

CRISIS PLAGUING NEXT GENERATION

(Mr. YODER asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. YODER. Mr. Speaker, there is a crisis plaguing our country's next generation. Today, the unemployment rate for 18- to 29-year-olds is nearly 16 percent, more than double the general rate.

Furthermore, the increasing cost and skyrocketing tuition rates for those wanting to get a higher education is placing a crushing burden on young Americans. Student debt has nearly doubled since 2007, topping \$1 trillion, and a recent study from the University of Michigan says tuition for all universities, public and private, increased at an annual rate of 7.5 percent from 1978 to 2011.

On average, when a student graduates college, they owe nearly \$30,000, and if they attend a private or out-of-State school, that number is even higher.

As someone who is still paying off my student loans, I sympathize for our college graduates who are weighed down with debt in an economy that is proving to be very difficult for young, educated jobseekers.

Mr. Speaker, our obligation is to help build an economy rich with job opportunities, to contain the costs of higher education, and to support the young, bright minds in our Nation yearning to realize their dreams.

PROVIDING VETERAN HEALTH CARE

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

Ms. GABBARD. Mr. Speaker, if your son or daughter, your brother or sister was sick and needed care, but couldn't see a doctor for 3 months or 6 months or maybe over a year, wouldn't you take immediate action, do whatever it took to make sure that they were cared for?

As we stand here today, over 100,000 veterans—our sons and daughters, our brothers and sisters in Hawaii and across the country—have been waiting months just to see a doctor.

In Honolulu, veterans wait an average of 145 days, sometimes longer, just to see a primary care physician for the very first time. This is infuriating to me, and it is unconscionable that our veterans are treated this way when they come home.

Last week, I heard from veterans from across the State of Hawaii, from every generation, about their struggles and frustrations in trying to receive care from the VA, some coming to me with tears streaming down their face as they begged for help.

These are my brothers and sisters. They are our family, and they need help. Immediate action must be taken.

70TH ANNIVERSARY OF D-DAY INVASION

(Mrs. DAVIS of California asked and was given permission to address the House for 1 minute.)

Mrs. DAVIS of California. Mr. Speaker, last week, on June 6, I had the honor of attending the 70th anniversary of the D-day invasion in France. What a humbling experience it was to be there. Countless graves marked the landscape where over 6,000 U.S. soldiers fought and died at the site of one of the most significant military operations in modern history.

Looking back, it is incredible—incredible that an operation as vast and as complex as the Allied invasion of Normandy could ever succeed. Just about everything that could go wrong did. We faced setbacks at every turn, yet against all odds, our brave young men persevered.

Speaking with D-day veterans from San Diego like Jack Port, Joe Reilly, Victor Kramer, and James Federhart, I was reminded that they were just kids in 1944, many of them still teenagers.

I wish I could have shared it with my dad who served as a medic throughout the war, but like so many of his brothers in arms, he did not speak about his experience, and it is not hard to imagine why.

Many of their comrades never made it home. Thousands of U.S. soldiers fought and died, so that the world might live in freedom and inherit peace.

51ST ANNIVERSARY OF EQUAL PAY ACT

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

Ms. TITUS. Mr. Speaker, over the last 50 years, women have broken barriers in business, science, education, and government; yet in Nevada, the average woman still makes only 85 cents for every dollar a man earns, so that leads to a pay gap of more than \$6,300 every year.

This not only harms individual women, it hurts their families, our communities, and the national economy. In a country where we strive for equal opportunity for all, this inequity is simply unacceptable.

That is why I am calling on my Republican colleagues to bring the Paycheck Fairness Act to the floor for a vote. How can they say to their wives, "You deserve less pay than I do?" How can they say to their daughters, "You are worth less than my sons?" How can they tell their staff that the women aren't as valuable as the men? It is just unconscionable.

So I say pass this bill now because when women succeed, Nevada succeeds, and America succeeds.

HONORING KAREN DECROW

(Mr. MAFFEI asked and was given permission to address the House for 1 minute.)

Mr. MAFFEI. Mr. Speaker, I rise today to honor Karen DeCrow, a constituent of mine who passed away last Friday at the age of 76. Karen DeCrow was a trailblazer who fought tirelessly for women's equality and justice for all.

Among her many accomplishments, Karen was a civil rights lawyer, a columnist for the Syracuse Post Standard, and a founder and president of the National Organization for Women, also known as NOW. She was the first woman to run for mayor in a major city in New York and was the only woman in her graduating class at Syracuse University College of Law.

