

Ms. JACKSON LEE. Mr. Speaker, I rise today in strong support of H.R. 677, the "American Heroes COLA Act."

This bill requires that, whenever there is an increase in benefit amounts payable under title II (Old Age, Survivors and Disability Insurance) of the Social Security Act, the Secretary of Veterans Affairs shall increase by the same percentage the amounts payable as veterans' disability compensation.

H.R. 677 does the following:

1. compensates for dependents
2. a clothing allowance for certain disabled adults
3. compensation for surviving spouses and children

This bill requires that veterans are given the correct percentage and benefit amounts from the Social Security Act.

Retired military veterans, VA rates for compensation and pension for disabled veterans and surviving families will be effective December 1, 2015 and will be reflected on the first check to be paid on December 31, 2015.

Congress enacted the COLA provision as part of the 1972 Social Security Amendments, and automatic annual COLAs began in 1975. Before that, benefits were increased only when Congress enacted special legislation.

COLA impacts benefits to about 59 social security recipients, 1.96 million military retirees and 4 million disabled veterans.

This increase in benefit amounts will help alleviate financial stress that millions of our disabled veterans have.

As the sponsor of H.R. 76 "the HERO Transition from Battlespace to Workplace Act," I strongly support our veterans and any bill that helps mitigate soldier to citizen transition.

As Abraham Lincoln stated, "Honor to the soldier and sailor everywhere, who bravely bears his country's cause. Honor, also, to the citizen who cares for his brother in the field and serves, as he best can, the same cause."

H.R. 677 is a positive step forward in increasing in benefit amounts payable as veterans' disability compensation.

I strongly support this bill and urge my colleagues to join me and do the same.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Louisiana (Mr. ABRAHAM) that the House suspend the rules and pass the bill, H.R. 677, as amended.

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

The title of the bill was amended so as to read: "A bill to amend title 38, United States Code, to provide for annual cost-of-living adjustments to be made automatically by law each year in the rates of disability compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for survivors of certain service-connected disabled veterans, and for other purposes."

A motion to reconsider was laid on the table.

VA MEDICAL CENTER RECOVERY ACT

Mr. ABRAHAM. Mr. Speaker, I move to suspend the rules and pass the bill

(H.R. 3234) to amend title 38, United States Code, to establish within the Department of Veterans Affairs an Office of Failing Medical Center Recovery, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3234

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 "VA Medical Center Recovery Act".

SEC. 2. EVALUATION AND IMPROVEMENT OF MEDICAL CENTERS.

(a) UNDERPERFORMING MEDICAL CENTERS.—(1) IN GENERAL.—Chapter 73 of title 38, United States Code, is amended by inserting after section 7311A the following new section:

"§ 7311B. Evaluation and improvement of medical centers

"(a) IDENTIFICATION OF UNDERPERFORMING MEDICAL CENTERS.—(1) Not later than 15 days after the end of each fiscal quarter, the Secretary shall publish in the Federal Register and on a publically available, searchable Internet website of the Department a compilation of key health metrics for each medical center of the Department.

"(2) On a semiannual basis, the Secretary shall determine, under the key health metrics, whether each medical center of the Department is satisfactory or underperforming.

"(b) RAPID DEPLOYMENT TEAMS.—(1) Not later than 30 days after the date on which the Secretary identifies a medical center as an underperforming medical center under subsection (a)(2), the Secretary shall deploy a rapid deployment team to the medical center to ensure that the medical center achieves satisfactory performance as quickly as practicable.

"(2) Each rapid deployment team deployed to an underperforming medical center under paragraph (1) shall—

"(A) identify the areas of the medical center that require improvement, including with respect to the procedures of the medical center, inefficiencies of the medical center, and whether the medical center follows directives and best practices;

"(B) establish a remediation plan to improve the performance of the medical center;

"(C) review and assesses the status of any—

"(i) disciplinary actions taken at the medical center;

"(ii) recommendations made by the Inspector General of the Department applicable to the medical center; and

"(iii) findings made by the Comptroller General of the United States applicable to the medical center; and

"(D) provide training to the director and staff of the medical center with respect to carrying out such improvements.

