

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until 2 p.m. today.

Accordingly (at 12 o'clock and 45 minutes p.m.), the House stood in recess until 2 p.m.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DRIEHAUS) at 2 p.m.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Lord God, You are blessed from the rising to the setting of the sun each day all around the world.

Today, as the United States Capitol recognizes Korean War Armistice Day and honors over 6 million Americans who served in the Korean War, 56 years later, we once more decry the price and pain of war, applaud the bravery of those who served in the military, and pray for peace in Asia and around the world.

We commend to Your compassionate and faithful love all Korean War veterans, their families and the comrades made during the years of conflict. We pray also for the people of North and South Korea, for separated families and for those once lost and now forgotten by all except You, Almighty God.

Show Your eternal mercy upon all Your people both now and forever. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Arkansas (Mr. BOOZMAN) come forward and lead the House in the Pledge of Allegiance.

Mr. BOOZMAN led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

GOVERNMENT HEALTH CARE
MATH

(Mr. KIRK asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KIRK. Mr. Speaker, some are urging Congress to back a \$1 trillion government health care bill because

they claim 50 million Americans are uninsured. But when you hear the rest of the story, the numbers fall apart. While the Census reports that 45.7 million people lacked insurance during some portion of the year, we find that 9.5 million are non-citizens or illegal aliens, 12 million are eligible for public programs but have not bothered to enroll, 9 million lacked insurance for less than a year, and 7.3 million make over \$84,000 a year but have chosen not to buy insurance.

When you do that math, you find that there are 7.8 million lower-income, long-term, uninsured American citizens. But this smaller number is not big enough to justify \$1 trillion and raising your taxes to rates higher than France, which is why congressional leaders hope you do not look under the hood of their bill or the numbers they use to justify it.

WE NEED TO START OVER
TOGETHER

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, there is bipartisan concern in Congress and across America that the House Democrat leadership's health bill will drive up short-term deficits and long-term debt, ration care with waiting lists, and destroy jobs. Some estimates range from 1.6 million by the NFIB to 4.7 million jobs lost due to this legislation.

There is a better, more positive way to approach health care reform, and it starts by sitting down in a bipartisan way to build a consensus. We all believe the status quo is unacceptable, that we must work to make health care more affordable, accessible and of the highest quality.

Republicans have offered a set of proposals we feel can expand accessibility for individuals and small businesses while preserving the doctor-patient relationship. We should promote health care reform, but we should not sacrifice quality and choice just for an arbitrary timeline.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

HEALTH CARE

(Mr. STEARNS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. STEARNS. Mr. Speaker, last week the Democrats released a thousand-page-plus health care bill that will cost in the order of \$1.5 trillion and will allow for the Federal Government to nationalize health care in America I hope the American people will learn more about this bill before it is voted on the House floor here.

The Federal Government will eventually control almost 20 percent of our

GDP and will control every single doctor and patient health decision that's made in this country.

It's clear we must reform the country's health care delivery system, but in the process of expanding affordable access, we must not create a weaker, more expensive system that future generations will have to pay for. Eighty-three percent of Americans enjoy the health insurance they currently have. We must strengthen and expand our current health care system and not destroy it in favor of a \$1.5 trillion experiment.

CONGRATULATING MERLIN WALTERS ON HIS SERVICE TO THE UNITED STATES

(Mr. BOOZMAN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BOOZMAN. Mr. Speaker, I rise today to commend the service of Merlin Walters, who has distinguished himself as an exemplary citizen with 58 years of service to our country, five in the military and an astounding 53 years with the U.S. Postal Service.

Mr. Walters served as a master mechanic in the Arkansas National Guard at Camp Robinson in Little Rock, Arkansas, and has committed himself as a public servant ever since. In 1956, President Eisenhower appointed him as a full-time carrier for the Hartman Post Office in Hartman, Arkansas. After 11 years of dedicated service, he was appointed to the office of Postmaster of Hartman by President Johnson. He has been a familiar face at the Hartman Post Office for 53 years, and at 89 years old, you can still find him there every day hard at work.

Mr. Walters said he always finds enjoyment in working at the post office in Hartman. He believes in working until the job is done and done right. His hard work and dedication have not gone unnoticed. I thank him for his service to the residents of Arkansas.

ANNOUNCEMENT BY THE SPEAKER
PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken after 6:30 p.m. today.

VETERANS' INSURANCE AND
HEALTH CARE IMPROVEMENTS
ACT OF 2009

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3219) to amend title 38, United States Code, to make certain improvements in the laws administered by the

Secretary of Veterans Affairs relating to insurance and health care, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3219

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 “Veterans’ Insurance and Health Care Improvements Act of 2009”.

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

Sec. 1. Short title; table of contents.

TITLE I—MATTERS RELATING TO INSURANCE

Sec. 101. Permanent extension of duration of Servicemembers’ Group Life Insurance coverage for totally disabled veterans.

Sec. 102. Increased amount of Veterans’ Group Life Insurance.

Sec. 103. Elimination of reduction in amount of accelerated death benefit for terminally-ill persons insured under Servicemembers’ Group Life Insurance and Veterans’ Group Life Insurance.

