

Bless us this day and every day, and may all that is done within the people's House be for Your greater honor and glory.

Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentlewoman from Arizona (Mrs. KIRKPATRICK) come forward and lead the House in the Pledge of Allegiance.

Mrs. KIRKPATRICK led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

AFFORDABLE CARE ACT STANDS ON A SAND FOUNDATION

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Mr. Speaker, even the White House's best ObamaCare damage control efforts, waivers, delays, penalty deadline, adjustments, and temporary fixes sadly leave the so-called Affordable Care Act's sand foundation untouched.

Math undergirding the entire law remains structurally unsound and threatens the broader insurance market in this country. That is a shame for each and every American.

As someone who wants to see greater access and affordability in health care, and more options for Americans in the individual insurance market, it is my hope that the country moves toward a competitive, patient-centered system like the one outlined by the House Republican Study Committee in the American Health Care Reform Act.

Something as transformative as health care policy should never be forced on the American people on an embarrassingly unstudied and purely partisan basis, the way President Obama chose to proceed with the Affordable Care Act.

VETERANS AFFAIRS MEDICAL FACILITY LEASES

(Mrs. KIRKPATRICK asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. KIRKPATRICK. Mr. Speaker, I rise today in favor of H.R. 3521, which authorizes medical facility leases for the Department of Veterans Affairs. I am a cosponsor of this bipartisan bill, and I am pleased that it allocates \$20 million for community-based out-

patient clinics in my home State of Arizona.

The Phoenix VA Health Care System serves the majority of our veterans. More than 300,000 veterans reside in this service area. Having an additional facility will help these men and women access the care they deserve.

I thank my colleagues on both sides of the aisle for supporting this bill. Helping our veterans isn't a partisan issue; it is a national responsibility.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, December 9, 2013.

Hon. JOHN A. BOEHNER,
Speaker, U.S. Capitol, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in clause 2(h) of rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on December 9, 2013 at 6:06 p.m.:

That the Senate passed without amendment H.R. 3626.

With best wishes, I am
Sincerely,

KAREN L. HAAS.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 4 of rule I, the following enrolled bill was signed by Speaker pro tempore DENHAM on Monday, December 9, 2013:

H.R. 3626, to extend the Undetectable Firearms Act of 1988 for 10 years

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

DEPARTMENT OF VETERANS AFFAIRS MAJOR MEDICAL FACILITY LEASE AUTHORIZATION ACT OF 2013

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3521) to authorize Department of Veterans Affairs major medical facility leases, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3521

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 Major Medical Facility Lease Authorization Act of 2013".

SEC. 2. AUTHORIZATION OF MAJOR MEDICAL FACILITY LEASES.

The Secretary of Veterans Affairs may carry out the following major medical facility leases at the locations specified, and in an amount for each lease not to exceed the amount shown for such location (not including any estimated cancellation costs):

(1) For a clinical research and pharmacy coordinating center, Albuquerque, New Mexico, an amount not to exceed \$9,560,000.

(2) For a community-based outpatient clinic, Brick, New Jersey, an amount not to exceed \$7,280,000.

(3) For a new primary care and dental clinic annex, Charleston, South Carolina, an amount not to exceed \$7,070,250.

(4) For the Cobb County community-based Outpatient Clinic, Cobb County, Georgia, an amount not to exceed \$6,409,000.

(5) For the Leeward Outpatient Healthcare Access Center, Honolulu, Hawaii, including a co-located clinic with the Department of Defense and the co-location of the Honolulu Regional Office of the Veterans Benefits Administration and the Kapolei Vet Center of the Department of Veterans Affairs, an amount not to exceed \$15,887,370.

(6) For a community-based outpatient clinic, Johnson County, Kansas, an amount not to exceed \$2,263,000.

(7) For a replacement community-based outpatient clinic, Lafayette, Louisiana, an amount not to exceed \$2,996,000.

