higher education no longer an option. It is now a necessity. This is an issue that needs to be looked at in multiple ways, not simply the loan issue, by the way.

Take, for example, the story of a 41-year old who, because of a divorce, had to work their entire life to provide for their family and now has lost their job or their business, the only way they are going to be able to get a job that makes it to the middle class in the 21st century, the job they used to have has been automated or outsourced or the industry is no longer around. The only way they are going to be able to make it back into the middle class and stay there is to acquire skills and education necessary for 21st century middle-class and above jobs.

But if someone is 41 years old and they have to work full time to provide for their family, and they have to raise that family, they can't just drop everything and go back to college for 4 years. They can't afford to do either. So we need to revolutionize what higher education means in America so people living those circumstances can access it in a cost-effective way.

When I worked in the State legislature, I had an employee who was the equivalent of my executive assistant. She made less than $30,000 a year because that is what the State pay grade called for. But she went to school at night and became a paralegal and doubled her pay on the day after her graduation because she was able to acquire advanced skills and a degree that allowed her to improve not just her lifestyle and her quality of life but that of her daughter's as well—a young, single mother struggling to provide and move ahead in life.

The problem is that our existing higher education system is one we had in the 20th century. It is largely designed for a student who graduates from high school and goes to college for 4 years, but it is inaccessible and unaffordable for Americans who are later in their lives, who have to work full time and raise a family, for people who in the middle of a career have found their job outsourced or automated and need to be retrained. That in and of itself calls for higher education to be revolutionized. The second point I would make is there is some innovation in higher education. For example, there are degrees and degree-type programs you can now get online. But you will often find that the cost of those programs is as much and more than a brick and mortar institution would charge. It costs as much and in many instances more to get your degree on line than it would by sitting in a classroom and taking lectures everyday. For many people that is not realistic.

So we need to revolutionize what higher education means. The traditional 4-year college will always be an important part of it, but we also have to provide programs that allow people to graduate from high school with skills that allow them to immediately be employed such as more welders and more electricians. There is nothing wrong with that. These are important jobs that we have shortages in, by the way.

We need to create more innovation so that people can acquire learning in the most effective way possible. For example, why can't we allow people to package learning in any way they acquire it, online, work experiences, life experience, to be able to package all of your learning and acquire the equivalent of a degree that allows you to go to work?

There are real answers to these problems. I am involved in at least three of them. One is a program called "Right to Know Before You Go" that I sponsored with Senator WYDEN. It is a bipartisan proposal. It is very simple. It says that when you go to school before you take out a loan you have to be told: This is how much people that graduate from your school make. Is that the degree that you are seeking make." So you can decide whether it is worth taking out thousands of dollars in loans for a degree that doesn't lead to jobs.

The other proposal is changing the way we accredit education in America. Accrediting basically means you have permission to get a college degree. But the institutions who control that process are the existing status quo schools. They will always have an inherent advantage in their portfolio but they cannot be the only ones anymore. We need to change that so there are alternative programs available that allow you to package learning no matter how you acquire it so that you can get credit for that as well. So the changing of accrediting is a big part of this.

I believe that income-based repayments should be a part of this. There is a more responsible way to do it. This is the so-called "Pay as you earn" programs. That is another workstream that I am working on such a proposal. I wish issues such as that were debated as a part of this solution, as opposed to simply a political stunt brought to the floor designed to get enough "no" votes by Republicans so it can be used in November on the campaign trail.

Student loans—a trillion dollars' worth—are owed by both Republicans and Democrats. We need to get this issue solved if we are going to move forward. For example, in the Administration issue—I see a number of Senators have arrived and potentially have an announcement for us—we have made great progress. The bill is important, but the one part I have been working on personally is accountability, giving the Secretary the power to hire and to fire those mid-level bureaucrats that are not doing their job. That is an important measure. I am glad that is included in this. I am glad the Senate will be moving forward on this in a few moments.

It is the tale of two bills. One is an example of how we can get things done to address the real needs in our country, and the other is a missed opportunity to address one of the single greatest impediments to upward mobility and the American dream in the 21st Century—and that is the accessibility and affordability of higher education, because today higher education is no longer just an option. In some way, shape or form acquiring higher education has become a necessity for all Americans, and we need to make that more accessible and more affordable.

This is my hope that in the weeks and months to come we will be able to put aside the desire to turn this issue into a political tool and come together to solve this problem because there is a trillion dollars of student loan debt siting there, and there are hundreds of thousands of Americans who desperately need to acquire some sort of higher education and they cannot afford it or they cannot access it or both. They need us to address this issue because this cannot be an issue we do not resolve. The American dream will continue to slip out of reach for millions of people in this new century unless we make the acquisition of higher education more accessible and more affordable to people from all walks of life: the 18-year-old who graduates from high school, the 25-year-old single mother, the 41-year-old father who heads a household, and everyone in between.

This is an enormous challenge for our country but one for which there are solutions. All we need now is a willingness to proceed to do it, and I hope that in the weeks to come, once we pass this moment, we can get back on this issue and solve it in a real and responsible way.

I appreciate the opportunity to speak on these issues. I look forward to working to pass the veterans bill hopefully too, and to move forward and work together in a serious and meaningful way to make higher education more affordable for every American who needs it in order to achieve their American dream.

Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. REID. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. REID. Madam President, before I say anything, I really and deeply appreciate the ability of the Democrats and Republicans to work together on an extremely important issue, and I need not editorialize more than that.
Sec. 101. Independent assessment of the scheduling system for health care appointments

TITLE I—IMPROVEMENT OF SCHEDULING SYSTEM FOR HEALTH CARE APPOINTMENTS

SEC. 101. INDEPENDENT ASSESSMENT OF THE SCHEDULING OF APPOINTMENTS AND OTHER HEALTH CARE MANAGEMENT PROCESSES OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) INDEPENDENT ASSESSMENT.—

(1) ASSESSMENT.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into a contract with an independent third party to assess the following:

(A) The process at each medical facility of the Department of Veterans Affairs for scheduling appointments for veterans to receive hospital care, medical services, or other health care from the Department.

(B) The staffing level and productivity of each medical facility of the Department, including the following:

(i) The case load of each health care provider of the Department.

(ii) The time spent by each health care provider of the Department on matters other than the case load of such health care provider, including time spent by such health care provider as follows:

(I) At a medical facility that is affiliated with the Department.

(II) Conducting research.

(III) Training or overseeing other health care professionals of the Department.

(C) The organization, processes, and tools used by the Department to support clinical documentation and the subsequent coding of inpatient services.

(D) The purchasing, distribution, and use of pharmaceuticals, medical and surgical supplies, and medical devices by the Department, including the following:

(i) The prices paid for, standardization of, and use by the Department of the following:

(I) High-cost pharmaceuticals.

(II) Medical and surgical supplies.

(III) Medical devices.

(ii) The use by the Department of group purchasing arrangements to purchase pharmaceuticals, medical and surgical supplies, medical devices, and health care related services.

(iii) The strategy used by the Department to distribute pharmaceuticals, medical and surgical supplies, and medical devices to Veterans Integrated Service Networks and medical facilities of the Department.

(E) The performance of the Department in paying amounts owed to third parties and collection of amounts owed, with respect to hospital care, medical services, and other health care, including any recommendations of the independent third party as follows:

(i) To avoid the payment of penalties to vendors.

(ii) To increase the collection of amounts owed to the Department for hospital care, medical services, or other health care provided by the Department for which reimbursement from a third party is authorized.

(iii) To increase the collection of any other amounts owed to the Department.

(2) ELEMENTS OF SCHEDULING ASSESSMENT.—In carrying out the assessment required by paragraph (1), the independent third party shall do the following:

(A) Review all training materials pertaining to scheduling of appointments at each medical facility of the Department.

(B) Assess whether all employees of the Department conducting tasks related to scheduling are properly trained for conducting such tasks.

(C) Assess whether changes in the technology or system used in scheduling appointments are necessary to limit access to the system to only those employees that have been properly trained in conducting such tasks.

(D) Assess whether health care providers of the Department are making changes to their

Sec. 301. Expanded availability of hospital care and medical services for veterans through the use of contracts.
schedules that hinder the ability of employees conducting such tasks to perform such tasks.

(E) Assess whether the establishment of a centralized call center throughout the Department for scheduling of appointments at medical facilities of the Department would improve the process of scheduling such appointments.

(F) ... the Department shall, through the use of a technology task force required under subsection (a)(1), submit to the Secretary, the Committee on Veterans’ Affairs of the Senate, and the Committee on Veterans’ Affairs of the House of Representatives a report setting forth the findings and recommendations of the technology task force regarding the needs of the Department to improve the scheduling system and scheduling software of the Department described in such subsection.

(2) ELEMENTS.—The report required by paragraph (1) shall include the following:

(A) Proposals for specific actions to be taken by the Department to improve the scheduling system and scheduling software of the Department described in subsection (a)(1).

(B) A determination as to whether the existing of-the-shelf system would—

(i) meet the needs of the Department to schedule appointments for veterans for hospital care, medical services, and other health care from the Department, and

(ii) improve the access of veterans to such care and services.

(3) PUBLICATION.—Not later than 30 days after the receipt of the report required by paragraph (1), the Secretary shall publish such report in the Federal Register and on an Internet website of the Department accessible to the public.

(c) IMPLEMENTATION OF TASK FORCE RECOMMENDATIONS.—Not later than one year after the receipt of the report required by subsection (b)(1), the Secretary shall implement the recommendations set forth in such report that the Secretary considers feasible, advisable, and cost-effective.

TITLE II—TRAINING AND HIRING OF HEALTH CARE STAFF

SEC. 201. TREATMENT OF STAFFING SHORTAGE AND BIANNUAL REPORT ON STAFFING SHORTAGE IN MEDICAL FACILITIES OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) STAFFING SHORTAGE.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, and not later than September 30 each year thereafter, the Inspector General of the Department of Veterans Affairs shall determine, and the Secretary of Veterans Affairs shall publish in the Federal Register, the five occupations of health care providers of the Department of Veterans Affairs for which there is the largest staffing shortage throughout the Department.

(2) RECRUITMENT AND APPOINTMENT.—Notwithstanding sections 3304 and 3309 through 3318 of title 5, United States Code, the Secretary may, upon a determination by the Inspector General under paragraph (1) that there is a staffing shortage throughout the Department with respect to a particular occupation of health care provider, recruit and directly appoint highly qualified health care providers to serve as health care providers in that particular occupation for the Department.

(3) PRIORITY IN HEALTH PROFESSIONALS EDUCATIONAL ASSISTANCE PROGRAM TO CERTAIN PROVIDERS.—Section 7121(b) of title 38, United States Code, is amended—

(A) by striking “and” at the end;

(B) by redesignating subparagraph (B) as subparagraph (C); and

(C) by inserting after subparagraph (A) the following new subparagraph:

“(B) shall give priority to applicants pursuing a course of education or training towards a career in an occupation for which the Secretary has, in the most current determination published in the Federal Register pursuant to section 201(a)(1) of the Veterans’ Access to Care through Choice, Accountability, and Transparency Act of 2014, determined that there is one of the largest staffing shortages throughout the Department with respect to such occupation; and“;

“(4) REPORTS.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, and not later than December 31 of each even numbered year thereafter, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report assessing the staffing of each medical facility of the Department of Veterans Affairs.

(2) ELEMENTS.—Each report submitted under paragraph (1) shall include the following:

(A) The results of a system-wide assessment of all medical facilities of the Department to ensure compliance with the following:

(i) Appropriate staffing levels for health care providers to meet the goals of the Secretary for timely access to care for veterans.

(ii) Appropriate staffing levels for support personnel, including clerks.

(iii) Appropriate sizes for clinical panels.

(iv) Appropriate numbers of full-time staff, or full-time equivalents, dedicated to direct care of patients.

(B) Appropriate physical plant space to meet the capacity needs of the Department in that area.

(v) Such other factors as the Secretary considers necessary.

(C) A plan for addressing any issues identified in the assessment described in subparagraph (A), including a timeline for addressing such issues.

(D) A list of the current wait times and workload levels for the following clinics in each medical facility:

(i) Mental health.

(ii) Primary care.

(iii) Gastroenterology.

(iv) Women’s health.

(C) Such other clinics as the Secretary considers appropriate.

(D) A description of the results of the most current determination published in the Federal Register pursuant to section 201(a)(1) of this Act, and a plan to use direct appointment authority under paragraph (2) of such subsection to fill staffing shortages, including recommendations for improving the speed at which the credentialing and privileging process can be conducted.

(E) The current staffing models of the Department on the following dates, including recommendations for changes to such models:

(i) Mental health.

(ii) Primary care.

(iii) Gastroenterology.

(iv) Women’s health.

(v) Such other clinics as the Secretary considers appropriate.

(F) A detailed analysis of succession planning at medical facilities of the Department, including the following:

(i) The number of positions in medical facilities throughout the Department that are not filled by a permanent employee.

(ii) The length of time each position described in clause (i) remained vacant or filled by a temporary or acting employee.

(iii) A description of any barriers to filling the positions described in clause (i).

(A) A plan for filling any positions that are vacant or filled by a temporary or acting employee for more than 180 days.

(B) A plan for handling emergency circumstances, such as administrative leave or sudden medical leave for senior officials.

(G) The number of health care providers of the Department who have been rehired from their positions, have retired, or have left their positions for another reason, disaggregated by provider type, during the two-year period preceding the submittal of the report.

(H) Of the health care providers specified in subparagraph (G) who have been removed from their positions, the following:

(i) The number of such health care providers who were reassigned to other positions within the Department.

(ii) The number of such health care providers who left the Department.

(iii) The number of such health care providers who left the Department and were subsequently rehired by the Department.

SEC. 202. CLINIC MANAGEMENT TRAINING FOR MANAGERS AND HEALTH CARE PROVIDERS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) CLINIC MANAGEMENT TRAINING PROGRAM.
Title III—Improvement of Access to Care from Non-Department of Veterans Affairs Providers

SEC. 301. EXPANDED AVAILABILITY OF HOSPITAL CARE AND MEDICAL SERVICES FOR VETERANS THROUGH THE USE OF CONTRACTS.

(a) Expansion of Available Care and Services.—

(1) FURNISHING OF CARE.—

(A) In general.—Hospital care and medical services under chapter 17 of title 38, United States Code, shall be furnished to an eligible veteran described in subsection (b), at the election of such veteran, through contracts authorized under subsection (a), or any other law administered by the Secretary of Veterans Affairs, with entities specified in subparagraph (B) for the furnishing of such care and services to veterans.

(B) ENTITIES SPECIFIED.—The entities specified in this subparagraph are the following:

(i) Non-Veteran Care Coordination Program of the Department seeking an initial appointment from the veteran; or

(ii) community-based outpatient clinic, that is close to the residence of the veteran; or

(iii) any other source of provider for the furnishing of such care and services to eligible veterans.

(2) RATES AND REIMBURSEMENT.—

(A) To determine the rate for the furnishing of such care and services, the Secretary shall—

(i) negotiate the rate with the health care provider that will provide the care and services for the eligible veteran under such contract; and

(ii) determine annually the average rates for the furnishing of such care and services in the locality in which such eligible veteran resides.

(B) LIMIT ON COLLECTION.—For the furnishing of such care and services under such contract, the Secretary shall not collect from such eligible veteran more than the amount specified in paragraph (1)(A) for the furnishing of such care and services to such eligible veteran under such contract.

(3) INFORMATION ON POLICIES AND PROCEDURES.—The Department shall provide to any eligible veteran, who elects to receive care and services under this section, the following information:

(A) The policy of the Department with respect to review of claims for payment of such care and services under such contract, and the procedures for such review.

(B) The method of payment for such care and services under such contract, and the policies and procedures of the Department with respect to such payment.

(C) The method of payment for such care and services under such contract, and the policies and procedures of the Department with respect to such payment.

(D) The method of payment for such care and services under such contract, and the policies and procedures of the Department with respect to such payment.

(4) EXCLUSION OF MEDICARE.—Care and services furnished under this section shall not be subject to the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(b) Eligible Veterans.—A veteran is an eligible veteran for the purposes of this section if—

(1) the veteran is enrolled in the patient registration system of the Department for the furnishing of hospital care and medical services;

(2) the veteran resides in a State without a medical facility of the Department that provides—

(A) hospital care; (B) medical outpatient services; or (C) the services described in subsection (a)(1).
health care provider with which the Secretary has entered into a contract under paragraph (1) the following:

(A) Information on applicable policies and procedures for submitting bills or claims for authorized care and services furnished to eligible veterans under this section.

(B) Access to a telephone hotline maintained by the Secretary for purposes of this section; and

(c) credentials and licenses as those credentials and licenses are required by the Secretary for purposes of this section.

(d) Whether particular care or services under this section are authorized, and the procedures for authorization of such care or services.

(e) CREDENTIALS AND LICENSES.—

(f) PROVIDERS.—To be eligible to furnish care and services under this section, the Secretary shall issue to each eligible veteran a card that the eligible veteran shall present to a health care provider that is eligible to furnish care and services under this section before receiving care and services.

(g) PROVIDERS.—To be eligible to furnish care and services under this section, a health care provider must—

(i) Procedures for furnishing care and services under this section.

(ii) Services for submitting bills or claims for authorized care and services furnished to eligible veterans under this section and being reimbursed by the Secretary for the furnishing of such care and services.

(iii) Whether particular care or services under this section are authorized, and the procedures for authorization of such care or services.

(h) CREDENTIALS AND LICENSES.—

(i) CLAIMS PROCESSING SYSTEM.—

(A) IN GENERAL.—The Secretary shall provide for an efficient system for processing claims and paying bills or claims for authorized care and services furnished to eligible veterans under this section.

(B) REGULATIONS.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall prescribe regulations for the implementation of such system.

(j) MEDI Cal RECORDS.—

(A) The Secretary shall provide for the furnishing of care and services to eligible veterans under this section.

(B) Access to a telephone hotline maintained by such health care provider may call for information on the following:

(1) Procedures for furnishing care and services under this section.

(2) Services for submitting bills or claims for authorized care and services furnished to eligible veterans under this section and being reimbursed by the Secretary for the furnishing of such care and services.

(k) TRACKING OF MISSED APPOINTMENTS.—The Secretary shall maintain an appropriate system to track any missed appointments for care and services under this section.

(l) IMPLEMENTATION.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall prescribe interim final regulations on the implementation of this section and publish such regulations in the Federal Register.

