

higher education no longer an option. It is now a necessity. This is an issue that needs to be looked at in multiple ways, not simply the loan issue, by the way.

Take, for example, the story of a 41-year-old head of household who has worked their entire life to provide for their family and now has lost their job or their business, the only way they are going to be able to get a job that makes it to the middle class in the 21st century—because the job they used to have has been automated or outsourced or the industry is no longer around. The only way they are going to be able to make it back into the middle class and stay there is to acquire skills and education necessary for 21st century middle-class and above jobs.

But if someone is 41 years old and they have to work full time to provide for their family, and they have to raise that family, they can't just drop everything and go back to college for 4 years, and they probably can't afford it either. So we need to revolutionize what higher education means in America so people living those circumstances can access it in a cost-effective way.

When I worked in the State legislature, I had an employee who was the equivalent of my executive assistant. She made less than \$30,000 a year because that is what the State pay grade called for. But she went to school at night and became a paralegal and doubled her pay on the day after her graduation because she was able to acquire advanced skills and a degree that allowed her to improve not just her lifestyle and her quality of life but that of her daughter's as well—a young, single mother struggling to provide and move ahead in life.

The problem is that our existing higher education system is one we had in the 20th century. It is largely designed for a student who graduates from high school and goes to college for 4 years, but it is inaccessible and unaffordable for Americans who are later in their lives, who have to work full time and raise a family, for people who in the middle of a career have found their job outsourced or automated and need to be retrained. That in and of itself calls for higher education to be revolutionized. The second point I would make is there is some innovation in higher education. For example, there are degrees and degree-type programs you can now get online. But you will often find that the cost of those programs is as much and more than a brick and mortar institution would charge. It costs as much and in many instances more to get your degree on line than it would by sitting in a classroom and taking lectures every day. For many people that is not realistic.

So we need to revolutionize what higher education means. The traditional 4-year college will always be an important part of it, but we also have to provide programs that allow people

to graduate from high school with skills that allow them to immediately be employed such as more welders and more electricians. There is nothing wrong with that. These are important jobs that we have shortages in, by the way.

We need to create more innovation so that people can acquire learning in the most effective way possible. For example, why can't we allow people to package learning in any way they acquire it, online, work experience, life experience, to be able to package all of your learning and acquire the equivalent of a degree that allows you to go to work?

There are real answers to these problems. I am involved in at least three of them. One is a program called "Right to Know Before You Go" that I sponsored with Senator WYDEN. It is a bipartisan proposal. It is very simple. It says that when you go to school before you take out a loan you have to be told: "This is how much people that graduate from our school with a degree that you are seeking make." So you can decide whether it is worth taking out thousands of dollars in loans for a degree that doesn't lead to jobs.

The other proposal is changing the way we accredit higher education in America. Accrediting basically means you have permission to get a college degree. But the institutions who control that process are the existing status quo schools. They will always have an important job in our educational portfolio but they cannot be the only ones anymore. We need to change that so there are alternative programs available that allow you to package learning no matter how you acquire it so that you can get credit for that as well. So the changing of accrediting is a big part of this.

I believe that income-based repayments should be a part of this. There is a more responsible way to do it. Thankfully, Senator WARNER and I are working on such a proposal. I wish issues such as that were debated as a part of this solution, as opposed to simply a political stunt brought to the floor designed to get enough "no" votes by Republicans so it can be used in November on the campaign trail.

Student loans—a trillion dollars' worth—are owed by both Republicans and Democrats. We need to get this issue solved if we are going to move forward. On the Veterans' Administration issue—I see a number of Senators have arrived and potentially have an announcement for us—we have made great progress. The bill is important, but the one part I have been working on personally is accountability, giving the Secretary the power to hire and to fire those mid-level bureaucrats that are not doing their job. That is an important measure. I am glad that is included in this. I am glad the Senate will be moving forward on this in a few moments.

It is the tale of two bills. One is an example of how we can get things done to address the real needs in our coun-

try, and the other is a missed opportunity to address one of the single greatest impediments to upward mobility and the American dream in the 21st Century—and that is the accessibility and affordability of higher education, because today higher education is no longer just an option. In some way, shape or form acquiring higher education has become a necessity for all Americans, and we need to make that more accessible and more affordable.

It is my hope that in the weeks and months to come we will be able to put aside the desire to turn this issue into a political tool and come together to solve this problem because there is a trillion dollars of student loan debt sitting out there, and there are hundreds of thousands of Americans who desperately need to acquire some sort of higher education and they cannot afford it or they cannot access it or both. They need us to address this issue because this cannot be an issue we do not resolve. The American dream will continue to slip out of reach for millions of people in this new century unless we make the acquisition of higher education more accessible and more affordable to people from all walks of life: the 18-year-old who graduates from high school, the 25-year-old single mother, the 41-year-old father who heads a household, and everyone in between.

This is an enormous challenge for our country but one for which there are solutions. All we need now is a willingness to proceed to do it, and I hope that in the weeks to come, once we pass this moment, we can get back on this issue and solve it in a real and responsible way.

I appreciate the opportunity to speak on these issues. I look forward to working to pass the veterans bill hopefully today and to move forward and work together in a serious and meaningful way to make higher education more affordable for every American who needs it in order to achieve their American dream.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. REID. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. REID. Madam President, before I say anything, I really and deeply appreciate the ability of the Democrats and Republicans to work together on an extremely important issue, and I need not editorialize more than that.

#### MAKING CONTINUING APPROPRIATIONS DURING A GOVERNMENT SHUTDOWN

Mr. REID. Madam President, I ask unanimous consent that the Senate proceed to the consideration of Calendar No. 206, H.R. 3230; that all after

the enacting clause be stricken and the text of S. 2450 be inserted in lieu thereof, which is the Sanders-McCain veterans bill; that there be no other amendments, motions or points of order in order other than a budget point of order against the bill and the applicable motion to waive; that the time until 4 p.m. be equally divided between the two leaders or their designees; that if a budget point of order is made and the applicable motion to waive the point of order is made, then at 4 p.m. today, the Senate proceed to vote on the motion to waive; if the motion to waive is agreed to, the bill, as amended, be read a third time and the Senate proceed to vote on passage of the bill, as amended.

The PRESIDING OFFICER. Is there objection? Without objection, it is so ordered.

The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (H.R. 3230) making continuing appropriations during a government shutdown to provide pay and allowances to members of the reserve components of the Armed Forces who perform inactive-duty training during such period.

The amendment is as follows:

H.R. 3230

*Resolved*, That the bill from the House of Representatives (H.R. 3230) entitled "An Act making continuing appropriations during a Government shutdown to provide pay and allowances to members of the reserve components of the Armed Forces who perform inactive-duty training during such period.", do pass with the following amendments:

Strike all after the enacting clause, and insert in lieu thereof:

**SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

(a) **SHORT TITLE.**—This Act may be cited as the "Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014".

(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

**TITLE I—IMPROVEMENT OF SCHEDULING SYSTEM FOR HEALTH CARE APPOINTMENTS**

Sec. 101. Independent assessment of the scheduling of appointments and other health care management processes of the Department of Veterans Affairs.

Sec. 102. Technology task force on review of scheduling system and software of the Department of Veterans Affairs.

**TITLE II—TRAINING AND HIRING OF HEALTH CARE STAFF**

Sec. 201. Treatment of staffing shortage and bi-annual report on staffing of medical facilities of the Department of Veterans Affairs.

Sec. 202. Clinic management training for managers and health care providers of the Department of Veterans Affairs.

Sec. 203. Use of unobligated amounts to hire additional health care providers for the Veterans Health Administration.

**TITLE III—IMPROVEMENT OF ACCESS TO CARE FROM NON-DEPARTMENT OF VETERANS AFFAIRS PROVIDERS**

Sec. 301. Expanded availability of hospital care and medical services for veterans through the use of contracts.

Sec. 302. Transfer of authority for payments for hospital care, medical services, and other health care from non-Department providers to the Chief Business Office of the Veterans Health Administration of the Department.

Sec. 303. Enhancement of collaboration between Department of Veterans Affairs and Indian Health Service.

Sec. 304. Enhancement of collaboration between Department of Veterans Affairs and Native Hawaiian health care systems.

Sec. 305. Sense of Congress on prompt payment by Department of Veterans Affairs.

**TITLE IV—HEALTH CARE ADMINISTRATIVE MATTERS**

Sec. 401. Improvement of access of veterans to mobile vet centers of the Department of Veterans Affairs.

Sec. 402. Commission on construction projects of the Department of Veterans Affairs.

Sec. 403. Commission on Access to Care.

Sec. 404. Improved performance metrics for health care provided by Department of Veterans Affairs.

Sec. 405. Improved transparency concerning health care provided by Department of Veterans Affairs.

Sec. 406. Information for veterans on the credentials of Department of Veterans Affairs physicians.

Sec. 407. Information in annual budget of the President on hospital care and medical services furnished through expanded use of contracts for such care.

Sec. 408. Prohibition on falsification of data concerning wait times and quality measures at Department of Veterans Affairs.

Sec. 409. Removal of Senior Executive Service employees of the Department of Veterans Affairs for performance.

**TITLE V—HEALTH CARE RELATED TO SEXUAL TRAUMA**

Sec. 501. Expansion of eligibility for sexual trauma counseling and treatment to veterans on inactive duty training.

Sec. 502. Provision of counseling and treatment for sexual trauma by the Department of Veterans Affairs to members of the Armed Forces.

Sec. 503. Reports on military sexual trauma.

**TITLE VI—MAJOR MEDICAL FACILITY LEASES**

Sec. 601. Authorization of major medical facility leases.

Sec. 602. Budgetary treatment of Department of Veterans Affairs major medical facilities leases.

**TITLE VII—VETERANS BENEFITS MATTERS**

Sec. 701. Expansion of Marine Gunnery Sergeant John David Fry Scholarship.

Sec. 702. Approval of courses of education provided by public institutions of higher learning for purposes of All-Volunteer Force Educational Assistance Program and Post-9/11 Educational Assistance conditional on in-State tuition rate for veterans.

**TITLE VIII—APPROPRIATION AND EMERGENCY DESIGNATIONS**

Sec. 801. Appropriation of emergency amounts.

Sec. 802. Emergency designations.

**TITLE I—IMPROVEMENT OF SCHEDULING SYSTEM FOR HEALTH CARE APPOINTMENTS**

**SEC. 101. INDEPENDENT ASSESSMENT OF THE SCHEDULING OF APPOINTMENTS AND OTHER HEALTH CARE MANAGEMENT PROCESSES OF THE DEPARTMENT OF VETERANS AFFAIRS.**

(a) **INDEPENDENT ASSESSMENT.**—

(1) **ASSESSMENT.**—Not later than 30 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into a contract with an independent third party to assess the following:

(A) The process at each medical facility of the Department of Veterans Affairs for scheduling appointments for veterans to receive hospital care, medical services, or other health care from the Department.

(B) The staffing level and productivity of each medical facility of the Department, including the following:

(i) The case load of each health care provider of the Department.

(ii) The time spent by each health care provider of the Department on matters other than the case load of such health care provider, including time spent by such health care provider as follows:

(I) At a medical facility that is affiliated with the Department.

(II) Conducting research.

(III) Training or overseeing other health care professionals of the Department.

(C) The organization, processes, and tools used by the Department to support clinical documentation and the subsequent coding of inpatient services.

(D) The purchasing, distribution, and use of pharmaceuticals, medical and surgical supplies, and medical devices by the Department, including the following:

(i) The prices paid for, standardization of, and use by the Department of the following:

(I) High-cost pharmaceuticals.

(II) Medical and surgical supplies.

(III) Medical devices.

(ii) The use by the Department of group purchasing arrangements to purchase pharmaceuticals, medical and surgical supplies, medical devices, and health care related services.

(iii) The strategy used by the Department to distribute pharmaceuticals, medical and surgical supplies, and medical devices to Veterans Integrated Service Networks and medical facilities of the Department.

(E) The performance of the Department in paying amounts owed to third parties and collecting amounts owed to the Department with respect to hospital care, medical services, and other health care, including any recommendations of the independent third party as follows:

(i) To avoid the payment of penalties to vendors.

(ii) To increase the collection of amounts owed to the Department for hospital care, medical services, or other health care provided by the Department for which reimbursement from a third party is authorized.

(iii) To increase the collection of any other amounts owed to the Department.

(2) **ELEMENTS OF SCHEDULING ASSESSMENT.**—In carrying out the assessment required by paragraph (1)(A), the independent third party shall do the following:

(A) Review all training materials pertaining to scheduling of appointments at each medical facility of the Department.

(B) Assess whether all employees of the Department conducting tasks related to scheduling are properly trained for conducting such tasks.

(C) Assess whether changes in the technology or system used in scheduling appointments are necessary to limit access to the system to only those employees that have been properly trained in conducting such tasks.

(D) Assess whether health care providers of the Department are making changes to their

schedules that hinder the ability of employees conducting such tasks to perform such tasks.

(E) Assess whether the establishment of a centralized call center throughout the Department for scheduling appointments at medical facilities of the Department would improve the process of scheduling such appointments.

(F) Assess whether booking templates for each medical facility or clinic of the Department would improve the process of scheduling such appointments.

(G) Recommend any actions to be taken by the Department to improve the process for scheduling such appointments, including the following:

(i) Changes in training materials provided to employees of the Department with respect to conducting tasks related to scheduling such appointments.

(ii) Changes in monitoring and assessment conducted by the Department of wait times of veterans for such appointments.

(iii) Changes in the system used to schedule such appointments, including changes to improve how the Department—

(I) measures wait times of veterans for such appointments;

(II) monitors the availability of health care providers of the Department; and

(III) provides veterans the ability to schedule such appointments.

(iv) Such other actions as the independent third party considers appropriate.

(3) **TIMING.**—The independent third party carrying out the assessment required by paragraph (1) shall complete such assessment not later than 180 days after entering into the contract described in such paragraph.

(b) **REPORT.**—

(1) **IN GENERAL.**—Not later than 90 days after the date on which the independent third party completes the assessment under this section, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the results of such assessment.

(2) **PUBLICATION.**—Not later than 30 days after submitting the report under paragraph (1), the Secretary shall publish such report in the Federal Register and on an Internet website of the Department accessible to the public.

**SEC. 102. TECHNOLOGY TASK FORCE ON REVIEW OF SCHEDULING SYSTEM AND SOFTWARE OF THE DEPARTMENT OF VETERANS AFFAIRS.**

(a) **TASK FORCE REVIEW.**—

(1) **IN GENERAL.**—The Secretary of Veterans Affairs shall, through the use of a technology task force, conduct a review of the needs of the Department of Veterans Affairs with respect to the scheduling system and scheduling software of the Department of Veterans Affairs that is used by the Department to schedule appointments for veterans for hospital care, medical services, and other health care from the Department.

(2) **AGREEMENT.**—

(A) **IN GENERAL.**—The Secretary shall seek to enter into an agreement with a technology organization or technology organizations to carry out the review required by paragraph (1).

(B) **PROHIBITION ON USE OF FUNDS.**—No Federal funds may be used to assist the technology organization or technology organizations under subparagraph (A) in carrying out the review required by paragraph (1).

(b) **REPORT.**—

(1) **IN GENERAL.**—Not later than 45 days after the date of the enactment of this Act, the technology task force required under subsection (a)(1) shall submit to the Secretary, the Committee on Veterans' Affairs of the Senate, and the Committee on Veterans' Affairs of the House of Representatives a report setting forth the findings and recommendations of the technology task force regarding the needs of the Department with respect to the scheduling system and scheduling software of the Department described in such subsection.

(2) **ELEMENTS.**—The report required by paragraph (1) shall include the following:

(A) Proposals for specific actions to be taken by the Department to improve the scheduling system and scheduling software of the Department described in subsection (a)(1).

(B) A determination as to whether an existing off-the-shelf system would—

(i) meet the needs of the Department to schedule appointments for veterans for hospital care, medical services, and other health care from the Department; and

(ii) improve the access of veterans to such care and services.

(3) **PUBLICATION.**—Not later than 30 days after the receipt of the report required by paragraph (1), the Secretary shall publish such report in the Federal Register and on an Internet website of the Department accessible to the public.

(c) **IMPLEMENTATION OF TASK FORCE RECOMMENDATIONS.**—Not later than one year after the receipt of the report required by subsection (b)(1), the Secretary shall implement the recommendations set forth in such report that the Secretary considers are feasible, advisable, and cost-effective.

**TITLE II—TRAINING AND HIRING OF HEALTH CARE STAFF**

**SEC. 201. TREATMENT OF STAFFING SHORTAGE AND BIENNIAL REPORT ON STAFFING OF MEDICAL FACILITIES OF THE DEPARTMENT OF VETERANS AFFAIRS.**

(a) **STAFFING SHORTAGE.**—

(1) **IN GENERAL.**—Not later than 180 days after the date of the enactment of this Act, and not later than September 30 each year thereafter, the Inspector General of the Department of Veterans Affairs shall determine, and the Secretary of Veterans Affairs shall publish in the Federal Register, the five occupations of health care providers of the Department of Veterans Affairs for which there is the largest staffing shortage throughout the Department.

(2) **RECRUITMENT AND APPOINTMENT.**—Notwithstanding sections 3304 and 3309 through 3318 of title 5, United States Code, the Secretary may, upon a determination by the Inspector General under paragraph (1) that there is a staffing shortage throughout the Department with respect to a particular occupation of health care provider, recruit and directly appoint highly qualified health care providers to serve as health care providers in that particular occupation for the Department.

(3) **PRIORITY IN HEALTH PROFESSIONALS EDUCATIONAL ASSISTANCE PROGRAM TO CERTAIN PROVIDERS.**—Section 7612(b)(5) of title 38, United States Code, is amended—

(A) in subparagraph (A), by striking “and” at the end;

(B) by redesignating subparagraph (B) as subparagraph (C); and

(C) by inserting after subparagraph (A) the following new subparagraph (B):

“(B) shall give priority to applicants pursuing a course of education or training towards a career in an occupation for which the Secretary has, in the most current determination published in the Federal Register pursuant to section 201(a)(1) of the Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014, determined that there is one of the largest staffing shortages throughout the Department with respect to such occupation; and”.

(b) **REPORTS.**—

(1) **IN GENERAL.**—Not later than 180 days after the date of the enactment of this Act, and not later than December 31 of each even numbered year thereafter until 2024, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report assessing the staffing of each medical facility of the Department of Veterans Affairs.

(2) **ELEMENTS.**—Each report submitted under paragraph (1) shall include the following:

(A) The results of a system-wide assessment of all medical facilities of the Department to ensure the following:

(i) Appropriate staffing levels for health care providers to meet the goals of the Secretary for timely access to care for veterans.

(ii) Appropriate staffing levels for support personnel, including clerks.

(iii) Appropriate sizes for clinical panels.

(iv) Appropriate numbers of full-time staff, or full-time equivalents, dedicated to direct care of patients.

(v) Appropriate physical plant space to meet the capacity needs of the Department in that area.

(vi) Such other factors as the Secretary considers necessary.

(B) A plan for addressing any issues identified in the assessment described in subparagraph (A), including a timeline for addressing such issues.

(C) A list of the current wait times and workload levels for the following clinics in each medical facility:

(i) Mental health.

(ii) Primary care.

(iii) Gastroenterology.

(iv) Women's health.

(v) Such other clinics as the Secretary considers appropriate.

(D) A description of the results of the most current determination of the Inspector General under paragraph (1) of subsection (a) and a plan to use direct appointment authority under paragraph (2) of such subsection to fill staffing shortages, including recommendations for improving the speed at which the credentialing and privileging process can be conducted.

(E) The current staffing models of the Department for the following clinics, including recommendations for changes to such models:

(i) Mental health.

(ii) Primary care.

(iii) Gastroenterology.

(iv) Women's health.

(v) Such other clinics as the Secretary considers appropriate.

(F) A detailed analysis of succession planning at medical facilities of the Department, including the following:

(i) The number of positions in medical facilities throughout the Department that are not filled by a permanent employee.

(ii) The length of time each position described in clause (i) remained vacant or filled by a temporary or acting employee.

(iii) A description of any barriers to filling the positions described in clause (i).

(iv) A plan for filling any positions that are vacant or filled by a temporary or acting employee for more than 180 days.

(v) A plan for handling emergency circumstances, such as administrative leave or sudden medical leave for senior officials.

(G) The number of health care providers of the Department who have been removed from their positions, have retired, or have left their positions for another reason, disaggregated by provider type, during the two-year period preceding the submittal of the report.

(H) Of the health care providers specified in subparagraph (G) who have been removed from their positions, the following:

(i) The number of such health care providers who were reassigned to other positions in the Department.

(ii) The number of such health care providers who left the Department.

(iii) The number of such health care providers who left the Department and were subsequently rehired by the Department.

**SEC. 202. CLINIC MANAGEMENT TRAINING FOR MANAGERS AND HEALTH CARE PROVIDERS OF THE DEPARTMENT OF VETERANS AFFAIRS.**

(a) **CLINIC MANAGEMENT TRAINING PROGRAM.**—

(1) *IN GENERAL.*—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall commence a clinic management training program to provide in-person, standardized education on health care management to all managers of, and health care providers at, medical facilities of the Department of Veterans Affairs.

(2) *ELEMENTS.*—The clinic management training program required by paragraph (1) shall include the following:

(A) Training on how to manage the schedules of health care providers of the Department, including the following:

(i) Maintaining such schedules in a manner that allows appointments to be booked at least eight weeks in advance.

(ii) Proper planning procedures for vacation, leave, and graduate medical education training schedules.

(B) Training on the appropriate number of appointments that a health care provider should conduct on a daily basis, based on specialty.

(C) Training on how to determine whether there are enough available appointment slots to manage demand for different appointment types and mechanisms for alerting management of insufficient slots.

(D) Training on how to properly use the appointment scheduling system of the Department, including any new scheduling system implemented by the Department.

(E) Training on how to optimize the use of technology, including the following:

(i) Telemedicine.

(ii) Electronic mail.

(iii) Text messaging.

(iv) Such other technologies as specified by the Secretary.

(F) Training on how to properly use physical plant space at medical facilities of the Department to ensure efficient flow and privacy for patients and staff.

(3) *SUNSET.*—The clinic management training program required by paragraph (1) shall terminate on the date that is two years after the date on which the Secretary commences such program.

(b) *TRAINING MATERIALS.*—

(1) *IN GENERAL.*—After the termination of the clinic management training program required by subsection (a), the Secretary shall provide training materials on health care management to each of the following employees of the Department upon the commencement of employment of such employee:

(A) Any manager of a medical facility of the Department.

(B) Any health care provider at a medical facility of the Department.

(C) Such other employees of the Department as the Secretary considers appropriate.

(2) *UPDATE.*—The Secretary shall regularly update the training materials required under paragraph (1).

**SEC. 203. USE OF UNOBLIGATED AMOUNTS TO HIRE ADDITIONAL HEALTH CARE PROVIDERS FOR THE VETERANS HEALTH ADMINISTRATION.**

(a) *IN GENERAL.*—At the end of each of fiscal years 2014 and 2015, all covered amounts shall be made available to the Secretary of Veterans Affairs to hire additional health care providers for the Veterans Health Administration of the Department of Veterans Affairs, or to carry out any provision of this Act or the amendments made by this Act, and shall remain available until expended.

(b) *PRIORITY IN HIRING.*—The Secretary shall prioritize hiring additional health care providers under subsection (a) at medical facilities of the Department and in geographic areas in which the Secretary identifies the greatest shortage of health care providers.

(c) *COVERED AMOUNTS DEFINED.*—In this section, the term “covered amounts” means amounts—

(1) that are made available to the Veterans Health Administration of the Department for an appropriations account—

(A) under the heading “MEDICAL SERVICES”;

(B) under the heading “MEDICAL SUPPORT AND COMPLIANCE”;

(C) under the heading “MEDICAL FACILITIES”;

and

(2) that are unobligated at the end of the applicable fiscal year.

**TITLE III—IMPROVEMENT OF ACCESS TO CARE FROM NON-DEPARTMENT OF VETERANS AFFAIRS PROVIDERS**

**SEC. 301. EXPANDED AVAILABILITY OF HOSPITAL CARE AND MEDICAL SERVICES FOR VETERANS THROUGH THE USE OF CONTRACTS.**

(a) *EXPANSION OF AVAILABLE CARE AND SERVICES.*—

(1) *FURNISHING OF CARE.*—

(A) *IN GENERAL.*—Hospital care and medical services under chapter 17 of title 38, United States Code, shall be furnished to an eligible veteran described in subsection (b), at the election of such veteran, through contracts authorized under subsection (d), or any other law administered by the Secretary of Veterans Affairs, with entities specified in subparagraph (B) for the furnishing of such care and services to veterans.

(B) *ENTITIES SPECIFIED.*—The entities specified in this subparagraph are the following:

(i) Any health care provider that is participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(ii) Any Federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act (42 U.S.C. 1396d(l)(2)(B))).

