

point, whereas France has put 80 percent of their electrical power in the hands of the nuclear reactor business and India has done 90 percent. They have been using nuclear power successfully at reasonable cost with no dangers, no accidents, and this indicates that we can do the same. I think that would be immensely useful.

I am particularly perturbed with the current trend to use more and more natural gas to generate electricity. You can imagine what this is going to do to the price of energy for homeowners who heat their homes with natural gas, who are going to have to pay more as natural gas becomes in shorter supply because the power plants are using such copious amounts of it. In addition to that, I note that natural gas, frankly, is too valuable to burn. It's an invaluable feedstock for the petrochemical industry, and the more we use it for other purposes, the more we increase the price of natural gas for manufacturing purposes, we reach a point now where almost all the new fertilizer factories in the world are being built in other countries, not in America, because the price of natural gas here is getting so high that it's too expensive to make fertilizer out of natural gas in our Nation, so it is manufactured in other countries.

We have made a number of mistakes in our energy policy. I would hope this Congress, before the end of this session, would resolve this, set us on a new track, so that we would once again return to an era of cheaper energy, and that our Nation may prosper and our people may be able to keep warm.

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

Ms. ZOE LOFGREN of California. Mr. Speaker, I have said really all I have to say on the Daniel Webster Congressional Clerkship Program of 2008. As mentioned, this will be a tremendous improvement to the development of American law, and I have given the support that has been expressed for the measure here today on the floor. I am hopeful that we will have a unanimous vote for this important measure.

I thank the chairman of the committee, Mr. BRADY, for his tremendous support on this and in every way, as well as the ranking member, Mr. LUNGREN. And I don't know if Mr. BRADY has anything further to add.

If not, I would simply say please vote "yes" on H.R. 6475.

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

The SPEAKER pro tempore (Mr. SERRANO). The question is on the motion offered by the gentleman from Pennsylvania (Mr. BRADY) that the House suspend the rules and pass the bill, H.R. 6475.

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. EHLERS. 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.

RURAL VETERANS ACCESS TO CARE ACT

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1527) to amend title 38, United States Code, to allow highly rural veterans enrolled in the health system of the Department of Veterans Affairs to receive covered health services through providers other than those of the Department, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1527

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 "Rural Veterans Access to Care Act".

SEC. 2. PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF VETERANS IN HIGHLY RURAL AREAS.

(a) IN GENERAL.—Section 1703 of title 38, United States Code, is amended by adding at the end the following new subsection:

"(e)(1) The Secretary shall conduct a pilot program which permits highly rural veterans—

"(A) who are enrolled in the system of patient enrollment established under section 1705(a) of this title, and

"(B) who reside within Veterans Integrated Service Network 1, 15, 18, and 19, to elect to receive covered health services for which such veterans are eligible through a non-Department health-care provider.

"(2) The election under paragraph (1) shall be made by submitting an application to the Secretary in accordance with such regulations as the Secretary prescribes. The Secretary shall authorize such services to be furnished to the veteran pursuant to contracting with such a provider to furnish such services to such veteran.

"(3) For purposes of this subsection, a highly rural veteran is one who—

"(A) resides in a location that is—

"(i) more than 60 miles driving distance from the nearest Department health-care facility providing primary care services, if the veteran is seeking such services;

"(ii) more than 120 miles driving distance from the nearest Department health-care facility providing acute hospital care, if the veteran is seeking such care; or

"(iii) more than 240 miles driving distance from the nearest Department health-care facility providing tertiary care, if the veteran is seeking such care; or

"(B) in the case of a veteran who resides in a location less than the distance indicated in clause (i), (ii), or (iii) of subparagraph (A), as applicable, experiences such hardship or other difficulties in travel to the nearest appropriate Department health-care facility that such travel is not in the best interest of the veteran, as determined by the Secretary pursuant to regulations prescribed for purposes of this subsection.

"(4) For purposes of this subsection, a covered health service is any hospital care, medical service, rehabilitative service, or preventative health service authorized to be provided by the Sec-

retary under this chapter or any other provision of law.

"(5) For purposes of this subsection, a health-care provider is any qualified entity or individual furnishing a covered health service.