(8) For a community-based outpatient clinic, Lake Charles, Louisiana, an amount not to exceed \$2,626,000.

(9) For outpatient clinic consolidation, New Port Richey, Florida, an amount not to exceed \$11,927,000.

(10) For an outpatient clinic, Ponce, Puerto Rico, an amount not to exceed \$11,535,000.

(11) For lease consolidation, San Antonio, Texas, an amount not to exceed \$19,426,000.

(12) For a community-based outpatient clinic, San Diego, California, an amount not to exceed \$11,946,100.

(13) For an outpatient clinic, Tyler, Texas, an amount not to exceed \$4,327,000.

(14) For the Errera Community Care Center, West Haven, Connecticut, an amount not to exceed \$4,883,000.

(15) For the Worcester community-based Outpatient Clinic, Worcester, Massachusetts, an amount not to exceed \$4,855,000.

(16) For the expansion of a community-based outpatient clinic, Cape Girardeau, Missouri, an amount not to exceed \$4,232,060.

(17) For a multispecialty clinic, Chattanooga, Tennessee, an amount not to exceed \$7,069,000.

(18) For the expansion of a community-based outpatient clinic, Chico, California, an amount not to exceed \$4,534,000.

(19) For a community-based outpatient clinic, Chula Vista, California, an amount not to exceed \$3,714,000.

(20) For a new research lease, Hines, Illinois, an amount not to exceed \$22,032,000.

(21) For a replacement research lease, Houston, Texas, an amount not to exceed \$6,142,000.

(22) For a community-based outpatient clinic, Lincoln, Nebraska, an amount not to exceed \$7,178,400.

(23) For a community-based outpatient clinic, Lubbock, Texas, an amount not to exceed \$8,554,000.

(24) For a community-based outpatient clinic consolidation, Myrtle Beach, South Carolina, an amount not to exceed \$8,022,000.

(25) For a community-based outpatient clinic, Phoenix, Arizona, an amount not to exceed \$20,757,000.

(26) For the expansion of a community-based outpatient clinic, Redding, California, an amount not to exceed \$8,154,000.

(27) For the expansion of a community-based outpatient clinic, Tulsa, Oklahoma, an amount not to exceed \$13,269,200.

SEC. 3. BUDGETARY TREATMENT OF DEPARTMENT OF VETERANS AFFAIRS MAJOR MEDICAL FACILITIES LEASES.

(a) FINDINGS.—Congress finds the following:

(1) Title 31, United States Code, requires the Department of Veterans Affairs to record the full cost of its contractual obligation against funds available at the time a contract is executed.

(2) Office of Management and Budget Circular A-11 provides guidance to agencies in meeting the statutory requirements under title 31, United States Code, with respect to leases.

(3) For operating leases, Office of Management and Budget Circular A-11 requires the Department of Veterans Affairs to record upfront budget authority in an “amount equal to total payments under the full term of the lease or [an] amount sufficient to cover first year lease payments plus cancellation costs”.

(b) REQUIREMENT FOR OBLIGATION OF FULL COST.—Subject to the availability of appropriations provided in advance, in exercising the authority of the Secretary of Veterans Affairs to enter into leases provided in this Act, the Secretary shall record, pursuant to section 1501 of title 31, United States Code, as the full cost of the contractual obligation at the time a contract is executed either—

(1) an amount equal to total payments under the full term of the lease; or

(2) if the lease specifies payments to be made in the event the lease is terminated before its full term, an amount sufficient to cover the first year lease payments plus the specified cancellation costs.

(c) TRANSPARENCY.—

(1) COMPLIANCE.—Subsection (b) of section 8104 of title 38, United States Code, is amended by adding at the end the following new paragraph:

“(7) In the case of a prospectus proposing funding for a major medical facility lease, a detailed analysis of how the lease is expected to comply with Office of Management and Budget Circular A-11 and section 1341 of title 31 (commonly referred to as the ‘Anti-Deficiency Act’). Any such analysis shall include—

“(A) an analysis of the classification of the lease as a ‘lease-purchase’, ‘capital lease’, or ‘operating lease’ as those terms are defined in Office of Management and Budget Circular A-11;

“(B) an analysis of the obligation of budgetary resources associated with the lease; and

“(C) an analysis of the methodology used in determining the asset cost, fair market value, and cancellation costs of the lease.”.