(iii) The Department of Defense.

(iv) The Indian Health Service.

(2) *CHOICE OF PROVIDER.*—An eligible veteran who elects to receive care and services under this section may select the provider of such care and services from among any source of provider of such care and services through an entity specified in paragraph (1)(B) that is accessible to the veteran.

(3) *COORDINATION OF CARE AND SERVICES.*—The Secretary shall coordinate, through the Non-VA Care Coordination Program of the Department of Veterans Affairs, the furnishing of care and services under this section to eligible veterans, including by ensuring that an eligible veteran receives an appointment for such care and services within the current wait-time goals of the Veterans Health Administration for the furnishing of hospital care and medical services.

(b) *ELIGIBLE VETERANS.*—A veteran is an eligible veteran for purposes of this section if—

(1)(A) the veteran is enrolled in the patient enrollment system of the Department of Veterans Affairs established and operated under section 1705 of title 38, United States Code; or

(B) the veteran is enrolled in such system, has not received hospital care or medical services from the Department, and has contacted the Department seeking an initial appointment from the Department for the receipt of such care or services; and

(2) the veteran—

(A)(i) attempts, or has attempted under paragraph (1)(B), to schedule an appointment for the receipt of hospital care or medical services under chapter 17 of title 38, United States Code, but is unable to schedule an appointment within the current wait-time goals of the Veterans Health Administration for the furnishing of such care or services; and

(ii) elects, and is authorized, to be furnished such care or services pursuant to subsection (c)(2);

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

(C) resides—

(i) in a State without a medical facility of the Department that provides—

(I) hospital care;

(II) emergency medical services; and

(III) surgical care rated by the Secretary as having a surgical complexity of standard; and

(ii) more than 20 miles from a medical facility of the Department described in clause (i).

(c) *ELECTION AND AUTHORIZATION.*—

(1) *IN GENERAL.*—If the Secretary confirms that an appointment for an eligible veteran described in subsection (b)(2)(A) for the receipt of hospital care or medical services under chapter 17 of title 38, United States Code, is unavailable within the current wait-time goals of the Department for the furnishing of such care or services, the Secretary shall, at the election of the eligible veteran—

(A) place such eligible veteran on an electronic waiting list described in paragraph (2) for such an appointment; or

(B)(i) authorize that such care and services be furnished to the eligible veteran under this section for a period of time specified by the Secretary; and

(ii) send a letter to the eligible veteran describing the care and services the eligible veteran is eligible to receive under this section.

(2) *ELECTRONIC WAITING LIST.*—The electronic waiting list described in this paragraph shall be maintained by the Department and allow access by each eligible veteran via [www.myhealth.va.gov](http://www.myhealth.va.gov) or any successor website for the following purposes:

(A) To determine the place of such eligible veteran on the waiting list.

(B) To determine the average length of time an individual spends on the waiting list, disaggregated by medical facility of the Department and type of care or service needed, for purposes of allowing such eligible veteran to make an informed election under paragraph (1).

(d) *CARE AND SERVICES THROUGH CONTRACTS.*—

(1) *IN GENERAL.*—The Secretary shall enter into contracts with health care providers that are participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) to furnish care and services to eligible veterans under this section.

(2) *RATES AND REIMBURSEMENT.*—

(A) *IN GENERAL.*—In entering into a contract under this subsection, the Secretary shall—

(i) negotiate rates for the furnishing of care and services under this section; and

(ii) reimburse the health care provider for such care and services at the rates negotiated pursuant to clause (i) as provided in such contract.

(B) *LIMIT ON RATES.*—

(i) *IN GENERAL.*—Except as provided in clause (ii), rates negotiated under subparagraph (A)(i) shall not be more than the rates paid by the United States to a provider of services (as defined in section 1861(u) of the Social Security Act (42 U.S.C. 1395x(u))) or a supplier (as defined in section 1861(d) of such Act (42 U.S.C. 1395x(d))) under the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) for the same care and services.

(ii) *EXCEPTION.*—The Secretary may negotiate a rate that is more than the rate paid by the United States as described in clause (i) with respect to the furnishing of care or services under this section to an eligible veteran if the Secretary determines that there is no health care provider that will provide such care or services to such eligible veteran at the rate required under such clause—

(I) within the current wait-time goals of the Veterans Health Administration for the furnishing of such care or services; and

(II) at a location not more than 40 miles from the residence of such eligible veteran.

(C) *LIMIT ON COLLECTION.*—For the furnishing of care and services pursuant to a contract under this section, a health care provider may not collect any amount that is greater than the rate negotiated pursuant to subparagraph (A)(i).

(3) *INFORMATION ON POLICIES AND PROCEDURES.*—The Secretary shall provide to any

health care provider with which the Secretary has entered into a contract under paragraph (1) the following:

(A) Information on applicable policies and procedures for submitting bills or claims for authorized care and services furnished to eligible veterans under this section.

(B) Access to a telephone hotline maintained by the Department that such health care provider may call for information on the following:

(i) Procedures for furnishing care and services under this section.

(ii) Procedures for submitting bills or claims for authorized care and services furnished to eligible veterans under this section and being reimbursed for furnishing such care and services.

(iii) Whether particular care or services under this section are authorized, and the procedures for authorization of such care or services.

(e) CHOICE CARD.—

(1) IN GENERAL.—For purposes of receiving care and services under this section, the Secretary shall issue to each eligible veteran a card that the eligible veteran shall present to a health care provider that is eligible to furnish care and services under this section before receiving such care and services.

(2) NAME OF CARD.—Each card issued under paragraph (1) shall be known as a “Choice Card”.

(3) DETAILS OF CARD.—Each Choice Card issued to an eligible veteran under paragraph (1) shall include the following:

(A) The name of the eligible veteran.

(B) An identification number for the eligible veteran that is not the social security number of the eligible veteran.

(C) The contact information of an appropriate office of the Department for health care providers to confirm that care and services under this section are authorized for the eligible veteran.

(D) Contact information and other relevant information for the submittal of claims or bills for the furnishing of care and services under this section.

(E) The following statement: “This card is for qualifying medical care outside the Department of Veterans Affairs. Please call the Department of Veterans Affairs phone number specified on this card to ensure that treatment has been authorized.”

(4) INFORMATION ON USE OF CARD.—Upon issuing a Choice Card to an eligible veteran, the Secretary shall provide the eligible veteran with information clearly stating the circumstances under which the veteran may be eligible for care and services under this section.

(f) INFORMATION ON AVAILABILITY OF CARE.—The Secretary shall provide information to a veteran about the availability of care and services under this section in the following circumstances:

(1) When the veteran enrolls in the patient enrollment system of the Department under section 1705 of title 38, United States Code.

(2) When the veteran attempts to schedule an appointment for the receipt of hospital care or medical services from the Department but is unable to schedule an appointment within the current wait-time goals of the Veterans Health Administration for delivery of such care or services.

(g) PROVIDERS.—To be eligible to furnish care and services under this section, a health care provider must—

(1) maintain at least the same or similar credentials and licenses as those credentials and licenses that are required of health care providers of the Department, as determined by the Secretary for purposes of this section; and

(2) submit, not less frequently than once each year, verification of such licenses and credentials maintained by such health care provider.

(h) COST-SHARING.—

(1) IN GENERAL.—The Secretary shall require an eligible veteran to pay a copayment to the Department for the receipt of care and services

under this section only if such eligible veteran would be required to pay such copayment for the receipt of such care and services at a medical facility of the Department.

(2) LIMITATION.—The copayment required under paragraph (1) shall not be greater than the copayment required of such eligible veteran by the Department for the receipt of such care and services at a medical facility of the Department.

(i) CLAIMS PROCESSING SYSTEM.—

(1) IN GENERAL.—The Secretary shall provide for an efficient nationwide system for processing and paying bills or claims for authorized care and services furnished to eligible veterans under this section.

(2) REGULATIONS.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall prescribe regulations for the implementation of such system.

(3) OVERSIGHT.—The Chief Business Office of the Veterans Health Administration shall oversee the implementation and maintenance of such system.

(4) ACCURACY OF PAYMENT.—

(A) IN GENERAL.—The Secretary shall ensure that such system meets such goals for accuracy of payment as the Secretary shall specify for purposes of this section.

(B) ANNUAL REPORT.—

(i) IN GENERAL.—Not later than one year after the date of the enactment of this Act, and annually thereafter until the termination date specified in subsection (n), the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the goals for accuracy of such system.

(ii) ELEMENTS.—Each report required by clause (i) shall include the following:

(I) A description of the goals for accuracy for such system specified by the Secretary under subparagraph (A).

(II) An assessment of the success of the Department in meeting such goals during the year preceding the submittal of the report.

(j) MEDICAL RECORDS.—The Secretary shall ensure that any health care provider that furnishes care and services under this section to an eligible veteran submits to the Department any medical record related to the care and services provided to such eligible veteran by such health care provider for inclusion in the electronic medical record of such eligible veteran maintained by the Department upon the completion of the provision of such care and services to such eligible veteran.

(k) TRACKING OF MISSED APPOINTMENTS.—The Secretary shall implement a mechanism to track any missed appointments for care and services under this section by eligible veterans to ensure that the Department does not pay for such care and services that were not furnished to an eligible veteran.

(l) IMPLEMENTATION.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall prescribe interim final regulations on the implementation of this section and publish such regulations in the Federal Register.

(m) INSPECTOR GENERAL REPORT.—Not later than 540 days after the publication of the interim final regulations under subsection (l), the Inspector General of the Department shall submit to the Secretary a report on the results of an audit of the care and services furnished under this section to ensure the accuracy and timeliness of payments by the Department for the cost of such care and services, including any findings and recommendations of the Inspector General.

(n) TERMINATION.—The requirement of the Secretary to furnish care and services under this section terminates on the date that is two years after the date on which the Secretary publishes the interim final regulations under subsection (l).

(o) REPORTS.—

(1) INITIAL REPORT.—Not later than 90 days after the publication of the interim final regulations under subsection (l), the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the furnishing of care and services under this section that includes the following:

(A) The number of eligible veterans who have received care and services under this section.

(B) A description of the type of care and services furnished to eligible veterans under this section.

(2) FINAL REPORT.—Not later than 540 days after the publication of the interim final regulations under subsection (l), the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the furnishing of care and services under this section that includes the following:

(A) The total number of eligible veterans who have received care and services under this section, disaggregated by—

(i) eligible veterans described in subsection (b)(2)(A); and

(ii) eligible veterans described in subsection (b)(2)(B).

(B) A description of the type of care and services furnished to eligible veterans under this section.

(C) An accounting of the total cost of furnishing care and services to eligible veterans under this section.

(D) The results of a survey of eligible veterans who have received care or services under this section on the satisfaction of such eligible veterans with the care or services received by such eligible veterans under this section.

(E) An assessment of the effect of furnishing care and services under this section on wait times for an appointment for the receipt of hospital care and medical services from the Department.

(F) An assessment of the feasibility and advisability of continuing furnishing care and services under this section after the termination date specified in subsection (n).

(p) RULES OF CONSTRUCTION.—

(1) NO MODIFICATION OF CONTRACTS.—Nothing in this section shall be construed to require the Secretary to renegotiate contracts for the furnishing of hospital care or medical services to veterans entered into by the Department before the date of the enactment of this Act.

(2) FILLING AND PAYING FOR PRESCRIPTION MEDICATIONS.—Nothing in this section shall be construed to alter the process of the Department for filling and paying for prescription medications.

**SEC. 302. TRANSFER OF AUTHORITY FOR PAYMENTS FOR HOSPITAL CARE, MEDICAL SERVICES, AND OTHER HEALTH CARE FROM NON-DEPARTMENT PROVIDERS TO THE CHIEF BUSINESS OFFICE OF THE VETERANS HEALTH ADMINISTRATION OF THE DEPARTMENT.**

(a) TRANSFER OF AUTHORITY.—

(1) IN GENERAL.—Effective on October 1, 2014, the Secretary of Veterans Affairs shall transfer the authority to pay for hospital care, medical services, and other health care through non-Department providers to the Chief Business Office of the Veterans Health Administration of the Department of Veterans Affairs from the Veterans Integrated Service Networks and medical centers of the Department of Veterans Affairs.

(2) MANNER OF CARE.—The Chief Business Office shall work in consultation with the Office of Clinical Operations and Management of the Department of Veterans Affairs to ensure that care and services described in paragraph (1) are provided in a manner that is clinically appropriate and effective.

(3) NO DELAY IN PAYMENT.—The transfer of authority under paragraph (1) shall be carried out in a manner that does not delay or impede

any payment by the Department for hospital care, medical services, or other health care provided through a non-Department provider under the laws administered by the Secretary.

(b) **BUDGETARY EFFECT.**—The Secretary shall, for each fiscal year that begins after the date of the enactment of this Act—

(1) include in the budget for the Chief Business Office of the Veterans Health Administration amounts to pay for hospital care, medical services, and other health care provided through non-Department providers, including any amounts necessary to carry out the transfer of authority to pay for such care and services under subsection (a), including any increase in staff; and

(2) not include in the budget of each Veterans Integrated Service Network and medical center of the Department amounts to pay for such care and services.

**SEC. 303. ENHANCEMENT OF COLLABORATION BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND INDIAN HEALTH SERVICE.**

(a) **OUTREACH TO TRIBAL-RUN MEDICAL FACILITIES.**—The Secretary of Veterans Affairs shall, in consultation with the Director of the Indian Health Service, conduct outreach to each medical facility operated by an Indian tribe or tribal organization through a contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.) to raise awareness of the ability of such facilities, Indian tribes, and tribal organizations to enter into agreements with the Department of Veterans Affairs under which the Secretary reimburses such facilities, Indian tribes, or tribal organizations, as the case may be, for health care provided to veterans eligible for health care at such facilities.

(b) **METRICS FOR MEMORANDUM OF UNDERSTANDING PERFORMANCE.**—The Secretary of Veterans Affairs shall implement performance metrics for assessing the performance by the Department of Veterans Affairs and the Indian Health Service under the memorandum of understanding entitled “Memorandum of Understanding between the Department of Veterans Affairs (VA) and the Indian Health Service (IHS)” in increasing access to health care, improving quality and coordination of health care, promoting effective patient-centered collaboration and partnerships between the Department and the Service, and ensuring health-promotion and disease-prevention services are appropriately funded and available for beneficiaries under both health care systems.

(c) **REPORT.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs and the Director of the Indian Health Service shall jointly submit to Congress a report on the feasibility and advisability of the following:

(1) Entering into agreements for the reimbursement by the Secretary of the costs of direct care services provided through organizations receiving amounts pursuant to grants made or contracts entered into under section 503 of the Indian Health Care Improvement Act (25 U.S.C. 1653) to veterans who are otherwise eligible to receive health care from such organizations.

(2) Including the reimbursement of the costs of direct care services provided to veterans who are not Indians in agreements between the Department and the following:

(A) The Indian Health Service.

(B) An Indian tribe or tribal organization operating a medical facility through a contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

(C) A medical facility of the Indian Health Service.

(d) **DEFINITIONS.**—In this section:

(1) **INDIAN.**—The terms “Indian” and “Indian tribe” have the meanings given those terms in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

(2) **MEDICAL FACILITY OF THE INDIAN HEALTH SERVICE.**—The term “medical facility of the Indian Health Service” includes a facility operated by an Indian tribe or tribal organization through a contract or compact with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

(3) **TRIBAL ORGANIZATION.**—The term “tribal organization” has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450b).

**SEC. 304. ENHANCEMENT OF COLLABORATION BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND NATIVE HAWAIIAN HEALTH CARE SYSTEMS.**

(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall, in consultation with Papa Ola Lokahi and such other organizations involved in the delivery of health care to Native Hawaiians as the Secretary considers appropriate, enter into contracts or agreements with Native Hawaiian health care systems that are in receipt of funds from the Secretary of Health and Human Services pursuant to grants awarded or contracts entered into under section 6(a) of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11705(a)) for the reimbursement of direct care services provided to eligible veterans as specified in such contracts or agreements.

(b) **DEFINITIONS.**—In this section, the terms “Native Hawaiian”, “Native Hawaiian health care system”, and “Papa Ola Lokahi” have the meanings given those terms in section 12 of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 11711).

**SEC. 305. SENSE OF CONGRESS ON PROMPT PAYMENT BY DEPARTMENT OF VETERANS AFFAIRS.**

It is the sense of Congress that the Secretary of Veterans Affairs shall comply with section 1315 of title 5, Code of Federal Regulations (commonly known as the “prompt payment rule”), or any corresponding similar regulation or ruling, in paying for health care pursuant to contracts entered into with non-Department of Veterans Affairs providers to provide health care under the laws administered by the Secretary.

**TITLE IV—HEALTH CARE ADMINISTRATIVE MATTERS**

**SEC. 401. IMPROVEMENT OF ACCESS OF VETERANS TO MOBILE VET CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS.**

(a) **IMPROVEMENT OF ACCESS.**—

(1) **IN GENERAL.**—The Secretary of Veterans Affairs shall improve the access of veterans to telemedicine and other health care through the use of mobile vet centers of the Department of Veterans Affairs by providing standardized requirements for the operation of such centers.

(2) **REQUIREMENTS.**—The standardized requirements required by paragraph (1) shall include the following:

(A) The number of days each mobile vet center of the Department is expected to travel per year.

(B) The number of locations each center is expected to visit per year.

(C) The number of appointments each center is expected to conduct per year.

(D) The method and timing of notifications given by each center to individuals in the area to which such center is traveling, including notifications informing veterans of the availability to schedule appointments at the center.

(3) **USE OF TELEMEDICINE.**—The Secretary shall ensure that each mobile vet center of the Department has the capability to provide telemedicine services.

(b) **REPORTS.**—Not later than one year after the date of the enactment of this Act, and not later than September 30 each year thereafter, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the following:

(1) The use of mobile vet centers to provide telemedicine services to veterans during the year preceding the submittal of the report, including the following:

(A) The number of days each mobile vet center was open to provide such services.

(B) The number of days each mobile vet center traveled to a location other than the headquarters of the mobile vet center to provide such services.

(C) The number of appointments each center conducted to provide such services on average per month and in total during such year.

(2) An analysis of the effectiveness of using mobile vet centers to provide health care services to veterans through the use of telemedicine.

(3) Any recommendations for an increase in the number of mobile vet centers of the Department.

(4) Any recommendations for an increase in the telemedicine capabilities of each mobile vet center.

(5) The feasibility and advisability of using temporary health care providers, including locum tenens, to provide direct health care services to veterans at mobile vet centers.

(6) Such other recommendations on improvement of the use of mobile vet centers by the Department as the Secretary considers appropriate.

**SEC. 402. COMMISSION ON CONSTRUCTION PROJECTS OF THE DEPARTMENT OF VETERANS AFFAIRS.**

(a) **ESTABLISHMENT OF COMMISSION.**—

(1) **ESTABLISHMENT.**—There is established an Independent Commission on Department of Veterans Affairs Construction Projects (in this section referred to as the “Commission”).

(2) **MEMBERSHIP.**—

(A) **VOTING MEMBERS.**—The Commission shall be composed of 10 voting members as follows:

(i) Three members to be appointed by the President from among members of the National Academy of Engineering who are nominated under subparagraph (B).

(ii) Three members to be appointed by the President from among members of the National Institute of Building Sciences who are nominated under subparagraph (B).

(iii) Four members to be appointed by the President from among veterans enrolled in the patient enrollment system of the Department of Veterans Affairs under section 1705 of title 38, United States Code, who are nominated under subparagraph (B).

(B) **NOMINATION OF VOTING MEMBERS.**—The majority leader of the Senate, the minority leader of the Senate, the speaker of the House of Representatives, and the minority leader of the House of Representatives shall jointly nominate not less than 24 individuals to be considered by the President for appointment under subparagraph (A).

(C) **NONVOTING MEMBERS.**—The Commission shall be composed of the following nonvoting members:

(i) The Comptroller General of the United States, or designee.

(ii) The Secretary of Veterans Affairs, or designee.

(iii) The Inspector General of the Department of Veterans Affairs, or designee.

(D) **DATE OF APPOINTMENT OF MEMBERS.**—The appointments of the members of the Commission under subparagraph (A) shall be made not later than 14 days after the date of the enactment of this Act.

(3) **PERIOD OF APPOINTMENT; VACANCIES.**—Members shall be appointed for the life of the Commission. Any vacancy in the Commission shall not affect its powers, but shall be filled in the same manner as the original appointment.

(4) **INITIAL MEETING.**—Not later than five days after the date on which all members of the Commission have been appointed, the Commission shall hold its first meeting.

(5) **MEETINGS.**—The Commission shall meet at the call of the Chairperson.

(6) **QUORUM.**—A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold hearings.

(7) **CHAIRPERSON AND VICE CHAIRPERSON.**—The Commission shall select a Chairperson and Vice Chairperson from among its members.

(b) **DUTIES OF COMMISSION.**—

(1) **REVIEW.**—The Commission shall review current construction and maintenance projects and the medical facility leasing program of the Department of Veterans Affairs to identify any problems experienced by the Department in carrying out such projects and program.

(2) **REPORTS.**—

(A) **COMMISSION REPORT.**—Not later than 120 days after the date of the enactment of this Act, the Commission shall submit to the Secretary of Veterans Affairs, the Committee on Veterans' Affairs of the Senate, and the Committee on Veterans' Affairs of the House of Representatives a report setting forth recommendations, if any, for improving the manner in which the Secretary carries out the projects and program specified in paragraph (1).

(B) **DEPARTMENT REPORT.**—Not later than 60 days after the submittal of the report under subparagraph (A), the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the feasibility and advisability of implementing the recommendations of the Commission, if any, included in the report submitted under such subparagraph, including a timeline for the implementation of such recommendations.

(c) **POWERS OF COMMISSION.**—

(1) **HEARINGS.**—The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Commission considers advisable to carry out this section.

(2) **INFORMATION FROM FEDERAL AGENCIES.**—The Commission may secure directly from any Federal agency such information as the Commission considers necessary to carry out this section. Upon request of the Chairperson of the Commission, the head of such agency shall furnish such information to the Commission.

(d) **COMMISSION PERSONNEL MATTERS.**—

(1) **COMPENSATION OF MEMBERS.**—Each member of the Commission who is not an officer or employee of the Federal Government shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Commission. All members of the Commission who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

(2) **TRAVEL EXPENSES.**—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(3) **STAFF.**—

(A) **IN GENERAL.**—The Chairperson of the Commission may, without regard to the civil service laws and regulations, appoint and terminate an executive director and such other additional personnel as may be necessary to enable the Commission to perform its duties. The employment of an executive director shall be subject to confirmation by the Commission.

(B) **COMPENSATION.**—The Chairperson of the Commission may fix the compensation of the executive director and other personnel without regard to chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay for the executive director and other personnel may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

(4) **DETAIL OF GOVERNMENT EMPLOYEES.**—Any Federal Government employee may be detailed to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

(5) **PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES.**—The Chairperson of the Commission may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates for individuals that do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

(e) **TERMINATION OF COMMISSION.**—The Commission shall terminate 30 days after the date on which the Commission submits its report under subsection (b)(2)(A).

#### **SEC. 403. COMMISSION ON ACCESS TO CARE.**

(a) **ESTABLISHMENT OF COMMISSION.**—

(1) **IN GENERAL.**—There is established the Commission on Access to Care (in this section referred to as the "Commission") to examine the access of veterans to health care from the Department of Veterans Affairs and strategically examine how best to organize the Veterans Health Administration, locate health care resources, and deliver health care to veterans during the 10- to 20-year period beginning on the date of the enactment of this Act.

(2) **MEMBERSHIP.**—

(A) **VOTING MEMBERS.**—The Commission shall be composed of 10 voting members who are appointed by the President as follows:

(i) At least two members who represent an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

(ii) At least one member from among persons who have experience as senior management for a private integrated health care system with an annual gross revenue of more than \$50,000,000.

(iii) At least one member from among persons who are familiar with government health care systems, including those systems of the Department of Defense, the Indian Health Service, and Federally-qualified health centers (as defined in section 1905(1)(2)(B) of the Social Security Act (42 U.S.C. 1396d(1)(2)(B))).

(iv) At least two members from among persons who are familiar with the Veterans Health Administration but are not current employees of the Veterans Health Administration.

(v) At least two members from among persons who are veterans or eligible for hospital care, medical services, or other health care under the laws administered by the Secretary of Veterans Affairs.

(B) **NONVOTING MEMBERS.**—

(i) **IN GENERAL.**—In addition to members appointed under subparagraph (A), the Commission shall be composed of 10 nonvoting members who are appointed by the President as follows:

(I) At least two members who represent an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

(II) At least one member from among persons who have experience as senior management for a private integrated health care system with an annual gross revenue of more than \$50,000,000.