(m) INSPECTOR GENERAL REPORT.—Not later than 540 days after the publication of the interim final regulations under subsection (l), the Inspector General of the Department shall submit to the Secretary a report on the results of an audit of the care and services furnished under this section to ensure the accuracy and timeliness of payments by the Department for the cost of such care and services, including any findings and recommendations of the Inspector General.

(n) TERMINATION.—The requirement of the Secretary to furnish care and services under this section terminates on the date that is two years after the date on which the Secretary publishes the interim final regulations under subsection (l).

(o) REPORTS.—

(1) INITIAL REPORT.—Not later than 90 days after the publication of the interim final regulations under subsection (l), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the furnishing of care and services under this section that includes the following:

(A) The number of eligible veterans who have received care and services under this section, disaggregated by—

(i) eligible veterans described in subsection (b)(2)(A); and

(ii) eligible veterans described in subsection (b)(2)(B).

(B) A description of the type of care and services furnished to eligible veterans under this section.

(C) An accounting of the total cost of furnishing care and services to eligible veterans under this section.

(D) The results of a survey of eligible veterans who have received care and services under this section on the satisfaction of such eligible veterans with the care or services received by such eligible veterans under this section.

(E) An assessment of the effect of furnishing care and services under this section on wait times for an appointment for the receipt of hospital care and medical services from the Department.

(F) An assessment of the feasibility and advisability of continuing furnishing care and services under this section after the termination date specified in subsection (n).

(G) RULES OF CONSTRUCTION.—

(i) NO MODIFICATION OF CONTRACTS.—Nothing in this section shall be construed to require the Secretary to renegotiate contracts for the furnishing of hospital care or medical services to veterans entered into by the Department before the date of the enactment of this Act.

(ii) FILLING AND PAYING FOR PRESCRIPTION MEDICATIONS.—Nothing in this section shall be construed to alter the process of the Department for filling and paying for prescription medications.

SEC. 302. TRANSFER OF AUTHORITY FOR PAYMENTS FOR HOSPITAL CARE, MEDICAL SERVICES, AND OTHER HEALTH CARE FROM NON-DEPARTMENT PROVIDERS TO THE CHIEF BUSINESS OFFICE OF THE VETERANS HEALTH ADMINISTRATION OF THE DEPARTMENT.

(a) TRANSFER OF AUTHORITY.—

(A) IN GENERAL.—Effective October 1, 2014, the Secretary of Veterans Affairs shall transfer the authority to pay for hospital care, medical services, and other health care through non-Department providers to the Chief Business Office of the Veterans Health Administration of the Department of Veterans Affairs from the Veterans Integrated Service Networks and medical centers of the Department of Veterans Affairs.

(B) CANCELLATION.—The Secretary of Veterans Affairs shall notify each non-Department provider that the transfer of authority described in paragraph (1) has occurred and shall provide each such provider with a plan for the continuation of the authority described in paragraph (1).
any payment by the Department for hospital care, medical services, or other health care provided through a non-Department provider under the laws administered by the Secretary.

(2) MEDICAL FACILITY OF THE INDIAN HEALTH SERVICE.—The term "medical facility of the Indian Health Service" includes a facility operated by an Indian tribe or tribal organization through a contract with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

SEC. 302. ENHANCEMENT OF COLLABORATION BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND INDIAN HEALTH SERVICE.

(a) OUTREACH TO TRIBAL-RUN MEDICAL FACILITIES.—The Secretary of Veterans Affairs shall, in consultation with the Director of the Indian Health Service, conduct outreach to each medical facility operated by an Indian tribe or tribal organization to enter into agreements with the Department of Veterans Affairs to provide care and services to veterans at such facilities, including the reimbursement of costs of direct care services provided to veterans eligible for health care at such facilities.

(b) STATISTICS FOR MEMORANDUM OF UNDERSTANDING PERFORMANCE.—The Secretary of Veterans Affairs shall perform statistics for assessing the performance by the Department of Veterans Affairs and the Indian Health Service under the memorandum of understanding entitled "Memorandum of Understanding between the Department of Veterans Affairs (VA) and the Indian Health Service (IHS)" in increasing access to health care, improving quality and coordination of health care, promoting effective patient-centered collaboration among health systems, the Department and the Service, and ensuring health-promotion and disease-prevention services are appropriately funded and available for beneficiaries under the Federal Health Care Program.

(c) REPORT.—Not later than 180 days after the date of the enactment of this Act, and not less than 24 individuals to be considered by the following:

(1) Entering into agreements for the reimbursement by the Secretary of the costs of direct care services provided through organizations receiving amounts pursuant to grants made or contracts entered into under section 503 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.);

(A) The Indian Health Service.

(B) An Indian tribe or tribal organization operating a medical facility through a contract or compact with the Indian Health Service entered into under section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

(C) A medical facility of the Indian Health Service.

DEFINITIONS.—In this section:

(1) INDIAN.—The terms ‘Indian’ and ‘Indian tribe’ have the meanings given in section 4 of the Indian Health Care Improvement Act (25 U.S.C. 1603).

(2) MEDICAL FACILITY OF THE INDIAN HEALTH SERVICE.—The term "medical facility of the Indian Health Service" includes a facility operated by an Indian tribe or tribal organization through a contract with the Indian Health Service under the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450 et seq.).

(3) TRIBAL ORGANIZATION.—The term "tribal organization" has the meaning given the term in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450).

SEC. 304. ENHANCEMENT OF COLLABORATION BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND NATIVE HAWAIIAN HEALTH CARE IMPROVEMENT PROJECTS OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall, in consultation with Papa Ola Lokahi and such other organizations involved in the delivery of health care to Native Hawaiians as the Secretary considers appropriate, enter into contracts or agreements with Native Hawaiian health care systems that are in receipt of funds from the Secretary of Health and Human Services pursuant to grants awarded or contracts entered into under section 6(a) of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 17075) for the reimbursement of direct care services provided to eligible veterans as specified in such contracts or agreements.

(b) DEFINITIONS.—In this section, the terms "Native Hawaiian health care system" and "Papa Ola Lokahi" have the meanings given those terms in section 12 of the Native Hawaiian Health Care Improvement Act (42 U.S.C. 17075).

SEC. 305. SENSE OF CONGRESS ON PROMPT PAYMENT BY DEPARTMENT OF VETERANS AFFAIRS.

It is the sense of Congress that the Secretary of Veterans Affairs shall comply with section 1115 of title 38, Code of Federal Regulations (commonly known as the "prompt payment rule"), or any corresponding similar regulation or ruling, in paying for health care pursuant to contracts entered into with non-Department of Veterans Affairs providers to provide health care under the laws administered by the Secretary.

TITLE IV—HEALTH CARE ADMINISTRATIVE MATTERS

SEC. 401. IMPROVEMENT OF ACCESS OF VETERANS TO MOBILE VET CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IMPROVEMENT OF ACCESS.—(1) IN GENERAL.—The Secretary of Veterans Affairs shall improve the access of veterans to telemedicine care services provided through the use of mobile vet centers of the Department of Veterans Affairs by providing standardized requirements for the operation of such centers.

(2) REQUIREMENTS.—The standardized requirements required by paragraph (1) shall include the following:

(A) The number of days each mobile vet center of the Department is expected to travel per year.

(B) The number of locations each center is expected to visit per year.

(C) The number of appointments each center is expected to conduct per year.

(D) The method and timing of notifications given by each center to individuals in the area to which such center is traveling, including notifications informing veterans of the availability to schedule appointments at the center.

(E) USE OF TELEMEDICINE.—The Secretary shall ensure that the mobile vet center of the Department has the capability to provide telemedicine services.

(b) REPORTS.—Not later than one year after the date of the enactment of this Act, and not later than September 30 each year thereafter, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the following:

(A) Any recommendations for an increase in the number of mobile vet centers of the Department.

(B) Any recommendations for an increase in the telemedicine capabilities of each mobile vet center.

(C) The feasibility and advisability of using temporary health care providers, including locum tenens, to provide direct health care services to veterans at mobile vet centers.

(D) Such other recommendations on improvement of the use of mobile vet centers by the Department as the Committee considers appropriate.

SEC. 402. COMMISSION ON CONSTRUCTION PROJECTS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) ESTABLISHMENT.—(1) ESTABLISHMENT.—There is established an Independent Commission on Department of Veterans Affairs Construction Projects in this section referred to as the "Commission".

(2) MEMBERSHIP.—(A) VOTING MEMBERS.—The Commission shall be composed of 10 voting members as follows:

(i) Three members to be appointed by the President from among the advocates of veterans affairs.

(ii) Three members to be appointed by the President from among the National Academy of Engineering who are nominated under subparagraph (B).

(iii) Four members to be appointed by the President from among the advocates of veterans affairs.

(B) NONVOTING MEMBERS.—The Commission shall be composed of the following nonvoting members:

(i) The Comptroller General of the United States, or designee.

(ii) The Secretary of Veterans Affairs, or designee.

(iii) The Inspector General of the Department of Veterans Affairs, or designee.

(iv) Members from the House of Representatives and the Senate.

(b) DUTIES.—The Independent Commission on Department of Veterans Affairs Construction Projects shall, among other things:

(A) CONDUCT CONSTRUCTION PROJECTS OF THE DEPARTMENT OF VETERANS AFFAIRS.

(B) NOMINATION OF VOTING MEMBERS.—The majority leader of the Senate, the minority leader of the Senate, the Speaker of the House of Representatives, and the minority leader of the House of Representatives shall each nominate not less than 24 individuals to be considered by the President for appointment under subparagraph (A).

(c) LOCAL APPOINTMENTS.—The President shall make the appointments under subparagraph (A) after consultation with the following:

(A) The Senate Committee on Veterans’ Affairs and the Senate Committee on Appropriations.

(B) The House of Representatives.

(d) INITIAL MEETING.—Not later than five days after the date on which all members of the Commission have been appointed, the Commission shall hold its first meeting.

(e) MEETINGS.—The Commission shall meet at the call of the Chairperson.

(f) Quorum.—A majority of the members of the Commission shall constitute a quorum, but a lesser number of members may hold hearings.
(7) CHAIRPERSON AND VICE CHAIRPERSON.—The Commission shall select a Chairperson and Vice Chairperson from among its members.

(b) DUTIES OF COMMISSION.—

(1) IN GENERAL.—The Commission shall review current construction and maintenance projects and the medical facility leasing program of the Department of Veterans Affairs to identify any problems that the Department in carrying out such projects and program.

(2) REPORTS.—

(A) ADMISSION REPORT.—Not later than 120 days after the date of the enactment of this Act, the Commission shall submit to the Secretary of Veterans Affairs, the Committee on Veterans' Affairs and the Committee on Veterans' Affairs of the House of Representatives a report setting forth recommendations, if any, for improving the manner in which the Secretary carries out such projects and program specified in paragraph (1).

(B) DEPARTMENT REPORT.—Not later than 60 days after the submittal of the report under subparagraph (A), the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report setting forth recommendations, if any, regarding the manner in which the Department of Veterans Affairs fulfills the requirements of section 5316 of such title.

(c) POWERS OF COMMISSION.—

(1) COMPENSATION OF MEMBERS.—Each member of the Commission who is not an officer or employee of the Federal Government shall be compensated at a rate equal to the daily equivalent of the annual rate of basic pay prescribed for level IV of the Executive Schedule under section 5316 of title 5, United States Code, at rates for individuals that do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

(2) T RAVEL EXPENSES .—The members of the Commission shall be allowed travel expenses, in addition to that received for their services as officers or employees of the United States.

(3) EXPENSES AND COMMISSION.—

(1) CHAIRPERSON AND VICE CHAIRPERSON.—The Chairperson of the Commission may fix the compensation of the executive director and other personnel that do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

(4) DETAIL OF GOVERNMENT EMPLOYEES.—Any Federal Government employee may be detailed to the Commission without reimbursement, and such detail shall be without interruption or loss of civil service status or pay.

(5) PROCUREMENT OF TEMPORARY AND INTERMITTENT SERVICES.—The Chairperson of the Commission may procure temporary and intermittent services, including per diem in lieu of subsistence, at rates for individuals that do not exceed the daily equivalent of the annual rate of basic pay prescribed for level V of the Executive Schedule under section 5316 of such title.

(6) TERMINATION OF COMMISSION.—The Commission shall terminate 30 days after the date on which the Commission submits its report under subsection (b)(2)(A).

SEC. 403. COMMISSION ON ACCESS TO CARE.

(a) ESTABLISHMENT OF COMMISSION.—

(1) IN GENERAL.—There is established the Commission on Access to Care (in this section referred to as the “Commission”) to examine the access of veterans to health care from the Department of Veterans Affairs and strategically examine how best to organize the Veterans Health Administration, locate health care resources, and deliver health care to veterans during the 10- to 20-year period beginning on the date of the enactment of this Act.

(2) MEMBERSHIP.—

(A) VOTING MEMBERS.—The Commission shall be composed of 10 voting members who are appointed by the President as follows:

(i) At least two members who represent an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

(ii) At least one member from among persons who represent an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

(iii) At least one member from among persons who are veterans or eligible for hospital care, medical services, or other health care under the Veterans Health Administration but are not current employees of such Administration.

(iv) At least two members from among persons who have experience as senior management for Federally-qualified health centers (as defined in section 1901 of title 42, United States Code).

(v) At least two members who represent an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

(vi) At least two members from among persons who are veterans or eligible for hospital care, medical services, or other health care under the Veterans Health Administration.

(B) NONVOTING MEMBERS.—

(i) IN GENERAL.—In addition to voting members, the Commission shall be composed of the following nonvoting members:

(I) At least two members who represent an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

(II) At least two members who represent an organization recognized by the Secretary of Veterans Affairs for the representation of veterans under section 5902 of title 38, United States Code.

(III) At least two members from among persons who are veterans or eligible for hospital care, medical services, or other health care under the laws administered by the Secretary of Veterans Affairs.

(ii) ADDITIONAL NONVOTING MEMBERS.—In addition to members appointed under subparagraph (A), the Commission shall be composed of the following nonvoting members:

(I) The Comptroller General of the United States.

(II) The Inspector General of the Department of Veterans Affairs, or designee.

(iii) ADDITIONAL VOTING MEMBERS.—In addition to members appointed under subparagraph (A), the Commission shall be composed of the following voting members:

(A) Not later than 90 days after the date of the initial meeting of the Commission, an interim report on—

(i) the findings of the Commission with respect to the evaluation and assessment required by this subsection; and

(ii) such recommendations as the Commission may have for legislative or administrative action to improve access to health care through the Veterans Health Administration.

(B) not later than 180 days after the date of the initial meeting of the Commission.

(iv) POWERS OF THE COMMISSION.—

(1) HEARINGS.—The Commission may hold such hearings, sit at such times and places, take such testimony, and receive such evidence as the Commission considers advisable to carry out this section.

(2) INFORMATION FROM FEDERAL AGENCIES.—The Commission may secure directly from any Federal agency such information as the Commission considers necessary to carry out this section.
out this section. Upon request of the Chairperson of the Commission, the head of such department or agency shall furnish such information to the Commission.

(d) COMMISSION PERSONNEL MATTERS—

(1) COMPENSATION OF MEMBERS.—Each member of the Commission who is not an officer or employee of the Federal Government shall be compensated at a rate equal to the daily rate of basic pay provided for level IV of the Executive Schedule under section 5316 of title 5, United States Code, for each day (including travel time) during which such member is engaged in the performance of the duties of the Commission. All members of the Commission who are officers or employees of the United States without compensation in addition to that received for their services as officers or employees of the United States.

(2) TRAVEL EXPENSES.—The members of the Commission shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for employees of agencies under subchapter I of chapter 57 of title 5, United States Code, while away from their homes or regular places of business in the performance of services for the Commission.

(3) COMPENSATION AND PER Diem.—(A) IN GENERAL.—The Chairperson of the Commission may, without regard to the civil service laws and regulations, appoint and terminate executive directors and such other executive and professional personnel as may be necessary to enable the Commission to perform its duties. The employment of an executive director shall be subject to confirmation by the Commission.

(B) COMPENSATION.—The Chairperson of the Commission may fix the compensation of the executive director and other personnel without regard to chapter 51 and subchapter III of chapter 53 of title 5, United States Code, relating to classification of positions and General Schedule pay rates of such positions.

(c) MODIFICATION OF PERFORMANCE PLANS.—(1) MODIFICATION OF PERFORMANCE PLANS.—The Secretary of Veterans Affairs shall ensure that such recommendations and by whom.

SEC. 404. PERFORMANCE METRICS FOR HEALTH CARE PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

(a) PROHIBITION ON USE OF SCHEDULING AND WAIT-TIME METRICS IN DETERMINATION OF PERFORMANCE AWARDS.—The Secretary of Veterans Affairs shall ensure that scheduling and wait-time metrics or goals are not used as factors in determining whether employees, and the wait-time metrics or goals are not used as factors in determining whether employees, are entitled to pay performance awards to such employees:

(i) Directors, associate directors, assistant directors, deputy directors, chiefs of staff, and clinical leads of medical centers of the Department of Veterans Affairs;

(ii) Directors, assistant directors, and quality management officers of integrated care service networks or medical centers of the Department of Veterans Affairs;

(iii) A description of any administrative action already taken to carry out such recommendation;

(iv) A description of any administrative action the President intends to take to carry out such recommendation and by whom.

(b) MODIFICATION OF PERFORMANCE PLANS.—(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall publish in the Federal Register, and on an Internet website accessible to the public of each medical center of the Department of Veterans Affairs, the Department of Veterans Affairs, the Secretary shall provide a report setting forth the following:

(A) An assessment of the feasibility and advisability of any recommendation contained in the report received from the Inspector General of Veterans Affairs;

(B) For each recommendation assessed as feasible and advisable under paragraph (A) the following:

(i) Whether such recommendation requires legislative action;

(ii) If such recommendation requires legislative action, a recommendation concerning such legislative action.

(2) REMOVAL OF CERTAIN PERFORMANCE GOALS.—For each fiscal year that begins after the date of the enactment of this Act, the Secretary shall provide a report setting forth the following:

(a) A list of the performance goals of any employee of a Veterans Integrated Service Network or medical center of the Department any performance goal that might affect the performance goals of such employees of the Department amounts to provide hospital care, medical services, or other health care through a non-Department provider.

SEC. 405. IMPROVED TRANSPARENCY CONCERNING HEALTH CARE PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.

(a) PUBLICATION OF WAIT TIMES.—

(1) GOALS.—(A) INITIAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall publish in the Federal Register, and on an Internet website accessible to the public of each medical center of the Department of Veterans Affairs, the wait-time goals of the Department for the scheduling of an appointment by a veteran for the receipt of health care from the Department.

