

104TH CONGRESS  
1ST SESSION

# H. R. 2814

To authorize major medical facility projects and major medical facility leases for the Department of Veterans Affairs for fiscal year 1996, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

DECEMBER 20, 1995

Mr. STUMP (for himself, Mr. MONTGOMERY, Mr. HUTCHINSON, and Mr. EDWARDS) introduced the following bill; which was referred to the Committee on Veterans' Affairs

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## A BILL

To authorize major medical facility projects and major medical facility leases for the Department of Veterans Affairs for fiscal year 1996, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **TITLE I—CONSTRUCTION**  
4 **AUTHORIZATION**

5 **SEC. 101. AUTHORIZATION OF MAJOR MEDICAL FACILITY**  
6 **PROJECTS.**

7 (a) AUTHORIZED PROJECTS.—The Secretary of Vet-  
8 erans Affairs may carry out the following major medical

1 facility projects, with each project to be carried out in the  
2 amount specified for that project:

3 (1) Construction of an outpatient clinic in  
4 Brevard County, Florida, in the amount of  
5 \$25,000,000.

6 (2) Construction of an outpatient clinic at  
7 Travis Air Force Base in Fairfield, California, in the  
8 amount of \$25,000,000.

9 (3) Renovation of nursing home facilities at the  
10 Department of Veterans Affairs medical center in  
11 Lebanon, Pennsylvania, in the amount of  
12 \$9,000,000.

13 (4) Environmental improvements at the Depart-  
14 ment of Veterans Affairs medical center in Marion,  
15 Illinois, in the amount of \$11,500,000.

16 (5) Replacement of psychiatric beds at the De-  
17 partment of Veterans Affairs medical center in Mar-  
18 ion, Indiana, in the amount of \$17,300,000.

19 (6) Renovation of psychiatric wards at the De-  
20 partment of Veterans Affairs medical center in  
21 Perry Point, Maryland, in the amount of  
22 \$15,100,000.

23 (7) Environmental enhancement at the Depart-  
24 ment of Veterans Affairs medical center in Salis-

1 bury, North Carolina, in the amount of  
2 \$17,200,000.

3 (8) Construction of an ambulatory care addition  
4 at the Department of Veterans Affairs medical cen-  
5 ter in Asheville, North Carolina, in the amount of  
6 \$28,500,000.

7 (9) Construction of an ambulatory care addition  
8 at the Department of Veterans Affairs medical cen-  
9 ter in Temple, Texas, in the amount of \$9,800,000.

10 (10) Construction of an ambulatory care addi-  
11 tion at the Department of Veterans Affairs medical  
12 center in Tucson, Arizona, in the amount of  
13 \$35,500,000.

14 (11) Seismic corrections at the Department of  
15 Veterans Affairs medical center in Palo Alto, Cali-  
16 fornia, in the amount of \$36,800,000.

17 (12) Seismic corrections at the Department of  
18 Veterans Affairs medical center in Long Beach,  
19 California, in the amount of \$20,200,000.

20 (b) LIMITATION CONCERNING OUTPATIENT CLINIC  
21 PROJECTS.—In the case of either of the projects for a new  
22 outpatient clinic authorized in paragraphs (1) and (2) of  
23 subsection (a)—

24 (1) the Secretary of Veterans Affairs may not  
25 obligate any funds for that project until the Sec-

1       retary determines, and certifies to the Committees  
2       on Veterans' Affairs of the Senate and House of  
3       Representatives, the amount required for the  
4       project; and

5               (2) the amount obligated for the project may  
6       not exceed the amount certified under paragraph (1)  
7       with respect to that project.

8       **SEC. 102. AUTHORIZATION OF MAJOR MEDICAL FACILITY**  
9                       **LEASES.**

10       The Secretary of Veterans Affairs may enter into  
11       leases for medical facilities as follows:

12               (1) Lease of a satellite outpatient clinic in Fort  
13       Myers, Florida, in the amount of \$1,736,000.

14               (2) Lease of a National Footwear Center in  
15       New York, New York, in the amount of \$1,054,000.