TITLE II—MATTERS RELATING TO HEALTH CARE

Sec. 201. Higher priority status for certain veterans who are medal of honor recipients.

Sec. 202. Provision of hospital care, medical services, and nursing home care for certain Vietnam-era veterans exposed to herbicide and veterans of the Persian Gulf War.

Sec. 203. Prohibition on collection of copayments from catastrophically disabled veterans.

Sec. 204. Establishment of Director of Physician Assistant Services at Veterans Health Administration of Department of Veterans Affairs.

Sec. 205. Committee on Care of Veterans with Traumatic Brain Injury.

Sec. 206. Revision of certain requirements for the pilot program of enhanced contract care authority for health care needs of veterans in highly rural areas.

TITLE III—MATTERS RELATING TO BENEFITS

Sec. 301. Benefits for qualified World War II veterans.

Sec. 302. Waiver of housing loan fee for certain veterans with service-connected disabilities called to active service.

TITLE I—MATTERS RELATING TO INSURANCE

SEC. 101. PERMANENT EXTENSION OF DURATION OF SERVICEMEMBERS’ GROUP LIFE INSURANCE COVERAGE FOR TOTALLY DISABLED VETERANS.

(a) **EXTENSION.**—Section 1968(a) of title 38, United States Code, is amended—

(1) in paragraph (1)(A), by striking clause (ii) and inserting the following new clause (ii):

“(ii) The date that is two years after the date of separation or release from such active duty or active duty for training.”; and

(2) in paragraph (4), by striking subparagraph (B) and inserting the following new subparagraph (B):

“(B) The date that is two years after the date of separation or release from such assignment.”.

(b) **EFFECTIVE DATE.**—The amendments made by subsection (a) shall apply with respect to a person who is separated or released on or after June 15, 2005.

SEC. 102. INCREASED AMOUNT OF VETERANS’ GROUP LIFE INSURANCE.

(a) **INCREASED AMOUNT.**—Section 1977(a) of title 38, United States Code, is amended—

(1) in paragraph (1), by inserting “Except as provided in paragraph (3),” before “Veterans’ Group Life Insurance shall be”; and

(2) by adding after paragraph (2) the following new paragraph:

“(3) Not more than once in each five-year period beginning on the one-year anniversary of the date a person becomes insured under Veterans’ Group Life Insurance, such person may elect in writing to increase the amount for which the person is insured if—

“(A) the person is under the age of 60;

“(B) the increased amount is \$25,000; and

“(C) the amount for which the person is insured does not exceed the amount provided for under section 1967(a)(3)(A)(i) of this title.”.

(b) **EFFECTIVE DATE.**—Paragraph (3) of section 1977(a) of title 38, United States Code, shall take effect on the date that is 180 days after the date of the enactment of this Act.

SEC. 103. ELIMINATION OF REDUCTION IN AMOUNT OF ACCELERATED DEATH BENEFIT FOR TERMINALLY-ILL PERSONS INSURED UNDER SERVICEMEMBERS’ GROUP LIFE INSURANCE AND VETERANS’ GROUP LIFE INSURANCE.

(a) **ELIMINATION OF REDUCTION.**—Section 1980(b)(1) of title 38, United States Code, is amended by striking “reduced by” and all that follows through “the Secretary”.

(b) **EFFECTIVE DATE.**—The amendment made by subsection (a) shall apply with respect to a payment of an accelerated death benefit under section 1980 of title 38, United States Code, made on or after the date of the enactment of this Act.

TITLE II—MATTERS RELATING TO HEALTH CARE

SEC. 201. HIGHER PRIORITY STATUS FOR CERTAIN VETERANS WHO ARE MEDAL OF HONOR RECIPIENTS.

Section 1705(a)(3) of title 38, United States Code, is amended by inserting “veterans who were awarded the medal of honor under section 3741, 6241, or 8741 of title 10 or section 491 of title 14,” after “Veterans who are former prisoners of war or who were awarded the Purple Heart,”.

SEC. 202. PROVISION OF HOSPITAL CARE, MEDICAL SERVICES, AND NURSING HOME CARE FOR CERTAIN VIETNAM-ERA VETERANS EXPOSED TO HERBICIDE AND VETERANS OF THE PERSIAN GULF WAR.

Section 1710(e) of title 38, United States Code, is amended—

(1) in paragraph (3)—

(A) by striking “subsection (a)(2)(F)—” and all that follows through “(C) in the case” and inserting “subsection (a)(2)(F) in the case”; and

(B) by redesignating clauses (i) and (ii) of the former subparagraph (C) as subparagraphs (A) and (B) of such paragraph (3) and by moving such new subparagraphs two ems to the left; and

(2) in paragraph (1)(C)—

(A) by striking “paragraphs (2) and (3)” and inserting “paragraph (2)”; and

(B) by inserting after “on active duty” the following: “between August 2, 1990, and November 11, 1998,”.

SEC. 203. PROHIBITION ON COLLECTION OF COPAYMENTS FROM CATASTROPHICALLY DISABLED VETERANS.

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

“**§1730A. Prohibition on collection of copayments from catastrophically disabled veterans**

“Notwithstanding subsections (f) and (g) of section 1710 of this title, subsection (a) of

section 1722A of this title, and any other provision of law, the Secretary may not require a veteran who is catastrophically disabled to make any copayment for the receipt of hospital care or medical services under the laws administered by the Secretary.”.

