IN OPPOSITION TO H.R. 1270

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

Mr. GIBBONS. Madam Speaker, this week the Committee on Resources will mark up H.R. 1270, the Nuclear Waste Act of 1997. This bill tramples the Constitution and violates the basic fundamentals this great country was founded upon.

Whatever happened to States rights? Whatever happened to the tenth amendment? How can this body mandate upon the State of Nevada that it must accept nuclear industry waste when Nevada does not even have a nuclear power plant of its own?

What about private property rights? In New Mexico a man won a lawsuit which entitled him to $884,000 because nuclear waste was shipped next to his private property and devalued his land. Again, this garbage will travel through 43 States along the most heavily populated highways in this country. Guess who is going to pay off all these private property owners? The American taxpayer.

H.R. 1270 is an unfunded mandate, a tax increase, a dangerous idea and a very bad policy. Do not be misled by the nuclear industry lobby. Get the facts. Vote ''no'' on 1270.

ALLOWING SMOKING IN THE CHAMBER

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

Mr. BLUMENAUER. Madam Speaker, our decision to allow smoking in this Chamber, the Speaker's lobby and the cloakrooms impacts not just ourselves but hundreds of employees, many of whom are here on a regular basis. Reports from our employees that I have received indicate they suffer extreme discomfort in some cases, do not like it, but feel uncomfortable about speaking out.

We should care as much for our employees as for other Federal workers who do get a smoke-free environment. They deserve it. Executive Order 13058 protects employees of Federal agencies from tobacco in the workplace. Agencies must implement the smoking ban by August 9, 1998.

There has been much talk in this Chamber about playing by the same rules as everybody else. Unfortunately, there is rather a glaring gap between the rhetoric and action when it comes to providing a smoke-free workplace for our employees.

It is time for the House to catch up with the rest of America and move to protect the health of our employees. I urge my colleagues to support H.R. 247.

WHITE HOUSE REACTION TO IRS

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

Mr. HUTCHINSON. Madam Speaker, now the whole world knows what American taxpayers suspected for many years: While there are many good employees, the IRS as an organization is running amok, abusing its power, targeting citizens, and acting on a daily basis to run the word ''service'' straight out of town.

So what is the Clinton administration's reaction to this abuse after it comes to light? Denounce the abuses? Promise never to use the IRS for political purposes again? And here is a dream, take those responsible for the abuse and hold them accountable? Guess again. The White House instinctively reacts the way it does whenever any government bureaucracy comes under attack. It defends the IRS.

The IRS needs an overhaul. We should sunset the Internal Revenue Code and have a national debate on the direction of our tax system. It needs a breath of fresh air and acknowledgment that it needs to go in a new direction. That is what this debate would be about, if we sunset the Internal Revenue Code.

RENO PROTECTING WHITE HOUSE

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

Mr. STEARNS. Madam Speaker, is it any wonder that the day after the Attorney General makes a supposedly impartial preliminary decision last Friday clearing President Clinton of criminal conduct, that the White House suddenly releases videotapes of fundraisers at the White House? It is no coincidence that these videotapes were released to congressional investigators and the Justice Department after the Attorney General's decision. Senate investigators had previously asked if these tapes existed. The White House said no, they did not even exist.

Also, Madam Speaker, who is to also believe that somehow a 60-second portion of audio is missing from the tape of a June 18, 1996, fund-raising coffee at which witnesses recall John Huang asking for campaign contributions in the presence of the President?

Madam Speaker, I think it is important that we go forward and call for a special independent prosecutor, to find out what is occurring here.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to the provisions of clause 5 of rule I, the Chair announces that she will postpone further proceedings today on each motion to suspend the rules on which a recorded vote or the yeas and nays are ordered or on which the vote is objected to under clause 4 of rule XV.

Such rollcall votes, if postponed, will be taken after debate has concluded on all motions to suspend the rules but not before 5 p.m. today.

VETERANS HEALTH PROGRAMS IMPROVEMENT ACT OF 1997

Mr. STUMP. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2206) to amend title 38, United States Code, to improve programs of the Department of Veterans Affairs for homeless veterans, and for other purposes, as amended.

The Clerk read as follows:

H.R. 2206

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Veterans Health Programs Improvement Act of 1997''.

SEC. 2. TREATMENT AND REHABILITATION FOR SERIOUSLY MENTALLY ILL AND HOMELESS VETERANS.

(a) CODIFICATION AND REVISIONS OF VETERANS HOMELESS PROGRAMS.—Chapter 17 of title 38, United States Code, is amended by adding at the end the following new subchapter:

''SUBCHAPTER VII—TREATMENT AND REHABILITATION FOR SERIOUSLY MENTALLY ILL AND HOMELESS VETERANS

''§ 1771. General treatment

''In providing care and services under section 1710 of this title to veterans suffering from serious mental illness, including veterans who are homeless, the Secretary may provide (directly or in conjunction with a governmental or other entity)—

''(1) outreach services;

''(2) care, treatment, and rehabilitative services (directly or by contract in community-based treatment facilities, including halfway houses); and

''(3) therapeutic transitional housing assistance under section 1772 of this title, in conjunction with work therapy under section 1718(a) or (b) of this title and outpatient care.

''§ 1772. Therapeutic housing

''(a) The Secretary, in connection with the conduct of compensated work therapy programs, may operate residences and facilities as therapeutic housing.