16       **SEC. 103. AUTHORIZATION OF APPROPRIATIONS.**

17       (a) IN GENERAL.—There are authorized to be appro-  
18       priated to the Secretary of Veterans Affairs for fiscal year  
19       1996—

20               (1) for the Construction, Major Projects, ac-  
21       count, \$250,900,000 for the projects authorized in  
22       section 101;

23               (2) for the Construction, Major Projects, ac-  
24       count \$28,000,000, for construction of an ambula-  
25       tory care addition at the Department of Veterans

1 Affairs medical center in Boston, Massachusetts, as  
2 authorized by section 201(b)(1)(A) of the Veterans  
3 Health Programs Extension Act of 1994 (Public  
4 Law 103–452; 108 Stat. 4787); and

5 (3) for the Medical Care account, \$2,790,000  
6 for the leases authorized in section 102.

7 (b) LIMITATION.—The projects authorized in section  
8 101, and the project referred to in subsection (a)(2), may  
9 only be carried out using—

10 (1) funds appropriated for fiscal year 1996 pur-  
11 suant to the authorization of appropriations in sub-  
12 section (a);

13 (2) funds appropriated for Construction, Major  
14 Projects for a fiscal year before fiscal year 1996 that  
15 remain available for obligation; and

16 (3) funds appropriated for Construction, Major  
17 Projects for fiscal year 1996 for a category of activ-  
18 ity not specific to a project.

19 **SEC. 104. REPORT ON HEALTH CARE NEEDS OF VETERANS**  
20 **IN EAST CENTRAL FLORIDA.**

21 (a) REPORT REQUIRED.—Not later than March 1,  
22 1996, the Secretary of Veterans Affairs shall submit to  
23 the Committees on Veterans' Affairs of the Senate and  
24 House of Representatives a report on the health care  
25 needs of veterans in east central Florida. In preparing the

1 report, the Secretary shall consider the needs of such vet-  
2 erans for psychiatric and long-term care. The Secretary  
3 shall include in the report the Secretary's views, based on  
4 the Secretary's determination of such needs, as to the best  
5 means of meeting such needs using the amounts appro-  
6 priated pursuant to the authorization of appropriations in  
7 this Act and Public Law 103-452 for projects to meet  
8 the health care needs of such veterans. The Secretary  
9 may, subject to the availability of appropriations for such  
10 purpose, use an independent contractor to assist in the  
11 determination of such health care needs.

12 (b) LIMITATION.—The Secretary may not obligate  
13 any funds, other than for design work, for the conversion  
14 of the former Orlando Naval Training Center Hospital in  
15 Orlando, Florida (now under the jurisdiction of the Sec-  
16 retary of Veterans Affairs), to a nursing home care unit  
17 until 15 days after the date on which the report required  
18 by subsection (a) is submitted.

## 19 **TITLE II—STRATEGIC PLANNING** 20 **FOR HEALTH CARE RESOURCES**

### 21 **SEC. 201. STRATEGIC PLANNING.**

22 Section 8107 of title 38, United States Code, is  
23 amended—

24 (1) by redesignating subsection (b) as sub-  
25 section (c);

1           (2) by striking out subsection (a) and inserting  
2           in lieu thereof the following new subsections:

3           “(a) In order to promote effective planning for the  
4 efficient provision of care to eligible veterans, the Sec-  
5 retary, based on the analysis and recommendations of the  
6 Under Secretary for Health, shall submit to each commit-  
7 tee, not later than January 31 of each year, a report re-  
8 garding long-range health planning of the Department.

9           “(b) Each report under subsection (a) shall include  
10 the following:

11           “(1) A five-year strategic plan for the provision  
12 of care under chapter 17 of this title to eligible vet-  
13 erans through coordinated networks of medical fa-  
14 cilities operating within prescribed geographic serv-  
15 ice-delivery areas, such plan to include provision of  
16 services for the specialized treatment and rehabilita-  
17 tive needs of disabled veterans (including veterans  
18 with spinal cord dysfunction, blindness, amputations,  
19 and mental illness) through distinct programs or fa-  
20 cilities of the Department dedicated to the special-  
21 ized needs of those veterans.

22           “(2) A description of how planning for the net-  
23 works will be coordinated.