(b) **CLERICAL AMENDMENT.**—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1730 the following new item:

“1730A. Prohibition on collection of copayments from catastrophically disabled veterans.”.

SEC. 204. ESTABLISHMENT OF DIRECTOR OF PHYSICIAN ASSISTANT SERVICES AT VETERANS HEALTH ADMINISTRATION OF DEPARTMENT OF VETERANS AFFAIRS.

(a) **IN GENERAL.**—Section 7306(a) of title 38, United States Code, is amended by striking paragraph (9) and inserting the following new paragraph (9):

“(9) The Director of Physician Assistant Services, who shall serve in a full-time capacity at the Central Office of the Department and who shall be a qualified physician assistant, who shall be responsible to and report directly to the Under Secretary for Health on all matters relating to the education and training, employment, appropriate utilization, and optimal participation of physician assistants within the programs and initiatives of the Administration.”.

(b) **DEADLINE FOR IMPLEMENTATION.**—The Secretary of Veterans Affairs shall ensure that an individual is serving as the Director of Physician Assistant Services under section 7306(a)(9) of title 38, United States Code, as added by subsection (a), by not later than 120 days after the date of the enactment of this Act.

SEC. 205. COMMITTEE ON CARE OF VETERANS WITH TRAUMATIC BRAIN INJURY.

(a) **ESTABLISHMENT OF COMMITTEE.**—Subchapter II of chapter 73 of title 38, United States Code, is amended by inserting after section 7321 the following new section:

“§7321A. Committee on Care of Veterans with Traumatic Brain Injury

“(a) **ESTABLISHMENT.**—The Secretary shall establish in the Veterans Health Administration a committee to be known as the ‘Committee on Care of Veterans with Traumatic Brain Injury’. The Under Secretary for Health shall appoint employees of the Department with expertise in the care of veterans with traumatic brain injury to serve on the committee.

“(b) **RESPONSIBILITIES OF COMMITTEE.**—The committee shall assess, and carry out a continuing assessment of, the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury. In carrying out that responsibility, the committee shall—

“(1) evaluate the care provided to such veterans through the Veterans Health Administration;

“(2) identify systemwide problems in caring for such veterans in facilities of the Veterans Health Administration;

“(3) identify specific facilities within the Veterans Health Administration at which program enrichment is needed to improve treatment and rehabilitation of such veterans; and

“(4) identify model programs which the committee considers to have been successful in the treatment and rehabilitation of such veterans and which should be implemented more widely in or through facilities of the Veterans Health Administration.

“(c) **ADVICE AND RECOMMENDATIONS.**—The committee shall—

“(1) advise the Under Secretary regarding the development of policies for the care and

rehabilitation of veterans with traumatic brain injury; and

“(2) make recommendations to the Under Secretary—

“(A) for improving programs of care of such veterans at specific facilities and throughout the Veterans Health Administration; and

“(B) for establishing special programs of education and training relevant to the care of such veterans for employees of the Veterans Health Administration; and

“(C) regarding research needs and priorities relevant to the care of such veterans; and

“(D) regarding the appropriate allocation of resources for all such activities.

“(d) ANNUAL REPORT.—Not later than June 1 of 2010, and each subsequent year, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and House of Representatives a report on the implementation of this section. Each such report shall include the following for the calendar year preceding the year in which the report is submitted:

“(1) A list of the members of the committee.

“(2) The assessment of the Under Secretary for Health, after review of the initial findings of the committee, regarding the capability of the Veterans Health Administration, on a systemwide and facility-by-facility basis, to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury.

“(3) The plans of the committee for further assessments.

“(4) The findings and recommendations made by the committee to the Under Secretary for Health and the views of the Under Secretary on such findings and recommendations.

“(5) A description of the steps taken, plans made (and a timetable for the execution of such plans), and resources to be applied toward improving the capability of the Veterans Health Administration to meet effectively the treatment and rehabilitation needs of veterans with traumatic brain injury.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7321 the following new item:

“7321A. Committee on Care of Veterans with Traumatic Brain Injury.”.

SEC. 206. REVISION OF CERTAIN REQUIREMENTS FOR THE PILOT PROGRAM OF ENHANCED CONTRACT CARE AUTHORITY FOR HEALTH CARE NEEDS OF VETERANS IN HIGHLY RURAL AREAS.

Subsection (b) of section 403 of the Veterans’ Mental Health and Other Care Improvements Act of 2008 (Public Law 110-387; 38 U.S.C. 1703 note) is amended to read as follows:

“(b) COVERED VETERANS.—For purposes of the pilot program under this section, a covered veteran is any veteran who—

“(1) is—

“(A) enrolled in the system of patient enrollment established under section 1705(a) of title 38, United States Code, as of the date of the commencement of the pilot program under subsection (a)(2); or

“(B) eligible for health care under section 1710(e)(3)(C) of title 38, United States Code; and

“(2) resides in a location that is—

“(A) more than 60 minutes’ driving distance, as determined by the Secretary, from the nearest Department health care facility providing primary care services, in the case of a veteran seeking such services; and

“(B) more than 120 minutes’ driving distance, as determined by the Secretary, from

the nearest Department health care facility providing acute hospital care, in the case of a veteran seeking such care; or

“(C) more than 240 minutes’ driving distance, as determined by the Secretary, from the nearest Department health care facility providing tertiary care, in the case of a veteran seeking such care.”.

