

H.R. 5404 extends the Department's authority to deliver nursing home care to our veterans, give child care assistance for veterans so they can make their medical appointments, and provide counseling retreats for our women veterans.

For veterans who live in highly rural areas like my district, this bill extends VA's authority to give grants to veterans' service organizations to transport our rural veterans to their medical appointments, which is critical for increasing access to VA health care.

This bill also extends critical homeless programs that the VA needs to end veteran homelessness by 2015. Programs such as housing assistance, financial assistance, counseling, and reintegration services will continue so that veterans who experience homelessness or are at risk of being homeless have a safety net of services to help themselves in their time of need.

Finally, H.R. 5404 contains several extensions that will assist the Department in its efforts to provide specially adapted housing to veterans who have difficulty getting around their own homes, permit the VA to recruit and retain needed medical specialists, improve education benefit programs, and allow the VA to maintain an effective, functioning home loan guaranty program.

I urge my colleagues to support H.R. 5404, and I reserve the balance of my time.

Mr. LAMBORN. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. DENHAM), the sponsor of the bill and a member of the Veterans' Affairs Committee who has made many important contributions to the welfare of veterans such as this bill we are considering right now.

Mr. DENHAM. Mr. Speaker, as we continue to tackle the pressing need for VA health care reform, the last thing our veterans need is even more uncertainty with the many other benefits that have an equally important impact on their lives.

H.R. 5404, the Department of Veterans Affairs Expiring Authorities Act, extends several important VA authorities that support the services they rely on every single day.

As current military forces overseas draw down, our country must prepare to welcome back thousands of returning soldiers, many of whom are young and aspiring to build a new life for themselves and their loved ones.

For the next year, veterans can continue to utilize programs that help them pay off school debt, for health education, and buy affordable homes, helping their transition into civilian life be an easier one.

For those veterans who require more day-to-day medical care, they can continue to qualify for child care assistance and specially adaptive housing grants, as well as accessing expanded health services, such as those provided by the VA's 70-plus mobile vet centers around the country.

Transportation services to VA medical facilities will also continue, giving peace of mind to the many disabled or rural-based vets that too often find themselves restricted by mobility or distance. In rural districts like mine across the country, veterans often travel over 90 miles for an appointment, disrupting their lives and causing physical and financial hardship.

Additionally, this bill reinforces our fight against homelessness by expanding rehabilitation, counseling, and housing programs to help these underserved veterans get back on their feet. Since 2009, veteran homelessness has dropped 23 percent, largely due to the success of these services. Whenever I travel back to my district and meet with local veteran constituents and organizations, it is clear that these grant programs are making a real difference.

In California's Central Valley, Catholic Charities of the Archdiocese of Stockton has received a grant from the VA that is helping preserve 791 households in San Joaquin County from the threat of homelessness. That is 791 families who have a chance to build a stable home life and keep their kids in school.

As cochair of the Veterans Jobs Caucus, I place especially high importance on the continuance of our essential reintegration and job training programs. Through their service, these hard-working men and women gain the skills and qualities that are highly valued by employers. We must do all we can to connect them with the resources and training they need to land worthwhile jobs that will bring this financial security and dignity to their lives.

In closing, I would just like to thank the ranking member and the chairman as well as all of the committee for their hard work in putting this bill together. This is a great bipartisan bill that will continue to help the lives of those that have given everything for the freedoms of our country.

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

Mr. LAMBORN. Mr. Speaker, I yield 3 minutes to the gentlewoman from Indiana (Mrs. WALORSKI), who is also a member of the Veterans Affairs' Committee and likewise has made very solid and important contributions for veterans.

Mrs. WALORSKI. Thank you, Mr. Chairman, for yielding.

Mr. Speaker, I rise today in support of H.R. 5404. This legislation will continue to protect millions of American veterans who swore to protect and defend this great Nation, including the 54,000 in my district who depend on the VA for care and support.

Earlier this summer, I served as a member of the VA Conference Committee. My fellow conferees and I were able to work together and again prove that helping vets is not political or partisan; it is American.

When that legislation was signed into law, I said it was the first step toward reforming the VA. Today's legislation

is yet another step in the right direction. H.R. 5404 would extend the number of important veterans' service programs to vets in rural areas, homeless vets, vets with mental illness, all in an effort to improve their quality of life.