"(6) In meeting the requirements of this subsection, the Secretary shall develop the functional capability to provide for the exchange of medical information between the Department and non-Department health-care providers.

"(7) This subsection shall apply to covered health services provided during the 3-year period beginning on the 120th day after the date of the enactment of this subsection.

"(8) Not later than the 30th day after the close of each year of the period described in paragraph (7), the Secretary shall submit a report to the Committees of Veterans' Affairs of the House of Representatives and the Senate a report which includes—

"(A) the Secretary's assessment of the program under this subsection, including its cost, volume, quality, patient satisfaction, benefit to veterans, and any other findings and conclusions of the Secretary with respect to such program, and

"(B) any recommendations that the Secretary may have for—

"(i) continuing the program,

"(ii) extending the program to other or all service regions of the Department, and

"(iii) making the program permanent."

(b) EFFECTIVE DATE.—The Secretary of Veterans Affairs shall implement the amendment made by subsection (a) not later than the 120th day after the date of the enactment of this Act.

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

The Chair recognizes the gentleman from California.

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

Mr. Speaker, I am glad my colleagues and I were able to work together to craft this important piece of legislation regarding our rural veterans. I want to thank the Subcommittee on Health chairman, Mr. MICHAUD of Maine, and Ranking Member Mr. MILLER of Florida for the bipartisan leadership they demonstrated in working on this important bill. And, of course, the leadership on this bill has been for many years Mr. MORAN of Kansas.

As we all know, many rural veterans face significant challenges accessing veterans' health care services due to their geographical distance from VA facilities and limited transportation services. Some of these veterans must face commutes of several hours just to utilize some simple health care services.

The Department of Veterans Affairs has acted to better provide health care service to rural veterans, and I appreciate the action they have taken in the past. However, more can and should be done to ensure that our rural veterans have adequate access to care for the services to which they are entitled.

This bill, H.R. 1527, would supplement existing VA efforts by requiring the VA to conduct a 3-year demonstration project to allow rural veterans in four Veterans Integrated Service Networks to elect to receive covered services through non-VA providers. It would allow some rural veterans to receive health care locally, eliminating

the frustration and hassle of a lengthy commute to the nearest VA medical center.

So I urge my colleagues to support H.R. 1527.

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

Mr. MORAN of Kansas. Mr. Speaker, I rise in obvious support of H.R. 1527, as amended, the Rural Veterans Access to Care Act. This is a piece of legislation that I have worked on for a number of years, and I am pleased that under the leadership of Mr. FILNER and Mr. BUYER this bill is now on the House floor, and I am excited about the opportunities that it presents to better care for veterans who live in rural America.

About 39 percent of our veterans enrolled in VA health care live in those rural areas. Many face challenges of accessing VA care because of the distances between where they live and where the facilities are located.

We are making some progress in regard to rural veterans. In the last several years, we have approved an amendment that I have offered for a number of years increasing the veterans' mileage reimbursement rate from 11 cents per mile to 28.5 cents per mile. The fiscal year 2009 Military Construction and Veterans Affairs Appropriations bill that we passed earlier this year, back in July, would increase that from 28.5 cents to 40 cents per mile. So that's one step we have taken to help our rural veterans better access health care.

Recently the VA established an Office of Rural Health and a Rural Health Advisory Committee to develop solutions to the challenges of providing health care to veterans living in rural America, and the VA continues to expand community-based outpatient clinics and will activate an additional 44 new clinics in the next 15 months, bringing the number of those clinics to more than 1,000. The VA has also increased the number of readjustment counseling service centers, the Vet Centers, nationwide with plans to open an additional 39 Vet Centers by the fall of 2009. In my home State of Kansas, we have opened an outpatient clinic this year in Hutchinson and opened a Vet Center in Manhattan, Kansas; so progress is being made.

However, despite all those efforts, the reality is that many veterans live in remote areas of the country beyond the VA's ability to construct medical facilities to care for them. The congressional district that I represent in Kansas is an example of an instance where veterans experience great difficulty in traveling to VA facilities. My congressional district is more than the size of the State of Illinois. It has more hospitals than any other congressional district in the country but not one VA hospital. Some Kansas veterans are forced to travel up to 5 hours to a VA hospital for the care they need; and, unfortunately, more often than it should be, they simply forego that care altogether.

