

still is the only general, to ever win the Nobel Peace Prize. You also may know the famous Marshall Plan, Mr. Speaker.

What you may not know is the incredible work of the George C. Marshall International Center, which operates there in Dodona Manor, and the George C. Marshall House is a part of their mission.

The center looks after the property and hosts thousands of visitors every year from around the world. They also have a regular speakers series on the property and lots of programming for children.

They do a lot of amazing work in our community, and the property is a testament not just to the legacy of George C. Marshall, but to how he gave back to the community.

This official National Park System designation would be a big deal not just for the manor and not just for the center, but for our entire community. It helps preserve the property for generations and allows the center to expand their programs, as well.

Mr. Speaker, I urge my colleagues to vote "yes" on H.R. 1352. When it passes, you are all invited to the center as well, Mr. Speaker, and we will have a big party there.

Ms. ELFRETH. Mr. Speaker, I have no further speakers. I urge my colleagues to support this critical piece of legislation, and I yield back the balance of my time.

Mr. WESTERMAN. Mr. Speaker, again, H.R. 1352 would designate the General George C. Marshall House as an affiliated area of the National Park System, improving national recognition while keeping the site privately managed without taxpayer support.

This is an appropriate bill to consider during our Nation's 250th anniversary celebrations, as it bestows recognition to one of the most hardworking and pivotal Americans of the postwar era.

Mr. Speaker, I urge my colleagues to support H.R. 1352, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Arkansas (Mr. WESTERMAN) that the House suspend the rules and pass the bill, H.R. 1352, as amended.

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

A motion to reconsider was laid on the table.

VETERANS COMMUNITY CARE SCHEDULING IMPROVEMENT ACT

Mr. BOST. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3482) to amend title 38, United States Code, to establish an online program through which an employee of the Department of Veterans Affairs may schedule an appointment for a covered veteran with a non-Department health care provider under the

Veterans Community Care Program, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3482.

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Veterans Community Care Scheduling Improvement Act".

SEC. 2. SCHEDULING OF APPOINTMENTS UNDER THE VETERANS COMMUNITY CARE PROGRAM.

(a) ELECTRONIC PROCESS.—Subsection (d) of section 3101 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Public Law 116-315; 38 U.S.C. 1701 note) is amended to read as follows:

"(d) ELECTRONIC PROCESS.—(1) The Secretary shall implement an electronic process through which a scheduler of the Department, using an information technology system, may schedule an appointment for health care furnished by the Department or through the Veterans Community Care Program, under section 1703 of this title, by a non-Department health care provider.

"(2) The electronic process under this subsection shall allow a scheduler, with regards to appointments described in—

"(A) either clause of subparagraph (A) of subsection (a)(1), to view, search, and sort such appointments by type of care, location, and date; and

"(B) clause (ii) of such subparagraph—

"(i) to schedule such an appointment;

"(ii) to provide referral and authorization documents directly to a non-Department provider; and

"(iii) to perform any other function the Secretary determines necessary.

"(3) The Secretary shall ensure that the electronic process allows a scheduler to schedule an appointment for health care furnished by the Secretary through a health care provider of the Department.

"(4) The Secretary shall implement the electronic process through an existing agreement if practicable.

"(5) The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives the following regarding the electronic process:

"(A) Not later than 90 days after the Secretary makes a determination under subparagraph (B)(iii) of paragraph (2), a briefing regarding the functions the Secretary has determined necessary.

"(B) Not later than six months after the date of the enactment of Veterans Community Care Scheduling Improvement Act, and semiannually thereafter during the following three years, a report regarding operation of the electronic process during both the semi-annual period preceding the date of the report and the cumulative period since the date of the enactment of such Act. Such a report shall include the following for each such period:

"(i) The number of non-Department health care providers that participated in such electronic process, disaggregated by—

"(I) category of hospital care or medical services provided; and

"(II) medical center of the Department;

"(ii) The number of appointments scheduled pursuant to the electronic process, disaggregated by—

"(I) category of hospital care or medical services provided;

"(II) medical center of the Department; and

"(III) month.

"(iii) A comparison of the average wait time for appointments scheduled through the electronic process and through non-electronic methods, disaggregated by medical center of the Department.

"(iv) The rates at which veterans cancelled appointments scheduled through the electronic process.

"(v) The rates at which veterans did not appear for appointments scheduled through the electronic process."

(b) IMPLEMENTATION.—

(1) DATE.—The Secretary of Veterans Affairs shall implement the electronic process under subsection (d) of section 1703H of such title, as added by this section, not later than two years after the date of the enactment of this Act.

