(Mr. HOEFFEL) and the gentleman from Pennsylvania (Mr. SHERWOOD), who have worked diligently on this bill. We also have the gentleman from Pennsylvania (Mr. HOLDEN) who has participated and been a part of this. I would just say that this is a good example of us working together.

I congratulate all of the parties, including the gentleman from California (Mr. GEORGE MILLER), for I know of his very hard work on this bill.

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

Mr. SHERWOOD. Mr. Speaker I yield myself such time as I may consume.

I want to thank my colleagues from Pennsylvania for their cooperation on this bill. This is a wonderful thing to have a Lackawanna heritage area and a Schuylkill heritage area that both work to preserve what we have in Pennsylvania, a very unique heritage that was anthracite mining, early manufacturing, and the start of the industrial revolution, the start of the American labor movement. This will be a true preservation and an ability to continue the cleanup of those rivers so that they are treasures and they can be used as they were in colonial times, and there is great progress to be made in improving the environment. This is a cooperative effort to improve our environment and provide an interpretation of our history. This is a worthwhile project. I want to thank everyone that was involved in it. I ask for its passage.

Mr. HANSEN. Mr. Speaker, I rise today in support of H.R. 940 with the Senate amendments.

Mr. Speaker, H.R. 940, as amended, establishes two new heritage areas, the Lackawanna Valley National Heritage Area and the Schuylkill River National Heritage Area, both in the State of Pennsylvania. Major credit for this legislation must go to Congressman DON SHERWOOD from Pennsylvania who has worked very hard in the creation of these Heritage Areas. In fact, this bill has been a long time coming, but Mr. SHERWOOD never gave up in his effort to pass this legislation.

The proposed Heritage Areas, because of their current mix of ethnicity, combination of dense urban areas with isolated settlements, and their coal mines, represent a microcosm of our legacy from the industrial revolution. These areas played significant roles in the formation and development of the organized union movement, such as the United Mine Workers, in the early part of this century.

Mr. Speaker, H.R. 940 authorizes two experienced private entities who will be responsible for the development and implementation of the management plans for the respective heritage areas. These management plans will include recommendations to be undertaken by local and state units of government along with private organizations to protect and interpret the historical, natural, cultural, and recreational resources of the areas. Of note, the management entities may not use Federal funds received under this act to acquire real property or interest in real property. This bill is supported by the administration and, importantly, the local communities and governments within the new heritage areas. This bill will focus well-deserved national attention to these areas of Pennsylvania and I urge my colleagues for their support on H.R. 940 with the Senate amendments.

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

The SPEAKER pro tempore (Mr. SUNUNU). All time for debate has expired.

Pursuant to House Resolution 583, the previous question is ordered.

The question is on the motion offered by the gentleman from Pennsylvania (Mr. SHERWOOD).

The motion was agreed to.

A motion to reconsider was laid on the table.

DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PERSONNEL ACT OF 2000

Ms. PRYCE of Ohio. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 585 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 585

Resolved, That upon the adoption of this resolution it shall be in order without intervention of any point of order to consider in the House the bill (H.R. 5109) to amend title 38, United States Code, to improve the personnel system of the Veterans Health Administration, and for other purposes. The bill shall be considered as read for amendment. The amendment recommended by the Committee on Veterans' Affairs now printed in the bill shall be considered as adopted. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto to final passage without intervening motion except: (1) one hour of debate on the bill, as amended, equally divided and controlled by the chairman and ranking minority member of the Committee on Veterans' Affairs; (2) the further amendment printed in the report of the Committee on Rules accompanying this resolution, if offered by Representative Stump of Arizona, Representative Evans of Illinois, or a designee, which shall be in order without intervention of any point of order or demand for division of the question, shall be considered as read, and shall be separately debatable for 10 minutes equally divided and controlled by the proponent and an opponent; and (3) one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentlewoman from Ohio (Ms. PRYCE) is recognized for 1 hour.

Ms. PRYCE of Ohio. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the ranking member of the Committee on Rules, the gentleman from Massachusetts (Mr. MOAKLEY), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

Mr. Speaker, House Resolution 585 is a modified closed rule providing for consideration of H.R. 5109, the Department of Veterans Affairs Health Care Personnel Act. This legislation is the culmination of work done by the House Committee on Veterans' Affairs over the past year to determine what can be done to improve the VA health care system. We all recognize the great sacrifices made by those who have bravely served their country in the armed services. Providing quality health care to these great Americans and their families is one of the most important ways that we can extend our gratitude. After numerous hearings, meetings and oversight conducted by the Committee on Veterans' Affairs, this legislation was developed to address a range of VA health issues.

The House will have 1 hour to engage in general debate on the bill which will be equally divided between the chairman and ranking minority member of the Committee on Veterans' Affairs. Under the rule, the amendment recommended by the Committee on Veterans' Affairs, now printed in the bill, shall be considered as adopted. All points of order against the bill, as amended, and against its consideration are waived. The rule makes in order one bipartisan amendment which is printed in the Committee on Rules report which shall be considered as read and not subject to amendment. All points of order against this amendment are waived.

Finally, the rule provides for the customary motion to recommit, with or without instructions.

Mr. Speaker, we all have heard from our constituents about the problems that riddle the VA health system. I would venture to guess that all of us share a desire to improve this system to ensure that our Nation's veterans get the quality care that they so rightly deserve. Making sure our veterans are treated right starts with treating the personnel in the VA health system right. That is why much of H.R. 5109 focuses on the providers of health care in the VA system.

Under this legislation, pay for VA nurses will become more equitable and a guaranteed national comparability pay increase on par with that received by other Federal workers will improve morale among nurses which in turn will enhance recruitment and retention of these valued employees. In addition, these nurses, who often spend more time with individual patients and who are more intimately familiar with their care, will be given a greater role in policy and decision-making at the VA. Dentists will also see their pay rise, as will VA pharmacists under the provisions of this legislation.

In addition to ensuring that the personnel in the VA system receive adequate compensation, H.R. 5109 responds to the unique health care needs of veterans by requiring the VA to incorporate a military history into medical examinations. Treating the medical conditions that arise out of military service is at the foundation of the VA system. If such conditions are left undiagnosed and/or untreated, the long-term consequences can be very, very severe. This legislation requires that during a veteran's initial clinical examination, the VA inquire about and

document a veteran's military service and any exposures during their service that may contribute to their health status.

Along these same lines, H.R. 5109 seeks to build on the knowledge that has grown out of the survey that began in 1984 regarding post-traumatic stress disorder. This legislation calls for a follow-up study to determine, among other things, what the long range course of PTSD is, which veterans are least likely to recover from the disorder, and how it contributes to subsequent health conditions, such as cardiovascular disease.

Another concern that many of us have heard about from our veterans back home is that VA health facilities are inconvenient because they are so often so far away. Too often we learn of a sick individual who has to endure the hardship of traveling hours to get to where he or she needs to be, that is, the VA center. More and more, doctors can treat patients on an outpatient basis, but if a veteran is traveling 2 or 3 hours to get to an outpatient clinic, he or she may have to spend the night, particularly if follow-up care is required the next day, as it so often is.

The legislation we will vote on today improves the situation for veterans by providing clear authority to the VA to provide overnight accommodations at or near a VA facility.

Another provision of this legislation offers greater convenience to veterans by establishing a pilot program that will allow veterans with Medicare or other health coverage to coordinate their benefits and seek care in a community hospital rather than a VA facility that may be hundreds of miles away. The VA would coordinate the care to ensure that the patient does not incur additional out-of-pocket costs, and VA approval would be required to ensure that the VA is still responsible for delivering the specialized care that so many veterans require.

Mr. Speaker, these and other improvements to the VA health care system are worthy of bipartisan support. The rule before us was reported by the Committee on Rules by a voice vote. I urge its swift adoption by the House so that we may move forward with this legislation which is so very important to our veterans.

I urge a yes vote on the rule and the Department of Veterans Affairs Health Care Personnel Act.

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

Mr. MOAKLEY. Mr. Speaker, I thank my dear friend, the gentlewoman from Ohio (Ms. PRYCE), for yielding me the customary half hour, and I yield myself such time as I may consume.

Mr. Speaker, this veterans health care bill is bipartisan, and it deserves all of our complete support. Many parts of our country have far fewer veterans hospitals than they actually need; and veterans who live in those areas, particularly older veterans, have a very difficult time obtaining any kind of health care. This bill, bottom line, will enable veterans who live more than 2 hours away from a veterans facility to see a non-VA doctor and have the costs absorbed by the Veterans' Administration.

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This will make it much easier for the elderly veterans to get their health care, and it will help make sure that our country keeps its promise to provide health care to our fighting men and women.

Mr. Speaker, this also will help fix some of the problems with pay for nurses, dentists, and pharmacists; and it will stem what could be a disastrous departure from the government work for these health care professionals.

Mr. Speaker, the bill would also help build new veterans hospitals in California, Virginia, Florida, and Tennessee, because we find as the veterans get older, they go to warmer climates; and, therefore, there is an inordinate amount of veterans settling in some of our southern States.

Mr. Speaker, I thank the gentleman from Arizona (Mr. STUMP), my colleague, who has done a great job on this, and the gentleman from Illinois (Mr. EVANS), my colleague, for his excellent work. They have improved the health care for American veterans, and this bill as well as the rule deserve our full support.

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

Ms. PRYCE of Ohio. Mr. Speaker, I yield such time as he might consume to the gentleman from Florida (Mr. GOSS), my distinguished colleague and the vice chairman of the Committee on Rules.

(Mr. GOSS asked and was given permission to revise and extend his remarks.)

Mr. GOSS. Mr. Speaker, I rise in strong support of this rule and the underlying legislation. I thank the gentlewoman from Ohio (Ms. PRYCE), my good friend for not only her leadership but yielding me this time. I appreciate very much the observations of the gentleman from Massachusetts (Mr. MOAKLEY), who well understands the plight of our veterans.

Mr. Speaker, my home State of Florida has about 1.7 million veterans, that is a lot of veterans, and it serves as home to thousands more during our busy winter season, which is about to start. Given what we are told about the price of heating oil this year, I expect we are going to have an awful lot of visitors to Florida.

Given the age and special needs of the population, many of these men and women require extensive medical attention. The lack of timely, quality health care for our veterans has reached a crisis point across our Nation, as the gentlewoman from Ohio (Ms. PRYCE) has pointed out, but the problem is even more acute in southwest Florida.

Sadly, the need far exceeds our resources in southwest Florida, and it is not because we have not been trying. Veterans routinely wait months, sometimes over a year, just to get an appointment for something as simple as vision care or hearing care, and to make matters worse, many are forced to drive hundreds of miles to a VA facility in order to receive the medical attention they require when high-quality private facilities are located right around the corner from their homes.

This is sort of an unacceptable way to treat those who have served our country so honorably when we needed them so much.

H.R. 5109 begins to address this injustice by establishing a program to allow vets in remote areas to receive care at non-VA facilities at the VA expense. This program would not only relieve the stress of a long drive on an ailing veteran, but it would also introduce more choice into the current VA health system.

Veterans in rural areas would finally have a choice between the traditional VA care and the utilization of private medical facilities. Introducing free market values into the VA medical system in my view will likely improve the quality of medical attention received by our Nation's veterans, and they deserve the best.

It is time we enable our veterans to have this right to choose, and I think this bill gets us going on that road. It is also about time we treat veterans the same, no matter where they live. They certainly earned that. I think the veterans in southwest Florida should not be discriminated against just because so many of them have found out that southwest Florida is a great place to live and have moved there.

Mr. Speaker, it seems to me the facilities ought to follow the veterans. I strongly encourage my colleagues to support the rule, I think it is noncontroversial, and the bill. And I want to congratulate the gentleman from Arizona (Chairman STUMP) and all of the other people who have participated in bringing this forward for their leadership and commitment to veterans.

When we talked at the testimony at the Committee on Rules last evening, the gentleman from Arizona (Chairman STUMP) indicated his clear awareness of this problem and his sympathy for our problems in Fort Myers and for that I am grateful.

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

Ms. PRYCE of Ohio. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I hope all of my colleagues will join me in supporting this fair rule, which will allow the House to debate a bipartisan bill that will improve the health care for our Nation's veterans. I also want to congratulate the gentleman from Arizona (Chairman STUMP) for his fine work on this effort.

These individuals who have been willing to make great sacrifices to serve their country through their military service deserve not only our respect, but our deepest gratitude.

Mr. Speaker, the legislation before us would demonstrate to our veterans that we are sincere in our desire to repay them for the sacrifice, in part by ensuring their access to high quality health care through the VA system.

The Department of Veterans Affairs Health Care Personnel Act is a thoughtful bipartisan effort to make some of the changes necessary to improve VA care.

Mr. Speaker, I urge my colleagues to support the bill and this very fair rule.

Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

Mr. STUMP. Mr. Speaker, pursuant to the provisions of House Resolution 585, I call up the bill (H.R. 5109) to amend title 38, United States Code, to improve the personnel system of the Veterans Health Administration, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. RYAN of Wisconsin). Pursuant to House Resolution 585, the bill is considered read for amendment.

The text of H.R. 5109 is as follows:

H.R. 5109

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Department of Veterans Affairs Health Care Personnel Act of 2000''.

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

SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

TITLE I—PERSONNEL MATTERS

SEC. 101. ANNUAL NATIONAL PAY COMPARABILITY ADJUSTMENT FOR NURSES EMPLOYED BY DEPARTMENT OF VETERANS AFFAIRS.

(a) REVISED PAY ADJUSTMENT PROCEDURES.—Section 7451 is amended—

(1) in subsection (d)—

(A) in paragraph (1)—

(i) by striking ''The rates'' and inserting ''Subject to subsection (e), the rates''; and

(ii) in subparagraph (A), by inserting ''and to be by the same percentage'' after ''to have the same effective date'';

(B) in paragraph (2), by striking ''Such'' in the second sentence and inserting ''Except as provided in paragraph (1)(A), such'';

(C) in paragraph (3)(B)—

(i) by inserting after the first sentence the following new sentence: ''To the extent practicable, the director shall use third-party industry wage surveys to meet the requirements of the preceding sentence.'';

(ii) by inserting before the penultimate sentence the following new sentence: ''To the extent practicable, all surveys conducted pursuant to this subparagraph or subparagraph (A) shall include the collection of salary midpoints, actual salaries, lowest and highest salaries, average salaries, bonuses, incentive pays, differential pays, actual beginning rates of pay and such other information needed to meet the purpose of this section.''; and

(iii) in the penultimate sentence, by inserting ''or published'' after ''completed'';

(D) by striking clause (iii) of paragraph (3)(C);

(2) by striking subsection (e) and inserting the following:

''(e)(1) An adjustment in a rate of basic pay under subsection (d) may not reduce the rate of basic pay applicable to any grade of a covered position.

''(2) The director of a Department healthcare facility, in determining whether to carry out a wage survey under subsection (d)(3) with respect to rates of basic pay for a grade of a covered position, may not consider as a factor in such determination the absence of a current recruitment or retention problem for personnel in that grade of that position. The director shall make such a determination based upon whether, in accordance with criteria established by the Secretary, there is a significant pay-related staffing problem at that facility in any grade for a position. If the director determines that there is such a problem, or that such a problem is likely to exist in the near future, the Director shall provide for a wage survey in accordance with paragraph (3) of subsection (d).