(III) At least one member from among persons who are familiar with government health care systems, including those systems of the Department of Defense, the Indian Health Service, and Federally-qualified health centers (as defined in section 1905(1)(2)(B) of the Social Security Act (42 U.S.C. 1396d(1)(2)(B))).

(IV) At least two members from among persons who are familiar with the Veterans Health Administration but are not current employees of the Veterans Health Administration.

(V) At least two members from among persons who are veterans or eligible for hospital care, medical services, or other health care under the

laws administered by the Secretary of Veterans Affairs.

(ii) **ADDITIONAL NONVOTING MEMBERS.**—In addition to members appointed under subparagraph (A) and clause (i), the Commission shall be composed of the following nonvoting members:

(I) The Comptroller General of the United States, or designee.

(II) The Inspector General of the Department of Veterans Affairs, or designee.

(C) **DATE.**—The appointments of members of the Commission shall be made not later than 60 days after the date of the enactment of this Act.

(3) **PERIOD OF APPOINTMENT; VACANCIES.**—Members shall be appointed for the life of the Commission. Any vacancy in the Commission shall not affect its powers, but shall be filled in the same manner as the original appointment.

(4) **INITIAL MEETING.**—Not later than 15 days after the date on which seven voting members of the Commission have been appointed, the Commission shall hold its first meeting.

(5) **MEETINGS.**—The Commission shall meet at the call of the Chairperson.

(6) **QUORUM.**—A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold hearings.

(7) **CHAIRPERSON AND VICE CHAIRPERSON.**—The Commission shall select a Chairperson and Vice Chairperson from among its members.

(b) **DUTIES OF COMMISSION.**—

(1) **EVALUATION AND ASSESSMENT.**—The Commission shall undertake a comprehensive evaluation and assessment of access to health care at the Department of Veterans Affairs.

(2) **MATTERS EVALUATED AND ASSESSED.**—The matters evaluated and assessed by the Commission shall include the following:

(A) The appropriateness of current standards of the Department of Veterans Affairs concerning access to health care.

(B) The measurement of such standards.

(C) The appropriateness of performance standards and incentives in relation to standards described in subparagraph (A).

(D) Staffing levels throughout the Veterans Health Administration and whether they are sufficient to meet current demand for health care from the Administration.

(E) The results of the assessment conducted by an independent third party under section 101(a), including any data or recommendations included in such assessment.

(3) **REPORTS.**—The Commission shall submit to the President, through the Secretary of Veterans Affairs, reports as follows:

(A) Not later than 90 days after the date of the initial meeting of the Commission, an interim report on—

(i) the findings of the Commission with respect to the evaluation and assessment required by this subsection; and

(ii) such recommendations as the Commission may have for legislative or administrative action to improve access to health care through the Veterans Health Administration.

(B) Not later than 180 days after the date of the initial meeting of the Commission, a final report on—

(i) the findings of the Commission with respect to the evaluation and assessment required by this subsection; and

(ii) such recommendations as the Commission may have for legislative or administrative action to improve access to health care through the Veterans Health Administration.

(c) **POWERS OF THE COMMISSION.**—

(1) **HEARINGS.**—The Commission may hold such hearings, sit and act at such times and places, take such testimony, and receive such evidence as the Commission considers advisable to carry out this section.

(2) **INFORMATION FROM FEDERAL AGENCIES.**—The Commission may secure directly from any Federal department or agency such information as the Commission considers necessary to carry

out this section. Upon request of the Chairperson of the Commission, the head of such department or agency shall furnish such information to the Commission.

(d) COMMISSION PERSONNEL MATTERS.—

(1) COMPENSATION OF MEMBERS.—Each member of the Commission who is not an officer or employee of the Federal Government shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5315 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Commission. All members of the Commission who are officers or employees of the United States shall serve without compensation in addition to that received for their services as officers or employees of the United States.

(2) TRAVEL EXPENSES.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(3) STAFF.—

(A) IN GENERAL.—The Chairperson of the Commission may, without regard to the civil service laws and regulations, appoint and terminate an executive director and such other additional personnel as may be necessary to enable the Commission to perform its duties. The employment of an executive director shall be subject to confirmation by the Commission.

(B) COMPENSATION.—The Chairperson of the Commission may fix the compensation of the executive director and other personnel without regard to chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates, except that the rate of pay for the executive director and other personnel may not exceed the rate payable for level V of the Executive Schedule under section 5316 of such title.

(4) DETAIL OF GOVERNMENT EMPLOYEES.—Any Federal Government employee may be detailed to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status or privilege.

(5) PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES.—The Chairperson of the Commission may procure temporary and intermittent services under section 3109(b) of title 5, United States Code, at rates for individuals that do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

(e) TERMINATION OF THE COMMISSION.—The Commission shall terminate 30 days after the date on which the Commission submits its report under subsection (b)(3)(B).

(f) FUNDING.—The Secretary of Veterans Affairs shall make available to the Commission from amounts appropriated or otherwise made available to the Secretary such amounts as the Secretary and the Chairperson of the Commission jointly consider appropriate for the Commission to perform its duties under this section.

(g) EXECUTIVE ACTION.—

(1) ACTION ON RECOMMENDATIONS.—The President shall require the Secretary of Veterans Affairs and such other heads of relevant Federal departments and agencies to implement each recommendation set forth in a report submitted under subsection (b)(3) that the President—

(A) considers feasible and advisable; and

(B) determines can be implemented without further legislative action.

(2) REPORTS.—Not later than 60 days after the date on which the President receives a report under subsection (b)(3), the President shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives and such other committees of Congress as the President con-

siders appropriate a report setting forth the following:

(A) An assessment of the feasibility and advisability of each recommendation contained in the report received by the President.

(B) For each recommendation assessed as feasible and advisable under subparagraph (A) the following:

(i) Whether such recommendation requires legislative action.

(ii) If such recommendation requires legislative action, a recommendation concerning such legislative action.

(iii) A description of any administrative action already taken to carry out such recommendation.

(iv) A description of any administrative action the President intends to be taken to carry out such recommendation and by whom.

**SEC. 404. IMPROVED PERFORMANCE METRICS FOR HEALTH CARE PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.**

(a) PROHIBITION ON USE OF SCHEDULING AND WAIT-TIME METRICS IN DETERMINATION OF PERFORMANCE AWARDS.—The Secretary of Veterans Affairs shall ensure that scheduling and wait-time metrics or goals are not used as factors in determining the performance of the following employees for purposes of determining whether to pay performance awards to such employees:

(1) Directors, associate directors, assistant directors, deputy directors, chiefs of staff, and clinical leads of medical centers of the Department of Veterans Affairs.

(2) Directors, assistant directors, and quality management officers of Veterans Integrated Service Networks of the Department of Veterans Affairs.

(b) MODIFICATION OF PERFORMANCE PLANS.—

(1) IN GENERAL.—Not later than 30 days after the date of the enactment of this Act, the Secretary shall modify the performance plans of the directors of the medical centers of the Department and the directors of the Veterans Integrated Service Networks to ensure that such plans are based on the quality of care received by veterans at the health care facilities under the jurisdictions of such directors.

(2) FACTORS.—In modifying performance plans under paragraph (1), the Secretary shall ensure that assessment of the quality of care provided at health care facilities under the jurisdiction of a director described in paragraph (1) includes consideration of the following:

(A) Recent reviews by the Joint Commission (formerly known as the "Joint Commission on Accreditation of Healthcare Organizations") of such facilities.

(B) The number and nature of recommendations concerning such facilities by the Inspector General of the Department in reviews conducted through the Combined Assessment Program (CAP), in the reviews by the Inspector General of community based outpatient clinics and primary care clinics, and in reviews conducted through the Office of Healthcare Inspections during the two most recently completed fiscal years.

(C) The number of recommendations described in subparagraph (B) that the Inspector General of the Department determines have not been carried out satisfactorily with respect to such facilities.

(D) Reviews of such facilities by the Commission on Accreditation of Rehabilitation Facilities.

(E) The number and outcomes of administrative investigation boards, root cause analysis, and peer reviews conducted at such facilities during the fiscal year for which the assessment is being conducted.

(F) The effectiveness of any remedial actions or plans resulting from any Inspector General recommendations in the reviews and analyses described in subparagraphs (A) through (E).

(3) ADDITIONAL LEADERSHIP POSITIONS.—To the degree practicable, the Secretary shall assess the performance of other employees of the De-

partment in leadership positions at Department medical centers, including associate directors, assistant directors, deputy directors, chiefs of staff, and clinical leads, and in Veterans Integrated Service Networks, including assistant directors and quality management officers, using factors and criteria similar to those used in the performance plans modified under paragraph (1).

(c) REMOVAL OF CERTAIN PERFORMANCE GOALS.—For each fiscal year that begins after the date of the enactment of this Act, the Secretary shall not include in the performance goals of any employee of a Veterans Integrated Service Network or medical center of the Department any performance goal that might disincentivize the payment of Department amounts to provide hospital care, medical services, or other health care through a non-Department provider.

**SEC. 405. IMPROVED TRANSPARENCY CONCERNING HEALTH CARE PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.**

(a) PUBLICATION OF WAIT TIMES.—

(1) GOALS.—

(A) INITIAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall publish in the Federal Register, and on an Internet website accessible to the public of each medical center of the Department of Veterans Affairs, the wait-time goals of the Department for the scheduling of an appointment by a veteran for the receipt of health care from the Department.

(B) SUBSEQUENT CHANGES.—

(i) IN GENERAL.—If the Secretary modifies the wait-time goals described in subparagraph (A), the Secretary shall publish the new wait-times goals—

(I) on an Internet website accessible to the public of each medical center of the Department not later than 30 days after such modification; and

(II) in the Federal Register not later than 90 days after such modification.

(ii) EFFECTIVE DATE.—Any modification under clause (i) shall take effect on the date of publication in the Federal Register.

(C) GOALS DESCRIBED.—Wait-time goals published under this paragraph shall include goals for primary care appointments, specialty care appointments, and appointments based on the general severity of the condition of the veteran.

(2) WAIT TIMES AT MEDICAL CENTERS OF THE DEPARTMENT.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall publish on an Internet website accessible to the public of each medical center of the Department the current wait time for an appointment for primary care and specialty care at the medical center.

(b) PUBLICLY AVAILABLE DATABASE OF PATIENT SAFETY, QUALITY OF CARE, AND OUTCOME MEASURES.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall develop and make available to the public a comprehensive database containing all applicable patient safety, quality of care, and outcome measures for health care provided by the Department that are tracked by the Secretary.

(2) UPDATE FREQUENCY.—The Secretary shall update the database required by paragraph (1) not less frequently than once each year.

(3) UNAVAILABLE MEASURES.—For all measures that the Secretary would otherwise publish in the database required by paragraph (1) but has not done so because such measures are not available, the Secretary shall publish notice in the database of the reason for such unavailability and a timeline for making such measures available in the database.

(4) ACCESSIBILITY.—The Secretary shall ensure that the database required by paragraph (1) is accessible to the public through the primary Internet website of the Department and



through each primary Internet website of a Department medical center.

(c) HOSPITAL COMPARE WEBSITE OF DEPARTMENT OF HEALTH AND HUMAN SERVICES.—

(1) AGREEMENT REQUIRED.—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 Secretary of Health and Human Services for the provision by the Secretary of Veterans Affairs of such information as the Secretary of Health and Human Services may require to report and make publicly available patient quality and outcome information concerning Department of Veterans Affairs medical centers through the Hospital Compare Internet website of the Department of Health and Human Services or any successor Internet website.

(2) INFORMATION PROVIDED.—The information provided by the Secretary of Veterans Affairs to the Secretary of Health and Human Services under paragraph (1) shall include the following:

(A) Measures of timely and effective health care.

(B) Measures of readmissions, complications of death, including with respect to 30-day mortality rates and 30-day readmission rates, surgical complication measures, and health care related infection measures.

(C) Survey data of patient experiences, including the Hospital Consumer Assessment of Healthcare Providers and Systems or any similar successor survey developed by the Department of Health and Human Services.

(D) Any other measures required of or reported with respect to hospitals participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(3) UNAVAILABLE INFORMATION.—For any applicable metric collected by the Department of Veterans Affairs or required to be provided under paragraph (2) and withheld from or unavailable in the Hospital Compare Internet website, the Secretary of Veterans Affairs shall publish a notice in the Federal Register stating the reason why such metric was withheld from public disclosure and a timeline for making such metric available, if applicable.

(d) COMPTROLLER GENERAL REVIEW OF PUBLICLY AVAILABLE SAFETY AND QUALITY METRICS.—Not later than three years after the date of the enactment of this Act, the Comptroller General of the United States shall conduct a review of the safety and quality metrics made publicly available by the Secretary of Veterans Affairs under this section to assess the degree to which the Secretary is complying with the provisions of this section.

**SEC. 406. INFORMATION FOR VETERANS ON THE CREDENTIALS OF DEPARTMENT OF VETERANS AFFAIRS PHYSICIANS.**

(a) IMPROVEMENT OF “OUR PROVIDERS” INTERNET WEBSITE LINKS.—

(1) AVAILABILITY THROUGH DEPARTMENT OF VETERANS AFFAIRS HOMEPAGE.—A link to the “Our Providers” health care providers database of the Department of Veterans Affairs, or any successor database, shall be available on and through the homepage of the Internet website of the Department that is accessible to the public.

(2) INFORMATION ON LOCATION OF RESIDENCY TRAINING.—The Internet website of the Department that is accessible to the public shall include under the link to the “Our Providers” health care providers database of the Department, or any successor database, the location of residency training of each licensed physician of the Department.

(3) INFORMATION ON PHYSICIANS AT PARTICULAR FACILITIES.—The “Our Providers” health care providers database of the Department, or any successor database, shall identify whether each licensed physician of the Department is a physician in residency.

(b) INFORMATION ON CREDENTIALS OF PHYSICIANS FOR VETERANS UNDERGOING SURGICAL PROCEDURES.—

(1) IN GENERAL.—Each veteran who is undergoing a surgical procedure by or through the

Department shall be provided information on the credentials of the surgeon to be performing such procedure at such time in advance of the procedure as is appropriate to permit such veteran to evaluate such information.

(2) OTHER INDIVIDUALS.—If a veteran is unable to evaluate the information provided under paragraph (1) due to the health or mental competence of the veteran, such information shall be provided to an individual acting on behalf of the veteran.

(c) COMPTROLLER GENERAL REPORT AND PLAN.—

(1) REPORT.—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report setting forth an assessment by the Comptroller General of the following:

(A) The manner in which contractors under the Patient-Centered Community Care initiative of the Department perform oversight of the credentials of physicians within the networks of such contractors under the initiative.

(B) The oversight by the Department of the contracts under the Patient-Centered Community Care initiative.

(C) The verification by the Department of the credentials and licenses of health care providers furnishing hospital care and medical services under section 301.

(2) PLAN.—

(A) IN GENERAL.—Not later than 30 days after the submittal of the report under paragraph (1), the Secretary shall—

(i) submit to the Comptroller General, the Committee on Veterans’ Affairs of the Senate, and the Committee on Veterans’ Affairs of the House of Representatives a plan to address any findings and recommendations of the Comptroller General included in such report; and

(ii) submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a request for additional amounts, if any, that may be necessary to carry out such plan.

(B) IMPLEMENTATION.—Not later than 90 days after the submittal of the report under paragraph (1), the Secretary shall carry out such plan.

**SEC. 407. INFORMATION IN ANNUAL BUDGET OF THE PRESIDENT ON HOSPITAL CARE AND MEDICAL SERVICES FURNISHED THROUGH EXPANDED USE OF CONTRACTS FOR SUCH CARE.**

The materials on the Department of Veterans Affairs in the budget of the President for a fiscal year, as submitted to Congress pursuant to section 1105(a) of title 31, United States Code, shall set forth the following:

(1) The number of veterans who received hospital care and medical services under section 301 during the fiscal year preceding the fiscal year in which such budget is submitted.

(2) The amount expended by the Department on furnishing care and services under such section during the fiscal year preceding the fiscal year in which such budget is submitted.

(3) The amount requested in such budget for the costs of furnishing care and services under such section during the fiscal year covered by such budget, set forth in aggregate and by amounts for each account for which amounts are so requested.

(4) The number of veterans that the Department estimates will receive hospital care and medical services under such section during the fiscal years covered by the budget submission.

(5) The number of employees of the Department on paid administrative leave at any point during the fiscal year preceding the fiscal year in which such budget is submitted.

**SEC. 408. PROHIBITION ON FALSIFICATION OF DATA CONCERNING WAIT TIMES AND QUALITY MEASURES AT DEPARTMENT OF VETERANS AFFAIRS.**

Not later than 60 days after the date of the enactment of this Act, and in accordance with

title 5, United States Code, the Secretary of Veterans Affairs shall establish policies whereby any employee of the Department of Veterans Affairs who knowingly submits false data concerning wait times for health care or quality measures with respect to health care to another employee of the Department or knowingly requires another employee of the Department to submit false data concerning such wait times or quality measures to another employee of the Department is subject to a penalty the Secretary considers appropriate after notice and an opportunity for a hearing, including civil penalties, unpaid suspensions, or termination.

**SEC. 409. REMOVAL OF SENIOR EXECUTIVE SERVICE EMPLOYEES OF THE DEPARTMENT OF VETERANS AFFAIRS FOR PERFORMANCE.**

(a) REMOVAL OR TRANSFER.—

(1) IN GENERAL.—Chapter 7 of title 38, United States Code, is amended by adding at the end the following new section:

**“§713. Senior Executive Service: removal based on performance**

“(a) IN GENERAL.—The Secretary may remove any individual from the Senior Executive Service if the Secretary determines the performance of the individual warrants such removal. If the Secretary so removes such an individual, the Secretary may—

“(1) remove the individual from the civil service (as defined in section 2101 of title 5); or

“(2) transfer the individual to a General Schedule position at any grade of the General Schedule for which the individual is qualified and that the Secretary determines is appropriate.

“(b) NOTICE TO CONGRESS.—Not later than 30 days after removing or transferring an individual from the Senior Executive Service under subsection (a), the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives notice in writing of such removal or transfer and the reason for such removal or transfer.

“(c) PROCEDURE.—(1) The procedures under section 7543 of title 5 shall not apply to a removal or transfer under this section.

“(2)(A) Subject to subparagraph (B), any removal or transfer under subsection (a) may be appealed to the Merit Systems Protection Board under section 7701 of title 5.

“(B) An appeal under subparagraph (A) of a removal or transfer may only be made if such appeal is made not later than 7 days after the date of such removal or transfer.

“(d) EXPEDITED REVIEW BY MERIT SYSTEMS PROTECTION BOARD.—(1) The Merit Systems Protection Board shall expedite any appeal under section 7701 of title 5 of a removal or transfer under subsection (a) and, in any such case, shall issue a decision not later than 21 days after the date of the appeal.

“(2) In any case in which the Merit Systems Protection Board determines that it cannot issue a decision in accordance with the 21-day requirement under paragraph (1), the Merit Systems Protection Board shall submit to Congress a report that explains the reason why the Merit Systems Protection Board is unable to issue a decision in accordance with such requirement in such case.

“(3) There is authorized to be appropriated such sums as may be necessary for the Merit Systems Protection Board to expedite appeals under paragraph (1).

“(4) The Merit Systems Protection Board may not stay any personnel action taken under this section.

“(5) A person who appeals under section 7701 of title 5 a removal under subsection (a)(1) may not receive any pay, awards, bonuses, incentives, allowances, differentials, student loan repayments, special payments, or benefits from the Secretary until the Merit Systems Protection Board has made a final decision on such appeal.

“(6) A decision made by the Merit Systems Protection Board with respect to a removal or

transfer under subsection (a) shall not be subject to any further appeal.”.

(2) **CLERICAL AMENDMENT.**—The table of sections at the beginning of such chapter is amended by adding at the end the following new item: “713. Senior Executive Service: removal based on performance.”.

(b) **ESTABLISHMENT OF EXPEDITED REVIEW PROCESS.**—

(1) **IN GENERAL.**—Not later than 30 days after the date of the enactment of this Act, the Merit Systems Protection Board shall establish and put into effect a process to conduct expedited reviews in accordance with section 713(d) of title 38, United States Code.

(2) **INAPPLICABILITY OF CERTAIN REGULATIONS.**—Section 1201.22 of title 5, Code of Federal Regulations, as in effect on the day before the date of the enactment of this Act, shall not apply to expedited reviews carried out under section 713(d) of title 38, United States Code.

(3) **REPORT BY MERIT SYSTEMS PROTECTION BOARD.**—Not later than 30 days after the date of the enactment of this Act, the Merit Systems Protection Board shall submit to Congress a report on the actions the Board plans to take to conduct expedited reviews under section 713(d) of title 38, United States Code, as added by subsection (a). Such report shall include a description of the resources the Board determines will be necessary to conduct such reviews and a description of whether any resources will be necessary to conduct such reviews that were not available to the Board on the day before the date of the enactment of this Act.

(c) **TEMPORARY EXEMPTION FROM CERTAIN LIMITATION ON INITIATION OF REMOVAL FROM SENIOR EXECUTIVE SERVICE.**—During the 120-day period beginning on the date of the enactment of this Act, an action to remove an individual from the Senior Executive Service at the Department of Veterans Affairs pursuant to section 713 of title 38, United States Code, as added by subsection (a), or section 7543 of title 5, United States Code, may be initiated, notwithstanding section 3592(b) of title 5, United States Code, or any other provision of law.

(d) **CONSTRUCTION.**—Nothing in this section or section 713 of title 38, United States Code, as added by subsection (a), shall be construed to apply to an appeal of a removal, transfer, or other personnel action that was pending before the date of the enactment of this Act.

#### **TITLE V—HEALTH CARE RELATED TO SEXUAL TRAUMA**

##### **SEC. 501. EXPANSION OF ELIGIBILITY FOR SEXUAL TRAUMA COUNSELING AND TREATMENT TO VETERANS ON INACTIVE DUTY TRAINING.**

Section 1720D(a)(1) of title 38, United States Code, is amended by striking “or active duty for training” and inserting “, active duty for training, or inactive duty training”.

##### **SEC. 502. PROVISION OF COUNSELING AND TREATMENT FOR SEXUAL TRAUMA BY THE DEPARTMENT OF VETERANS AFFAIRS TO MEMBERS OF THE ARMED FORCES.**

(a) **EXPANSION OF COVERAGE TO MEMBERS OF THE ARMED FORCES.**—Subsection (a) of section 1720D of title 38, United States Code, is amended—

(1) by redesignating paragraph (2) as paragraph (3);

(2) by inserting after paragraph (1) the following new paragraph (2):

“(2)(A) In operating the program required by paragraph (1), the Secretary may, in consultation with the Secretary of Defense, provide counseling and care and services to members of the Armed Forces (including members of the National Guard and Reserves) on active duty to overcome psychological trauma described in that paragraph.

“(B) A member described in subparagraph (A) shall not be required to obtain a referral before receiving counseling and care and services under this paragraph.”; and

(3) in paragraph (3), as redesignated by paragraph (1)—

(A) by striking “a veteran” and inserting “an individual”; and

(B) by striking “that veteran” each place it appears and inserting “that individual”.

(b) **INFORMATION TO MEMBERS ON AVAILABILITY OF COUNSELING AND SERVICES.**—Subsection (c) of such section is amended—

(1) by striking “to veterans” each place it appears; and

(2) in paragraph (3), by inserting “members of the Armed Forces and” before “individuals”.

(c) **INCLUSION OF MEMBERS IN REPORTS ON COUNSELING AND SERVICES.**—Subsection (e) of such section is amended—

(1) in the matter preceding paragraph (1), by striking “to veterans”;

(2) in paragraph (2)—

(A) by striking “women veterans” and inserting “individuals”; and

(B) by striking “training under subsection (d).” and inserting “training under subsection (d), desegregated by—

“(A) veterans;  
“(B) members of the Armed Forces (including members of the National Guard and Reserves) on active duty; and  
“(C) for each of subparagraphs (A) and (B)—

“(i) men; and  
“(ii) women.”;

(3) in paragraph (4), by striking “veterans” and inserting “individuals”; and

(4) in paragraph (5)—

(A) by striking “women veterans” and inserting “individuals”; and

(B) by inserting “, including specific recommendations for individuals specified in subparagraphs (A), (B), and (C) of paragraph (2)” before the period at the end.

(d) **EFFECTIVE DATE.**—The amendments made by this section shall take effect on the date that is one year after the date of the enactment of this Act.

##### **SEC. 503. REPORTS ON MILITARY SEXUAL TRAUMA.**

(a) **REPORT ON SERVICES AVAILABLE FOR MILITARY SEXUAL TRAUMA IN THE DEPARTMENT OF VETERANS AFFAIRS.**—Not later than 630 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the treatment and services available from the Department of Veterans Affairs for male veterans who experience military sexual trauma compared to such treatment and services available to female veterans who experience military sexual trauma.

