

The senior assistant legislative clerk read the nomination of Lisa S. Disbrow, of Virginia, to be Under Secretary of the Air Force.

Thereupon, the Senate proceeded to consider the nomination.

Mr. MCCONNELL. Mr. President, I know of no further debate.

The PRESIDING OFFICER. Is there further debate?

If not, the question is, Will the Senate advise and consent to the Disbrow nomination?

The nomination was confirmed.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the motion to reconsider be considered made and laid upon the table with no intervening action or debate; that no further motions be in order to the nomination; that any statements related to the nomination be printed in the RECORD; that the President be immediately notified of the Senate's action and the Senate then resume legislative session.

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

### LEGISLATIVE SESSION

The PRESIDING OFFICER. The Senate will now resume legislative session.

### RURAL COMMUNITY HOSPITAL DEMONSTRATION EXTENSION ACT OF 2015

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the immediate consideration of Calendar No. 181, S. 607.

The PRESIDING OFFICER. The clerk will report the bill by title.

The senior assistant legislative clerk read as follows:

A bill (S. 607) to amend title XVIII of the Social Security Act to provide for a five-year extension of the rural community hospital demonstration program, and for other purposes.

There being no objection, the Senate proceeded to consider the bill, which had been reported from the Committee on Finance, with an amendment to strike all after the enacting clause and insert in lieu thereof the following:

#### SECTION 1. SHORT TITLE.

*This Act may be cited as the "Rural Community Hospital Demonstration Extension Act of 2015".*

#### SEC. 2. FIVE-YEAR EXTENSION OF THE MEDICARE RURAL COMMUNITY HOSPITAL DEMONSTRATION PROGRAM.

(a) EXTENSION.—Section 410A of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173; 42 U.S.C. 1395uww note), as amended by sections 3123 and 10313 of the Patient Protection and Affordable Care Act (Public Law 111-148), is amended—

(1) in subsection (a)(5), by striking "5-year extension period" and inserting "10-year extension period"; and

(2) in subsection (g)—

(A) in the subsection heading, by striking "FIVE-YEAR" and inserting "TEN-YEAR";

(B) in paragraph (1), by striking "additional 5-year" and inserting "additional 10-year";

(C) by striking "5-year extension period" and inserting "10-year extension period" each place it appears;

(D) in paragraph (3), by adding at the end the following new sentence: "Notwithstanding the preceding sentence, after the date of the enactment of this sentence, only hospitals described in paragraph (4) or (5) may participate in demonstration program under this section."

(E) in paragraph (4)(B)—

(i) in the matter preceding clause (i), by inserting "each 5-year period in" after "hospital during"; and

(ii) in clause (i), by inserting "each applicable 5-year period in" after "the first day of"; and

(F) by adding at the end the following new paragraph:

"(5) OTHER HOSPITALS IN DEMONSTRATION PROGRAM.—During the second 5 years of the 10-year extension period, the Secretary shall apply the provisions of paragraph (4) to rural community hospitals that are not described in paragraph (4) but are participating in the demonstration program under this section as of December 30, 2014, in a similar manner as such provisions apply to rural community hospitals described in paragraph (4)."

(b) CHANGE IN TIMING FOR REPORT.—Subsection (e) of such section 410A is amended by striking "Not later than 6 months after the completion" and inserting "Not later than August 1, 2018".

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the Grassley amendment at the desk be agreed to; that the committee-reported amendment, as amended, be agreed to; that the bill, as amended, be read a third time and passed; that the title amendment be agreed to; and that the motions to reconsider be considered made and laid upon the table.