Of the 8 million veterans enrolled in the VA health care system, roughly 3 million live in rural areas. These vets live 30 or more miles from their nearest VA and must travel long distances to receive care. This legislation would give more funding to VSOs to drive their vets to doctors' appointments, increasing their access to care.

This bill also funds programs to help our homeless veterans get back on their feet and reduce the number of homeless veterans. It also helps to fund job training, counseling, and placement services for those vets so they can find a good-paying job. Additionally, and just as importantly, this bill also addresses suffering from mental health issues. This legislation will help fund programs to help vets with mental illness with greater outreach, rehabilitation services, care, and treatment.

Today is an important opportunity as Members of Congress to take another step forward towards meaningful reform and to take another step in the right direction. Today we stand together to help our Nation's heroes. We owe it to our veterans to provide them with nothing but the best.

I urge my colleagues to support this bill.

Mrs. KIRKPATRICK. Mr. Speaker, I urge my colleagues to support H.R. 5404 and send this important, must-pass measure to the Senate to ensure that these important programs and services continue.

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

Mr. LAMBORN. Mr. Speaker, I thank the gentlewoman.

I too urge all Members of the House to support H.R. 5404, as amended.

I yield back the balance of my time. The SPEAKER pro tempore (Mr. SALMON). The question is on the motion offered by the gentleman from Colorado (Mr. LAMBORN) that the House suspend the rules and pass the bill, H.R. 5404, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

VA CONSTRUCTION ASSISTANCE ACT OF 2014

Mr. LAMBORN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3593) to amend title 38, United States Code, to improve the construction of major medical facilities, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3593

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 “VA Construction Assistance Act of 2014”.

SEC. 2. FINDINGS; SENSE OF CONGRESS.

(a) **FINDINGS.**—Congress finds the following:

(1) According to testimony by the Director of Physical Infrastructure of the General Accountability Office before the Committee on Veterans’ Affairs of the House of Representatives in May 2013, schedule delays of major medical center construction projects of the Department of Veterans Affairs have averaged 35 months, with the delays ranging from 14 months to 74 months.

(2) The average cost increase attributed to such delays has been \$336,000,000 per project.

(3) Management of the major medical facility projects currently underway as of the date of the enactment of this Act in Denver, Colorado, Orlando, Florida, and New Orleans, Louisiana, should be subject to the oversight of a special project manager of the Army Corps of Engineers that is independent of the Department of Veterans Affairs because, according to the Comptroller General of the United States, such projects have experienced continuous delays and a total cost increase of nearly \$1,000,000,000.

(b) **SENSE OF CONGRESS.**—It is the sense of Congress that—

(1) the management of the major medical center construction projects of the Department of Veterans Affairs has been an abysmal failure; and

(2) in order to minimize repeated delays and cost increases to such projects, the Secretary of Veterans Affairs should fully implement all recommendations made by the Comptroller General of the United States in an April 2013 report to improve construction procedures and practices of the Department.

SEC. 3. IMPLEMENTATION OF MAJOR MEDICAL FACILITY CONSTRUCTION REFORMS.

Section 8104 of title 38, United States Code, is amended by adding at the end the following new subsection:

“(i)(1) With respect to each project described in paragraph (2), the Secretary shall—

“(A) use the services of a medical equipment planner as part of the architectural and engineering firm for the project;

“(B) develop and use a project management plan to ensure clear and consistent communication among all parties;

“(C) subject the project to construction peer excellence review;

“(D) develop—

“(i) a metrics program to enable the monitoring of change-order processing time; and

“(ii) goals for the change-order process consistent with the best practices of other departments and agencies of the Federal Government; and

“(E) to the extent practicable, use design-build processes to minimize multiple change orders.

“(2) A project described in this paragraph is a construction or alteration project that is a major medical facility project.”.

SEC. 4. SPECIAL PROJECT MANAGER FOR CERTAIN MEDICAL CENTER CONSTRUCTION PROJECTS.

(a) **APPOINTMENT OF SPECIAL PROJECT MANAGER.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into an agreement with the Army Corps of Engineers to procure, on a reimbursable basis, the services of the Army Corps of Engineers with respect to appointing not less than one special project manager who has experience in managing construction projects that exceed \$60,000,000 to oversee covered projects until the date on which the project is completed.