''(3) The Under Secretary for Health may, to the extent necessary to carry out the purposes of subsection (d), modify any determination made by the director of a Department health-care facility with respect to adjusting the rates of basic pay applicable to covered positions. Upon such action by the Under Secretary, any adjustment shall take effect on the first day of the first pay period beginning after such action. The Secretary shall ensure that the Under Secretary establishes a mechanism for the exercise of the authority in the preceding sentence.

''(4) Each director of a Department healthcare facility shall provide to the Secretary, not later than July 31 each year, a report on staffing for covered positions at that facility. The report shall include the following:

''(A) Information on turnover rates and vacancy rates for each grade in a covered position, including a comparison of those rates with the rates for the preceding three years.

''(B) The director's findings concerning the review and evaluation of the facility's staffing situation, including whether there is, or is likely to be, in accordance with criteria established by the Secretary, a significant pay-related staffing problem at that facility for any grade of a covered position and, if so, whether a wage survey was conducted, or will be conducted with respect to that grade.

''(C) In any case in which the director conducts such a wage survey during the period covered by the report, information describing the survey and any actions taken or not taken based on the survey, and the reasons for taking (or not taking) such actions.

''(D) In any case in which the director, after finding that there is, or is likely to be, in accordance with criteria established by the Secretary, a significant pay-related staffing problem at that facility for any grade of a covered position, determines not to conduct a wage survey with respect to that position, a statement of the reasons why the director did not conduct such a survey.

''(5) Not later than September 30 of each year, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on staffing for covered positions at Department healthcare facilities. Each such report shall include the following:

''(A) A summary and analysis of the information contained in the most recent reports submitted by facility directors under paragraph (4).

''(B) The information for each such facility specified in paragraph (4).'';

(3) in subsection (f)—

(A) by striking ''February 1 of 1991, 1992, and 1993'' and inserting ''March 1 of each year''; and

(B) by striking ''subsection (d)(1)(A)'' and inserting ''subsection (d)''; and

(4) by striking subsection (g) and redesignating subsection (h) as subsection (g).

(b) REQUIRED CONSULTATIONS WITH NURSES.—(1) Subchapter II of chapter 73 is amended by adding at the end the following new section:

''§ 7323. Required consultations with nurses

''The Under Secretary for Health shall ensure that—

''(1) the director of a geographic service area, in formulating policy relating to the provision of patient care, shall consult regularly with a senior nurse executive or senior nurse executives; and

''(2) the director of a medical center shall, to the extent feasible, include a registered nurse as a member of any committee used at

that medical center to provide recommendations or decisions on medical center operations or policy affecting clinical services, clinical outcomes, budget, or resources.''.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7322 the following new item:

''7323. Required consultations with nurses.''.

SEC. 102. SPECIAL PAY FOR DENTISTS.

(a) FULL-TIME STATUS PAY.—Paragraph (1) of section 7435(b) is amended by striking ''$3,500'' and inserting ''$9,000''.

(b) SPECIAL PAY FOR POST-GRADUATE TRAINING.—Such section is amended by adding at the end the following new paragraph:

''(8) For a dentist who has successfully completed a post-graduate year of hospital-based training in a program accredited by the American Dental Association, an annual rate of $2,000 for each of the first two years of service after successful completion of that training.''.

(c) TENURE PAY.—The table in paragraph (2)(A) of that section is amended to read as follows:

''Length of Service	Rate	
	Minimum	Maximum
1 year but less than 2 years	$1,000	$2,000
2 years but less than 3 years	4,000	5,000
4 years but less than 7 years	5,000	8,000
8 years but less than 11 years	8,000	12,000
12 years but less than 19 years	12,000	15,000
20 years or more	15,000	18,000.''.

(d) SCARCE SPECIALTY PAY.—Paragraph (3)(A) of that section is amended by striking ''$20,000'' and inserting ''$30,000''.

(e) GEOGRAPHIC PAY.—Paragraph (6) of that section is amended by striking ''$5,000'' and inserting ''$12,000''.

(f) RESPONSIBILITY PAY.—(1) The table in paragraph (4)(A) is amended to read as follows:

''Position	Rate	
	Minimum	Maximum
Chief of Staff or in an Executive Grade	$14,500	$25,000
Director Grade	0	25,000
Service Chief (or in a comparable position as determined by the Secretary)	4,500	15,000.''.

(2) The table in paragraph (4)(B) is amended to read as follows:

''Position	Rate
Deputy Service Director	$20,000
Service Director	25,000
Deputy Assistant Under Secretary for Health	27,500
Assistant Under Secretary for Health (or in a comparable position as determined by the Secretary)	30,000.''.

(g) CREDITING OF INCREASED TENURE PAY FOR CIVIL SERVICE RETIREMENT.—Section 7438(b) is amended—

(1) by redesignating paragraph (5) as paragraph (6); and

(2) by inserting after paragraph (4) the following new paragraph:

''(5) Notwithstanding paragraphs (1) and (2), a dentist employed as a dentist in the Veterans Health Administration on the effective date of section 102 of the Department of Veterans Affairs Health Care Personnel Act of 2000 shall be entitled to have special pay paid to the dentist under section 7435(b)(2)(A) of this title (referred to as 'tenure pay') considered basic pay for the purposes of chapter 83 or 84, as appropriate, of title 5 only as follows:

''(A) In an amount equal to the amount that would have been so considered under such section on the day before such effective date based on the rates of special pay the dentist was entitled to receive under that section on the day before such effective date.

''(B) With respect to any amount of special pay received under that section in excess of the amount such dentist was entitled to receive under such section on the day before such effective date, in an amount equal to 25 percent of such excess amount for each two years that the physician or dentist has completed as a physician or dentist in the Veterans Health Administration after such effective date.''.

(h) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to agreements entered into by dentists under subchapter III of chapter 74 of title 38, United States Code, on or after the later of—

(1) the date of the enactment of this Act; and

(2) October 1, 2000.

(i) TRANSITION.—(1) In the case of an agreement entered into by a dentist under subchapter III of chapter 74 of title 38, United States Code, before the date of the enactment of this Act that expires after the effective date specified in subsection (h), the Secretary of Veterans Affairs and the dentist concerned may agree to terminate that agreement as of that effective date in order to permit a new agreement in accordance with section 7435 of such title, as amended by this section, to take effect as of that effective date.

(2) In the case of an agreement entered into under such subchapter before the date of the enactment of this Act that expires during the period beginning on the date of the enactment of this Act and ending on the effective date specified in subsection (h)(2), an extension or renewal of that agreement may not extend beyond that effective date.

(3) In the case of a dentist who begins employment with the Department of Veterans Affairs during the period beginning on the date of the enactment of this Act and ending on the effective date specified in subsection (h)(2) who is eligible for an agreement under subchapter III of chapter 74 of title 38, United States Code, any such agreement may not extend beyond that effective date.

SEC. 103. EXEMPTION FOR PHARMACISTS FROM CEILING ON SPECIAL SALARY RATES.

Section 7455(c)(1) is amended by inserting '', pharmacists,'' after ''anesthetists''.

SEC. 104. PHYSICIAN ASSISTANT ADVISER TO UNDER SECRETARY FOR HEALTH.

Section 7306(f) is amended—

(1) by striking ''and'' at the end of paragraph (1);

(2) by striking the period at the end of paragraph (2) and inserting ''; and''; and

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

''(3) a physician assistant with appropriate experience (who may have a permanent duty station at a Department medical care facility in reasonable proximity to Washington, DC) advises the Under Secretary on all matters relating to the utilization and employment of physician assistants in the Administration.''.

SEC. 105. TEMPORARY FULL-TIME APPOINTMENTS OF CERTAIN MEDICAL PERSONNEL.

(a) PHYSICIAN ASSISTANTS AWAITING CERTIFICATION OR LICENSURE.—Paragraph (2) of section 7405(c) is amended to read as follows:

''(2) A temporary full-time appointment may not be made for a period in excess of two years in the case of a person who—

''(A) has successfully completed—

''(i) a full course of nursing in a recognized school of nursing, approved by the Secretary; or

''(ii) a full course of training for any category of personnel described in paragraph (3) of section 7401 of this title, or as a physician assistant, in a recognized education or training institution approved by the Secretary; and

''(B) is pending registration or licensure in a State or certification by a national board recognized by the Secretary.''.

(b) MEDICAL SUPPORT PERSONNEL.—That section is further amended—

(1) by redesignating paragraph (3) as paragraph (4); and

(2) by inserting after paragraph (2) the following new paragraph (3):

''(3)(A) Temporary full-time appointments of persons in positions referred to in subsection (a)(1)(D) shall not exceed three years.

''(B) Temporary full-time appointments under this paragraph may be renewed for one or more additional periods not in excess of three years each.''.

SEC. 106. QUALIFICATIONS OF SOCIAL WORKERS.

Section 7402(9) is amended by striking ''a person must'' and all that follows and inserting ''a person must—

''(1) hold a master's degree in social work from a college or university approved by the Secretary; and

''(2) be licensed or certified to independently practice social work in a State, except that the Secretary may waive the requirement of licensure or certification for an individual social worker for a reasonable period of time recommended by the Under Secretary for Health.''.

SEC. 107. EXTENSION OF TEMPORARY EARLY RETIREMENT AUTHORITY.

The Department of Veterans Affairs Employment Reduction Assistance Act of 1999 (title XI of Public Law 106–117; 5 U.S.C. 5597 note) is amended as follows:

(1) Section 1102(c) is amended to read as follows:

''(c) LIMITATION.—The plan under subsection (a) shall be limited to 8,110 positions within the Department.''.

(2) Section 1105(a) is amended by striking ''26 percent'' and inserting ''15 percent''.

(3) Section 1109(a) is amended by striking ''December 31, 2000'' and inserting ''December 31, 2002''.

TITLE II—CONSTRUCTION AUTHORIZATION

SEC. 201. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS.

(a) FISCAL YEAR 2001 PROJECTS.—The Secretary of Veterans Affairs may carry out the following major medical facility projects, with each project to be carried out in the amount specified for that project:

(1) Construction of a psychogeriatric care building at the Department of Veterans Affairs Medical Center, Palo Alto, California, in an amount not to exceed $26,600,000.

(2) Construction of a utility plant and electrical vault at the Department of Veterans Affairs Medical Center, Miami, Florida, in an amount not to exceed $23,600,000.

(3) Seismic corrections, clinical consolidation, and other improvements at the Department of Veterans Affairs Medical Center, Long Beach, California, in an amount not to exceed $51,700,000.

(b) ADDITIONAL FISCAL YEAR 2000 PROJECT.—The Secretary is authorized to carry out a project for the renovation of psychiatric nursing units at the Department of Veterans Affairs Medical Center, Murfreesboro, Tennessee, in an amount not to exceed $14,000,000.

SEC. 202. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated to the Secretary of Veterans Affairs for fiscal years 2001 and 2002 for the Construction, Major Projects, account, $101,900,000 for the projects authorized in section 101(a).

(b) LIMITATION.—The projects authorized in section 101(a) may only be carried out using—

(1) funds appropriated for fiscal year 2001 or 2002 pursuant to the authorization of appropriations in subsection (a);

(2) funds appropriated for Construction, Major Projects for a fiscal year before fiscal year 2001 that remain available for obligation; and

(3) funds appropriated for Construction, Major Projects for fiscal year 2001 or 2002 for a category of activity not specific to a project.

TITLE III—MILITARY SERVICE ISSUES

SEC. 301. MILITARY SERVICE HISTORY.

(a) MILITARY HISTORIES.—The Secretary of Veterans Affairs, in carrying out the responsibilities of the Secretary under chapter 17 of title 38, United States Code, shall ensure that—

(1) during at least one clinical evaluation of a patient in a facility of the Department, a protocol is used to identify pertinent military experiences and exposures of the patient that may contribute to the health status of the patient; and

(2) pertinent information relating to the military history of the patient is included in the Department's medical records of the patient.

(b) REPORT.—Not later than nine months 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 report on the feasibility and desirability of using a computer-based system in conducting clinical evaluations referred to in subsection (a)(1).

SEC. 302. STUDY OF POST-TRAUMATIC STRESS DISORDER IN VIETNAM VETERANS.

(a) STUDY ON POST-TRAUMATIC STRESS DISORDER.—Not later than 10 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into a contract with an appropriate entity to carry out a study on post-traumatic stress disorder.

(b) FOLLOW-UP STUDY.—The contract under subsection (a) shall provide for a follow-up study to the study conducted in accordance with section 102 of the Veterans Health Care Amendments of 1983 (Public Law 98–160). Such follow-up study shall use the data base and sample of the previous study.

(c) INFORMATION TO BE INCLUDED.—The study conducted pursuant to this section shall be designed to yield information on—

(1) the long-term course of post-traumatic stress disorder;

(2) any long-term medical consequences of post-traumatic stress disorder;

(3) whether particular subgroups of veterans are at greater risk of chronic or more severe problems with such disorder; and

(4) the services used by veterans who have post-traumatic stress disorder and the effect of those services on the course of the disorder.

(d) REPORT.—The Secretary shall submit to the Committees of Veterans Affairs of the Senate and House of Representatives a report on the results of the study under this section. The report shall be submitted no later than October 1, 2004.

TITLE IV—MEDICAL ADMINISTRATION

SEC. 401. PILOT PROGRAM FOR COORDINATION OF HOSPITAL BENEFITS.

(a) IN GENERAL.—Chapter 17 is amended by inserting after section 1725 the following new section:

§ 1725A. Coordination of hospital benefits: pilot program

''(a) The Secretary may carry out a pilot program in not more than four geographic areas of the United States to improve access to, and coordination of, inpatient care of eligible veterans. Under the pilot program, the Secretary, subject to subsection (b), may pay certain costs described in subsection (b) for which an eligible veteran would otherwise be personally liable. The authority to carry out the pilot program shall expire on September 30, 2005.

''(b) In carrying out the program described in subsection (a), the Secretary may pay the costs authorized under this section for hospital care and medical services furnished on an inpatient basis in a non-Department hospital to an eligible veteran participating in the program. Such payment may cover the costs for applicable plan deductibles and coinsurance and the reasonable costs of such inpatient care and medical services not covered by any applicable health-care plan of the veteran, but only to the extent such care and services are of the kind authorized under this chapter. The Secretary shall limit the care and services for which payment may be made under the program to general medical and surgical services and shall require that such services may be provided only upon preauthorization by the Secretary.

''(c)(1) A veteran described in paragraph (1) or (2) of section 1710(a) of this title is eligible to participate in the pilot program if the veteran—

''(A) is enrolled to receive medical services from an outpatient clinic operated by the Secretary which is (i) within reasonable proximity to the principal residence of the veteran, and (ii) located within the geographic area in which the Secretary is carrying out the program described in subsection (a);

''(B) has received care under this chapter within the 24-month period preceding the veteran's application for enrollment in the pilot program;

''(C) as determined by the Secretary before the hospitalization of the veteran (i) requires such hospital care and services for a non-service-connected condition, and (ii) could not receive such services from a clinic operated by the Secretary; and

''(D) elects to receive such care under a health-care plan (other than under this title) under which the veteran is entitled to receive such care.