(B) SUBSEQUENT CHANGES.—(i) IN GENERAL.—If the Secretary modifies the wait-time goals described in subparagraph (A), the Secretary shall provide a report setting forth the following:

(ii) A list of the performance goals of any employee of a Veterans Integrated Service Network or medical center of the Department of Veterans Affairs, the Secretary shall provide a report setting forth the following:

(iii) A list of the performance goals of any employee of a Veterans Integrated Service Network or medical center of the Department of Veterans Affairs, the Secretary shall provide a report setting forth the following:

(iv) A list of the performance goals of any employee of a Veterans Integrated Service Network or medical center of the Department of Veterans Affairs, the Secretary shall provide a report setting forth the following:

(v) A list of the performance goals of any employee of a Veterans Integrated Service Network or medical center of the Department of Veterans Affairs, the Secretary shall provide a report setting forth the following:

(b) MODIFICATION OF PERFORMANCE PLANS.—(1) MODIFICATION OF PERFORMANCE PLANS.—The Secretary of Veterans Affairs shall ensure that such recommendations and by whom.

(2) FACTORS.—In modifying performance plans under paragraph (1), the Secretary shall ensure that assessment of the quality of care provided at health care facilities under the jurisdiction of a director described in paragraph (1) includes consideration of the following:

(a) A report received by the President.

(b) A recommendation of the Commission.

(c) A description of any administrative action already taken to carry out such recommendation.

(d) REMOVAL OF CERTAIN PERFORMANCE GOALS.—For each fiscal year that begins after the date of the enactment of this Act, the Secretary shall provide a report setting forth the following:

SEC. 406. IMPROVED TRANSPARENCY CONCERNING HEALTH CARE PROVIDED BY DEPARTMENT OF VETERANS AFFAIRS.
through each primary Internet website of a Department medical center.

(c) HOSPITAL COMPARE WEBSITE OF DEPARTMENT OF VETERANS AFFAIRS SERVICE—

(1) AGREEMENT REQUIRED.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into an agreement with the Secretary of Health and Human Services for the provision by the Secretary of Veterans Affairs of such information as the Secretary of Health and Human Services determines is necessary and publicly available patient quality and outcome information concerning Department of Veterans Affairs medical centers through the Hospital Compare Internet website of the Department of Health and Human Services or any successor Internet website.

(2) DETERMINATION OF PROVIDER.—The information provided by the Secretary of Veterans Affairs to the Secretary of Health and Human Services under paragraph (1) shall include the following:

(A) Measures of timely and effective health care.

(B) Measures of readmissions, complications of death, including with respect to 30-day mortality and 30-day all-cause mortality for inpatient stays, and 30-day all-cause complication measures, and health care related infection measures.

(C) Survey data of patient experiences, including through the Hospital Consumer Assessment of Healthcare Providers and Systems or any similar successor survey developed by the Department of Health and Human Services.

(D) Any other measures required or reported with respect to hospitals participating in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(3) UNAVAILABLE INFORMATION.—For any applicable metric collected by the Department of Veterans Affairs or required to be provided under provisions of law, any data withheld from the Hospital Compare Internet website, the Secretary of Veterans Affairs shall publish a notice in the Federal Register stating the reasons why such metric was withheld from public disclosure and a timeline for making such metric available, if applicable.

(4) COMPTROLLER GENERAL REVIEW OF PUBLICLY AVAILABLE SAFETY AND QUALITY METRICS.—Not later than three years after the date of the enactment of this Act, the Comptroller General of the United States shall conduct a review of the safety and quality metrics made publicly available by the Secretary of Veterans Affairs under this section to assess the degree to which the Department is complying with the provisions of this section.

SEC. 406. INFORMATION FOR VETERANS ON THE CREDENTIALS OF HEALTH CARE PROVIDERS.

(a) IMPROVEMENT OF “OUR PROVIDERS’ INTERNET WEBSITE LINKS.—

(1) AVAILABILITY THROUGH DEPARTMENT OF VETERANS AFFAIRS HOME PAGE.—A link to the “Our Providers” health care providers database of the Department of Veterans Affairs, or any successor database, shall be available on the homepage of the Internet website of the Department that is accessible to the public.

(2) INFORMATION ON LOCATION OF RESIDENCY TRAINING.—The website of the Department that is accessible to the public shall include under the link to the “Our Providers” health care providers database of the Department, or any successor database, the location of residency training of each licensed physician of the Department.

(b) INFORMATION ON PHYSICIANS FOR VETERANS UNDERGOING SURGICAL PROCEDURES—

(1) IN GENERAL.—Each veteran who is undergoing a surgical procedure by or through the Department shall be provided information on the credentials of the surgeon to be performing such procedure at such time in advance of the procedure as is appropriate to permit such veteran to evaluate the qualifications of the surgeon. The information shall be provided to an individual acting on behalf of the veteran.

SEC. 407. INFORMATION FOR VETERANS ON THE QUALITY OF HEALTH CARE SERVICES.

(a) COMPTROLLER GENERAL REPORT AND PLAN—

(1) REPORT.—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report setting forth an assessment by the Comptroller General of the following:

(A) The manner in which contractors under the Patient-Centered Care Initiative of the Department perform oversight of the credentials of physicians within the networks of such contractors under the initiative.

(B) The oversight by the Department of the contracts under the Patient-Centered Community Care initiative.

(C) The procedures by the Department of the credentials and licenses of health care providers furnishing hospital care and medical services under section 301.

(2) PLAN.—

(A) IN GENERAL.—Not later than 30 days after the submittal of the report under paragraph (1), the Secretary shall—

(i) submit to the Comptroller General, the Committee on Veterans’ Affairs of the Senate, and the Committee on Veterans’ Affairs of the House of Representatives a plan to address any findings and recommendations of the Comptroller General included in such report; and

(ii) submit to the Committees on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a request for additional amounts, if any, that may be necessary to carry out such plan.

(B) IMPLEMENTATION.—Not later than 90 days after the submittal of the report under paragraph (1), the Secretary shall carry out such plan.

SEC. 408. INFORMATION ON ANNUAL BUDGET OF THE PRESIDENT ON HOSPITAL CARE AND MEDICAL SERVICES FURNISHED THROUGH EXPANDED USE OF CONTRACTS FOR SUCH CARE.

The materials on the Department of Veterans Affairs in the budget of the President for a fiscal year, as submitted to Congress pursuant to section 1105(a) of title 31, United States Code, shall set forth the following:

(1) The number of veterans who received hospital care and medical services under section 301 during the fiscal year preceding the fiscal year in which such budget is submitted.

(2) The amount expended by the Department on furnishing care and services under such section during the fiscal year preceding the fiscal year in which such budget is submitted.

(3) The amount requested and the total of such amounts for each fiscal year covered by the budget for the purposes of furnishing care and services under such section.

(4) The number of veterans that the Department estimates will receive hospital care and medical services under such section during the fiscal years covered by the budget submission.

SEC. 409. REMOVAL OR TRANSFER OF EMPLOYEES OF THE DEPARTMENT OF VETERANS AFFAIRS FOR PERFORMANCE.

(a) REMOVAL OR TRANSFER—

(1) IN GENERAL.—The Merit Systems Protection Board shall expel any employee under chapter 75 of title 5, United States Code, who, during the fiscal year preceding the fiscal year in which such removal or transfer is made—

(A) is determined by the Merit Systems Protection Board to have committed an offense against the United States

(B) is determined by the Merit Systems Protection Board to be unsuitable for the position of employment

(C) is determined by the Merit Systems Protection Board to be otherwise unsuitable for continued employment.

(2) APPEAL.—An employee removed or transferred under this section may appeal such removal or transfer to the Merit Systems Protection Board, and the Merit Systems Protection Board shall hear such appeal and issue a final determination.

(b) COMPLAINTS.—Any employee of the Department of Veterans Affairs may file a complaint with the Merit Systems Protection Board under subchapter IV of chapter 75 if the employee believes that the employee has suffered a violation of any right or benefit secured by chapter 75.
transfer under subsection (a) shall not be sub-
ject to any further appeal.

(2) CLERICAL AMENDMENT.—The table of sec-
tions at the beginning of such chapter is amend-
ed by the following: "Title 31: Senior Executive Service: removal based on performance.

(b) ESTABLISHMENT OF EXPEDITED REVIEW PROCEDURES.—

(1) IN GENERAL.—Not later than 30 days after the date of the enactment of this Act, the Merit Systems Protection Board shall establish and put into effect a mechanism to conduct expedited re-
views in accordance with section 713(d) of title 38, United States Code.

(2) INAPPLICABILITY OF CERTAIN REGULA-
TIONS.—Section 1391.22 of title 5, Code of Fed-
eral Regulations, as in effect on the day before the date of the enactment of this Act, shall not apply to expedited reviews carried out under section 713(d) of title 38, United States Code.

(3) REPORT BY MERIT SYSTEMS PROTECTION
BOARD.—Not later than 30 days after the date of the enactment of this Act, the Merit Systems Protection Board shall submit to Congress a re-
port on the actions the Board plans to take to conduct expedited reviews under section 713(d) of title 38, United States Code, as added by subsection (a). Such report shall include a description of the resources the Board determines will be necessary to conduct such reviews and a description of the resources the Board determines will be necessary to conduct such reviews that were not available to the Board on the day before the date of the enactment of this Act.

(c) CONSTRUCTION.—Nothing in this section or section 713(d) of title 38, United States Code, as added by subsection (a), shall be construed to apply to an appeal of a removal, transfer, or other personnel action that was pending before the date of the enactment of this Act.

TITLE V—HEALTH CARE RELATED TO SEXUAL TRAUMA

SEC. 501. EXPANSION OF ELIGIBILITY FOR SEXUAL TRAUMA COUNSELING AND TREATMENT TO VETERANS ON INAC-
TIVE DUTY TRAINING.

Section 3431 of title 38, United States Code, is amended by striking "or active duty for training, or other personnel action that was pending before the date of the enactment of this Act.

SEC. 502. PROVISION OF COUNSELING AND TREATMENT FOR SEXUAL TRAUMA BY THE DEPARTMENT OF VETERANS AFFAIRS TO MEMBERS OF THE ARMED FORCES.

(a) EXPANSION OF COVERAGE TO MEMBERS OF THE ARMED FORCES.—Subsection (a) of section 1720D of title 38, United States Code, is amend-
ed—

(1) by redesignating paragraph (2) as para-
graph (3); and

(2) by inserting after paragraph (1) the fol-
lowing new paragraph (2):

"(2)(A) In operating the program required by paragraph (1) the Department of Veterans Affairs may contract with groups in consultation with the Secretary of Defense, provide counseling and care and services to members of the Armed Forces (including members of the Na-
tional Guard and Reserves) on active duty to overcome psychological trauma described in that paragraph.

(B) A member described in subparagraph (A) shall be entitled to an application for a referral before receiving counseling and care and services under this paragraph."; and

 SEC. 503. EXPANSION OF SERVICE AVAILABLE FOR MIL-
TARY SEXUAL TRAUMA IN THE DEPARTMENT OF VETERANS AFFAIRS.—Not later than 630 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the treat-
ment and services available from the Depart-
mnt of Veterans Affairs for male veterans who experience military sexual trauma compared to such treatment and services available from the Depart-
mnt of Veterans Affairs for female veterans who experience military sexual trauma.

(b) REPORTS ON TRANSITION OF MILITARY SEX-
UAL TRAUMA TREATMENT FROM DEPARTMENT OF DEFENSE TO DEPARTMENT OF VETERANS AFFAIRS.—Not later than 630 days after the date of the enactment of this Act, and annually there-
after for five years, the Department of Veterans Affairs—(1) in consultation with the Secretary of Defense, shall submit to the ap-
propriate committees of Congress a report on the treat-
ment and services available from the Depart-
mnt of Veterans Affairs for individuals who experience military sexual trauma.

(c) CONSTRUCTION.—Nothing in this section or section 713(d) of title 38, United States Code, as added by subsection (a), shall be construed to apply to an appeal of a removal, transfer, or other personnel action that was pending before the date of the enactment of this Act.

SEC. 504. REPORTS ON MAJOR MEDICAL FACILITY
LEASES.

SEC. 505. EXPANSION OF SERVICE AVAILABLE FOR MIL-
TARY SEXUAL TRAUMA IN THE DEPARTMENT OF VETERANS AFFAIRS.—Not later than 630 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the treat-
ment and services available from the Depart-
mnt of Veterans Affairs for individuals who experience military sexual trauma.

(b) REPORTS ON TRANSITION OF MILITARY SEX-
UAL TRAUMA TREATMENT FROM DEPARTMENT OF DEFENSE TO DEPARTMENT OF VETERANS AFFAIRS.—Not later than 630 days after the date of the enactment of this Act, and annually there-
after for five years, the Department of Veterans Affairs—(1) in consultation with the Secretary of Defense, shall submit to the ap-
propriate committees of Congress a report on the treat-
ment and services available from the Depart-
mnt of Veterans Affairs for individuals who experience military sexual trauma.

(c) CONSTRUCTION.—Nothing in this section or section 713(d) of title 38, United States Code, as added by subsection (a), shall be construed to apply to an appeal of a removal, transfer, or other personnel action that was pending before the date of the enactment of this Act.

SEC. 506. AUTHORIZATION OF MAJOR MEDICAL FACILITY LEASES.

The Secretary of Veterans Affairs may carry out the following major medical facility leases at the locations specified in subsection (a) of this section for each lease not to exceed the amount shown for such location (not including any estimated can-
celation costs):

(1) For a clinical research and pharmacy co-
ordinating center, Albuquerque, New Mexico, an amount not to exceed $5,560,000.

(2) For a community-based outpatient clinic, Brick, New Jersey, an amount not to exceed $7,280,000.

(3) For a new primary care and dental clinic annex, Charlotte, North Carolina, an amount not to exceed $7,070,250.

(4) For the Cobb County community-based
Outpatient Clinic, Cobb County, Georgia, an amount not to exceed $6,409,000.

(5) For the Leeward Outpatient Healthcare Center, Honolulu, Hawaii, including a co-located clinic with the Department of De-
fense and the co-location of the Honolulu Re-
gional Office of the Veterans Benefits Adminis-
tration and the Capel Vet Center of the Depart-
mnt of Veterans Affairs, an amount not to ex-
ceed $15,887,375.

(6) For a community-based outpatient clinic, Johnson County, Kansas, an amount not to exceed $2,263,000.

(7) For a replacement community-based outpatient clinic, Lafayette, Louisiana, an amount not to exceed $2,996,000.

(8) For a community-based outpatient clinic, Lake Charles, Louisiana, an amount not to exceed $2,626,000.

(9) For an outpatient clinic consolidation, New Port Richey, Florida, an amount not to exceed $11,927,000.

(10) For an outpatient clinic, Ponce, Puerto Rico, an amount not to exceed $11,535,000.

(11) For lease consolidation, San Antonio, Texas, an amount not to exceed $19,426,000.

(12) For a community-based outpatient clinic, San Diego, California, an amount not to exceed $15,883,000.

(13) For an outpatient clinic, Tyler, Texas, an amount not to exceed $4,327,000.

(14) For the Areer Community Care Center, Westerly, Connecticut, an amount not to ex-
ceed $4,883,000.

(15) For the Worcester community-based Out-
patient Clinic, Worcester, Massachusetts, an amount not to exceed $4,855,000.

(16) For the expansion of a community-based outpatient clinic, Cape Girardeau, Missouri, an amount not to exceed $4,855,000.

(17) For a multi-specialty clinic, Chattanooga, Tennessee, an amount not to exceed $7,069,000.
(18) For the expansion of a community-based outpatient clinic, Chico, California, an amount not to exceed $4,534,000.

(19) For a community-based outpatient clinic, Chula Vista, California, an amount not to exceed $3,714,000.

(20) For a new research lease, Haines, Illinois, an amount not to exceed $22,032,000.

(21) For a replacement research lease, Houston, Texas, an amount not to exceed $6,142,000.

(22) For a community-based outpatient clinic, Lincoln, Nebraska, an amount not to exceed $7,178,400.

(23) For a community-based outpatient clinic, Llano, Texas, an amount not to exceed $8,554,000.

(24) For a community-based outpatient clinic consolidation, Myrtle Beach, South Carolina, an amount not to exceed $8,022,000.

(25) For a community-based outpatient clinic, Phoenix, Arizona, an amount not to exceed $20,757,000.

(26) For the expansion of a community-based outpatient clinic, Redding, California, an amount not to exceed $8,154,000.

SEC. 602. BUDGETARY TREATMENT OF DEPARTMENT OF VETERANS AFFAIRS MAJOR MEDICAL FACILITIES LEASES.

(a) FINDINGS.—Congress finds the following:

(1) the Department of Veterans Affairs, in accordance with Management and Budget Circular A–11, the Secretary of Veterans Affairs to record up-front statutory or regulatory obligations or requirements, or the amendments made by this section, or the amendments made by this subsection (b) and the proposed lease; and

(2) a scoring analysis demonstrating that the proposed lease complies with Office of Management and Budget Circular A–11.

(2) Each committee described in paragraph (1) shall ensure that any information submitted to the committee under such paragraph is treated by the committee with the same level of confidentiality as is required by law of the Secretary of Veterans Affairs and subject to the same statutory penalties for unauthorized disclosure or use as the Secretary.

(3) Not more than 30 days after entering into a major medical facility lease, the Secretary shall submit to each committee described in paragraph (1) a report on any material differences between the lease that was entered into and the proposed lease described under such paragraph, including how the lease was entered into and any material differences between the lease that was entered into and the proposed lease described under such paragraph, including how the lease was entered into.

(b) RULE OF CONSTRUCTION.—Nothing in this section, or the amendments made by this section, shall be construed to require the Department of Veterans Affairs to enter into lease agreements that are not consistent with the requirements of section 3311 of title 38, United States Code.

(c) TRANSPARENCY.—

(1) COMPLIANCE.—Subsection (b) of section 8104 of title 38, United States Code, is amended by adding at the end the following new paragraph:

“(7) In the case of a prospectus proposing funding for a major medical facility lease, a detailed analysis of how the lease is expected to comply with Office of Management and Budget Circular A–11 and section 1341 of title 31 (commonly referred to as the ‘Anti-Deficiency Act’). Any such analysis shall include—

(A) an analysis of how the classification of the lease as a ‘lease-purchase’, ‘capital lease’, or ‘operating lease’ as those terms are defined in Office of Management and Budget Circular A–11;

(B) an analysis of the methodology used in determining the asset cost, fair market value, and cancellation costs of the lease.”