(b) **DUTIES.**—A special project manager appointed under subsection (a) to oversee a covered project shall—

(1) conduct oversight of all construction-related operations at the project, including with respect to—

(A) the performance of the Department of Veterans Affairs involving the prime contractors; and

(B) the compliance of the Department with the Federal Acquisition Regulation, including the VA Acquisition Regulation;

(2) advise and assist the Department in any construction-related activity at the project, including the approval of change-order requests for the purpose of achieving a timely completion of the project; and

(3) conduct independent technical reviews and recommend to the Department best construction practices to improve operations for the project.

(c) **PLANS AND REPORT.**—

(1) **COMPLETION PLANS.**—Not later than 90 days after being appointed under subsection (a), a special project manager shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate detailed plans of the covered project for which the special project manager is so appointed.

(2) **PROGRESS REPORTS.**—Not later than 180 days after being appointed under subsection (a), and each 180-day period thereafter until the date on which the covered project is completed, a special project manager shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report detailing the progress of the covered project for which the special project manager is so appointed. Each report shall include—

(A) an analysis of all advice and assistance provided to the Department under subsection (b);

(B) an analysis of all changes ordered by the Department with respect to the project, or claimed to have been made by contract between the Department and the prime contractor, including the extent to which such changes comply with the Federal Acquisition Regulation, including the VA Acquisition Regulation;

(C) an analysis of the communication and working relationship between the Department and the prime contractor, including any recommendations made by the prime contractor to aid in the completion of the project; and

(D) identification of opportunities and recommendations with respect to improving the operation of any construction-related activity to reduce costs or complete the project in a more timely manner.

(d) **COOPERATION.**—

(1) **INFORMATION.**—The Secretary of Veterans Affairs shall provide a special project manager appointed under subsection (a) with any necessary documents or information necessary for the special project manager to carry out subsections (b) and (c).

(2) **ASSISTANCE.**—Upon request by the special project manager, the Secretary shall provide to the special project manager administrative assistance necessary for the special project manager to carry out subsections (b) and (c).

(e) **COVERED PROJECTS DEFINED.**—In this section, the term “covered projects” means each construction project that is a major medical facility project (as defined in section 8104(a)(3)(A) of title 38, United States Code) that—

(1) was the subject of a report by the Comptroller General of the United States titled “Additional Actions Needed to Decrease Delays and Lower Costs of Major Medical-Facility Projects”, numbered GAO-13-302, and published in April 2013; and

(2) has not been activated to accept patients as of the date of the enactment of this Act.

SEC. 5. PROHIBITION ON NEW APPROPRIATIONS.

No additional funds are authorized to be appropriated to carry out this Act and the amendments made by this Act, and this Act and such amendments shall be carried out using amounts otherwise made available for such purposes.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Colorado (Mr. LAMBORN) and the gentlewoman from Arizona (Mrs. KIRKPATRICK) each will control 20 minutes.

The Chair recognizes the gentleman from Colorado.

GENERAL LEAVE

Mr. LAMBORN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks on H.R. 3593, as amended.

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

There was no objection.

Mr. LAMBORN. Mr. Speaker, I yield myself as much time as I may consume.

In a moment I will yield to the bill’s sponsor, Mr. COFFMAN, for a more detailed description.

The goal of this legislation is to improve the way VA manages its major construction projects.

Mr. Speaker, it is no secret that VA has a poor track record in managing major medical facility projects. Major construction projects are routinely completed years late and tens of millions of dollars over budget. Unfortunately, the critically needed VA hospital being constructed in Aurora, Colorado, for instance, has run into major problems, as have a handful of others around the country.

This legislation would direct the inclusion of an outside entity, the Army Corps of Engineers, which has a record of on-time, on-budget completion of projects, to assist in the management of VA’s major facility construction efforts.

No longer can veterans afford to wait years for needed facilities to open. This bill finally would move VA away from the status quo, which clearly has not served veterans or the taxpayers well at all.

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I would like to commend my colleague and friend, Representative MIKE COFFMAN, and applaud his leadership on this important issue.

With that, I reserve the balance of my time.