''(b) The Secretary may use such procurement procedures for the purchase, lease, or other acquisition of residential housing for purposes of this section as the Secretary considers appropriate to expedite the opening and operation of transitional housing and to protect the interests of the United States.

''(c) A residence or other facility may be operated as transitional housing for veterans described in paragraphs (1) and (2) of section 1710(a) of this title under the following conditions:

''(1) Only veterans described in those paragraphs and a house manager may reside in the residence.

''(2) Each resident, other than the house manager, shall be required to make payments that contribute to covering the expenses of board and the operational costs of the residence for the period of residence in such housing.

''(3) In order to foster the therapeutic and rehabilitative objectives of such housing (A) residents shall be prohibited from using alcohol or any controlled substance or item, (B) any resident violating that prohibition may be expelled from the residence, and (C) each resident shall agree to undergo drug testing or such other measures as the Secretary shall prescribe to ensure compliance with that prohibition.

''(4) In the establishment and operation of housing under this section, the Secretary

shall consult with appropriate representatives of the community in which the housing is established and shall comply with zoning requirements, building permit requirements, and other similar requirements applicable to other real property used for similar purposes in the community.

''(5) The residence shall meet State and community fire and safety requirements applicable to other real property used for similar purposes in the community in which the transitional housing is located, but fire and safety requirements applicable to buildings of the Federal Government shall not apply to such property.

''(d) The Secretary shall prescribe the qualifications for house managers for transitional housing units operated under this section. The Secretary may provide for free room and subsistence for house managers in addition to, or instead of payment of, a fee for such services.

''(e)(1) The Secretary may operate as transitional housing under this section—

''(A) any suitable residential property acquired by the Secretary as the result of a default on a loan made, guaranteed, or insured under chapter 37 of this title;

''(B) any suitable space in a facility under the jurisdiction of the Secretary that is no longer being used (i) to provide acute hospital care, or (ii) as housing for medical center employees; and

''(C) any other suitable residential property purchased, leased, or otherwise acquired by the Secretary.

''(2) In the case of any property referred to in paragraph (1)(A), the Secretary shall—

''(A) transfer administrative jurisdiction over such property within the Department from the Veterans Benefits Administration to the Veterans Health Administration; and

''(B) transfer from the General Post Fund of the Department of Veterans Affairs to the appropriate revolving fund under chapter 37 of this title an amount (not to exceed the amount the Secretary paid for the property) representing the amount the Secretary considers could be obtained by sale of such property to a nonprofit organization or a State for use as a shelter for homeless veterans.

''(3) In the case of any residential property obtained by the Secretary from the Department of Housing and Urban Development under this section, the amount paid by the Secretary to that Department for that property may not exceed the amount that the Secretary of Housing and Urban Development would charge for the sale of that property to a nonprofit organization or a State for use as a shelter for homeless persons. Funds for such charge shall be derived from the General Post Fund.

''(f) The Secretary shall prescribe—

''(1) a procedure for establishing reasonable payment rates for persons residing in transitional housing; and

''(2) appropriate limits on the period for which such persons may reside in transitional housing.

''(g) The Secretary may dispose of any property acquired for the purpose of this section. The proceeds of any such disposal shall be credited to the General Post Fund of the Department of Veterans Affairs.

''(h) Funds received by the Department under this section shall be deposited in the General Post Fund. The Secretary may distribute out of the fund such amounts as necessary for the acquisition, management, maintenance, and disposition of real property for the purpose of carrying out such program. The Secretary shall manage the operation of this section so as to ensure that expenditures under this subsection for any fiscal year shall not exceed by more than $500,000 proceeds credited to the General Post Fund under this section. The operation of the program and funds received shall be separately accounted for, and shall be stated in the documents accompanying the President's budget for each fiscal year.

''§ 1773. Additional services at certain locations

''(a) Subject to the availability of appropriations, the Secretary shall operate a program under this section to expand and improve the provision of benefits and services by the Department to homeless veterans.

''(b) The program shall include the establishment of not fewer than eight programs (in addition to any existing programs providing similar services) at sites under the jurisdiction of the Secretary to be centers for the provision of comprehensive services to homeless veterans. The services to be provided at each site shall include a comprehensive and coordinated array of those specialized services which may be provided under existing law.

''(c) The program shall include the services of such employees of the Veterans Benefits Administration as the Secretary determines appropriate at sites under the jurisdiction of the Secretary at which services are provided to homeless veterans.

''§ 1774. Coordination with other agencies and organizations

''(a) In assisting homeless veterans, the Secretary shall coordinate with, and may provide services authorized under this title in conjunction with, State and local governments, other appropriate departments and agencies of the Federal Government, and nongovernmental organizations.

''(b)(1) The Secretary shall require the director of each medical center or the director of each regional benefits office to make an assessment of the needs of homeless veterans living within the area served by the medical center or regional office, as the case may be.

''(2) Each such assessment shall be made in coordination with representatives of State and local governments, other appropriate departments and agencies of the Federal Government, and nongovernmental organizations that have experience working with homeless persons in that area.

''(3) Each such assessment shall identify the needs of homeless veterans with respect to the following:

''(A) Health care.

''(B) Education and training.

''(C) Employment.

''(D) Shelter.

''(E) Counseling.