24           “(3) A profile regarding each such network of  
25 medical facilities which identifies—

1           “(A) the mission of each existing or pro-  
2 posed medical facility in the network;

3           “(B) any planned change in the mission  
4 for any such facility and the rationale for such  
5 planned change;

6           “(C) the population of veterans to be  
7 served by the network and anticipated changes  
8 over a five-year period and a ten-year period,  
9 respectively, in that population and in the  
10 health-care needs of that population;

11           “(D) information relevant to assessing  
12 progress toward the goal of achieving relative  
13 equivalency in the level of resources per patient  
14 distributed to each network, such information  
15 to include the plans for and progress toward  
16 lowering the cost of care-delivery in the network  
17 (by means such as changes in the mix in the  
18 network of physicians, nurses, physician assist-  
19 ants, and advance practice nurses);

20           “(E) the capacity of non-Federal facilities  
21 in the network to provide acute, long-term, and  
22 specialized treatment and rehabilitative services  
23 (described in section 7305 of this title), and de-  
24 terminations regarding the extent to which  
25 services to be provided in each service-delivery



1 area and each facility in such area should be  
2 provided directly through facilities of the De-  
3 partment or through contract or other arrange-  
4 ments, including arrangements authorized  
5 under sections 8111 and 8153 of this title; and

6 “(F) a five-year plan for construction, re-  
7 placement, or alteration projects in support of  
8 the approved mission of each facility in the net-  
9 work and a description of how those projects  
10 will improve access to care, or quality of care,  
11 for patients served in the network.

12 “(4) A status report for each facility on  
13 progress toward—

14 “(A) instituting planned mission changes  
15 identified under paragraph (3)(B);

16 “(B) implementing principles of managed  
17 care of eligible veterans; and

18 “(C) developing and instituting cost-effec-  
19 tive alternatives to provision of institutional  
20 care.”; and

21 (3) by adding at the end the following new sub-  
22 section:

23 “(d)(1) The Secretary shall submit to each commit-  
24 tee, not later than January 31 of each year, a report show-  
25 ing the current priorities of the Department for proposed

1 major medical construction projects. Each such report  
2 shall identify the 20 projects, from within all the projects  
3 in the Department’s inventory of proposed projects, that  
4 have the highest priority and, for those 20 projects, the  
5 relative priority and rank scoring of each such project.  
6 The 20 projects shall be compiled, and their relative  
7 rankings shall be shown, by category of project (including  
8 the categories of ambulatory care projects, nursing home  
9 care projects, and such other categories as the Secretary  
10 determines).

11 “(2) The Secretary shall include in each report, for  
12 each project listed, a description of the specific factors  
13 that account for the relative ranking of that project in re-  
14 lation to other projects within the same category.

15 “(3) In a case in which the relative ranking of a pro-  
16 posed project has changed since the last report under this  
17 subsection was submitted, the Secretary shall also include  
18 in the report a description of the reasons for the change  
19 in the ranking, including an explanation of any change in  
20 the scoring of the project under the Department’s scoring  
21 system for proposed major medical construction  
22 projects.”.

23 **SEC. 202. REVISION TO PROSPECTUS REQUIREMENTS.**

24 (a) ADDITIONAL INFORMATION.—Section 8104(b) of  
25 title 38, United States Code, is amended—

1           (1) by striking out “shall include—” and insert-  
2           ing in lieu thereof “shall include the following.”;

3           (2) in paragraph (1)—

4                 (A) by striking out “a detailed” and insert-  
5                 ing in lieu thereof “A detailed”; and

6                 (B) by striking out the semicolon at the  
7                 end and inserting in lieu thereof a period;

8           (3) in paragraph (2)—

9                 (A) by striking out “an estimate” and in-  
10                 serting in lieu thereof “An estimate”; and

11                 (B) by striking out “; and” and inserting  
12                 in lieu thereof a period;

13           (4) in paragraph (3), by striking out “an esti-  
14           mate” and inserting in lieu thereof “An estimate”;  
15           and

16           (5) by adding at the end the following new  
17           paragraphs:

18                 “(4) Demographic data applicable to the  
19                 project, including information on projected changes  
20                 in the population of veterans to be served by the  
21                 project over a five-year period and a ten-year period.

22                 “(5) Current and projected workload and utili-  
23                 zation data.

1 “(6) Current and projected operating costs of  
2 the facility, to include both recurring and non-recur-  
3 ring costs.

4 “(7) The priority score assigned to the project  
5 under the Department’s prioritization methodology  
6 and, if the project is being proposed for funding  
7 ahead of a project with a higher score, a specific ex-  
8 planation of the factors other than the priority that  
9 were considered and the basis on which the project  
10 is proposed for funding ahead of projects with high-  
11 er priority scores.

12 “(8) A listing of each alternative to construc-  
13 tion of the facility that has been considered.”.

14 (b) APPLICABILITY.—The amendments made by sub-  
15 section (a) shall apply with respect to any prospectus sub-  
16 mitted by the Secretary of Veterans Affairs after the date  
17 of the enactment of this Act.