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

I am pleased that we are bringing up a bill that I introduced, along with the chairman of the Oversight and Investigations Subcommittee, Representative COFFMAN.

This bill takes aim at two of the VA’s most chronic problems: accountability and efficiency. It is also an attempt to make real reforms in the VA construction process.

This bill may not have all the answers, but it is a step forward in a discussion we must have on addressing the facility needs of the VA and ensuring that we are addressing the access requirements in a timely and cost-effective manner.

We have seen time and again how VA has underperformed in the management of its multibillion-dollar construction budgets.

Last year, the Government Accountability Office testified to the committee on a number of significant cost overruns and completion delays.

There may be some disagreement on the metrics and the magnitude of VA shortcomings in this area—and I do wish to note that VA has made steps in the right direction—but in the end, we are faced with a very real issue that VA needs additional expertise with construction management and the acquisition of major medical facilities.

I believe that asking the Army Corps of Engineers to provide the expertise they have to the VA is a step we should explore. I am hopeful that we will pass this bill today and continue the discussion with the members of this committee, the VA, and the Army Corps of Engineers.

This legislation shows what we can do by working across the aisle. It would codify some of the GAO recommendations from 2013, as well as other industry best practices.

H.R. 3593 would also provide technical assistance to the VA in the form of special project managers and design construction evaluations on, particularly, troubled major construction projects.

While I recognize the Corps of Engineers and VA have some reservations with the bill, I believe we can work within the confines of the legislative language to ensure a positive outcome for all parties.

I urge my colleagues to support H.R. 3593 as part of our role as watchdogs on behalf of veterans and taxpayers.

I reserve the balance of my time.

Mr. LAMBORN. Mr. Speaker, I want to thank the gentlewoman from Arizona for her support of this good piece of legislation.

I yield 3 minutes to the gentleman from Colorado (Mr. COFFMAN), who is a member of the VA committee, a subcommittee chairman of the committee, and the sponsor of this bill.

Mr. COFFMAN. Mr. Speaker, I thank the gentleman from Colorado.

As chairman of the Veterans' Affairs Committee's Oversight and Investigations Subcommittee, I introduced H.R. 3593, the VA Construction Assistance Act, along with my friend and ranking member, ANN KIRKPATRICK of Arizona, to address significant problems with the VA's construction practices, problems which became public knowledge through our subcommittee's work.

My proposed reforms are designed to speed construction and rein in the out-of-control costs of three major VA regional projects under development in

Aurora, Colorado; New Orleans, Louisiana; and Orlando, Florida.

We introduced this legislation late last year based on the investigative work of our subcommittee and in response to a Government Accountability Office report that found that VA's major construction projects had been mired in mismanagement. The report concluded early last year that these projects are more than \$360 million each over budget and almost 3 years on average behind schedule.

The VA Construction Assistance Act implements GAO-recommended reforms by assigning medical equipment planners to these construction projects and streamlining the change order process. The proposal also goes a step further by requiring the assignment of an emergency manager from the Army Corps of Engineers, independent of the VA, to oversee these projects, and only these three major medical facility projects, currently under construction.

The GAO specifically singled out the Army Corps of Engineers as an organization with a record of building similar projects within budget and on schedule for the Department of Defense.

Our veterans cannot simply hope that the situation improves. We must get these construction projects delivered so our Nation's veterans receive the health care services that they have earned while at the same time protecting the taxpayers from massive cost overruns. Notably, this bill is supported by the Veterans of Foreign Wars and the American Legion.

As such, I urge each of my colleagues to support this commonsense bipartisan legislation.

Mrs. KIRKPATRICK. At this time, I yield 4 minutes to the gentlewoman from Florida (Ms. BROWN).

Ms. BROWN of Florida. Mr. Speaker, I thank Ranking Member KIRKPATRICK for yielding time to me.

I rise in opposition to this legislation. Let me just say, I understand I am the longest-serving member on the VA—23 years—and I understand—don't confuse me with too many facts—that this bill only includes three projects: Denver, Colorado; Orlando, Florida, one that we have been working on for over 25 years; and New Orleans, Louisiana. These projects, all of them, are far too along in the process to inject a special project manager. The Orlando VA Medical Center is currently 94 percent complete and construction is planned to be completed by the end of this year.