H.R. 1527, as amended, would require the VA to conduct a 3-year demonstration project to allow highly rural veterans living in four VISNs, Veterans Integrated Service Networks, to receive the covered services through non-VA providers.

This pilot will ask the VA to explore in several regions a practical approach when the VA care is not otherwise available close by. It would give those who live the farthest from VA facilities the choice to receive their care closer to home at the local hospital or the local physician's office.

There are criteria by which a veteran must qualify to receive this kind of assistance. A veteran must live at least 60 miles from a VA clinic, 120 miles from a VA hospital, or 240 miles from a VA specialized care facility when they're seeking that kind of health care. To ensure the continuity of care, the legislation requires the VA to develop the functional capabilities to exchange veterans' medical information between the VA and non-VA providers in this pilot, and the VA will be required to report to Congress annually on the cost, upon the quality of care, and upon patient satisfaction.

Forty-four percent of our military recruits are from rural areas, as are many Guards and Reserves that our Nation has increasingly called into service. This means that rural veterans are more likely to increase in number. Allowing the most underserved of these veterans to take advantage of the existing rural health care infrastructure is a commonsense approach. This is good for the veteran. It's good for the community. It's good for the health care provider. In many of the hospitals and clinics that I represent, in the communities that I represent, an additional patient is a very important thing. Hospitals in many instances are like schools. One more student matters to the viability of our school system just as one more patient matters to the viability of the private health care providers. We have approved this concept in our appropriation bill earlier this year. In July the VA military construction spending bill approved an additional \$200 million to increase access to fee-based care for veterans in areas where the VA does not offer services. And with the high price of gasoline and its impact upon our rural veterans, it's even more important that this legislation pass.

We must fully consider this practical reform for highly rural veterans living outside the VA's ability to care for them, and I urge my colleagues to support H.R. 1527.

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

Mr. FILNER. Mr. Speaker, I yield 2 minutes to the gentleman from Colorado (Mr. SALAZAR).

Mr. SALAZAR. Thank you, Mr. Chairman, and thank you, Mr. MORAN, the gentleman from Kansas.

Today, Mr. Speaker, I rise to support H.R. 1527, the Rural Veterans Access to

Care Act. I want to thank Congressman MORAN for introducing this bill, and I want to thank him for being a champion for rural veterans. I have never once in my career here in Congress ever seen him make a veterans issue a partisan issue.

I want to thank you for that.

Mr. Speaker, I am proud to represent a district similar to Mr. MORAN's to over 69,000 veterans. These are hard-working people who inspire future generations to serve our Nation. Many of our veterans live in rural and low-income communities. In big cities veterans are located closer together. In rural districts like mine, we have veterans that are spread out over a wide area. This makes it difficult for them to get the resources they need.

The Rural Veterans Access to Care Act will allow highly rural veterans to see a non-VA health care provider. It establishes a 3-year pilot program. Part of it will be in Colorado as well. The pilot program is a great opportunity to see the potential impact of this program on the quality of veterans and the care for veterans. This bill is important because of unique travel challenges in rural areas. Long distances, dangerous terrain, unpredictable weather can make it very difficult to get to a VA facility.

□ 1630

H.R. 1527 will take the necessary steps to making health care more accessible to our Nation's rural veterans. I encourage my colleagues on both sides of the aisle to support our rural veterans, and support this bill.

Thank you to the gentleman from Kansas (Mr. MORAN) for allowing me to speak on this bill. Thank you, Mr. Chairman, for your bipartisan effort in trying to make sure that we address veterans' issues in a nonpartisan way.

Mr. MORAN of Kansas. Mr. Speaker, I appreciate the comments from the gentleman from Colorado and acknowledge his tremendous efforts on behalf of veterans across the country, but especially those who live in rural America, and extend to him today my appreciation for his comments and his friendship.

I yield 2 minutes to the gentleman from Montana (Mr. REHBERG).

Mr. REHBERG. Thank you, Mr. MORAN, for your leadership. I want to add my kudos. Whenever we talk about rural issues, it's the same people that usually stand up: Somebody from Colorado, South Dakota, Idaho, Montana, Wyoming, Kansas, and Nebraska. We have certain issues confronting us that other places do not.