''(2) Nothing in this section shall be construed to reduce the authority of the Secretary to contract with non-Department facilities for care of a service-connected disability of a veteran.

''(3) Notwithstanding subparagraph (C) of paragraph (1), the Secretary shall ensure that not less than 15 percent of the veterans participating in the program are veterans who do not have a health-care plan.

''(d) As part of the program under this section, the Secretary shall, through provision of case-management, coordinate the care being furnished directly by the Secretary and care furnished under the program in non-Department hospitals to veterans participating in the program.

''(e)(1) In designating geographic areas in which to establish the program under subsection (a), the Secretary shall ensure that—

''(A) the areas designated are geographically dispersed;

''(B) at least 70 percent of the veterans who reside in a designated area reside at least two hours driving distance from the closest medical center operated by the Secretary which provides medical and surgical hospital care; and

''(C) the establishment of the program in any such area would not result in jeopardizing the critical mass of patients needed to maintain a Department medical center that serves that area.

''(2) Notwithstanding paragraph (1)(B), the Secretary may designate for participation in the program at least one area which is in proximity to a Department medical center which, as a result of a change in mission of that center, does not provide hospital care.

''(f)(1) Not later than September 30, 2002, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the experience in implementing the pilot program under subsection (a).

''(2) Not later than September 30, 2004, the Secretary shall submit to those committees a report on the experience in operating the pilot program during the first two full fiscal years during which the pilot program is conducted. That report shall include—

''(A) a comparison of the costs incurred by the Secretary under the program and the cost experience for the calendar year preceding establishment of the program at each site at which the program is operated;

''(B) an assessment of the satisfaction of the participants in the program; and

''(C) an analysis of the effect of the program on access and quality of care for veterans.

''(g) The total amount expended for the pilot program in any fiscal year (including amounts for administrative costs) may not exceed $50,000,000.

''(h) For purposes of this section:

''(1) The term 'health-care plan' has the meaning given that term in section 1725(f)(3) of this title.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1725 the following new item:

''1725A. Coordination of hospital benefits: pilot program.''.

SEC. 402. BENEFITS FOR PERSONS DISABLED BY PARTICIPATION IN COMPENSATED WORK THERAPY PROGRAM.

Section 1151(a)(2) is amended—

(1) by inserting ''(A)'' after ''proximately caused''; and

(2) by inserting before the period at the end the following: '', or (B) by participation in a program (known as a 'compensated work therapy program') under section 1718 of this title''.

SEC. 403. EXTENSION OF AUTHORITY TO ESTABLISH RESEARCH AND EDUCATION CORPORATIONS.

Section 7368 is amended by striking ''December 31, 2000'' and inserting ''December 31, 2005''.

SEC. 404. DEPARTMENT OF VETERANS AFFAIRS FISHER HOUSES.

(a) AUTHORITY.—Subchapter I of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 1708. Temporary lodging

''(a) The Secretary may furnish persons described in subsection (b) with temporary lodging in a Fisher house or other appropriate facility in connection with the examination, treatment, or care of a veteran under this chapter or, as provided for under subsection (e)(5), in connection with benefits administered under this title.

''(b) Person to whom the Secretary may provide lodging under subsection (a) are the following:

''(1) A veteran who must travel a significant distance to receive care or services under this title.

''(2) A member of the family of a veteran and others who accompany a veteran and provide the equivalent of familial support for such veteran.

''(c) In this section, the term 'Fisher house' means a housing facility that—

''(1) is located at, or in proximity to, a Department medical facility;

''(2) is available for residential use on a temporary basis by patients of that facility and others described in subsection (b)(2); and

''(3) is constructed by, and donated to the Secretary by, the Zachary and Elizabeth M. Fisher Armed Services Foundation.

''(d) The Secretary may establish charges for providing lodging under this section. The

proceeds from such charges shall be credited to the medical care account and shall be available until expended for the purposes of providing such lodging.

''(e) The Secretary shall prescribe regulations to carry out this section. Such regulations shall include provisions—

''(1) limiting the duration of such lodging;

''(2) establishing standards and criteria under which medical facilities may set charges for such lodging;

''(3) establishing criteria for persons considered to be accompanying a veteran;

''(4) establishing criteria for the use of such premises; and

''(5) any other limitations, conditions, and priorities that the Secretary considers appropriate with respect to temporary lodging under this section.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1707 the following new item:

''1708. Temporary lodging.''.

SEC. 405. EXTENSION OF ANNUAL REPORT OF COMMITTEE ON MENTALLY ILL VETERANS.

Section 7321(d)(2) is amended by striking ''three'' and inserting ''six''.

SEC. 406. EXCEPTION TO RECAPTURE RULE.

Section 8136 is amended—

(1) by inserting ''(a)'' at the beginning of the text of the section; and

(2) by adding at the end the following new subsection:

''(b) The establishment and operation by the Secretary of an outpatient clinic in facilities described in subsection (a) shall not constitute grounds entitling the United States to any recovery under that subsection.''.

SEC. 407. CHANGE TO ENHANCED USE LEASE CONGRESSIONAL NOTIFICATION PERIOD.

Paragraph (2) of section 8163(c) is amended to read as follows:

''(2) The Secretary may not enter into an enhanced use lease until the end of the 90-day period beginning on the date of the submission of notice under paragraph (1).''.

SEC. 408. TECHNICAL AND CONFORMING CHANGES.

(a) REQUIREMENT TO PROVIDE CARE.—Section 1710A(a) is amended by inserting ''(subject to section 1710(a)(4) of this title)'' after ''Secretary''.

(b) CONFORMING AMENDMENT.—Section 1710(a)(4) is amended by striking ''requirement in'' and inserting ''requirements in section 1710A(a) and''.

SEC. 409. APPOINTMENT OF VETERANS BENEFITS ADMINISTRATION CLAIMS EXAMINERS (ALSO TITLED VETERANS SERVICE REPRESENTATIVES) ON A FEE BASIS.

(a) AUTHORITY.—(1) Chapter 77 is amended by inserting after section 7703 the following new section:

''§ 7705. Fee basis appointments of claims examiners

''(a) The Secretary, upon recommendation of the Under Secretary for Benefits, may employ, without regard to civil service or classification laws, rules, or regulations, Veterans Claims Examiners (also titled Veterans Service Representatives) on a fee basis.

''(b) Personnel employed under this section shall be paid such rates of pay as the Secretary may prescribe.''.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7703 the following new item:

''7705. Fee basis appointments of claims examiners.''.

(b) REPORTS.—The Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives two reports on the implementation of section 7705 of title 38, United States Code, as added by subsection (a). The first report shall be submitted not later than December 31, 2001, and the second report shall be submitted not later than December 31, 2002.

SEC. 410. RELEASE OF REVERSIONARY INTEREST OF THE UNITED STATES IN CERTAIN REAL PROPERTY PREVIOUSLY CONVEYED TO THE STATE OF TENNESSEE.

(a) RELEASE OF INTEREST.—The Secretary of Veterans Affairs shall execute such legal instruments as necessary to release the reversionary interest of the United States described in subsection (b) in a certain parcel of real property conveyed to the State of Tennessee pursuant to the Act entitled ''An Act authorizing the transfer of certain property of the Veterans' Administration (in Johnson City, Tennessee) to the State of Tennessee'', approved June 6, 1953 (67 Stat. 54).

(b) SPECIFIED REVERSIONARY INTEREST.—Subsection (a) applies to the reversionary interest of the United States required under section 2 of the Act referred to in subsection (a), requiring use of the property conveyed pursuant to that Act to be primarily for training of the National Guard and for other military purposes.

(c) CONFORMING AMENDMENT.—Section 2 of such Act is repealed.

The SPEAKER pro tempore. The amendment printed in the bill is adopted.

The text of H.R. 5109, as amended, is as follows:

H.R. 5109

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Department of Veterans Affairs Health Care Personnel Act of 2000''.

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

SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

TITLE I—PERSONNEL MATTERS

SEC. 101. ANNUAL NATIONAL PAY COMPARABILITY ADJUSTMENT FOR NURSES EMPLOYED BY DEPARTMENT OF VETERANS AFFAIRS.

(a) REVISED PAY ADJUSTMENT PROCEDURES.—Section 7451 is amended—

(1) in subsection (d)—

(A) in paragraph (1)—

(i) by striking ''The rates'' and inserting ''Subject to subsection (e), the rates''; and

(ii) in subparagraph (A), by inserting ''and to be by the same percentage'' after ''to have the same effective date'';

(B) in paragraph (2), by striking ''Such'' in the second sentence and inserting ''Except as provided in paragraph (1)(A), such'';

(C) in paragraph (3)(B)—

(i) by inserting after the first sentence the following new sentence: ''To the extent practicable, the director shall use third-party industry wage surveys to meet the requirements of the preceding sentence.'';

(ii) by inserting before the penultimate sentence the following new sentence: ''To the extent practicable, all surveys conducted pursuant to this subparagraph or subparagraph (A) shall include the collection of salary midpoints, actual salaries, lowest and highest salaries, average salaries, bonuses, incentive pays, differential pays, actual beginning rates of pay and such other information needed to meet the purpose of this section.''; and

(iii) in the penultimate sentence, by inserting ''or published'' after ''completed'';

(D) by striking clause (iii) of paragraph (3)(C);

(2) by striking subsection (e) and inserting the following:

''(e)(1) An adjustment in a rate of basic pay under subsection (d) may not reduce the rate of basic pay applicable to any grade of a covered position.

''(2) The director of a Department health-care facility, in determining whether to carry out a wage survey under subsection (d)(3) with respect to rates of basic pay for a grade of a covered position, may not consider as a factor in such determination the absence of a current recruitment or retention problem for personnel in that grade of that position. The director shall make such a determination based upon whether, in accordance with criteria established by the Secretary, there is a significant pay-related staffing problem at that facility in any grade for a position. If the director determines that there is such a problem, or that such a problem is likely to exist in the near future, the Director shall provide for a wage survey in accordance with paragraph (3) of subsection (d).

''(3) The Under Secretary for Health may, to the extent necessary to carry out the purposes of subsection (d), modify any determination made by the director of a Department health-care facility with respect to adjusting the rates of basic pay applicable to covered positions. Upon such action by the Under Secretary, any adjustment

shall take effect on the first day of the first pay period beginning after such action. The Secretary shall ensure that the Under Secretary establishes a mechanism for the exercise of the authority in the preceding sentence.

''(4) Each director of a Department healthcare facility shall provide to the Secretary, not later than July 31 each year, a report on staffing for covered positions at that facility. The report shall include the following:

''(A) Information on turnover rates and vacancy rates for each grade in a covered position, including a comparison of those rates with the rates for the preceding three years.

''(B) The director's findings concerning the review and evaluation of the facility's staffing situation, including whether there is, or is likely to be, in accordance with criteria established by the Secretary, a significant pay-related staffing problem at that facility for any grade of a covered position and, if so, whether a wage survey was conducted, or will be conducted with respect to that grade.

''(C) In any case in which the director conducts such a wage survey during the period covered by the report, information describing the survey and any actions taken or not taken based on the survey, and the reasons for taking (or not taking) such actions.

''(D) In any case in which the director, after finding that there is, or is likely to be, in accordance with criteria established by the Secretary, a significant pay-related staffing problem at that facility for any grade of a covered position, determines not to conduct a wage survey with respect to that position, a statement of the reasons why the director did not conduct such a survey.

''(5) Not later than September 30 of each year, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on staffing for covered positions at Department healthcare facilities. Each such report shall include the following:

''(A) A summary and analysis of the information contained in the most recent reports submitted by facility directors under paragraph (4).

''(B) The information for each such facility specified in paragraph (4).'';

(3) in subsection (f)—

(A) by striking ''February 1 of 1991, 1992, and 1993'' and inserting ''March 1 of each year''; and

(B) by striking ''subsection (d)(1)(A)'' and inserting ''subsection (d)''; and

(4) by striking subsection (g) and redesignating subsection (h) as subsection (g).

(b) REQUIRED CONSULTATIONS WITH NURSES.—(1) Subchapter II of chapter 73 is amended by adding at the end the following new section:

''§ 7323. Required consultations with nurses

''The Under Secretary for Health shall ensure that—

''(1) the director of a geographic service area, in formulating policy relating to the provision of patient care, shall consult regularly with a senior nurse executive or senior nurse executives; and

''(2) the director of a medical center shall, to the extent feasible, include a registered nurse as a member of any committee used at that medical center to provide recommendations or decisions on medical center operations or policy affecting clinical services, clinical outcomes, budget, or resources.''.

(2) The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7322 the following new item:

''7323. Required consultations with nurses.''.

SEC. 102. SPECIAL PAY FOR DENTISTS.

(a) FULL-TIME STATUS PAY.—Paragraph (1) of section 7435(b) is amended by striking ''$3,500'' and inserting ''$9,000''.

(b) SPECIAL PAY FOR POST-GRADUATE TRAINING.—Such section is amended by adding at the end the following new paragraph:

''(8) For a dentist who has successfully completed a post-graduate year of hospital-based training in a program accredited by the American Dental Association, an annual rate of $2,000 for each of the first two years of service after successful completion of that training.''.

(c) TENURE PAY.—The table in paragraph (2)(A) of that section is amended to read as follows:

''Length of Service	Rate	
	Minimum	Maximum
1 year but less than 2 years	$1,000	$2,000
2 years but less than 4 years	4,000	5,000
4 years but less than 8 years	5,000	8,000
8 years but less than 12 years ..	8,000	12,000
12 years but less than 20 years	12,000	15,000
20 years or more	15,000	18,000.''.

(d) SCARCE SPECIALTY PAY.—Paragraph (3)(A) of that section is amended by striking ''$20,000'' and inserting ''$30,000''.

(e) GEOGRAPHIC PAY.—Paragraph (6) of that section is amended by striking ''$5,000'' and inserting ''$12,000''.

(f) RESPONSIBILITY PAY.—(1) The table in paragraph (4)(A) of that section is amended to read as follows:

''Position	Rate	
	Minimum	Maximum
Chief of Staff or in an Executive Grade	$14,500	$25,000
Director Grade	0	25,000
Service Chief (or in a comparable position as determined by the Secretary)	4,500	15,000.''.

(2) The table in paragraph (4)(B) of that section is amended to read as follows:

''Position	Rate
Deputy Service Director	$20,000
Service Director	25,000
Deputy Assistant Under Secretary for Health	27,500
Assistant Under Secretary for Health (or in a comparable position as determined by the Secretary)	30,000.''.

(g) CREDITING OF INCREASED TENURE PAY FOR CIVIL SERVICE RETIREMENT.—Section 7438(b) is amended—

(1) by redesignating paragraph (5) as paragraph (6); and

(2) by inserting after paragraph (4) the following new paragraph:

''(5) Notwithstanding paragraphs (1) and (2), a dentist employed as a dentist in the Veterans Health Administration on the effective date of section 102 of the Department of Veterans Affairs Health Care Personnel Act of 2000 shall be entitled to have special pay paid to the dentist under section 7435(b)(2)(A) of this title (referred to as 'tenure pay') considered basic pay for the purposes of chapter 83 or 84, as appropriate, of title 5 only as follows:

''(A) In an amount equal to the amount that would have been so considered under such section on the day before such effective date based on the rates of special pay the dentist was entitled to receive under that section on the day before such effective date.