New Orleans is 52 percent complete and completion is scheduled for February 2016. The VA and the contractor have signed an agreement on a firm fixed price and are working closely together on the delivery of this project.

I understand that the gentleman from Colorado is concerned about the Denver VA Medical Center. However, the project is 55 percent complete, and any efforts to change the leadership midstream would only delay things further and cost our veterans time and

money that could be better spent on their health care.

As a senior member of the Committee on Transportation and Infrastructure, I know firsthand the amount of critical infrastructure work that the Corps of Engineers have accomplished around the country. With nearly \$6 billion in backlog of authorized civil works projects for the Corps of Engineers and with new, critical port-related projects included in the recent passage of the Water Resources Development Act, there are grave concerns by the Army Corps about their ability to participate in this project, especially the costs that it would relate to the Army Corps.

Mr. Speaker, I ask unanimous consent to put the letter in the RECORD from the Army Corps.

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

There was no objection.

DEPARTMENT OF THE ARMY,

U.S. ARMY CORPS OF ENGINEERS,

Washington, DC, Sept. 12 2014.

Hon. CORRINE BROWN,

House of Representatives, Washington, DC.

DEAR REPRESENTATIVE BROWN: I am writing in response to your letter to Lieutenant General Thomas P. Bostick dated September 11, 2014, requesting the U.S. Army Corps of Engineers views on H.R. 3593, The VA Construction Assistance Act of 2013, the best way to resolve projects covered under H.R. 3593 and how the Corps is currently working with the Department of Veterans Affairs (VA) on other projects. H.R. 3593 concerns appointment, duties and reporting of an independent Corps special project manager (PM) to oversee completion of certain covered VA major medical facility construction projects in Denver, Colorado, Orlando, Florida and New Orleans, Louisiana.

The Corps prior experience in use of a special PM with another federal agency was not found to be beneficial. In 2011, the Corps and the Department of Energy (DOE—Environmental Management) conducted a one-year pilot study known as the "Project Management Partnership". Three senior level positions for Corps persons were established: one at DOE HQ, one at Savannah River, and one at Oak Ridge, to support specific DOE missions and projects. DOE and the Corps agreed to terminate the pilot, as the agencies processes and cultures were found not well aligned. It was also found that inserting a Corps special PM into ongoing DOE projects, especially those experiencing delays and cost growth was not feasible, since the special PM did not have clearly delegated authority responsibility by which to act within DOE.

The appointment of an independent special PM in the case of H.R. 3593 would present a number of problems. A special PM would not have authority with the VA project delivery team or VA contracting officer. A special PM would also not have links to VA's project or agency automatic information systems. The covered projects' direct contractual relationship and fiduciary responsibility are between the VA and construction contractor. The Corps is not a party to those contracts. The VA is better situated than the Corps to submit the detailed completion plans and progress reports to the House and Senate Committees on Veterans' Affairs due to its direct relationship with the construction contractor. Finally, the proposed legislation, as written, is unclear towards which agency must bear the administrative costs resulting

from the special PM's Congressional reporting requirements. The Corps does not have appropriated funding sources that would be legally available to satisfy reporting requirements on the VA's behalf.

H.R. 3593 effectively establishes a governance mechanism for the covered projects. However, this does not appear to be the matter at hand; project development, acquisition, and execution appear to be the issues for these projects. An alternative approach would be more appropriate to address these matters. An independent review and examination of the covered projects by multi-disciplined Corps design-construction evaluation teams would enjoy both independence and the depth of necessary Corps enterprise support that could recommend an effective path forward for the projects' completion. Existing authorities coupled with an inter-agency agreement in a willing partnership between the Corps and VA would provide both parties sufficient authority to enable them to work collaboratively, on a cost reimbursable basis, towards resolving project delays and cost escalation. An interagency agreement could be arrived at reasonably quickly from VA and the Corps, upon formal request by VA for Corps technical services, for such an evaluation of a covered project.

The Corps, as part of its interagency capabilities, has an established relationship with the VA, providing support for a broad range of facility construction and maintenance requirements. Authority for the Corps' work with VA is based on the Economy Act, which, coupled with an interagency agreement, provides sufficient authorities to work collaboratively. During 2007, the Corps of Engineers and the VA formalized its relationship through a Memorandum of Agreement (MOA) for the Corps to provide the VA support in the execution of their minor construction and non-recurring maintenance needs.

Prior to fiscal year 2007, Corps execution support to VA was at or below \$2 million annually for work for the Veterans National Cemetery Administration. In 2007, as a result of the MOA, the workload grew to \$7 million and rose to \$377 million by the turn of the decade through the expansion of the Corps work for the VA. Over the last several years, the Corps managed work at 74 different VA facilities nationwide.

The Corps also is supporting the VA with the development of its project governance processes. Two Corps personnel are currently assigned to VA headquarters to assist with the VA's development of a VA Program Review Board (PRB) framework that is modeled on the PRB process used by the Corps. The PRB framework will support senior VA leadership in their oversight of construction programs including monitoring of project performance and challenges.

As execution funds have grown over the years so has the collaborative relationship between the Corps and VA. The Corps regional and local offices have developed relationships with each of the 23 Veterans Integrated Service Network (VISN) offices around the country. Whether and how a VISN incorporates the Corps services into its projects is at the discretion of each VISN.

I hope this response has adequately addressed your questions and concerns related to this matter. If you have additional questions or concerns, please contact me or your staff may contact Mr. Kurt Conrad, Military Programs Liaison at (202) 761-0630.

Sincerely,

LLOYD O. CALDWELL, P.E.,
Director of Military Programs.

MS. STELLA S. FIOTES, EXECUTIVE DIRECTOR, OFFICE OF CONSTRUCTION AND FACILITIES MANAGEMENT, OFFICE OF ACQUISITION, LOGISTICS AND CONSTRUCTION, DEPARTMENT OF VETERANS AFFAIRS WITNESS TESTIMONY 03/25/2014: LEGISLATIVE HEARING ON H.R. 3593, THE VA CONSTRUCTION ASSISTANCE ACT OF 2013

Section three of the bill would institute certain requirements for VA major medical facility projects, including mandates for the use of a medical equipment planner, use of a project management plan, and use of a construction peer excellence review. It would also require development of a metrics program to enable the monitoring of change-order processing time and goals for the change order process consistent with the "best practices" of other federal agencies.

Section four of the bill would mandate that within 180 days VA enter into an agreement with the U.S. Army Corps of Engineers (USACE) to procure a "special project manager" on a reimbursable basis to oversee three named current VA major construction projects for facilities in Denver, Colorado, Orlando, Florida, and New Orleans, Louisiana. The bill enumerates the duties of the special project manager and requires that plans and progress reports be provided to the House and Senate Committees on Veterans' Affairs. It also establishes that VA provide the special project manager with the requisite information and administrative assistance necessary to carry out their tasks.

VA has a strong history of delivering facilities to serve Veterans. In the past 5 years, VA has delivered 75 major construction projects valued at over \$3 billion that include the new medical center complex in Las Vegas, cemeteries, polytrauma rehabilitation centers, spinal cord injury centers, a blind rehabilitation center, and community living centers.

VA appreciates the strong interest and support from the Subcommittee to ensure that our major construction projects, and more specifically the Denver, Colorado, New Orleans, Louisiana, and Orlando, Florida facilities, are delivered successfully. While there have been challenges with these projects, we have taken numerous actions to strengthen and improve our execution of all VA's ongoing major construction projects, including the three projects that H.R. 3593 addresses. For the reasons expressed below, VA does not believe that the approach outlined in the bill will achieve the desired results, and thus does not support it.

VA believes the creation of a special project manager would be problematic in the management and supervision of these projects. Specifically, the special project manager adds more levels of management and may complicate, if not confuse, the project delivery process. The bill raises serious questions about the contractual relationship between the VA and its contractor, the lines of authority the special project manager will have vis-à-vis VA and the U.S. Army Corps of Engineers (USACE), and the effect upon the independent exercise of discretion by the VA contracting officer, who is ultimately responsible for managing the contract on behalf of the Government. The legislation we believe will also lead to increased management and overhead costs associated with funding the special project manager and support team.

VA continuously evaluates its processes and delivery methods for each lease and construction project on its merits, and we benchmark industry best practices with several agencies including the National Institute of Building Sciences, General Services Administration and the USACE. When VA determines that the best delivery strategy is

to employ another agency such as the USACE, this strategy is used. VA and the USACE have a long history of working together to advance VA facility construction and share best practices, and our current discussions are a logical evolution of that relationship.