TITLE III—MATTERS RELATING TO BENEFITS

SEC. 301. BENEFITS FOR QUALIFIED WORLD WAR II VETERANS.

(a) ESTABLISHMENT OF COMPENSATION FUND.—Subchapter II of chapter 5 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 533. Qualified World War II Veterans Equity Compensation Fund

“(a) COMPENSATION FUND.—(1) There is in the general fund of the Treasury a fund to be known as the ‘Qualified World War II Veterans Equity Compensation Fund’ (in this section referred to as the ‘compensation fund’).

“(2) Subject to the availability of appropriations for such purpose, amounts in the compensation fund shall be available to the Secretary without fiscal year limitation to make payments to eligible individuals in accordance with this section.

“(b) ELIGIBLE INDIVIDUALS.—(1) An eligible individual is an individual who—

“(A) during the 1-year period beginning on the date of the enactment of this section, submits to the Secretary an application containing such information and assurances as the Secretary may require; and

“(B) has not received benefits under the Servicemen’s Readjustment Act of 1944 (Public Law 78-346); and

“(C) has engaged in qualified service.

“(2) For purposes of paragraph (1), a person has engaged in qualified service if the service of the person has been determined to have been active duty service pursuant to section 1401 of the GI Bill Improvement Act of 1977 (38 U.S.C. 106 note).

“(c) AMOUNT OF PAYMENTS.—The Secretary shall make a monthly payment out of the compensation fund in the amount of \$1,000 to an eligible individual. The Secretary shall make such payments to eligible individuals in the order in which the Secretary receives the applications of the eligible individuals.

“(d) AUTHORIZATION OF APPROPRIATIONS.—(1) There are authorized to be appropriated to the compensation fund amounts as follows:

“(A) For fiscal year 2010, \$222,000,000.

“(B) For fiscal year 2011, \$193,000,000.

“(C) For fiscal year 2012, \$170,000,000.

“(D) For fiscal year 2013, \$146,000,000.

“(E) For fiscal year 2014, \$124,000,000.

“(2) Funds appropriated to carry out this section shall remain available until expended.

“(e) REPORTS.—The Secretary shall include, in documents submitted to Congress by the Secretary in support of the President’s budget for each fiscal year, detailed information on the operation of the compensation fund, including the number of applicants, the number of eligible individuals receiving benefits, the amounts paid out of the compensation fund, the administration of the compensation fund, and an estimate of the amounts necessary to fully fund the compensation fund for that fiscal year and each of the three subsequent fiscal years.

“(f) REGULATIONS.—The Secretary shall prescribe regulations to carry out this section.”.

(b) REGULATIONS.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall prescribe the regulations required under section 532(f) of title 38, United States Code, as added by subsection (a).

(c) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item related to section 532 the following new item:

“533. Qualified World War II Veterans Equity Compensation Fund.”.

SEC. 302. WAIVER OF HOUSING LOAN FEE FOR CERTAIN VETERANS WITH SERVICE-CONNECTED DISABILITIES CALLED TO ACTIVE SERVICE.

Section 3729(c)(1) of title 38, United States Code, is amended by inserting after “retirement pay” the following: “or active service pay”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gentleman from Florida (Mr. STEARNS) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. I thank the Speaker, and I yield myself such time as I may consume.

I rise in strong support of passage of this bill, the Veterans’ Insurance Health Care Improvement Act of 2009, H.R. 3219. This important legislation was assembled with the help of many members of the House Committee on Veterans Affairs, without whose efforts this bill would not have been possible. I’m surprised to see my friend, Mr. STEARNS, managing the bill, having just rallied against nationalization of health care, which is not what the Obama plan has, but then he’s a great supporter of the veterans’ health system, which I think may come under his definition. So I’m pleased that he supports so strongly the Veterans Administration health care system, which is nationalized care, but I wish he would support Mr. Obama’s health care plan, which has nothing to do with nationalization.

But I want to recognize and applaud the outstanding effort of especially two dynamic members on the committee who sponsored major insurance provisions of the bill under consideration. Mrs. HALVORSON of Illinois sponsored the Families of Veterans Financial Security Act, H.R. 2774, which has become section 101 of this bill. And Mrs. KIRKPATRICK of Arizona sponsored the Veterans and Service Members Accelerated Benefit Option Equity Act of 2009, H.R. 2988, which is now section 103 of this bill.

These measures represent common-sense yet critical insurance provisions intended to ensure that our veterans, servicemembers and their families who have insurance-related needs receive the full measure of the benefit offered and that the survivors have ample replacement income to meet their needs. All of the provisions would give veterans and servicemembers greater flexibility in their insurance choices, and, consequently, greater peace of mind.

Additionally, the Congressional Budget Office reports that none of the bills would increase Federal direct spending for veterans’ insurance programs. And I want to applaud, also, the chairman of our Disability Assistance

and Memorial Affairs Subcommittee on these measures, Mr. HALL of New York, for his leadership on these measures.