(2) SUBMITTAL TO CONGRESS.—Such section 8104 is further amended by adding at the end the following new subsection:

“(h)(1) Not less than 30 days before entering into a major medical facility lease, the Secretary shall submit to the Committees on Veterans’ Affairs of the Senate and the House of Representatives—

(A) notice of the Secretary’s intention to enter into the lease;

(B) a detailed summary of the proposed lease;

(C) a description and analysis of any differences between the prospectus submitted pursuant to subsection (b) and the proposed lease; and

(D) a scoring analysis demonstrating that the proposed lease complies with Office of Management and Budget Circular A–11.

(2) Each committee described in paragraph (1) shall ensure that any information submitted to the committee under such paragraph is treated by the committee with the same level of confidentiality as is required by law of the Secretary of Veterans Affairs and subject to the same statutory penalties for unauthorized disclosure or use as the Secretary.

(3) Not more than 30 days after entering into a major medical facility lease, the Secretary shall submit to each committee described in paragraph (1) a report on any material differences between the lease that was entered into and the proposed lease described under such paragraph, including how the lease was entered into and any material differences between the lease that was entered into and the proposed lease described under such paragraph.”

(d) RULE OF CONSTRUCTION.—Nothing in this section, or the amendments made by this subsection (b) and the proposed lease; and

(E) a scoring analysis described in subparagraph (D) of such paragraph.”

(2) LIMITATION AND ELECTION ON CERTAIN BENEFITS.—Subsection (i) of such section is amended—

(1) by redesignating paragraph (2)(A) as paragraph (3)(A); and

(2) by inserting after paragraph (1) the following new paragraphs:

“(2) LIMITATION.—The entitlement of an individual to assistance under subsection (a) pursuant to paragraph (2)(A) of section 3319 of this title for the covered individual at a rate that is higher than the rate the institution charges for tuition and fees for that course for residents of the State in which the institution is located, regardless of the covered individual’s State of residence.

(3) For purposes of this subsection, a covered individual is any individual as follows:—

“(A) A veteran who was discharged or released from a period of not fewer than 90 days of service in the active uniformed service, or air service less than three years before the date of enrollment in the course concerned.

“(B) An individual who is entitled to assistance under section 3311 of title 38 of this title by virtue of such individual’s relationship to a veteran described in subparagraph (A).

“(2) If enrollment in a course of education that is subject to disapproval under paragraph (1) by reason of paragraph (2)(A) or (2)(B) a covered individual pursues one or more courses of education at the same public institution of higher learning pursuant to a covered individual continuously enrolled (other than during regularly scheduled breaks between courses, semesters or terms) at that institution of higher learning, any course so pursued by the covered individual at that institution of higher learning while so continuously enrolled shall also be subject to disapproval under paragraph (1).

“(3) It shall not be grounds to disapprove a course of education under paragraph (1) if a public institution of higher learning requires a covered individual pursuing a course of education that the institution is subject to an intent, by means other than satisfying a physical presence requirement, to establish residency in the State in which the institution is located, to that individual to establish such residency in order to be charged tuition and fees for that course at a rate that is equal to or less than the rate the institution charges for tuition and fees for that course for residents of the State.

“(3) The Secretary may waive such requirements of paragraph (1) as the Secretary considers appropriate.

“(4) Disapproval under paragraph (1) shall apply only with respect to educational assistance under chapters 30 and 33 of this title.”

(e) EFFECTIVE DATE.—Subsection (a) of section 3679 of title 38, United States Code (as added by subsection (a) of this section), shall apply with respect to educational assistance provided pursuant to this section during academic terms that begin after July 1, 2015, through courses of education that commence on or after that date.

SEC. 702. APPROVAL OF COURSES OF EDUCATION PROVIDED BY PUBLIC INSTITUTIONS OF HIGHER LEARNING FOR PURPOSES OF ALL-VOLUNTEER FORCE EDUCATIONAL ASSISTANCE PROGRAM.

(a) IN GENERAL.—Section 3679 of title 38, United States Code, is amended by adding at the end the following new subsection:

“(c)(1) Notwithstanding any other provision of this chapter and subsections (b) through (e), the Secretary shall disapprove a course of education provided by a public institution of higher learning to a covered individual if a covered individual pursues a course of education with educational assistance under chapter 30 or 33 of this title while living in the State in which the public institution of higher learning is located if the institution charges tuition and fees for that course for the covered individual at a rate that is higher than the rate the institution charges for tuition and fees for that course for residents of the State in which the institution is located, regardless of the covered individual’s State of residence.

“(2) For purposes of this subsection, a covered individual is any individual as follows:—

“(A) A veteran who was discharged or released from a period of not fewer than 90 days of service in the active uniformed service, or air service less than three years before the date of enrollment in the course concerned.

“(B) An individual who is entitled to assistance under section 3311 of title 38 of this title by virtue of such individual’s relationship to a veteran described in subparagraph (A).

“(C) An individual who—

“(i) is a covered individual; and

“(ii) is enrolled at a public institution of higher learning to receive educational assistance under chapter 30 or 33 of this title.

“(3) If enrollment in a course of education that is subject to disapproval under paragraph (1) by reason of paragraph (2)(A) or (2)(B) a covered individual pursues one or more courses of education at the same public institution of higher learning pursuant to a covered individual continuously enrolled (other than during regularly scheduled breaks between courses, semesters or terms) at that institution of higher learning, any course so pursued by the covered individual at that institution of higher learning while so continuously enrolled shall also be subject to disapproval under paragraph (1).

“(4) It shall not be grounds to disapprove a course of education under paragraph (1) if a public institution of higher learning requires a covered individual pursuing a course of education that the institution is subject to an intent, by means other than satisfying a physical presence requirement, to establish residency in the State in which the institution is located, to that individual to establish such residency in order to be charged tuition and fees for that course at a rate that is equal to or less than the rate the institution charges for tuition and fees for that course for residents of the State.

“(5) The Secretary may waive such requirements of paragraph (1) as the Secretary considers appropriate.

“(6) Disapproval under paragraph (1) shall apply only with respect to educational assistance under chapters 30 and 33 of this title.”

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TITLE VIII—APPROPRIATION AND EMERGENCY DESIGNATIONS

SEC. 801. APPROPRIATION OF EMERGENCY AMOUNTS.

There is authorized to be appropriated, and is appropriated, to the Secretary of Veterans Affairs, out of any funds in the Treasury not otherwise appropriated, for fiscal years 2014, 2015,
Mr. REID. Madam President, we will have one or two rollecall votes starting at 4 p.m.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. MCCAIN. Madam President, we have not completed this legislation, and we may be subject to a budget point of order. It is not clear yet whether there will be one, but according to this unanimous consent agreement, there will be no amendments filed prior to a vote on final passage either with or without a budget point of order. It is considered by the body. We will have time between now and then to have an indepth discussion of the provisions of this legislation.

In the meantime, I thank the Senator from Vermont for his willingness to make these compromises. I also thank many of my colleagues who have forgiven the amending process in order that we may expedite this legislation, which if there is a definition for emergency, I would say this legislation is an emergency requirement pursuant to section 4(g) of S. Con. Res. 13 (111th Congress), the concurrent resolution on the budget for fiscal year 2010.

I thank Senator MCCAIN and his staff for their hard work on this bill. We will discuss this issue more on the floor. He was absolutely right when he said that we have an emergency. We have to pass this legislation. I have to get it to conference as soon as possible, and we have to get a good bill on the President’s desk next week.

Again, I thank Senator MCCAIN.

With that I yield the floor.

Mr. MCCAIN. Madam President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll. The assistant legislative clerk proceeded to call the roll.

Mr. COONS. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. COONS. Madam President, I come to the floor of the Senate to speak about an issue that is of urgent concern to me and should be of urgent concern to all of us. That issue is global warming or climate change.

This is a personal issue for me. As the father of three, along with any other parent, my kids are never far from my mind and my heart. This is true for me as a father as well as a Senator, where every day I have to ask the question: What kind of a world are my children, and will it be better than the one my parents left to me?

Last summer I experienced one of the great joys of parenthood—a family trip. My wife Annie and I took our three children Maggie, Michael, and Jack on a visit to one of our Nation’s most spectacular places: the mountains and glaciers of Glacier National Park in Montana. There was one hike in particular on our summer trip that I will never forget. It was our hike up to visit historic Grinnell Glacier. If we had taken this hike more than 80 years ago, here is what we would have seen, as this picture shows: mountains deep in glaciers, thick with ice and snow, covered in the glaciers that gave this national park its name. Yet last year as we took a long and winding hike up the trails, we came up and over the last rise, and what we saw was noticeably different—strikingly so—because most of what is left of the iconic Grinnell Glacier in the summer is a chilly pool of water in a largely empty valley pool.

We can see the difference in these two pictures, and this is just in one lifetime.

Since 1966, Grinnell Glacier has lost half its total acreage, and as we continue to warm our planet, these changes will only accelerate. My children—our children—will not just lose the chance to see beautiful glaciers and an iconic national park but the chance to live in a world as robust and safe and healthy and vibrant as the one their parents were born into. As our global population keeps growing toward 9 billion and developing nations keep seeking higher living standards and climate change accelerates, this is the foundational challenge of the 21st century.

Climate change impacts everything: human health, agriculture, national security, migration patterns for animals and fish and birds. As parents and as a nation, I think it is our responsibility, our challenge, and our opportunity to lead the way, to show that prosperity does not need to mean doom for our future.

I also think in my view that, simply put, there is no alternative to action. The world where we don’t act isn’t a world of vibrant economic growth, it is a world with more frequent and extreme natural disasters, with increased droughts and famines, with displaced populations and cities—even regions in a few cases even nations—plunged under water.

I represent the lowest mean elevation State in America, the State of Delaware. It has been documented in a broad study led by our Governor’s Department of Natural Resources and Environmental Control that rising sea levels could put up to 11 percent of my home State of Delaware under water by the end of the century. We know these changes are coming. They are slow. They are gradual. They are cumulative. At times they are hard to perceive, but they have already started and will only get more extreme and more expensive the longer we wait to act. The cost of our inaction will be borne by our children and generations to come.

We are not the only ones seeing these impacts, and although the debate over science raged for many years, and I think is settled, I have also had an opportunity to hear from folks who live well outside the Western scientific world but have a profound insight into what these impacts are and how they are seen in the world.

Several years ago, along with the senior Senator, a friend of mine, our President pro tempore, Senator LEAHY, the Kogi tribe, the Kogi tribe, don’t have sophisticated technology that monitors and tracks climate change, but as they sat with us they shared with us what they see, as starkly as our best weather-monitoring satellites. By observing changes in migratory patterns and weather and the snowpack on the glacial mountains they worship, they see,
more every year, that there is a fundamental change happening in our environment, in our climate. Their purpose in calling us to meet with them was to warn us that climate change is impacting the way of life that has passed down from generation to generation for centuries. In the past, the people, and it has moved them to speak out to the world, to tell their story, and to urge the rest of us not to hurt Mother Earth and to understand the consequences of the changes we are making.

When these voices are heard, we listen to come from our own children, from our science community or from remote corners of the world, all of them call us to act, to act in a way that prevents the worst from happening and to ensure that the benefits outweigh the costs.

This isn’t just wild-eyed or rosy thinking. It is possible for us to make meaningful change in a bipartisan way. We have done it before. Back in 1990, when we faced a real and growing challenge that was threatening the vitality and the vibrancy of many of the lakes and the mountain places in the American West, I remember well that under then-Republican President George H.W. Bush, Congress came together in a bipartisan way and passed the Clean Air Act amendments. These were designed to reduce the contributing elements to acid rain: powerplant emissions that produce sulfur dioxide and nitrogen dioxide that in combination caused acid rain, damaging historic property, monuments, injuring forests and lakes and ecosystems all over our country.

So Congress came together to create a novel, market-based, flexible cap-and-trade program that allowed powerplants to find cost-effective alternatives, solutions to limit pollution. Rather than tanking our economy, that cap-and-trade plan to fight acid rain ended up finding new ways to power our country and to improve energy efficiency without so much pollution. We adapted, we changed, and in some ways we thrived.

As a study done 13 years later shows, those standards adopted in 1990 have saved lives at a cost well worth it: $70 billion in health benefits every year, cumulatively, compared to $1.7 billion in costs—a 40-to-1 tradeoff that I think most Americans would take any day of the week as a return on their investment.

More recently, in my own State of Delaware and eight of our northeastern neighbors, we showed how we can act together to begin to curb climate change and grow our economies at the same time. In 2003, a bipartisan group of regional leaders, this time led by New York State’s Republican Gov. George Pataki, built a regional cap-and-trade system, similar to the Acid Rain Prevention Program I just referenced in our remarks here called the Regional Greenhouse Gas Initiative, or RGGI for short. It is flexible, market-based, and it has been effective. States choose to cut pollution in a number of ways, from closing older coal-fired powerplants or opening renewable energy projects to investing in important and valuable energy efficiency.

As the New York Times reported just last week, since that program started in 2009, our economies in these regional States have actually grown more than the 41 other States that are not part of RGGI—by several percentage points—while we have cut our emissions over four times more than the rest of the Nation.

We have created jobs, we have invested in innovation, we have cut pollution, and we saved millions of families money on their energy bills. That is why I think we should feel optimistic about the important steps the administration has just taken. The President’s strong standards for vehicle fuel efficiency were a great start. At first many argued that pushing car companies to make more efficient cars would end up costing a huge amount of money with little to show for it. But the opposite has happened.

We set more aggressive national standards. Engineers have gotten to work. They have innovated. America’s leading car companies have met the challenge, and the improvement in fuel efficiency has been dramatic. Although there is a cost in upfront research and development, it is well worth it, as drivers save money at the pump. America becomes less dependent on foreign oil, and we all get to breathe cleaner air.

Just last week the Obama administration took another step and proposed our Nation’s first rules to limit carbon pollution from existing powerplants. Although they will not be finalized for another year, these limits represent the most significant action that any country has taken to halt the devastating warming of our planet. They will have real and lasting health benefits. By cutting powerplant pollution over the next 15 years, we will be able to prevent 100,000 asthma attacks in children, 2,100 heart attacks, and thousands of premature deaths. That will mean nearly 500,000 fewer missed days of school and work and will save $7 in health costs for every $1 required of new investment.

Over the long term, curbing climate change will be fast acting, and meaningful differences—from reduced hunger and heat waves, to reducing the spread of infectious diseases or conflicts over scarce resources.

Cynics will argue that even with these limits we will not stop climate change, and that is true. They will point out that renewable energy technology is not yet ready to fully replace fossil fuels. They will say that America acting alone cannot solve the problem, and that is true. We need global action, especially in important emitters, such as China and India that are on pace to pollute the most going forward.

As an exercise in cynicism, they get a lot of things wrong. These rules alone, yes, will not halt our rising seas. But, then again, no one is claiming they will alone. But they are a crucial step, and we owe it to posterity, to our children, to our future. As the first act we can send a powerful signal to America’s entrepreneurs and engineers, our innovators and inventors, that this is a challenge we intend to take on. By acting now, we can begin to turn the tide of the impacts that will be at the heart of our planet’s clean energy future.

Innovation in America has never stood still. We have done incredible things that even a few years before we might not have predicted. Remember, just a few years ago, natural gas prices were volatile, unreliable, and solar power was too expensive for most households. Yet in just the last few years, we have found cost-effective alternatives to that on their head and we are seeing remarkable changes. Solar prices have fallen 60 percent in just the last 3 years, and natural gas is today cheaper than coal. There are dramatic changes in our energy future going on because of a huge resurgence in natural gas production in this country. We have every reason to believe that by focusing our greatest minds on this challenge, American ingenuity can change and even save the world.

If the United States is going to lead the 21st century, we have to be at the forefront of combating climate change. Although we know meeting this challenge will take time, that the United States needs to lead the way. This is our responsibility. We cannot expect other poor nations to act if a leading, wealthy nation such as the United States is not willing to take even the most minimal responsibility. We are the second largest polluter of greenhouse gases on the planet, only just eclipsed by the Chinese in the last decade.

For more than a century our economic growth and our strong middle class—and American industry and innovation—made us the envy of the world. In fact, only just eclipsed by the Chinese in the last decade.

For over a century our economic growth and our strong middle class—built on American industry and innovation—made us the envy of the world, but they have also contributed to putting our planet in a dangerous position.

Developing nations work to lift hundreds of millions of people out of desperate poverty, they are looking at us to show that it is possible. Also, a great but urgent opportunity here lies before us. We have an inclination to lead because others are looking at competing examples and are not waiting around.

China, our greatest economic competitor, now and into the future, is the world’s largest deployer of coal and investing heavily in cleaner air and cleaner energy. The country that figures out how to prosper without deadly pollution is the country that will dominate the technologies that our world uses and depends on in the decades to come. Are we really going to miss out on this chance to be the country that makes the clean cars, the
The assistant legislative clerk proceeded to call the roll.

Mr. BOOKER. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. BOOKER. Madam President, I rise today to express my disappointment that earlier today this Chamber could not even proceed to the consideration of the Student Loan Emergency Loan Refinancing Act. This would have allowed those with outstanding student loan debt to refinance at the lower interest rates currently offered to new borrowers. This is deeply disappointing to me, and it should be to the American public—that we could not even get on to the bill to debate it.

This is why it is particularly disappointing: Our Nation’s young people and their families are burdened with extraordinary student loan debt. This exceeds the aggregate—the total—auto loan, credit card, and home equity debt balances in America, making student loans the second largest debt of U.S. households, following mortgages.

Today, the average student graduates from college with around $29,000 in loans. In New Jersey, that is up from an average of $27,600 in 2011 and $23,792 in 2010. More than 16 percent of my constituents have student loan debt. That is over 1 million New Yorkers who are weighed down by a significant financial obligation that limits the amount of money they are able to put back into the economy—in buying homes and in investing in their futures, in pursuing their American dream.

Reduced purchasing power due to high student loan debts not only holds back a family’s day-to-day spending but it keeps us from making those large investments.

I believe it is irresponsible and shortsighted for us to think that we can saddle young people—the true engines of our economy—with this burden and maintain our position as the world’s most powerful economy.

Historically, the United States has done things differently. We were the leader in expanding college opportunity. From the GI bill following World War II to Pell grants in 1980, we have taken bold steps to ensure that Americans have access to college regardless of their ability to pay their way entirely on their own. We created these programs because we understood that an educated workforce is essential to our Nation’s economic competitiveness. The most valuable natural resource any nation on the planet has is the genius and mental acuity of its people. Without highly skilled workers, we can neither train minds, without that opportunity that helps propel our higher education, America simply will not be able to compete as well in the global economy.