(2) SUBMITTAL TO CONGRESS.—Such section 8104 is further amended by adding at the end the following new subsection:

“(h)(1) Not less than 30 days before entering into a major medical facility lease, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives—

“(A) notice of the Secretary’s intention to enter into the lease;

“(B) a copy of the proposed lease;

“(C) a description and analysis of any differences between the prospectus submitted pursuant to subsection (b) and the proposed lease; and

“(D) a scoring analysis demonstrating that the proposed lease fully complies with Office of Management and Budget Circular A-11.

“(2) Each committee described in paragraph (1) shall ensure that any information submitted to the committee under such paragraph is treated by the committee with the same level of confidentiality as is required by law of the Secretary and subject to the same statutory penalties for unauthorized disclosure or use as the Secretary.

“(3) Not more than 30 days after entering into a major medical facility lease, the Secretary shall submit to each committee described in paragraph (1) a report on any material differences between the lease that was entered into and the proposed lease described under such paragraph, including how the lease that was entered into changes the previously submitted scoring analysis described in subparagraph (D) of such paragraph.”.

(d) RULE OF CONSTRUCTION.—Nothing in this section, or the amendments made by this section, shall be construed to in any way relieve the Department of Veterans Affairs from any statutory or regulatory obligations or requirements existing prior to the enactment of this section and such amendments.

SEC. 4. BUDGETARY EFFECTS OF THIS ACT.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled “Budgetary Effects of PAYGO Legislation” for this Act, submitted for printing in the Congressional Record by the Chairman of the Committee on the Budget of the House of Representatives, as long as such statement has been submitted prior to the vote on passage of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. MILLER) and the gentleman from Maine (Mr. MICHAUD) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. MILLER of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on H.R. 3521, as amended.

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

There was no objection.

Mr. MILLER of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 3521, the Department of Veterans Affairs Major Medical Facility Lease Authorization Act of 2013, as amended, would authorize 27 major medical facility leases requested by VA in the fiscal year 2013 and 2014 budget submissions.

It would also make a number of congressional findings and establish certain requirements for the budgetary treatment of such leases to ensure that the legislation itself meets both the spirit and the intent of the House CutGo rule.

As we all know, when the committee was considering legislation to authorize VA’s major medical facility leases last year, the Congressional Budget Office raised concerns about how to properly account for VA’s lease authorizations.

In response to CBO concerns, section 3 of the bill would require VA to record an obligation at the time a contract is

signed in an amount equal to either the total payment that would be made under its full term or an amount equal to the sum of the first annual lease payment and any specified cancellation costs.

For the last year, I have remained committed to working closely with VA, CBO, and our colleagues from both sides of the aisle and both sides of the Capitol to find a way forward for VA’s major medical facility lease program on behalf of the veterans of this country, especially those in the 27 communities that will be impacted by the leases included in this piece of legislation.

To that end, I am grateful for the hard work and the leadership of our ranking member, MIKE MICHAUD of Maine, and the other committee members in advancing this piece of legislation to the floor.

At this time, I urge all my colleagues to join me in supporting H.R. 3521, as amended, and I reserve the balance of my time.

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

I rise in support of H.R. 3521, the Department of Veterans Affairs Major Medical Facility Lease Authorization Act of 2013.

Mr. Speaker, this bill would authorize a number of major medical facility leases that will ensure veterans continue to receive care in safe, efficient, and modern clinics closer to home.