"(3) The Secretary shall ensure that—

"(A) the director of each underperforming medical center carries out the remediation plan under paragraph (2)(B); and

"(B) the rapid deployment team has access to all facilities and all electronic systems, records, reports, audits, reviews, documents, papers, or other materials the rapid deployment team determines necessary to carry out this subsection.

"(4) Each rapid deployment team deployed to an underperforming medical center under paragraph (1) shall consist of—

"(A) subject matter experts with experience in—

"(i) customer service training;

"(ii) increasing the efficiency of organizations;

"(iii) clinical care specific to the areas in which the underperforming medical center requires improvement; and

"(iv) any other areas that the Secretary determines appropriate to improve the underperforming medical center; and

"(B) an employee of the Office of the Inspector General of the Department.

"(5) To the extent practicable, each rapid deployment team shall include process improvement subject matter experts from the Veterans Experience Office of the Department.

"(6) The Secretary shall determine the duration of the deployment of a rapid deployment team under paragraph (1).

"(c) INVESTIGATIONS AND WHISTLEBLOWER PROTECTIONS.—(1) The Inspector General of the Department shall prioritize investigations relating to underperforming medical centers.

"(2) The Office of Accountability Review shall prioritize investigations of whistleblower retaliation relating to underperforming medical centers.

"(d) QUARTERLY REPORTS.—On a quarterly basis, the Secretary shall submit to Congress a report that includes, with respect to the quarter covered by the report—

"(1) each identification of an underperforming medical center made by the Secretary;

"(2) the actions taken by the Secretary and rapid deployment teams with respect to improving underperforming medical centers; and

"(3) an update on any progress made by each underperforming medical center, including whether the underperforming medical center is carrying out the remediation plan pursuant to subsection (b)(3)(A).

"(e) RELATIONSHIP TO QUALITY ASSURANCE AND NATIONAL QUALITY MANAGEMENT OFFICER.—The requirements of this section are in addition to any requirements under sections 7311 and 7311A of this title.

"(f) DEFINITIONS.—In this section:

"(1) The term 'underperforming medical center' means a medical center of the Department that the Secretary determines is underperforming under subsection (a)(2).

"(2) The term 'key health metrics' means the following:

"(A) The Strategic Analytics Improvement and Learning (commonly referred to as 'SAIL') data used by the Department (or such successor data metric).

"(B) An evaluation system established by the Secretary based on the total data described in subparagraph (A) to determine whether the performance of a medical center is satisfactory or underperforming and requires remediation pursuant to this section."

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 73 of such title is amended by adding after the item relating to section 7311A the following new item:

"7311B. Evaluation and improvement of medical centers".

(b) INITIAL KEY HEALTH METRICS PUBLICATION.—The Secretary shall publish the initial key health metrics under section 7311B(a)(1) of title 38, United States Code, as added by subsection (a)(1), by not later than 90 days after the date of the enactment of this Act.

(c) INITIAL IDENTIFICATION OF AN UNDERPERFORMING MEDICAL CENTER.—The Secretary shall make the initial identifications under section 7311B(a)(2) of title 38, United States Code, as added by subsection (a)(1), by not later than 180 days after the date of the enactment of this Act.

SEC. 3. STANDARDIZED TRAINING FOR NURSES.

(a) TRAINING.—The Secretary of Veterans Affairs shall seek to enter into partnerships with recognized schools of nursing to provide undergraduate nursing students enrolled in such schools with standardized training with respect to the following:

- (1) The culture of the military and veterans.
- (2) Post-traumatic stress disorder.
- (3) Traumatic brain injury.
- (4) Amputation and assistive devices.
- (5) Environmental, chemical, and toxic exposure.
- (6) Substance use disorders.
- (7) Military sexual trauma.
- (8) Suicide.
- (9) Homelessness.
- (10) Serious illness at the end of life.