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

The amendment (No. 2952) was agreed to, as follows:

(Purpose: To improve the bill)

Strike section 2 and insert the following:

#### SEC. 2. FIVE-YEAR EXTENSION OF THE RURAL COMMUNITY HOSPITAL DEMONSTRATION PROGRAM.

(a) EXTENSION.—Section 410A of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173; 42 U.S.C. 1395uww note), as amended by sections 3123 and 10313 of the Patient Protection and Affordable Care Act (Public Law 111-148), is amended—

(1) in subsection (a)(5), by striking "5-year extension period" and inserting "10-year extension period"; and

(2) in subsection (g)—

(A) in the subsection heading, by striking "FIVE-YEAR" and inserting "TEN-YEAR";

(B) in paragraph (1), by striking "additional 5-year" and inserting "additional 10-year";

(C) by striking "5-year extension period" and inserting "10-year extension period" each place it appears;

(D) in paragraph (4)(B)—

(i) in the matter preceding clause (i), by inserting "each 5-year period in" after "hospital during"; and

(ii) in clause (i), by inserting "each applicable 5-year period in" after "the first day of"; and

(E) by adding at the end the following new paragraphs:

"(5) OTHER HOSPITALS IN DEMONSTRATION PROGRAM.—During the second 5 years of the 10-year extension period, the Secretary shall apply the provisions of paragraph (4) to rural community hospitals that are not described in paragraph (4) but are participating in the demonstration program under this section as of December 30, 2014, in a similar manner as such provisions apply to rural community hospitals described in paragraph (4).

"(6) EXPANSION OF DEMONSTRATION PROGRAM TO RURAL AREAS IN ANY STATE.—

"(A) IN GENERAL.—The Secretary shall, notwithstanding subsection (a)(2) or paragraph (2) of this subsection, not later than 120 days after the date of the enactment of this paragraph, issue a solicitation for applications to select up to the maximum number of additional rural community hospitals located in any State to participate in the demonstration program under this section for the second 5 years of the 10-year extension period without exceeding the limitation under paragraph (3) of this subsection.

"(B) PRIORITY.—In determining which rural community hospitals that submitted an application pursuant to the solicitation under subparagraph (A) to select for participation in the demonstration program, the Secretary—

"(i) shall give priority to rural community hospitals located in one of the 20 States with the lowest population densities (as determined by the Secretary using the 2015 Statistical Abstract of the United States); and

"(ii) may consider—

"(I) closures of hospitals located in rural areas in the State in which the rural community hospital is located during the 5-year period immediately preceding the date of the enactment of this paragraph; and

"(II) the population density of the State in which the rural community hospital is located."

(b) CHANGE IN TIMING FOR REPORT.—Subsection (e) of such section 410A is amended—

(1) by striking "Not later than 6 months after the completion of the demonstration program under this section" and inserting "Not later than August 1, 2018"; and

(2) by striking "such program" and inserting "the demonstration program under this section".

The committee-reported amendment in the nature of a substitute, as amended, was agreed to.

The bill (S. 607), as amended, was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 607

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

*This Act may be cited as the "Rural Community Hospital Demonstration Extension Act of 2015".*

#### SEC. 2. FIVE-YEAR EXTENSION OF THE RURAL COMMUNITY HOSPITAL DEMONSTRATION PROGRAM.

(a) EXTENSION.—Section 410A of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173; 42 U.S.C. 1395uww note), as amended by sections 3123 and 10313 of the Patient Protection and Affordable Care Act (Public Law 111-148), is amended—

(1) in subsection (a)(5), by striking "5-year extension period" and inserting "10-year extension period"; and

(2) in subsection (g)—

(A) in the subsection heading, by striking "FIVE-YEAR" and inserting "TEN-YEAR";

(B) in paragraph (1), by striking "additional 5-year" and inserting "additional 10-year";

(C) by striking "5-year extension period" and inserting "10-year extension period" each place it appears;

(D) in paragraph (4)(B)—

(i) in the matter preceding clause (i), by inserting "each 5-year period in" after "hospital during"; and

(ii) in clause (i), by inserting "each applicable 5-year period in" after "the first day of"; and

(E) by adding at the end the following new paragraphs:

“(5) OTHER HOSPITALS IN DEMONSTRATION PROGRAM.—During the second 5 years of the 10-year extension period, the Secretary shall apply the provisions of paragraph (4) to rural community hospitals that are not described in paragraph (4) but are participating in the demonstration program under this section as of December 30, 2014, in a similar manner as such provisions apply to rural community hospitals described in paragraph (4).