Since 2008, VA has engaged USACE to support maintenance and minor construction projects at more than 70 of our medical facilities. VA engaged USACE to review the contracts for the New Orleans and Denver projects, and they continue to assist in schedule evaluation in Orlando. More recently, USACE is supporting VA in establishing a Project Review Board process, similar to the process used by USACE districts, and supporting the VA National Cemetery Administration in its maintenance and minor construction program.

As outlined in the cited Government Accountability Office (GAO) testimony and April 2013 report, the delays and cost increases on the Denver, New Orleans and Orlando projects occurred in the planning and design phases; each of these projects is now in the construction phase. Last year, VA took aggressive action on the recommendations in the April 2013 GAO report and all recommendations were closed as of September 2013. Their recommendations included the addition of medical planners, the streamlining of the change order process, and clearer definition of roles and responsibilities in the project management.

In addition to closing the GAO recommendations, VA has worked diligently to address and close all of the recommendations identified through the VA's Construction Review Council (CRC), which was established in 2012 and is chaired by the Secretary of Veterans Affairs to serve as the single point of oversight and performance accountability for the VA real property capital asset program. With the personal commitment of the Secretary, and the diligent efforts of senior staff and management, all CRC recommendations have been implemented since October 2013. These recommendations include improvements in the development of requirements, measures aimed at improving design quality, better coordination of funding across the Department to support VA's major construction program, and advances in program management and automation. Through the CRC and the VA Acquisition Program Management Framework that provides for continual project review throughout the project's acquisition life-cycle, VA will continue to drive improvements in the management of VA's real property capital programs.

Our focus across the spectrum of construction project management has led to advancements in our overall construction program. Areas of increased effort include improving requirements definition and acquisition strategies, assessing project risk, assuring timely project and contract administration, partnering with our construction and design contractors, early involvement of the medical equipment planning and procurement teams, and engaging in executive level on-site project reviews. Additionally, the monthly updates provided to the Committees on key projects have increased the transparency in our program.

The way the Department is doing business today has changed significantly since the Orlando, Denver and New Orleans projects were undertaken. The lessons learned and the improvements made have resulted in positive changes and are being applied to help ensure the Department's capital program is delivered on time and within budget.

The costs associated with enactment of this legislation cannot be predicted with specificity, as they will depend on the scope

and details of the arrangement mandated to be concluded with the USACE under the bill.

Ms. BROWN of Florida. Mr. Speaker, with prior experience, the Army Corps has indicated that this kind of agreement does not work. They presently have all of the authorization they need to work with VA. And, in fact, they—the VA—spent \$377 million at 74 projects they already participate in nationwide, so they don't need an additional authorization.

What this bill would do would only slow down the project in Orlando. I have spent—and all of the Members from the Orlando area and from Florida—we have spent years on this problem, and it is not just the VA's problem. For years, we did not have any construction going on with the VA. These projects, these last projects, we hadn't done any construction in the VA in 15 years, so certainly a lot of the expertise was gone.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mrs. KIRKPATRICK. Mr. Speaker, I yield the gentlewoman an additional 2 minutes.

Ms. BROWN of Florida. But now it is not a benefit to have additional responsibilities placed particularly in Orlando at this time. We have a project that is close to completion. We want to bring this project in on time. By the time this bill is ever passed and signed into law, I am hoping that the veterans will be in the VA facility in Orlando, Florida.

In addition, we have worked with them—and the people who are handling it are not just the VA—the construction people. It has been a problem all along. I am not saying that the Army Corps could not be helpful, but at this time they absolutely cannot be helpful in this project.

So as we move forward, take Orlando out of what you are proposing. It is too late. We are ready for our VA facility to open up in Orlando, Florida, and to serve the veterans of the central Florida area. May God continue to bless America, and certainly the veterans deserve to be able to move into the VA facility in the Orlando, central Florida, area.

Mr. LAMBORN. Mr. Speaker, I yield 2 minutes to the gentleman from Nebraska (Mr. TERRY).

Mr. TERRY. Mr. Speaker, I want to thank Mr. COFFMAN for bringing this bill. I think it is extremely important, and it directly affects the Omaha VA in-patient facility, as well as veterans all around the Midwest area.