(1) Benefits, services, and resources for veterans that are administered by the Federal Government.

(b) DEVELOPMENT.—In developing the training under subsection (a), the Secretary shall consult with appropriate accrediting bodies, schools of nursing, and industry leaders.

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

The Chair recognizes the gentleman from Louisiana.

GENERAL LEAVE

Mr. ABRAHAM. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and add extraneous material on H.R. 3234, as amended.

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

There was no objection.

Mr. ABRAHAM. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, I rise in support of H.R. 3234, as amended, the Department of Veterans Affairs VA Medical Center Recovery Act.

This bill would require the VA to publish key health metrics and use these metrics to determine semiannually which VA medical centers are performing satisfactorily and which are underperforming.

If a VA medical center is determined to be underperforming, VA would be required to send a rapid deployment team to the facility within 30 days to establish a remediation plan and provide needed help in problem areas.

The VA would also be required to send regular reports to Congress on which facilities are underperforming and what actions have been taken to improve their performance.

In addition, the bill would require the VA inspector general to prioritize investigations related to underperforming medical centers and the Office of Accountability Review to prioritize investigations of whistleblower retaliation relating to underperforming medical centers.

This bill would also include a provision to strengthen training for undergraduate nurses on veterans unique issues, needs, and benefits.

H.R. 3234, as amended, is sponsored by Congresswoman MARTHA ROBY from Alabama, and I am grateful for her leadership in introducing this legislation.

I yield 2 minutes to the gentlewoman from Alabama (Mrs. ROBY).

Mrs. ROBY. Mr. Speaker, I rise to ask my colleagues to support H.R. 3234, the VA Medical Center Recovery Act.

This bill puts the responsibility for identifying and improving the worst performing VA medical centers squarely on the Secretary of Veterans Affairs, requiring him to deploy teams of experts to turn around failing facilities.

The bill would, for the first time, require the VA to publish key metrics known as SAIL data on the Federal Register and would require the Secretary to report to Congress any medical centers determined to be failing.

Some of my colleagues might wonder why such a bill is necessary, given the VA reform law that we passed more than a year ago. That was a good bill, but it wasn't a silver bullet. Many problems still exist in the VA, and it is our responsibility to address them.

Mr. Speaker, the Central Alabama VA in my district became known as one of the worst in the country. My staff and I worked with whistleblowers and the press to uncover major instances of misconduct, negligence, and mismanagement inside the Central Alabama VA, including:

Widespread manipulation of scheduling data. A nation-leading 57 percent of employees reported that managers instructed them to change appointment times to hide long waits.

More than 1,000 patient X-rays, some showing malignancies, went missing for months and even years.

A pulmonologist was caught twice falsifying more than 1,200 patient records but somehow given a satisfactory review.

An employee took a recovering veteran to a crackhouse, bought him drugs, and paid for prostitutes, all to extort his benefits. When caught, the employee wasn't fired, not until a year later, after our office exposed it publicly.

In the wake of these exposures, the Central Alabama VA Director became the first senior VA manager fired under the new law.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. ABRAHAM. I yield the gentlewoman an additional 3 minutes.

Mrs. ROBY. But even after leadership changes, data showed that the Central Alabama VA's two medical centers in Montgomery and Tuskegee were ranked the worst and the second worst in the Nation for delays in patient care.

By any measure, the Central Alabama VA was the definition of a failing VA system. We had a severe problem, and it required immediate attention.

But, Mr. Speaker, getting the attention of the top VA leaders proved difficult. Once our problems left the front

page, there wasn't a whole lot of followup.

My veterans in Alabama were subject to some of the worst healthcare service in the country, and no one wanted to take responsibility.

Mr. Speaker, I began to think maybe it was because we were depending on a broken bureaucracy to fix itself, that maybe it was because we were asking VA leaders, rather than requiring them, to intervene.

Mr. Speaker, I decided that it was time that we changed that. So, in July, I filed that legislation and began working with the Veterans' Affairs Committee to get a hearing and a vote.