''(B) With respect to any amount of special pay received under that section in excess of the amount such dentist was entitled to receive under such section on the day before such effective date, in an amount equal to 25 percent of such excess amount for each two years that the physician or dentist has completed as a physician or dentist in the Veterans Health Administration after such effective date.''.

(h) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to agreements entered into by dentists under subchapter III of chapter 74 of title 38, United States Code, on or after the later of—

(1) the date of the enactment of this Act; and

(2) October 1, 2000.

(i) TRANSITION.—(1) In the case of an agreement entered into by a dentist under subchapter III of chapter 74 of title 38, United States Code, before the date of the enactment of this Act that expires after the effective date specified in subsection (h), the Secretary of Veterans Affairs and the dentist concerned may agree to terminate that agreement as of that effective date in order to permit a new agreement in accordance with section 7435 of such title, as amended by this section, to take effect as of that effective date.

(2) In the case of an agreement entered into under such subchapter before the date of the enactment of this Act that expires during the period beginning on the date of the enactment of this Act and ending on the effective date specified in subsection (h)(2), an extension or renewal of that agreement may not extend beyond that effective date.

(3) In the case of a dentist who begins employment with the Department of Veterans Affairs during the period beginning on the date of the enactment of this Act and ending on the effective date specified in subsection (h)(2) who is eligible for an agreement under subchapter III of chapter 74 of title 38, United States Code, any such agreement may not extend beyond that effective date.

SEC. 103. EXEMPTION FOR PHARMACISTS FROM CEILING ON SPECIAL SALARY RATES.

Section 7455(c)(1) is amended by inserting '', pharmacists,'' after ''anesthetists''.

SEC. 104. PHYSICIAN ASSISTANT ADVISER TO UNDER SECRETARY FOR HEALTH.

Section 7306(f) is amended—

(1) by striking ''and'' at the end of paragraph (1);

(2) by striking the period at the end of paragraph (2) and inserting ''; and''; and

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

''(3) a physician assistant with appropriate experience (who may have a permanent duty station at a Department medical care facility in reasonable proximity to Washington, DC) advises the Under Secretary on all matters relating to the utilization and employment of physician assistants in the Administration.''.

SEC. 105. TEMPORARY FULL-TIME APPOINTMENTS OF CERTAIN MEDICAL PERSONNEL.

(a) PHYSICIAN ASSISTANTS AWAITING CERTIFICATION OR LICENSURE.—Paragraph (2) of section 7405(c) is amended to read as follows:

''(2) A temporary full-time appointment may not be made for a period in excess of two years in the case of a person who—

''(A) has successfully completed—

''(i) a full course of nursing in a recognized school of nursing, approved by the Secretary; or

''(ii) a full course of training for any category of personnel described in paragraph (3) of section 7401 of this title, or as a physician assistant, in a recognized education or training institution approved by the Secretary; and

''(B) is pending registration or licensure in a State or certification by a national board recognized by the Secretary.''.

(b) MEDICAL SUPPORT PERSONNEL.—That section is further amended—

(1) by redesignating paragraph (3) as paragraph (4); and

(2) by inserting after paragraph (2) the following new paragraph (3):

''(3)(A) Temporary full-time appointments of persons in positions referred to in subsection (a)(1)(D) shall not exceed three years.

''(B) Temporary full-time appointments under this paragraph may be renewed for one or more additional periods not in excess of three years each.''.

SEC. 106. QUALIFICATIONS OF SOCIAL WORKERS.

Section 7402(b)(9) is amended by striking ''a person must'' and all that follows and inserting ''a person must—

''(A) hold a master's degree in social work from a college or university approved by the Secretary; and

''(B) be licensed or certified to independently practice social work in a State, except that the Secretary may waive the requirement of licensure or certification for an individual social worker for a reasonable period of time recommended by the Under Secretary for Health.''.

SEC. 107. EXTENSION OF VOLUNTARY SEPARATION INCENTIVE PAYMENTS.

The Department of Veterans Affairs Employment Reduction Assistance Act of 1999 (title XI of Public Law 106–117; 5 U.S.C. 5597 note) is amended as follows:

(1) Section 1102(c) is amended to read as follows:

''(c) LIMITATION.—The plan under subsection (a) shall be limited to 8,110 positions within the Department.''.

(2) Section 1105(a) is amended by striking ''26 percent'' and inserting ''15 percent''.

(3) Section 1109(a) is amended by striking ''December 31, 2000'' and inserting ''December 31, 2002''.

TITLE II—CONSTRUCTION AUTHORIZATION

SEC. 201. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS.

(a) FISCAL YEAR 2001 PROJECTS.—The Secretary of Veterans Affairs may carry out the following major medical facility projects, with each project to be carried out in the amount specified for that project:

(1) Construction of a psychogeriatric care building at the Department of Veterans Affairs Medical Center, Palo Alto, California, in an amount not to exceed $26,600,000.

(2) Construction of a utility plant and electrical vault at the Department of Veterans Affairs Medical Center, Miami, Florida, in an amount not to exceed $23,600,000.

(3) Seismic corrections, clinical consolidation, and other improvements at the Department of Veterans Affairs Medical Center, Long Beach, California, in an amount not to exceed $51,700,000.

(b) ADDITIONAL FISCAL YEAR 2000 PROJECT.—The Secretary is authorized to carry out a project for the renovation of psychiatric nursing units at the Department of Veterans Affairs Medical Center, Murfreesboro, Tennessee, in an amount not to exceed $14,000,000.

SEC. 202. AUTHORIZATION OF APPROPRIATIONS.

(a) IN GENERAL.—There are authorized to be appropriated to the Secretary of Veterans Affairs for fiscal years 2001 and 2002 for the Construction, Major Projects, account, $101,900,000 for the projects authorized in section 101(a).

(b) LIMITATION.—The projects authorized in section 101(a) may only be carried out using—

(1) funds appropriated for fiscal year 2001 or 2002 pursuant to the authorization of appropriations in subsection (a);

(2) funds appropriated for Construction, Major Projects for a fiscal year before fiscal year 2001 that remain available for obligation; and

(3) funds appropriated for Construction, Major Projects for fiscal year 2001 or 2002 for a category of activity not specific to a project.

TITLE III—MILITARY SERVICE ISSUES

SEC. 301. MILITARY SERVICE HISTORY.

(a) MILITARY HISTORIES.—The Secretary of Veterans Affairs, in carrying out the responsibilities of the Secretary under chapter 17 of title 38, United States Code, shall ensure that—

(1) during at least one clinical evaluation of a patient in a facility of the Department, a protocol is used to identify pertinent military experiences and exposures of the patient that may contribute to the health status of the patient; and

(2) pertinent information relating to the military history of the patient is included in the Department's medical records of the patient.

(b) REPORT.—Not later than nine months 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 report on the feasibility and desirability of using a computer-based system in conducting clinical evaluations referred to in subsection (a)(1).

SEC. 302. STUDY OF POST-TRAUMATIC STRESS DISORDER IN VIETNAM VETERANS.

(a) STUDY ON POST-TRAUMATIC STRESS DISORDER.—Not later than 10 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into a contract with an appropriate entity to carry out a study on post-traumatic stress disorder.

(b) FOLLOW-UP STUDY.—The contract under subsection (a) shall provide for a follow-up study to the study conducted in accordance with section 102 of the Veterans Health Care Amendments of 1983 (Public Law 98–160). Such follow-up study shall use the data base and sample of the previous study.

(c) INFORMATION TO BE INCLUDED.—The study conducted pursuant to this section shall be designed to yield information on—

(1) the long-term course of post-traumatic stress disorder;

(2) any long-term medical consequences of post-traumatic stress disorder;

(3) whether particular subgroups of veterans are at greater risk of chronic or more severe problems with such disorder; and

(4) the services used by veterans who have post-traumatic stress disorder and the effect of those services on the course of the disorder.

(d) REPORT.—The Secretary shall submit to the Committees of Veterans' Affairs of the Senate and House of Representatives a report on the results of the study under this section. The report shall be submitted no later than October 1, 2004.

TITLE IV—MEDICAL ADMINISTRATION

SEC. 401. PILOT PROGRAM FOR COORDINATION OF HOSPITAL BENEFITS.

(a) IN GENERAL.—Chapter 17 is amended by inserting after section 1725 the following new section:

''§ 1725A. Coordination of hospital benefits: pilot program

''(a) The Secretary may carry out a pilot program in not more than four geographic areas of the United States to improve access to, and coordination of, inpatient care of eligible veterans. Under the pilot program, the Secretary, subject to subsection (b), may pay certain costs described in subsection (b) for which an eligible veteran would otherwise be personally liable. The authority to carry out the pilot program shall expire on September 30, 2005.

''(b) In carrying out the program described in subsection (a), the Secretary may pay the costs authorized under this section for hospital care and medical services furnished on an inpatient basis in a non-Department hospital to an eligible veteran participating in the program. Such payment may cover the costs for applicable plan deductibles and coinsurance and the reasonable costs of such inpatient care and medical services not covered by any applicable health-care plan of the veteran, but only to the extent such care and services are of the kind authorized under this chapter. The Secretary shall limit the care and services for which payment may be made under the program to general medical and surgical services and shall require that such services may be provided only upon preauthorization by the Secretary.

''(c)(1) A veteran described in paragraph (1) or (2) of section 1710(a) of this title is eligible to participate in the pilot program if the veteran—

''(A) is enrolled to receive medical services from an outpatient clinic operated by the Secretary which is (i) within reasonable proximity to the principal residence of the veteran, and (ii) located within the geographic area in which the Secretary is carrying out the program described in subsection (a);

''(B) has received care under this chapter within the 24-month period preceding the veteran's application for enrollment in the pilot program;

''(C) as determined by the Secretary before the hospitalization of the veteran (i) requires such hospital care and services for a non-service-connected condition, and (ii) could not receive such services from a clinic operated by the Secretary; and

''(D) elects to receive such care under a health-care plan (other than under this title) under which the veteran is entitled to receive such care.

''(2) Nothing in this section shall be construed to reduce the authority of the Secretary to contract with non-Department facilities for care of a service-connected disability of a veteran.

''(3) Notwithstanding subparagraph (D) of paragraph (1), the Secretary shall ensure that not less than 15 percent of the veterans participating in the program are veterans who do not have a health-care plan.

''(d) As part of the program under this section, the Secretary shall, through provision of case-management, coordinate the care being furnished directly by the Secretary and care furnished under the program in non-Department hospitals to veterans participating in the program.

''(e)(1) In designating geographic areas in which to establish the program under subsection (a), the Secretary shall ensure that—

''(A) the areas designated are geographically dispersed;

''(B) at least 70 percent of the veterans who reside in a designated area reside at least two hours driving distance from the closest medical center operated by the Secretary which provides medical and surgical hospital care; and

''(C) the establishment of the program in any such area would not result in jeopardizing the critical mass of patients needed to maintain a Department medical center that serves that area.

''(2) Notwithstanding paragraph (1)(B), the Secretary may designate for participation in the program at least one area which is in proximity to a Department medical center which, as a result of a change in mission of that center, does not provide hospital care.

''(f)(1) Not later than September 30, 2002, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the experience in implementing the pilot program under subsection (a).

''(2) Not later than September 30, 2004, the Secretary shall submit to those committees a report on the experience in operating the pilot program during the first two full fiscal years during which the pilot program is conducted. That report shall include—

''(A) a comparison of the costs incurred by the Secretary under the program and the cost experience for the calendar year preceding establishment of the program at each site at which the program is operated;

''(B) an assessment of the satisfaction of the participants in the program; and

''(C) an analysis of the effect of the program on access and quality of care for veterans.

''(g) The total amount expended for the pilot program in any fiscal year (including amounts for administrative costs) may not exceed $50,000,000.

''(h) For purposes of this section, the term 'health-care plan' has the meaning given that term in section 1725(f)(3) of this title.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1725 the following new item:

''1725A. Coordination of hospital benefits: pilot program.''.

SEC. 402. BENEFITS FOR PERSONS DISABLED BY PARTICIPATION IN COMPENSATED WORK THERAPY PROGRAM.

Section 1151(a)(2) is amended—

(1) by inserting ''(A)'' after ''proximately caused''; and

(2) by inserting before the period at the end the following: '', or (B) by participation in a program (known as a 'compensated work therapy program') under section 1718 of this title''.

SEC. 403. EXTENSION OF AUTHORITY TO ESTABLISH RESEARCH AND EDUCATION CORPORATIONS.

Section 7368 is amended by striking ''December 31, 2000'' and inserting ''December 31, 2005''.

SEC. 404. DEPARTMENT OF VETERANS AFFAIRS FISHER HOUSES.

(a) AUTHORITY.—Subchapter I of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 1708. Temporary lodging

''(a) The Secretary may furnish persons described in subsection (b) with temporary lodging in a Fisher house or other appropriate facility in connection with the examination, treatment, or care of a veteran under this chapter or, as provided for under subsection (e)(5), in connection with benefits administered under this title.

''(b) Persons to whom the Secretary may provide lodging under subsection (a) are the following:

''(1) A veteran who must travel a significant distance to receive care or services under this title.

''(2) A member of the family of a veteran and others who accompany a veteran and provide the equivalent of familial support for such veteran.

''(c) In this section, the term 'Fisher house' means a housing facility that—

''(1) is located at, or in proximity to, a Department medical facility;

''(2) is available for residential use on a temporary basis by patients of that facility and others described in subsection (b)(2); and

''(3) is constructed by, and donated to the Secretary by, the Zachary and Elizabeth M. Fisher Armed Services Foundation.

''(d) The Secretary may establish charges for providing lodging under this section. The proceeds from such charges shall be credited to the medical care account and shall be available until expended for the purposes of providing such lodging.

''(e) The Secretary shall prescribe regulations to carry out this section. Such regulations shall include provisions—

''(1) limiting the duration of such lodging;

''(2) establishing standards and criteria under which medical facilities may set charges for such lodging;

''(3) establishing criteria for persons considered to be accompanying a veteran;

''(4) establishing criteria for the use of such premises; and

''(5) any other limitations, conditions, and priorities that the Secretary considers appropriate with respect to temporary lodging under this section.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1707 the following new item:

''1708. Temporary lodging.''.

SEC. 405. EXTENSION OF ANNUAL REPORT OF COMMITTEE ON MENTALLY ILL VETERANS.

Section 7321(d)(2) is amended by striking ''three'' and inserting ''six''.

SEC. 406. EXCEPTION TO RECAPTURE RULE.

Section 8136 is amended—

(1) by inserting ''(a)'' at the beginning of the text of the section; and

(2) by adding at the end the following new subsection:

''(b) The establishment and operation by the Secretary of an outpatient clinic in facilities described in subsection (a) shall not constitute grounds entitling the United States to any recovery under that subsection.''.

SEC. 407. CHANGE TO ENHANCED USE LEASE CONGRESSIONAL NOTIFICATION PERIOD.

Paragraph (2) of section 8163(c) is amended to read as follows:

''(2) The Secretary may not enter into an enhanced use lease until the end of the 90-day period beginning on the date of the submission of notice under paragraph (1).''.

SEC. 408. TECHNICAL AND CONFORMING CHANGES.