The legislation further provides for a wide variety of health care improvements in recognition of veterans who have sacrificed so much for the safety and freedom of the Nation. It enhances the lives of the Nation's veterans, from World War II to the current conflicts.

Other members also contributed to the health care provisions of this, and I want to thank them for their efforts. For example, Mr. MITCHELL of Arizona, who wrote H.R. 1197, the Medal of Honor Health Care Equity Act of 2009, which assigns a higher priority status for VA hospital care and medical services for veterans who are recipients of the Medal of Honor.

Another provision by Mr. HARE of Illinois, H.R. 1302, would establish a position of director of physician assistant services within the Office of the Under Secretary of Veterans Affairs for Health. And Mrs. HALVORSON from Illinois also sponsored H.R. 1335, which would prohibit the Secretary of Veterans Affairs from collecting certain copayments from veterans who are catastrophically disabled from non-service-connected causes and have income above the means tested level.

Mr. MCNERNEY from California sponsored H.R. 1546, the Caring for Veterans with Traumatic Brain Injury Act, and that has been incorporated to establish a committee on the care of veterans with traumatic brain injury to assess the VA's ability to treat and rehabilitate veterans with TBI—that is traumatic brain injury—and to provide recommendations on how to more effectively treat these veterans.

Mr. NYE of Virginia introduced H.R. 2926, which was incorporated into the bill to provide hospital care, medical services, and nursing home care for certain Vietnam-era veterans exposed to herbicides and also veterans of the Persian Gulf War.

Mr. BUYER's bill, H.R. 2270, would establish a compensation fund for all civilian groups who are given veteran status under the G.I. Bill Improvement Act of 1977, and that is also in the bill.

And finally, we have a bill introduced by Mr. TEAGUE of New Mexico to waive the housing loan fee for certain veterans with service-connected disabilities called to active service.

So I want to thank all of the members of our committee who've worked so hard to put together the important legislation we are considering today, and I hope my colleagues will support H.R. 3219 as amended.

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

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

Mr. Speaker, I rise in strong support of H.R. 3219, as amended, to amend title 38 of the United States Code, which would make improvements in the laws administered by the Secretary of Veterans Affairs relating to insurance and health care and for other purposes.

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H.R. 3219, as amended, combines veterans' life insurance and health care provisions from bills by several Members that improve the lives of veterans, and I will highlight for my colleagues just a few of these this afternoon.

The bill includes provisions of H.R. 2349, the Veterans' Group Life Insurance Improvement Act of 2009, that was introduced by the ranking member, Mr. BUYER, to allow veterans under the age of 60 to purchase up to \$400,000 of veterans' group life insurance coverage in \$25,000 increments every 5 years. This bill gives our veterans greater flexibility in their life insurance choices and is supported by the VA and veterans service organizations. That's good.

Another provision that has been included in H.R. 3219, as amended, is from H.R. 2270, also introduced by Ranking Member BUYER, which provides equity for all of the 28 World War II civilian groups that were later given veteran status under the process set up by the GI Bill Improvement Act of 1977.

The bill provides equity by making all these groups eligible for the same \$1,000 a month payment that merchant mariners of World War II would receive under H.R. 23, as amended, which the House passed earlier this year.

One group of veterans that would benefit from this provision are the members of the American Volunteer Group, also known as the Flying Tigers. This was a distinct group of American ground crew and pilots who worked as part of the Chinese Air Force with U.S. Government approval in defense of allied strongholds before and after America's entrance into the war. The Flying Tigers, P-40 aircraft, with their distinctive shark's teeth painted on the nose of the fuselage, became famous for their many, many successful raids on Japanese targets in China, including one just 12 days after Pearl Harbor.

Mr. Speaker, the Flying Tigers are credited with destroying 297 aircraft, of which 229 were air-to-air victories. This statistic is even more impressive when you consider that they were largely outnumbered in almost every engagement they were involved with, and all of their supplies had to be flown over the Hump from India over the Himalayan Mountains.

Also, Mr. Speaker, there is another well-known group. It is called the Women Air Force Service Pilots, WASPs. These were female pilots who flew noncombat missions for the United States Army Air Corps during the war. Over 1,000 of these brave pilots flew missions all across this country in support of the war effort. Although they had been promised to be made part of the Air Corps following the war, they were disbanded on December 20, 1944, with little fanfare and with little recognition.

Earlier this year, the President signed S. 614 to award the Congressional Gold Medal to an estimated 300

WASPs that are still alive today. The passage of S. 614, coupled with the benefit provided to the WASPs under the bill, will finally give these brave women veterans the recognition they deserve.

I want to thank the chairman, Mr. FILNER, for accepting the amendment to include these groups in the bill so that we can provide simple equity for all of these veterans that were not eligible for the World War II GI Bill.

I urge my colleagues to support this legislation.

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

Mr. FILNER. Mr. Speaker, I yield as much time as she may consume to one of our dynamic new members of our committee, Mrs. HALVORSON of Illinois.

Mrs. HALVORSON. Thank you, Mr. FILNER, for yielding and for your leadership on the Veterans' Affairs Committee.