I don't sit on the Veterans' Affairs Committee, so I want to thank the chairman, JEFF MILLER; the subcommittee chairman, DAN BENISHEK; and all the members of the committee for being receptive and working with me on this bill.

I also want to thank all the committee staff for their hard work.

There is no question this bill represents a major step forward and a foundation to build upon.

It should be noted that almost 2 years after the scandal first broke, we are making progress in central Alabama at the VA. Staffing is up, wait times are down. We are building a Community Veterans Health Network that I believe one day can be an example for the entire Nation. We have a long way to go, and I am truly optimistic about the future.

But, Mr. Speaker, it shouldn't have taken this long and it shouldn't have taken a Member of Congress breathing down the necks of top VA officials to get the attention that our veterans deserve.

You know, sometimes I wonder what would have happened if our courageous whistleblowers hadn't stepped up or if the reporters we worked with didn't think it was a story?

What if the truth about the missing X-rays, the manipulated pulmonology records, and the crackhouse never came out? What if we want exposed all of that?

Would our veterans in central Alabama still be subject to the worst health care in the country? Would we even know?

I don't want what happened in central Alabama to ever happen again anywhere. This bill helps to ensure that by requiring key VA health metrics to be published for everyone to see and making sure that the VA officials at the very top cannot hide behind the layers of bureaucracy when it comes to severely failing centers.

Again, I ask my colleagues to support this bill.

□ 1630

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

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

Mr. Speaker, this legislation, H.R. 3234, as amended, is designed to establish criteria for the evaluation and improvement of VA medical centers. The

bill requires the VA to create key health metrics to measure whether each medical center is satisfactory or underperforming.

The metrics will be published on the VA Web site, and an underperforming medical center will be subject to a rapid deployment team being sent to the facility to create a remediation plan and bring them up to standards. The VA will issue quarterly reports on the underperforming facilities and their progress in the following remediation plan.

Additionally, the bill seeks to require the VA to enter into partnerships with recognized schools of nursing to provide undergraduate nursing students enrolled in such schools with standardized training. The bill lists the 11 areas the training should involve, including PTSD, TBI, and military sexual trauma.

Mr. Speaker, this bill addresses issues the committee has expressed concerns about in the past. I support its passage.

Mr. Speaker, I urge the passage of H.R. 3234, as amended.

I yield back the balance of my time.

Mr. ABRAHAM. Mr. Speaker, I also once again encourage all Members to support H.R. 3234, as amended.

I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 3234, the Failing VA Medical Center Recovery Act.

I support this legislation because it would establish in the Department of Veterans Affairs an Office of Failing Medical Center Recovery, and the position of Under Secretary for Failing Medical Center Recovery to head the Office.

The Office shall carry out the managerial and day-to-day operational control of each VA failing medical center.

The bill directs that the VA shall: publish in the Federal Register and on a publicly available VA website a compilation of key health metrics for each VA medical center; certify semiannually that each VA medical center ranked as “failing” is subject to managerial and day-to-day operational control by the Office; revoke the certification of a VA medical center as a failing medical center if it achieves a ranking of “satisfactory” or better for three consecutive fiscal quarters; submit to Congress a quarterly report on the Office, including actions taken by the Under Secretary regarding covered failing medical centers; and transfer each covered failing medical center from the direct control of the relevant Veterans Integrated Service Network to the direct control of the Under Secretary.

The bill also ensures that the Inspector General of the VA will prioritize investigations relating to covered failing medical centers, and the Office of Accountability Review will prioritize investigations of whistle blower retaliation relating to such centers.

Mr. Speaker, the reason this important legislation is needed is illustrated by the tragic and heart breaking cases of thousands of veterans who were left waiting for care for serious medical conditions.

In the State of Texas we have 1,099,141 Veterans under the age of 65 and 590,618 who are over the age of 65. There are over 1,689,759 veterans living in our state.

The 18th Congressional District has 20,607 under age 65 and 9,844 Veterans over the age of 65.

The Michael E. DeBakey Veterans Hospital Center, located in Houston Texas serves the health care needs of thousands of veterans and their families.