The cost of college in America puts our young people at a disadvantage compared to their peers. We are not leading; we are lagging. These obstacles to a college education deny a level playing field. We are disadvantaging our young people in their fight to compete and lead against other nations that are doing so much more.

Take this important data point: More than 51 percent of the median income is the cost of college in the United States, while the cost of college in Germany is just 4.3 percent of that country’s income. In Canada it is about 5 percent. In England it is about 6 percent. Compare that to us—51 percent of median income in the United States. It is less than 7 percent in Canada, in England, in Germany—our competitors.

We should be doing everything in our power to encourage forthcoming generations to pursue higher education so that we do not fall into global rankings and compromise our ability to compete. Where we used to lead the globe in percentage of population with a college education, now we lag. We cannot be the leading economy if we are the lagging nation in education.

I commend my colleagues, including Senators HARKIN, REED, WARREN, and GILLIBRAND, who have been so active even before I came to this body in calling attention to this issue. I urge my colleagues to step up and be a part of passing this student loan refinance act. I urge the passage of college access, which is so essential to the other grand tradition in our Nation of social mobility, that no matter where you are born, no matter what your economic status, no matter what your color or your creed, this is the Nation where, if you have grit and toughness, discipline and hard work, you can make it. We are a country that will remove those obstacles and allow genius to be made manifest.

I hope we can break the gridlock bills like this that are so common sense—this idea that we can refinance student debt—to the point where we can discuss the bills on the floor and they can escape the trap of the filibuster.

Before yielding the floor, I wish to take this moment to express my deepest condolences to the family of victims involved in a tragic tractor trailer accident Saturday night on the New Jersey Turnpike. My prayers go out to the several individuals who were injured in the crash. I obviously wish them a full recovery.

We owe many thanks to the emergency personnel who responded to this weekend’s accident and countless others who worked tirelessly along our highways to keep them safe. During times like these, though, we must ask ourselves whether this tragedy and so many others in New Jersey and across our Nation along our highways could be prevented. Tragedy is a common sense. It is too early to tell, but I am grateful to the National Transportation Safety Board for investigating

COLLEGE AFFORDABILITY
CONGRESSIONAL RECORD — SENATE
June 11, 2014

Ms. CANTWELL. Madam President, I rise to express my disappointment in today's earlier vote, that we weren't able to pass the student refinancing legislation.

I thank my colleague Senator WARREN for sponsoring that bill and for my colleagues who did support it. I hope that with both VetCare and this legislation again, get bipartisan support, and get it passed.

We can agree education is the gateway to opportunity. I was first in my family to go to college and went to school with the help of financial aid, and I know how important it is to make education more affordable.

Student debt in this Nation quadrupled over the past 10 years, so the total amount of debt is $1.2 trillion. Many students in my State are anxious about this situation and they want to do something about it.

Over the past 4 years student debt has even surpassed credit card debt. So whether we think about that, the fact that student debt is enough to pay every American's credit card balance and still have $450 billion left over tells us how much debt is being accumulated on behalf of students just to get an education, just to basic make their way in a changing economy.

We do live in an information age, and it means that everybody having a good

Mr. WYDEN. Madam President, I come to the floor today as we get ready to vote on the veterans bill to make several points and would like to begin by commending Senators SANDERS and MCCAIN for working in a bipartisan way—a way that is so rare here in Washington, DC—to address this challenge. It is never easy to work in a bipartisan way. I commend them.

I wish to also raise today one part of the bill that I believe has to be resolved before the legislation gets to the President's desk. The legislation currently directs many of our veterans to Medicare's doctors and specialists. At first glance that might not raise questions, but I wanted to bring up the possibility of some unintended consequences.

Right now there is a mandated 2-percent cut on payments for Medicare services because of across-the-board sequestration. That is still in effect. However, I have talked to leaders cut, that spending reduction, does not apply to treatment for veterans. So, in effect—and I know this was completely unintended—it could create an incentive for physicians—we already do not have enough of them caring for seniors who rely on Medicare—it could create an incentive for doctors to take the veteran patients over our Nation's seniors. I think no Senator wants that to happen. I have talked about this withChairman SANDERS and Senator MCCAIN, and they certainly do not want that false choice. I think it would be fair to say that no one wants to see seniors pitted against veterans. All Senators want the best possible care for both our older people and our veterans.

The problem, however—and all Senators are familiar with this—Medicare patients often are already waiting in line to see their doctors. In fact, many of the veterans facilities, that are located in communities that have difficulty meeting the current demand for care. This is especially true in some medical fields that are absolutely crucial for our veterans, particularly primary care and mental health.

It is important to note spending the other body—the House—has picked up on an idea that I and others have advanced in order to resolve this matter. So this is an opportunity for the Senate and the House, in a bipartisan way, to work together on the other body to fund the veterans committee in the House. My sense is that we now have the House fully supportive of a way to resolve this issue and ensure that despite the fact that the veterans funds are not sequestered and the seniors funds—the Medicare funds—are, there would be a way to resolve this, and that would simply be stipulate that any credentialed provider could contract with VA to treat veterans. That way, in effect, we would ensure that both seniors and veterans would get the care they need. In effect, it would put the Senate and the other body on the same wavelength.

The PRESIDING OFFICER. The Senator from Oregon.

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We do live in an information age, and it means that everybody having a good
base education and being able to adapt—as new information comes along that changes industry—is going to be critically important.

The fact that student debt is now the second source of personal debt in America, after mortgages, puts a drag on our economy. Those who are suffering under this are real individuals.

We just had a roundtable in the State of Washington last weekend with some of the best students at the University of Washington. These students talked about how they were trying to invest in their own skills so they could advance in their education, and many of the stories they told were not out of the ordinary, but I think it is something we don’t think about.

In a lot of these cases, these individuals were talking about how they were trying to get an education. Other people in their family, their brothers and sisters, were trying to get an education and their parents were also trying to upgrade their skills, because in an information age economy, that is what happens, everybody has to upgrade their skills.

So these students are trying to do everything. But I was truly moved by one student who said: I have a debt that seems to be the size of a mortgage for me, but I don’t have a house that goes along with it.

He was trying to say: I am coming out of college with incredible debt and how am I going to even afford the basic things people look forward to—maybe not right after graduation but as they start their careers and start to move forward. These are individuals who contribute to our economy. They buy cars, they buy homes, everything. But this individual, a graduate of Central Washington University, told me he pays the same amount for rent as he does for student loans every month.

In fact, the average student borrower owes more than $23,000 before they graduate. That is an increase of 22 percent over the last 5 years. $4,000 for the average student borrower at the University of Washington.

So over the next weeks thousands of students in Washington State will walk across and get their diploma, but when they accept this diploma and go into the world of opportunity, they will also be getting into a lot of debt. We also heard from another student at the University of Washington, how at this point in her career, as she graduates, the debt will be almost $100,000. She wants to pursue a career, but when she thinks about how much she has to pay on that student loan, that is going to affect that. In fact, during her time at the University of Washington there were points at which she worked 60 hours a week. I don’t know how anybody can continue their education and work.

So these are students who want to be able to refinance and pay down. In this case, with somebody who has a 6-percent or 7-percent loan, this bill and legislation would allow them to refinance.

With the legislation, an undergraduate with $30,000 in student loans, for example, would save almost $5,000 over the life of their loan by refinancing at 3.86 percent interest rate, if it was 6.8 percent, to the current direct undergraduate interest rate of 3.86. Those are real dollars to these individuals.

That means much needed help for 25 million borrowers across the country. It comes to every congressional district. A recent study by the Brookings Institution found that student loan borrowers, about $2,000 per loan. In my State it would mean relief for 451,000 students, just like the ones we spoke to last week.

The University of Washington in the Pacific Northwest took matters into its own hands and produced a report. The report showed that the typical University of Washington student would have to work 54 hours a week for a full year to pay for 1 year of student education.

I am proud of these students. They did their own report and got it on the front page of the Seattle Times because it spells out what we have already known, that the days when students could raise the amount of money they need to pay for education by doing summer jobs is gone.

The burden of debt and the amount of money owed is impacting students. There is no way they can work their way through college at 54 hours or 60 hours a week, and be able to do their academic work.

Entrepreneurial activity among 20- to 34-year-olds is challenged. The Federal Reserve Bank of New York has found that for the first time people with student loan debt are less likely to buy a house than those without, so it is showing up in our economy.

If you think about it, if this is what a generation of Americans are going to be faced with for the next decade or two, then that is going to have a ripple effect through our economy for several years.

A recent study by the Brookings Institution found that student loan borrowers are 60 to 70 percent less likely to apply for graduate school than those without student debt. So again now we have another complexity.

I look at this issue and I look at the fact that we have a worldwide demand for $35,000 new airplanes. We need 20,000 new airplanes in the aerospace industry. We have demands for computer scientists, something like 300,000 a year. We only graduate 70,000.

I look at it and say: Why aren’t we helping to finance everybody who wants to get an engineering degree and a computer science degree? Why aren’t we figuring out a way to make that more affordable? Because in an information age economy, that is exactly what we need to do, make an investment in education, but we can’t make an investment on the backs of these students when they are coming out of college with this much debt or trying to struggle even to learn these careers that are so vital to our economy and they have to choose between working and actually studying.

We would rather they commit themselves to these careers and these educations so we can have the workforce of the future. That is why some of my colleagues on the other side of the aisle didn’t support this legislation, but the Congressional Budget Office projects that the bill would actually reduce the deficit by about $15 billion over the next decade.

That is important because we want to see policies that are going to help our economy in the short run and in the long run, but they have to be fiscally responsible.

So I say to those critics who say: Oh, well, if we make the interest rate lower, then students are going to borrow more money, I don’t think students are looking to borrow more to add to their debt.

I don’t think students whom I talked to who had loans as high as $180,000 want to borrow more money just because we are going to reduce the interest rate. They want to refinance, reduce their obligation, and get back to studying.

There is much more we need to do to mitigate the cost of higher education. I know my colleagues and I are going to be working on that, but the Bank on Student Loans Emergency Refinancing Act was a very good step to help students and to focus them on their careers and education.

Again, I hope my colleagues on the other side of the aisle will look again at this issue and get back to it. We need to make sure college education is more affordable. It is time for us to extend the same benefits we do for businesses and mortgages to students so they can refinance and that 25 million students in America could refinance their student loans.

I thank Senator Warren for bringing up this issue. I hope we will get back to it again.

I yield the floor and I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Ms. CANTWELL. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Ms. CANTWELL. I ask unanimous consent that the time in quorum be equally divided between both sides.

The PRESIDING OFFICER. Without objection, it is so ordered.

Ms. CANTWELL. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. HATCH. I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. HATCH. Madam President, I rise to speak on a matter of great importance that seems to have slipped through the cracks of the public's consciousness. However, with the growing furor over the recent scandal at the Veterans' Administration, I expect more and more people will be made aware of it.

I don't think it is unreasonable to argue that Americans were outraged to learn the Federal Government pays tens of millions of dollars every year to pay hundreds, if not thousands, of government employees not to work. This practice used to be called featherbedding. "The term 'featherbedding' originally referred to any person who is pampered, coddled, or excessively rewarded."

It was later used to describe certain labor relations practices. According to Wikipedia:

The modern use of the term in the labor relations setting began in the United States railroad industry, which used feathered mattresses in sleeping cars. Railroads, unions, confronted with changing technology which led to widespread unemployment, sought to preserve jobs by negotiating contracts which required employers to compensate workers to do little or no work or work which required complex and time-consuming work rules so as to generate a full day's work for an employee who otherwise would not remain employed.

Congress tried to put an end to the practice in the 1947 Taft-Hartley Act amending the Fair Labor Standards Act and outlawed featherbedding. However, the U.S. Supreme Court has narrowly defined the terminology, leaving most practices undisturbed.

The featherbedding-like practice I am referring to today is most often called official time, wherein government employees—who are highly compensated, often including overtime pay—are paid to perform no work for the government, only work for the benefit of their union. These "employees," are not union employees, nor are they paid by the union. Instead, they are union members paid by the taxpayers to do union work full time. Wall Street Journal Editorial Board writer Kimberly Strassel noted a few weeks back:

"The VA boasts one of the largest federal workforce and has paid out more than 625,000 hours of official time—an increase of more than 23 percent over the previous year. The cost of official time in 2011 amounted to nearly $53 million. That is more than 17,000 employees compared to the previous year. How much money are we talking about, and why should American taxpayers shoulder the entire burden if the official time is only for union work?"

Some may wonder what this has to do with the VA scandal. I don't think it is a coincidence that the VA—which is plagued by incompetence, dishonesty, and bureaucratic ineptitude—utilizes the practice of official time more than any other Federal agency, according to OPM. In 2011 the VA reported paying out nearly 1 million hours in official time—an increase of more than 23 percent over the previous year. The cost of official time in 2011 amounted to nearly $53 million—a million paid out to VA "employees" to do union work full time. Wall Street Journal Editorial Board writer Kimberly Strassel noted a few weeks back:

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I ask unanimous consent that the article be printed in the RECORD following my remarks.

Union supporters often lament that under Federal law Federal employee unions are relatively toothless, especially when compared to the very powerful State employee unions. However, as Ms. Strassel noted, given its size and influence, the VA Union may be an exception to that rule.

Once again, two-thirds of the VA workforce is unionized, and the agency has paid more than $49 million in salaries to full-time union workers in a single year. That has to have an impact on the VA's efficiency. And that is for workers who don't even work—except for the union.

Obviously, the inefficiency of the VA has recently been the subject of a very high-profile public debate. However, the impact unions have licensed the VA's operation was being talked about well before news of the recent scandal broke. For example, Senators PORTMAN and COBURN sent a letter to former VA Secretary Shinseki in 2013 noting that the vast majority of VA employees on official time were trained nurses, instrument technicians, pharmacists, dental assistants, or therapists. In other words, these were employees hired specifically to fulfill roles in direct support of veterans. Yet, instead of managing their processing of claims, and helping to eliminate the horrendous backlog, these employees were being paid to do union work full time—all at the expense of taxpayers. On top of that, union-negotiated work rules over things such as seniority and job classification have contributed to the bureaucratic nightmare at the VA.

In addition, the unions have been the most vocal opponents of any reform that would allow veterans access to outside health care.

While it may be overstating the unions' influence to assign to them the blame for the entire VA scandal, it is clear that these unions at least contributed to the problems we are now seeing at the agency. They are at least partially to blame for the backlog in veterans' claims. They are at least partially to blame for the failed VA bureaucracy. They are at least partially to blame for the failure of reasonable attempts to reform the agency in the past, and it is almost impossible to reform it the way it is currently run.

I wish I could say this problem is isolated at the VA. Unfortunately, there is at least one other scandal-plagued agency with a similar union problem. I am talking, of course, about the IRS.

We are all pretty familiar with the IRS targeting scandal. By its own admission, the agency was targeting Tea Party groups in the runup to the elections in both 2010 and 2012. Like the VA, the IRS consists of a heavily unionized workforce. About 66 percent of IRS employees belong to the National Treasury Employees Union, or NTEU.

It shouldn't surprise anyone to learn that the NTEU is extremely active in politics, having twice endorsed President Obama. During the 2010 election cycle, when the IRS first began targeting conservative groups, the NTEU raised over $600,000 through its PAC, almost all of which went to Democrats. In the next election, in 2012, the NTEU PAC raised more than $700,000, 94 percent of which went to Democrats. In other words, during campaign cycles in which the IRS was targeting conservative organizations—organizations that were critical of the President, his administration, and in many cases the IRS itself—for harassment and extra scrutiny, the union that represents nearly two-thirds of IRS employees was busy raising and donating well over $1 million to Democratic candidates. And we wonder why the IRS—should not be partisan in any way, shape, or form—is filled with partisanship. We should not have unions at the IRS or at the VA. Is it any surprise that the agency found itself predisposed toward harming conservative organizations or their causes?

Of course, the IRS has its own issues and problems, particularly the IRS's own issues with the practice of paying out official time. Indeed, as of 2011 there were at least 200 IRS employees working full time for their union—all at taxpayers' expense. In that same year, the agency paid out more than 625,000 hours of official time, which total union activities was roughly around $27 million. But that is only the beginning. That is $27 million in a single year paid...
to “employees” of the Federal Government who did nothing but union work. That is simply preposterous.

As I said, if the American people understood that this type of fleecing of the taxpayers by the VA might go on every day, they would be outraged.

Current law allows most Federal employees to be represented by a union. There are, however, some exceptions—and good reasons for these exceptions. Most of these exceptions are for agencies that perform a national security function or other highly sensitive work. One would think the IRS would fit in there. One wonders whether the VA would fit in that category. For example, we don’t allow employees at the FBI, the CIA, or the Secret Service to be unionized. There is good reason for that: We don’t need partisan political activities in those agencies. But we don’t need them in the IRS or the Veterans’ Administration either. We also don’t allow employees at the GAO or the Federal Labor Relations Authority to unionize.

In days to come, Congress is going to have to take a hard look at reforming both the Veterans’ Administration and the IRS. We have to ask ourselves one very important question: Are we going to have to ask ourselves is whether these agencies, with their important and sensitive missions and their poor performance in the recent past, should be added to the list of agencies not permitted to unionize, not permitted to be partisan. And anybody who doesn’t understand that doesn’t understand anything about politics.

In addition, as we continually look for ways to improve the efficiency of our government, we will need to examine the overall practice of official time and determine whether it should be eliminated entirely. I, for one, don’t believe taxpayers ought to be footing the bill for union work. I think the majority of the American people, if given an opportunity to fully understand this practice and the abuse it entails, would agree with me.

One thing is for sure: If what we have seen at the VA and the IRS is in any way representative of the influence unions have on government agencies, drastic changes are going to be necessary. How can any American citizen feel the IRS is above politics when it is run by a union? And we all know that unions support almost 100 percent one party over the other. How can one believe that the IRS is above partisan politics? And how can anyone dispute the fact that having a union representing IRS employees is being run in a partisan way for one party when it should be run in a nonpartisan way—for neither party?

We know with certainty that there is at least one person the Department of Veterans Affairs is defending: the president of local lodge 1798 of the National Federation of Government Employees. The Federal Personnel Authority, the agency that mediates federal labor disputes, earlier this month ruled in favor of this union president, in a dispute over whether she should be paid to show up at her workplace—the Veterans Affairs Medical Center in Martinsburg, W.Va. According to FLRA documents, this particular VA employee, a personnel manager for the Wall Street Journal article that I previously referred to.