Let me real briefly describe my district to you. My district spans the distance of 147,000 square miles. The distance of my district is Washington, D.C. to Chicago, and I have 104,000 veterans living in that area. It's very difficult for them to access and, kid no one, we ration health care in the veterans' system. This is a perfect bill for showing what can be done if we would

just use a little initiative within the United States Congress.

Mr. FILNER, thank you for bringing this forward. Everyone knows that nothing moves without the chairman's blessing, and we thank you for bringing this forward so we would have the opportunity to explain it a little bit.

Montana is surrounded by some wonderful States, like Idaho and Wyoming and South Dakota, but when we have major medical, there are no facilities within those States, so we have to travel to Denver, Salt Lake City, Minneapolis, and Seattle. The distances are great, and usually the illnesses are so great, it's very difficult for our veterans to travel that distance.

I want to take issue with one of the comments from CBO. They suggest that local health care providers would hesitate to invest in expanded facilities to accommodate veterans. Clearly, the CBO does not understand the plight of rural health care because my rural health care providers are doing everything they can to keep their doors open in the first place because of a diminishing population; not a population of seniors or veterans, but a population of youth. And so the veterans and the seniors are staying in the community and it's going to be harder for my facilities to stay open.

If these veterans are having to ride on buses for many, many miles to get to Fort Harrison, and I want to say I am not suggesting that we don't have tremendous veterans' health care in Montana. We do. We have Fort Harrison in Helena. But it's not adequate when it comes to the distances they are having to travel.

Please support this bill. Thank you, Mr. MORAN.

Mr. FILNER. Mr. Speaker, I would like to yield such time as he may consume to our hardworking Chair of our Disability Assistance and Memorial Affairs Subcommittee, the gentleman from New York (Mr. HALL).

Mr. HALL of New York. I rise today in strong support of H.R. 1527, the Rural Veterans Access to Care Act, and I would first like to take this opportunity to commend Congressman MORAN for all of his work on this legislation. I used to live in Manhattan, New York, and I am glad that veterans from Manhattan, Kansas, and Manhattan, New York, will be served better by this Congress and by the VA.

We can illustrate the fact that issues relating to veterans can, and should be, and I believe in this Congress and in this committee, are a truly bipartisan effort. I can't recall a single critical remark of this bill as it passed through the committee process, because it is truly a needed piece of legislation.

Veterans have consistently been calling on the VA to develop a plan to address the needs of those veterans who live in rural areas at great distances away from the nearest VA hospital. When these brave men and women served our country honorably, they expected the same service in return once they retired. When they signed up, nowhere, at no time, did it say that they

would get the health care they need only if they wanted to drive for hours and hours to get it.

Moreover, with the recent increases in the cost of gasoline, travel for rural veterans is placing an even greater financial burden on them and their families. Hours of driving and a hefty gas bill is not the kind of treatment our veterans deserve for their selfless sacrifice to our Nation.

I am confident that the pilot programs erected in H.R. 1527 will begin to bring relief to our veterans who live at great distances from the nearest VA hospital. It is our duty to reward the veterans of our Nation with this treatment befitting their sacrifice. I believe this bill takes the necessary steps to do just that, and I urge my colleagues to support this bill.

Mr. MORAN of Kansas. I continue to reserve the balance of my time.

Mr. FILNER. Mr. Speaker, I would yield such time as he may consume to our great new Member, who worked on these issues for many years, not only as a Congressman, but as a staff member for Mr. Lane Evans, our former ranking member, the gentleman from Illinois (Mr. HARE).

Mr. HARE. I thank the chairman for his kind words. I rise in strong support of H.R. 1527, the Rural Veterans Access to Care Act, and I want to commend my friend, Representative JERRY MORAN, for his outstanding leadership on this issue.

I represent a district in Illinois that is very rural. I hear often not only from the veterans but also from the critical access hospitals in my district about the frustrations that they feel from the inability to access or provide the care that our veterans so desperately need. We often see our disabled and elderly veterans driving hundreds of miles to the nearest VA facilities in Freeport, Illinois, or Bettendorf, Iowa, some of them having to wait 6 hours just to be seen.