''(F) Outreach services.

''(4) Each assessment shall also indicate the extent to which the needs referred to in paragraph (3) are being met adequately by the programs of the Department, of other departments and agencies of the Federal Government, of State and local governments, and of nongovernmental organizations.

''(5) Each assessment shall be carried out in accordance with uniform procedures and guidelines prescribed by the Secretary.

''(c) In furtherance of subsection (a), the Secretary shall require the director of each medical center and the director of each regional benefits office, in coordination with representatives of State and local governments, other Federal officials, and nongovernmental organizations that have experience working with homeless persons in the areas served by such facility or office, to—

''(1) develop a list of all public and private programs that provide assistance to homeless persons or homeless veterans in the area concerned, together with a description of the services offered by those programs;

''(2) seek to encourage the development by the representatives of such entities, in coordination with the director, of a plan to coordinate among such public and private programs the provision of services to homeless veterans;

''(3) take appropriate action to meet, to the maximum extent practicable through existing programs and available resources, the needs of homeless veterans that are identified in the assessment conducted under subsection (b); and

''(4) attempt to inform homeless veterans whose needs the director cannot meet under paragraph (3) of the services available to such veterans within the area served by such center or office.''.

(b) CONFORMING AMENDMENTS.—(1) Section 1720A of such title is amended—

(A) by striking out subsections (a), (e), (f), and (g); and

(B) by redesignating subsections (b), (c), and (d) as subsections (a), (b), and (c), respectively.

(2) The heading of such section is amended to read as follows:

''§ 1720A. Treatment and rehabilitative services for persons with drug or alcohol dependency''.

(c) CONFORMING REPEALS.—The following provisions are repealed:

(1) Section 7 of Public Law 102–54 (38 U.S.C. 1718 note).

(2) Section 107 of the Veterans' Medical Programs Amendments of 1992 (38 U.S.C. 527 note).

(3) Section 2 of the Homeless Veterans Comprehensive Service Programs Act of 1992 (38 U.S.C. 7721 note).

(d) CLERICAL AMENDMENTS.—The table of sections at the beginning of chapter 17 of such title is amended—

(1) by striking out the item relating to section 1720A and inserting in lieu thereof the following:

''1720A. Treatment and rehabilitative services for persons with drug or alcohol dependency.'';

and

(2) by adding at the end the following:

''SUBCHAPTER VII—TREATMENT AND REHABILITATION FOR SERIOUSLY MENTALLY ILL AND HOMELESS VETERANS

''1771. General treatment.

''1772. Therapeutic housing.

''1773. Additional services at certain locations.

''1774. Coordination with other agencies and organizations.''.

SEC. 3. EXTENSION OF HOMELESS VETERANS COMPREHENSIVE SERVICE GRANT PROGRAM.

(a) EXTENSION FOR TWO FISCAL YEARS.—Subsection (a)(2) of section 3 of the Homeless Veterans Comprehensive Service Programs Act of 1992 (38 U.S.C. 7721 note) is amended by striking out ''September 30, 1997'' and inserting in lieu thereof ''September 30, 1999''.

(b) REPEAL OF LIMITATION ON NUMBER OF PROJECTS.—Subsection (b)(2) of such section is amended by striking out '', which shall'' and all that follows through ''paragraph (1)''.

(c) TECHNICAL CORRECTION.—Subsection (a)(1) of such section is amended by striking out '', during''.

SEC. 4. ANNUAL REPORT ON ASSISTANCE TO HOMELESS VETERANS.

Section 1001 of the Veterans' Benefits Improvements Act of 1994 (38 U.S.C. 7721 note) is amended—

(1) in subsection (a)(2)—

(A) by striking out ''and'' at the end of subparagraph (B);

(B) by striking out the period at the end of subparagraph (C) and inserting in lieu thereof ''; and''; and

(C) by adding at the end the following new subparagraphs:

''(D) evaluate the effectiveness of the programs of the Department (including residential work-therapy programs, programs combining outreach, community-based residential treatment, and case-management, and contract care programs for alcohol and drug-dependence or abuse disabilities) in providing assistance to homeless veterans; and

''(E) evaluate the effectiveness of programs established by recipients of grants under section 3 of the Homeless Veterans Comprehensive Service Programs Act of 1992 (38 U.S.C. 7721 note), and describe the experience of such entities in applying for and receiving grants from the Secretary of Housing and Urban Development to serve primarily homeless persons who are veterans.''; and

(2) by striking out subsection (b) and redesignating subsection (c) as subsection (b).

SEC. 5. NONINSTITUTIONAL ALTERNATIVES TO NURSING HOME CARE.

Section 1720C of title 38, United States Code, is amended—

(1) in subsection (a), by striking out ''During'' and all that follows through ''furnishing of'' and inserting in lieu thereof ''The Secretary may furnish''; and

(2) in subsection (b)(1), by striking out ''pilot''.

SEC. 6. PERSIAN GULF WAR VETERANS.

(a) SCOPE OF COUNSELING.—Section 703 of the Veterans Health Care Act of 1992 (Public Law 102–585; 106 Stat. 4976) is amended by adding at the end the following new subsection:

''(c) FORM OF COUNSELING.—Counseling provided in this section may not be provided through written materials only, but shall include verbal counseling.''.