“(6) EXPANSION OF DEMONSTRATION PROGRAM TO RURAL AREAS IN ANY STATE.—

“(A) IN GENERAL.—The Secretary shall, notwithstanding subsection (a)(2) or paragraph (2) of this subsection, not later than 120 days after the date of the enactment of this paragraph, issue a solicitation for applications to select up to the maximum number of additional rural community hospitals located in any State to participate in the demonstration program under this section for the second 5 years of the 10-year extension period without exceeding the limitation under paragraph (3) of this subsection.

“(B) PRIORITY.—In determining which rural community hospitals that submitted an application pursuant to the solicitation under subparagraph (A) to select for participation in the demonstration program, the Secretary—

“(i) shall give priority to rural community hospitals located in one of the 20 States with the lowest population densities (as determined by the Secretary using the 2015 Statistical Abstract of the United States); and

“(ii) may consider—

“(I) closures of hospitals located in rural areas in the State in which the rural community hospital is located during the 5-year period immediately preceding the date of the enactment of this paragraph; and

“(II) the population density of the State in which the rural community hospital is located.”.

(b) CHANGE IN TIMING FOR REPORT.—Subsection (e) of such section 410A is amended—

(1) by striking “Not later than 6 months after the completion of the demonstration program under this section” and inserting “Not later than August 1, 2018”; and

(2) by striking “such program” and inserting “the demonstration program under this section”.

The committee-reported title amendment was agreed to, as follows:

Amend the title so as to read: “A bill to provide for a five-year extension of the Medicare rural community hospital demonstration program.”.

#### FISCAL YEAR 2016 DEPARTMENT OF VETERANS AFFAIRS SEISMIC SAFETY AND CONSTRUCTION AUTHORIZATION ACT

Mr. McCONNELL. Mr. President, I ask unanimous consent that the Committee on Veterans' Affairs be discharged from further consideration of S. 2422 and the Senate proceed to its immediate consideration.

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

The clerk will report the bill by title. The senior assistant legislative clerk read as follows:

A bill (S. 2422) to authorize the Secretary of Veterans Affairs to carry out certain major medical facility projects for which appropriations are being made for fiscal year 2016.

There being no objection, the Senate proceeded to consider the bill.

Mr. McCONNELL. Mr. President, I further ask unanimous consent that the bill be read a third time and passed and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

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

The bill (S. 2422) was ordered to be engrossed for a third reading, was read the third time, and passed, as follows:

S. 2422

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the “Fiscal Year 2016 Department of Veterans Affairs Seismic Safety and Construction Authorization Act”.

#### SEC. 2. AUTHORIZATION OF CERTAIN MAJOR MEDICAL FACILITY PROJECTS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) FINDINGS.—Congress finds the following:

(1) The Military Construction, Veterans Affairs, and Related Agencies Appropriations Act, 2016, which was passed by the Senate on November 10, 2015, without a single vote cast against the bill, and the Consolidated Appropriations Act, 2016 include the following amounts to be appropriated to the Department of Veterans Affairs:

(A) \$35,000,000 to make seismic corrections to Building 208 at the West Los Angeles Medical Center of the Department in Los Angeles, California, which, according to the Department, is a building that is designated as having an exceptionally high risk of sustaining substantial damage or collapsing during an earthquake.

(B) \$158,000,000 to provide for the construction of a new research building, site work, and demolition at the San Francisco Veterans Affairs Medical Center.

(C) \$161,000,000 to replace Building 133 with a new community living center at the Long Beach Veterans Affairs Medical Center, which, according to the Department, is a building that is designated as having an extremely high risk of sustaining major damage during an earthquake.