To highlight this point, I recently received a phone call from Illinois State Senator Deanna Demuzio of Carlinville, Illinois, in the southern part of my district. She expressed a tremendous amount of frustration and concern at the fact that one of her constituents, a World War II veteran, was told by the VA that he had to drive 200 miles to get a simple chest x-ray. Like Senator Demuzio, I feel that it just doesn't make sense for anyone to drive 200 miles for an x-ray, one they can get locally.

I have been working with the VA, Chairman FILNER, Ranking Member BUYER, and the appropriators, to authorize the community-based outpatient clinic in Whiteside County in my district to address the hardships that veterans face from the distances they have to travel to access health care. Until that happens, I believe this bill will provide the data we need to best serve our rural veterans while also paying attention to the quality of care our veterans receive, and the VA patient enrollment numbers.

Specifically, H.R. 1527 requires the Secretary to conduct a pilot program

in four Veteran Integrated Service Networks that would allow the "highly rural" veteran to elect to receive covered health services through a non-VA health care provider. Many of the veterans of my district fit under the "highly rural" definition, and I am very proud to be a cosponsor of this legislation.

Again, I want to thank Senator Demuzio for her help and support, and to my friend Congressman JERRY MORAN for introducing this incredibly wonderful piece of legislation. I believe this information we gather from the pilot program will go a long way in helping our veterans access health care.

Mr. Speaker, I urge all my colleagues to support this legislation.

Mr. MORAN of Kansas. I ask the gentleman from California if he has other speakers.

Mr. FILNER. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Texas (Mr. RODRIGUEZ).

Mr. RODRIGUEZ. It is with great pleasure that I rise today in strong support of H.R. 1527, the Rural Veterans Access to Care Act. This bipartisan legislation, which I have cosponsored, is something that the veterans of my district have been seeking for some time.

This bill is in no way an indictment of the services of the VA facilities. Rather, it acknowledges that even health care networks as far-reaching as the VA can meet the needs of our veterans. This bill will provide the rural veterans from the western rural portions of my district the ability to seek health care in their communities rather than having to travel hundreds of miles to El Paso and sometimes even Albuquerque, although, as a pilot program, I am confident that the merits of bringing care closer to the veterans will prove to be revolutionary in the way that this Nation cares for its servicemembers and will be adopted nationwide.

I am pleased with the definition in the bill of "highly rural veterans" as one who resides in a location that is more than 60 miles driving distance from the nearest Department health care facilities providing primary care services, more than 120 miles for acute hospital care, and more than 240 miles for tertiary care.

Many of the veterans who reside in the 20 counties that I represent fall into this category. The Audie Murphy Hospital in San Antonio and the Brooke Army Medical Center in San Antonio serve a large portion of my district's veteran community. About 600 miles to the northwest to the opposite end of my district is the El Paso VA Clinic and the William Beaumont Army Medical Center that serves a portion of the western part of Texas.

They provide quality health care for our veterans. However, neither the

Audie Murphy VA, nor the El Paso VA Clinic, are within my district. As a matter of fact, my district has no VA facilities at all, and it's one of the largest in the Nation. It spans 785 miles to the Mexican border, 650 miles straight from San Antonio to El Paso. Needless to say, extending current services into these areas are essential. This bill will allow that opportunity to make it happen.

I want to thank Chairman BOB FILNER, and I seriously mean this sincerely. I spent 8 years on this committee and we have been trying to get these types of pieces of legislation out. I want to thank him for his leadership and allowing us to be able to make this happen.

So I strongly urge my colleagues to vote in favor of H.R. 1527, to allow rural American veterans to be able to have access to health care in this country. Thank you very much.

Mr. MORAN of Kansas. Mr. Speaker, I am prepared to close and then yield the balance of my time, if the gentleman from California has no other speakers.

Mr. FILNER. I would yield 2 minutes to the gentleman from Texas (Mr. AL GREEN).