(b) **REPORTS ON TRANSITION OF MILITARY SEXUAL TRAUMA TREATMENT FROM DEPARTMENT OF DEFENSE TO DEPARTMENT OF VETERANS AFFAIRS.**—Not later than 630 days after the date of the enactment of this Act, and annually thereafter for five years, the Department of Veterans Affairs—Department of Defense Joint Executive Committee established by section 320(a) of title 38, United States Code, shall submit to the appropriate committees of Congress a report on military sexual trauma that includes the following:

(1) The processes and procedures utilized by the Department of Veterans Affairs and the Department of Defense to facilitate transition of treatment of individuals who have experienced military sexual trauma from treatment provided by the Department of Defense to treatment provided by the Department of Veterans Affairs.

(2) A description and assessment of the collaboration between the Department of Veterans Affairs and the Department of Defense in assisting veterans in filing claims for disabilities related to military sexual trauma, including permitting veterans access to information and evidence necessary to develop or support such claims.

(c) **DEFINITIONS.**—In this section:

(1) **APPROPRIATE COMMITTEES OF CONGRESS.**—The term “appropriate committees of Congress” means—

(A) the Committee on Veterans’ Affairs and the Committee on Armed Services of the Senate; and

(B) the Committee on Veterans’ Affairs and the Committee on Armed Services of the House of Representatives.

(2) **MILITARY SEXUAL TRAUMA.**—The term “military sexual trauma” means psychological trauma, which in the judgment of a mental health professional employed by the Department, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the veteran was serving on active duty or active duty for training.

(3) **SEXUAL HARASSMENT.**—The term “sexual harassment” means repeated, unsolicited verbal or physical contact of a sexual nature which is threatening in character.

(4) **SEXUAL TRAUMA.**—The term “sexual trauma” shall have the meaning given that term by the Secretary of Veterans Affairs for purposes of this section.

(d) **EFFECTIVE DATE.**—This section shall take effect on the date that is 270 days after the date of the enactment of this Act.

#### **TITLE VI—MAJOR MEDICAL FACILITY LEASES**

##### **SEC. 601. 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 Capel 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 Riche, 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 Arere 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 multi specialty 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, Haines, 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.

**SEC. 602. 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 up-front 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.—

(1) IN GENERAL.—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—

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

(B) 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.

(2) SELF-INSURING AUTHORITY.—The requirements of paragraph (1) may be satisfied through the use of a self-insuring authority consistent with Office of Management and Budget Circular A-11.

(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 detailed summary 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.

**TITLE VII—VETERANS BENEFITS MATTERS**

**SEC. 701. EXPANSION OF MARINE GUNNERY SERGEANT JOHN DAVID FRY SCHOLARSHIP.**

(a) EXPANSION OF ENTITLEMENT.—Subsection (b)(9) of section 3311 of title 38, United States Code, is amended by inserting “or spouse” after “child”.

(b) LIMITATION AND ELECTION ON CERTAIN BENEFITS.—Subsection (f) of such section is amended—

(1) by redesignating paragraph (2) as paragraph (4); and

(2) by inserting after paragraph (1) the following new paragraphs:

“(2) LIMITATION.—The entitlement of an individual to assistance under subsection (a) pursuant to paragraph (9) of subsection (b) because the individual was a spouse of a person described in such paragraph shall expire on the earlier of—

“(A) the date that is 15 years after the date on which the person died; and

“(B) the date on which the individual remarries.

“(3) ELECTION ON RECEIPT OF CERTAIN BENEFITS.—A surviving spouse entitled to assistance under subsection (a) pursuant to paragraph (9) of subsection (b) who is also entitled to educational assistance under chapter 35 of this title may not receive assistance under both this section and such chapter, but shall make an irrevocable election (in such form and manner as the Secretary may prescribe) under which section or chapter to receive educational assistance.”.

(c) CONFORMING AMENDMENT.—Section 3321(b)(4) of such title is amended—

(1) by striking “an individual” and inserting “a child”; and

(2) by striking “such individual’s” each time it appears and inserting “such child’s”.

**SEC. 702. APPROVAL OF COURSES OF EDUCATION PROVIDED BY PUBLIC INSTITUTIONS OF HIGHER LEARNING FOR PURPOSES OF ALL-VOLUNTEER FORCE EDUCATIONAL ASSISTANCE PROGRAM AND POST-9/11 EDUCATIONAL ASSISTANCE CONDITIONAL ON IN-STATE TUITION RATE FOR VETERANS.**

(a) IN GENERAL.—Section 3679 of title 38, United States Code, is amended by adding at the end the following new subsection:

“(c)(1) Notwithstanding any other provision of this chapter and subject to paragraphs (3) through (6), the Secretary shall disapprove a course of education provided by a public institution of higher learning to a covered individual pursuing a course of education with educational assistance under chapter 30 or 33 of this title while living in the State in which the public institution of higher learning is located if the institution charges tuition and fees for that course for the covered individual at a rate that is higher than the rate the institution charges for tuition and fees for that course for residents of the State in which the institution is located, regardless of the covered individual’s State of residence.

“(2) For purposes of this subsection, a covered individual is any individual as follows:

“(A) A veteran who was discharged or released from a period of not fewer than 90 days of service in the active military, naval, or air service less than three years before the date of enrollment in the course concerned.

“(B) An individual who is entitled to assistance under section 3311(b)(9) or 3319 of this title by virtue of such individual’s relationship to a veteran described in subparagraph (A).

“(3) If after enrollment in a course of education that is subject to disapproval under paragraph (1) by reason of paragraph (2)(A) or (2)(B) a covered individual pursues one or more courses of education at the same public institution of higher learning while remaining continuously enrolled (other than during regularly scheduled breaks between courses, semesters or terms) at that institution of higher learning, any course so pursued by the covered individual at that institution of higher learning while so continuously enrolled shall also be subject to disapproval under paragraph (1).

“(4) It shall not be grounds to disapprove a course of education under paragraph (1) if a public institution of higher learning requires a covered individual pursuing a course of education at the institution to demonstrate an intent, by means other than satisfying a physical presence requirement, to establish residency in the State in which the institution is located, or to satisfy other requirements not relating to the establishment of residency, in order to be charged tuition and fees for that course at a rate that is equal to or less than the rate the institution charges for tuition and fees for that course for residents of the State.

“(5) The Secretary may waive such requirements of paragraph (1) as the Secretary considers appropriate.

“(6) Disapproval under paragraph (1) shall apply only with respect to educational assistance under chapters 30 and 33 of this title.”.

(b) EFFECTIVE DATE.—Subsection (c) of section 3679 of title 38, United States Code (as added by subsection (a) of this section), shall apply with respect to educational assistance provided for pursuit of programs of education during academic terms that begin after July 1, 2015, through courses of education that commence on or after that date.

**TITLE VIII—APPROPRIATION AND EMERGENCY DESIGNATIONS**

**SEC. 801. APPROPRIATION OF EMERGENCY AMOUNTS.**

There is authorized to be appropriated, and is appropriated, to the Secretary of Veterans Affairs, out of any funds in the Treasury not otherwise appropriated, for fiscal years 2014, 2015,

and 2016, such sums as may be necessary to carry out this Act.

**SEC. 802. EMERGENCY DESIGNATIONS.**

(a) *IN GENERAL.*—This Act is designated as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010 (2 U.S.C. 933(g)).

(b) *DESIGNATION IN SENATE.*—In the Senate, this Act is designated as an emergency requirement pursuant to section 403(a) of S. Con. Res. 13 (111th Congress), the concurrent resolution on the budget for fiscal year 2010.

Mr. REID. Madam President, we will have one or two rollcall votes starting at 4 p.m. this afternoon.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. McCAIN. Madam President, we have not completed this legislation, and we may be subject to a budget point of order. It is not clear yet whether there will be one, but according to this unanimous consent agreement, there will be no amendments filed prior to a vote on final passage either with or without a budget point of order being considered by the body. We will have time between now and then to have an indepth discussion of the provisions of this legislation.

In the meantime, I thank the Senator from Vermont for his willingness to make very difficult compromises. I also thank many of my colleagues who have forgone the amending process in order that we may expedite this legislation, which if there is a definition for emergency, I would say this legislation fits that appellation. It is an emergency. What is happening to our veterans and the men and women who have served this country needs to be addressed, and we need to pass this legislation and get it to conference with the House as soon as possible.

I especially mention two people who are really responsible for this legislation, and I say—with not typical modesty—that they were the ones who were really responsible for the provisions of this bill; that is, Senator BURR, ranking member of the Veterans' Affairs Committee, and Senator COBURN, whom I view, in many respects, as the conscience of the Senate. Those two individuals were largely responsible for this legislation, and I am obviously very proud to be a part of it.

Again, we will have time to discuss this legislation, but I extend my appreciation to the Senator from Vermont whose chairmanship of the Veterans' Affairs Committee has been conducted with patriotism and with the needs of our veterans uppermost in his priorities.

I thank the Senator from Vermont, and I look forward to our passing this legislation and getting it to conference in as short a period of time as is possible so we can bring it back to this body and then to the President's desk for signature.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Madam President, the Senator from Arizona has been too modest. He deserves a great deal of

credit for stepping to the plate when we needed him to step to the plate. He understands that we have an emergency, and it is imperative that the veterans of this country get quality care in a timely manner. He and I were both determined to make sure that something happened.

I thank Senator McCAIN and his staff for their hard work on this bill. We will discuss this issue more on the floor. He was absolutely right when he said that we have an emergency. We have to pass this legislation today. We have to get it to conference as soon as possible, and we have to get a good bill on the President's desk next week.

Again, I thank Senator McCAIN.

With that I yield the floor.

Mr. McCAIN. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll. The assistant legislative clerk proceeded to call the roll.

Mr. COONS. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

CLIMATE CHANGE

Mr. COONS. Madam President, I come to the floor of the Senate to speak about an issue that is of urgent concern to me and should be of urgent concern to all of us. That issue is global warming or climate change.

This is a personal issue for me. As the father of three, along with any other parent, my kids are never far from my mind and my heart. This is true for me as a father as well as a Senator, where every day I have to ask the question: What kind of example am I setting? What kind of a world are my actions going to lead to? What sort of a world will I leave my children, and will it be better than the one my parents left to me?

Last summer I experienced one of the great joys of parenthood—a family trip. My wife Annie and I took our three children Maggie, Michael, and Jack on a visit to one of our Nation's most spectacular places: the mountains and glaciers of Glacier National Park in Montana. There was one hike in particular on our summer trip that I will never forget. It was our hike up to visit historic Grinnell Glacier. If we had taken this hike more than 60 years ago, here is what we would have seen, as this picture shows: mountains deep in glaciers, thick with ice and snow, covered in the glaciers that gave this national park its name. Yet last year as we took a long and winding hike up the trails, we came up and over the last rise, and what we saw was noticeably different—strikingly so—because most of what is left of the iconic Grinnell Glacier in the summer is a chilly pool of water in a largely empty valley pool. We can see the difference in these two pictures, and this is just in one lifetime.

Since 1966, Grinnell Glacier has lost half its total acreage, and as we con-

tinue to warm our planet, these changes will only accelerate. My children—our children—will not just lose the chance to see beautiful glaciers and an iconic national park but the chance to live in a world as robust and safe and healthy and vibrant as the one their parents were born into. As our global population keeps growing toward 9 billion and developing nations keep seeking higher living standards and climate change accelerates, this is the foundational challenge of the 21st century.

Climate change impacts everything: human health, agriculture, national security, migration patterns for animals and fish and birds. As parents and as a nation, I think it is our responsibility, our challenge, and our opportunity to lead the way, to show that prosperity does not need to mean doom for our future.

I also think in my view that, simply put, there is no alternative to action. The world where we don't act isn't a world of vibrant economic growth, it is a world with more frequent and extreme natural disasters, with increased droughts and famine, with displaced populations and cities—even regions and in a few cases even nations—plunged under water.

I represent the lowest mean elevation State in America, the State of Delaware. It has been documented in a broad study led by our Governor's Department of Natural Resources and Environmental Control that rising sea levels could put up to 11 percent of my home State of Delaware under water by the end of the century. We know these changes are coming. They are slow. They are gradual. They are cumulative. At times they are hard to perceive, but they have already started and will only get more extreme and more expensive the longer we wait to act. The cost of our inaction will be borne by our children and generations to come.

We are not the only ones seeing these impacts, and although the debate over science raged for many years, and I think is settled, I have also had an opportunity to hear from folks who live well outside the Western scientific world but have a profound insight into what these impacts are and how they are seen in the world.

Several years ago, along with the senior Senator, a friend of mine, our President pro tempore, Senator LEAHY, I visited the Kogi tribe in the remote Santa Marta Mountains of Colombia. These equatorial mountains have massive glaciers up at the very top of very high mountains but are also right at the edge of the Caribbean Sea. The folks who make up this pre-Colombian tribe, the Kogi tribe, don't have sophisticated technology that monitors and tracks climate change, but as they sat with us they shared with us what they see as starkly as our best weather-monitoring satellites. By observing changes in migratory patterns and weather and the snowpack on the glacial mountains they worship, they see,

more every year, that there is a fundamental change happening in our environment, in our climate. Their purpose in calling us to meet with them was to warn us that climate change is impacting the way of life that has passed down from generation to generation for centuries in their people, and it has moved them to speak out to the world, to tell their story, and to urge the rest of us not to hurt Mother Earth and to understand the consequences of the changes we are making.

Whether the voices we listen to come from our own children, from our science community or from remote corners of the world, all of them call us to act, to act in a way that prevents the worst from happening and to ensure that the benefits outweigh the costs.

This isn't just wild-eyed or rosy thinking. It is possible for us to make meaningful change in a bipartisan way. We have done it before. Back in 1990, when acid rain was a real and pressing challenge that was threatening the vitality and the vibrancy of many of the lakes and the mountain places in the American West, I remember well that under then-Republican President George H.W. Bush, Congress came together in a bipartisan way and passed the Clean Air Act amendments. These were designed to reduce the contributing elements to acid rain: powerplant emissions that produce sulfur dioxide and nitrogen dioxide that in combination caused acid rain, damaging historic property, monuments, injuring forests and lakes and ecosystems all over our country.

So Congress came together to create a novel, market-based, flexible cap-and-trade program that allowed powerplants to find cost-effective alternatives, solutions to limit pollution. Rather than tanking our economy, that cap-and-trade plan to fight acid rain ended up finding new ways to power our country and to improve energy efficiency without so much pollution. We adapted, we changed, and in some ways we thrived.

As a study done 13 years later shows, those standards adopted in 1990 have saved lives at a cost well worth it: \$70 billion in health benefits every year, cumulatively, compared to \$1.7 billion in costs—a 40-to-1 tradeoff that I think most Americans would take any day of the week as a return on their investment.

More recently, in my own State of Delaware and eight of our northeastern neighbors, we showed how we can act together to begin to curb climate change and grow our economies at the same time. In 2003, a bipartisan group of regional leaders, this time led by New York State's Republican Gov. George Pataki, built a regional cap-and-trade system, similar to the Acid Rain Prevention Program I just referenced. But the one in our region was called the Regional Greenhouse Gas Initiative, or RGGI for short. It is flexible, market-based, and it has been

effective. States choose to cut pollution in a number of ways, from closing older coal-fired powerplants or opening renewable energy projects to investing in important and valuable energy efficiency.

As the New York Times reported just last week, since that program started in 2009, our economies in these regional States have actually grown more than the 41 other States that are not part of RGGI—by several percentage points—while we have cut our emissions over four times more than the rest of the Nation.

We have created jobs, we have invested in innovation, we have cut pollution, and we saved millions of families money on their energy bills. That is why I think we should feel optimistic about the important steps the administration has just taken. The President's strong standards for vehicle fuel efficiency were a great start. At first many argued that pushing car companies to make cleaner, more efficient cars would end up costing a huge amount of money with little to show for it. But the opposite has happened.

We set more aggressive national standards. Engineers have gotten to work. They have innovated. They have invented. America's leading car companies have met the challenge, and the improvement in fuel efficiency has been dramatic. Although there is a cost in upfront research and development, it is well worth it, as drivers save money at the pump. America becomes less dependent on foreign oil, and we all get to breathe cleaner air.

Just last week the Obama administration took another step and proposed our Nation's first rules to limit carbon pollution from existing powerplants. Although they will not be finalized for another year, these limits represent the most significant action that any country has taken to halt the devastating warming of our planet.

They will have real and lasting health benefits. By cutting powerplant pollution over the next 15 years, we will be able to prevent 100,000 asthma attacks in children, 2,100 heart attacks, and thousands of premature deaths. That will mean nearly 500,000 fewer missed days of school and work and will save \$7 in health costs for every \$1 required of new investment.

Over the long term, curbing climate change will make large, lasting, and meaningful differences—from reduced hunger and heat waves, to reducing the spread of infectious diseases or conflicts over scarce resources.

Cynics will argue that even with these limits we will not stop climate change, and that is true. They will point out that renewable energy technology is not yet ready to fully replace fossil fuels. They will say that America acting alone cannot solve the problem, and that is true. We need global action, especially from large developing nations such as China and India that are on pace to pollute the most going forward.

As an exercise in cynicism, they get a lot of things wrong. These rules alone, yes, will not halt our rising seas. But, then again, no one is claiming they will alone. But they are a crucial step, and we owe it to posterity, to our country, to our future to take what action we can to send a powerful signal to America's entrepreneurs and engineers, our innovators and inventors, that this is a challenge we intend to take on. By acting now, we can begin to birth the innovations that will be at the heart of our planet's clean energy future.

Innovation in America has never stood still. We have done incredible things that even a few years before we might not have predicted. Remember, just a few years ago, natural gas prices were volatile, unreliable, and solar power was too expensive for most households. Yet in just the last few years new technologies have flipped those on their head and we are seeing remarkable changes. Solar prices have fallen 60 percent in just the last 3 years, and natural gas is today cheaper than coal. There are dramatic changes in our energy future going on because of a huge resurgence in natural gas production in this country. We have every reason to believe that by focusing our greatest minds on this challenge, American ingenuity can change and even save the world.

If the United States is going to lead the 21st century, we have to be at the forefront of combating climate change. Although we know meeting this challenge will take global action, the United States needs to lead the way. This is our responsibility. We cannot expect other poor nations to act if a leading, wealthy nation such as the United States is not willing to take even the most minimal responsible actions. We are the second largest polluter of greenhouse gases on the planet, only just eclipsed by the Chinese in the last decade.

For more than a century our economic growth and our strong middle class—built on American industry and innovation—made us the envy of the world, but they have also contributed to putting our planet in a dangerous position.

As developing nations work to lift hundreds of millions of people out of desperate poverty, they are looking at us to show that it is possible. Also, a great but urgent opportunity here lies before us. We have a moral obligation to lead because others are looking at competing examples and are not waiting around.

China, our greatest economic competitor, now and into the future, is itself choking on the byproducts of coal and investing heavily in cleaner air and cleaner energy. The country that figures out how to prosper without deadly pollution is the country that will dominate the technologies that our world uses and depends on in the decades to come. Are we really going to miss out on this chance to be the country that makes the clean cars, the

clean powerplants, the clean technologies of the future? I hope not.

We in Congress have the opportunity and the obligation to pull together and to act responsibly as well. We can pass the bipartisan Shaheen-Portman energy efficiency bill today, create great jobs, and make it easy for families to spend less on energy and save money while doing it. We can put clean energy on a level playing field by passing the bipartisan Master Limited Partnership Parity Act, of which I am a cosponsor, to stop giving coal, oil, and natural gas a leg up without an even playing field for renewables and energy efficiency. We can invest in the research that will unlock the energy innovations of the future.

These are actions we could take today. There will be costs. But if we act now, they will be far outweighed by the benefits today and into the future. If we wait, these costs will only grow.

I understand this is a difficult issue politically for us to take on. Many of the most dire consequences of global warming are still into the future. As I know, as a person who struggles to make long-term, delayed decisions—whether it is investing for retirement or losing the weight my doctor keeps suggesting would help improve my long-term health—humans are not really good at taking the small but powerful steps today that over time will lead to a healthier, more secure future. Even if the costs are low, when the benefits are farther out, it is so hard for us to take action.

What will we say—what will we say—when our children ask, what did we do, when the science was clear, when the options were before us, and when we had the chance? Just as we rightly worry in this Chamber about the financial debts we are going to leave to future generations, leaving this debt, leaving the burdens of unaddressed, unresolved global warming and climate change to our children and future generations is a debt too deep for us not to address.

We are in danger—if we do not act—of leaving behind not only a worse off world but of leaving ourselves a future where we cannot look our children in the eye and say that we stepped up to the greatest global challenge of this century.

What will it mean when my own daughter, at some point in the future, goes to Glacier National Park with her future family? Will it even have glaciers? How will she explain to them how that amazing national park has changed? And what will she say about what this Senate and her own father did to take action? It is my hope, my prayer, that on that future trip they will reflect on how we found the will, how we found the determination, to act together to change the trajectory of our future and to save it for everyone's future.

With that, I yield the floor and suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. BOOKER. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### COLLEGE AFFORDABILITY

Mr. BOOKER. Madam President, I rise today to express my disappointment that earlier today this Chamber could not even proceed to the consideration of the Bank on Students Emergency Loan Refinancing Act. This would have allowed those with outstanding student loan debt to refinance at the lower interest rates currently offered to new borrowers. This is deeply disappointing to me, and it should be to the American public—that we could not even get on to the bill to debate it.

This is why it is particularly disappointing: Our Nation's young people and their families are burdened with extraordinary debt—\$1.2 trillion of student loan debt. This exceeds the aggregate—the total—auto loan, credit card, and home equity debt balances in America, making student loans the second largest debt of U.S. households, following mortgages.

Today, the average student graduates from college with around \$29,000 in loans. In New Jersey, that is up from an average of \$27,600 in 2011 and \$23,792 in 2010. More than 16 percent of my constituents now have student debt. That is over 1 million New Jerseyans who are weighed down by a significant financial obligation that limits the amount of money they are able to put back into the economy—in buying homes and in investing in their futures, in pursuing their American dream.

Reduced purchasing power due to high student loan debts not only holds back a family's day-to-day spending but it keeps them from making those large investments.

I believe it is irresponsible and shortsighted for us to think that we can saddle young people—the true engines of our economy—with this burden and maintain our position as the world's most powerful economy.

Historically, the United States has done things differently. We were the leader in expanding college opportunity. From the GI bill following World War II to Pell grants in 1980, we have taken bold steps to ensure that Americans have access to college regardless of their ability to pay their way entirely on their own. We created these programs because we understood that an educated workforce is essential to our Nation's economic competitiveness. The most valuable natural resource any nation on the planet has is the genius and mental acuity of its people. Without highly skilled workers, without trained minds, without that opportunity that comes with higher education, America simply will not be able to compete as well in the global economy.

The cost of college in America puts our young people at a disadvantage compared to their peers. We are not leading; we are lagging. These obstacles to a college education deny a level playing field. We are disadvantaging our young people in their fight to compete and lead against other nations that are doing so much more.

Take this important data point: More than 51 percent of the median income is the cost of college in the United States, while the cost of college in Germany is just 4.3 percent of that country's income. In Canada it is about 5 percent. In England it is about 6 percent. Compare that to us—51 percent of median income in the United States. It is less than 7 percent in Canada, in England, in Germany—our competitors.

We should be doing everything in our power to encourage forthcoming generations to pursue higher education so that we do not slide further in global rankings and compromise our ability to compete. Where we used to lead the globe in percentage of population with a college education, now we lag. We cannot be the leading economy if we are the lagging nation in education.

I commend my colleagues, including Senators HARKIN, REED, WARREN, and GILLIBRAND, who have been so active even before I came to this body in calling attention to this issue. I urge my colleagues to step up and be a part of preserving this grand American tradition of college access, which is so essential to the other grand tradition in our Nation of social mobility, that no matter where you are born, no matter what your economic status, no matter what your color or your creed, this is the Nation where, if you have grit and toughness, discipline and hard work, you can make it. We are a country that will remove those obstacles and allow genius to be made manifest.

I hope we can begin to get bills like this that are so common sense—this idea that we can refinance student debt—to the point where we can discuss the bills on the floor and they can escape the trap of the filibuster.

#### TRUCK SAFETY

Before yielding the floor, I wish to take this moment to express my deepest condolences to the family of victims involved in a tragic tractor trailer accident Saturday night on the New Jersey Turnpike. My thoughts and prayers go out to the several individuals who were injured in the crash. I obviously wish them a full recovery.

We owe many thanks to the emergency personnel who responded to this weekend's accident and countless others who worked tirelessly along our highways to keep them safe. During times like these, though, we must ask ourselves whether this tragedy and so many others in New Jersey and across our Nation along our highways could have been prevented with common sense. It is too early to tell, but I am grateful to the National Transportation Safety Board for investigating

this particular accident thoroughly. I eagerly await their findings, but in the meantime, it is worth reviewing what we do know.