(a) REQUIREMENT TO PROVIDE CARE.—Section 1710A(a) is amended by inserting ''(subject to section 1710(a)(4) of this title)'' after ''Secretary'' the first place it appears.

(b) CONFORMING AMENDMENT.—Section 1710(a)(4) is amended by striking ''requirement in'' and inserting ''requirements in section 1710A(a) and''.

SEC. 409. RELEASE OF REVERSIONARY INTEREST OF THE UNITED STATES IN CERTAIN REAL PROPERTY PREVIOUSLY CONVEYED TO THE STATE OF TENNESSEE.

(a) RELEASE OF INTEREST.—The Secretary of Veterans Affairs shall execute such legal instruments as necessary to release the reversionary interest of the United States described in subsection (b) in a certain parcel of real property conveyed to the State of Tennessee pursuant to the Act entitled ''An Act authorizing the transfer of certain property of the Veterans' Administration (in Johnson City, Tennessee) to the State of Tennessee'', approved June 6, 1953 (67 Stat. 54).

(b) SPECIFIED REVERSIONARY INTEREST.—Subsection (a) applies to the reversionary interest of the United States required under section 2 of the Act referred to in subsection (a), requiring use of the property conveyed pursuant to that Act to be primarily for training of the National Guard and for other military purposes.

(c) CONFORMING AMENDMENT.—Section 2 of such Act is repealed.

The SPEAKER pro tempore. After 1 hour of debate on the bill, as amended, it shall be in order to consider a further amendment printed in the House report 106–875 if offered by the gentleman from Arizona (Mr. STUMP) or the gentleman from Illinois (Mr. EVANS), or a designee, which shall be considered read, and shall be debatable for 10 minutes, equally divided and controlled by the proponent and an opponent.

The gentleman from Arizona (Mr. STUMP) and the gentleman from Illinois (Mr. EVANS) each will control 30 minutes of debate on the bill.

The Chair recognizes the gentleman from Arizona (Mr. STUMP).

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

Mr. Speaker, H.R. 5109 addresses a number of key personnel management systems needs in the VA health care system.

It authorizes regular pay raises for the VA nurses and gives the VA the authority to increase salaries for VA dentists.

It also proposes an innovative four-site health care pilot program so that veterans, who are enrolled with VA for health care, can be referred to a community hospital if the VA hospital is too far away.

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

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

Mr. Speaker, I also want to thank the gentleman from Arizona (Chairman STUMP) and the gentleman from Florida (Mr. STEARNS) and the gentleman from Illinois (Mr. GUTIERREZ), the ranking member of the Subcommittee on Health, for working with me on an important pay provision contained in the legislation now before the House, H.R. 5109.

As many of my colleagues know, my mother was a nurse, a fact of which I am very proud. I understand well the pressures nurses face as the backbone of our health care system. I understand, too, that nurses have had to shoulder even more responsibility as health care delivery is being transformed. From my perspective, it was grossly unfair to maintain a pay system under our jurisdiction that allowed hospital directors to balance the budget on the backs of VA nurses.

This bill comes at a time when competition for skilled health care personnel is fierce. Besides nurses, the bill addresses pay inequities for dentists. It provides physician assistants long-sought representation within VA headquarters along with better training opportunities. It will help the VA retain social workers, pharmacists and medical support personnel, to retain them as well.

This legislation also supports a pilot project that the gentleman from Arizona (Chairman STUMP) just talked about. It will allow the VA to manage VA's health care system in their own communities. The concept of this pilot brought to my attention by two health care professionals, the gentlewoman from California (Mrs. CAPPS) and the gentleman from Florida (Mr. WELDON) is simple, the VA will preapprove certain veterans who are distant from VA medical centers, but who rely on VA outpatient clinics to receive certain general medical and surgical hospital in-patient services in their own communities.

Mr. Speaker, far from being the end of the VA health care system as we know now it, this is a project that is consistent with VA's goals to bring veterans' health care into our communities.

The gentleman from Arizona (Chairman STUMP) is offering a strong bill, and I urge my colleagues to support it.

Mr. Speaker, I include for the RECORD the letter from the American Federation of Government Employees:

AMERICAN FEDERATION OF
GOVERNMENT EMPLOYEES, AFL–CIO
September 21, 2000.

Hon. BOB STUMP,
Chairman, House Veterans' Affairs Committee, Cannon House Office Building, Washington, DC.

Hon. CLIFF STEARNS,
Chairman, Subcommittee on Health, House Veterans' Affairs Committee, Cannon House Office Building, Washington, DC 20515.

Hon. LANE EVANS,
Ranking Member, House Veterans' Affairs Committee, Cannon House Office Building, Washington, DC.

DEAR CHAIRMAN STUMP, CHAIRMAN STEARNS AND RANKING MEMBER EVANS: On behalf of the American Federation of Government Employees (AFGE), AFL–CIO and the 600,000 federal workers AFGE, represents, including roughly 125,000 Department of Veterans' Affairs (DVA) employees, I thank you for your efforts to guarantee DVA registered nurses

an annual pay raise and to improve the pay for dentists and pharmacists who work at the DVA.

H.R. 5109 will guarantee DVA nurses the same annual nationwide pay increase provided to General Schedule employees. The fundamental change in the DVA nurse pay system is similar to the change proposed in H.R. 1216, the AFGE authored legislation which was introduced by Representative Steve LaTourette (R–OH). It is our understanding that H.R. 5109 will ensure that no DVA nurse will again be denied an annual pay raise or receive a negative pay adjustment.

Such changes to the current DVA nurse pay system are consistent with the AFGE testimony given before Chairman Steams' subcommittee on April 12th. At the hearing AFGE called for a guaranteed annual pay raise for DVA nurses to create a floor for nurses' pay. AFGE also urged that the Secretary be given the authority to increase nurses' pay above this floor when needed. H.R. 5109 incorporates these core principles.

AFGE opposes the section in H.R. 5109 titled, ''Coordination of Hospital Benefits Program,'' which would create a pilot voucher-like program in four geographic areas. The section would authorize DVA to cover a veteran's costs of inpatient care at non-DVA facilities. DVA would become the secondary insurance for any out-of-pocket expenses of veterans with insurance, including Medicare, when veterans seek inpatient services in private sector hospitals.

Section 401 establishes an entirely new eligibility category for veterans' health care based not on the veteran's status or need, but purely on the veteran's geographic location, and to a great extent, the veteran's own health insurance. Accordingly, Section 401 will create a disparity between the health care available to veterans who chose to use DVA health care facilities and those, primarily with their own insurance, who have previously chosen not to use DVA facilities.

Section 401 will also set a precedent for sending veterans to non-DVA providers for inpatient services that are paid by veterans' own insurance. DVA would not subsidize care outside of the DVA system, lose both the direct and appropriated dollars and any third-party reimbursements. If this precedent is set and expanded, DVA health care facilities would only become local referral centers without the resources to sustain the full range of care, including the specialized services such as spinal cord injury care and substance abuse treatment, for which it is well known.

Under Section 401, DVA would not really have control to manage the veteran's case once referred because it would be a secondary payer, not the provider of care.

AFGE is for increased access in veterans' care but not at the cost of unraveling the DVA operated health care system. Veterans deserve and need a unique health care system devoted and dedicated to treating their unique medical needs. Picking up the co-payments for veterans who have insurance will ultimately transform DVA from a health care system designed and focused on veterans medical care into an insurance company. This proposal claims to give a few veterans improved ''access'' but will do so at the cost of maintaining a fully staffed and functioning DVA health care system. We urge you to omit this section from the final conference bill.

Thank you for considering AFGE's views on these important matters. AFGE appreciates that you have incorporated the core principles of the AFGE authored nurse pay legislation into H.R. 5109.

Sincerely,

BOBBY L. HARNAGE, Sr.,
National President.

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

Mr. STUMP. Mr. Speaker, I yield 9 minutes to the gentleman from Florida (Mr. STEARNS) the chairman of the Subcommittee on Health.

Mr. STEARNS. Mr. Speaker, I thank my colleague from Arizona (Mr. STUMP) for yielding the time to me.

Mr. Speaker, I want to again, like others, recognize the superb leadership of the gentleman from Arizona and also to recognize the gentleman from Illinois (Mr. GUTIERREZ), the ranking member of the Subcommittee on Health, and, of course, recognize the gentleman from Illinois (Mr. EVANS), the ranking member of the Committee on Veterans' Affairs, for all of their efforts in the development of this bill.

Mr. Speaker, this is a good bill for veterans, and it is a good bill to pass today. It contains provisions that are workable, useful and innovative. It is a winning combination for the veterans we serve and for the Department of Veterans Affairs who we are charged with to take care of our veterans.

After a number of hearings we had on the subcommittee dealing with site visits and other data collection, I introduced this bill with bipartisan support, H.R. 5109, the Department of Veterans Affairs Health Care Personnel Act of the Year 2000. It has 20 cosponsors from the Democrat side and many from the Republican side. It is bipartisan.

Mr. Speaker, let me just quickly review for my colleagues some of the key provisions of our bill. Mr. Speaker, about 10 years ago, Congress created an innovative pay system for the nurses in the VA system with the locality-based mechanism to produce pay raises that were intended to address labor market needs and to keep our veterans' nurses competitive. The idea was that each veteran hospital could act on its own self-interest and remain competitive locally.

It was intended to be a good reform, and this system initially gave the VA nurses a big pay raise. Mr. Speaker, VA's recruitment and retention problem for nurses effectively disappeared for a while with this reform. But the old saying ''that was then and this is now'' is true today.

My subcommittee gave special focus during this Congress to the pay situation of VA nurses, because a lot of them were leaving our system, what we found was disappointing. We have learned that many VA nurses had not received any pay increases in their pay since the initial one from our 1990 legislation. While those first pay increases were, in many cases, substantial, in the course of time, with inflation and other Federal employee groups moving ahead, what happened is they fell behind. So once again VA found itself in a competitive disadvantage, and some VA nurses were looking for employment options elsewhere.

In my judgment, as chairman of the Subcommittee on Health, it was a loss that we could not afford; therefore, our bill guarantees VA nurses the statutory national comparability pay raises given to all the other Federal employees, Mr. Speaker.

I am not declaring reform to be my enemy. I want to make the earlier legislation work that we passed in the 101st Congress. In addition to the guaranteed national pay raise for nurses, the subcommittee crafted necessary adjustments to the locality survey mechanism to ensure that data are available when needed and to specify that certain steps be taken when they are necessary that lead to appropriate salary rate increases for our VA nurses.

I believe this is the right solution. It is a compromise with our colleagues on the other side of the aisle but in the end that is what is best.

Mr. Speaker, the bill also addresses a recommendation of VA's Quadrennial Pay Report concerning the veterans' dentists, bringing their pay into better balance with average compensation of hospital-based dentists in the private sector. This is the first change in 10 years in VA dentists special pay.

Mr. Speaker, I want to thank my colleague, the gentleman from California (Mr. FILNER), for bringing his voice to this important issue and for continuing to prod us forward on behalf of the VA dentists.

Our bill also authorizes major medical facility constructions in Palo Alto and Long Beach, California; Miami, Florida with a commensurate authorization of appropriations money for this construction. Southern and western States such as these, Mr. Speaker, are areas where we continue to see rising VA patient-care work loads and demand for modern, accessible and safe facilities for veterans. These projects will help ease these burdens.

1215

This House is making the right choice by authorizing these projects now.

My friend, the gentleman from Illinois (Mr. EVANS), as the ranking member of the full committee, recently raised the profile of the need for Congress to reauthorize the landmark 1988 study of post-traumatic stress disorder in Vietnam veterans. Our bill authorizes this important study again.

The bill also requires VA to record military service history when VA physicians and other caregivers take a veteran's health history. This will aid any veteran who files a VA claim for disability, especially given our new appreciation that military and combat exposure may, may be associated with onset of disease later in life. I want to commend the veterans, the Vietnam veterans of America, for bringing this proposal to us. It is valuable. It is a valuable contribution to this bill.

Lastly, Mr. Speaker, our bill contains a very good approach, crafted by my good friend and colleague, the gentleman from Florida (Mr. WELDON). The gentleman from Florida (Mr.

WELDON) has no VA hospital in his district; nor do I. We believe that in such a situation, when a veteran who is under VA care in a VA community-based clinic remote from a VA hospital, needs brief inpatient hospitalization, that he or she should be able to obtain this vital service closer to home. It is not any different for a veteran in this regard than it is for a non-veteran.

Can anyone in this Chamber say he or she would relish the thought of leaving their family and friends and traveling hundreds of miles for a hospital admission at a distant hospital while bypassing community hospitals closer to home?

While working with our colleagues across the aisle, our bill sets up a pilot program involving not more than four small VA clinic service areas. Within these areas, enrolled veterans in need of uncomplicated general hospital admissions would be referred to community hospitals rather than being sent to distant VA facilities. VA would serve as a coordinator of benefits to ensure that costs are covered by available private and public coverage held by most veterans who use the VA. VA will ensure that the care is delivered efficiently and with due regard to these veterans' needs.

On discharge from these short hospital stays, these veterans would continue under VA care just as before. It is a voluntary program, Mr. Speaker, a time-limited test, capped for expenditures, intended to test the premise of providing a more convenient alternative to veterans than traveling hundred of miles to seek inpatient care in large, urban VA hospitals.

Mr. Speaker, a previous small scale experiment similar to this proposal in one VA clinic was a smashing success, with a 98 percent patient satisfaction rate and was found to have saved between 15 and 28 percent of the costs that would have been paid by taxpayers had these patients traveled to a faraway veterans hospital for their admissions.

Importantly, the VA facility in Florida suffered no impact on their patient care workloads because of this local experiment. So, Mr. Speaker, this is a good idea.

Mr. Speaker, this is a synopsis of our key provisions of H.R. 5109. I ask all of my colleagues to support this bill.

I would like to point out that we have a number of organizations that have supported this. The American Legion, the Veterans of Foreign Wars of the United States, Vietnam Veterans of America, the Nursing Organization of Veterans Affairs, the American Dental Association and the largest union, the American Federation of Government Employees, among others, have all supported this legislation. So I hope my colleagues will vote for passage of this in a strong way so that we can enact this in the 106th Congress and go forward to help our veterans.

Mr. EVANS. Mr. Speaker, I yield 5 minutes to the gentleman from California (Mr. FILNER).

Mr. FILNER. Mr. Speaker, I thank the gentleman from Illinois (Mr. EVANS) for yielding me the time.

Mr. Speaker, I rise in strong support of H.R. 5109. I want to thank the chairman, the gentleman from Arizona (Mr. STAMP); the ranking member, the gentleman from Illinois (Mr. EVANS); the gentleman from Florida (Mr. STEARNS), the chairman of the Subcommittee on Health; and the gentleman from Illinois (Mr. GUTIERREZ), the ranking member of that subcommittee, for developing a true bipartisan proposal to address some of the pay inequities that were brought to the attention of our Committee on Veterans' Affairs.