Last year, much to our disappointment, we were unable to pass a lease authorization bill. As a result, H.R. 3521 contains lease requests for fiscal years 2013 and 2014. Twenty-seven leases are included in this bill. From New Jersey to Hawaii, veterans can expect long awaited expansions to cramped community-based outpatient clinics, new clinical research space, and sorely needed replacement facilities.

This bill is a bipartisan bill and in the best interest of America’s veterans. I appreciate the efforts of my colleagues across the aisle, especially Chairman MILLER, for the collaborative effort that permitted this important legislation to move forward.

Mr. Speaker, I know you will agree with me that it is our obligation to ensure that our veterans are provided the best care possible in a timely and safe manner. I believe H.R. 3521, as amended, will do just that.

I reserve the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, at this time, I yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS), vice chairman of the full Committee on Veterans’ Affairs, somebody who has been a very strong supporter of veterans issue since the day he became a Member of this Congress.

Mr. BILIRAKIS. Mr. Speaker, I rise in support of H.R. 3521, and I urge all my colleagues to support this important piece of legislation that will allow the VA to move forward with these 27 leases in order to better serve the veterans, our true American heroes, across the country.

The veterans in and around the Tampa Bay area will be particularly served by this legislation. The VA recently approved a plan that would take the currently strained five existing clinics that are spread out over a large area and consolidate them into a convenient one-stop facility. This would allow the VA to better meet the growing needs of the veterans community with diverse health status. However, because of the technical issues we are solving today, this project had not been able to move forward.

By passing this bill, the House will allow for not only the consolidation of our five medical clinics in my congressional district into one property, but for 26 other equally important projects to move forward across the country improving access for our heroes. This would not have been done, Mr. Speaker, without our great chairman here, Mr. MILLER, and our ranking member, Mr. MICHAUD, so thank you so very much. I know that our true American heroes, our veterans, appreciate it very much.

I urge passage of this bill.

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

Mr. MILLER of Florida. Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana (Mr. BOUSTANY), who has been an advocate for this issue for quite some time and who has two of these facilities in his district.

Mr. BOUSTANY. I thank the chairman for yielding me this time.

Mr. Speaker, I rise in support of H.R. 3521. I want to applaud Chairman JEFF MILLER and the chairman of the Budget Committee, PAUL RYAN, and their respective staffs on the House Veterans' Affairs Committee and the Budget Committee for advancing this important bill and improving veterans' access to medical care.

I also appreciate the work that the two Senators from my home State, Senators LANDRIEU and VITTER, have been doing. They have pledged their support in the Senate, and we hope to get this done before the end of the year.

This last year, more than 66 Members of Congress signed our bipartisan, bicameral letter calling for progress on the 27 major medical facility leases proposed by the Department of Veterans Affairs during the past 2 years.

Among these leases are two clinics promised by VA Secretary Eric Shinseki to Lake Charles and Lafayette in my congressional district. Without congressional authorization of these clinics, more than 3,000 south Louisiana veterans must travel in excess of 3 hours to receive medical care. A recent CBS Evening News story featured one of these wounded warriors in south Louisiana who goes without care because his family must miss work to drive him 3 hours. It is unacceptable.

The American people expect Congress to demonstrate that it can govern ef-

fectively in a bipartisan manner, and this is one way we can do it, by keeping our promise to our veterans.

The passage of this bill will improve medical access for more than 340,000 veterans in 22 States, and that's why I urge our House and Senate colleagues to send this bill to the President before the end of year.

Again, I thank the committee and Chairman MILLER for his fine work on this and for giving me the opportunity to speak.

Mr. MICHAUD. Mr. Speaker, once again I would urge my colleagues to support H.R. 3521, as amended.

I yield back the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, once again I encourage all Members to support this legislation.

I yield back the balance of my time.

Mr. RYAN of Wisconsin. Mr. Speaker, today, the House will consider H.R. 3521, the Department of Veterans Affairs Major Medical Facility Lease Authorization Act of 2013, as Amended. H.R. 3521 authorizes the Secretary of Veterans Affairs to carry out major medical facility leases at twenty-seven facilities requested by the Department of Veterans Affairs in their fiscal year 2013 and 2014 budget requests.