Larger and heavier trucks cause greater damage when collisions occur. It is just physics. That is why there are rules governing truck size and weight limitations on our highways. I have concerns about any attempts to increase truck size and weight limits. I hope that sound data and science will inform our decisions, the decisions this body must make on that issue.

Another major highway problem—one that I know is affecting the lives of families from coast to coast—is the problem with driver fatigue. Studies show that fatigue contributes to 30 to 40 percent of all major accidents—all major truck accidents. Thirty to forty percent of truck accidents are contributed to by fatigue. When drivers do not get enough rest, when they are more tired, they are much more likely to get into an accident. That is why there are limitations in place on the number of hours truckdrivers may work in any given week. I am concerned about any efforts to weaken those rules, which would allow people to push the limit of human exhaustion even further and would therefore create an environment where more accidents are possible.

The bottom line is that truck accidents and the deaths and injuries caused by them are actually increasing in America. I look forward to working with my colleagues in the Senate to take a serious look at what we can do to improve the safety of our highways. I yield the floor.

The PRESIDING OFFICER (Ms. HIRONO). The Senator from Oregon.

Mr. WYDEN. Madam President, I come to the floor today as we get ready to vote on the veterans bill to make several points and would like to begin by commending Senators SANDERS and MCCAIN. They have obviously acted quickly. They have acted responsibly. They are taking up some of the most extraordinary concerns that really have come to light in the last few weeks regarding the access our veterans have to medical care.

I think it would be fair to say that every single Senator—every Senator—is grateful for the immeasurable sacrifices veterans make for the Nation. These are men and women who give up years of their lives to serve our country and willingly head into harm's way. They suffer physical and mental wounds all too often. Many of the veterans of the wars in Iraq and Afghanistan—and I have seen this in my home State—have volunteered for three, four, and five tours of duty.

What is undisputable is this: The Senate understands that when our veterans come home, the health care services they receive must be second to none. I believe that strongly. I believe it is a concern widely shared here in the Senate. That is why the reports of long wait times and falsified records are so appalling.

The VA audit that came out this week showed, for example, how hard veterans in my home State of Oregon have been hit. More than 3,000 Oregon veterans could not be seen by a doctor within 90 days at the Portland VA facility, and nearly 3,500 faced the same wait times at the Roseberg VA facility. Many Oregon veterans who rely on the Boise and Walla Walla facilities got similar treatment. Moreover, an investigation is underway to determine how things deteriorated so rapidly. It is pretty obvious that these kinds of findings are inexcusable and they are unconscionable.

Veterans deserve the best. Senators SANDERS and MCCAIN deserve credit for working in a bipartisan way—a way that is too rare here in Washington, DC—to address this challenge. It is never easy to work in a bipartisan way. I commend them.

I wish to also raise today one part of the bill that I believe has to be resolved and can be resolved before the legislation gets to the President's desk. The legislation currently directs many of our veterans to Medicare's doctors and specialists. At first glance that might not raise questions, but I wanted to bring up the possibility of some unintended consequences.

Right now there is a mandated 2-percent cut on payments for Medicare services because of across-the-board sequestration. That is still in effect. However, that particular spending cut, that spending reduction, does not apply to treatment for veterans. So, in effect—and I know this was completely unintended—this could create an incentive for physicians—we already do not have enough of them caring for seniors who rely on Medicare—it could create an incentive for doctors to take the veteran patients over our Nation's seniors. I think no Senator wants that to happen. I have talked about this with Chairman SANDERS and with Senator MCCAIN, and they certainly do not want that false choice. I think it would be fair to say that no one wants to see seniors pitted against veterans. All Senators want the best possible care for both our older people and our veterans.

The problem, however—and all Senators are familiar with this—Medicare patients often are already waiting in line to see their doctors. In fact, many of the underperforming VA facilities are located in communities that have difficulty meeting the current demand for care. This is especially true in some medical fields that are absolutely crucial for our veterans, particularly primary care and mental health.

It is important to note that the other body—the House—has picked up on an idea that I and others have advanced in order to resolve this matter. So this is an opportunity for the Senate and the House, in a bipartisan way, to work together. I have talked to leaders of the veterans committee in the House. My sense is that we now have the House fully supportive of a way to resolve

this issue and ensure that despite the fact that the veterans funds are not sequestered and the seniors funds—the Medicare funds—are, there would be a way to resolve this, and that would simply be to stipulate that any credentialed provider could contract with the VA to treat veterans. That way, in effect, we would ensure that both seniors and veterans would get the care they need. In effect, it would put the Senate and the other body on the same wavelength.

It is a simple fix. We just allow our veterans to meet with any licensed clinical provider, not just the Medicare provider.

In closing, I commend again Chairman SANDERS and Senator MCCAIN for first-rate work, accomplished at truly land-speed record timing.

As chairman of the Finance Committee, which has jurisdiction and a long history with respect to Medicare, I want them and our colleagues in the other body to know the Finance Committee is very anxious to work with all concerned to make sure the final version of this legislation—the bill we hope goes to the President's desk as soon as possible—addresses what is best for both veterans and seniors.

I am confident that by working together—Democrats and Republicans in the Senate and the House—we can achieve that resolution before the bill gets to the President's desk.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

#### STUDENT LOAN DEBT

Ms. CANTWELL. Madam President, I rise to express my disappointment in today's earlier vote, that we weren't able to pass the student refinancing legislation.

I thank my colleague Senator WARREN for sponsoring that bill and for my colleagues who did support it. I hope we will have a chance to bring up this legislation again, get bipartisan support, and get it passed.

We can agree education is the gateway to opportunity. I was first in my family to go to college and went to school with the help of financial aid, and I know how important it is to many in the State of Washington that we help them make education more affordable.

Student debt in this Nation quadrupled over the past 10 years, so the total amount of debt is \$1.2 trillion. Many students in my State are anxious about this situation and they want to do something about it.

Over the past 4 years student debt has even surpassed credit card debt. So when we think about that, the fact that student debt is enough to pay every American's credit card balance and still have \$450 billion left over tells us how much debt is being accumulated on behalf of students just to get an education, just to basically make their way in a changing economy.

We do live in an information age, and it means that everybody having a good

base education and being able to adapt—as new information comes along that changes industry—is going to be critically important.

The fact that student debt is now the second source of personal debt in America, only behind mortgages, puts a drag on our economy. Those who are suffering under this are real individuals.

We just had a roundtable in the State of Washington last weekend with some of the best and brightest at the University of Washington. These students talked about how they were trying to invest in their own skills so they could advance in their education, and many of the stories they told were not out of the ordinary, but I think it is something we don't think about.

In a lot of these cases, these individuals were talking about how they were trying to get an education. Other people in their family, their brothers and sisters, were trying to get an education, and their parents were also trying to upgrade their skills, because in an information age economy, that is what happens, everybody has to upgrade their skills.

So these students are trying to do everything. But I was truly moved by one student who said: I have a debt that seems to be the size of a mortgage for me, but I don't have a house that goes along with it.

He was trying to say: I am coming out of college with incredible debt and how am I going to even afford the basic things people look forward to—maybe not right after graduation but as they start their careers and start to move forward. These are individuals who contribute to our economy. They buy cars, they buy homes, everything. But this individual, a graduate of Central Washington University, told me he pays the same amount for rent as he does for student loans every month.

In Washington State the average student borrower owes more than \$23,000 before they graduate. That is an increase of 22 percent over the last 5 years, \$4,000 for the average student borrower at the University of Washington.

So over the next weeks thousands of students in Washington State will walk across and get their diploma, but when they accept this diploma and go into the world of opportunity, they will also be going with a lot of debt. We also heard from another student at the University of Washington, how at this point in her career, as she graduates, the debt will be almost \$100,000. She wants to pursue a career, but when she thinks about how much she has to pay on that student loan, that is going to affect that. In fact, during her time at the University of Washington there were points at which she worked 60 hours a week. I don't know how anybody can continue their education and work 60 hours a week.

So these are students who want to be able to refinance and pay down. In this case, with somebody who has a 6-per-

cent or 7-percent loan, this bill and legislation would allow them to refinance.

With the legislation, an undergraduate with \$30,000 in student loans, for example, would save almost \$5,000 over the life of their loan by a refinancing of that interest rate, if it was 6.8 percent, to the current direct undergraduate interest rate of 3.86. Those are real dollars to these individuals.

That means much needed help for 25 million borrowers across the country. It could save, on average, for all those borrowers, about \$2,000 per loan. In my State it would mean relief for 451,000 students, just like the ones we spoke to last week.

The University of Washington in the Pacific Northwest took matters into its own hands and produced a report. The report showed that the typical University of Washington student would have to work 54 hours a week for a full year to pay for 1 year of student education.

I am so proud of these students. They did their own report and got it on the front page of the Seattle Times because it spells out what we have already known, that the days when students could raise the amount of money they needed to pay for education by doing summer jobs is gone.

The burden of debt and the amount of money owed is impacting students. There is no way they can work their way through college at 54 hours or 60 hours a week and be able to do their academic work.

Entrepreneurial activity among 20- to 34-year-olds is challenged. The Federal Reserve Bank of New York has found that for the first time people with student loan debt are less likely to buy a house than those without, so it is showing up in our economy.

If you think about it, if this is what a generation of Americans are going to be faced with for the next decade or two, then that is going to have a ripple effect through our economy for several years.

A recent study by the Brookings Institution found that student loan borrowers are 60 to 70 percent less likely to apply for graduate school than those without student debt. So again now we have another complexity.

I look at this issue and I look at the fact that we have a worldwide demand for 35,000 new airplanes. We need 20,000 new workers in the aerospace industry. We have demands for computer scientists, something like 300,000 a year. We only graduate 70,000.

I look at it and say: Why aren't we helping to finance everybody who wants to get an engineering degree and a computer science degree? Why aren't we figuring out a way to make that more affordable? Because in an information age economy, that is exactly what we need to do, make an investment in education, but we can't make an investment in education on the backs of these students when they are coming out of college with this much debt or trying to struggle even to learn

these careers that are so vital to our economy and they have to choose between working and actually studying. We would rather they commit themselves to these careers and these educations so we can have the workforce of the future.

I know some of my colleagues on the other side of the aisle didn't support this legislation, but the Congressional Budget Office projects that the bill would actually reduce the deficit by about \$14 billion over the next decade.

That is important because we want to see policies that are going to help our economy in the short run and in the long run, but they have to be fiscally responsible.

So I say to those critics who say: Oh, well, if we make the interest rate lower, then students are going to borrow more money, I don't think students are looking to borrow more to add to their debt.

I don't think students whom I talked to who had loans as high as \$180,000 want to borrow more money just because we are going to reduce the interest rate. They want to refinance, reduce their obligation, and get back to studying.

There is much more we need to do to mitigate the cost of higher education. I know my colleagues and I are going to be working on that, but the Bank on Student Loans Emergency Refinancing Act was a very good step to help students and to focus them on their careers and education.

Again, I hope my colleagues on the other side of the aisle will look again at this issue and get back to it. We need to make sure college education is more affordable. It is time for us to extend the same benefits we do for businesses and mortgages to students so they can refinance and that 25 million students in America could refinance their student loans.

I thank Senator WARREN for bringing up this issue. I hope we will get back to it again.

I yield the floor and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Ms. CANTWELL. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Ms. CANTWELL. I ask unanimous consent that the time in quorum be equally divided between both sides.

The PRESIDING OFFICER. Without objection, it is so ordered.

Ms. CANTWELL. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. HATCH. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.



## FEDERAL EMPLOYEE UNIONS

Mr. HATCH. Madam President, I rise to speak on a matter of great importance that seems to have slipped through the cracks of the public's consciousness. However, with the growing furor over the recent scandal at the Veterans' Administration, I expect more and more people will be made aware of it.

I don't think it is unreasonable to argue that most Americans would be outraged to learn the Federal Government pays tens of millions of dollars every year to pay hundreds, if not thousands, of government employees not to work. This practice used to be called featherbedding. "The term 'featherbedding' originally referred to any person who is pampered, coddled, or excessively rewarded."

It was later used to describe certain labor relations practices. According to Wikipedia:

The modern use of the term in the labor relations setting began in the United States railroad industry, which used feathered mattresses in sleeping cars. Railway labor unions, confronted with changing technology which led to widespread unemployment, sought to preserve jobs by negotiating contracts which required employers to compensate workers to do little or no work or which required complex and time-consuming work rules so as to generate a full day's work for an employee who otherwise would not remain employed.

Congress tried to put an end to the practice in the 1947 Taft-Hartley Act amendments, which defined and outlawed featherbedding. However, the U.S. Supreme Court has narrowly defined the terminology, leaving most practices undisturbed.

The featherbedding-like practice I am referring to today is most often called official time, wherein government employees—who are highly compensated, often including overtime pay—are paid to perform no work for the government, only work for the benefit of their unions. These "employees" are not union employees, nor are they paid by the union. Instead, they are union members paid by the taxpayers to work full time for the union while working for the Federal Government.

Of course, this practice also goes on in the private sector. However, in the private sector, the featherbedding comes off of the bottom line and is negotiated as a measure of ensuring labor peace and in exchange for other union concessions. In the Federal Government, where the bottom line is the taxpayer and where unions are not permitted to strike, this practice is a way for weak managers to use government funds to reward public sector union political supporters and financial contributors, passing the costs along to the unknowing taxpayer for services not rendered. In the private sector, official time is carefully monitored and controlled. In the Federal sector, managers generally look the other way.

According to the Office of Personnel Management, or OPM, during fiscal

year 2011 unions represented 1,202,733 nonpostal Federal civil service bargaining unit employees—an increase of more than 17,000 employees compared to fiscal year 2010. In that same year agencies reported that bargaining unit employees spent nearly 3.4 million hours on official time—an increase of nearly 10 percent compared to the previous year. How much money are we talking about, and why should American taxpayers shoulder the entire burden if the official time is only for union work?

Some may wonder what this has to do with the VA scandal. I don't think it is a coincidence that the VA—which is plagued by incompetence, dishonesty, and bureaucratic ineptitude—utilizes the practice of official time more than any other Federal agency, according to OPM. In 2011 the VA reported paying out nearly 1 million hours in official time—an increase of more than 23 percent over the previous year. The cost of official time in 2011 amounted to nearly \$43 million. That is \$43 million paid out to VA "employees" to do union work full time. Wall Street Journal Editorial Board writer Kimberley Strassel noted a few weeks back:

The VA boasts one of the largest federal workforces, and VA Secretary Eric Shinseki bragged in 2010 that two-thirds of it is unionized. That's a whopping 200,000 union members, represented by the likes of the American Federation of Government Employees and the Service Employees International Union.

I ask unanimous consent that the article be printed in the RECORD following my remarks.

Union supporters often lament that under Federal law Federal employee unions are relatively toothless, especially when compared to the very powerful State employee unions. However, as Ms. Strassel noted, given its size and influence, the VA union may be an exception to that rule.

Once again, two-thirds of the VA workforce is unionized, and the agency has paid more than \$40 million in salaries to full-time union workers in a single year. That has to have an impact on the VA's efficiency. And that is for workers who don't even work—except for the union.

Obviously, the inefficiency of the VA has recently been the subject of a very high-profile public debate. However, the impact unions have had on the VA's operation was being talked about well before news of the recent scandal broke. For example, Senators PORTMAN and COBURN sent a letter to former VA Secretary Shinseki in 2013 noting that the vast majority of VA employees on official time were trained nurses, instrument technicians, pharmacists, dental assistants, or therapists. In other words, these were employees hired specifically to fulfill roles in direct support of veterans. Yet, instead of caring for veterans, processing claims, and helping to eliminate the horrendous backlog, these employees were being paid to do union work full

time—all at the expense of taxpayers. On top of that, union-negotiated work rules over things such as seniority and job classification have contributed to the bureaucratic nightmare at the VA. In addition, the unions have been the most vocal opponents of any reform proposals that would give veterans access to outside health care.

While it may be overstating the unions' influence to assign to them the blame for the entire VA scandal, it is clear that these unions have at least contributed to the problems we are now seeing at the agency. They are at least partially to blame for the backlog in veterans' claims. They are at least partially to blame for the failed VA bureaucracy. They are at least partially to blame for the failure of reasonable attempts to reform the agency in the past, and it is almost impossible to reform it the way it is currently run.

I wish I could say this problem is isolated at the VA. Unfortunately, there is at least one other scandal-plagued agency with a similar union problem. I am talking, of course, about the IRS.

We are all pretty familiar with the IRS targeting scandal. By its own admission, the agency was targeting Tea Party groups in the runup to the elections in both 2010 and 2012.

Like the VA, the IRS consists of a heavily unionized workforce. About 66 percent of IRS employees belong to the National Treasury Employees Union, or NTEU.

It shouldn't surprise anyone to learn that the NTEU is extremely active in politics, having twice endorsed President Obama. During the 2010 election cycle, when the IRS first began targeting conservative groups, the NTEU raised over \$600,000 through its PAC, almost all of which went to Democrats. In the next election, in 2012, the NTEU PAC raised more than \$700,000, 94 percent of which went to Democrats. In other words, during the same campaign cycles in which the IRS was targeting conservative organizations—organizations that were critical of the President, his administration, and in many cases the IRS itself—for harassment and extra scrutiny, the union that represents nearly two-thirds of IRS employees was busy raising and donating well over \$1 million to Democratic candidates. And we wonder why the IRS—which should not be partisan in any way, shape, or form—is filled with partisanship. We should not have unions at the IRS or at the VA. Is it any surprise that the agency found itself predisposed toward harming conservative organizations or their causes?

Of course, the IRS has its own issues with the practice of paying out official time. Indeed, as of 2011 there were at least 200 IRS employees working full time for their union—all at taxpayers' expense. In that same year, the agency paid out more than 625,000 hours of official time. The total cost of these union activities was roughly around \$27 million. But that is only the beginning. That is \$27 million in a single year paid

to “employees” of the Federal Government who did nothing but union work. That is simply preposterous.

As I said, if the American people understood that this type of fleecing of the taxpayers goes on every day, they would be outraged.

Current law allows most Federal employees to be represented by a union. There are, however, some exceptions—and good reasons for these exceptions. Most of these exceptions are for agencies that perform a national security function or other highly sensitive work. One would think the IRS would fit in that category. One would think the VA would fit in that category. For example, we don’t allow employees at the FBI, the CIA, or the Secret Service to be unionized. There is good reason for that: We don’t need partisan political activities in those agencies. But we don’t need them in the IRS or the Veterans’ Administration either. We also don’t allow employees at the GAO or the Federal Labor Relations Authority to unionize.

In days to come, Congress is going to have to take a hard look at reforming both the Veterans’ Administration and the IRS. One of the questions we are going to have to ask ourselves is whether these agencies, with their important and sensitive missions and their poor performance in the recent past, should be added to the list of agencies not permitted to unionize, not permitted to be partisan. And anybody who doesn’t understand that doesn’t understand anything about politics.

In addition, as we continually look for ways to improve the efficiency of our government, we will need to examine the overall practice of official time and determine whether it should be eliminated entirely. I, for one, don’t believe taxpayers ought to be footing the bill for union work. I think the majority of the American people, if given an opportunity to fully understand this practice and the abuse it entails, would agree with me.

One thing is for sure: If what we have seen at the VA and the IRS is in any way representative of the influence unions have on government agencies, drastic changes are going to be necessary. How can any American citizen feel the IRS is above politics when it is run by a union? And we all know that unions support almost 100 percent one party over the other. How can we feel the VA is going to be handled right when it has a union representing it and determining all the workloads?

I have talked to the IRS Commissioners since I have been on the Finance Committee, and they admit that to try to correct or punish an IRS employee who is out of control and not doing what is right takes upward of a year if you are lucky. That is why there are all kinds of politics in these agencies and they act with impunity in advancing what really are liberal causes.

If there are any two agencies that should not have unions in them, one ought to be the IRS and the other ought to be the Veterans’ Administration.

I was raised in the union movement. I learned a trade. I went through a formal apprenticeship program, and I became a journeyman. I am proud of that. I believe unions have a place in our society, but they have become more and more partisan. It is reported that 40 percent of union members are Republicans. Yet almost 100 percent of every dime that is given in politics is given to Democrats. So by any measure we have to say that these folks are partisan, which I think is their right. But should we have partisan control of agencies such as the IRS, which everybody has to deal with at one time or another in their life, and the Veterans’ Administration, which is in dire jeopardy right now because of the way it is being run?

I have been very much trying to do a straightforward investigation of the IRS and these accusations that have been thrown at it, many of which are true. The more I get into it, the more I realize it is being run in a partisan way for one party when it should be run in a nonpartisan way—for neither party. I am going to do something about it, and I hope the American people pay attention to it because I think most people, including younger Members, would be outraged to know that there is partisanship at these agencies that is not just average partisanship. It is blatant partisanship. The more I get into it, the more I realize that is true.

Madam President, I ask unanimous consent to have printed in the RECORD the Wall Street Journal article that I previously referred to.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the Wall Street Journal, May 29, 2014]

**BIG LABOR’S VA CHOKE HOLD**

(By Kimberley A. Strassel)

We know with certainty that there is at least one person the Department of Veterans Affairs is serving well. That would be the president of local lodge 1798 of the National Federation of Federal Employees.

The Federal Labor Relations Authority, the agency that mediates federal labor disputes, earlier this month ruled in favor of this union president, in a dispute over whether she need bother to show up at her workplace—the Veterans Affairs Medical Center in Martinsburg, W.Va. According to FLRA documents, this particular VA employee is 100% “official time”—D.C. parlance for federal employees who work every hour of every work day for their union, at the taxpayer’s expense.

In April 2012, this, ahem, VA “employee” broke her ankle and declared that she now wanted to do her nonwork for the VA entirely from the comfort of her home. Veterans Affairs attempted a compromise: Perhaps she could, pretty please, come in two days a week? She refused, and complained to the FLRA that the VA was interfering with her right to act as a union official. The VA failed to respond to the complaint in the required time (perhaps too busy caring for actual veterans) and so the union boss summarily won her case.

The VA battle is only just starting, but any real reform inevitably ends with a fight over organized labor. Think of it as the federal version of Wisconsin, Indiana, Michigan and other states where elected officials have attempted to rein in the public-sector unions that have hijacked government agencies for

their own purpose. Fixing the VA requires first breaking labor’s grip, and the unions are already girding for that fight.

Federal labor unions are generally weak by comparison to state public-sector unions, though the VA might be an exception. The VA boasts one of the largest federal workforces and VA Secretary Eric Shinseki bragged in 2010 that two-thirds of it is unionized. That’s a whopping 200,000 union members, represented by the likes of the American Federation of Government Employees and the Service Employees International Union. And this is government-run health care—something unions know a lot about from organizing health workers in the private sector. Compared with most D.C. unions (which organize for better parking spots) the VA houses a serious union shop.

The Bush administration worked to keep federal union excesses in check; Obama administration officials have viewed contract “negotiations” as a way to reward union allies. Federal unions can’t bargain for wages or benefits, but the White House has made it up to them.

Manhattan Institute scholar Diana Furchtgott-Roth recently detailed Office of Personnel Management numbers obtained through a Freedom of Information Act request by Rep. Phil Gingrey (R., Ga.). On May 25, Ms. Furchtgott-Roth reported on MarketWatch that the VA in 2012 paid 258 employees to be 100 percent “full-time,” receiving full pay and benefits to do only union work. Seventeen had six-figure salaries, up to \$132,000. According to the Office of Personnel Management, the VA paid for 988,000 hours of “official” time in fiscal 2011, a 23 percent increase from 2010.

Moreover, as Sens. Rob Portman (R., Ohio) and Tom Coburn (R., Okla.) noted in a 2013 letter to Mr. Shinseki, the vast majority of these “official” timers were nurses, instrument technicians pharmacists, dental assistants and therapists, who were being paid to do union work even as the VA tried to fill hundreds of jobs and paid overtime to other staff.

As for patient-case backlogs, the unions have helped in their creation. Contract-negotiated work rules over job classifications and duties and seniorities are central to the “bureaucracy” that fails veterans. More damaging has been the union hostility to any VA attempt to give veterans access to alternative sources of care—which the unions consider a direct job threat. The American Federation of Government Employees puts out regular press releases blasting any “outsourcing” of VA work to non-VA-union members.

The VA scandal is now putting an excruciating spotlight on the most politically sensitive agency in D.C., and the unions are worried about where this is headed. They watched in alarm as an overwhelming 390 House members—including 160 Democrats—voted on May 21 to give the VA more power to fire senior executives, a shot over the rank-and-file’s bow. They watched in greater alarm as Mr. Shinseki said the VA would be letting more veterans seek care at private facilities in areas where the department’s capacity is limited.