(b) CRITERIA FOR PRIORITY HEALTH CARE.—(1) Subsection (a)(2)(F) of section 1710 of title 38, United States Code, is amended by striking out ''environmental hazard'' and inserting in lieu thereof ''other conditions''.

(2) Subsection (e)(1)(C) of such section is amended—

(A) by striking out ''the Secretary finds may have been exposed while serving'' and inserting in lieu thereof ''served'';

(B) by striking out ''to a toxic substance or environmental hazard''; and

(C) by striking out ''exposure'' and inserting in lieu thereof ''service''.

(3) Subsection (e)(2)(B) of such section is amended by striking out ''an exposure'' and inserting in lieu thereof ''the service''.

(c) DEMONSTRATION PROJECTS FOR TREATMENT OF PERSIAN GULF ILLNESS.—(1) The Secretary shall carry out a program of demonstration projects to test new approaches to treating, and improving the satisfaction with such treatment of, Persian Gulf veterans who suffer from undiagnosed and ill-defined disabilities. The program shall be established not later than July 1, 1998, and shall be carried out at up to 10 geographically dispersed medical centers of the Department of Veterans Affairs.

(2) At least one of each of the following models shall be used at no less than two of the demonstration projects:

(A) A specialized clinic which serves Persian Gulf veterans.

(B) Multidisciplinary treatment aimed at managing symptoms.

(C) Use of case managers.

(3) A demonstration project under this subsection may be undertaken in conjunction with another funding entity, including agreements under section 8111 of title 38, United States Code.

(4) The Secretary shall make available from appropriated funds (which have been retained for contingent funding) $5,000,000 to carry out the demonstrations projects.

(5) The Secretary may not approve a medical center as a location for a demonstration project under this subsection unless a peer review panel has determined that the proposal submitted by that medical center is among those proposals that have met the highest competitive standards of clinical merit and the Secretary has determined that the facility has the ability to—

(A) attract the participation of clinicians of outstanding caliber and innovation to the project; and

(B) effectively evaluate the activities of the project.

(6) In determining which medical centers to select as locations for demonstration projects under this subsection, the Secretary shall give special priority to medical centers that have demonstrated a capability to compete successfully for extramural funding support for research into the effectiveness and cost-effectiveness of the care provided under the demonstration project.

SEC. 7. PERSONNEL POLICY.

Section 7425 of title 38, United States Code, is amended by adding at the end the following new subsection:

''(c)(1) Notwithstanding any other provision of law, employees described in paragraph (2), and the personnel positions in which such employees are employed, are not subject to any reduction required by law or executive branch policy in the number or percentage of employees, or of personnel positions, within specified pay grades.

''(2) Paragraph (1) applies to employees, and personnel positions, of the Veterans Health Administration performing the following functions:

''(A) The provision of, or the supervision of the provision of, care and services to patients.

''(B) The conduct of research.''.

SEC. 8. PURCHASES OF PHARMACEUTICAL PRODUCTS.

Section 8125 of title 38, United States Code, is amended—

(1) by redesignating subsection (e) as subsection (f); and

(2) by inserting after subsection (d) the following new subsection (e):

''(e)(1) A drug, pharmaceutical or biological product, or hematology-related product that is listed on the pharmaceutical supply schedule described in section 8126(a) of this title may only be procured or ordered from that supply schedule by or for any entity specified in paragraph (2), notwithstanding any other provision of law (whether enacted before, on, or after the date of the enactment of this subsection).

''(2) An entity specified in this paragraph is (A) any agency or instrumentality of the Federal Government, or (B) any other entity that is specified in Federal law or regulation, as in effect before July 1, 1997, as eligible to procure or order drugs, pharmaceutical or biological products, or hematology-related products from such pharmaceutical supply schedule.''.

SEC. 9. TECHNICAL AMENDMENTS.

(a) SECTION CROSS REFERENCE.—Section 1717(a)(2)(B) of title 38, United States Code, is amended by striking out ''section 1710(a)(2)'' and inserting in lieu thereof ''section 1710(a)''.

(b) REFERENCES TO MEDICAL CENTERS.—(1) Paragraphs (1) and (11) of section 7802 of such title are amended by striking out ''hospitals and homes'' and inserting in lieu thereof ''medical facilities''.

(2) Section 7803 of such title is amended—

(A) by striking out ''hospitals and homes'' each place it appears and inserting in lieu thereof ''medical facilities''; and

(B) by striking out ''hospital or home'' both places it appears and inserting in lieu thereof ''medical facility''.

(c) NAME OF MEDICAL CENTER.—The Wm. Jennings Bryan Dorn Veterans' Hospital in Columbia, South Carolina, shall hereafter be known and designated as the ''Wm. Jennings Bryan Dorn Department of Veterans Affairs Medical Center''. Any reference to such hospital in any law, regulation, document, map, record, or other paper of the United States shall be deemed to be a reference to the Wm. Jennings Bryan Dorn Department of Veterans Affairs Medical Center.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arizona [Mr. STUMP] and the gentleman from Illinois [Mr. EVANS], each will control 20 minutes.

The Chair recognizes the gentleman from Arizona, [Mr. STUMP].

GENERAL LEAVE

Mr. STUMP. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous materials on H.R. 2206.

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

There was no objection.

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

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

Madam Speaker, H.R. 2206 is a bill to improve VA programs for homeless veterans and health care for Persian Gulf veterans. It also includes several other provisions designed to improve the administration of the veterans' health care system.