In response to some of these concerns, I introduced last fall H.R. 2660, which I entitled Put Your Money Where Your Mouth Is, the VA Dentist Equity Act, in response to a variety of concerns of VA dentists. This spring, the gentleman from Florida (Mr. STEARNS) conducted a hearing of the Subcommittee on Health where we heard stirring testimony from dentists who have devoted their careers to the Department of Veterans Affairs. Members representing the National Association of VA Physicians and Dentists, the American Dental Association, the American Association of Oral and Maxillofacial Surgeons raised concerns about the precipitous decline in recent years in the number of dentists practicing in the VA, and raised concerns about VA's ability to recruit new dentists into the system now and in the future. These concerns are based on the facts that the dental workforce in VA is rapidly declining. Only 4 years ago, the VA had more than 900 dentists. Now we have less than 800, and in individual sites the changes have been even more pronounced.

In testimony to the subcommittee, the National Association of VA Physicians and Dentists discussed general practice dentists at one facility in the Northeast dropping from 8 to only 2 positions. Now we know that almost 70 percent of VA dentists are eligible for retirement in the next 3 years and that VA dentists are paid less than defense dentists, dentists in academia or dentists in private practice. In fact, they make almost one-third less than dentists working in these settings.

So I am very glad that H.R. 5109 includes many of the provisions that were in my earlier bill and will include the recruitment and retention of VA dentists. I want to say for our legislative record that although there is a range of salaries that are printed for dentists that will give them some equity with regard to physicians, we hear concerns in specific medical centers that the top of that range for dentists is never fully utilized.

I think it is fair to say that our committee expects that the full range, especially the top range, when eligible, of the salary schedules that are in H.R. 5109, be utilized by individual medical centers.

Now I do have one disappointment in this bill, that despite a strong sentiment in the full Committee on Veterans' Affairs to move a chiropractic health care benefit amendment in this bill, we are apparently unable to reach an agreement to introduce direct access, full scope of practice chiropractic care into the VA health care system in this year. Chiropractic is the fastest growing and second largest primary health care profession. Chiropractors are a highly trained and licensed professional health care workforce. It is time to put VA health care on a par with other government health care programs and recognize chiropractic as a vital component of our health care system. In fact, we said that a year ago in our millennium health care bill.

These are technical corrections to that bill. A year ago, we asked the VA to develop a chiropractic plan within 90 days to give chiropractic services to our veterans. The VA did not do this. I met with the Assistant Secretary for health after the 90 days were up, with various representatives of the National Chiropractic Associations. We stressed to the Assistant Secretary how important it was to act on this; and we got, frankly, bureaucratic inertia, bureaucratic resistance, and literally very little was done by a year later when we have the corrections for VA on the millennium health care bill.

I know this is not a simple issue, and I know the gentleman from Florida (Mr. STEARNS) is as vitally concerned about this as I am; and he has promised, as I understand, to have hearings on this issue within our coming sessions, and I hope that we put a chiropractic health care provision that is meaningful at the top of our committee's agenda next year so that our veterans can have direct access to this important benefit as quickly as possible.

I certainly will be working toward that goal. I look forward to working with members of the committee. The gentleman from Illinois (Mr. EVANS) has been a strong proponent of chiropractic care. The gentleman from Indiana (Mr. BUYER) on our committee has also put in a provision in the defense authorization bill that moves the Defense Department more toward this. I hope that the Committee on Veterans' Affairs working with our members and the VA health care division will cooperate as we move to our full benefits to our veterans.

I thank the chairman of the Subcommittee on Health for this wonderful bill.

Mr. STUMP. Mr. Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. BUYER), a member of the committee.

Mr. BUYER. Mr. Speaker, I rise in strong support of the Department of Veterans Affairs Health Care Personnel Act of 2000. This is great news for VA employees, especially VA nurses and dentists. More importantly, it is great

news for veterans who receive VA medical care.

The bill will help the Department of Veterans Affairs recruit and retain qualified health care professionals as well as help ensure that VA hospitals are more fully staffed to meet their demanding health care needs. I know that in my own congressional district, the Fifth District of Indiana, VA employees have repeatedly raised the issue of pay parity so that they receive compatible pay, pay increases and special rates of pay to that of other Federal employees. I agree that it is only fair.

Last year, the Marion VA Chapter, the American Federation of Government Employees Local 1020 contacted my office seeking the pay parity for VA nurses. In addition, the Local 1020 asked the committee for relief in helping them to better address manning and staffing levels that were creating patient and employee safety issues due to lack of adequate nursing staff. To that end, I want to thank the Committee on Veterans' Affairs chairman, the gentleman from Arizona (Mr. STUMP), and the subcommittee chairman, the gentleman from Alabama (Mr. EVERETT), for their decision to hold field hearings in June at the Marion VA.

The committee's findings were indeed a revelation. It became quite clear to me and to the Department of Veterans Affairs that the Marion and Fort Wayne facilities had severe nurses shortfalls. It was evident that to ensure the highest quality of care for our veterans, an effort to meet these shortfalls would be required.

In fact, 68 positions were then immediately identified as needed to be filled. $6.5 million was placed into the budget's shortfall of this year alone, and I thank the gentleman from Arizona (Mr. STUMP) for that effort.

In addition, the director of the Northern Indiana Health Care System requested a staffing survey which identified the need for another 20 positions, so now we are up to 88 positions.

Last week, prior to the Committee on Veterans' Affairs reporting this bill to the House floor, Local 1020 indicated their support for H.R. 5109 and reiterated the need for nurse pay parity.

I will throw out there to the gentleman from Florida (Mr. STEARNS) what I have been told by the nursing profession that 50 percent of the nurses are expected to retire in the next 15 years. When we look at our education institutions in our country and we maximize them to 100 percent at the present rate of graduation, we fall very short of what the need and requirements are in front of us. So given the whole supply and demand, this bill, while we are singing its praises, is really one of those leaps forward; and we still have work yet to do.

Mr. EVANS. Mr. Speaker, I yield 5 minutes to the gentlewoman from California (Mrs. CAPPS).

Mrs. CAPPS. Mr. Speaker, I thank the gentleman from Illinois (Mr. EVANS) for yielding me time.

Mr. Speaker, I am pleased to rise in strong support of H.R. 5109, the Department of Veterans Affairs Health Care Personnel Act.

I want to take this opportunity to thank the gentleman from Arizona (Mr. STUMP) and the ranking member, the gentleman from Illinois (Mr. EVANS) for all their hard work on this legislation. Their unflagging commitment to our Nation's veterans is truly laudable. This bill will significantly improve veterans' access to health care. It will also provide much-needed raises for VA nurses and other health care professionals. As a nurse, I am particularly proud that this legislation will secure pay raises for 30,000 VA nurses. These registered nurses care for sick veterans day in and day out, and they deserve raises on a par with other Federal employees.

H.R. 5109 will also allow for greater nurse participation in policy and decision-making at the Veterans Administration health centers, and it would revise the pay rates for VA dentists and pharmacists. These are measures which will address the difficulties the VA has experienced in recruiting and retaining nurses and other health care personnel.

Now I want to highlight a particular provision that is included in this bill, and it is one that my colleague, the gentleman from Florida (Mr. WELDON) and I have worked very hard to secure. I am very pleased that the Veterans Service Improvement Act is part of this bill, and I want to thank the gentleman from Cape Canaveral for his outstanding leadership on this issue. This is an important bipartisan provision which will authorize multiple pilot projects to allow the VA to contract with local hospitals to provide care for veterans.

Now what does this mean for vets?

1230

Right now, for example, the veterans in my district on the central coast of California have to drive all the way to Los Angeles or to Fresno for hospital care under the VA. That means for my veterans driving 2½ to 5 hours just to check into a hospital. This is a definite hardship for aging veterans and for their families, the transportation involved and the sometimes inconvenience and real hardship that it puts families under.

With this pilot project, veterans could check in with their local VA clinic and then get referred to a nearby hospital. This would allow vets to receive care close by to their friends and their family.

The legislation also allows for the coordination of benefits. For example, veterans who use Medicare for care at a local hospital are currently paying a 20 percent copayment; and under these pilot projects, that copayment would be partially or totally covered by the Veterans' Administration. This is a benefit all veterans deserve, particularly those who are ill or disabled.

This proposal is designed to expand the successful VA pilot program operated in Florida last year. As we have heard, over 1,000 veterans chose to participate in this program, and 98 percent of them said they would recommend it to other vets. In addition, the preliminary results show that this program provided a significant cost savings to the VA, and that is a benefit which we should not ignore.

Mr. Speaker, H.R. 5109 gives veterans more health care choices and provides more convenient options for their care. The veterans service improvement act is a pilot project; and I want to stress that as a pilot project, it will be carefully studied to see what the results are. It is not intended to undermine the Veterans' Administration specialized hospital care in any way. Rather, I believe it could demonstrate to augment it.

So, Mr. Speaker, I am pleased that this important legislation will pass through the House today, and I hope to see it signed into law very soon. The brave men and women who have sacrificed so much for our country deserve nothing less.

Mr. STUMP. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. SMITH), the vice chairman of the committee.

(Mr. SMITH of New Jersey asked and was given permission to revise and extend his remarks.)

Mr. SMITH of New Jersey. Mr. Speaker, I rise in very strong support of H.R. 5109, a bill affecting very positively health care personnel and formulating a pilot system for coordination of services between the VA and non-VA health care facilities.

I would like to thank at the outset the gentleman from Arizona (Mr. STUMP), the good and very able and very distinguished chairman of the full committee, for his leadership on this. He is indefatigable in his efforts to help and enhance veterans benefits. I have been on this committee for 20 years, and it has always been a real joy to watch him in action; and I want to thank him for his leadership. Also I want to thank the gentleman from Florida (Mr. STEARNS), the chairman of the subcommittee, who has done yeoman's work on this legislation and the Millennium Act and other important bills; and the gentleman from Illinois (Mr. EVANS), my good friend, for his good bipartisanship and very strong commitment to our veterans and for his work on this bill as well.

In summary, the bill not only updates pay to nurses, but adjusts the mechanism for making nurses' pay more responsive to today's market realities, increases rates of special pay to dentists, increases the salary rates to our pharmacists, and designates a physician's assistant to serve as a consultant to the Undersecretary of Veterans' Administration.

As a cutting edge initiative, it establishes pilot programs to allow veterans

dependent upon medical services to be seen in facilities in much greater proximity to the veteran's home. We all know, as my good friend just said a moment ago, very often, the very long trips that members of our veterans' communities have to make to get to a hospital, I hear about it over and over again in my own district, and then there is always that legendary wait once you get there to get that service sometimes becomes a disincentive for our veterans to utilize the system. So, it is very important that we see if this experiment works and if it does, then perhaps roll it out even more.

Again, I want to congratulate my colleagues on an excellent, outstanding bill that should get the unanimous support of my colleagues.

I rise today in support of H.R. 5109 a veterans bill affecting Healthcare Personel formulating a pilot system for coordination of services between VA and Non-VA Healthcare facilities.

In summary, this bill not only updates pay to nurses but adjusts the mechanism for making nurses pay more responsive to today's market realities, increases rate of special pay to dentists, increases salary rates to pharmacist, and designates a physicians assistant to serve as a consultant to the Under Secretary of Veterans Administration. As a cutting edge initiative, it establishes pilot programs to allow veterans dependant upon medical services to be seen in facilities of much greater proximity to the veteran's home.

There is a general agreement that there is a nation-wide nursing shortage. In addition, the VA has experienced significant nurse retention problems. Appropriate and timely pay increases must be provided as part of a satisfactory work environment. This bill addresses this concern in several ways. First, it authorizes national comparability pay raise for VA nurses on par with that of other federal employees. Second, it makes optional annual locality survey process for VA nurse pay. Third, it eliminates facility directors as the sole discretionary authority to make pay increases and introduces an automatic mechanism. This will stimulate more timely raises for nurses at VA hospitals. These provisions added together, are designed to make the VA more responsive to the economic needs of nurses and will increase their retention.

PAY FOR DENTISTS AND PHARMACISTS

The bill revises and increases the rates of special pay which is provided to dentists employed by the Veterans Health Administration and is long over due. It eliminates the salary cap on pharmacists.

PHYSICIAN ASSISTANT AS CONSULTANT

The VA employs some 1,200 PA's as the nation's largest employer of PA's in the past 30 years. But amazingly the VA does not have a PA representative to advise the Administration on the optimal usage of PA's. This bill designates a Physician's Assistant to serve as a consultant to the Under Secretary which will greatly improve understanding and utilization of the PA's by the Veterans Administration.

PILOT PROGRAM ON COORDINATING BENEFITS

There appear to be many veterans in all areas of the country who while in need of medical services, must travel a good distance for care. In some cases this is 100 miles or more round trip. This is accomplished often at considerable inconvenience to the patient and to the family of the loved one who must provide transportation to and from VA hospitals. Add that to the legendary wait. This bill sets up a 4 site pilot program coordinating healthcare benefits between VA and non-VA health care facilities. Following up on a previously successful program in Florida, this pilot program will see if coordinated and contracted care would be satisfactory to the veteran and a cost saving gain to the Veterans Administration.

Let me emphasize that this is a program which is totally voluntary. No veteran who feels uncomfortable participating in the program is forced to do so. This is not intended to replace the parent program which has served veterans so well in the past.

Mr. EVANS. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. MILLENDER-MCDONALD).

Ms. MILLENDER-MCDONALD. Mr. Speaker, let me first thank the chairman and the ranking member for their leadership on this great piece of legislation.

I rise today in strong support of the Department of Veterans Affairs Health Care Personnel Act. As a representative of the 37th Congressional District in California, I represent parts of the Long Beach area, so I am particularly supportive of this bill, since it will help many of my constituents.

There are approximately 24.4 million veterans in America, 552,800 of whom are in Los Angeles alone, and 28,900 of whom live in the 37th Congressional District. The number of veterans has declined over the years, but the average age of America's veterans has increased. The median age of veterans is 58 years, and 36 percent are over 65 years of age. This means the services provided at veterans' health care facilities throughout the country are even more important to our veterans, now more than ever before.

Mr. Speaker, this legislation authorizes important construction projects primarily at VA medical facilities to help veterans who have reached an age where the need for safe, accessible medical care is critical. In particular, it authorizes the construction of the VA Medical Center in Long Beach which is located on major fault lines that have yielded earthquakes which have caused severe damage to the area over the years. This construction project will correct life safety and functional space deficiencies and ensure that veterans receive the health care they need in a safe environment.

The Department of Veterans Affairs Health Care Personnel Act also improves the pay of nurses, dentists and other health care professionals employed by the Department of Veterans Affairs which ensures that those who serve our veterans are adequately compensated.

In addition, it establishes a pilot project that will allow four sites to provide inpatient hospital care to veterans in their own communities. The bill also contains a provision that would increase the availability of accommodations at VA medical facilities for veterans and their families who need to travel great distances and stay overnight when obtaining VA medical services.

Mr. Speaker, all of these measures will significantly impact the lives of veterans and their families; and, therefore, Mr. Speaker, I urge my colleagues to join me in voting for the Department of Veterans Affairs Health Care Personnel Act. It is a great piece of legislation.

Mr. STUMP. Mr. Speaker, I yield 3 minutes to the gentlewoman from New York (Mrs. KELLY).

Mrs. KELLY. Mr. Speaker, I rise today in support of H.R. 5109, the Department of Veterans Affairs Health Care Personnel Act of 2000, with one reservation. It is a good bill. The committee has worked hard on it, and my colleagues should be commended for it.