I rise in support of H.R. 3219. Included in H.R. 3219 is the language from legislation that I introduced which would eliminate copayments from catastrophically disabled veterans who receive medical care from the Department of Veterans Affairs. Right now, some catastrophically disabled veterans are thrown into financial hardship because of copayments they pay to the VA.

Catastrophically disabled veterans have conditions that compromise their ability to carry out the activities of daily living, including such basic self-care tasks as eating, bathing, and dressing. Veterans in these situations have enough challenges to face on a daily basis; having enough resources to make their copayment should not be another challenge that they have to deal with.

This legislation would allow our veterans to receive the health care that they deserve without adding another burden that makes it more difficult to afford.

Also included in this language from my bill, the Families of Veterans Financial Security Act, which would make permanent the extension that totally disabled veterans currently receive from the Servicemembers' Group Life Insurance program, also known as the SGLI. The SGLI is operated by the VA and provides low-cost group life insurance to members of the uniformed services. This program was developed to make insurance benefits available for veterans and servicemembers who were not able to secure insurance from private companies due to the extra risks involved in military service or because of a service-connected disability.

Currently, a temporary SGLI disability extension exists to allow servicemembers who are totally disabled to retain their SGLI coverage at no cost for up to 2 years. This extension guarantees that veterans most in need—the ones that are seriously disabled as a result of their service—won't lose their

life insurance coverage. This legislation would make the extension permanent and provide financial security to the families of disabled veterans.

I urge my colleagues to support H.R. 3219.

Mr. STEARNS. Mr. Speaker, I would like to take a moment to thank JOHN HALL of New York and DOUG LAMBORN of Colorado, the chairman and ranking member on the Subcommittee on Disability Assistance and Memorial Affairs, and MIKE MICHAUD of Maine and HENRY BROWN of South Carolina for all of their hard work on the legislation which was included in this bill. I would also like to thank Chairman FILNER and Ranking Member BUYER for their cooperation in moving the legislation forward.

Mr. Speaker, I urge my colleagues to support H.R. 3219, as amended, and I yield back the balance of my time.

Mr. FILNER. I yield as much time as he may consume to the gentleman from American Samoa (Mr. FALEOMAVAEGA).

Mr. FALEOMAVAEGA. Mr. Speaker, I rise in strong support of H.R. 3219, legislation to amend title 38, U.S. Code, to make certain improvements in the laws administered by the Secretary of Veterans Affairs related to insurance and health care, and for other purposes.

Mr. Speaker, I do want to commend the gentleman from California, my colleague, the chairman of the Committee on Veterans' Affairs, and my good friend from Florida who is managing on the other side of the aisle this important legislation.

Mr. Speaker, H.R. 3219, among other things, would make permanent the 2-year extension of the free Servicemembers' Group Life Insurance coverage period for totally disabled veterans following separation from active or reserve duty, enable veterans insured under the Veterans' Group Life Insurance program to increase the amount of their coverage, and eliminate the reduction in the amount of accelerated death benefits for terminally ill persons insured under both the SGLI and the VGLI programs.

Mr. Speaker, such improvements to the SGLI and VGLI programs would maximize the opportunity for totally disabled veterans, especially those who have no commercial insurance, the chance to obtain insurance coverage to pay for their medical expenses. Especially in this time of economic hardship, this bill would provide tremendous financial help and security for our veterans and their families.

Moreover, this bill would expand existing health care programs to include veterans that were not otherwise qualified. For example, this bill would provide for the enhanced treatment authority for veterans of the Vietnam era, like myself, and veterans of the Gulf War who may have been exposed to Agent Orange, herbicides known to contain dioxin, which has been linked to cancer and other disorders. While

the full impact of these herbicides remain unknown, veterans affected have shown symptoms including persistent memory and concentration problems, chronic headaches, widespread pain, gastrointestinal problems, and other chronic abnormalities not explained by well-established diagnoses.

Mr. Speaker, as a Vietnam veteran myself, and a proud member of the 100th Battalion 442nd Infantry Reserve Unit out of Hawaii, I certainly appreciate the service and sacrifice of my fellow servicemen in the United States Armed Forces.

Again, I urge my colleagues to support this bill.

GENERAL LEAVE

Mr. FILNER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 3219, as amended, and urge my colleagues to unanimously support the bill.

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

There was no objection.

Mr. BUYER. Mr. Speaker, I rise in support of H.R. 3219, as amended, the Veterans' Insurance and Health Care Improvements Act of 2009, which would amend title 38, United States Code, to make certain improvements in the laws administered by the Secretary of Veterans Affairs relating to insurance and health care.

H.R. 3219, as amended combines several pieces of legislation including H.R. 2349, the Veterans' Group Life Insurance Improvement Act of 2009, and H.R. 2270, the Benefits for Qualified World War II Veterans Act of 2009, both of which I introduced earlier this year.

H.R. 2349 gives eligible veterans the option of purchasing additional life insurance coverage under the Veterans Group Life Insurance Program. They would be able to purchase this coverage every five years in \$25,000 increments up until age 60. This provision gives these veterans that choice to increase their life insurance as they get older and may see the need to purchase more as their family grows. The costs of such increases in coverage would be offset by premiums veterans pay, so there is no direct cost to the government.