Since 1990, CBO has scored VA's major medical facility leases as operating leases and estimated the costs as being subject to appropriation (discretionary). In 2012, after receiving additional information from the Department of Veterans Affairs, CBO concluded that VA has been entering into capital leases, or binding obligations for the full period of the lease. In accordance with OMB Circular A-11 and the Anti-Deficiency Act, VA is required to obligate the budget authority upfront for the full amount of these obligations. This includes budgeting for both the estimated total payments expected to arise under the full term of the contract or, if the contract includes a cancellation clause, an amount sufficient to cover the lease payments for the first year plus an amount sufficient to cover the costs associated with termination of the contract. Up until this point, VA has not been properly budgeting for its leases according to the law.

CBO estimates that enacting this bill would provide contract authority of about \$1.4 billion over the ten-year period.

HBC has worked closely with both HVAC and CBO on this issue and has produced lease authorization language, in addition to report language, that we believe adequately addresses the legitimate issues CBO raised with respect to how VA was budgeting for leases.

HBC believes this language forces VA to comply with budgeting laws, specifically that VA may only enter into binding commitments on behalf of the U.S. Government once funds have been appropriated for the purpose of that proposed commitment and that VA must then obligate the full cost of that commitment at the time it executes the lease. In addition, the language requires VA to submit to Congress a detailed analysis on how its leasing practices comply with these laws.

If the VA fails to faithfully execute the requirements in the bill and to comply with the longstanding laws governing obligations, we will revisit this issue in the context of future requests for leasing authority.

With these fiscal protections in place, I fully support H.R. 3521 moving forward to ensure

continued access for our veterans to the highest quality medical care.

Mr. GINGREY of Georgia. Mr. Speaker, I rise today in support of H.R. 3521, the Department of Veterans Affairs Major Medical Facility Lease Authorization Act, introduced by my good friend and Chairman of the Veterans Affairs Committee, Mr. MILLER. This legislation authorizes the Secretary of Veterans Affairs to carry out major medical facility leases at twenty-seven facilities—including a facility in Cobb County, Georgia—that were requested by the Department of Veterans Affairs in their 2013 and 2014 budget submissions.

A change in Congressional Budget Office (CBO) accounting methods made the reauthorization of these leases very difficult, but this important legislation will allow authorization while increasing transparency.

This legislation, however, is about so much more than leases and definitional changes. This legislation is about ensuring the care of our veterans, and paying them the debt of gratitude we owe them.

The VA facility in Cobb County served 6,634 unique patients outpatients in Fiscal Year 2013, providing services in outpatient treatment, mental health, and lab work. These services are critical, provide convenience, and reduce driving time for veterans, many of whom would otherwise be forced to travel 70 miles or more round-trip to visit the overcrowded Atlanta VA Medical Center. With passage of the legislation before us today, the VA could authorize a lease for an expanded facility in Cobb County, one that would serve an estimated 64,000 veterans and provide more access to a greater variety of care. While mental health services, lab work, and outpatient treatment would still be provided, the expanded facility is intended to have the capability to provide eye care, physical and occupational therapy, radiology, and more.

Mr. Speaker, this legislation is a way forward for that facility and several more like it across the country. It seeks to expand access to care for veterans, not bureaucratic federal policies.

Our men and women in uniform—who put their lives on the line to protect our freedoms—deserve the best care that we can give them. They deserve quality care that is convenient and accessible. This legislation provides us with an opportunity today to show our veterans that we are committed to those goals. I urge my colleagues to join me in supporting H.R. 3521.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. MILLER) that the House suspend the rules and pass the bill, H.R. 3521, 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. MILLER of Florida. 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, further proceedings on this motion will be postponed.

VA EXPIRING AUTHORITIES EXTENSION ACT OF 2013

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass