

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.

“(ii) The number of individuals that successfully completed the pilot program.

“(iii) The degree to which pilot program participants and family members of pilot program participants were satisfied with the pilot program.

“(iv) The interim findings and conclusions of the Secretary with respect to the success of the pilot program and recommendations for improvement.

“(2) FINAL REPORT.—

“(A) IN GENERAL.—Not later than 60 days after the completion of the pilot program, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives a final report on the pilot program.

“(B) ELEMENTS.—The final report required by subparagraph (A) shall include the following:

“(i) A description of the pilot program.

“(ii) The Secretary’s assessment of the utility of the activities carried out under the pilot program in enhancing the rehabilitation, quality of life, and community reintegration of veterans with traumatic brain injury.

“(iii) An evaluation of the pilot program in light of independent living programs carried out by the Secretary under title 38, United States Code, including—

“(I) whether the pilot program duplicates services provided under such independent living programs;

“(II) the ways in which the pilot program provides different services than the services provided under such independent living program;

“(III) how the pilot program could be better defined or shaped; and

“(IV) whether the pilot program should be incorporated into such independent living programs.

“(iv) Such recommendations as the Secretary considers appropriate regarding improving the pilot program.”

(b) DEFINITION OF COMMUNITY-BASED BRAIN INJURY RESIDENTIAL REHABILITATIVE CARE SERVICES.—Such section is further amended—

(1) in the section heading, by striking “**ASSISTED LIVING**” and inserting “**COMMUNITY-BASED BRAIN INJURY RESIDENTIAL REHABILITATIVE CARE**”;

(2) in subsection (c), in the subsection heading, by striking “**ASSISTED LIVING**” and inserting “**COMMUNITY-BASED BRAIN INJURY RESIDENTIAL REHABILITATIVE CARE**”;

(3) by striking “assisted living” each place it appears, and inserting “community-based brain injury rehabilitative care”; and

(4) in subsection (f)(1), by striking “and personal care” and inserting “rehabilitation, and personal care”.

(c) EFFECTIVE DATE.—The amendments made by this section shall take effect on the date of the enactment of this Act.

(d) 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 available for such purpose.

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 may have 5 legislative days in which to revise and extend their remarks to H.R. 4276, 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 such time as I may consume.

Mr. Speaker, H.R. 4276, as amended, would require the Department of Veterans Affairs, beginning in January, to provide reports to Congress on the pilot program for assisted living services for veterans with traumatic brain injury.

With passage of the Veterans Access, Choice, and Accountability Act earlier this year, we were able to extend this important program for another 3 years. As of June 1 of this year, 187 veterans from 46 different facilities in 22 States have been enrolled for services.

These are severely injured veterans who still want to live within their communities. For that reason, this bill also amends the definition of “assisted living” to encompass community-based brain injury residential rehabilitative care.

Too often, pilot programs are initiated and abandoned by the VA with little reporting or data analysis as to the effectiveness or efficiency of the program. That is why this bill is important.

It would require the Secretary to provide quarterly reports to Congress on utilization, status, and veteran satisfaction as well as interim assessments as to the success of the program and recommendations for improvement.

It would also require a final report as to how the VA would expect to continue or integrate this pilot into other services that are vital for enhancing the quality of life for those veterans suffering from what has been called one of the signature wounds of recent conflicts, traumatic brain injury, or TBI.

I am grateful to Representative BILL CASSIDY, my friend and colleague from Louisiana, for his leadership in introducing this legislation, and I am proud to join him in supporting it.

Mr. Speaker, I urge all of my colleagues to join me in supporting this important piece of legislation, and I reserve the balance of my time.

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

Traumatic brain injury has become a signature wound of the Iraq and Afghanistan wars. These conflicts have caused hundreds of thousands of servicemembers to sustain TBIs.

The Veterans Access, Choice, and Accountability Act extended the pilot program on assisted living services for veterans with TBI until October 2017. This pilot has helped nearly 200 veterans with moderate to severe brain injuries, and this program fills a treatment need which residential VA facilities currently cannot handle.

H.R. 4276 will improve the reporting requirements for the TBI assisted living pilot program so that we can better gauge its success and expand the defi-

nition of community-based residential rehabilitative services so that veterans with TBI have other residential and home-based assisted living options.

Congress has provided significant resources for this program, currently approaching \$30 million per year. Reports show that veterans believe this is a successful and popular program, but we in Congress must provide vital oversight so that innovative pilot programs meet our veterans’ needs. This is why we need better data on the cost and benefits of this program to veterans.

This bill will require the VA to submit detailed quarterly reports on this pilot program. I believe that these increased reporting requirements will ensure that the VA is providing the best rehabilitative services for our veterans with TBI.

Earlier this year, I held a field hearing on access to care for veterans with TBI at the VA medical center in Tucson, Arizona. The Tucson VA’s polytrauma care unit is one of several VA centers across the country that is at the very forefront of providing care and rehabilitative services for veterans with TBI.

I believe the VA’s cutting-edge treatments and its coordinated care for veterans with TBI serve as a model for innovative care that could be expanded to other medical specialties so that the VA may better address the unique health care needs of our veterans.

In the coming months, we must look to fundamentally reform the VA in how it provides benefits and services to veterans. We must look to some of the VA health care delivery programs that show promise, such as the assisted living pilot program, to implement best practices throughout the VA system that will give our veterans the timely, world-class health care they deserve. I look forward to engaging my colleagues and veterans in this goal.

I urge my colleagues to support H.R. 4276, and I reserve the balance of my time.

Mr. LAMBORN. Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana, Representative BILL CASSIDY, my friend and colleague and a sponsor of the bill.

Mr. CASSIDY. Mr. Speaker, over 19 percent of returning veterans suffer from some form of traumatic brain injury.

That is why in March I introduced H.R. 4276 which would extend a VA pilot program to care for those suffering from traumatic brain injury, or TBI, and was pleased when a portion of this bill was included in the Veterans Access to Care Act of 2014.

In addition to extending the program for a longer length of time, my bill also created metrics for determining the success of the program.

I am pleased the House will now vote on the amended portion of my bill which creates more thorough, frequent reporting requirements and expands the definition of “assisted living” to encompass broader definitions of care.

The expanded reporting requirements allow for a more thorough determination of how successful this program is in rehabilitating patients suffering from TBI.

I am a doc. I know that, unless you measure something, it will not change. If we measure and find it doing well, hopefully, we expand; if not, we improve it.

It will also measure the satisfaction that the veteran and their family members have with the program. By expanding the definition of "assisted living," the bill also allows for more partnerships to take place with non-VA facilities so that veterans can receive the kind of care that serves their unique needs.

It is our duty as Members of Congress to care for our veterans and ensure they receive the best care available. I thank Chairman MILLER for working with me on this legislation.

I appreciate the opportunity to have it considered, and I urge all my colleagues to support it.

Mrs. KIRKPATRICK. Mr. Speaker, I yield 3 minutes to the gentlewoman from Florida (Ms. BROWN).

Ms. BROWN of Florida. I thank the ranking member. This is certainly a bill that I can support.

H.R. 4276 would improve the reporting requirement for the TBI assisted living pilot program so that we can better gauge its success and expansion of the definition of the community-based residential rehabilitation services so that veterans who have TBI have other residential and home-based assisted living options.

I think it is important for us to go back to what the first President of the United States said about any war that we participate in:

"The willingness with which our young people are likely to serve in any war, no matter how justifiable, shall be directly proportional to how they perceive the veterans of earlier wars were treated and appreciated by their country."

We are not just talking about this on Veterans Day, but about how we treat them and how we support them every day. I think this bill goes a long way to deal with some of the problems that they are experiencing after returning from the last two wars; so this is certainly a bill that I can support.

I want to say may God continue to bless America. I want to thank the veterans for their service—and not just thanking them, but this is really putting your money where your mouth is.

Mr. LAMBORN. Mr. Speaker, we have no further speakers, and I am prepared to close. I reserve the balance of my time.

Mrs. KIRKPATRICK. Mr. Speaker, I have no further speakers. I urge my colleagues to support H.R. 4276, and I yield back the balance of my time.

Mr. LAMBORN. Mr. Speaker, I too encourage all Members to support H.R. 4276, 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. 4276, 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' COMPENSATION COST-OF-LIVING ADJUSTMENT ACT OF 2014

Mr. LAMBORN. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2258) to provide for an increase, effective December 1, 2014, in 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, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2258

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 2014".

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

(a) RATE ADJUSTMENT.—Effective on December 1, 2014, the Secretary of Veterans Affairs shall increase, in accordance with subsection (c), the dollar amounts in effect on November 30, 2014, 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.—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, 2014, as a result of a determination under section 215(i) of such Act (42 U.S.C. 415(i)).

(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 subsection (a), 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 2015.

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.

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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 S. 2258.

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.

As a senior member of the House Committee on Veterans' Affairs, I rise today in favor of S. 2258, the Veterans' Compensation Cost-of-Living Adjustment Act of 2014.

Mr. Speaker, it is timely that we consider this legislation today, having just observed last week the 13th anniversary of the September 11 terrorist attacks on our homeland, the catalyst for our efforts to fight terrorism.

Many of those who have sacrificed so much in recent and past conflicts aimed to protect America from harm are in continued and increased need. This is critical legislation that authorizes a cost-of-living adjustment for disabled veterans receiving disability compensation from the Department of Veterans Affairs and other compensation for survivors of veterans who have died as a result of their services to our country.

The amount of the payment increases will be determined by the Consumer Price Index, which controls the cost-of-living adjustment for Social Security payments as well.

I would like to thank Congressman RUNYAN of New Jersey, the chairman of the Subcommittee on Disability Assistance and Memorial Affairs within the Committee on Veterans Affairs, for introducing H.R. 4095, a companion bill to this legislation.

Mr. Speaker, I urge all of my colleagues to join me in supporting this legislation, and I reserve the balance of my time.

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

Mr. Speaker, last week the Senate passed S. 2258, the Veterans' Compensation Cost-of-Living Adjustment Act of 2014, which provides that veterans receive a cost-of-living adjustment beginning in December. Today, the House