The DeBakey Veterans Hospital Center provides support to veterans and their families who are amputees, cancer, spinal cord injuries, traumatic brain injury, and have visual impairments.

The Medical center provides family support services through its Fisher House that provides living suites at no cost to family members of hospitalized Veterans and military members.

Today, with our vote on H.R. 3234, we can renew our commitment to our nation's more than 2 million troops and reservists, their families, and the 22 million veterans who served our nation.

I urge all Members to join me in voting to pass H.R. 3234.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Louisiana (Mr. ABRAHAM) that the House suspend the rules and pass the bill, H.R. 3234, as amended.

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

The title of the bill was amended so as to read: “A bill to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to evaluate the ability of each medical center of the Department to provide quality health care to veterans, to ensure that the Secretary improves such medical centers that are underperforming, and for other purposes.”.

A motion to reconsider was laid on the table.

FEMALE VETERAN SUICIDE PREVENTION ACT

Mr. ABRAHAM. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2915) to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to identify mental health care and suicide prevention programs and metrics that are effective in treating women veterans as part of the evaluation of such programs by the Secretary, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2915

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 “Female Veteran Suicide Prevention Act”.

SEC. 2. SPECIFIC CONSIDERATION OF WOMEN VETERANS IN EVALUATION OF DEPARTMENT OF VETERANS AFFAIRS MENTAL HEALTH CARE AND SUICIDE PREVENTION PROGRAMS.

Section 1709B(a)(2) of title 38, United States Code, is amended—

(1) in subparagraph (A), by inserting before the semicolon the following: “, including specific metrics applicable to women”;

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

(3) in subparagraph (E), by striking the period at the end and inserting “; and”; and

(4) by adding at the end the following new subparagraph:

“(F) identify the mental health care and suicide prevention programs conducted by the Secretary that are most effective for women veterans and such programs with the highest satisfaction rates among women veterans.”.

SEC. 3. MENTAL HEALTH TREATMENT FOR VETERANS WHO SERVED IN CLASSIFIED MISSIONS.

(a) SENSE OF CONGRESS.—It is the sense of Congress that veterans who experience combat-related mental health wounds should have immediate, appropriate, and consistent access to comprehensive mental health care.

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

“§ 1720H. Mental health treatment for veterans who served in classified missions

“(a) ESTABLISHMENT OF STANDARDS.—(1) The Secretary shall establish standards and procedures to ensure that each covered veteran may access mental health care provided by the Secretary in a manner that fully accommodates the obligation of the veteran to not improperly disclose classified information.

“(2) The Secretary shall disseminate guidance to employees of the Veterans Health Administration, including mental health professionals, on the standards and procedures established under paragraph (1) and how to best engage covered veterans during the course of mental health treatment with respect to classified information.

“(b) IDENTIFICATION.—In carrying out this section, the Secretary shall ensure that a veteran may elect to identify as a covered veteran on an appropriate form.

“(c) DEFINITIONS.—In this section:

“(1) The term ‘classified information’ means any information or material that has been determined by an official of the United States pursuant to law, an Executive order, or regulation to require protection against unauthorized disclosure for reasons of national security.

“(2) The term ‘covered veteran’ means a veteran who—

“(A) is enrolled in the health care system established under section 1705(a) of this title;

“(B) is seeking mental health treatment; and

“(C) in the course of serving in the Armed Forces, participated in a sensitive mission or served in a sensitive unit.

“(3) The term ‘sensitive mission’ means a mission of the Armed Forces that, at the time at which a covered veteran seeks treatment, is classified.

“(4) The term ‘sensitive unit’ has the meaning given that term in section 130b(c)(4) of title 10.”.

(c) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding after the item relating to section 1720G the following new item:

“1720H. Mental health treatment for veterans who served in classified missions.”.

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

The Chair recognizes the gentleman from Louisiana.

GENERAL LEAVE

Mr. ABRAHAM. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and add extraneous material on H.R. 2915, as amended.

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