18 **SEC. 203. CONSTRUCTION AUTHORIZATION REQUIRE-**  
19 **MENTS.**

20 (a) DEFINITION OF MAJOR MEDICAL FACILITY  
21 PROJECT.—Paragraph (3)(A) of section 8104(a) of title  
22 38, United States Code, is amended by inserting before  
23 the period at the end the following: “, and, in the case  
24 of a project which is principally for the alteration of a  
25 medical facility to provide additional space for provision

1 of ambulatory care, such term means a project involving  
2 a total expenditure of more than \$5,000,000”.

3 (b) APPLICABILITY OF CONSTRUCTION AUTHORIZA-  
4 TION REQUIREMENT.—(1) Subsection (b) of section 301  
5 of the Veterans’ Medical Programs Amendments of 1992  
6 (Public Law 102–405; 106 Stat. 1984) is repealed.

7 (2) The amendments made by subsection (a) of such  
8 section shall apply with respect to any major medical facil-  
9 ity project or any major medical facility lease of the De-  
10 partment of Veterans Affairs, regardless of when funds  
11 are first appropriated for that project or lease, except that  
12 in the case of a project for which funds were first appro-  
13 priated before October 9, 1992, such amendments shall  
14 not apply with respect to amounts appropriated for that  
15 project for a fiscal year before fiscal year 1997.

16 (c) LIMITATION ON OBLIGATIONS FOR ADVANCE  
17 PLANNING.—Section 8104 of title 38, United States Code,  
18 is amended by adding at the end the following new sub-  
19 section:

20 “(f) The Secretary may not obligate funds in an  
21 amount in excess of \$500,000 from the Advance Planning  
22 Fund of the Department toward design or development  
23 of a major medical facility project until—

24 “(1) the Secretary submits to the committees a  
25 report on the proposed obligation; and

1           “(2) a period of 30 days has passed after the  
2           date on which the report is received by the commit-  
3           tees.”.

4 **SEC. 204. TERMINOLOGY CHANGES.**

5           (a) DEFINITION OF “CONSTRUCT”.—Section  
6 8101(2) of title 38, United States Code, is amended—

7           (1) by striking out “working drawings” and in-  
8           serting in lieu thereof “construction documents”;  
9           and

10           (2) by striking out “preliminary plans” and in-  
11           serting in lieu thereof “design development”.

12           (b) PARKING FACILITIES.—Section 8109(h)(3)(B) of  
13 such title is amended by striking out “working drawings”  
14 and inserting in lieu thereof “construction documents”.

15 **SEC. 205. VETERANS HEALTH ADMINISTRATION HEAD-**  
16 **QUARTERS.**

17           (a) REPEAL OF STATUTORY SPECIFICATION OF OR-  
18 GANIZATIONAL SERVICES.—The text of section 7305 of  
19 title 38, United States Code, is amended to read as fol-  
20 lows:

21           “(a) The Veterans Health Administration shall in-  
22 clude the Office of the Under Secretary for Health and  
23 such professional and auxiliary services as the Secretary  
24 may find to be necessary to carry out the functions of the  
25 Administration.

1       “(b) In organizing, and appointing persons to posi-  
2 tions in, the Office, the Under Secretary shall ensure that  
3 the Office is staffed so as to provide the Under Secretary  
4 with appropriate expertise, including expertise in—

5               “(1) unique programs operated by the Adminis-  
6 tration to provide for the specialized treatment and  
7 rehabilitation of disabled veterans (including blind  
8 rehabilitation, spinal cord dysfunction, mental ill-  
9 ness, and geriatrics and long-term care); and

10              “(2) appropriate clinical care disciplines.”.

11       (b) OFFICE OF THE UNDER SECRETARY.—Section  
12 7306 of such title is amended—

13              (1) in subsection (a)—

14                      (A) by striking out “and who shall be a  
15 qualified doctor of medicine” in paragraph (2);

16                      (B) by striking out paragraphs (5), (6),  
17 and (7); and

18                      (C) by redesignating the succeeding two  
19 paragraphs as paragraphs (5) and (6), respec-  
20 tively; and

21              (2) in subsection (b)—

22                      (A) by striking out “subsection (a)(3)”  
23 and all that follows through “two may be” and  
24 inserting in lieu thereof “subsection (a)(3), not  
25 more than two may be”;

1                   (B) by striking out the semicolon after  
2                   “dental medicines” and inserting in lieu thereof  
3                   a period; and

4                   (C) by striking out paragraphs (2) and (3).

○