as amended, would create the Office of the Ombudsman within the VA to oversee patient advocacy work and coordinate assistance for our Nation's veterans. The office would be tasked with identifying trends across the system in patient issues and complaints that would allow improvements to VA policies, practices and procedures. The office would also serve as the arbiter of last resort for complaints and issues that cannot be resolved at local or regional levels.

Mr. Speaker, I urge all my colleagues to support H.R. 2912.

I reserve the balance of my time.

Mr. MORAN of Kansas. Mr. Speaker, I yield myself such time as I may consume.

As we all know, our Nation owes its very existence to the brave men and women who have served in our Armed Forces. The freedoms and liberties that we cherish today were attained and protected through their sacrifice. These patriotic citizens have earned and should be provided the highest quality health care available.

I want to thank the leaders of the Committee on Veterans' Affairs, Chairman FILNER, Ranking Member BUYER, as well as Subcommittee on Health Chairman MICHAUD and Ranking Member MILLER for their bipartisan efforts in developing the bill before us today. I also want to thank Mr. HODES for introducing this legislation to establish an Office of Ombudsman within Department of Veterans Affairs.

In 2007, following the disclosure of problems at Walter Reed Army Medical Center, the President established a Task Force on Returning Global War on Terror Heroes and a Commission on Care for America's Returning Wounded Warriors. My predecessor in Congress, Senator Dole, co-chaired this commission.

The recommendations of this commission compelled the VA to initiate a variety of measures to better assist veteran patients and their families. Such initiatives included appointing patient counselor advocates at each VA medical center, providing coordinators for returning OEF and OIF veterans, providing transition patient advocates and establishing the Joint Federal Recovery Coordinator program to assist seriously wounded servicemembers.

H.R. 2192, as amended, would establish a centralized office to monitor the performance of these employees and provide veterans with a single point of contact for assistance with problems that cannot be resolved at the local level. The office would also track patient issues and complaints throughout

the system and provide recommendations for improvements in policies, practices and procedures.

I support H.R. 2192, as amended, to ensure that our veterans receive the highest quality health care available, and I urge my colleagues to support it as well.

I reserve the balance of my time.

Mr. HARE. Mr. Speaker, at this point I would like to yield 3 minutes to the author of H.R. 2192, a tremendous friend of veterans, not only in New Hampshire, but across this country, Congressman PAUL HODES.

Mr. HODES. Mr. Speaker, I thank my distinguished colleague. I also would like to thank Chairman FILNER, Ranking Member BUYER, as well as Subcommittee Chairman MICHAUD and Ranking Member MILLER, for their strong bipartisan leadership in helping to bring this bill to the floor today.

This bill would establish an Office of the Ombudsman in the Department of Veterans Affairs to help our veterans cut through the red tape of the vast Veterans Administration bureaucracy to get the health benefits they have earned. After serving their country with honor and distinction, the last thing our veterans need is to fight the VA back home. Yet, unfortunately, many veterans have told me stories of drowning in bureaucracy at the VA. The good news is there are lots of numbers to call; the bad news is there are lots of numbers to call.

This bill was filed in response in part to the story of one of my constituents who was one of those soldiers trapped between active duty and veterans status. He was on active duty, but stuck at Walter Reed Army Medical Center, without knowing where to turn.

Chris was in a Humvee which had been blown up with by an IED. His arm was shattered in 13 places. He had metal fragments implanted in his head. He was suffering from a traumatic brain injury. Fortunately, he turned to us and we were able to work with his family and fiancée to advocate for him. He ultimately got the treatment he needed and was honorably discharged. Last week, I saw Chris and his new wife and new baby. He is working in Newport, New Hampshire, as an auto mechanic and owns his own home. He will likely need continuing treatment in the VA system.

This legislation will help veterans like Chris get the care and treatment they deserve, especially during the transition from active duty to the VA system. Our veterans who sacrificed for their country need help navigating that VA medical system. I wish it weren't so, but it is. Under this bill, veterans and their families will have advocates in the VA.

Let's honor our veterans by providing them with the advocates they need and deserve and support the creation of the Office of the Ombudsman.

Mr. BUYER. Mr. Speaker, I rise in support of H.R. 2192, as amended, to establish an Ombudsman within the Department of Vet-

erans Affairs. The extraordinary sacrifices of members of the armed forces have preserved our Nation's liberty and way of life. This bill will help ensure that these brave men and women, who took an oath to defend America, receive the highest quality health care available.

I want to commend the leaders of the Subcommittee on Health, Chairman MIKE MICHAUD and Ranking Member JEFF MILLER, for their bipartisan efforts in developing this bill. I also want to acknowledge Mr. HODES for introducing this legislation to help meet the needs of our veterans.

In 2007, our Nation was outraged when unacceptable conditions at Walter Reed Army Medical Center were exposed in a news article. In response, President Bush established the Task Force on Returning Global War on Terror Heroes and the Commission on Care for America's Returning Wounded Warriors. Based upon recommendations from these blue-ribbon commissions, VA initiated various programs to better assist VA patients and their families. Such programs included: appointing patient advocates at each VA Medical Center, providing coordinators for returning OEF/OIF veterans, providing Transition Patient Advocates, and establishing the joint Federal Recovery Coordinator Program to assist seriously wounded service members.

H.R. 2192, as amended would establish a centralized office to monitor the performance of these employees, and provide veterans with a single point of contact for assistance with problems that cannot be resolved at the local level. The office would also track patient issues and complaints throughout the system and provide recommendations for improvements in policies, practices and procedures.

I support H.R. 2192, as amended, to ensure that our veterans receive the highest quality health care available. I urge my colleagues to support H.R. 2192, as amended.

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

Mr. HARE. 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 Illinois (Mr. HARE) that the House suspend the rules and pass the bill, H.R. 2192, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. MORAN of Kansas. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

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

The point of no quorum is considered withdrawn.

GENERAL LEAVE

Mr. HARE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2192, as amended.