As a result of the concerns expressed by Members and after consulting with the gentleman from Illinois [Mr. EVANS], the ranking member of the Committee on Veterans' Affairs, we have decided to drop section 8 affecting the veterans canteen service from the bill under consideration this afternoon.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, I rise in support of H.R. 2206, as amended, the Veterans Health Programs Improvement Act. The bill before us today extends several important authorities which are scheduled to expire and approves a number of programs critical to meeting the needs of veterans with health care problems.

Specifically, this measure takes important steps to address some of our most serious concerns about homelessness among our veterans in our country. On any given night in America, a third of those living in the streets of America are veterans. I find this hard to live with both as a veteran and as an American citizen. I believe we must do more to respond to this problem.

As the VA's health care system makes important changes, at a minimum we must assure that the VA maintains both the quality and quantity of services delivered to homeless veterans today. This proposal will ensure the VA is able to continue such worthwhile activities which are allowing veterans to become independent and restore dignity to their lives.

Importantly, this legislation makes Persian Gulf veterans eligible for VA health care by virtue of their service in the gulf rather than through a particular exposure. The medical literature has yet to pinpoint a single cause of the problem many veterans are facing and varies on its determinations of whether health differences exist between military service persons who served in the gulf and their peers who served elsewhere. The bill we are proposing today takes cognizance of the variation in the literature and gives veterans the benefit of the doubt.

□ 1415

The VA exists to treat veterans with health problems related to their service to this country, and this bill will allow gulf war veterans with illnesses to access this care.

The measure also authorizes a grant program to improve health care provided to these veterans. The VA Health Administration is enthusiastic about using its competitive grants to encourage their care providers to be innovative in treating the symptoms veterans have related to their deployment to the gulf and in developing centers of excellence for this care.

Our Nation cannot forget these veterans as time marches on. We are obligated to investigate not only the causes of their illnesses but to find the best treatments for their symptoms for those people who honorably served in that war for our country.

Several years ago the VA realized a substantial increase in drug prices due to unanticipated changes in the Medicaid pharmaceutical pricing policies. Manufacturers' representatives have stated they would not hesitate to raise prices to the VA again if State and local purchasers are allowed to benefit from the prices that the VA negotiates on behalf of Federal purchasers. This would increase the prices VA and others who benefit from the negotiation pay for pharmaceuticals. Because of this response, we do not believe State and local purchasers should benefit from access to the Federal fee schedules.

Furthermore, our Committee on Veterans' Affairs believes because of the inadequate resources that we have, that as many as 50,000 veterans would lose their access to the health care system if the VA was required to pay more for their drugs. We cannot allow this to happen.

This bill is extremely important to America's veterans. I hope my colleagues from both sides of the aisle will join me in supporting this legislation.

Madam Speaker, I reserve the balance of my time.

Mr. STUMP. Madam Speaker, I yield such time as he may consume to the gentleman from Florida [Mr. STEARNS], the chairman of the Subcommittee on Health.

Mr. STEARNS. Madam Speaker, I thank the gentleman from Arizona [Mr. STUMP], the chairman, and I rise to urge my colleagues to support H.R. 2206, the Veterans Health Programs Improvement Act of 1997.

While this bill includes a number of important measures, its key provisions would improve care for homeless veterans and Persian Gulf veterans. The bill, as amended and reported out of the full committee, also incorporates other pieces of legislation which have the strong support of the Committee on Veterans' Affairs and the veterans community.

First, H.R. 2206 would extend, consolidate, and strengthen VA programs which have proven effective in helping rehabilitate homeless veterans. One-third of homeless adults are veterans. Of that number, over 85 percent have a serious psychiatric or substance abuse disorder. Studies indicate that a substantial number of those who rely on VA care are homeless or at risk of becoming homeless.

Madam Speaker, this bill recognizes that assisting the homeless is not solely a Federal or VA responsibility. In fact, it specifically envisions a VA role that involves working in partnership with Government agencies and community providers. Nevertheless, the bill would give the VA clearer and less restrictive authority to provide care and rehabilitative services to the homeless, and particularly those suffering from chronic and mental illness. It would enable veterans to provide a full range of needed services to restore health, independence, and dignity to many previously homeless veterans.

Madam Speaker, other key aspects of this legislation reflect the high priority this committee has given during the 105th Congress to oversight and particularly to oversight of VA care and provisions of benefits to Persian Gulf veterans. The full committee and its subcommittees have held four oversight hearings this year devoted exclusively to Persian Gulf war issues. That record has certainly sent a strong, clear message to veterans as well as to the Department of Veterans Affairs that this committee will do everything in its power to ensure that the VA fulfill its obligation to these veterans.

In fact, the National Commander of the American Legion commended the committee last month for ''Convening the most comprehensive and important hearings on Gulf War veterans since the end of the Gulf War.''

Central to our concerns has been the large number of veterans with unexplained and ill-defined health problems. What has become apparent to our committee is not only that these problems have been difficult to diagnose but they have been difficult to treat. We are encouraged that VA officials have recognized the need for different approaches to treating some of these chronically ill veterans who suffer from poorly understood health problems.