The cost overruns of the Denver, or the Aurora hospital, as well as Orlando and others, have been noted in the GAO report showing that these hospitals on average are 35 months delayed and somewhere between 300 and \$400 million over budget. It shows a serious inability of the VA's construction and management subagency to manage and run these projects.

I am pleased that this legislation would require the VA to employ at

least one special project manager from the Corps of Engineers. It has been noted by every speaker here today that the Corps of Engineers has a specialty, a somewhat amazing ability to get projects done on time and on budget, so having their level of expertise injected into this, even if it is just an advisory or a consulting role, I think is an important first step.

I would prefer that we just turned it all over, the VA hospital construction, to something like the Corps of Engineers, but this is a legitimate good first step in this process.

Now, our Omaha facility remains number 23. It has been in that area now for 6 years, and it looks like unless we improve this process and get their spending under control that it could be more than a decade before our new VA in-patient replaces an over 60-year-old building where they had no water for one 24-hour period because of the poor infrastructure. So that is how we are harming our veterans by not getting these projects done on time and within budget.

Again, I want to thank the gentleman from Colorado for taking charge of this issue and all of the conversations you and I have had about this over the last couple of years.

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

Mr. LAMBORN. Mr. Speaker, I yield such time as he may consume to the gentleman from Colorado (Mr. COFFMAN).

Mr. COFFMAN. I thank the gentleman from Colorado (Mr. LAMBORN).

I think, again, going back to this Government Accountability report, it says that, on average, these projects are \$366 million over budget; on average, these projects are 35 months behind schedule. There are a number of recommendations that are taken right from this report that are part of this bill.

One recommendation that wasn't specifically in the bill, but it was mentioned in the bill by referencing that the Army Corps of Engineers basically builds the same projects for the Department of Defense—the hospitals—on schedule and within budget.

We are talking about, again, hundreds of millions of dollars wasted in every single facility that is not going to the health care our veterans have earned; so I think it is only right that we move forward with this, not only to be fair to the men and women who have served us in uniform and sacrificed so much in defense of this country and giving them the benefits that they have earned through their service, but also out of respect to the taxpayers of the United States who have basically had their hard-earned dollars wasted in building these projects with these incredible and massive cost overruns.

I have had countless meetings with the Corps of Engineers, and they said that they could not publicly state their

support for this, but I have given this legislation to them and said, "Come back to me if you have any issues with it."

They did not other than to say they feel prospectively they should be the ones managing these projects, period. My bill does not address that prospectively.

Mrs. KIRKPATRICK. Mr. Speaker, I hope my colleagues support H.R. 3593 and work with our partners in the executive branch to improve the delivery of facilities for our veterans.

I yield back the balance of my time.

Mr. LAMBORN. Mr. Speaker, I too thank the gentlewoman from Arizona once again for her bipartisan support of this good piece of legislation.

I urge all of my colleagues in the U.S. House to support H.R. 3593, as amended, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Colorado (Mr. LAMBORN) that the House suspend the rules and pass the bill, H.R. 3593, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

VETERANS TRAUMATIC BRAIN INJURY CARE IMPROVEMENT ACT OF 2014

Mr. LAMBORN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4276) to extend and modify a pilot program on assisted living services for veterans with traumatic brain injury, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4276

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 Traumatic Brain Injury Care Improvement Act of 2014".

SEC. 2. EXTENSION AND MODIFICATION OF PILOT PROGRAM ON ASSISTED LIVING SERVICES FOR VETERANS WITH TRAUMATIC BRAIN INJURY.

(a) MODIFICATION OF REPORT REQUIREMENTS.—Subsection (e) of section 1705 of the National Defense Authorization Act for Fiscal Year 2008 (Public Law 110-181; 38 U.S.C. 1710C note) is amended to read as follows:

"(e) REPORTS.—

"(1) QUARTERLY REPORTS.—

"(A) IN GENERAL.—For each calendar quarter occurring during the period beginning January 1, 2015, and ending September 30, 2017, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on the pilot program.

"(B) ELEMENTS.—Each report submitted under subparagraph (A) shall include each of the following for the quarter preceding the quarter during which the report is submitted the following:

"(i) The number of individuals that participated in the pilot program.