(2) GUIDELINES.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish guidelines. Such guidelines shall include the following:

(A) Procedures for schedulers and other employees of the Department involved in the scheduling of appointments described in such section.

(B) A directive that employees described in subparagraph (A) use the electronic process to the extent practicable.

(C) A directive that employees described in subparagraph (A), when scheduling an appointment for a covered veteran (as such term is used in section 1703 of such title) for health care furnished by the Secretary, inform such covered veteran of available appointments through providers of the Department and through providers under the Veterans Community Care Program when eligible.

(D) Procedures for engaging with non-Department health care providers in specialized cases.

(E) Standards regarding timeliness and accuracy.

(F) Escalation protocols for scheduling failures or delays.

(3) TRAINING.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall implement a mandatory training program for employees described in paragraph (2) regarding the guidelines under paragraph (2).

(4) EVALUATION.—Not later than 60 days after the date of the enactment of this Act, the Secretary shall prescribe performance benchmarks and outcome-based metrics for the electronic process under such section, including—

(A) time between a referral and a scheduled appointment;

(B) patient satisfaction; and

(C) the percentage of appointments scheduled exclusively through the electronic process.

(5) OUTREACH.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall plan and carry out an outreach strategy to encourage non-Department of Veterans Affairs health care providers that participate in the Veterans Community Care Program to participate in the electronic process under such subsection. Such outreach shall—

(A) include contacting each such provider during such 90 days;

(B) include seeking to enter into an agreement with each such provider under which the provider shall participate in the electronic process;

(C) include collaborating with State hospital associations and rural health associations to promote such participation;

(D) focus on providers in specialties or underserved areas, as determined by the Secretary; and

(E) include the publication, on a publicly accessible website of the Department, of information regarding—

- (i) details of the electronic process;
- (ii) how a provider may elect to participate in the electronic process; and
- (iii) a point of contact in the Department regarding the electronic process.

(6) **OVERSIGHT.**—The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives, with regards to the electronic process under such subsection, the following:

(A) Not later than 30 days after the Secretary establishes guidelines under paragraph (2) of this subsection, a copy of such guidelines.

(B) Not later than 30 days after the Secretary formulates the plan under paragraph (5) of this subsection, a briefing on the outreach strategy under such paragraph.

(C) Not later than 180 days after the date of the enactment of this Act, the benchmarks and metrics prescribed under paragraph (4).

(c) **EXPANSION.**—Not later than 90 days after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a plan to integrate the scheduling of appointments for health care furnished through health care providers of the Department of Veterans Affairs into the electronic process under subsection (d) of section 1703H of such title. Such plan shall include the following elements:

- (1) A timeline to implement such plan.
- (2) Estimated costs to carry out such plan.
- (3) Changes to policies and procedures of the Department the Secretary determines necessary to implement such plan.

(d) **CODIFICATION.**—

(1) **IN GENERAL.**—Section 3101 of such Act, as amended by subsection (a), is transferred to subchapter I of chapter 17 of title 38, United States Code, inserted after section 1703G, and redesignated as section 1703H.

(2) **CONFORMING AMENDMENTS.**—Section 1703H of such title, as transferred and redesignated by this subsection, is amended—

(A) by striking any heading that is not a section heading or subsection heading and conforming the margins accordingly;

(B) by striking “of title 38, United States Code” both places it appears and inserting “of this title”;

(C) in subsection (b)(1), by striking “Not later than one year after the date of the enactment of this Act, the Secretary” and inserting “The Secretary”;

(D) in subsection (c)—

(i) in paragraph (1), in the matter preceding subparagraph (A), by striking “Not later than 180 days after the date of the enactment of this Act, the Secretary” and inserting “The Secretary”; and

(ii) in paragraph (2), by striking subparagraphs (A) and (B) and inserting “The Secretary shall require each medical facility of the Department to use the method or tool described in paragraph (1).”;

(E) in the section enumerator, by striking “SEC.” and inserting “§”; and

(F) in the section heading—

(i) by striking “**PROCESS AND REQUIREMENTS FOR SCHEDULING APPOINTMENTS FOR HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS AND NON-DEPARTMENT HEALTH CARE.**” and inserting “**SCHEDULING OF APPOINTMENTS**”; and

(ii) by conforming the typeface and typestyle, including capitalization, to the typeface and typestyle used in the section heading of section 1703G of such title.

(3) **TABLE OF SECTIONS.**—The table of sections at the beginning of such chapter is amended by inserting, after the item relating to section 1703G, the following new item: “1703H. Scheduling of appointments.”.