Mr. AL GREEN of Texas. Thank you, Chairman FILNER, and thank you, Congressman MORAN. I live in Houston, Texas. I live across the street from the DeBakey Medical Center. My district is such that you can traverse it in 1 hour. But this is America that we are talking about, not just the cities, not just the rural areas. All veterans in America ought to have access to a facility, and they ought to have immediate access. It is not enough for me to have the DeBakey Center in my district and have other veterans who have to travel 5 hours to receive medical attention.

I am here to ask my colleagues to please, let's support veterans. What we do today will say to them what we think about the work they have done for us. If they can be there for us, willing to sacrifice their lives, we can be there for them to make sure that they have a good quality of life when they return home to the United States of America.

Mr. FILNER. Will the gentleman yield?

Mr. AL GREEN of Texas. Yes, sir.

Mr. FILNER. I just want to thank you not only for speaking out for rural veterans who, as you said, are not in your district, but in your State and in our Nation. But your bill that expanded opportunities for affordable housing for our veterans was also a great step forward, and we greatly admire your work here, although you've only been here a short time. Thank you so much.

I yield back.

Mr. AL GREEN of Texas. I thank you. I am so honored, sir, that you gave me this opportunity to have a word on this most important piece of legislation. It really is something that we must do for our veterans. I thank you, and may God bless you.

Mr. MORAN of Kansas. Is the gentleman from California prepared to close?

Mr. FILNER. Yes.

Mr. MORAN of Kansas. Mr. Speaker, first of all, let me thank the gentleman from Texas (Mr. AL GREEN) for his comments, his ecumenical attitude, and his understanding for the needs for all American veterans, and I am hopeful that that is demonstrated today by all Members of the House as we approve this legislation.

Let me also take this moment to thank all of the employees, the staff, the medical providers within the VA system in Kansas and across the country who work hard on a daily basis to make certain that our veterans are cared for and also for all those who have volunteered their time, their automobiles, their days, and their driving skills, as we have had many veterans who have helped other veterans get to a medical facility, often miles and distance away.

□ 1645

These kinds of volunteer activities have been important and it is a way that some veterans have been able to access health care. But this legislation takes us in a very positive step, one that we have worked on for a long time to achieve, and I am very pleased by the efforts that we see, the culmination of those efforts that we see today.

Finally, let me thank the staff of the Veterans' Committee, both the minority and majority. I appreciate the approach and attitude, the diligence with which we have addressed this legislation. It has had its false starts as recently as a month ago. I am very grateful for the efforts that all made to make certain that this legislation is before us today, and in particular I thank the gentleman from California, Mr. FILNER, who gave me his word back in early August that this legislation would be on the House floor this week, and I very much appreciate Mr. FILNER's efforts.

With that, Mr. Speaker, I support this legislation and appreciate the consequences that arise from its passage.

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

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

Again, I want to thank Mr. MORAN for his leadership over so many years on these issues and I just want to make a couple of points in closing.

Next year when we come back, Mr. MORAN, I hope that we could even refine what you have done here a little further. You have made a very important leap forward in dealing with our rural veterans, and you have used the mileage as the distinguishing characteristic.

In part of my district, for example, in Imperial County, California, our veterans are within probably this 120 miles, and yet it is not just the distance, it is the isolation. There is a mountain between two counties in my

district. It is not easy to cross over that. So the mileage is not just the only factor. We have got to get some measure of isolation, I would think.

In addition, that county is a very poor county. Many of our veterans do not even have cars. They have to rely on what you so appropriately mentioned, and that is the volunteer efforts of some van drivers. But they are not always there, and they are not always on the day that is needed. So, without cars and being particularly isolated, I think we have to refine that definition of the highly rural veteran.

Let me make just one more point. What you have done here, Mr. MORAN, is very specifically designate criteria for which people are eligible to go outside the VA system. I think you have done that very appropriately, and we have been fighting for that for many years.

The Presidential candidate on the Republican side, Mr. MCCAIN, takes that too many steps further. He has advocated a credit card for every veteran to use in any facility. I think that is the wrong approach.

I had the honor over the last month, Mr. Speaker, of going to the national conventions of the Disabled American Veterans, of the American Legion, of the Jewish War Veterans, of the Military Order of the Purple Heart; and I would say unanimously they objected to this so-called credit card for veterans. It supposedly is to increase access, but I think its effect would be to undermine the whole VA health care system.