Another provision included in H.R. 3219, as amended, is the substance of H.R. 2270, which provides a \$1,000 monthly payment to all World War II civilian groups that were later given veteran status under the process set up by the G.I. Bill Improvement Act of 1977.

Earlier this year, the House created an inequitable situation when we singled out one of these civilian groups, merchant mariners, to receive this payment while excluding the other 28 groups who also served bravely in defense of our country. I am pleased that the bill before us corrects this situation.

One of these groups that are now eligible under this provision is American Volunteer Group also known as the Flying Tigers. These were civilian pilots and ground crew who fought against the Japanese before and after Pearl Harbor and had one of the most impressive combat records in the Pacific Theater.

During the subcommittee legislative hearing on H.R. 2270, members had the opportunity to

meet and hear testimony of 90-year-old former Flying Tiger, Ed Stiles, Sr.

I had the opportunity to meet with Mr. Stiles and his family, and it was an absolute pleasure to hear his stories about the brave pilots and ground crews of the Flying Tigers who saved countless American lives by tying up Japanese air forces in China before and after Pearl Harbor.

I want to thank my colleagues for including these two provisions in H.R. 3219, as amended. I urge my colleagues to support this legislation.

Mr. HARE. Mr. Speaker, I rise in strong support of H.R. 3219, the Veterans' Insurance and Health Care Improvements Act of 2009.

Earlier in this session, I introduced H.R. 1302, a bill to create a full-time Director of Physician Assistant (PA) Services in the Department of Veterans Affairs (VA) Central Office. I would like to thank my colleague, Representative JERRY MORAN, for his leadership with me on this bill, as well as Chairmen FILNER and MICHAUD, Ranking Members BUYER and BROWN and many other VA Committee colleagues for joining us as cosponsors.

Today, I am very pleased to speak in support of H.R. 3219, which incorporates the provisions of my bill and eight other bills that were favorably considered by the House Committee on Veterans' Affairs.

PAs have long been a key component in the Veterans Health Administration (VHA). Almost two thousand PAs are currently employed by the VA, roughly 30 percent of whom are veterans. While the PA Advisor position, established by Congress in 2000, has been valuable, many problems exist.

For example, as the American Academy of Physician Assistants (AAPA) explained in written testimony on October 18, 2007, "In one case, a local facility decided that a PA could not write outpatient prescriptions despite licensure in the state allowing prescriptive authority. In other facilities, PAs were told that the VA facility can not use PAs and will not hire PAs." These inconsistencies and restrictions not only hinder PAs currently employed by the VA, but also discourage PAs from even entering the VA system, ultimately impacting the medical care of our nation's veterans.

PAs are the fourth fastest growing profession in the country, yet the VA is simply not competitive with the private sector for new PA graduates. The lack of a Director of PA Services at the VA prevents necessary recruitment and retention of the PA workforce in the VA at a time when we need more health care professionals to provide necessary care to our Veterans.

Considering the fact that nearly 40 percent of all VA PAs are projected to retire in the next five years, the VA is in danger of losing its PA workforce unless serious focus is directed toward recruitment and retention of this critical group.

One of the biggest challenges facing current and future PAs in the VA system is their exclusion from recruitment and retention benefits. The VA designates physicians and Nurse Practitioners (NPs) as critical occupations. As such, these individuals receive priority in scholarships and loan repayment programs. Unfortunately, the VA has not designated the PA profession as a critical occupation despite the fact that the VA has determined PAs and NPs functionally interchangeable.

Additionally, VA medical facilities, at times, post vacant positions for NPs only, excluding

PAs. There is also a hiring trend in the VA of NPs outpacing PAs nearly three to one, again despite the interchangeability between the two specialties.

Finally, PAs are not included in any of the VA special locality pay bands, so PA salaries are not regularly tracked and reported by the VA. There is evidence that this has resulted in lower pay for PAs employed by the VA compared to other health care professionals. This only serves as yet another deterrent for PAs to enter the VA system.

A permanent Director at the VA Central Office (VACO) would serve as an advocate on behalf of PAs and work to ensure their fair treatment. It is time for the VA to devote serious attention to PA recruitment and retention. Enactment of H.R. 1302 is a start.

As a Congressman who represents a district with rural communities, I know that PAs play a key role in providing medical care in rural and other medically underserved areas. I want to ensure that they are equally well utilized by the VA. I know that medical institutions like the Cleveland Clinic, the Mayo Clinic, the MD Anderson Cancer Clinic at the University of Texas, and others have a Director of PA Services to make sure that the PAs they employ are integrated into their health systems. Additionally, each branch of the Armed Services has a Chief PA to help the military best utilize its PA workforce. It is time for the VA to do the same.

I strongly urge my colleagues to show their support of strengthening Veterans' healthcare by voting "yes" on H.R. 3219.

Mr. TEAGUE. Mr. Speaker, I believe that this bill represents something that we can always use more of in government, a little common sense. In this case, that common sense is a simple fix that will ensure that disabled veterans will be able to receive the housing assistance that they have earned. I am the sponsor of legislation that will make that fix.