This is a first step toward a reform being drafted by Sens. Coburn, John McCain (R., Ariz.) and Richard Burr (R., N.C.), which would give veterans a card allowing them health services at facilities of their choosing. The union fear is that Democrats, in a tough election year, will be pressured toward reforms that break labor’s VA stronghold.

Not surprisingly, Sen. Bernie Sanders (D., Vt.), chairman of the Veterans Affairs Committee, has promised his own “reform.” Odds

are it will echo the unions' call to simply throw more money at the problem. Any such bill should be viewed as Democrats once again putting the interests of their union allies ahead of veterans.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Indiana.

Mr. COATS. Madam President, last week our Nation commemorated the 70th anniversary of D-day. Leo Scheer of Huntington County, IN, is one of those courageous veterans who survived the outlying assault on the beaches of Normandy, and last month he made the trip to Washington, DC, through the Honor Flight Network to receive a hero's welcome from a grateful Nation.

My office had the honor of greeting Leo and this group of heroes upon their arrival to the World War II Memorial, and Leo made an unforgettable impression with his humility, demeanor, and strength of character. Leo is a member of what we have come to know as the "greatest generation." They easily deserve that title, where duty comes as second nature, where braggadocio is not present, where simply standing up and serving your country in a time of crisis is responded to overwhelmingly without complaint and with true honor and dignity.

Sadly, there are a dwindling number of those not only who arrived on the shores of D-day in Normandy but those who served throughout the world's largest military conflict in history. While those great service men and women are still here to share their stories—at least a few—we must remember the sacred promise that we as a Nation made to them to give them the care they deserve when they come back home.

As a veteran myself, my hope is that our Nation will carry out this promise not only to our World War II vets but to all who have served in conflicts from that point forward—from Korea, Vietnam, Iraq, Afghanistan, and other places. We must live up to the promise for all who were called to serve and answered that call.

Regrettably, in recent months we have seen this promise broken and shattered. Just this week an internal audit by the Department of Veterans Affairs revealed that the department's problems have affected 76 percent of VA facilities. Nearly 100,000 veterans continue to wait for medical appointments. These are staggering figures.

In my home State of Indiana confirmed audit findings show that veterans endured unacceptably long wait times. Some Hoosier veterans never even received an appointment. This is unacceptable. That is why today I stand here to support the bipartisan Sanders-McCain veterans bill that would implement key changes to the existing VA health care system.

This is not a perfect bill, and there are parts of it that I wish were different. I hope that we can manage some needed changes as it moves over

to the House of Representatives and then to conference. I hope the final bill will make our veterans proud and begin the process of reform that the VA so desperately needs.

Let me address three key reforms in this legislation that I think are essential to moving forward and the primary reason why I have agreed to support this. First, giving veterans more choices in care—perhaps the most important provision in this legislation—is allowing veterans who cannot be scheduled within a reasonable time the option to receive care from non-VA facilities or private sector facilities outside of the VA. This also applies to veterans that reside more than 40 miles away from a VA facility, many of them not in a condition to be able to secure the transportation they need for that care, so they don't have to endure long drives to get care. We must ensure that veterans receive timely care, and if the VA cannot provide it, then our veterans should be free to go elsewhere for care, including Medicare providers.

Second, the removal of bad actors—there are a lot of good people working at VA. Their hearts are in the right place. They are talented and provide good care and good service. I don't mean to demean their contributions to veterans' health care, but we do know that there have been mistakes, mismanagement, and there has been some outright fraud, it appears. We will have to prosecute that. This reform would authorize the Secretary of the VA to demote or fire senior executive service employees based on their performance. That is not present now, and if we are going to change the management it takes more than just asking the first top person to resign as has happened. We need to look at the management team and those that oversee those that are providing the care and what their responsibility is in that role. Passage here would shake up the leadership of the VA so those people can be held accountable for their actions.

The third provision I want to mention is providing more VA locations. It is clear that some of our veterans have to travel very long distances. Also it is clear that the facilities currently in place are short of help and there are not enough to address the needs of the many veterans that are entering the system. So this bill would establish 26 new VA medical facilities around the country. As I said, while this legislation is not perfect, it is an important start but it should not and will not be the end of our work to live up to our promises to veterans.

Ultimately, as I stated before to our body of Senators, the VA needs a change of culture. Too many bureaucrats view our veterans as a list of numbers rather than the heroes worthy of our very best care. We have to look at our veterans through a different lens, one that sees them clearly as defenders of our freedom and as the heroes they are.

We must continue to investigate and reform the culture within the VA and

ensure that this crisis doesn't happen again. That is why I called for an independent investigation. This bill authorizes the process of beginning these independent evaluations. Also the committee has provided additional funding to specifically allow the inspector general to conduct an independent investigation into the VA, and I join my many colleagues to ask the Department of Justice to join in this investigation. Now, unfortunately, this culture of indifference at the VA is not new. For years veterans have faced excessively long waits for disability claims. When I returned to the Senate in 2011, these waits were over 600 days in Indianapolis. Veterans were waiting over 2 years to have their claims adjudicated. Once we shined a light on the problem, the situation improved somewhat, but our veterans still face waits that are far too long both for medical visits and to receive their disability benefits.

My staff in Indianapolis currently have over 550 active cases that we are working on for Hoosier veterans who are seeking help and have not gotten satisfactory responses from the VA. So they call us and say: Can you help? We do everything that we can to help expedite the process. In many cases these veterans are just trying to assess the benefits that they have rightfully earned and they just want an answer.

Reflecting on Leo Scheer's service to our Nation on D-day reminded me of the opportunity that I had to visit the beaches of Normandy while I was Ambassador to Germany. It was, to say the least, a powerful and extremely emotional experience standing on the bluffs overlooking the spread of beaches from Utah to Omaha, and it made me reflect on the countless lives lost in service to our Nation.

I was standing there on a perfectly calm day. The water was gently lapping on the shore. The beaches were empty. A soft warm breeze was blowing. The sun was shining—just a beautiful day—and I was overwhelmed by the violence that must have taken place that I could only have imagined. We have all seen the movie "Saving Private Ryan," and I give Mr. Spielberg great credit for making that a very realistic picture of what happens. But I don't think Hollywood, or those of us who weren't there, could imagine the violence that was taking place on that beach when our troops went ashore. The silence was not there. There must have been a cacophony of noise with hundreds of ships offshore unloading our soldiers into landing vehicles. Many of them were shot down by the German bunkers up in the bluffs, built-in concrete fortifications—an almost impossible task. Many of them never even got out of their landing craft. When the doors opened, many were shot before they reached the water. The water was red with the blood from our soldiers who never

made it to the beach. The beach was littered with bodies of those who never made it to the edge of the cliff. And the sacrifice that was made in climbing those cliffs and getting to those German bunkers took many, many hundreds if not thousands of more lives.

So visiting the graves of soldiers afterwards, pausing to say a prayer of gratitude for their sacrifice leads us to this point where we have to understand what it is we are trying to provide and why we need to provide it. That is in a response to those who put their lives on the line and sacrificed those lives—and many ended up with lifelong disabilities—a commitment to those that we would take care of them when they came back.

They have come back and run into a government-run bureaucracy that has run amuck. If it proves anything, it proves that government just simply doesn't do big stuff very well, without confusion, without bureaucracy, without duplication, without excessive costs. It is not efficient and not effective, nowhere near what the private sector can offer. That is why there is the provision for veterans who cannot get care at the VA on a timely basis to have the opportunity to use our private system.

They deserve our utmost care. They served on the frontline, but when they go for benefit decisions and when they go for health care, they are not in the front of the line, they are at the back of the line, and that is not right.

We cannot let the sun set today, and I am glad we are not, because we are voting to move this legislation forward. In doing so we are going to make a statement that we are going to try to live up to that promise and do the best that we possibly can. As I said, as a veteran I expect my country to fulfill the promises to my fellow service men and women, and as a Senator I will seek to hold the Veterans' Administration accountable and to do everything I can to help in the reform of the system. That reform is so desperately needed.

The leader of the D-day effort, GEN Dwight D. Eisenhower called the invasion of Normandy "a fight in which we would accept nothing less than full victory." It is in that spirit that I call upon my Senate colleagues to immediately take up and pass this legislation on behalf of our veterans and then to continue the work of changing the culture of the VA so that we don't have to come back years from now and repeat this process all over again.

Let's get it right this time. The fight to restore trust to our veterans is one we are waging, and to paraphrase General Eisenhower, we should accept nothing less than victory.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. KING). The Senator from Texas.

#### IMMIGRATION

Mr. CORNYN. Mr. President, I thank my friend from Indiana for his remarks about our military service men and

women and our obligation to provide them the care they have earned for their service. I look forward to voting, along with everyone in this Chamber, on this bipartisan legislation this afternoon, which represents the first step—not the last step but the first step—toward the systemic failures that have been disclosed as a result of the comprehensive VA audit.

I come to the floor to speak again about a growing humanitarian crisis in South Texas, the State I represent, where authorities are struggling with waves of unaccompanied minors—children—coming through Mexico into the United States. The numbers are pretty staggering. So far 47,000 minors have been detained at the southwestern border since October. The Department of Homeland Security and Border Patrol estimate that there could be as many as 60,000 unaccompanied minors, mostly from Central America. If we look at the map from Guatemala City to McAllen, TX, it is roughly 1,200 miles.

Unfortunately, this influx is a direct consequence of the perception that this administration will not enforce our immigration laws. Interviews with more than 200 of the migrants who comprise some of these individuals confirm their impression, which is reinforced by Central American news media outlets—primarily newspapers—that if children can get to the United States, they will have a free ticket and be able to stay.

We had a chance to question and discuss this humanitarian crisis with Secretary Johnson, the Secretary of Homeland Security, this morning before the Judiciary Committee, and to his credit, he has taken an all-hands-on-deck attitude, but the truth is the Federal Government's resources are overwhelmed by this humanitarian crisis.

By creating a powerful incentive for people to come to the United States illegally, we have effectively encouraged children and their parents to make a treacherous and threatening journey from Central America, one of the most dangerous parts of the world today, through Mexico—large swaths of Mexico are controlled by drug cartels—and then all the way into Texas.

Secretary Johnson conceded this morning that somehow we are schizophrenic about this issue. When we look at the victims of human trafficking and other people, we all agree we need to do more on a bipartisan basis to deal with this scourge of human trafficking, but the fact is that the transnational criminal organizations—trafficking people for economic reasons, such as for sex, drugs, and weapons—will do anything for money. They are criminals, and that is what they do.

Unfortunately, we have a lot of innocent children who are now being swept up in this humanitarian crisis, as I said, committed by their parents to take this trek across Mexico into the United States. We have no idea how many children start that journey and how many simply drop off along the

way because they have been kidnapped, injured, murdered or perhaps they just become ill as a result of exposure and die during this long trek.

It is a journey that often begins in cities, towns, and villages scattered throughout Honduras, Guatemala, and El Salvador. The first major checkpoint is the Mexican border with Guatemala. It is about 500 miles long. Before arriving there, many families and children pass through regions of northern Guatemala that are controlled by the Zetas cartel, one of the most violent criminal organizations in the world.

When they reach Mexico, many illegal immigrants jump onto a network of freight trains known by the ominous nickname "The Beast."

I encourage anyone who is listening to me to go online and Google or Bing or use some other search engine and type in "The Beast" and read some of the horrific stories about transportation from southern Mexico up to northern Mexico on The Beast. NPR, National Public Radio, repeatedly reported The Beast train is "just as likely to spit them out as it is to shepherd them safely to the border."

Indeed, people riding on The Beast are frequently robbed, raped or killed by the drug traffickers and gang members who control the smuggling corridors. This is organized criminal activity by transnational criminal organizations. As one former Beast passenger told CNN, "almost everyone gets assaulted."

If there is anybody who thinks illegal immigration and trafficking involves some sort of benign experience of traveling from a country where people don't have an opportunity to a country where people do have an opportunity, that part is true, but what they don't tell you is the horrific, life-threatening, and sometimes life-destroying experience of getting to the United States because people are committing themselves to the tender mercies of some of the most violent criminal organizations on the planet.

In recent years, Mexican authorities have discovered mass graves containing the bodies of Central American migrants—those who did not make it to our southern border. Among those who are not murdered by the cartels, many passengers on The Beast simply fall off the train. For example, they try to jump on it while it is moving. If they are lucky, they might just end up with a few broken bones, but if they are not lucky, they might end up losing a limb or being crushed to death underneath its wheels.

In short, no one should be traveling to the United States this way and least of all young children, some of whom, according to published newspaper reports, are as young as 3 and 5 years old. Can any parent comprehend the idea of a 3- or 5-year-old coming unaccompanied or perhaps en masse with drug cartels and criminal organizations transporting them from their home country to the United States?

The Border Patrol reported that 180 convicted sex offenders have been arrested since October while coming across the southwestern border. Can you imagine this trip with convicted sex offenders mixed into the mass of humanity coming across the border?

Some children who ride *The Beast* are kidnapped or forced to become drug mules or forced into sexual slavery. In fact, some who make it all the way to Texas and north remain prisoners of organized crime after crossing the U.S. border.

I remember talking to one young woman. About 1 year ago I had the chance to visit with her. She came from Central America. She was brought by a coyote, they called him—a human smuggler—into Houston, TX. She had family in New Jersey, but that didn't work out, so she came back to Houston where she was essentially held as an indentured servant and prostituted and forced to turn over the proceeds of that money to the coyote—the smuggler.

When people operate in the shadows of the law, they have no protection of the law, and the people who are the most likely to get hurt are the immigrants themselves or certainly the immigrant community. We need to keep that in mind. We have to remember that Mexico's biggest and most violent drug cartels are heavily involved in this trafficking, as I mentioned earlier.

Time magazine reported last year: "Cartels control most of Mexico's smuggling networks through which victims are moved, while they also take money from pimps and brothels operating in their territories."

The cartels, gangs, and sex traffickers are only too happy to prey on the poor, vulnerable migrants, including children, transiting through their terrain. Experts believe the Mexican drug cartels may earn as much as \$10 billion a year from sex trafficking and sex slavery alone. These are not nice people.

According to Amnesty International: "Some human rights organizations and academics estimate that as many as six in 10 women and girl"—and one-quarter of these unaccompanied minors are girls—"migrants experience sexual violence during the journey" through Mexico—6 out of 10.

A new CRS—Congressional Research Service—memo reports that based on apprehension data provided by Customs and Border Protection, "there has been an increase in the number of [accompanied alien children] who are girls and the number of [unaccompanied alien children] who under the age of 13."

They are not exactly able to defend themselves against the monstrosities they encounter along the way.

I hope it is clear to everyone listening and to the President and every other person of good will, that we should be doing everything possible to discourage people from risking their lives in the first place, and especially their children's lives, on such a dangerous journey.

Before I came to the Senate, I happened to be the Attorney General of Texas, and before that I had a career in law and the judiciary. It is standard criminal jurisprudence that not only should law enforcement enforce the laws in order to maintain the law, but the law serves another important function; that is, deterrence.

In other words, it stops people from doing things they know they should not do in the first place rather than just catching them after they do it. This is one of the elements that is missing and unfortunately was encouraged by the impression that you got a free ticket if all you had to do was get on the train and show up in South Texas. As I have said, this is very dangerous stuff, and it has backfired in unexpected ways.

Yesterday, I listed five simple suggestions to the President that he could take to start fixing the problem. I was glad to hear Secretary Johnson talk about some of the ad hoc measures he has begun to implement, but the truth is they are struggling to catch up.

I urged the President, No. 1, to publicly declare that his 2012 deferred action program will not apply to children currently arriving at the border. Let me stop there to say that this morning some of my colleagues on the Judiciary Committee could not resist the temptation to take a partisan shot. They said if the House had just passed immigration reform, this never would have happened.

My point is the President's deferred action program doesn't even apply to these children, so it is still against the law for them to enter. But they realize, as a practical matter, although the resources and capacity of the Federal Government are overwhelmed, there is no way we can turn them back, and they will have to be handled compassionately and in a humane sort of way.

It would help if, No. 1, the President would make clear he has not issued a free ticket to anyone who wants to enter the country illegally.

No. 2, I encouraged him to publicly discourage people from attempting the journey through Mexico, and it would help if our Mexican counterparts would do a better job—maybe with our help and assistance—securing their southern border, since that would stop a lot of people from coming from Central America through Mexico on this dangerous journey which I have tried to describe.

I also encouraged the President to enforce all of our immigration laws regardless of political needs or any frustration he might feel or anyone else might feel on the current stalemate in which we find ourselves. Sometimes these things take a little time.

My hope is, if not before, then by next year, Congress—the Senate and the House—can begin to move a series of smaller pieces of legislation that are more transparent, consensus based, and begin to repair the broken immigration system. I don't think anybody believes

on the right or the left that the status quo is acceptable, and indeed it is dangerous to the people I have described.

So I mentioned the fourth item, which is to work with the Mexican Government to improve security at the border with Guatemala. I was recently in Juarez, Mexico, right across the river from El Paso, which used to be one of the most dangerous places on the planet because of all of the conflict between the drug cartels. Things are getting better. It is still pretty rough, but things are getting better thanks to strong leaders, such as the mayor, whom I met with there, and thanks to the assistance the U.S. Government is providing through the Merida Initiative to help train law enforcement and to provide equipment and the like. So we could step up our work with the Mexican Government to help them secure their own southern border, which would eliminate more than half of this migration from Central America.

Finally, I urge the President to take the step of making sure that Texas and other U.S. border States and communities have the resources they need to address the ongoing crisis.

Today I reiterate those calls, and I also call on the President to please act as soon as possible. Make no mistake. The actions we take and sometimes the actions we don't take have unintended consequences. But in the days and weeks ahead, there will be life-or-death consequences to an untold number of vulnerable children, perhaps in the misperception that they can come to the United States if they can just get here, without understanding the treacherous journey that will befall them. We are doing no one a service by allowing that.

Because the impression created by the President has resulted in this problem, at least in substantial part, I believe he has the unique authority and power to begin to fix it. But first he will have to send the message that I mentioned a moment ago, which is that there is no free ticket into the United States. We have to deal with the humanitarian crisis of these children and make sure they are safe, but then we need to get about the business of enforcing our laws and not just giving the impression that anybody and everybody who wants to come to the United States can come here.

Perhaps in a perfect world everybody could live in America. But the fact is that we need to have our immigration laws for our protection and for the protection of legal immigrants. We need to do everything we can to send a message that we are a caring country, but we are also a country that believes in the rule of law. We need to restore order out of this chaos, while dealing with the immediate humanitarian crisis of this wave of children that is overwhelming the capability of the Federal Government to deal with it. We need to do everything we can together to address all of these issues.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, the Senator from Texas just spoke on the floor about the number of children coming across the border into the United States, and the numbers are frightening, they are so large.

We had a hearing today with Jeh Johnson, who is the Secretary of the Department of Homeland Security. A lot of questions were asked, such as if actions by our government or statements by our President are luring these children into the United States. Let me make the record clear. There is nothing—nothing—about the President's Executive order involving those we call DREAMers—children brought to the United States—which would lead any of these families of the children to believe they could qualify to be treated as qualified for docket—that is, deferred deportation—because they would be eligible DREAMers. None—none—of these children would be eligible, period. So the suggestion that this Executive order has anything to do with luring these children to the United States is wrong.

Second, there is turmoil in Mexico and Central America. That is a fact. I am sure that is a factor in decisions being made by some to leave. But there is an issue that has been overlooked here time and again which needs to be addressed. There is a Pulitzer Prize-winning book entitled "Enrique's Journey." The author is an L.A. Times writer named Sonia Nazario. She started following the paths of children—children—coming into the United States from Mexico and Central America and even South America. Here is what she found after her investigation: 48,000 children a year coming across the border into the United States, some as young as 7 years old, half of them without any escort. How do they get in? Well, many of them jump on freight trains. Can my colleagues imagine, 7-, 8-, 9-, 10-year-olds jumping on a freight train to come into the United States, trying to get here by themselves—half of them by themselves? Why? Seventy-five percent gave the same reason: To find my mother. To find my father.

That is what is bringing so many of them into the United States. What happened? Mother left that village in Mexico or somewhere in Central America and came to the United States. She works hard now and sends money home and occasionally will send toys at birthdays and Christmas and exchange photographs. And heartbroken children get on these trains and try to find them.

They found a 9-year-old boy walking around Los Angeles. They asked him why and where he was going. He said: Where is San Francisco? He was trying to find his mother.

That is the reality and the heartbreak of what is happening at our border when it comes to children, so many times over. The lucky ones make it.

Many don't. A survey done by the University of Houston found over and over these kids on their way are starving, they are beaten, they are robbed, they are raped over and over. Some are pushed off of the train. Some die. Some are maimed. That is the reality.

What does it tell us? As we step back and look at this, what does it tell us? It tells us what we already know: Our immigration system in America is broken. It is flat-out broken. I know this, and everyone else does too. Twelve million people living amongst us, some of whom have been here for decades, worried about being deported tomorrow, with a household where the wife and mother may be a citizen, the children may all be citizens, but one person in the household is not—that is our broken immigration system.

Well, Congress, stop talking about it. Do something about it. So we did. We did. And the Presiding Officer was here. It was a little over a year ago. We put together a bipartisan coalition of Senators—four Democrats, four Republicans, and I was one of them—and we sat down and for months worked out comprehensive immigration reform to finally fix this broken immigration system and start to end some of the tragedies we know are happening to children and to their parents all across America. We worked on it for months.

It was a pretty interesting coalition. It included JOHN McCAIN, a well-known Republican Senator from Arizona; LINDSEY GRAHAM, Republican Senator from South Carolina; MARCO RUBIO, a Republican Senator from Florida; JEFF FLAKE, a Republican Senator from Arizona; and on our side, CHUCK SCHUMER of New York, BOB MENENDEZ of New Jersey, MICHAEL BENNET of Colorado, and myself.

We worked on it for months, and we produced a comprehensive immigration reform bill that was endorsed by virtually every major labor organization and the U.S. Chamber of Commerce. We go through the list of virtually every religion in America, and major religions endorsed it. It was an amazing bipartisan product, and I was proud to be a part of it and even more proud when the day came that we passed it on the floor of the Senate with 68 votes—Republicans and Democrats. We did it.

What happened to it? We sent it to the U.S. House of Representatives, where it has languished for over a year. For over a year they have refused to call this bill.

Now Senators who come to the floor, who voted against the reform, who don't acknowledge the obvious—that the Republican House will not even call this bill for debate and a vote—and who criticize the current immigration system in America, aren't telling us the whole story. The whole story is that we need to fix this system top to bottom—yes, a path to citizenship but a path to citizenship that eliminates those with serious criminal records—we don't want them—makes those who want to enter this path pay a fine and learn

English and make sure as well that they are paying their taxes to our country. Then we will put them on a path to citizenship, where they can be at the back of the line. Under our bill, it would take a person 13 years before they become a citizen. All that time they are paying their fines, they are learning English, they are doing what they are supposed to do, and they are subject to regular questioning as to any problems that might be in their lives that we should know about. That is what the bill does.

So when I hear people come to the floor and say this immigration system is broken, I agree completely. It is a tragedy to think thousands of children are crossing the border in search of their parents, as young as 7, 8, 9, 10 years old, and teenagers, being preyed upon.

I just had in my office the Ambassador of Ecuador to the United States of America. We talked about this issue. She told me the story of a 12-year-old girl whose mother and father were in New York, and this heartbroken girl decided she had to at any cost be reunited with them. She jumped on one of those trains, and she was apprehended by Mexican authorities. The parents found out about it and tried to find her. They put her in an orphanage. She was going through the Mexican legal system. The next thing: It was announced that this 12-year-old girl had committed suicide—questionable but still a tragedy. And this Ambassador from Ecuador said: I can't tell you what that did to our country. It broke our hearts to think that little girl was just trying to find her mom and dad.

We can do better. We can be better. All of the excuses in the world don't count when it comes to this issue because we are a nation of immigrants, my friends, all of us. We may have to go back several generations—in my case, not very far. My mother was an immigrant to this country. I am lucky to be standing on the floor of the Senate representing a great State such as Illinois. That is my story. That is my family's story. That is America's story. That is who we all are.

Why can't we, in our generation, embrace the reality of immigration and fix this broken system, make sure we have security on the border to stop, as much as we physically can, the flow of illegal immigration, and make sure those who are here are reporting to our government so we know who they are, where they are, and where they work? All of these things will make us a better and stronger nation.

Let me tell my colleagues something else about these immigrant folks, and I speak with some authority. The first wave of immigrants to this country, by and large, take the toughest, hardest jobs available—anything—and they will work hard on those jobs. But they are also looking over their shoulder at their kids and they are saying to their kids: We expect more from you. We

want you to stay in school. We want you to succeed.

That dynamic of the hard-working immigrant and the first-generation American, striving to prove they can succeed, gives our country the energy it needs. It gives our economy the energy it needs.