So while we can I think make sure that access is guaranteed for people in some very specific situations, like the bill that Mr. MORAN has before us, I think we have to keep the integrity of the VA system by not allowing that credit card proposal of Mr. MCCAIN to go forward.

Having said that, Mr. Speaker, I would 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. 1527, as amended.

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

There was no objection.

Mr. FILNER. I urge my colleagues to unanimously support Mr. MORAN's bill, H.R. 1527, as amended, as a great step forward for our country's heroes.

Mr. BUYER. Mr. Speaker, I rise in support of H.R. 1527, as amended, the Rural Veterans Access to Care Act.

I also want to thank my colleague, JERRY MORAN, for his efforts and work on this very important bill he introduced to improve access to care for veterans living in highly rural areas. Veterans in rural areas are challenged by long commutes to VA facilities, and the limited number of providers in rural areas.

H.R. 1527 as amended would require VA to conduct a three year demonstration project to allow highly rural veterans in four Veterans Integrated Service Networks (VISNs) with large rural populations to receive covered services

through non-VA providers. It would give those who live the furthest from VA facilities the choice to receive care closer to home at a local hospital or physician's office. To qualify, a veteran must live at least 60 miles from a VA clinic, 120 miles from a VA hospital or 240 miles from a VA specialized care facility when seeking that care. To ensure continuity of care, the legislation would require VA to develop the functional capability to exchange veterans' medical information between VA and non-VA providers in the pilot. The VA will be required to annually report to Congress on cost, quality, and patient satisfaction.

I urge my colleagues to support H.R. 1527.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 1527, as amended.

The question was taken.

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

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

The yeas and nays were ordered.

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

VETERANS' COMPENSATION COST-OF-LIVING ADJUSTMENT ACT OF 2008

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 2617) to increase, effective as of December 1, 2008, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans.

The Clerk read the title of the Senate bill.

The text of the Senate bill is as follows:

S. 2617

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 "Veterans' Compensation Cost-of-Living Adjustment Act of 2008".

SEC. 2. INCREASE IN RATES OF DISABILITY COMPENSATION AND DEPENDENCY AND INDEMNITY COMPENSATION.

(a) RATE ADJUSTMENT.—Effective on December 1, 2008, the Secretary of Veterans Af-

fairs shall increase, in accordance with subsection (c), the dollar amounts in effect on November 30, 2008, for the payment of disability compensation and dependency and indemnity compensation under the provisions specified in subsection (b).

(b) AMOUNTS TO BE INCREASED.—The dollar amounts to be increased pursuant to subsection (a) are the following:

(1) WARTIME DISABILITY COMPENSATION.—Each of the dollar amounts under section 1114 of title 38, United States Code.

(2) ADDITIONAL COMPENSATION FOR DEPENDENTS.—Each of the dollar amounts under section 1115(1) of such title.

(3) CLOTHING ALLOWANCE.—The dollar amount under section 1162 of such title.

(4) DEPENDENCY AND INDEMNITY COMPENSATION TO SURVIVING SPOUSE.—Each of the dollar amounts under subsections (a) through (d) of section 1311 of such title.

(5) DEPENDENCY AND INDEMNITY COMPENSATION TO CHILDREN.—Each of the dollar amounts under sections 1313(a) and 1314 of such title.

(c) DETERMINATION OF INCREASE.—

(1) PERCENTAGE.—Except as provided in paragraph (2), each dollar amount described in subsection (b) shall be increased by the same percentage as the percentage by which benefit amounts payable under title II of the Social Security Act (42 U.S.C. 401 et seq.) are increased effective December 1, 2008, as a result of a determination under section 215(i) of such Act (42 U.S.C. 415(i)).

(2) ROUNDING.—Each dollar amount increased under paragraph (1), if not a whole dollar amount, shall be rounded to the next lower whole dollar amount.

(d) SPECIAL RULE.—The Secretary of Veterans Affairs may adjust administratively, consistent with the increases made under subsection (a), the rates of disability compensation payable to persons under section 10 of Public Law 85-857 (72 Stat. 1263) who have not received compensation under chapter 11 of title 38, United States Code.