Mr. Speaker, H.R. 5109 corrects a real problem with the pay increases of VA nurses. While the current system of salary adjustments for VA nurses does not allow salary decreases, the current system does allow for the salary to be frozen for a number of years. With inflation, this is tantamount to a cut in salary, with VA nurses having to spend more of their salary each year on the increasing cost of living. This includes the yearly increases that Federal employees must pay on their health care premiums.

In the lower New York area, we have one of the highest costs of living in the Nation. The struggle of our dedicated nurses to raise a family and save for the future is a daily challenge. At the very least, we have to ensure that all VA personnel salary is adjusted for inflation, and this good legislation corrects a grave injustice that has denied nurses pay raises that virtually all Federal workers are given on a yearly basis. This portion of the legislation has my strong support.

Unfortunately, section 401 of the legislation concerns me and colleagues I have spoken with, and that is the section that is entitled, Coordination of Hospitals Benefits Program. It would create a pilot voucher-like program in four geographic areas. The section would authorize the VA to cover a veteran's cost of inpatient care at non-VA facilities. The VA would thus become a secondary insurance for any out-of-pocket expenses of veterans with insurance, including Medicare, when veterans seek inpatient services in private sector hospitals.

It is a good idea, but right now the VA can and does contract with non-VA hospitals to treat veterans for their service-connected conditions. The premise of this pilot gives veterans a financial incentive to go to non-VA facilities for their inpatient care. It establishes an entirely new eligibility category for veterans care based not on the veteran's status or need, but purely on the veteran's geographic location, and to a great extent, the veteran's

own health insurance. It could create real problems.

First, it creates a disparity between health care available to veterans who choose to use the VA health care facilities and those primarily with their own insurance who have previously chosen not to use VA facilities. Second, it sets a precedent for sending veterans to non-VA providers for inpatient services that are paid by veterans' insurance. The VA would now subsidize care outside the system, losing both the direct and appropriated dollars on any third-party reimbursements. This worries me.

If this precedent is set and expanded, the VA health care facilities would only become local referral centers without the resources to sustain a full range of care, including the acute beds and specialized services such as spinal cord injury care and substance abuse treatment for which it is well known. The VA would not really have the control to manage a veteran's case once referred because it would be a secondary payer, not the provider of care.

It is my hope this section could be removed or greatly modified before the legislation comes back to the House.

Mr. EVANS. Mr. Speaker, I yield the balance of my time to the gentleman from Arizona (Mr. STUMP), the chairman of the committee.

Mr. STUMP. Mr. Speaker, I thank the gentleman for yielding us this time, and I yield 3 minutes to the gentleman from Ohio (Mr. LATOURETTE).

(Mr. LATOURETTE asked and was given permission to revise and extend his remarks.)

Mr. LATOURETTE. Mr. Speaker, I rise today in support of H.R. 5109.

Mr. Speaker, today is a great day and a wonderful day for the 39,000 VA nurses who care for our Nation's ailing veterans, and I want to thank the gentleman from Arizona (Mr. STUMP), the gentleman from Florida (Mr. STEARNS), the gentleman from Illinois (Mr. EVANS), and the gentleman from Illinois (Mr. GUTIERREZ) for making this day possible.

In May of last year, I joined with a number of colleagues to introduce legislation called the VA Nurse Appreciation Act. The premise of the legislation was simple, to guarantee that VA nurses get the same annual raise as virtually every other Federal worker; no more, no less, just pay parity. It seems impossible to fathom, but for much of the last decade, VA nurses across the country have been getting short shrift when it comes to Federal pay raises.

When the Nurse Pay Act was passed about a decade ago, it did exactly what it was supposed to do. It allowed the VA to dramatically increase nurse pay so that salaries were comparable with the private sector. That law, so well intended and fully supported by the Congress, eliminated a dire nursing shortage and restored stability to VA hospitals across the country.

Sadly, when budgets became tight, VA medical center directors began using the broad discretion of the law provided in a way that the Congress never intended. Local pay surveys designed to document the need for higher raises than the GS increases were suddenly turned into a tool to withhold raises or award absurdly low raises.

Mr. Speaker, it is no walk in the park being a nurse at a Veterans' Administration facility. The hours are long, the job is stressful, and the veterans can be very sick with a whole host of medical conditions not normally seen in other hospitals. But the women and men who have devoted their careers to caring for our Nation's heroes are a dedicated lot. Despite years of meager annual raises or no raise at all, these 39,000 VA nurses did not turn their backs on our veterans or even think of withholding care.

Mr. Speaker, we are now enjoying the greatest economic prosperity in a generation and unheralded budget surpluses; yet we still have VA nurses out there who received no annual pay raise for 2, 3, 4, or, in some cases, 5 consecutive years. It is a miracle that more nurses have not abandoned the VA.

This legislation, H.R. 5109, is a wonderful step in correcting that inequity, and I again commend the chairman of the committee and the ranking member, the chairman of the subcommittee and the ranking member of the subcommittee. I am most appreciative of their interest in the issue and their willingness to correct this injustice. Special thanks are also due to the AFGE, which has worked tirelessly to make this day possible, together with the ANA and NOVA.

This change in law cannot come soon enough either. All evidence points to a looming and critical shortage of nurses. Right now the average VA nurse is 47 years old, about 5 years older than the national average. We do not attract new nurses with a promise of no annual increase.

Mr. Speaker, this has been a long, hard fight. This is a good bill with many wonderful provisions. I again want to thank the gentleman from Arizona (Mr. STUMP) and the gentleman from Florida (Mr. STEARNS) for correcting an inequity. I urge my colleagues to support the bill.

Mr. STUMP. Mr. Speaker, I yield 4 minutes to the gentleman from California (Mr. HORN).

(Mr. HORN asked and was given permission to revise and extend his remarks.)

Mr. HORN. Mr. Speaker, I rise today in strong support of H.R. 5109. I praise the gentleman from Arizona (Mr. STUMP) and his colleagues in both parties who have brought this fine piece of legislation to the House, the Veterans Affairs Health Care Personnel Act of 2000.

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Not only will this bill improve pay and help retain qualified nurses at the VA medical facilities, a provision that will significantly help nurses at the VA Medical Center Long Beach in my district and one that I have long been a supporter of in this House, it also authorizes $51.7 million for seismic corrections at the VA Medical Center Long Beach.

Providing a broad range of inpatient, outpatient and home care services for veterans throughout Southern California, the VA Medical Center Long Beach has long been recognized for the integral role it plays in Southern California's health care system. The Long Beach Center has also achieved national prominence in the field of spinal cord injury and the rehabilitation of paraplegic and quadriplegic patients.

Ranked second on the VA priority list, this project is essential to provide a safe environment for the 35,000 veteran patients served at the Long Beach VA and the 2,300 employees that work there. The four buildings included in this project house direct patient care functions and support activities that are crucial to meeting the organization's mission and goals.

These buildings are all seismically deficient and in need of upgrading. The United States Geological Survey studies have shown that the fault lines in the Southern California region run directly through the medical center. These major fault lines have yielded earthquakes of significant magnitude and caused severe damage over the years, compromising the patient care mission of the Long Beach Veterans Administration Medical Center.

The demolition of these seismically compromised and deteriorating buildings with the replacement of one newly constructed building with modern and efficient space is crucial in order to provide safety for patients, visitors and staff. It is also the most cost-effective option.

This bill is a fitting tribute to those who have served our Nation with courage and commitment and is the next step in fulfilling our continuing obligation to our Nation's veterans.

I urge all Members of this House to support this very important legislation.

Mr. STUMP. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. Mr. Speaker, I want to thank the gentleman from Arizona (Chairman STUMP) for his courage and commitment in moving this bill forward. I want to particularly commend him for including the language in section 401 that deals with the establishment of a new pilot program that will allow the coordination of payments of benefits.

This was the thrust of legislation, H.R. 4575, introduced earlier by the gentlewoman from California (Mrs. CAPPS) and myself. She has the same challenge I have, a lot of veterans in her congressional district that are served only by a clinic and not a full-service hospital. Her assistance has been critical in moving this initiative forward.

I also want to thank the gentleman from Florida (Mr. MCCOLLUM) and the gentleman from Florida (Mr. STEARNS) who have worked with me on this issue for 4 years, and, of course, the gentleman from Illinois (Mr. EVANS), ranking member, who has been very gracious.

He had a very lengthy meeting with me and the gentlewoman from California (Mrs. CAPPS) earlier in August to try to work with us on moving forward on this issue.

I also want to mention the gentleman from Illinois (Mr. GUTIERREZ) who has offered his support for this provision and, of course, the Republican and Democratic staff on the committee who have worked very, very hard.

My experience on this issue comes from my background, not only as a veteran, the son of a World War II combat-wounded Purple Heart veteran, but as well as a physician who did part of his training in a VA hospital; and, indeed, I continue to volunteer some of my time at the Veterans Health Care Clinic in my congressional district. So I think I can come to this debate with a little bit of perspective.

The veterans want three things. They want access, access, access. They want access to quality care. They want access to specialty care. They want access to care that is close to home. They do not want to be told to pack their bags, to travel across the State, or, worse, to travel to another State to get their health care.

Now, we have operated a pilot program in my congressional district for the last several years. More than 1,000 veterans have received care under this program. Did they like it? Ninety-eight percent said they liked it a lot and would recommend it to a friend. Did it cost more money? No. Actually, it saved the Veterans Administration 15 to 20 percent over cost being provided in a veterans hospital.

When it was stopped by the Veterans Administration in September of last year, the veterans in my congressional district demanded that it be restarted, and it was in July of this year. However, the Veterans Administration excluded veterans over 65 because they are covered by Medicare.

Now, I would like to read a letter that was sent to me by the wife of a veteran, Mrs. Gay Tatro. She wrote: ''My husband was probably one of the first'' veterans ''in the County admitted to the hospital on the Pilot Program in May 1998 and one of the last in September 1999. Both times, plus a couple of hospitalizations in between, he would have been sent to Tampa.'' Now, Tampa is clean across the State. It is a 3-hour drive from my congressional district.

She goes on to say: ''This would have created a substantial hardship both financially and emotionally. In this last hospitalization, the doctors were talking about amputating part of his foot. To have to go to Tampa and deal with this type of trauma by himself would have been unthinkable. The alternative: I would have to stay out of work plus pay for accommodations in Tampa to be near him.''

Section 401 of this bill establishes a new pilot program that would allow the coordination of benefits. It would allow it to be established in three additional sites. There are many underserved areas in this country. Brownsville, Texas; Santa Barbara, California and many others where veterans have to travel hours.

Now, there have been some people, including some we have heard today, who have raised some concerns about this provision of the bill. They seem to center on two things. The first one is that it moves the Veterans Administration away from the business of providing care to one of ensuring care.

To the veterans in my congressional district and those in other underserved areas, I can tell my colleagues they do not care. They want to get quality health care close to home, and these kinds of debates are irrelevant to them. They are certainly irrelevant to the Tatros. They want quality health care close to home.

The other issue that they bring up is that resources could be drained from existing facilities that are currently providing care. This reminds me of, in many ways, FDR's old speech: ''The only thing you have to fear is fear itself.'' I cannot imagine a situation where the chairman, the ranking member would allow services to be drained to provide for care for those veterans and underserved areas, drained from one area to another. The issue here is making sure our veterans get the quality health care they need.

What is clear is the status quo is unacceptable. The status quo is a two-tiered system, Mr. Speaker, a system where we have two kinds of veterans, those who live close to a facility and those who live far away and have to travel.

What we are trying to do in this provision is address the needs of those so they do not have to travel; and for those who live close to a facility, to turn to those veterans who live far away and say, no, no, no, we do not want to provide health care to you close to home, because it might affect my health care where I get my care close to the hospital is unacceptable.

This is the richest country in the world. This is the most powerful country in the world. We can take care of both groups, and this bill provides for that.

I encourage all my colleagues to not succumb to the arguments of the theoretical or to succumb to the arguments of fear, but support this provision, support this legislation.

Mr. Speaker, I am very, very happy to yield to the gentleman from Florida (Mr. STEARNS).

Mr. STEARNS. Mr. Speaker, I just want to commend the gentleman from Florida (Mr. WELDON) for what he is doing and point out to my colleagues this program maximum is a $50 million pilot program. This is on a $49 billion budget for veterans, which is the second largest appropriations of money. The only one larger is the Department of Defense. So this might be, I do not know if the fractions are right, but this is one-one thousandths of a percent that is going for a very small program to demonstrate, to see if it is feasible.

So I think that this is a very modest approach, and I commend the gentleman from Florida (Mr. WELDON) for what he is doing. I certainly think, as one of his constituents pointed out, this is worth this small effort to try to serve veterans.

Mr. WELDON of Florida. Mr. Speaker, I would just like to point out that this provision is endorsed by the VFW and the American Legion. I believe it is the right thing for us to do for our veterans. We can provide quality health care to all of our veterans, and that is what we are trying to do.

GENERAL LEAVE

Mr. STUMP. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on H.R. 5109, as amended.

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

There was no objection.

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

(Mr. STUMP asked and was given permission to revise and extend his remarks.)

Mr. STUMP. Mr. Speaker, I want to thank the House leadership on both sides of this aisle for allowing us to move this bill so quickly today. I want to especially thank the gentleman from Illinois (Mr. EVANS) for all the hard work and cooperation that he has given us and, once again, thank him for the time he has generously yielded to our side.

I want to express my appreciation to the gentleman from Florida (Mr. STEARNS), the chairman of the Subcommittee on Health, for all his hard work, as well as the gentleman from Illinois (Mr. GUTIERREZ), ranking member, also the gentleman from Florida (Mr. WELDON) for all the work he has done, the gentleman from Ohio (Mr. LATOURETTE) and the gentleman from California (Mr. HORN) for their dedication in serving their veterans.

I have no further requests for time. I urge all Members to support the bill.

Mr. JONES of North Carolina. Mr. Speaker, I rise in strong support of the legislation offered the Chairman and Ranking Members of the Veterans Affairs Committee. I do not have to remind the Members of this body that our Nation would not have the prosperity we enjoy if it had not been for the millions of men and women who signed up to serve in our nation's armed forces. Their willingness to offer their lives in the defense of our Nation is the very reason that we enjoy the freedoms we have today. We owe them a debt of gratitude and

the legislation before us today is one more innovative way to ensure that we fulfill that obligation.

I support the legislation for several reasons:

First, I think the proposal to allow rural veterans access to health through local facilities could dramatically increase access for those veterans who must travel great distances to receive care.

Second, this legislation recognizes that we must also ensure that we have the most capable people providing the care that those veterans have earned.

Third, the bill has the potential to greatly improve the quality of care our veterans receive by better integrating the providers of that care into the policy making process.

As our veterans' population continues to age, we must always look outside the box of existing policies to further improve the care and support we provide. H.R. 5109 meets that goal and is a bill that needs to be signed into law. I urge my colleagues to work with me to improve the quality and access to health care for our Nation's veterans and pass the Department of Veterans Affairs Health Care Personnel Act of 2000.

Mrs. MCCARTHY of New York. Mr. Speaker, I rise today in strong support of the VA Health Care Personnel Act. This important piece of legislation improves veterans' access to health care and raises the salaries of VA nurses and dentists. It's incredibly unfair that VA nurses are paid less to do the same work as their counterparts in private hospitals. Under this legislation, VA nurses are guaranteed annual national pay raises based on pay inequities, instead of nursing recruitment or retention. This bill also increases the amount of pay to VA dentists who specialized or take on added responsibilities to help meet the dental needs of our veterans.