SEC. 3. EXTENSION OF CERTAIN LIMITS ON PAYMENT OF PENSION.

Section 5503(d)(7) of title 38, United States Code, is amended by striking “January 31, 2033” and inserting “May 31, 2033”.

The **SPEAKER** pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. **BOST**) and the gentleman from California (Mr. **TAKANO**) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. **BOST**. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks on H.R. 3482, as amended.

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

There was no objection.

Mr. **BOST**. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 3482, as amended, offered by my friend and colleague, Representative **TOM BARRETT** of Michigan.

This bill would make much-needed improvements to make community care work better for our veterans. For far too long, the scheduling process has posed structural barriers that delay our veterans from accessing the timely healthcare that they have earned.

Veterans often face administrative red tape that makes getting their care difficult when they are trying to see a provider in their own community. This bill would cut through that bureaucracy by bringing the VA's scheduling into the 21st century.

This bill would authorize the External Provider Scheduling program across every VA medical center. It would equip VA employees with a modernized system to view, search, and sort real-time availability for both VA and non-VA providers. Under this bill, a VA scheduler could book an appointment and send the referral documents electronically without endless phone calls.

This would let veterans across the entire country schedule many of their community care appointments in minutes, instead of waiting days on end.

This bill would also include rigorous performance benchmarks to hold VA accountable for achieving real results to deliver better healthcare. VA would be required to track patron satisfaction and wait times so we can ensure taxpayer resources are making a real impact.

Finally, thanks to an amendment adopted in committee, the costs associated with this legislation are fully offset.

It is our duty to make sure veterans receive timely access to the healthcare they need right in the communities where they live.

I also thank the National Association of State Directors of Veterans Affairs, Concerned Veterans for America, the National Rural Health Association, and The American Legion for their support of this truly bipartisan legislation.

This is a good, commonsense bill, and I urge my colleagues to support H.R. 3482, as amended.

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

□ 1610

Mr. **TAKANO**. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 3482, the Veterans Community Care Scheduling Improvement Act, as amended.

One of the biggest concerns I hear from veterans is that it takes too long to get an appointment, whether at VA or through community care. As is the case with many things at VA, outdated and cumbersome technology makes it very difficult to schedule appointments. In addition, there are not enough requirements for community providers to make their schedules available in an electronic format to make it easier for VA schedulers to check availability.

The Veterans Community Care Scheduling Improvement Act, as amended, is a solid step forward toward fixing issues that have plagued the Veterans Health Administration since before the Phoenix wait-time scandal in 2014. Veterans deserve timely access to care whether that is at VA or in the community, and it is our responsibility to ensure that they get it.

The system authorized by H.R. 3482 would leverage technology to allow VA schedulers to see community care providers' schedules and book appointments directly into them, streamlining the process and allowing them to get booked days or weeks faster.

The bill also requires that VA use this technology to view VA's direct care appointments as well as the community care, giving veterans an apples-to-apples comparison of first available appointments. This crucial new ability will allow veterans to make an informed choice about where they wish to receive their care.

While I believe that the system authorized by this act could have a substantial impact on veterans' access to timely care, I am concerned that it will only be as good as VA's ability to recruit community care providers to participate. I think there should be more requirements in the VA's community care network contracts to mandate community provider participation.

The ongoing procurement of the next-generation contract will be an opportunity to do just that. The VA must also ensure that there is buy-in from all levels of the organization because technology is only as good as its implementation and adoption. However, I will say that this is a good first step in that direction.

I thank Representative **BARRETT** and Representative **BUDZINSKI** for their work on this bill, and I urge my colleagues to support it.

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

Mr. BOST. Mr. Speaker, I yield such time as he may consume to the gentleman from Michigan (Mr. BARRETT), who is the sponsor of this bill.

Mr. BARRETT. Mr. Speaker, I thank the chairman and the ranking member for their endorsement of this critical piece of legislation.

Mr. Speaker, the men and women who served and sacrificed for our Nation deserve the best healthcare that our country can offer, and they certainly shouldn't have to wait weeks or longer just to find out if they can make an appointment to see a doctor.

This is an issue that has plagued the VA healthcare system for decades. The good news is that the VA community care program is helping us turn things around by allowing veterans to receive medical services from local healthcare providers outside of the traditional VA hospitals and clinics right in their own communities closer to home. But the system is far from perfect.

Veterans across the country will tell you that community care appointments can be harder to schedule and too often are not even offered as an option.

This has led to longer wait times, farther drives to appointments, and greater inconvenience.