There being no objection, the material was ordered to be printed in the Record, as follows, (From the Wall Street Journal, May 29, 2014)

BIG LABOR’S VA CHOKE HOLD
(By Kimberly A. Strassel)

We know with certainty that there is at least one person the Department of Veterans Affairs is defending: the president of local lodge 1798 of the National Federation of Federal Employees. The Federal Personnel Authority, the agency that mediates federal labor disputes, earlier this month ruled in favor of this union president, in a dispute over whether she should be paid to show up at her workplace—the Veterans Affairs Medical Center in Martinsburg, W.Va. According to FLRA documents, this particular VA employee, a personnel manager for the Wall Street Journal article that I previously referred to.

In April 2012, this, ahem, VA employee broke her ankle and declared that she now wanted to do her nonwork for the VA entirely from the comfort of her home. Veterans Affairs attempted a compromise: Perhaps she should, pretty please, come in two days a week? But no, she countered, and complained to the FLRA that the VA was interfering with her right to act as a union official. The VA failed to respond to the complaint in the required time, and a federal judge ruled against it. The unionboss summarily won her case.

The VA has not only just started, but any real reform inevitably ends with a fight over organized labor. Think of it as the federal version of Wisconsin, Indiana, Michigan and Ohio—states where organized labor has been most recently ‘sourcing’ of VA work to non-VA-union members.

The VA scandal is now putting an excruciating spotlight on the most political and sensitive agency in D.C., and the unions are worried about where this is headed. They are blanketing 890 House members—including 160 Democrats—voted on May 21 to give the VA more power to fire senior executives, a shot over the head of the VA’s own secretary. That’s a whopping 200,000 union members, represented by the likes of the American Federation of Government Employees and the American Federation of State, County and Municipal Employees. It’s a whopping 200,000, members, represented by the likes of the American Federation of Government Employees and the American Federation of State, County and Municipal Employees Union. And this is government-run health care—something unions know a lot about from organizing health care workers in the private sector. Compared with unions (which organize for better parking spots) the VA houses a serious union shop.

The Bush administration worked to keep federal union excesses in check; Obama administration officials have vowed to contract “negotiations” as a way to reward union allies. Federal unions can’t bargain for wages or benefits, but the White House has made it up to the IRS to try to correct or punish an IRS employee who doesn’t understand that doesn’t permit to be partisan. And anybody who doesn’t understand that doesn’t understand anything about politics.

Moreover, as Sens. Rob Portman (R., Ohio) and Tom Coburn (R., Okla.) noted in a 2013 letter to Mr. Shinseki, the majority of these “official” timers were nurses, instrument technicians, pharmacists, dental assistants and therapists, who were being paid to do union work even after they had filled hundreds of jobs and paid overtime to other staff.

As for patient-case backlogs, the unions have helped in their creation. Contract-negotiated work rules over job classifications and duties and seniority are central to the “bureaucracy” that fails veterans. More damming, though, has been the financial way VA has attempted to give veterans access to alternative sources of care—which the unions consider a direct job threat. The American Federation of Government Employees puts out regular press releases blasting any “outsourcing” of VA work to non-VA-union members.

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are it will echo the unions' call to simply throw more money at the problem. Any such bill should be viewed as Democrats once again putting the interests of their union allies ahead of of veterans.

Madam President, I yield the floor.

Mr. COATS. Madam President, last week our Nation commemorated the 70th anniversary of D-day. Leo Scheer of Huntington, IN, is one of those courageous veterans who survived the outlying assault on the beaches of Normandy, and last month he made the trip to Washington, DC, through the Honor Flight Network to receive a hero’s welcome from a grateful Nation.

My office had the honor of greeting Leo and this group of heroes upon their arrival to the World War II Memorial, and Leo made an unforgettable impression with his humility, demeanor, and strength. As expected, Leo is a member of what we have come to know as the “greatest generation.” They easily deserve that title, where duty comes as second nature, where braggadocio is not present, where simply standing up and counting the cost to our country in a time of crisis is responded to overwhelmingly without complaint and with true honor and dignity.

Sadly, there are a dwindling number of those not only who arrived on the shores of D-day in Normandy but those who served throughout the world’s largest military conflict in history. While those great service men and women are still here to share their stories—at least a few—we must remember the sacred promise that we as a Nation made to them to give them the care they deserve when they come back home.

As a veteran myself, my hope is that our Nation will carry out this promise not only to our World War II vets but to all those who have served in conflicts from that point forward—from Korea, Vietnam, Iraq, Afghanistan, and other places. We must live up to the promise for all who were called to serve and answered that call.

Regrettably, in recent months we have seen this promise broken and shattered. Just this week an internal audit by the Department of Veterans Affairs revealed that the department’s problems have affected 76 percent of VA patients over 100,000 veterans and continue to wait for medical appointments. These are staggering figures.

In my home State of Indiana confirmed audit findings show that veterans endured unacceptably long wait times. Some Hoosier veterans never even received an appointment. This is unacceptable. That is why today I stand here to support the bipartisan Sanders-McCain veterans bill that would implement key changes to the existing VA health care system.

The fact is that there are parts of it that I wish were different. I hope that we can manage some needed changes as it moves over to the House of Representatives and then to conference. I hope the final bill will make our veterans proud and begin the process of reform that the VA so desperately needs.

Let me address three key reforms in this legislation. First, I think are essential to moving forward and the primary reason why I have agreed to support this. First, giving veterans more choices in care—perhaps the most important change in the bill—provisions are allowing veterans who cannot be scheduled within a reasonable time the option to receive care from non-VA facilities or private sector facilities outside of the VA. This also applies to veterans that reside more than 40 miles away from a VA facility, many of them not in a condition to be able to secure the transportation they need for that care, so they don’t have to endure long drives to get care. We must ensure that veterans receive that care and if the VA cannot provide it, then our veterans should be free to go elsewhere for care, including Medicare providers.

Second, the removal of bad actors—there are a small number of people working at VA. Their hearts are in the right place. They are talented and provide good care and good service. I don’t mean to demean their contributions to veterans’ health care, but we do know that there have been mistakes, mismanagement, and there has been some outright fraud, it appears. We will have to prosecute that. This reform would authorize the Secretary of the VA to demote or fire senior executive service employees, other than management. That is not present now, and if we are going to change the management it takes more than just asking the first top person to resign as has happened. We need to look at the management as a whole. Those that are providing the care and what their responsibility is in that role. Passage here would shake up the leadership of the VA so those people can be held accountable for their actions.

The third aspect I want to mention is providing more VA locations. It is clear that some of our veterans have to travel very long distances. Also it is clear that the facilities currently in place are short of help and there are not enough to address the needs of the many veterans that are entering the system. So this bill would establish 26 new VA medical facilities around the country. As I said, while this legislation is not perfect, it is an important start but it will not be the end of our work to live up to our promises to veterans.

Ultimately, as I stated before to our body of Senators, the VA needs a change of culture. Too many bureau- crats view our veterans as a list of numbers rather than the heroes worthy of our very best care. We have to look at our veterans through a different lens, one that sees them clearly as defenders of our freedom and as the heroes they are.

We must continue to investigate and reform the culture within the VA and ensure that this crisis doesn’t happen again. That is why I called for an independent investigation. This bill authorizes the process of beginning these independent evaluations. Also the committee has provided additional funding to specifically allow the inspector general to conduct an investigation into the VA, and I join my many colleagues to ask the Department of Justice to join in this investigation. Now, unfortunately, this culture of indifference at the VA is not new. For years veterans have faced ex- ceptions to long disability claims. When I returned to the Senate in 2011, these waits were over 600 days in Indianapolis. Veterans were waiting over 2 years to have their claims adjudicated. Once we shined a light on the problem, the situation improved somewhat, but our veterans still face waits that are far too long both for medical visits and to receive their disability benefits.

My staff in Indianapolis currently have over 550 active cases that we are working on for Hoosier veterans who are seeking help and have not gotten any response from the VA. So I call upon you and I call upon us to do everything that we can to help expedite the process. In many cases these veterans are just trying to assess the benefits that they have rightfully earned and they just want an answer.

Reflecting on Leo Scheer’s service to our Nation on D-day reminded me of the opportunity that I had to visit the beaches of Normandy while I was Ambassador to Germany. It was, to say the least, a powerful and extremely emotional experience standing on the bluffs overlooking the spread of beaches from Utah to Omaha, and it made me reflect on the countless lives lost in service to our Nation.

I was standing there on a perfectly calm day. The water was gently lapping on the shore. The beaches were empty. A soft warm breeze was blowing. The sun was shining—just a beautiful day—and I was overwhelmed by the violence that had taken place on that beach when our troops went ashore. The silence was not there. There must have been a cacophony of noise with hundreds of ships offshore unloading our soldiers into landing vehicles. Many of them were shot down by the German bunkers in the bluffs, built-in concrete fortifications—an almost impossible task. Many of them never even got out of their landing craft. When the German soldiers were shot before they reached the water. The water was red with the blood from our soldiers who never
made it to the beach. The beach was littered with bodies of those who never made it to the edge of the cliff. And the sacrifice that was made in climbing those cliffs and getting to those German bunkers took many, many hundreds of more lives.

So visiting the graves of soldiers afterwards, pausing to say a prayer of gratitude for their sacrifice leads us to this point where we have to understand what it is we are trying to provide and why we need to provide it. That is in a respect both to put their lives on the line and sacrificed those lives—and many ended up with lifelong disabilities—a commitment to those that we would take care of them when they came back.

They have come back and run into a government-run bureaucracy that has run amuck. If it proves anything, it proves that government just simply doesn’t do big stuff very well, without confusion, without bureaucracy, without just plain excessive costs. It is not efficient and not effective, nowhere near what the private sector can offer. That is why there is the provision for veterans who cannot get care at the VA on a timely basis to have the opportunity to use our private system.

They deserve our utmost care. They served on the frontline, but when they go for benefit decisions and when they go for health care, they are not in the front of the line, and that is not right.

We cannot let the sun set today, and I am glad we are not, because we are voting to move this legislation forward. In doing so we are going to make a statement that we are going to try to live up to that promise and do the best that we possibly can. As I said, as a veteran I expect my country to fulfill the promises to my fellow service men and women, and as a Senator I will seek to hold the Veterans’ Administration accountable and to do everything I can to help in the reform of the system. That reform is so desperately needed.

The leader of the D-day effort, GEN Dwight D. Eisenhower called the invasion of Normandy “a fight in which we would accept nothing less than full victory.” It is in that spirit that I call upon my Senate colleagues to immediately take up and pass this legislation on behalf of our veterans and those to come, the work of changing the culture of the VA so that we don’t have to come back years from now and repeat this process all over again.

Let’s get it right this time. The fight to restore trust to our veterans is one we are waging, and to paraphrase Gen- eral Eisenhower, we should accept nothing less than victory.

Mr. President, I yield the floor.

The PRESIDENT PRO TEMPORE (Mr. KING). The Senate of the United States.

IMMIGRATION

Mr. CORNYN. Mr. President, I thank my friend from Indiana for his remarks about our military service men and women and our obligation to provide them the care they have earned for their service. I look forward to voting, along with everyone in this Chamber, on this bipartisan legislation this afternoon, which represents the first step—not the last step but the first step—to failures that have been disclosed as a result of the comprehensive VA audit.

I come to the floor to speak again about a growing humanitarian crisis in the United States. The senator from Texas, where authorities are struggling with waves of unaccompanied minors—children—coming through Mexico into the United States. The numbers are pretty staggering. So far 47,000 minors have been detained at the southwestern border since October. The Department of Homeland Security and Border Patrol estimate that there could be as many as 60,000 unaccompanied minors, mostly from Central America. If we look at the map from Guatemala City to McAllen, it’s exactly 1,200 miles.

Unfortunately, this influx is a direct consequence of the perception that this administration will not enforce our immigration laws. Interviews with more than 200 of the migrants who comprise some of those who have come to us can confirm their impression, which is reinforced by Central American news media outlets—primarily newspapers—that if children can get to the United States, they will have a free ticket and be able to stay. Unfortunately, this impression and this humanitarian crisis with Secretary Johnson, the Secretary of Homeland Security, this morning before the Judiciary Committee, and to his credit, he has taken an all-hands-on-deck attitude, but the truth is the Federal Government’s resources are overwhelmed by this humanitarian crisis.

By creating a powerful incentive for people to come to the United States illegally, we have encouraged unaccompanied children and their parents to make a treacherous and threatening journey from Central America, one of the most dangerous parts of the world today, through Mexico—large swaths of Mexico are controlled by drug cartels—and then all the way into Texas.

Secretary Johnson conceded this morning that somehow we are schizo-

In some cases, it’s relatively easy to spot them out as it is to shepherd them safely to the borderline. Indeed, people riding on The Beast are frequently robbed, raped or killed by the drug traffickers and gang members who control the smuggling corridors. This is organized criminal activity by transnational criminal organizations. As one former Beast passenger told CNN, “almost everyone gets assaulted.” If there is anybody who thinks illegal immigration and trafficking involves some sort of benign experience of traveling from a country where people don’t have an opportunity to a country where people do have an opportunity, that part is true, but what they don’t tell you is the horrific, life-threatening, and sometimes life-destroying experience of getting to the United States because people are committing themselves to the tender mercies of some of the most dangerous criminal organizations on the planet.

In recent years, Mexican authorities have discovered mass graves containing the bodies of Central American migrants—who did not make it to our southern border. Among those who are not murdered by the cartels, many passengers on The Beast simply fall off the train. For example, they try to jump on it while it is moving. If they are not lucky, they just end up with a few broken bones, but if they are not lucky, they might end up losing a limb or being crushed to death underneath its wheels.

In short, no one should be traveling to the United States this way and least of all young children, some of whom, according to published newspaper reports, are as young as 3 and 5 years old. Can any parent comprehend the idea of a 3-year-old or a 5-year-old coming unaccompanied or perhaps on as a passenger on drug cartels and criminal organizations transporting them from their home country to the United States?
The Border Patrol reported that 180 convicted sex offenders have been arrested since October while coming across the southwestern border. Can you imagine this trip with convicted sex offenders mixed into the mass of human beings crossing the border? It is a dangerous journey.

Some children who ride The Beast are kidnapped or forced to become drug mules or forced into sexual slavery. In fact, some who make it all the way to Texas and north remain prisoners of organized crime after crossing the U.S. border.

I remember talking to one young woman. About 1 year ago I had the chance to visit with her. She came from Central America. She was brought by a coyote, they called him—a human smuggler—into Houston, TX. She had family in New Jersey, but that didn’t work out, so she came back to Houston where she was essentially held as an indentured servant and prostituted. That is, she was turned over to the coyote. She has subsequently married and moved to Texas and north remain prisoners of the coyote—the smuggler.

When people operate in the shadows of the law, they have no protection of the law, and the people who are most likely to get hurt are the immigrants themselves or certainly the immigrant community. We need to keep that in mind. We have to remember that Mexico’s biggest and most violent drug cartels are heavily involved in this trafficking, as I mentioned earlier.

Time magazine reported last year: “Cartels control most of Mexico’s smuggling networks through which victims of drug enforcement are turned over to the coyote. They also take money from pimps and brothels operating in their territories.”

The cartels, gangs, and sex traffickers are only too happy to prey on the poor, vulnerable migrants, including children, transiting through their terrain. Experts believe the Mexican drug cartels may earn as much as $10 billion a year from sex trafficking and sex slavery alone. These are not nice people.

According to Amnesty International: “Some human rights organizations and academics estimate that as many as six in 10 women and girls—and one-quarter of these unaccompanied minors are girls—migrants experience sexual violence during the journey” through Mexico—6 out of 10.

A new CRS—Congressional Research Service—memo reports that based on apprehension data provided by Customs and Border Protection, “there has been an increase in the number of [accompanied alien children] who are girls and the number of [unaccompanied alien children] who under the age of 13.

They are not exactly able to defend themselves against the monstrosities they encounter along the way. I hope it is clear to everyone listening and to the President and every other person of good will, that we should be doing everything possible to discourage people from risking their lives in the first place, and especially their children’s lives, on such a dangerous journey.

Before I came to the Senate, I happened to be the Attorney General of Texas, and before that I had a career in law and the judiciary. It is standard criminal jurisprudence that not only should law enforcement enforce the laws in order to maintain the law, but the law serves an important function; that is, deterrence.

In other words, it stops people from doing things they know they should not do in the first place rather than just catching them after they do it. This is true whether it’s the impression that you got a free ticket if all you had to do was get on the train and show up in South Texas. As I have said, this is very dangerous stuff, and it has backfired in unexpected ways.

Yesterday, I listed five simple suggestions to the President that he could take to start fixing the problem. I was glad to hear Secretary Johnson talk about some of the measures that have begun to implement, but the truth is they are struggling to catch up.

I urged the President, No. 1, to publicly declare that his 2012 deferred action program will not apply to children of sex offenders. Let us stop there to say that this morning some of my colleagues on the Judiciary Committee could not resist the temptation to take a partisan shot. They said if the House had just passed immigration reform, this never would have happened.

My point is the President’s deferred action program doesn’t even apply to these children, so it is still against the law for them to enter. But they realize, as a practical matter, although the resources and capacity of the Federal Government are overwhelmed, there is no way we can turn them back, and they will have to be handled compassionately and in a humane sort of way. It would be helpful at this point if the President would make clear he has not issued a free ticket to anyone who wants to enter the country illegally.

No. 2. I encouraged him to publicly discourse people from attempting the journey through Mexico, and it would help if our Mexican counterparts would do a better job—maybe with our help and assistance—securing their southern border, since that would stop a lot of people from coming from Central America through Mexico on this dangerous journey which I have tried to describe.

I also encouraged the President to enforce all of our immigration laws regardless of political needs or any frustration he might feel or anyone else might feel on the current stalemate in which we find ourselves. Sometimes these things take a little time.

My hope is, if not before, then by next year, Congress—the Senate and the House—can begin to move a series of smaller pieces of legislation that are more transparent, consensus based, and begin to repair the broken immigration system. I don’t think anybody believes on the right or the left that the status quo is acceptable, and indeed it is dangerous to the people I have described.

So I mentioned the fourth item, which is to work with the Mexican Government to improve security at the border. With the Guatemalans. I was recently in Juarez, Mexico, right across the river from El Paso, which used to be one of the most dangerous places on the planet because of all of the conflict between the drug cartels. Things are getting better. It is still pretty rough. Things are getting better than it was; thanks to strong leaders, such as the mayor, whom I met with there, and thanks to the assistance the U.S. Government is providing through the Merida Initiative to help train law enforcement and to provide equipment and the like. So we could step up our work with the Mexican Government to help them secure their own southern border, which would eliminate more than half of this migration from Central America.