I see my friend has come to the floor, Senator McCAIN, and I mentioned his name earlier in a positive way because we worked together so closely on immigration reform. He has a special challenge I don't have. Yes, we have many undocumented in Illinois, but being a border State, Arizona has tougher challenges than most. We tried in our bill to be sensitive to both States and all States in what we were putting together.

So I wanted to come to the floor and say a word about children coming across the border. I see two of my colleagues here, and I will yield the floor in just a second.

We need to acknowledge the obvious. These children are vulnerable. They are being exploited. Many of them are being hurt. Some are being raped. Others are being killed. And that has to come to an end. To bring it to an end in a sensible, thoughtful, American way, we ought to pass comprehensive immigration reform. No more excuses in the U.S. House of Representatives. Call the bill. For goodness' sake, call the bill. Debate it. Vote on it. I will accept whatever comes, but what I won't accept is ignoring these problems, blaming them on someone else, and putting off to some time in the future the reality of the responsibility we should face today.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arkansas.

Mr. BOOZMAN. Mr. President, as the son of an Air Force master sergeant and a member of the Senate Committee on Veterans' Affairs, I take very seriously my responsibility to represent the interests of those who have served our country in uniform. When it comes to our Nation's veterans, their commitment to country is without question, and our country's commitment to them should be the same.

Put simply, our veterans deserve better. That is why I am pleased to see that we have come together to address this crisis in the Senate. These men and women have served and sacrificed on behalf of a grateful nation. We need to ensure that they are getting the high-quality services they have earned. Our veterans deserve a system that proves their care is our top priority.

Unfortunately, the VA is struggling to meet the health demands for our veterans. The VA inspector general is currently investigating misconduct throughout the VA health system. In order to ensure accountability, we have to give the VA the ability to fire and demote senior executive service employees who are responsible for these types of abuses.

Under current law, senior VA employees are nearly untouchable. That

means the very people responsible for hiding the true extent of wait times, for instance, and other abuses cannot be fired. That is incredible when you think about it.

We cannot tolerate bad actors who abuse their power and put our veterans in danger. That is why a key component of this bill gives the Secretary of Veterans Affairs the authority to fire or demote senior VA employees for poor performance.

Accountability is the goal here. However, that goes beyond individual employees. The Department itself needs to be held accountable for its shortcomings. So it is time we shine a light on the VA.

This bill would also establish an electronic waiting list that would be made available to veterans on the Department's Web site so everyone can see the average waiting time for an appointment at each VA medical center for specific types of care and services. New wait time goals would also be published on the Department's Web site and in the Federal Register within 90 days of the bill's enactment.

Earlier this week we saw an audit which revealed that veterans seeking care for the first time waited an average of 60 days in the Little Rock VA hospital and 52 days in the Fayetteville hospital. Clearly, these results need to be improved and indicate the failure of the VA to meet its goal of seeing new patients within 14 days.

I am committed to ensuring that the VA uses every available option it has to deliver on its mission for all veterans who have earned this care. And if it cannot, this bill gives our veterans the ability to seek that care elsewhere.

The bill we are considering today would establish a 2-year program that allows veterans who have been unable to obtain care from the VA for providing service to seek care from private providers. This option would also be provided to those who live more than 40 miles from a VA facility, including a community-based outpatient clinic. The government would be obligated to reimburse the non-VA health care provider for the services provided to the veteran.

Wait times and secret lists are not the only problem within the VA health system. We are learning now that quality-of-care issues on a range of critical care outcomes, including mortality and infection rates, are willingly being ignored by senior VA management.

We need to restore faith in the VA health care system, and that begins with accountability and following through with our promises.

The crisis surrounding the VA health care system shows an immediate need to improve timely access to medical care for our veterans. The VA needs to correct the systemic problems that are preventing our veterans from accessing the high-quality health care services offered.

I am pleased we are taking action on this important issue, and I encourage

my colleagues to support this legislation before us because we need to improve the health services our veterans earned and deserve.

The PRESIDING OFFICER. The Chair welcomes the Senator from Arkansas back to the floor.

Mr. BOOZMAN. I thank the Chair.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I come to the floor today to say that this compromise is really an excellent example of what Congress can do when we work together to put our veterans first and work toward substantive solutions to the challenges they face.

Passing this legislation this afternoon is a critical step toward addressing some of the immediate accountability and transparency concerns that are plaguing the VA and fixing its deep-seated structural and cultural challenges. Each new report seems to paint a more serious and more disturbing picture of the VA's systemwide failure to provide timely access to care for our Nation's heroes. I am especially concerned by the number of facilities that serve Washington State veterans that have been flagged for further review and investigation. The VA has promised to get to the bottom of this, and I expect them to do so immediately.

However, these new reports are not only consistent with what I hear so often from veterans and VA employees but also with what the inspector general and GAO have been reporting on for more than a decade. These are not new problems, and Congress must continue to take action on them while addressing the inevitable issues that will be uncovered as ongoing investigations and reviews are completed.

I expect this Chamber to come together, as the House did yesterday—twice, in fact—to move this bill forward so we can work on our differences with the House and send this legislation to the President's desk as soon as possible.

As we all know, there are serious problems at the VA that will not be solved through legislation alone or by simply replacing the Secretary. However, I am very hopeful these steps that are in this legislation will spark long-overdue change—from the top down—in order to ensure that our veterans are given the care and support they expect and deserve.

So I wanted to come today to commend the Senator from Arizona and the Senator from Vermont for their commitment to bipartisanship and putting the needs of our veterans first. This is an important compromise, and I urge our colleagues to continue the bipartisan collaboration that made this bill possible. Let's get it passed and in place so these reforms can begin to get started. And then we must keep working to address the management, resource, and personnel shortcomings that we all know exist at the VA.

I yield the floor.

The PRESIDING OFFICER. The Senator from Louisiana.

Mr. VITTER. Mr. President, I stand in strong support of the veterans bill we are about to vote on as well. I commend everyone who worked on it on both sides of the aisle, certainly including Senator MCCAIN, who was here a minute ago, Senator SANDERS, who is on the floor, and Senator BURR, who is the ranking Republican member of the committee.

I am strongly supporting it, mostly with three key provisions in mind—one I have been working on since well before this scandal and this crisis that has engulfed the VA broke; that is, to dislodge, to get moving on crucial expanded VA outpatient clinics in 18 States around the country, including Louisiana. Mr. President, 26 clinics; 2 of those are in Louisiana, in Lafayette and Lake Charles. Those should have been built by now. They have been on the books, they have been in the VA plan for years. Through what the VA readily admits was a bureaucratic glitch—a complete screw-up at the VA—they were delayed for a significant period of time.

There was another glitch in terms of the so-called scoring of these clinics. That required legislation, which the House passed. But that legislation, which I was spearheading in the Senate, has been balled up in the Senate.

Finally, the corrective legislation, to get moving, to get these clinics done—including in Lafayette and Lake Charles, LA—is in this bill. So I have been committed to that for months—since well before this scandal erupted.

The other two provisions I want to highlight in this bill do go directly to this scandal. One is the need to give veterans choice when they are locked into a dysfunctional system. So for the first time ever we are mandating the unparalleled choice that if a veteran is either over 40 miles from a VA facility or he or she cannot get care—an appointment—in a reasonable timeframe, then that veteran can go to a Medicare provider or another provider who is delineated in the bill to get the care he or she needs in a timely way. That is a really important reform to expand choice and really competition that I think will make the VA system better and offer veterans, when need be, important care outside the strict VA system.

The third provision I wish to highlight is to give the leadership of the VA the tools it needs to clean house, to get rid of incompetence or, worse, to fire people who clearly merit that in the cases we have been reading about in the last several months.

We have had so many protections heaped on the civil service system over 100-plus years that it has become virtually impossible to fire or demote or punish someone who is deserving of that because of incompetence or worse. We need to change that because unless and until we do, bureaucracies such as the VA will remain broken. This bill

has important provisions in that regard.

Those are the three top reasons I will be strongly supporting the bill.

I thank the Chair.

Mr. MARKEY. Mr. President, Massachusetts is the Bay State, but we are also the “Brave State.” But being first in freedom is not enough if we don’t put our veterans, their families, and the families of the fallen first as well.

There are more than 388,000 veterans in Massachusetts. But too many of our bravest return home unable to find a job. They suffer from homelessness, mental health, and substance abuse. Too often, they end their lives in suicide. Twenty-two veterans kill themselves every day.

This March, not one servicemember died in action in Afghanistan or Iraq, but almost 700 veterans took their own lives. Of the 8,500 Massachusetts National Guard, six of them have committed suicide in the last year and a half.

We need to treat these unseen wounds, and give our veterans a better life, where they are employed, appreciated, and supported.

We have a sacred obligation to honor and care for our service men and women for their bravery and sacrifice.

On the battlefield, the military pledges to leave no soldier behind. As a nation, we must ensure that when warriors return home, we leave no veteran behind.

In recent years, we have provided historic budget increases for veterans, expanded access to VA health care, improved health services for all veterans, and modernized benefits earned by America’s servicemembers.

But what is clear today is that hasn’t been enough. The problems at the VA are unacceptable and they dishonor our veterans and their families who have sacrificed so much.

Anyone who contributed to the careless treatment of our veterans should be held fully accountable, and I mean anyone.

And so our work must continue. We must address the emerging needs of veterans, as well as those needs that have lingered for years.

Our returning veterans, and those who served in previous wars, always should get the best services, including medical care.

Unfortunately, the U.S. Department of Veterans Affairs, VA, is facing a crisis. The Department of Veterans Affairs inspector general reports showed that thousands of veterans have been trying to see a doctor but were never on the VA list to see a doctor. These veterans were forgotten and lost in the scheduling process. VA leadership significantly understated the time new patients waited for their primary care appointment in their performance appraisals in part because that affected their bonuses and salary increases. Mr. President, 57,000 veterans have been waiting 90 days or more for their first VA appointment. Mr. President, 64,000

veterans have fallen through the cracks and have never received an appointment after enrollment.

These deficiencies at the VA are unacceptable.

What is clear is that we need a full-scale reform of how the VA does business. Too many men and women are falling through the cracks. We need to fully fund the VA and modernize the agency and its facilities to appropriately address the new needs of returning soldiers and their families.

All veterans are heroes, but sometimes heroes need help.

The Veterans’ Access to Care through Choice, Accountability, and Transparency Act of 2014 allows the immediate firing of incompetent high-level officials who broke the trust of our veterans by leaving them behind. It also includes appropriate provisions to prevent the abuse of these new powers.

The bill allows VA to lease 26 new medical facilities that would expand access to care, including \$4.8 million for the VA Worcester community-based Outpatient Clinic.

It authorizes the hiring of new medical personnel for hospitals and clinics that are facing a shortage of doctors and other health professionals.

It would allow veterans living more than 40 miles from a VA hospital or clinic to go to a private doctor.

It develops an independent commission to update the VA’s scheduling appointments process and another to help spur the construction of new VA facilities.

It would allow all recently separated veterans taking advantage of the post-9/11 GI bill to get instate tuition at public colleges and universities. Finally, it would extend post-9/11 GI bill education benefits to surviving spouses of veterans who have died in the line of duty.

This bill is an important first step to dealing with the crisis at the VA. However, more needs to be done. We need to make sure the Massachusetts VA hospitals in Brockton, West Roxbury, Jamaica Plain, Bedford, and Northampton can continue to provide the care that our veterans deserve, including the latest in health care for traumatic brain injury, post-traumatic stress disorder, and other injuries.

Mr. CARDIN. Mr. President, I rise today on behalf of the 470,000 Maryland veterans in order to thank my colleagues for making veterans health care a priority by passing S. 2450, the Veterans’ Access to Care through Choice, Accountability, and Transparency Act of 2014. I specifically applaud the chairman of the Veterans’ Affairs Committee, Senator SANDERS, and Senator JOHN MCCAIN for developing this bipartisan agreement and demonstrating to the Nation that the Congress can work together to meet our greatest challenges.

I want to thank President Obama and Acting Secretary Gibson for taking preliminary action and holding senior Department of Veterans Affairs, VA,



leadership accountable. Now the hard work begins of renewing and meeting our commitments to our veterans, who have sacrificed so much for our Nation. I support this bill's efforts to provide immediate authority to refer veterans to non-VA care and its provisions addressing commonsense long-term reform. Much of the treatment our veterans need is already provided in world-class facilities that are closer to their homes than the nearest VA Hospital, and they stand ready to support them today.

I am concerned that the expedited firing provision for Senior Executive Service employees creates a separate process for VA staff employee. Let me be clear: Anyone guilty of fraud, malfeasance or criminal negligence must be held accountable. But current law and Office of Personnel Management policy provide measures to address such acts. Federal employees deserve the appropriate due process.

This bill is an exceptional step in the right direction and will begin to address some of the concerns we all have with respect to the VA, beginning with access to care. But there is still much work to do to help our veterans return to civilian life after they have served. A mere thank you is of little comfort to a veteran who cannot find meaningful employment, who is struggling to provide for his or her family or who is dealing with post-traumatic stress. Their sacrifices are often made in stressful, frustrating, and dangerous conditions. Yet these brave men and women do not shy away from committing themselves to serving our country.

Disability claims at the VA are continuing to take far too long to be processed, and the backlog is denying support to veterans who are in critical need due to service-related injuries. I will continue to push for an amendment that will make the Fully Developed Claims Program permanent. The Fully Developed Claims Program is an optional new initiative that offers veterans and survivors faster decisions from the VA on compensation, pension, and survivor benefit claims. Veterans and survivors must simply submit all relevant records in their possession and those records which are easily obtainable, such as private medical records, at the time they make their claim and certify that they have no further evidence to submit. Then the VA can review and process the claims more quickly. This program is realizing much improved processing time due to the extraordinary partnership with numerous Veterans Service Organizations, but I propose we make a guarantee to our veterans that if they utilize this program, the VA will provide their final rating in an expedited manner or they will receive a provisional rating at 180 days. This is the level of commitment from Congress that the American people expect and our veterans deserve.

A true marker of our Nation's worth is our willingness to serve those who

have served us. As we continue to wind down our commitments in Afghanistan after 13 years of war, we need to gear up our commitment to our veterans. Our veterans deserve every possible tool we can provide to help ease their transition to civilian life. I am committed to making sure that our veterans receive the services and benefits they have earned and the support they were promised and deserve. The United States is the strongest Nation in the world because of our veterans, and we owe them and their families our gratitude and our respect and, most important, our support.

Mrs. MCCASKILL. Mr. President, today I rise in strong support of S. 2450, a bill I have proudly cosponsored that would make critically needed reforms to the Department of Veterans Affairs. As we all know, revelations from whistleblowers, reports from the Government Accountability Office, an internal review by the VA, and an interim report from the VA's inspector general, an independent watchdog, have all revealed problems within the VA that have caused the system to fail many of our veterans. This is simply unacceptable.

As the daughter of a World War II veteran, I understand the extraordinary debt we owe to the men and women who have served this Nation in defense of our freedoms. I thank my colleagues, Senator SANDERS and Senator MCCAIN, for working to forge a bipartisan bill to address some of the most serious shortcomings in the VA health care system that have been identified in recent weeks. The bill would provide for greater transparency at the VA by requiring an independent assessment of the scheduling system used at every VA medical center, along with the staffing levels and workloads at each facility. It would also task the VA inspector general to identify on an annual basis the health provider occupations with the largest staffing shortages, which will give both the VA and Congress a better understanding of the Department's needs. In order to address what has been identified as a shortage in health care providers within the VA, the bill would expand opportunities for veterans to seek care outside of the VA system, including allowing veterans who qualify to seek care at Department of Defense health facilities. The bill would also empower the Secretary of Veterans Affairs to immediately hold senior VA officials accountable if they have failed to do their jobs.

The credibility of the VA has taken a serious blow, and it will take years for the Department to regain the trust it has lost among veterans and among the American people. My strong support for this legislation is based on my belief that it will make critical and fundamental changes to the VA that will result in significant improvements to the quality of care our veterans receive and their ability to access that care. The VA is facing significant chal-

lenges, but with the passage of this legislation the Senate is taking an important step in helping to restore trust in a system that has provided tremendous care for generations of veterans. Our Nation's veterans deserve no less.

Mrs. FEINSTEIN. Mr. President, I rise today to state my strong support for the legislation on the floor that addresses the current healthcare crisis facing our nation's veterans. This bill, the Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014, is the product of excellent bipartisan work done by Senator SANDERS and Senator MCCAIN. I want to thank both of my colleagues for their efforts on drafting this legislation and finding a path to bring it to the Senate floor today. I believe their legislation will give our veterans access to the healthcare they deserve and that it will invest in the Department of Veterans Affairs' health care system.

While Senator SANDERS' and MCCAIN's legislation contains many good measures that will improve the healthcare our veterans receive at the Department of Veterans Affairs, VA, I would like to highlight three provisions in the bill that I believe are especially important for Congress to pass.

First, I am strongly supportive that the legislation contains a provision to allow the Secretary of the Department of Veterans Affairs to immediately terminate senior executives for poor performance. It is my opinion that the current scandal was largely a result of ineffective and disgraceful mismanagement. As a first step, the Department must be able to terminate any managers who directed or pressured staff to falsify or cover up wait times for veterans seeking health care. It is time for a new culture of management in the VA, and I look forward to providing this authority to the Department.

Second, I am grateful the legislation provides the authority for the VA to quickly hire new clinical staff, such as physicians and nurses, when there is a shortage of medical providers within the VA. The legislation allows the VA to use any unobligated funds at the end of each fiscal year to do such hiring. The audit released by the Department of Veterans Affairs this week clearly indicated that many medical facilities had a shortage of clinical providers. The legislation on the floor also authorizes the VA to enter into medical leases the Department has requested in previous years, but that Congress has not funded. These include four community outpatient clinics in California, which are in San Diego, Chico, Chula Vista, and Redding. Thus, I am confident the authority to hire new clinical staff and the authority to enter into much needed medical leases are critical measures that Congress must pass if we expect the VA to meet the growing demand of medical care our Nation's veterans need and deserve.

I am also glad the legislation the Senate is considering contains measures to beef up how VA hospitals are

evaluated for the quality of health care they provide, and that this information will be made public for veterans. The legislation contains a provision that would require the Department of Health and Human Services to complete evaluations of VA hospitals and to post this information publically. It also requires the Government Accountability Office to look at the metrics the VA is using to evaluate patient care and hospital quality. Finally, the bill will require the VA to publish its appointment wait times, which will increase the transparency of how quickly our veterans can access health care. Thus, I want to thank both Senator SANDERS and Senator MCCAIN for including such important provisions that will improve accountability, transparency, and health care quality at the VA.

Recently, the Department of Veterans Affairs released the results of its nation-wide Access Audit detailing the breadth of its struggle to responsibly manage waiting lists for care at its medical facilities across the country. The allegations of false record-keeping and other inappropriate scheduling practices were further substantiated. The audit made it clear that many staff members—13 percent interviewed nationally—were instructed to use inappropriate scheduling actions by their supervisors. The audit also revealed that at least one scheduler at 76 percent of all VA facilities indicated they received direction to enter inaccurate or misleading appointment data. The result is that some veterans were forced to wait an egregious amount of time for medical appointments, and surely many of these veterans suffered negative health effects as a result of these delays.

After the press reports of secret wait lists at the Phoenix VA Medical Center, I wrote a letter to the VA's acting inspector general urging him to expand the scope of his investigation in order to determine if similar problems were occurring elsewhere. On May 28, 2014, the VA's Office of the Inspector General released an interim report of the ongoing review at the Phoenix VA Health Care System. This independent review verified that deliberate action was taking to falsify wait times and to keep some veterans—1,700 in Phoenix—off official wait lists. In response to this report, on June 2, I wrote to Acting Secretary Sloan Gibson requesting an immediate review of medical appointment wait times at all California VA medical facilities, and that the VA take action to expedite appointments for veterans in my State waiting an excessive amount of time to receive health care.

California is home to 8 major Department of Veterans Affairs, VA, health care systems which include 66 medical centers and outpatient clinics. According to the latest data from the U.S. Census Bureau, of the nearly 22 million veterans in the United States, nine percent, or roughly 2 million, live in California; a figure greater than that of any other State. California's large pop-

ulation of veterans, many of which are concentrated in southern California, creates a substantial demand for medical care at California's VA Medical Centers.

The VA's Access Audit, released this week, validated the national extent of lengthy wait times and potential falsification of appointment records. It also makes it clear that California is not exempt from the recent VA scandal. The data collected shows that over 20,000 veterans in California are having to wait more than 30 days for a medical appointment. Nearly 3,000 are waiting more than 90 days for their appointment. Furthermore, nearly 7,000 California veterans are on electronic wait lists who have not been able to schedule any appointment. This lack of urgency to provide care to our Nation's veterans is not only appalling, it is also irresponsible.

In addition, I am deeply troubled that the recent audit identified that five VA health care facilities in my State had some evidence of falsifying or hiding wait times. They are the Livermore Medical Center, the Yuba City Outpatient Clinic, the Sepulveda Ambulatory Care Center, the Escondido Outpatient Clinic, and the Imperial Valley Outpatient Clinic. The VA recommended the Office of the Inspector General conduct investigations at these facilities in order to determine if any fraudulent or criminal activity occurred, and I eagerly await the results of these investigations.

It is clear to me that excessive wait times for medical appointments negatively impacts the health of our veterans. So, fixing the VA is not only about fixing the systemic management problems that led to a cover-up of appointment wait times at certain VA facilities across the Nation. The fix also must be about improving the VA's ability to provide high caliber health care to all of our Nation's veterans.

The VA must radically alter how it manages health care. It is my opinion that the VA's performance should be tied to the health outcomes of our veterans. The VA has played number games with appointment wait times in order to evaluate their performance for too long, and that must end today. I hope the new leadership at the Department will work to develop better measures of performance that are based on how well our veterans do in terms of health and wellbeing as a result of the care they receive at the VA.

For example, the VA should strive to reduce preventable drug resistant infections acquired in medical facilities. Deadly drug resistant infections are linked to poor infection control and the overuse of antibiotics in hospitals. These infections, like Methicillin Resistant Staphylococcus aureus, MRSA, and Clostridium difficile are deadly, difficult to treat, and largely preventable. VA hospitals that provide high quality medical care, that use antibiotics prudently, and that practice good hygiene will have lower rates of these infections, faster recovery times for hospitalized patients, and reduced

health care costs. VA hospitals that have clear data that they use antibiotics appropriately, have fewer deadly hospital acquired infections, and have veterans who can be discharged faster should be noticed for their performance. I truly believe that a greater focus on health care quality and outcomes is critical for improving the VA's health care system.

The delays in access to health care and the culture of cover-ups that emerged within the Department of Veterans Affairs are absolutely unacceptable. Our Nation's veterans served and sacrificed for our country, and they deserve better. I truly believe the legislation introduced by Senators SANDERS and MCCAIN is the solution our veterans need and deserve. This is not a partisan issue, this is an issue of doing what is right by those who defended our freedom.

Thus, I urge my colleagues to vote for this bill.

Ms. MIKULSKI. Mr. President, I come to the floor today in support of S. 2450, the Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014.

The preliminary VA inspector general's report of delayed care at the Phoenix Hospital uncovered serious and systemic failures in our VA system. The internal audit by the Veterans Health Administration confirmed these delays. These problems have dragged on long enough and must be addressed and corrected. I believe we must keep the promises we have made to our veterans. We can do this by giving them the same quality of service they gave us, and by providing them with the care they deserve. That is why I support this bill.

This bill contains a number of provisions that will improve veterans access to care when they need it the most by:

Sending care into the community and ensuring veterans do not have to wait more than 14 days to see a doctor or physician;

expeditiously hiring new doctors, nurses and other health care providers in locations that have shortages;

requiring the VA to upgrade their electronic scheduling software;

authorizing the VA to enter into 27 major medical leases that will increase access to care for thousands of veterans who currently have to travel long distances to get the care they need;

requiring the President to create a commission to evaluate access issues in the VA Health Care system;

and, creating a commission on capital planning for VA medical facilities to look at the processes to ensure our veterans are being treated in safe facilities.

There is also a provision that would allow the Secretary of the VA to terminate VA senior executives for poor performance. This provision would also require the Secretary to provide Congress a justification for any removal

within 30 days. I also support giving SES employees the ability to appeal to the Merit System Protection Board within 7 days of termination, providing them the protections from retaliation and discrimination they deserve.

In addition to supporting this bill, as the chairwoman of the Senate Appropriations Committee, I have put money in the Federal checkbook to improve the veterans health care system so that wounded and disabled warriors get the care and benefits they need. I have worked to ensure veterans suffering from post-traumatic stress disorder, PTSD, or a traumatic brain injury, TBI receive better diagnosis and treatment through the Defense Department and the VA.