(D) \$468,800,000 for construction projects that are critical to the Department for ensuring health care access and safety at medical facilities in Louisville, Kentucky, Jefferson Barracks in St. Louis, Missouri, Perry Point, Maryland, American Lake, Washington, Alameda, California, and Livermore, California.

(2) The Department is unable to obligate or expend the amounts described in paragraph (1), other than for construction design, because the Department lacks an explicit authorization by an Act of Congress pursuant to section 8104(a)(2) of title 38, United States Code, to carry out the major medical facility projects described in such paragraph.

(3) Among the major medical facility projects described in paragraph (1), three are critical seismic safety projects in California.

(4) Every day that the critical seismic safety projects described in paragraph (3) are delayed increases the risk of a life-threatening building failure in the case of a major seismic event.

(5) According to the United States Geological Survey—

(A) California has more than a 99 percent chance of experiencing an earthquake of magnitude 6.7 or greater in the next 30 years;

(B) even earthquakes of less severity than magnitude 6.7 can cause life threatening damage to seismically unsafe buildings; and

(C) in California, earthquakes of magnitude 6.0 or greater occur on average once every 1.2 years.

(b) AUTHORIZATION.—The Secretary of Veterans Affairs may carry out the following major medical facility projects, with each project to be carried out in an amount not to exceed the amount specified for that project:

(1) Seismic corrections to buildings, including retrofitting and replacement of high-risk buildings, in San Francisco, California, in an amount not to exceed \$180,480,000.

(2) Seismic corrections to facilities, including facilities to support homeless veterans, at the medical center in West Los Angeles, California, in an amount not to exceed \$105,500,000.

(3) Seismic corrections to the mental health and community living center in Long Beach, California, in an amount not to exceed \$287,100,000.

(4) Construction of an outpatient clinic, administrative space, cemetery, and columbarium in Alameda, California, in an amount not to exceed \$87,332,000.

(5) Realignment of medical facilities in Livermore, California, in an amount not to exceed \$194,430,000.

(6) Construction of a medical center in Louisville, Kentucky, in an amount not to exceed \$150,000,000.

(7) Construction of a replacement community living center in Perry Point, Maryland, in an amount not to exceed \$92,700,000.

(8) Seismic corrections and other renovations to several buildings and construction of a specialty care building in American Lake, Washington, in an amount not to exceed \$16,260,000.

(c) AUTHORIZATION OF APPROPRIATIONS FOR CONSTRUCTION.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2016 or the year in which funds are appropriated for the Construction, Major Projects, account, \$1,113,802,000 for the projects authorized in subsection (b).

(d) LIMITATION.—The projects authorized in subsection (b) may only be carried out using—

(1) funds appropriated for fiscal year 2016 pursuant to the authorization of appropriations in subsection (c);

(2) funds available for Construction, Major Projects, for a fiscal year before fiscal year 2016 that remain available for obligation;

(3) funds available for Construction, Major Projects, for a fiscal year after fiscal year 2016 that remain available for obligation;

(4) funds appropriated for Construction, Major Projects, for fiscal year 2016 for a category of activity not specific to a project;

(5) funds appropriated for Construction, Major Projects, for a fiscal year before fiscal year 2016 for a category of activity not specific to a project; and

(6) funds appropriated for Construction, Major Projects, for a fiscal year after fiscal year 2016 for a category of activity not specific to a project.

#### ESTABLISHING THE JOINT CONGRESSIONAL COMMITTEE ON INAUGURAL CEREMONIES

Mr. McCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to the consideration of S. Con. Res. 28, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the concurrent resolution by title.

The senior assistant legislative clerk read as follows:

A concurrent resolution (S. Con. Res. 28) to establish the Joint Congressional Committee on Inaugural Ceremonies for the inauguration of the President-elect and Vice President-elect of the United States on January 20, 2017.