I personally experienced this myself when trying to get scheduled for a routine audiology appointment. I got called by a VA scheduler, then they had to call a number of providers, then they called me back, and when they actually set the appointment, it was on a date that I was here in Washington and not back home in Michigan. I had to reschedule the entire thing and start all over again.

Obviously, this isn't what we want for any of our veterans, and that is why I urge my colleagues to support my Veterans Community Care Scheduling Improvement Act, the bill before us today.

This bill would permanently require VA facilities to use a single digital interface called the External Provider Scheduling system to finally allow VA staff to simultaneously view all available appointments at both VA facilities and those participating in the community care program. It would all be in one centralized interface.

The VA has already rolled this out nationwide through internal process as we were working on this bill, and the results speak for themselves.

VA employees today can now book as many as 25 appointments each day compared to just a small handful through the manual process they were following before.

My legislation simply makes this positive change permanent by requiring the VA to keep this simplified, streamlined system in place beyond the pilot program they have today. Ensuring this progress is not undone by a future administration will give our veterans the access and certainty that they have earned.

It may sound simple, but the least we can do for those who served is make

sure they can get a doctor's appointment when they need it.

I thank Congresswoman BUDZINSKI for working with me on this important legislation to support our Nation's heroes, and I thank Chairman BOST and the full committee for bringing it to the floor.

Mr. Speaker, I urge my colleagues to vote "yes."

Mr. TAKANO. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I encourage my colleagues to vote "yes" on H.R. 3482, the Veterans Community Care Scheduling Improvement Act, as amended, and I yield back the balance of my time.

Mr. BOST. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I encourage all Members to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. BOST) that the House suspend the rules and pass the bill, H.R. 3482, as amended.

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

A motion to reconsider was laid on the table.

FISCAL YEAR 2025 VETERANS AFFAIRS MAJOR MEDICAL FACILITY AUTHORIZATION ACT

Mr. BOST. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2393) to authorize a major medical facility project for the Department of Veterans Affairs for fiscal year 2026 in St. Louis, Missouri, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2393

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 2025 Veterans Affairs Major Medical Facility Authorization Act".

SEC. 2. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECT OF DEPARTMENT OF VETERANS AFFAIRS FOR FISCAL YEAR 2026 IN ST. LOUIS, MISSOURI.

(a) IN GENERAL.—The Secretary of Veterans Affairs may carry out a major medical facility project in fiscal year 2026 in St. Louis, Missouri, that consists of the construction of a new bed tower, clinical building expansion, consolidated administrative building and warehouse, utility plant, and parking garages, in an amount not to exceed \$1,762,668,000.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2026 or the year in which funds are appropriated for the Construction, Major Projects account, \$1,762,668,000 for the project authorized in subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. BOST) and the gentleman from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. BOST. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on S. 2393.

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

There was no objection.

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

Mr. Speaker, I rise today in support of S. 2393, the Senate companion to my bill, H.R. 6710, the Fiscal Year 2025 Veterans Affairs Major Medical Facility Authorization Act, offered by Senator MORAN.

For veterans in southern Illinois, the St. Louis VA Medical Center is an essential part of the VA healthcare network.

S. 2393 authorizes up to \$1.76 billion to modernize and expand the St. Louis VA, including new clinical space, a bed tower, and a dedicated mental health and substance abuse clinic.

Many of the veterans I represent travel there for care, and this bill would help ensure that the campus is prepared to meet the needs of veterans across the region for years to come.

This new clinical space would give care teams more room to serve patients, while the mental health and substance abuse clinic would strengthen access to important services for veterans and their families.

Campus infrastructure improvements, including parking, utilities, and site work will also help the St. Louis VA operate more efficiently as a regional medical center.

The bill also supports the behind-the-scenes infrastructure that makes high-quality care possible, from upgraded utilities and a central utility plant to improved parking, security entrances, water systems, administrative space, and service facilities.

These investments would expand capacity, support specialized care, and improve the overall experience for veterans, caregivers, providers, and staff.

I am proud to support this bill because it is a practical, forward-looking investment in the veterans who depend on the St. Louis VA. This will help modernize care, improve access, and better serve veterans in my district and veterans across the country.

Mr. Speaker, I urge my colleagues to support S. 2393, and I reserve the balance of my time.

□ 1620

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

Mr. Speaker, I rise today in support of S. 2393, the Fiscal Year 2025 Veterans Affairs Major Medical Facility Authorization Act. Although the title says fiscal year 2025, this legislation will actually authorize funding for a major medical facility project in St. Louis, Missouri, for fiscal year 2026.

I thank our Senate counterparts for taking the lead on this annual bipartisan, bicameral exercise this year. I