I also call on the President to please take the step of making sure that Texas and other U.S. border States and communities have the resources they need to address the ongoing crisis.

Today I reiterate those calls, and I also call on the President to please act as soon as possible. Make no mistake. The actions we take and sometimes the actions we don’t take have unintended consequences. But in the days and weeks ahead, there will be life-or-death consequences to a number of vulnerable children, perhaps in the misperception that they can come to the United States if they can just get here, without understanding the treacherous journey that will befall them. We are doing no one a service by allowing that.

Because the impression created by the President has resulted in this problem, at least in substantial part, I believe he has the unique authority and power to begin to put in place that he will have to send the message that I mentioned a moment ago, which is that there is no free ticket into the United States. We have to deal with the humanitarian crisis of these children and make sure they are safe, but then we need to get about the business of enforcing our laws and not just giving the impression that anybody and everybody who wants to come to the United States can come here.

Perhaps in a perfect world everybody could live in America. But the fact is that we need to have our immigration laws for our protection and for the protection of legal immigrants. We need to do everything we can to send a message that we are a caring country, but we are also a country that believes in the rule of law. We need to restore order out of this chaos, while dealing with the immediate humanitarian crisis of this wave of children that is overwhelming the capability of the Federal Government to deal with it. We need to do everything we can together to address all of these issues.

Mr. President, I yield the floor.
Mr. DURBIN. Mr. President, the Senator from Texas just spoke on the floor about the number of children coming across the border into the United States, and the numbers are frightening, they put them so large.

We had a hearing today with Jeh Johnson, who is the Secretary of the Department of Homeland Security. A lot of questions were asked, such as if action should be taken against any statements by our President are luring these children into the United States. Let me make the record clear. There is nothing—nothing—about the President's Executive order involving those we call DREAMers—children brought to the United States—which would lead any of these families of the children to believe they could qualify to be treated as qualified for dockets—that is, deferred deportation—because they would be eligible DREAMers. None—one—of these children would be eligible for any period. So the suggestion that this Executive order has anything to do with luring these children to the United States is wrong.

Second, there is turmoil in Mexico and Central America. That is a fact. I am sure that is a factor in decisions being made by some to leave. But there is an issue that has been overlooked here time and again which needs to be addressed. There is a Pulitzer Prize-winning book entitled "Enrique's Journey." The author is an L.A. Times writer named Sonia Nazario. She started following the paths of children—children—coming into the United States from Mexico and Central America and even South America. Here is what she found after her investigation: 48,000 children a year coming across the border into the United States, some as young as 7 years old, half of them without any escort. How do they get here? Are they alone or are they in a family of 3, 4, 5? Of the many of them who jump on passenger trains along the border, they are aboard freight trains. Can my colleagues imagine, 7-, 8-, 9-, 10-year-olds jumping on a freight train to come into the United States, trying to get here by themselves—half of them by themselves? Why? Seventy-five percent gave the same reason: To find my mother. To find my father. That is the reality and the heartbreak of what is happening at our border when it comes to children, so many times over. The lucky ones make it.

Many don't. A survey done by the University of Houston found over and over these kids on their way are starving, they are beaten, they are robbed, they are raped over and over. Some are pushed off of the train. Some die. Some are maimed. That is the reality. What happens when we step back and look at this, what does it tell us? It tells us what we already know: Our immigration system in America is broken. It is flat-out broken. I know this, and every day, more than twelve million people living amongst us—some of whom have been here for decades, worried about being deported tomorrow, with a household where the wife and mother may be a citizen, the children may all be citizens, but one person in the household is not—that is our broken immigration system.

Well, Congress, stop talking about it. Do something about it. So we did. We did. And the Presiding Officer was here. It was a little over a year ago. We put together a bipartisan coalition of Senators—four Democrats, four Republicans, and I was one of them—and we sat down and for months worked out comprehensive immigration reform to finally fix this broken immigration system. Some of the tragedies we know are happening to children and to their parents all across America. We worked on it for months. It was a pretty interesting coalition. It included John McCain, a well-known Republican Senator from Arizona; Lindsey Graham, Republican Senator from South Carolina; Marco Rubio, a Republican Senator from Florida; Jeff Flake, a Republican Senator from Arizona; and on our side, Chuck Schumer of New York, Bob Menendez of New Jersey, Michael Bennett of Colorado, and myself.

We worked on it for months, and we produced a comprehensive immigration reform bill that was endorsed by virtually every major organization and the U.S. Chamber of Commerce. We go through the list of virtually every religion in America, and major religions endorsed it. It was an amazing bipartisan product, and I was proud to be a part of it and even more proud when the day came that we passed it on the floor of the Senate with 68 votes—Republicans and Democrats. We did it.

What happened to it? We sent it to the U.S. House of Representatives, and for a year they hung it up there. For over a year they have refused to call this bill.

Now Senators who come to the floor, who voted against the reform, who don't acknowledge the obvious—that the Republican House will not even call this bill for debate and a vote—and who criticize the current immigration system in America, aren't telling us the whole story. The whole story is that we need to fix this system to bottom—yes, a path to citizenship but a path to citizenship for those who have come with serious criminal records—we don't want them—makes those who want to enter this path pay a fine and learn English and make sure as well that they are paying their taxes to our country. Then we will put them on a path to citizenship, where they can be at the back of the line. Under our bill, it would take a person 13 years before they become a citizen. All that time they would not have the security and they can be learning English, they are doing what they are supposed to do, and they are subject to regular questioning as to any problems that might be in their lives that we should know about. That is something that the bill does.

So when I hear people come to the floor and say this immigration system is broken, I agree completely. It is a tragedy to think thousands of children are crossing the border in search of their parents, as young as 7, 8, 9, 10 years old, and teenagers, being preyed upon.

I just had in my office the Ambassador of Ecuador to the United States of America. We talked about this issue. She told me the story of a 12-year-old girl whose mother and father were in New York, and this heartbroken girl decided she had to at any cost be reunited with them. She jumped on one of those trains, and she was apprehended by Mexican authorities. The parents found out about it and tried to find her. They put her in an orphanage. She was going through the Mexican legal system. The next thing: It was announced that this 12-year-old girl committed suicide. Questionable but still a tragedy. And this Ambassador from Ecuador said: I can't tell you what that did to our country. It broke our hearts to think that little girl was just trying to find her mom and dad.

We can do better. We can be better. All of the excuses in the world don't count when it comes to this issue because we are a nation of immigrants, my friends, all of us. We may have to be tolerant of different beliefs. We may have to want other ways of life. We may have to want other cultural perspectives, but still a tragedy. And this Ambassador from Ecuador said: I can't tell you what that did to our country. It broke our hearts to think that little girl was just trying to find her mom and dad.

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Why can't we, in our generation, embrace the reality of immigration and fix this broken system, make sure we have security on the border to stop, as well as we can physically, our legal immigration, and make sure those who are here are reporting to the government so we know who they are, where they are, and where they work? All of these things will make us a better and stronger nation. Let me tell my colleagues something else about these immigrant folks, and I speak with some authority. The first wave of immigrants to this country, by and large, take the toughest, hardest jobs available—anything—and they still work hard on those jobs. But they are also looking over their shoulder at their kids and they are saying to their kids: We expect more from you. We
want you to stay in school. We want you to succeed.

That dynamic of the hard-working immigrant and the first-generation American, striving to prove they can succeed, gives our country the energy it needs. It gives our economy the energy it needs.

I see my friend has come to the floor. Senator Mccain, and I mentioned his name earlier in a positive way because we want to see it so closely linked to the immigration reform. He has a special challenge I don’t have. Yes, we have many undocumented in Illinois, but being a border state, Arizona has tougher challenges than most. We tried in our bill to be sensitive to both States and all States in what we were putting together.

So I wanted to come to the floor and say a word about children coming across the border. I see two of my colleagues here, and I will yield the floor in just a second.

We need to acknowledge the obvious. These children are vulnerable. They are being exploited. Many of them are being held in border detention centers as long as others are being killed. And that has to come to an end. To bring it to an end in a sensible, thoughtful, American way, we ought to pass comprehensive immigration reform. No more excuses in the House of Representatives. Call the bill. For goodness’ sake, call the bill. Debate it. Vote on it. I will accept whatever comes, but what I won’t accept is ignoring these problems, blaming them on someone else, and putting off to some time in the future the reality of the responsibility we should face today.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arkansas.

Mr. BOOZMAN. Mr. President, as the son of an Air Force master sergeant and a member of the Senate Committee on Veterans’ Affairs, I take very seriously my responsibility to represent the interests of those who have served our country in uniform. When it comes to our Nation’s veterans, their commitment to country is without question, and our country’s commitment to them should be the same.

But simply, our veterans deserve better. That is why I am pleased to see that we have come together to address this crisis in the Senate. These men and women have served and sacrificed on behalf of a grateful nation. We need to ensure they are getting the high-quality services they have earned. Our veterans deserve a system that proves their care is our top priority.

Unfortunately, the VA is struggling to meet the health demands for our veterans from every generation. Currently we are looking into misconduct throughout the VA health system. In order to ensure accountability, we have to give the VA the ability to fire and demote senior executive service employees who are responsible for these types of abuses.

Under current law, senior VA employees are nearly untouchable. That means the very people responsible for the true extent of wait times, for instance, and other abuses cannot be fired. That is incredible when you think about it.

We cannot tolerate bad actors who abuses their power and put our veterans in danger. That is why a key component of this bill gives the Secretary of Veterans Affairs the authority to fire or demote senior VA employees for poor performance.

Accountability is the goal here. However, that goes beyond individual employees. The Department itself needs to be held accountable for its shortcomings. So it is time we shine a light on the VA.

This bill would also establish an electronic waiting list that would be made available to veterans on the Department’s Web site so everyone can see the average waiting time for an appointment at each VA medical center for specific types of care and services. New waiting times would be published on the Department’s Web site and in the Federal Register within 90 days of the bill’s enactment.

Earlier this week we saw an audit which revealed that veterans seeking care for the first time waited an average age of 60 days in the Little Rock VA hospital and 52 days in the Fayetteville hospital. Clearly, these results need to be improved and indicate the failure of the VA to meet its goal of seeing new patients within 14 days.

I am committed to ensuring that the VA uses every available option it has to deliver on its mission for all veterans who have earned this care. And if it cannot, this bill gives our veterans the ability to seek that care elsewhere.

The bill we are considering today would establish a 2-year program that allows veterans who have been unable to obtain care from the VA for providing service to seek care from private providers. This option would also be provided to those who live more than 40 miles from a VA facility, including a community-based outpatient clinic. The government would be obligated to reimburse the non-VA health care provider for the services provided to the veteran.

Wait times and secret lists are not the only problem within the VA health system. We are learning now that quality-of-care issues on a range of critical care outcomes, including mortality and infection rates, are willfully being ignored by senior VA management.

We need to restore faith in the VA health care system, and that begins with accountability and following through with our promises.

The crisis surrounding the VA health care system shows an immediate need to improve timely access to medical care for our veterans. The VA needs to correct the systemic problems that are preventing our veterans from accessing the high-quality health care services offered.

I am pleased we are taking action on this important issue, and I encourage my colleagues to support this legislation before us because we need to improve the health services our veterans earned and deserve.

The PRESIDING OFFICER. The Chair welcomes the Senator from Arkansas back to the floor.

Mr. BOOZMAN. I thank the Chair. The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I come to the floor today to say that this compromise is really an excellent example of what Congress can do when we work together to put our veterans first and work toward substantial solutions to the challenges they face.

Passing this legislation this afternoon is a critical step toward addressing some of the immediate accountability and transparency concerns that are plaguing the VA and fixing its deep-seated structural and cultural challenges. Each new report seems to reveal yet another disturbing picture of the VA’s systemwide failure to provide timely access to care for our Nation’s heroes. I am especially concerned by the number of facilities that serve Washington State veterans that have been flagged for further review in a new report. The VA has promised to get to the bottom of this, and I expect them to do so immediately.

However, these new reports are not only consistent with what I hear so often from veterans and VA employees but also with what the inspector general and GAO have been reporting on for more than a decade. These are not new problems, and Congress must continue to take action on them while addressing the inevitable issues that will be uncovered as ongoing investigations and reviews are completed.

I expect this Chamber to come together, as the House did yesterday—twice, in fact—to move this bill forward. We can work with the Senate and send this legislation to the President’s desk as soon as possible.

As we all know, there are serious problems at the VA that will not be solved through legislation alone or by simply replacing the Secretary. However, I am very hopeful these steps that are in this legislation will spark long-overdue change—from the top down—in order to ensure that our veterans are given the care and support they expect and deserve.

So I wanted to come today to commend the Senator from Arizona and the Senator from Vermont for their commitment to bipartisanship and putting to the needs of our veterans first. This is an important compromise, and I urge our colleagues to continue the bipartisan collaboration that made this bill possible. Let’s get it passed and in place so these reforms can begin to get started. And then we must keep working to address the management, resources, and personnel shortfalls that we all know exist at the VA.

I yield the floor.
The PRESIDING OFFICER. The Senator from Louisiana.

Mr. VITTER. Mr. President, I stand in strong support of the veterans bill we are about to vote on as well. I commend everyone who worked on it on both sides of the aisle, certainly including Senator McCaskill, who was here a minute ago, Senator Sanders, who is on the floor, and Senator Burr, who is the ranking Republican member of the committee.

I am strongly supporting it, mostly with three key provisions in mind—one I have been working on since well before this scandal and this crisis that has engulfed the VA broke; that is, to disallow, to get moving on crucial expanded VA outpatient clinics in 18 States around the country, including Louisiana. Mr. President, 26 clinics; 2 of those are in Louisiana, in Lafayette and Lake Charles. Those should have been built by now. They have been on the books, they have been in the VA plan for a long time. What we are doing is a bureaucratic glitch—a completely screw-up at the VA—they were delayed for a significant period of time.

There was another glitch in terms of the operation of these clinics. That required legislation, which the House passed. But that legislation, which I was spearheading in the Senate, has been balled up in the Senate.

Finally, the correct provision, to get moving, to get these clinics done—including in Lafayette and Lake Charles, LA—is this bill. So I have been committed to that for months—since well before this scandal erupted.

The other two provisions I want to highlight in this bill are directly to this scandal. One is the need to give veterans choice when they are locked into a dysfunctional system. So for the first time ever we are mandating the unparalleled choice that if a veteran is either from a VA facility or he or she cannot get care—an appointment—in a reasonable timeframe, then that veteran can go to a Medicare provider or another provider who is delineated in the bill to get the care he or she needs in a timely way. That is a really important reform to expand choice and really competition that I think will make the VA system better and offer veterans, when need be, important care outside the strict VA system.

The third provision I wish to highlight is to give the leadership of the VA the tools it needs to clean house, to get rid of incompetence or, worse, to fire people who clearly merit that in the cases we have been reading about in the last several months.

We have had so many protections heaped on the civil service system over 100-plus years that it has become virtually impossible to fire or demote or punish someone who is deserving of that. There is incompetence or worse. We need to change that because unless and until we do, bureaucracies such as the VA will remain broken. This bill has important provisions in that regard.

Those are the three top reasons I will be strongly supporting the bill.

I thank the Chair.

Mr. MARKEY. Mr. President, Massachusetts has 134,000 veterans in its VA facilities. But too many of our bravest return home unable to find a job. They suffer from homelessness, mental health, and substance abuse. Too often, they end their lives in suicide. Twenty-two veteran kill themselves every day.

This March, not one servicemember died in action in Afghanistan or Iraq, but almost 700 veterans took their own lives. Of the 8,500 Massachusetts National Guard, six of them have committed suicide in the last year and a half.

We need to treat these unseen wounds, and give our veterans a better life, where they are employed, appreciated, and supported.

We have a sacred obligation to honor and care for our service men and women for their bravery and sacrifice.

On the battlefield, the military pledges to leave no soldier behind. As a nation, we must ensure that when warriors return home, we leave no veteran behind.

In recent years, we have provided historic budget increases for veterans, expanded access to VA health care, improved health services for all veterans, and modernized benefits earned by America’s servicemembers.

But what is clear today is that hasn’t been enough. The problems at the VA are unacceptable and they dishonor our veterans and their families who have sacrificed so much.

Anyone who contributed to the carelessness of our veterans should be held fully accountable, and I mean anyone.

And so our work must continue. We must address the emerging needs of veterans, as well as those needs that have lingered for years.

Our returning veterans, and those who served in previous wars, always should get the best services, including medical care.

Unfortunately, the U.S. Department of Veterans Affairs, VA, is facing a crisis. The Department of Veterans Affairs inspector general reports showed that thousands of veterans have been trying to see a doctor but were never on the VA list to see a doctor. These veterans were forgotten and lost in the scheduling process. VA leadership significantly understated the time new patients waited for their primary care appointment in their performance appraisals in part because that affected their bonuses and salary increases.

Mr. President, 57,000 veterans have been waiting 90 days or more for their first VA appointment. Mr. President, 64,000 veterans have fallen through the cracks and have never received an appointment after enrollment.

These deficiencies at the VA are unacceptable.

What is clear is that we need a full-scale reform of the VA’s business. Too many men and women are falling through the cracks. We need to fully fund the VA and modernize the agency and its facilities to appropriately address the new needs of returning soldiers and their families.

All veterans are heroes, but sometimes heroes need help.

The Veterans’ Access to Care through Choice, Accountability, and Transparency Act of 2014 allows the immediate firing of incompetent high-level officials who broke the trust of our veterans by leaving them behind. It also includes appropriate provisions to prevent the abuse of these new powers.

The bill allows VA to lease 26 new medical facilities to expand access to care, including $4.8 million for the VA Worcester community-based Outpatient Clinic.

It authorizes the hiring of new medical personnel for hospitals and clinics that are facing a shortage of doctors and other health providers.

It would allow veterans living more than 40 miles from a VA hospital or clinic to go to a private doctor.

It develops an independent commission to update the VA’s scheduling policy and provide guidance to help spur the construction of new VA facilities.

It would allow all recently separated veterans taking advantage of the post-9/11 GI bill to get in-state tuition at public colleges and universities. Finally, it would extend post-9/11 GI bill education benefits to surviving spouses of veterans who have died in the line of duty.