Karen championed the Equal Rights Amendment, which would have made discrimination against women unconstitutional; and she led the fight against gender discrimination in workplaces, educational institutions, and sports.

I had the privilege of working with Karen as she remained active in NOW, serving as the vice president of the Greater Syracuse chapter up until her passing.

Mr. Speaker, Eleanor Roosevelt was remembered as having lived by the phrase:

It is better to light a candle than to curse the darkness.

For those of us who strive for women's equality, Karen DeCrow lit a bonfire.

WOMEN'S HISTORY MUSEUM

(Mrs. CAROLYN B. MALONEY of New York asked and was given permission to address the House for 1 minute.)

Mrs. CAROLYN B. MALONEY of New York. Mr. Speaker, last month, this body passed H.R. 863, a bill I authored along with the gentlewoman from Tennessee (Mrs. BLACKBURN). This bill would create a national commission to develop a plan for a national women's history museum on or near the Mall in Washington, D.C.

This would be the first national women's history museum in our country and, I believe, in the world. It passed this body with a huge bipartisan support and vote.

My friends and colleagues in the other body, Senators SUSAN COLLINS and BARBARA MIKULSKI, are working hard to pass this bill, and I hope their colleagues in the Senate will move quickly and allow an up-or-down vote.

Passing this bill won't cost taxpayers a single dime, but it will be a valuable first step in honoring our Nation's foremothers and inspiring future generations of women.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. JOLLY). 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.

VETERAN ACCESS TO CARE ACT OF 2014

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4810) to direct the Secretary of Veterans Affairs to enter into contracts for the provision of hospital care and medical services at non-Department of Veterans Affairs facilities for Department of Veterans Affairs patients with extended waiting times for appointments at Department facilities, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4810

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 “Veteran Access to Care Act of 2014”.

SEC. 2. PROVISION OF HOSPITAL CARE AND MEDICAL SERVICES AT NON-DEPARTMENT OF VETERANS AFFAIRS FACILITIES FOR DEPARTMENT OF VETERANS AFFAIRS PATIENTS WITH EXTENDED WAITING TIMES FOR APPOINTMENTS AT DEPARTMENT FACILITIES.

(a) IN GENERAL.—As authorized by section 1710 of title 38, United States Code, the Secretary of Veterans Affairs (in this Act referred to as the “Secretary”) shall enter into contracts with such non-Department facilities as may be necessary in order to furnish hospital care and medical services to covered veterans who are eligible for such care and services under chapter 17 of title 38, United States Code. To the greatest extent possible, the Secretary shall carry out this section using contracts entered into before the date of the enactment of this Act.

(b) COVERED VETERANS.—For purposes of this section, the term “covered veteran” means a veteran—

(1) who is enrolled in the patient enrollment system under section 1705 of title 38, United States Code;

(2) who—

(A) has waited longer than the wait-time goals of the Veterans Health Administration (as of June 1, 2014) for an appointment for hospital care or medical services in a facility of the Department;

(B) has been notified by a facility of the Department that an appointment for hospital care or medical services is not available within such wait-time goals; or

(C) resides more than 40 miles from the medical facility of the Department of Veterans Affairs, including a community-based outpatient clinic, that is closest to the residence of the veteran; and

(3) who makes an election to receive such care or services in a non-Department facility.

(c) FOLLOW-UP CARE.—In carrying out this section, the Secretary shall ensure that, at the election of a covered veteran who receives hospital care or medical services at a non-Department facility in an episode of care under this section, the veteran receives such hospital care and medical services at

such non-Department facility through the completion of the episode of care (but for a period not exceeding 60 days), including all specialty and ancillary services deemed necessary as part of the treatment recommended in the course of such hospital care or medical services.

(d) REPORT.—The Secretary shall submit to Congress a quarterly report on hospital care and medical services furnished pursuant to this section. Such report shall include information, for the quarter covered by the report, regarding—

(1) the number of veterans who received care or services at non-Department facilities pursuant to this section;

(2) the number of veterans who were eligible to receive care or services pursuant to this section but who elected to continue waiting for an appointment at a Department facility;

(3) the purchase methods used to provide the care and services at non-Department facilities, including the rate of payment for individual authorizations for such care and services; and

(4) any other matters the Secretary determines appropriate.

(e) DEFINITIONS.—For purposes of this section, the terms “facilities of the Department”, “non-Department facilities”, “hospital care”, and “medical services” have the meanings given such terms in section 1701 of title 38, United States Code.