On Long Island, the cost-of-living is well-above the rest of the country. However, VA nurses travel to understaffed VA hospitals and care for our veterans at a salary that is unacceptable. As a former nurse, I understand the commitment and professionalism demanded by this profession. Unfortunately, VA nurses continue to work at salary level that does not reflect their commitment to caring for our veterans. Lastly, this legislation extends a pilot program to four as yet unnamed geographic areas where Medicare-eligible veterans can go to non-VA hospitals, at VA expense, if there are no convenient VA hospitals nearby.

Under the new program, the VA would cover some of the costs of care at non-VA hospitals for participating veterans whose private or Medicare plans would pay for most of the share. Too many veterans are forced to drive several hours to a VA hospital if there is a problem. This pilot program examines the benefits of allowing Medicare-eligible veterans to receive treatment at their local hospital. This bill puts veterans one step closer to the care and benefits they deserve. I urge my colleagues to support this legislation.

Mr. GILMAN. Mr. Speaker, I rise today in strong support of H.R. 5109, the Department of Veterans Affairs Health Care Personnel Act of 2000. I urge my colleagues to join in supporting this timely, appropriate legislation.

H.R. 5109 is designed to improve the quality and availability of health care provided by the Department of Veterans Affairs medical facilities. It was drafted to respond to a number of concerns raised by VA personnel and veterans alike. I want to commend Chairman STUMP and the other members of the Veterans Committee for their dedication to this issue, for both listening to our veterans and VA employees, and for following up on their concerns.

Over the past 2 years, I have heard from many VA nurses and pharmacists that their working conditions and their pay levels have contributed to a serious retention problem for these two professions. H.R. 5109 addresses this problem by making changes to the salary review system so that facility directors will have to conduct annual reviews of their nursing turnover and vacancy rates to determine if raises are warranted. It also stipulates that nursing personnel are to participate in this process. Moreover, it clarifies that the absence of a retention problem is not to be a basis for failing to provide a pay increase, and it prohibits ''negative pay adjustments.''

Regarding specialists, H.R. 5109 increases the rates of special pay for VA dentists, and adds pharmacists to the occupations that are exempt from a statutory cap on special salary rates.

This legislation also requires that, when conducting an initial clinical evaluation of a veteran, the VA identify and document pertinent military experiences and exposures which may contribute to the health status of the patient.

Finally, H.R. 5109 authorizes a pilot program involving coordination of hospital benefits. Under the program, veterans with Medicare or other coverage who use a nearby VA clinic for care, but reside far from the nearest VA medical facility, could make a choice to receive care at a community hospital as a Medicare or other health plan beneficiary when the VA finds that they need hospital care. The VA clinic would still coordinate the care, and to ensure that the patient does not incur additional out-of-pocket costs. The bill provides that VA would cover co-payments required by an individual veteran's health plan.

This component of the bill is welcome news for those veterans who reside in rural areas. I look forward to monitoring its progress, and hope it will be expanded in future years.

Mr. Speaker, H.R. 5109 makes a number of much needed adjustments to provide our veterans with better health care. For this reason, I strongly encourage our colleagues to join in supporting its passage.

Mr. RODRIGUEZ. Mr. Speaker, I commend the efforts of the VA Committee and staff in developing the VA employee pay and VA health care improvements in this bill. There are many positive elements in this bill dealing with personnel issues and I am happy to support them. VA nurses, dentists, physicians assistants, pharmacists, and social workers play a critical role in the VA health care system. The amendment to improve chiropractic service in the VA is also necessary in order to expand the availability of important chiropractic services. This legislation addresses ever-changing professions within the VA health care system by improving the salaries and working conditions of its employees.

I am especially pleased with the sections on mental illness. Authorizing another study on post-traumatic stress disorder is long overdue. We have some quality people working on PTSD at the VA and this provision would bolster that important work. I also welcome the extension of the Annual Report of the Committee on Mentally Ill Veterans. We must continue to recognize the special nature of mental illness in our Nation's veterans and continuing the input from the committee is necessary for that to occur.

I represent an area with underserved veterans. Many veterans have to travel more than 200 miles to the nearest VA facility. While I continue to advocate expanding the brick and mortar VA system where there is a genuine need, I support the pilot project at coordinating health care in under-served areas. By limiting the project to four sites and capping the costs, we have an opportunity to see the viability of this service without jeopardizing the VA as a unique hospital system. The VA is not an insurance company, and nothing we do in this bill should show an intent to re-invent the VA as such. I look forward to working with my colleagues in the Senate at enacting the provisions of this legislation this year.

Mr. MCGOVERN. Mr. Speaker, I rise today in support of H.R. 5109, the Department of Veterans Affairs Health Care Personnel Act of 2000. H.R. 5109 is important because it guarantees that nurses, dentists and pharmacists will receive pay raises that will improve their quality of life. Nurses at VA hospitals are underpaid and deserve to be paid at the same rate as those nurses at local, non-governmental hospitals. It's unconscionable that our veterans should be treated by nurses that are being paid less than their fellow nurses at other facilities. H.R. 5109 will fix that problem and properly pay these important people.

H.R. 5109 also recognizes the hard work of dentists at these VA facilities. Dentists who specialize, take on added responsibilities, or who are stationed at certain facilities will receive increased pay and also expands retirement benefits for VA dentists. Another provision exempts VA pharmacists from ceilings on special salary rates. Overall, H.R. 5109 will improve the quality of life of VA nurses, dentists and pharmacists. However, I am concerned about the provision that allows some patients to be treated at non-VA hospital facilities. While I recognize this provision creates a pilot program in four areas and has specific requirements for eligibility for participation, I am concerned that this type of program could lead to the closing of VA hospitals.

Last year, this Congress voted on H.R. 2116, the Veterans' Millennium Health Care Act. A provision in that bill would have established the process by which the Veterans Administration could close VA hospitals, profoundly damaging veterans' access to good quality health care in the Northeast. Fortunately, the final version of H.R. 2116 did not include this provision and VA hospitals were not endangered. I believe H.R. 5109 was drafted with the best intentions and that this bill is designed to improve the quality of life of VA employees and, consequently, the veterans who receive care at VA facilities. I also believe this provision was written with the intention of providing the best care possible to veterans. My concern is that, ultimately, this provision will force veterans from VA hospitals to private care.

I will vote for H.R. 5109 because, overall, this bill is a good bill. However, I ask the sponsor and the members of the Committee on Veterans Affairs to clarify the provision that creates the pilot program to ensure that it does not decrease the level of care at or, ultimately, close VA hospitals in the Northeast or across this country.

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

The SPEAKER pro tempore (Mr. RYAN of Wisconsin). Pursuant to House Resolution 585, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. STUMP. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 411, nays 0, not voting 22, as follows:

[Roll No. 486]

YEAS—411

Abercrombie	Chabot	Fossella
Ackerman	Chambliss	Fowler
Aderholt	Chenoweth-Hage	Frank (MA)
Allen	Clayton	Franks (NJ)
Andrews	Clement	Frelinghuysen
Archer	Clyburn	Gallegly
Armey	Coble	Ganske
Baca	Coburn	Gejdenson
Bachus	Collins	Gekas
Baird	Combest	Gephardt
Baker	Condit	Gibbons
Baldacci	Conyers	Gilchrest
Baldwin	Cook	Gillmor
Ballenger	Cooksey	Gilman
Barcia	Costello	Gonzalez
Barr	Cox	Goode
Barrett (NE)	Coyne	Goodlatte
Barrett (WI)	Cramer	Goodling
Bartlett	Crane	Gordon
Barton	Crowley	Goss
Bass	Cubin	Granger
Becerra	Cummings	Green (TX)
Bentsen	Cunningham	Green (WI)
Bereuter	Davis (FL)	Greenwood
Berkley	Davis (IL)	Gutierrez
Berman	Davis (VA)	Gutknecht
Berry	Deal	Hall (OH)
Biggert	DeFazio	Hall (TX)
Bilbray	DeGette	Hansen
Bilirakis	Delahunt	Hastings (WA)
Bishop	DeLauro	Hayes
Blagojevich	DeLay	Hayworth
Bliley	DeMint	Hefley
Blumenauer	Dickey	Herger
Blunt	Dicks	Hill (IN)
Boehlert	Dingell	Hill (MT)
Boehner	Dixon	Hilleary
Bonilla	Doggett	Hilliard
Bonior	Doolittle	Hinchey
Bono	Doyle	Hinojosa
Borski	Dreier	Hobson
Boswell	Duncan	Hoeffel
Boucher	Dunn	Hoekstra
Boyd	Edwards	Holden
Brady (PA)	Ehlers	Holt
Brady (TX)	Ehrlich	Hooley
Brown (FL)	Emerson	Horn
Brown (OH)	Engel	Hostettler
Bryant	English	Houghton
Burr	Eshoo	Hoyer
Buyer	Etheridge	Hulshof
Callahan	Evans	Hunter
Calvert	Everett	Hyde
Camp	Ewing	Inslee
Canady	Farr	Isakson
Cannon	Fattah	Istook
Capps	Filner	Jackson (IL)
Capuano	Fletcher	Jackson-Lee
Cardin	Foley	(TX)
Carson	Forbes	Jefferson
Castle	Ford	Jenkins
John	Morella	Shays
Johnson (CT)	Murtha	Sherman
Johnson, E. B.	Myrick	Sherwood
Johnson, Sam	Nadler	Shimkus
Jones (NC)	Napolitano	Shows
Jones (OH)	Neal	Shuster
Kanjorski	Nethercutt	Simpson
Kaptur	Ney	Sisisky
Kasich	Northup	Skeen
Kelly	Norwood	Skelton
Kennedy	Nussle	Slaughter
Kildee	Oberstar	Smith (MI)
Kilpatrick	Obey	Smith (NJ)
Kind (WI)	Olver	Smith (TX)
King (NY)	Ortiz	Smith (WA)
Kingston	Ose	Snyder
Kleczka	Owens	Souder
Knollenberg	Oxley	Spence
Kolbe	Packard	Spratt
Kucinich	Pallone	Stabenow
Kuykendall	Pascrell	Stark
LaFalce	Pastor	Stearns
LaHood	Paul	Stenholm
Lampson	Payne	Strickland
Lantos	Pease	Stump
Largent	Pelosi	Stupak
Larson	Peterson (MN)	Sununu
Latham	Peterson (PA)	Sweeney
LaTourette	Petri	Talent
Leach	Phelps	Tancredo
Lee	Pickering	Tanner
Levin	Pickett	Tauscher
Lewis (CA)	Pitts	Tauzin
Lewis (GA)	Pombo	Taylor (MS)
Lewis (KY)	Pomeroy	Taylor (NC)
Linder	Porter	Terry
Lipinski	Portman	Thomas
LoBiondo	Price (NC)	Thompson (CA)
Lofgren	Pryce (OH)	Thompson (MS)
Lowey	Quinn	Thornberry
Lucas (KY)	Radanovich	Thune
Lucas (OK)	Rahall	Thurman
Luther	Ramstad	Tiahrt
Maloney (CT)	Rangel	Tierney
Maloney (NY)	Regula	Toomey
Manzullo	Reynolds	Towns
Markey	Riley	Traficant
Martinez	Rivers	Turner
Mascara	Rodriguez	Udall (CO)
Matsui	Roemer	Udall (NM)
McCarthy (MO)	Rogan	Upton
McCarthy (NY)	Rogers	Velazquez
McCrery	Rohrabacher	Visclosky
McDermott	Rothman	Vitter
McGovern	Roukema	Walden
McHugh	Roybal-Allard	Walsh
McIntyre	Royce	Wamp
McKeon	Rush	Waters
McKinney	Ryan (WI)	Watkins
McNulty	Ryun (KS)	Watt (NC)
Meehan	Sabo	Watts (OK)
Meek (FL)	Salmon	Weiner
Meeks (NY)	Sanchez	Weldon (FL)
Menendez	Sanders	Weldon (PA)
Mica	Sandlin	Weller
Millender-McDonald	Sanford	Weygand
	Sawyer	Whitfield
Miller (FL)	Saxton	Wicker
Miller, Gary	Scarborough	Wilson
Miller, George	Schaffer	Wise
Minge	Schakowsky	Wolf
Mink	Scott	Woolsey
Moakley	Sensenbrenner	Wu
Mollohan	Serrano	Wynn
Moore	Sessions	Young (AK)
Moran (KS)	Shadegg	Young (FL)
Moran (VA)	Shaw	

NOT VOTING—22

Burton	Graham	Metcalf
Campbell	Hastings (FL)	Reyes
Clay	Hutchinson	Ros-Lehtinen
Danner	Klink	Vento
Deutsch	Lazio	Waxman
Diaz-Balart	McCollum	Wexler
Dooley	McInnis	
Frost	McIntosh	

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Mrs. NAPOLITANO changed her vote from ''nay'' to ''yea.''

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. DEUTSCH. Mr. Speaker, I was unavoidably absent from the Chamber today during rollcall vote No. 486, the vote on final passage of H.R. 5109, the Department of Veterans Affairs Health Care Personnel Act. Had I been present, I would have voted ''yea'' on rollcall vote No. 486.

Mr. DIAZ-BALART. Mr. Speaker, on rollcall No. 486, the Department of Veterans Affairs Health Care Personnel Act, I was unavoidably detained. Had I been present, I would have voted ''aye.''

PERSONAL EXPLANATION

Ms. ROS-LEHTINEN. Mr. Speaker, on rollcall Nos. 485, 486, I was unavoidably detained. If present, I would have voted ''aye'' on rollcall Nos. 485, 486.

LEGISLATIVE PROGRAM

(Mr. BONIOR asked and was given permission to address the House for 1 minute.)

Mr. BONIOR. Madam Speaker, I rise to inquire of the distinguished majority leader the schedule for the rest of the day, week and any other information he might want to share with us.

Mr. ARMEY. Madam Speaker, will the gentleman yield?

Mr. BONIOR. I yield to the gentleman from Texas.

Mr. ARMEY. I thank the gentleman for yielding.

Madam Speaker, I appreciate the gentleman's inquiry, and I know there is a great deal of interest on the part of the Members. We have just concluded our final vote for the day, but as we speak, the Interior appropriators are feverishly working to complete their work on the Interior appropriations bill. I am sure the body will join me in expressing appreciation and encouragement to the appropriators to complete that task in such a manner that will enable us to complete our consideration of that conference report tomorrow.

So that as it stands today, we are waiting upon the Interior appropriators to complete their work and we would expect to vote that bill tomorrow in time to make our regularly scheduled departure time of 2 p.m. tomorrow afternoon. I would ask the Members, of course, to be patient and to again express their appreciation for and encouragement to the appropriators as they struggle to complete this very important work and to stay in town and available for a vote on that bill which would be scheduled in the morning.

Mr. OBEY. Madam Speaker, will the gentleman yield?

Mr. BONIOR. I yield to the gentleman from Wisconsin for an inquiry or a comment.

Mr. OBEY. Mr. Speaker, let me simply ask of the distinguished majority leader. Obviously all of us want to get rid of as many appropriation bills as we can. We are going to have enough real