(e) PUBLICATION OF ADJUSTED RATES.—The Secretary of Veterans Affairs shall publish in the Federal Register the amounts specified in subsection (b), as increased under that subsection, not later than the date on which the matters specified in section 215(i)(2)(D) of the Social Security Act (42 U.S.C. 415(i)(2)(D)) are required to be published by reason of a determination made under section 215(i) of such Act during fiscal year 2009.

SEC. 3. CODIFICATION OF 2007 COST-OF-LIVING ADJUSTMENT IN RATES OF DISABILITY COMPENSATION AND DEPENDENCY AND INDEMNITY COMPENSATION.

(a) VETERANS' DISABILITY COMPENSATION.—Section 1114 of title 38, United States Code, is amended—

(1) in subsection (a), by striking "\$115" and inserting "\$117";

(2) in subsection (b), by striking "\$225" and inserting "\$230";

(3) in subsection (c), by striking "\$348" and inserting "\$356";

(4) in subsection (d), by striking "\$501" and inserting "\$512";

(5) in subsection (e), by striking "\$712" and inserting "\$728";

(6) in subsection (f), by striking "\$901" and inserting "\$921";

(7) in subsection (g), by striking "\$1,135" and inserting "\$1,161";

(8) in subsection (h), by striking "\$1,319" and inserting "\$1,349";

(9) in subsection (i), by striking "\$1,483" and inserting "\$1,517";

(10) in subsection (j), by striking "\$2,471" and inserting "\$2,527";

(11) in subsection (k)—

(A) by striking "\$89" both places it appears and inserting "\$91"; and

(B) by striking "\$3,075" and "\$4,313" and inserting "\$3,145" and "\$4,412", respectively;

(12) in subsection (l), by striking "\$3,075" and inserting "\$3,145";

(13) in subsection (m), by striking "\$3,392" and inserting "\$3,470";

(14) in subsection (n), by striking "\$3,860" and inserting "\$3,948";

(15) in subsections (o) and (p), by striking "\$4,313" each place it appears and inserting "\$4,412";

(16) in subsection (r), by striking "\$1,851" and "\$2,757" and inserting "\$1,893" and "\$2,820", respectively; and

(17) in subsection (s), by striking "\$2,766" and inserting "\$2,829".

(b) ADDITIONAL COMPENSATION FOR DEPENDENTS.—Section 1115(1) of such title is amended—

(1) in subparagraph (A), by striking "\$139" and inserting "\$142";

(2) in subparagraph (B), by striking "\$240" and "\$70" and inserting "\$245" and "\$71", respectively;

(3) in subparagraph (C), by striking "\$94" and "\$70" and inserting "\$96" and "\$71", respectively;

(4) in subparagraph (D), by striking "\$112" and inserting "\$114";

(5) in subparagraph (E), by striking "\$265" and inserting "\$271"; and

(6) in subparagraph (F), by striking "\$222" and inserting "\$227".

(c) CLOTHING ALLOWANCE FOR CERTAIN DISABLED VETERANS.—Section 1162 of such title is amended by striking "\$662" and inserting "\$677".

(d) DEPENDENCY AND INDEMNITY COMPENSATION FOR SURVIVING SPOUSES.—

(1) NEW LAW DIC.—Section 1311(a) of such title is amended—

(A) in paragraph (1), by striking "\$1,067" and inserting "\$1,091"; and

(B) in paragraph (2), by striking "\$228" and inserting "\$233".

(2) OLD LAW DIC.—The table in paragraph (3) of such section is amended to read as follows:

"Pay grade	Monthly rate	Pay grade	Monthly rate
E-1	\$1,091	W-4	\$1,305
E-2	\$1,091	O-1	\$1,153
E-3	\$1,091	O-2	\$1,191
E-4	\$1,091	O-3	\$1,274
E-5	\$1,091	O-4	\$1,349
E-6	\$1,091	O-5	\$1,485
E-7	\$1,129	O-6	\$1,674
E-8	\$1,191	O-7	\$1,808
E-9	\$1,242	O-8	\$1,985
W-1	\$1,153	O-9	\$2,123
W-2	\$1,198	O-10	\$2,328