Accordingly, this legislation requires the VA to establish and fund a competitive grant program under which participating VA facilities would develop and operate demonstration programs aimed at improving care to Persian Gulf war veterans with undiagnosed illnesses. Medical science has still not provided the answers so many gulf war veterans seek in understanding the nature and cause of their illness. This legislation, however, would make it clear that regardless of the nature of the cause or causes, and regardless of whether the problem can be linked to exposure to a toxic substance or environmental hazard, these veterans are eligible for VA health care.

Finally, Madam Speaker, I would like to express my regret that a provision of this bill, based upon H.R. 1687 relating to physician and dentist retirements, was dropped due to disagreements with the Congressional Budget Office regarding its cost implications.

Nevertheless, Madam Speaker, this is an excellent bill and I urge my colleagues to join with me in passing this most important piece of legislation.

Mr. EVANS. Madam Speaker, I yield 3 minutes to the gentleman from California [Mr. FILNER], a member of the committee.

Mr. FILNER. Madam Speaker, I thank the gentleman from Arizona [Mr. STUMP] and the ranking member of the committee, the gentleman from Illinois [Mr. EVANS] for bringing this to the floor in such a rapid fashion; and also thanks to the gentleman from Florida [Mr. STEARNS], the chairman of the subcommittee, and the gentleman from Illinois [Mr. GUTIERREZ], its ranking member, for their leadership on these issues.

Madam Speaker, homelessness among our Nation's veterans continues to be a significant and troubling problem across the country. Informal surveys indicate that up to 275,000 former members of our Armed Forces sleep on America's streets or in homeless shelters every night. H.R. 2206, as has been described, provides for the extension and improvement of programs administered by the Department of Veterans Affairs which have assisted thousands of these men and women.

I am proud to say that my city of San Diego was one of the first to reach out to its homeless veterans, originating the creative program of ''Stand Down.'' Also, the Vietnam vets of San Diego run an incredibly effective housing program. But no city has the resources to address the crisis without Federal assistance and cooperation.

The programs which are being extended under H.R. 2206 will enable the good and caring citizens of San Diego and every other American city to continue to provide shelter, transitional housing and other support critical to the survival and rehabilitation of homeless veterans.

Madam Speaker, I urge my colleagues to support this measure.

Mr. EVANS. Madam Speaker, I yield 5 minutes to the gentleman from Ohio [Mr. DENNIS KUCINICH].

Mr. KUCINICH. I want to congratulate, first of all, Madam Speaker, the gentleman from Illinois [Mr. EVANS] and his counterpart on the other side of the aisle, the gentleman from Arizona [Mr. STUMP], for the concern which they have shown for homeless veterans and for veterans of all kinds across this country.

My father fought in World War II. I had a brother who fought in Vietnam, and he is in a veterans home today as a result of that service. I am familiar firsthand with the effect that service to a government can have on a family, and I appreciate very much the work that all the men and women have done in this country in serving America. That is why to stand here at this moment is very difficult.

I want to point out a provision in H.R. 2206, the Veterans Health Programs Improvement Act of 1997, which was put in there, and for some reason this provision, which really has nothing to do with veterans at all, this provision would punish rural and urban public hospitals and health clinics in districts across the country and be tantamount to a local tax increase. It makes a bill, which everyone should agree on, quite controversial.

Section 10 of this bill would prohibit State, county, and municipal health givers from getting lower prices for lifesaving pharmaceuticals which their patients need. Nursing homes and public hospitals would suffer, since they must purchase equipment, medical devices and lifesaving drugs for elderly citizens and the ill, especially people with AIDS.

Local public health institutions will not be allowed to operate more efficiently and less expensively, since they will be forbidden by law from purchasing many products and services at discounted prices, which would otherwise enable the taxpayers to save billions of dollars at a State and local level.

At the request of the National Performance Review and Vice President GORE, the 104th Congress intended to bring efficient practices to local and State government without onerous regulations or government mandates. The bottom line savings would be realized by local taxpayers who pay the bill of local government.

Although saving money for local taxpayers is a good idea, there are those who oppose it, and certain industry groups which benefit from Government inefficiency, would like nothing more than to have Congress pass this particular provision which is in H.R. 2206. These industry groups are trying to, in effect, interject their interest into a bill which should be, first and foremost, to support the interests of veterans but, instead, the bill has a provision which attacks public hospitals.

The pharmaceutical industry wants to see H.R. 2206 pass because they do not want public hospitals and AIDS clinics to benefit from significant savings or significant discounts on lifesaving drugs. Why sell AIDS drugs at a lifesaving discount when they can be sold at full price?

Therefore, this provision makes H.R. 2206 a tax increase on local taxpayers because it would deny State, county, and municipal hospitals and clinics from purchasing pharmaceuticals and medical equipment at the discounted prices the Federal Government negotiates.

The provision in this bill is objectionable, unfair, and controversial, and I would suggest that this provision is emblematic of what is wrong with Government. Here we all agree that our veterans need access to low cost drugs for their health, particularly those who are least able to care for themselves. And all of us could agree, I would hope, that our public hospitals and clinics need access to the lowest possible cost for pharmaceuticals. But this bill puts us in a conflict where it makes us have to separate those interests, which ought to be interests we agree on.