I have also led the charge to reduce the backlog in processing veterans disability claims. I brought Secretary Shinseki to Baltimore to create a sense of urgency to end the backlog by 2015. I used my power as chairwoman of the Appropriations Committee to convene a hearing with the top brass in the military and members of the committee to identify challenges and get moving on solutions. I cut across agencies to break down smokestacks and developed a 10-point checklist for change enacted as part of the FY-2014 omnibus appropriations bill. This plan includes better funding, better technology, better training and better oversight of the VA.

The Veteran's Administration needs a new attitude from the bottom up in every facility across the Nation. It is time to turn the VA around. Veterans who have fought on the front lines should not have to stand in line for the care they have earned and deserve.

This legislation is a significant step in the right direction, and I urge my colleagues to support it.

Mr. MCCAIN. Mr. President, parliamentary inquiry: How much time is on both sides?

The PRESIDING OFFICER. The Republican side has 6 minutes, the Democrats just under 13 minutes.

Mr. MCCAIN. Mr. President, I ask unanimous consent for the Senator from Alabama to have 6 minutes, and I ask unanimous consent for 4 additional minutes for this side, following the Senator from Vermont.

The PRESIDING OFFICER. Is there objection?

Hearing none, it is so ordered.

The Senator from Alabama.

Mr. SESSIONS. Mr. President, I appreciate the work of my colleagues on this legislation. They have accomplished some very good things. We need legislation to pass to help our veterans. The needs are real, and recent revelations of substantially substandard care—and too often no care at all—at our VA medical centers are shocking. There is and has been a long-term problem with the management of that agency. It is heartbreaking. It is an embarrassment. We owe our veterans better care than they have been given.

One of the keys to improve that care is improving accountability, ensuring

money is being properly spent, not simply wasted by government bureaucrats. The money needs to get to our veterans.

Our national debt now is \$17 trillion. It is growing rapidly. We cannot be lighthearted or cavalier about our responsibility to follow our agreement to honor the budget limitations we have. There are a lot of budgetary freedoms we have and a lot of ability we have and duties we have to set priorities in our spending. Veterans clearly are a priority. I fought hard against the recent push to cut veterans pensions and led an effort to restore those pensions payments.

In this case we are dealing with an issue of bureaucratic accountability. What happens so often is that in the crush and press of business, we are unable to reach agreements on finding money somewhere else in this monstrous bureaucracy and government of ours, and we simply break the budget and add to the debt. Our veterans deserve better than that.

I am the ranking Republican on the Budget Committee. We wrestle with these issues—the chairman of the committee, Senator MURRAY—and the numbers from the Congressional Budget Office indicate that this legislation, as drafted, violates the Budget Act.

Indeed, the entire bill, the way the language is written, has been declared an “emergency” which allows its authors to avoid finding the efficiencies and the accountabilities needed to stay within the Federal budget limits both parties agreed to. There is plenty of wasteful spending to be cut elsewhere in government, and much we can do to increase accountability at the VA.

Even more concerning is the new open-ended entitlement legislation in the bill. The bill would authorize emergency spending but sets no limits on that spending. Section 801 says “such sums as necessary.” Well, how much is necessary? This is an important conversation to have, to wrestle with, and to develop solutions. But by simply not developing these solutions, we invite more of the same kind of accountability problems we have seen that brought us here.

I feel strongly that we have to do the right thing for our veterans, but history suggests a blank check for the bureaucracy, an unlimited entitlement program, will not have the desired results—indeed, may even yield the opposite results from what we hope to achieve.

We need to resist the temptation to create more entitlements and more entitlements, which is one of the reasons we are heading recklessly toward fiscal crisis, as our own Congressional Budget Office has indicated, and instead focus on creating reforms and solutions that improve that quality of service and the effectiveness that is delivered. Isn't that our job? Isn't that what our veterans deserve from us—the very best we can give them? As many hours as it takes for us to get this right, instead of

simply avoiding the difficult issues we must tackle to solve this calamity long-term?

There are also 3 years of emergency spending under the legislation, which I think is an unwise precedent for us to set. Again: it leads to the kind of unaccountability, the lack of oversight that helped create this crisis in the first place. We should designate—maybe if we have to do this—2014 money this year where the crisis is. We have already appropriated money. If we need some more, that could be perhaps justified as emergency spending, but a 3-year bill goes beyond what I think is proper. It fails to establish the oversight that Congress has a solemn duty to deliver. We can't just write a blank check and think it will solve these problems. We have to ask the tougher, deeper questions about the changes needed in Washington to do right by our veterans. Details matter. Every line of legislation matters. We need to get this right.

The Appropriations Committee has already reported out the 2015 VA-HUD bill. It is already on the floor and could be here as early as next week. The Senate could easily attach a bipartisan amendment to that that provides the spending called for in this bill with offsets, cuts, efficiencies, and reductions in other spending to pay for it. There are places we could do this.

So I have to tell you, there are some good things in the bill. I think there are. It improves the situation. I like the idea of giving veterans more choice to go to the doctor who is close to them. It is something Senator MCCAIN and Senator SANDERS have agreed on. I think that is progress, very much so, but I have to say I cannot suggest to my colleagues that the budget violation now before us should be waived. It should not. Ignoring this requirement will not help our veterans in the long run, but will lead to the same kind of problems we are confronting today. We should adhere to the agreement we reached on spending by finding offsets. If we don't adhere to our spending limits, other programs will crowd out the budget for veterans and mean we have less money in the future not more, to fund these programs. If we ignore our debt, we do a disservice to our veterans. Unfortunately, the bill does not do what the law we agreed to requires. It is not paid for. We all agree veterans are our priority. So then is it not our duty to them to fulfill this priority by reducing wasteful spending elsewhere so that money can be spent on veterans instead? Can we not deliver for these veterans that most basic level of responsibility on our part as lawmakers?

Finally, colleagues, a vote to sustain the budget point of order is a vote that tells the committee to find appropriate money for the bill and does not kill the bill. It does not knock down the bill. It allows it to continue to be alive and a piece of legislation before us. It would just require us to fix the funding. It would require us to fix the bill. So that

is what we should be doing. That is why I feel I must raise the budget point of order.

In summary, the bill has mandatory spending that violates the limits we have agreed to in the Budget Act, and the bill also abuses the emergency designation to circumvent the requirement for offsets and the need for accountability.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. SESSIONS. Mr. President, I raise a point of order against the emergency designation provision contained in Section 802(b) of H.R. 3230, the vehicle for S. 2450, the Veterans' Access to Care Through Choice Act, pursuant to section 403(E)(1) of the fiscal year 2010 budget resolution, S. Con. Res. 13.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, I am going to yield to Senator MCCAIN in a moment, but before I do that, pursuant to section 904 of the Congressional Budget Act of 1974, the waiver provisions of applicable budget resolutions and section 4(g)(3) of the Statutory Pay-As-You-Go Act of 2010, I move to waive all applicable sections of those acts and applicable budget resolutions for purposes of the pending bill, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The yeas and nays were ordered.

Mr. MCCAIN. Mr. President, how much time remains on both sides?

The PRESIDING OFFICER. The Senator from Arizona has 4 minutes, the Senator from Vermont has 10 minutes.

Mr. MCCAIN. Does the Senator from Vermont want to go ahead?

Mr. SANDERS. I am happy, if the Senator from Arizona needs more time at the end of his 4, for him go right ahead.

Mr. MCCAIN. Mr. President, I wish to thank a lot of people, including the staffs of the committees, Senator SANDERS' staff, Dahlia Melendez and Travis Murphy; Senator BURR's staff, Natasha Hickman, Maureen O'Neill, Anna Abram, and Victoria Lee; Senator COBURN's staff, Jabari White; my own staff, Elizabeth Lopez, Jeremy Hayes, and Joe Donoghue, and all the hard work that has gone into this legislation.

I think it is well known to my colleagues that this is an unprecedented piece of legislation in that for the first time it is going to provide our veterans with a choice. There are many other provisions I would like to discuss also but have been, and I am sure my colleague from Vermont will be addressing those.

There are, according to a recent VA audit, over 57,000 veterans who have been waiting for an appointment for over 3 months to see a physician at the VA. Over 63,000 veterans over the past 10 years have never been able to get an appointment at all. There are allegations in the Phoenix VA hospital that 40 veterans have died.

Today, June 11, the Federal Bureau of Investigation has opened a criminal investigation into allegedly misleading scheduling practices at the Department of Veterans Affairs that may have concealed how long veterans had to wait for appointments to see a doctor. "Our Phoenix office has opened a criminal investigation," FBI Director James Comey said in response to a lawmaker's question at a hearing Wednesday.

If that is not an emergency, I do not know what is. If it is not an emergency that the very lives of the men and women who have served our country with honor and distinction are being either jeopardized or allegations of absolutely being lost through malpractice and malfeasance, if that is not an emergency, I have never seen one before this body.

I urge my colleagues to vote this for what it is, this budget point of order. This is an emergency. If it is not an emergency that we have neglected the brave men and women who have served this country and keep us free, than I do not know what an emergency is.

Hard work has been done on this legislation, hard work and a lot of compromises. I am happy to see that the majority of the veterans service organizations are now in support of it. Is it a perfect piece of legislation? No. Is it exactly what I wanted? No. Is it exactly what the Senator from Vermont wanted? Absolutely not. But this is an emergency. I tell my colleagues, if it is not an emergency of how we care for those who have served on the field of battle, then nothing else is before this body.

It breaks our hearts. It breaks American's hearts when they hear and see these stories of those brave men and women and the neglect they have suffered, the lack of a fulfillment of an obligation we made to them. I hope we will vote against this budget point of order. I hope we will vote unanimously, 100 to 0, to pass this legislation, send it to the House, go to conference, get it to the President's desk, and start healing the wounds that have been inflicted on these men and women.

There is no way we can ever compensate for those who have gone without the treatment they have earned, but at least we can expeditiously fix this problem to the best of our ability. Is this the ultimate and final solution to those problems that have been uncovered? No, but it is a beginning. It is not the end of the beginning, it is a beginning. There will be more proposals before us. There will be more efforts to fix this gaping wound in America's conscience.

I urge my colleagues to vote to waive the budget point of order. This is an emergency. I urge my colleagues to vote for the bill. Again, I thank everyone for their involvement, especially Senator BURR and Senator COBURN.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Let me just thank Senator MCCAIN for his very hard and

bold work on this issue. He stood and came forward when we needed someone to do so. I think we have made real progress in a bipartisan way.

As Senator MCCAIN just said, and I agree with him, if this is not an emergency, I am not quite clear what an emergency is.

During the last 4 years some 2 million new veterans have come into the VA system. Many of them have come in with very difficult medical problems, PTSD, TBI. We have an aging veteran population. Taking care of older people is complex and expensive. The simple truth is that in many parts of this country—not all parts I suspect, but in a number of places in this country—we simply do not have the number of doctors, nurses, and other medical staff to accommodate the needs of our veterans. I have been told, unofficially at least, that at the very minimum there is a need for 700 new physicians in the VA. I am told that is the floor, that the reality may be higher than that.

I have been told that in Phoenix alone there is a need for hundreds of new providers in order to address the problems in that one large facility. Further, this legislation says to veterans that if there are long wait times, if they cannot get into a facility in a reasonable time, they can go outside of the VA. That is what this bill says.

You know what. That is going to cost money. That will cost money. This legislation also says that if they live 40 miles or more from a VA facility, they have the option of going to a private provider. That benefit is going to cost money. The bottom line is that if we are going to do what in my view we should do; that is, to make sure every facility in the VA has adequate staffing—doctors, nurses, other medical personnel—and to make sure there is available funding to pay for those veterans who will now get care outside of the VA—right now the VA is spending about \$4.8 billion a year in contract fees. There is no question in my mind that number is going to go up, but that is what we are voting on now.

If you want to provide timely care to veterans, if you agree they should go outside of the VA, it is going to cost money. If we are going to do that and the other things in this bill, that legislation needs to be passed as written, and we must waive the point of order brought up by Senator SESSIONS.

Lastly, I remind my colleagues that when Congress voted to go to war in Afghanistan and Iraq, it did so with emergency funding. Those wars will, it is estimated, cost between \$3 and \$6 trillion by the time we take care of the last veteran. If we can spend that kind of money to go to war on an emergency basis, surely we can spend one-tenth of 1 percent of that amount to take care of the men and women who fought those wars.

What we have done, as Senator MCCAIN has indicated, is developed a compromise. I am sure he is not happy

with everything in the bill. I am not happy with everything in the bill as well. I did want to also remind Senators about a few of the other provisions that are in this bill that are important and I think do have bipartisan support.

This bill allows for 26 major medical facility leases, which means improved and expanded care for veterans in 27 States and Puerto Rico. This bill provides for the expedited hiring of VA doctors and nurses and \$500 million targeted to hire those providers with unobligated funds. As I mentioned earlier, this bill allows for veterans to go outside of the VA when there are waiting lines and when they live 40 miles from a facility. This bill also deals with an issue where there is widespread support both in the House and the Senate; that is, the need to address in-state tuition for all veterans at public colleges and universities.

It also provides that surviving spouses of those who die in the line of duty will be eligible for the post-9/11 GI bill. This bill also importantly establishes commissions to provide help to the VA in terms of improving scheduling capabilities—God knows they certainly need that help—and also for capital planning.

Lastly—and we need to reiterate this point—this bill gives the Secretary of the VA the authority to immediately fire incompetent employees and those who have falsified or manipulated data in terms of waiting periods.

Our legislation differs from the House in that in order to prevent, in my view, the politicization of the VA or eliminate all due process, it provides for a very expedited appeals process.

The House of Representatives passed legislation yesterday which covers a lot of the same ground the Sanders-McCain bill covers, and I am absolutely confident that working with Chairman MILLER and Ranking Member MICHAUD we can bridge the differences and send the President a bill that he can sign in the very near future.

Finally and lastly, I want to say to the 300,000 employees who work at the VA that the overwhelming majority of those people are hard-working, honest, serious people. For many of them, taking care of veterans is not a job; it is a mission. Many of them are, in fact, veterans themselves. These people understand the sacrifices the veterans have made to protect our country, and they are doing the best that they can to support our veterans.

I hope we pass this bill. I hope we pass a waiver for the budget point of order. I hope we get a conference committee moving immediately, and I hope we get a bill to the President as soon as possible.

Furthermore, as Senator MCCAIN has just mentioned, I don't think this is the end of the discussion regarding the needs of veterans. I hope very much that in our committee and on the floor we can begin to address some of the other very serious issues facing the veterans' community.

With that, I yield the floor.

The PRESIDING OFFICER (Mr. BROWN). The senior Senator from Arizona.

Mr. MCCAIN. I ask unanimous consent for 5 minutes for Dr. COBURN.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Oklahoma.

Mr. COBURN. I thank the chairman of the Veterans' Affairs Committee for working with Senator MCCAIN to get a bill.

I support Senator SESSIONS and the budget points of order on this bill. I take exception to some of the statements by my colleague from Vermont.

As reported yesterday, if you look at the patient list for many of the primary care doctors in the VA, they are half of what the average practicing physician outside the VA is. When you drill down on those, many of them have patients that have been deceased for years. About 10 to 15 percent of their patient list has never been to the VA, or they came once from a different State or were transferred from somewhere else. What you actually see is the patient load in the private sector is about 2½ times what the patient load is in the VA.

I have no doubt we need to increase the number of physicians in the VA, but we also need to increase markedly the amount of output that those physicians perform.

The other thing that is important in this bill is the transparency—which I don't believe has been mentioned—that will actually allow veterans to know the quality outcomes of where they are being treated and the credentials of those who are treating them. Those are important factors for care.

Our veterans deserve the best care. I agree with the chairman of the Veterans' Affairs Committee that the vast majority of our VA employees are hard-working employees, but there are some who aren't.

Our lack of oversight and the lack of management expertise at the VA has now exploded into issues that are going to continue to be exploded. We hear every day new whistleblowers coming forward on the problems in the VA.

It is not only scheduling; it is a lack of truthfulness in a lot of other areas. It is a lot of inaccuracy in terms of outcome.

I agree with the chairman. This is just the beginning. But if, in fact, somebody puts their life on the line for us, we certainly, at a minimum, ought to make sure that we don't just have words that say we are going to give you the health care if you are an injured returning war veteran, but that we actually give that care, and that it meets the standard of care we want for anybody in our family. This is just the start.

The other thing that I would say, in agreement with Senator SESSIONS, there are ways to pay for this bill.

On the clinics, we drill down on one clinic—and I am going to go spend just

a minute talking about it. It is a clinic that will triple in size, but with an average expected increase in veteran population of 5 percent and visits of less than 7 percent over the next 20 years. So it is going to go from 50,000 to 190,000 square feet.

We are going to spend \$188 million for that facility and pay \$40 a square foot per year for it on a rate of increase of 4 percent in part of the lease. We can rent the same space in Tulsa at \$15 a foot and spend less money than we pay for the engineering cost for this to have a clinic just as good or better.

So the planning and the management of the VA on these clinics is suspect, and I plan on drilling down on every one of those before this bill comes to conference and give our conferees the information based on that. Because we are going to spend emergency money, as the chairman would like to do on this, we ought to make sure there isn't a penny that is wasted.

So we can do it. We can do it better, we can do it for less money, and we can do it in the confines of what we are actually going to see.

The final thing is I would say again to my colleague from Vermont, I appreciate his willingness to compromise on the issues. His heart is dedicated to veterans, and I understand that. Our philosophies are different on how we get there, but his commitment is nonetheless real and felt, and I thank him.

I yield the floor.

Mr. SANDERS. I yield back the remainder of the time.

The PRESIDING OFFICER. Without objection, all time is yielded back.

Mr. SANDERS. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion to waive.

The yeas and nays have been ordered.

The clerk will call the roll.

The assistant bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Missouri (Mrs. MCCASKILL) and the Senator from Oregon (Mr. MERKLEY) are necessarily absent.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Mississippi (Mr. COCHRAN), the Senator from South Carolina (Mr. GRAHAM), the Senator from Kansas (Mr. MORAN), and the Senator from South Carolina (Mr. SCOTT).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 75, nays 19, as follows:

[Rollcall Vote No. 186 Leg.]

YEAS—75

Alexander	Booker	Cardin
Ayotte	Boozman	Carper
Baldwin	Boxer	Casey
Begich	Brown	Chambliss
Bennet	Burr	Collins
Blumenthal	Cantwell	Coons

Cornyn	Johnson (SD)	Reed
Donnelly	Kaine	Reid
Durbin	King	Rockefeller
Feinstein	Kirk	Rubio
Fischer	Klobuchar	Sanders
Franken	Landrieu	Schatz
Gillibrand	Leahy	Schumer
Grassley	Levin	Shaheen
Hagan	Manchin	Stabenow
Harkin	Markey	Tester
Hatch	McCain	Toomey
Heinrich	McConnell	Udall (CO)
Heitkamp	Menendez	Udall (NM)
Heller	Mikulski	Vitter
Hirono	Murkowski	Walsh
Hoeven	Murphy	Warner
Inhofe	Murray	Warren
Isakson	Nelson	Whitehouse
Johanns	Pryor	Wyden

NAYS—19

Barrasso	Enzi	Roberts
Blunt	Flake	Sessions
Coats	Johnson (WI)	Shelby
Coburn	Lee	Thune
Corker	Paul	Wicker
Crapo	Portman	
Cruz	Risch	

NOT VOTING—6

Cochran	McCaskill	Moran
Graham	Merkley	Scott

The PRESIDING OFFICER. On this vote the yeas are 75, the nays are 19.

Three-fifths of the Senators duly chosen and sworn having voted in the affirmative, the motion is agreed to. The point of order falls.

The amendment was ordered to be engrossed and the bill to be read a third time.

The bill was read the third time.

The PRESIDING OFFICER. Under the previous order, the bill having been read the third time, the question is, Shall it pass?

Mr. PORTMAN. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Missouri (Mrs. MCCASKILL) and the Senator from Oregon (Mr. MERKLEY) are necessarily absent.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Mississippi (Mr. COCHRAN) and the Senator from Kansas (Mr. MORAN).

The PRESIDING OFFICER (Mr. BLUMENTHAL). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 93, nays 3, as follows:

[Rollcall Vote No. 187 Leg.]

YEAS—93

Alexander	Collins	Heller
Ayotte	Coons	Hirono
Baldwin	Cornyn	Hoeven
Barrasso	Crapo	Inhofe
Begich	Cruz	Isakson
Bennet	Donnelly	Johanns
Blumenthal	Durbin	Johnson (SD)
Blunt	Enzi	Kaine
Booker	Feinstein	King
Boozman	Fischer	Kirk
Boxer	Flake	Klobuchar
Brown	Franken	Landrieu
Burr	Gillibrand	Leahy
Cantwell	Graham	Lee
Cardin	Grassley	Levin
Carper	Hagan	Manchin
Casey	Harkin	Markey
Chambliss	Hatch	McCain
Coats	Heinrich	McConnell
Coburn	Heitkamp	Menendez

Mikulski	Roberts	Thune
Murkowski	Rockefeller	Toomey
Murphy	Rubio	Udall (CO)
Murray	Sanders	Udall (NM)
Nelson	Schatz	Vitter
Paul	Schumer	Walsh
Portman	Scott	Warner
Pryor	Shaheen	Warren
Reed	Shelby	Whitehouse
Reid	Stabenow	Wicker
Risch	Tester	Wyden

NAYS—3

Corker	Johnson (WI)	Sessions
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NOT VOTING—4

Cochran	Merkley
McCaskill	Moran

The bill (H.R. 3230), as amended, was passed.

The PRESIDING OFFICER. The Senator from Montana.

Mr. TESTER. I ask unanimous consent that the title amendment to H.R. 3230, which is at the desk, be agreed to.

The PRESIDING OFFICER. Is there objection?

Mr. INHOFE. Reserving the right to object, let me inquire of the Senator if it is his intent to speak on that tonight.

Mr. TESTER. In a moment I am going to ask unanimous consent to go into morning business, and I am going to speak on the veterans bill.

The PRESIDING OFFICER. The Senator from Michigan.

Mr. LEVIN. If the Senator from Montana would yield for a question, is there any kind of order established regarding whom would be recognized at this point?

The PRESIDING OFFICER. There is not.

Mr. LEVIN. The Senator from Oklahoma and I thought we would be recognized 1 hour ago. We understood the exigency that there would be some delay.

If we could establish an order—apparently Senator GRASSLEY is waiting to be recognized as well.

May I ask the Senator from Montana how long he would be speaking? Would it be in order?

The PRESIDING OFFICER. The Senator from Montana.

Mr. TESTER. How long am I speaking?

Mr. LEVIN. Yes.

Mr. TESTER. About 7 minutes.

Through the Chair to the Senator from Michigan, it was my understanding that I was going to speak, the Senator would have his colloquy with Senator INHOFE, and then Senator GRASSLEY would speak.

Mr. LEVIN. I thank the Senator.

Mr. GRASSLEY. May I ask the Senator a question.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. How much time is the colloquy going to take?

Mr. LEVIN. I would say about 7 or 8 minutes.

Mr. INHOFE. I think I had the floor, and I was objecting to the UC.

Let me just share that we would—we could—do ours probably in about 12 minutes, and then we could have more time tomorrow, if that would work out.

I withdraw my objection.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 3237) was agreed to, as follows:

Amend the title so as to read:

“To improve the access of veterans to medical services from the Department of Veterans Affairs, and for other purposes.”

The PRESIDING OFFICER. The Senator from Montana.

MORNING BUSINESS

Mr. TESTER. I ask unanimous consent that the Senate proceed to a period of morning business, with Senators permitted to speak therein for up to 10 minutes each, with the time previously agreed to.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Montana.

VETERANS HEALTH CARE

Mr. TESTER. I rise to speak about the care this Nation provides to veterans—care that they have earned, the care that we owe them, the care that we promised them, and the care that we should never stop working to improve.

I joined the Senate Veterans’ Affairs Committee when I came to the Senate in January of 2007. Soon thereafter I launched a listening tour around the great State of Montana to hear what veterans thought about the health care they receive.

Montana has the second-most veterans per capita. We serve our country at some of the highest rates in the Nation. We are home to a large Native-American population that serves more often than any other minority in this country.

In 2007, the surge in Iraq was in full swing. Veterans had many concerns on their minds. But in rural Montana I heard over and over from the veterans about how the mileage reimbursement that disabled veterans receive to see their doctor at the VA was far too low. In fact, it was at 11 cents a mile, hardly enough to even pay for the gas, much less the tires, the oil, and the automobile itself.

That number matters in a State where folks have to drive a couple hundred miles across the State to see their doctor.

So when I came back to Washington I worked with then-Senator Byrd to raise that reimbursement rate for the first time in decades. Now more veterans can afford to see their doctor, and that is how a representative of government should work—identify a problem, write a bill to fix it, work with colleagues, hear their concerns, and pass a solution into law. That is what we have done here today.

Today’s bill is a good bill that gets at some of the VA’s most pressing problems. Today’s bill addresses many of the transparency, accountability, and access-to-care issues that are plaguing