My bill, H.R. 2180, will waive VA home loan fees for certain veterans with service-connected disabilities that have been recalled to active service. I am proud to say that this provision has been included in H.R. 3219.

Currently, the Department of Veterans Affairs underwrites home loans that are made by private lenders to eligible veterans. The benefits of having a VA home loan are many. For example, the buyer is informed of reasonable value, the interest rate is negotiable, and there are no mortgage insurance premiums. Veterans also have the right to prepay without penalty, and the VA provides assistance to veteran borrowers in default due to financial difficulty.

Additionally, many disabled veterans and some injured soldiers qualify for a waiver of home loan fees. Unfortunately, however, a different part of the law prevents an eligible servicemember or veteran from receiving a home loan funding fee waiver if the veteran is called up back to active duty service. This bill gets rid of this oversight in the law and allows all eligible servicemembers to receive the fee waiver, whether or not they have been called back to service.

Mr. Speaker, I simply think that it is wrong that someone who has served their country and been injured as a result of that service be penalized because they are returning to service.

This provision represents a common-sense solution to a problem that I do not think any-

one anticipated. I believe that when the Congress established the VA Home loan program they had the best of intentions. This program has created an opportunity for thousands of veterans that simply want to be part of the American dream. With this bill we can correct an oversight that will help even more veterans along the way.

I would like to take this time to thank the staff members of the Economic Opportunity Subcommittee who lent their expertise during the drafting of this bill. I truly believe that this one measure can open up many doors of opportunity to our veterans and hope that my colleagues will support its passage.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. FILNER) that the House suspend the rules and pass the bill, H.R. 3219, as amended.

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

A motion to reconsider was laid on the table.

DISABLED VETERANS HOME IMPROVEMENT AND STRUCTURAL ALTERATION GRANT INCREASE ACT OF 2009

Mr. FILNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1293) to amend title 38, United States Code, to provide for an increase in the amount payable by the Secretary of Veterans Affairs to veterans for improvements and structural alterations furnished as part of home health services.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1293

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Disabled Veterans Home Improvement and Structural Alteration Grant Increase Act of 2009".

SEC. 2. INCREASE IN AMOUNT AVAILABLE TO DISABLED VETERANS FOR IMPROVEMENTS AND STRUCTURAL ALTERATIONS FURNISHED AS PART OF HOME HEALTH SERVICES.

(a) INCREASE.—Section 1717(a)(2) of title 38, United States Code, is amended—

(1) in subparagraph (A), by striking "\$4,100" and inserting "\$6,800"; and

(2) in subparagraph (B), by striking "\$1,200" and inserting "\$2,000".

(b) EFFECTIVE DATE.—The amendments made by subsection (a) shall apply with respect to a veteran who first applies for benefits under section 1717(a)(2) of title 38, United States Code, on or after the date of the enactment of this Act.

(c) APPLICABILITY.—A veteran who exhausts such veteran's eligibility for benefits under section 1717(a)(2) of title 38, United States Code, before the date of the enactment of this Act, is not entitled to additional benefits under such section by reason of the amendments made by subsection (a).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. FILNER) and the gen-

tleman from Florida (Mr. STEARNS) each will control 20 minutes.

The Chair recognizes the gentleman from California.

Mr. FILNER. Mr. Speaker, I want to thank the ranking member of our committee, Mr. BUYER of Indiana, for introducing this bill.

In the past, many of our veterans have returned from combat with life-changing injuries and illnesses. Congress saw fit to provide special adaptive grants to help them improve their quality of life. Today, another generation of servicemembers is returning from the wars in Iraq and Afghanistan with even more egregious life-changing injuries and illnesses due to the development of better equipment and body armor that keeps them alive, albeit seriously injured.

The bill provides for a long overdue increase in the amount payable to veterans for improvements and structural alterations to their homes. This amount, Mr. Speaker, has not been increased for 17 years. The bill would increase the grant amounts from \$4,100 to \$6,800 for veterans with a service-connected disability and from \$1,200 to \$2,000 for veterans with nonservice-connected disability. Importantly, Home Improvement and Structural Alteration grants, called HISA, are the only grants available to nonservice-connected veterans and those conditions.

HISA grants can be used in conjunction with other adaptive housing grants offered through the Veterans Benefits Administration to help cover some of the additional costs a veteran may be facing when building or adapting a home to meet his or her unique needs. We owe it to our veterans to keep pace with the many different needs and challenges that they face on a daily basis. Seventeen years is a long time to wait.

I urge my colleagues to support H.R. 1293.

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

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

Mr. Speaker, I rise in strong support of H.R. 1293, the Disabled Veterans Home Improvement and Structural Alteration Grant Increase Act of 2009.

H.R. 1293 is a bill that our ranking member, Mr. BUYER, introduced to increase the authorized amount of a Home Improvement and Structural Alteration, or, as commonly referred to as HISA, grant that VA provides as part of home health services. Mr. Speaker, it is an important benefit that is available to veterans with service-connected and nonservice-connected disabilities who simply require home adaptations to continue treatment for their disability in their home, and I am proud to be an original cosponsor of this bill.

The HISA grant is used for such things as widening doors—something simple that will have a great impact for these veterans—lowering kitchen and bathroom counters and sinks,