So we are asked to choose between those interests. I say that is a false choice; that we in the Congress should be supporting veterans and we should be supporting public hospitals in our districts. And for that reason, until we can clean up this particular provision, I am urging a ''no'' vote on this particular bill, and I do so only with the greatest reluctance because of the terrific respect that I have for my colleagues on both sides of the aisle who are dedicated to veterans, and I know they really care about veterans' concerns.

Mr. STUMP. Madam Speaker, I yield 2 minutes to the gentleman from Florida [Mr. STEARNS].

Mr. STEARNS. Madam Speaker, I thank the chairman for yielding me this time and, Madam Speaker, this is a stretch of circuitous logic to say that this bill is a tax increase.

As I recollect, this bill, and the ranking member, the gentleman from Illinois [Mr. EVANS] can point out, as I remember, this passed by unanimous consent, all the Democrats and Republicans. This has nothing to do with what the gentleman from Ohio is talking about.

In fact, there is nothing in this bill that prevents worthy institutions from negotiating favorable prices for themselves, individually or collectively. We simply say that this institution should not piggyback on the Federal supply schedule.

Remember, now, if we open up the Federal supply schedule and make it for everybody, then the price is going to go up for veterans, and that is why I think many of us in the committee were worried about. In fact, the General Accounting Office, I tell my colleague from Ohio, came to the committee and testified that the VA and other Federal agencies could experience price increases on almost 81 percent of all the drugs in the Federal supply schedule.

And what would that mean for veterans? Let us talk about that, because this is what we are talking about. We are talking about the Veterans Administration. We are talking about a bill that would benefit veterans. The result, the VA Administration, the Clinton administration, not Republicans in the House, not our committee, the VA Administration told us that about 50,000 veterans would lose access to care. So with that in mind, both the Democrats and Republicans unanimously passed this bill.

I think we have to remember that what we are trying to do is allow veterans, through the Committee on Veterans' Affairs, to have access and have discounted prices. If we want to have discounted programs for veterans hospitals and veterans, let us keep it there and not open it up so that they are in the final analysis hurt.

Mr. EVANS. Madam Speaker, I yield 2 minutes to the gentleman from Ohio [Mr. KUCINICH].

□ 1430

Mr. KUCINICH. Madam Speaker, the gentleman from Florida [Mr. STEARNS] and I are in agreement on the need to lower the cost of pharmaceuticals for veterans. To me, there is no question that this Congress ought to be doing more for our veterans.

Where we are in disagreement is that we should accept a provision in this bill which stops public hospitals from taking advantage of the lowest possible prices that might be available to them. When I say that it means a tax increase if this bill passes, here is what I mean, so we can understand this.

If public hospitals are able to get the lowest possible price for goods that they buy and for services, since they run on tax dollars, the longer they can carry that tax dollar, the more they can stretch it, the more value that is given for the tax dollar. But if the goods cost more, that means people have to pay more taxes to support it.

So that would qualify the statement that I made.

But I can see, it is difficult to be able to at once stand very firmly for veterans, as my colleague has done, for which I congratulate him, and at the same time take a stand which says, well, we cannot regard the interest of public hospitals.

So, Madam Speaker, I am very concerned that we need to let people know the effect this could have on public hospitals.

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

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

Let me mention one or two things about the Committee on Veterans' Affairs' efforts to address the concerns of Persian Gulf war veterans. We have had four separate hearings on this subject this year. We have heard from veterans' organizations, scientists, officials from VA, DOD, and CIA, and from the Presidential Advisory Commission.

At our request, the General Accounting Office has reviewed how VA cares

for veterans with undiagnosed illnesses and is undertaking additional reviews of how well VA is responding to our benefits. I also want all Members to know that we continue to press for answers to these veterans' questions.

One word about what the gentleman from Ohio [Mr. KUCINICH] is speaking of. There is nothing to prevent health organizations from negotiating with pharmaceutical companies today. Our responsibility is to protect the veterans, and if in fact we did that, or did not try to protect them, we could lose up to $250 million a year.

The VA procures about $1 billion dollars in pharmaceuticals every year, and that is why we are so interested in protecting this provision. I would like to thank the gentleman from Florida [Mr. STEARNS] and the gentleman from Illinois [Mr. GUTIERREZ], the chairman and ranking member of the Subcommittee on Health, as well as the gentleman from Illinois [Mr. EVANS], the ranking member of the full committee, for their contributions on this bill and for their continuing efforts to improve veterans' health care administration.

Mr. GUTIERREZ. Mr. Speaker, I would like to thank Ranking Member EVANS and Chairman STUMP for their work on this important bill.

I would also like to thank Chairman STEARNS for his efforts to get this legislation reported out of the Veterans' Affairs Committee, Subcommittee on Health in a timely manner.

Today, Mr. Speaker, we reauthorize a number of vital programs that provide treatment and rehabilitation services for homeless and mentally ill veterans.

I am sure many of you are aware of the numbers of homeless veterans in our Nation. The National Coalition for Homeless Veterans [NCHV] estimates that nearly 40 percent of homeless men are veterans.

The percentage of homeless women who are veterans has also increased during the past decade.

Thousands of these men and women who served our Nation and risked their lives for our defense have not been offered the respect and care they earned and deserve.

By reauthorizing the provision of vital health and rehabilitative care to this vulnerable but deserving population we pay off a small portion of the debt we owe these courageous Americans.