(f) IMPLEMENTATION.—The Secretary shall begin implementing this section on the date of the enactment of this Act.

(g) CONSTRUCTION.—Nothing in this section shall be construed to authorize payment for care or services not otherwise covered under chapter 17 of title 38, United States Code.

(h) TERMINATION.—The authority of the Secretary under this section shall terminate with respect to any hospital care or medical services furnished after the end of the 2-year period beginning on the date of the enactment of this Act, except that in the case of an episode of care for which hospital care or medical services is furnished in a non-Department facility pursuant to this section before the end of such period, such termination shall not apply to such care and services furnished during the remainder of such episode of care but not to exceed a period of 60 days.

SEC. 3. EXPANDED ACCESS TO HOSPITAL CARE AND MEDICAL SERVICES.

(a) IN GENERAL.—To the extent that appropriations are available for the Veterans Health Administration of the Department of Veterans Affairs for medical services, to the extent that the Secretary of Veterans Affairs is unable to provide access, within the wait-time goals of the Veterans Health Administration (as of June 1, 2014), to hospital care or medical services to a covered veteran who is eligible for such care or services under chapter 17 of title 38, United States Code, under contracts described in section 2, the Secretary shall reimburse any non-Department facility with which the Secretary has not entered into a contract to furnish hospital care or medical services for furnishing such hospital care or medical services to such veteran, if the veteran elects to receive such care or services from the non-Department facility. The Secretary shall reimburse the facility for the care or services furnished to the veteran at the greatest of the following rates:

(1) VA PAYMENT RATE.—The rate of reimbursement for such care or services established by the Secretary of Veterans Affairs.

(2) MEDICARE PAYMENT RATE.—The payment rate for such care or services or comparable care or services under the Medicare program under title XVIII of the Social Security Act.

(3) TRICARE PAYMENT RATE.—The reimbursement rate for such care or services furnished to a member of the Armed Forces under chapter 55 of title 10, United States Code.

(b) COVERED VETERANS.—For purposes of this section, the term “covered veteran” means a veteran—

(1) who is enrolled in the patient enrollment system under section 1705 of title 38, United States Code; and

(2) who—

(A) has waited longer than the wait-time goals of the Veterans Health Administration (as of June 1, 2014) for an appointment for hospital care or medical services in a facility of the Department;

(B) has been notified by a facility of the Department that an appointment for hospital care or medical services is not available within such wait-time goals after the date for which the veteran requests the appointment; or

(C) who resides more than 40 miles from the medical facility of the Department of Veterans Affairs, including a community-based outpatient clinic, that is closest to the residence of the veteran.

(c) DEFINITIONS.—For purposes of this section, the terms “facilities of the Department”, “non-Department facilities”, “hospital care”, and “medical services” have the meanings given such terms in section 1701 of title 38, United States Code.

(d) IMPLEMENTATION.—The Secretary shall begin implementing this section on the date of the enactment of this Act.

(e) CONSTRUCTION.—Nothing in this section shall be construed to authorize payment for care or services not otherwise covered under chapter 17 of title 38, United States Code.

(f) TERMINATION.—The authority of the Secretary under this section shall terminate with respect to care or services furnished after the date that is 2 years after the date of the enactment of this Act.

SEC. 4. INDEPENDENT ASSESSMENT OF VETERANS HEALTH ADMINISTRATION PERFORMANCE.

(a) INDEPENDENT ASSESSMENT REQUIRED.—Not later than 120 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into a contract or contracts with a private sector entity or entities with experience in the delivery systems of the Veterans Health Administration and the private sector and in health care management to conduct an independent assessment of hospital care and medical services furnished in medical facilities of the Department of Veterans Affairs. Such assessment shall address each of the following:

(1) The current and projected demographics and unique care needs of the patient population served by the Department of Veterans Affairs.

(2) The current and projected health care capabilities and resources of the Department, including hospital care and medical services furnished by non-Department facilities under contract with the Department, to provide timely and accessible care to eligible veterans.

(3) The authorities and mechanisms under which the Secretary may furnish hospital care and medical services at non-Department facilities, including an assessment of whether the Secretary should have the authority to furnish such care and services at such facilities through the completion of episodes of care.

(4) The appropriate system-wide access standard applicable to hospital care and medical services furnished by and through the Department of Veterans Affairs and recommendations relating to access standards specific to individual specialties and standards for post-care rehabilitation.