The bill before us today would consolidate, clarify, and I believe improve the Department of Veterans Affairs [VA] programs for homeless and mentally ill veterans by enabling the VA to deal more effectively and directly with many of the ailments afflicting these brave individuals.

Homeless veterans suffer from substance abuse at disproportionate levels. Approximately 70 percent of homeless veterans currently treated by the VA suffer from substance abuse problems.

Community-based residential care, which this bill authorizes for homeless veterans, has been proven to help these men and women restore their lives and I am pleased that we have reinstated these programs in this bill.

Compensated work therapy is similarly vital to the rehabilitative needs of homeless and mentally ill veterans. Work therapy is inextricably linked to the success of patients in their fight against substance abuse.

The consolidated work therapy program reauthorized in H.R. 2206 should continue to provide this crucial link for veterans who are fighting addiction while rebuilding their lives and careers.

H.R. 2206 is important also because it gives the VA authority to create new and innovative treatments and services for Persian Gulf veterans.

We don't have all the answers regarding the illnesses afflicting the veterans of the Persian Gulf war.

Yet evidence that indicates that the symptoms Persian Gulf veterans are experiencing as a result of their service are real and not figments of their imagination continues to mount.

What we do know, is that these veterans have been suffering for too long without health care programs specifically geared to their needs.

So I am pleased that this bill creates a new program to fund demonstration projects at the VA that may lead to the development of new treatments for gulf war veterans with undiagnosed or ill-defined medical conditions.

This is a positive and long-overdue step toward addressing their unique needs.

Once again, I thank the leadership of the House Veterans' Affairs Committee for their thoughtful work on this important legislation.

I ask my colleagues to recognize this work and the importance of this bill for our veterans by voting your support for this measure.

Mr. GILMAN. Mr. Speaker, I rise today in strong support of H.R. 2206, the Veterans Health Programs Improvement Act of 1997.

This bill modifies several laws, that are set to expire, which authorize programs to assist and rehabilitate homeless veterans and those with chronic mental illness. It also moves to address some of the critical needs relating to Gulf War illnesses.

It is estimated that one-third of all homeless adults and 40 percent of homeless men are veterans. According to research conducted by the VA, most homeless veterans suffer from serious psychiatric or substance abuse disorders. This legislation require the VA to create at least eight centers to provide comprehensive services to homeless veterans and to coordinate such services with other agencies and departments. It also extends the Homeless Veterans Comprehensive Service Grant Program through fiscal year 1999 and eliminates current law limitations on the number of specified projects for which grants may be awarded.

Equally important, Mr. Speaker, is the VA's responsibility to its veterans from the Persian Gulf war. With recent evidence pointing more and more towards troops having been exposed to chemical or biological agents, we are morally obligated to provide our veterans with the best medical care available for the injuries they incurred in service to their country.

In addition, the Presidential Advisory Committee is expected to release its final recommendations to the administration in the near future. Among the recommendations is one that would extend general health care for those veterans with undiagnosed or difficult-to-diagnose conditions. While such a provision would be an enormous help to our Persian Gulf veterans suffering from mysterious ailments, many of them also would like to know the exact cause of their condition.

This bill establishes a $5 million grant program for 10 VA facilities to establish demonstration projects aimed at improving health care for Gulf War veterans with the aforementioned conditions that are difficult to diagnose or categorize. It also makes clear that Gulf War veterans are eligible for care for any health problem, and not just those related to exposure to toxic agents.

Accordingly, I ask my colleagues to join in supporting this worthy legislation.

Mrs. KENNELLY of Connecticut. Mr. Speaker, I rise as a strong supporter of the Randolph-Sheppard Act which provides important work opportunities for the blind. I want to thank Mr. STUMP and Mr. EVANS for removing Section 8 from the Veterans' Health Programs Improvement Act of 1997, which would have weakened the Randolph-Sheppard Act. Section 8 of this bill would have granted the Veterans' Canteen Service sole authority to establish canteens, including vending facilities and vending machines at VA medical facilities. This provision would have negatively impacted the Randolph-Sheppard Act and I am pleased that it has been removed.

The Randolph-Sheppard Act, which was enacted in 1936, gives blind individuals a priority over other businesses in the operation of vending facilities and vending machine services on federal property. In 1995, I led a successful bipartisan effort which eliminated a provision to exempt the National Park Service, Bureau of Land Management and Bureau of Reclamation from the Randolph-Sheppard Act. Across the United States this program has provided employment opportunities for over 3,500 blind individuals, including over 30 blind men and women in my home state of Connecticut. In fact, it is the nation's most successful program to provide independence and work opportunities for blind people.

Blindness is often associated with adverse social and economic consequences. It is often difficult for blind individuals to find sustained employment or for that matter employment at all. The Randolph-Sheppard Act was created to eliminate dependence and its resultant cost to the taxpayer, and it remains successful in doing that. Perhaps most important, it creates entrepreneurial opportunities for blind people and promotes this nation's tradition of pride in self-reliance.

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

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

The SPEAKER pro tempore (Mrs. EMERSON). The question is on the motion offered by the gentleman from Arizona [Mr. STUMP] that the House suspend the rules and pass the bill, H.R. 2206, as amended.

The question was taken.

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

The SPEAKER pro tempore. Pursuant to clause 5 of rule I and the Chair's prior announcement, further proceedings on this motion will be postponed.

The point of no quorum is considered withdrawn.