This bill is an important first step to dealing with the crisis at the VA. However, more needs to be done. We need to make sure the Massachusetts VA hospitals in Brockton, West Roxbury, Jamaica Plain, Bedford, and Northampton can continue to provide the care that our veterans deserve, including the latest in health care for traumatic brain injury, post-traumatic stress disorder, and other injuries.

Mr. CARDIN. Mr. President, I rise today on behalf of the 470,000 Maryland veterans in order to thank my colleagues for making veterans health care a priority by passing S. 2450, the Veterans’ Access to Care through Choice, Accountability, and Transparency Act of 2014. I specifically applaud the chairman of the Veterans’ Affairs Committee, Senator Sanders, and Senator John McCain for developing this bipartisan agreement and demonstrating to the Nation that the Congress can work together to meet our greatest challenges.

I want to thank President Obama and Acting Secretary Gibson for taking preliminary action and holding senior Department of Veterans Affairs, VA,
leadership accountable. Now the hard work begins of renewing and meeting our commitments to our veterans, who have sacrificed so much for our Nation. I support this bill’s efforts to provide immediate authority to refer veterans to new jobs and its provisions to address the extraordinary partnership with nonprofit organizations. The bill would also empower the VA inspector general to identify on an annual basis the shortcomings in the VA health care system that have been identified in recent weeks. The bill would provide for greater transparency at the VA by requiring an independent assessment of the scheduling system used at every VA medical center, along with the staffing levels and workloads at each facility. It would also task the VA inspector general to identify on an annual basis those VA facilities with the largest staffing shortages, which will give both the VA and Congress a better understanding of the Department’s needs. In order to address what has been identified as a shortage in health care providers within the VA, the bill would expand opportunities for veterans to seek care outside of the VA system, including allowing veterans who qualify to seek care at Department of Defense health facilities. It would authorize the Secretary of Veterans Affairs to immediately hold senior VA officials accountable if they have failed to do their jobs.

The bill’s provisions to protect whistleblowers, reports from the Government Accountability Office, an internal review by the VA, and an independent watchdog, all have revealed problems within the VA that have caused the system to fail many of our veterans. This is simply unacceptable.

Mrs. McCaskill. Mr. President, today I rise in strong support of S. 2460, a bill I have proudly cosponsored that would make critically needed reforms to the Department of Veterans Affairs.

As we all know, revelations from whistleblowers, reports from the Government Accountability Office, an internal review by the VA, and an independent watchdog, all have revealed problems within the VA that have caused the system to fail many of our veterans. This is simply unacceptable.

As the daughter of a World War II veteran, I understand the extraordinary debt we owe to the men and women who have served this Nation in defense of our freedoms. I thank my colleagues, Senator Sanders and Senator McCain, for working for a bipartisan bill to address some of the most serious shortcomings in the VA health care system that have been identified in recent weeks. The bill would provide for greater transparency at the VA by requiring an independent assessment of the scheduling system used at every VA medical center, along with the staffing levels and workloads at each facility. It would also task the VA inspector general to identify on an annual basis those VA facilities with the largest staffing shortages, which will give both the VA and Congress a better understanding of the Department’s needs. In order to address what has been identified as a shortage in health care providers within the VA, the bill would expand opportunities for veterans to seek care outside of the VA system, including allowing veterans who qualify to seek care at Department of Defense health facilities. It would authorize the Secretary of Veterans Affairs to immediately hold senior VA officials accountable if they have failed to do their jobs.

The credibility of the VA has taken a serious blow, and it will take years for the Department to regain the trust it has lost among veterans and among the American people. My strong support for this legislation is based on my belief that it will make critical and fundamental changes to the VA that will result in significantly improved processing time due to the quality of care our veterans receive and their ability to access that care. The VA is facing significant challenges, but with the passage of this legislation the Senate is taking an important step in helping to restore trust in a system that has provided tremendous care for generations of veterans. Our Nation’s veterans deserve no less.

Mrs. Feinstein. Mr. President, I rise today to state my strong support for the legislation on the floor that addresses the current healthcare crisis facing our nation’s veterans. This bill, the Veterans’ Access to Care through Non-Veteran Healthcare Act, is based on the bipartisan Sunshine Act of 2014, is the product of excellent bipartisan work done by Senator Sanders and Senator McCain. I want to thank both of my colleagues for their efforts on drafting this legislation and finding a path to bring it to the Senate floor today. I believe their legislation will give our veterans access to the healthcare they deserve and that it will invest in the Department of Veterans Affairs’ health care system.

First, I am strongly supportive that the legislation contains a provision to allow the Secretary of the Department of Veterans Affairs to immediately terminate senior executives for poorly performing agencies or who directed or pressured staff to falsify or cover up wait times for veterans seeking health care. It is time for a new culture of management in the VA, and I look forward to providing this authority to the Department.

Second, I am grateful the legislation provides the authority to the Secretary to quickly hire new clinical staff, such as physicians and nurses, when there is a shortage of medical providers within the VA. The legislation allows the VA to use any unobligated funds at the end of each fiscal year to do such hiring. The audit released by the Department of Veterans Affairs this week clearly indicated that many medical facilities had a shortage of clinical providers. The legislation on the floor also authorizes the Secretary of Veterans Affairs to immediately hold senior VA officials accountable if they have failed to do their jobs.

The bill’s provisions to protect whistleblowers, reports from the Government Accountability Office, an internal review by the VA, and an independent watchdog, all have revealed problems within the VA that have caused the system to fail many of our veterans. This is simply unacceptable.

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evaluated for the quality of health care they provide, and that this information will be made public for veterans. The legislation contains a provision that would require the Department of Health and Human Services to complete VA hospital site visits to post this information publicly. It also requires the Government Accountability Office to look at the metrics the VA is using to evaluate patient care and hospital quality. Finally, the bill will require the VA to publish its appointment wait times, which will increase the transparency of how quickly our veterans can access health care. Thus, I want to thank both Senator Sanders and Senator McCain for including such important provisions that will improve accountability, transparency, and health care quality at the VA.

Recently, the Department of Veterans Affairs released the results of its nation-wide Access Audit detailing the breadth of its struggle to responsibly manage waiting lists for care at its medical facilities across the country. The allegations of false record-keeping and other inappropriate scheduling practices were further substantiated. The audit made it clear that many staff were instructed to enter inaccurate or misleading appointment data. The result is that some veterans were forced to wait an egregious amount of time for medical appointments, and surely many of these veterans suffered negative health effects as a result of these delays.

After the press reports of secret wait lists at the Phoenix VA Medical Center, I wrote a letter to the VA’s acting Inspector General requesting him to expand the scope of his investigation in order to determine if similar problems were occurring elsewhere. On May 28, 2014, the VA’s Office of the Inspector General released the preliminary findings from an ongoing review at the Phoenix VA Health Care System. This independent review verified that deliberate action was taking to falsify wait times and to keep some veterans—1,700 in Phoenix—off official wait lists. In response to this report, on June 2, I wrote to Acting Secretary Sloan Gibson requesting an immediate review of medical appointment wait times at all California VA medical facilities, and that the VA take action to expedite appointments for veterans in my State waiting an excessive amount of time to receive health care.

California is home to 8 major Department of Veterans Affairs, VA, health care systems which include 66 medical centers and outpatient clinics. According to the latest data from the U.S. Census Bureau, of the nearly 22 million veteran residents in the United States, roughly 2 million, live in California; a figure greater than that of any other State. California’s large population of veterans, many of which are concentrated in southern California, creates a substantial demand for medical care at California’s VA Medical Centers.

The VA’s Access Audit, released this week, validated the national extent of lengthy wait times and potential falsification of appointment records. It also makes it clear that California is not exempt from the recent VA scandal. The data collected shows that over 20,000 veterans in California are having to wait more than 30 days for a medical appointment. Nearly 3,000 are waiting more than 90 days for their appointment. Furthermore, nearly 7,000 California veterans are on electronic wait lists who have not been able to schedule any appointment. This lack of urgency to provide care to our Nation’s veterans is not only appalling, it is also irresponsible.

In addition, I am deeply troubled that the recent audit identified that five VA health care facilities in my State had some evidence of falsifying data or были. These are the Livermore Medical Center, the Yuba City Outpatient Clinic, the Sepulveda Ambulatory Care Center, the Escondido Outpatient Clinic, and the Imperial Valley Outpatient Clinic. The VA recommended the Office of the Inspector General conduct investigations at these facilities in order to determine if any fraudulent or criminal activity occurred, and I eagerly await the results of these investigations.

It is clear to me that excessive wait times for medical appointments negatively impacts the health of our veterans. So, fixing the VA is not only about fixing the systemic management problems that led to a cover-up of appointment wait times at certain VA facilities across the Nation. The fix also must be about improving the VA’s ability to provide high caliber health care to all our veterans.

The VA must radically alter how it manages health care. It is my opinion that the VA’s performance should be tied to the health outcomes of our veterans, and therefore the number of games with appointment wait times in order to evaluate their performance for too long, and that must end today. I hope the new leadership at the Department will work to develop better measures of performance that are based on how well our veterans do in terms of health and wellbeing as a result of the care they receive at the VA.

For example, the VA should strive to reduce preventable drug resistant infections acquired in medical facilities. Deadly drug resistant infections are linked to poor infection control and the overuse of antibiotics in hospitals. These infections, like Methicillin Resistant Staphylococcus aureus, MRSA, and Clostridium difficile are deadly, difficult to treat, and largely preventable. VA hospitals that provide high quality medical care, that use antibiotics wisely, and practice good hygiene will have lower rates of these infections, faster recovery times for hospitalized patients, and reduced health care costs. VA hospitals that have clear data that they use antibiotics appropriately, have fewer deadly hospital acquired infections, and have veterans who can be discharged faster should be noticed for their performance. I truly believe that a greater focus on health care quality and outcomes is critical for improving the VA’s health care system.

The delays in access to health care and the culture of cover-ups that continue within the Department of Veterans Affairs are absolutely unacceptable. Our Nation’s veterans served and sacrificed for our country, and they deserve better. I truly believe the legislation introduced by Senators Sanders and McCain is the solution our veterans need and deserve. This is not a partisan issue, this is an issue of doing what is right by those who defended our freedom.

Thus, I urge my colleagues to vote for this bill.

Ms. MIKULSKI. Mr. President, I come to the floor today in support of S. 2450, the Veterans’ Access to Care through Choice, Accountability, and Transparency Act of 2014.

The preliminary VA inspector general’s report of delayed care at the Phoenix Hospital uncovered serious and systemic failures in our VA system. The internal audit by the Veterans Health Administration confirmed these delays. These problems have dragged on long enough and must be addressed and corrected so we must keep the promises we have made to our veterans. We can do this by giving them the same quality of service they gave us, and by providing them with the care they deserve. That is why I support this bill.

This bill contains a number of provisions that will improve veterans access to care when they need it the most by: Sending care into the community and ensuring veterans do not have to wait more than 14 days to see a doctor or a specialist; expeditiously hiring new doctors, nurses and other health care providers in locations that have shortages; requiring the VA to upgrade their electronic scheduling software; authorizing the VA to enter into 27 major medical leases that will increase access to care for thousands of veterans who currently have to travel long distances to get the care they need; requiring the President to create a commission to evaluate access issues in the VA Health Care system; and, creating a commission on capital planning for VA medical facilities to look at the processes to ensure our veterans are being treated in safe facilities.

There is also a provision that would allow the Secretary of the VA to terminate VA senior executives for poor performance. This provision would also require the Secretary to provide Congress a justification for any removal.
Within 30 days, I also support giving SES employees the ability to appeal to the Merit System Protection Board within 7 days of termination, providing them the protections from retaliation and discrimination they deserve.

In promoting this bill, as the chairwoman of the Senate Appropriations Committee, I have put money in the Federal checkbook to improve the veterans health care system so that wounded and disabled warriors get the care and benefits they need. I have worked to ensure veterans suffering from post-traumatic stress disorder, PTSD, or a traumatic brain injury, TBI receive better diagnosis and treatment through the Defense Department and the VA.

I have also led the charge to reduce the backlog in processing veterans disability claims. I brought Secretary Shinseki to Baltimore to create a sense of urgency to end the backlog by 2015. I used my position as chairwoman of the Appropriations Committee to convene a hearing with the top brass in the military and members of the committee to identify challenges and get moving on solutions. I cut across agencies and asked Senior Veterans Affairs Office to develop a 10-point checklist for change enacted as part of the FY-2014 omnibus appropriations bill. This plan includes better funding, better technology, better training and better oversight of the VA.

The Veteran’s Administration needs a new attitude from the bottom up in every facility across the Nation. It is time to turn the VA around. Veterans who have fought on the front lines and their families deserve better care—and too often no care at all—at our VA medical centers are shocking. There is and has been a long-term problem with the management of that agency. It is heartbreaking. It is an embarrassment. We owe our veterans better care than they have been given.

One of the keys to improve that care is improving accountability, ensuring money is being properly spent, not simply wasted by government bureaucrats. The money needs to get to our veterans.

Our national debt now is $17 trillion. It is growing rapidly. We cannot be sure that our responsibility to follow our agreement to honor the budget limitations we have. There are a lot of budgetary freedoms we have and a lot of ability we have and duties we have to set priorities in our spending. Veterans clearly are a priority. It is the recent push to cut veterans pensions and led an effort to restore those pensions payments.

In this case we are dealing with an issue of bureaucratic accountability. What happens so often is that in the crush and press of business, we are unable to reach agreements on finding money somewhere else in this monstrous bureaucracy and government of ours, and we simply break the budget and add to the debt. Our veterans deserve better than that.

I am the ranking Republican on the Budget Committee. We wrestle with these issues—the chairman of the committee, Senator MURRAY—and the members of the Appropriations Committee and the Budget Office indicate that this legislation, as drafted, violates the Budget Act.

Indeed, the entire bill, the way the language is written, has been declared an "emergency" which allows its authors to avoid finding the efficiencies and the accountabilities needed to stay within the Federal budget limits both parties agreed to. There is plenty of wasteful spending to be cut elsewhere in government, and much we can do to increase accountability at the VA.

Even more concerning is the new open-ended entitlement legislation in the bill. The bill would authorize emergency spending but sets no limits on that spending. Section 801 says "such sums as may be necessary." Well, how much is necessary? This is an important conversation to have, to wrestle with, and to develop solutions. But by simply not developing these solutions, we invite more of the same kind of accountability problems we have seen that brought us here.

I feel strongly that we have to do the right thing for our veterans, but history suggests a blank check for the bureaucracy, an unlimited entitlement program will not have the desired results—indeed, may even yield the opposite results from what we hope to achieve.

We need to resist the temptation to create more entitlements and more entitlements, which is one of the reasons why we are heading recklessly toward fiscal crisis, as our own Congressional Budget Office has indicated, and instead focus on creating reforms and solutions that improve that quality of service and the effectiveness of service delivered. Isn’t that what we are about? Isn’t that what our veterans deserve from us—the very best we can give them? As many hours as it takes for us to get this right, instead of simply avoiding the difficult issues we must tackle to solve this calamity long-term?

There are also 3 years of emergency spending under the legislation, which I think is an unwise precedent for us to set. Again: it is the kind of unaccountability, the lack of oversight that helped create this crisis in the first place. We should designate—maybe if we have to do this—2014 money this year where the crisis is. We need more, that could be perhaps justified as emergency spending, but a 3-year bill goes beyond what I think is proper. It fails to establish the oversight that Congress has a solemn duty to deliver. We can’t just write a blank check and think it will solve these problems. We have to ask the tougher, deeper questions about the changes needed in Washington to do right by our veterans. Details matter. Every line of legislation matters. We need to get this right.

The Appropriations Committee has already reported out the 2015 VA-HUD bill. It is already on the floor and could be here as early as next week. The Senate could easily attach a bipartisan amendment to that bill that reduces the spending called for in this bill with offsets, cuts, efficiencies, and reductions in other spending to pay for it. There are places we could do this.

Senators McCains and Senator SANDERS have agreed on. I think that is progress, very much so, but I have to say I cannot suggest to my colleagues that the budget violations now before us should be waived. It should not. Ignoring this requirement will not help our veterans in the long run, but will lead them to the kind of problems we are confronting today. We should adhere to the agreement we reached on spending by finding offsets. If we don’t adhere to our spending limits, other programs will crowd out the budget for veterans and mean we have less money in the future not more, to fund these programs. If we ignore our debt, we do a disservice to our veterans. Unfortunately, the bill does not do what the law we agreed to requires. We all agreed veterans are our priority. So then is it not our duty to them to fulfill this priority by reducing wasteful spending elsewhere so that money can be spent on veterans instead? Can we not deliver for these veterans that most basic level of responsibility on our part as lawmakers?

Finally, colleagues, a vote to sustain the budget point of order is a vote that tells the committee to find appropriate money for the bill and does not kill the bill. It does not knock down the bill. It allows us to tell you, you are alive and a piece of legislation before us. It would just require us to fix the funding. It would require us to fix the bill. So that
Today, June 11, the Federal Bureau of Investigation has opened a criminal investigation into allegedly misleading scheduling practices at the Department of Veterans Affairs that may have concealed how long veterans had to wait for care. Our Phoenix office has opened a criminal investigation," FBI Director James Comey said in response to a lawmaker's question at a hearing Wednesday.

That is not an emergency, I do not know what is. If it is not an emergency that the very lives of the men and women who have served our country with honor and distinction are being either jeopardized or allegations of absolutely being lost through malpractice and malfeasance, if that is not an emergency, I have never seen one before this body.

I urge my colleagues to vote for this, for it is, this budget requires no order. This is not an emergency. If it is not an emergency that we have neglected the brave men and women who have served this country and keep us free, then I do not know what an emergency is.

Mr. SESSIONS. Mr. President, I raise a point of order. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, the waiver provisions of applicable budget resolutions and section 4(g)(3) of the Statutory Pay-As-You-Go Act, I move to waive all applicable sections of those acts and applicable budget resolutions for purposes of the pending bill, and I ask for the yeas and nays.

There is a sufficient second. The yeas and nays were ordered.

Mr. MCCAIN. Mr. President, I wish to thank a lot of people, including the staffs of the committees, Senator SANDERS' staff, Dahlia Melendez and Travis Murphy; Senator BURR's staff, Natasha Hickman, Maureen O'Neill, Anna Abram, and Victoria Lee; Senator COBURN's staff, Jabari White; my own staff, Elizabeth Lopez, Jeremy Hayes, and Joe Donoghue, and all the hard work that has gone into this legislation. I am happy to see that the majority of the veterans service organizations are now in support of it. Is it a perfect piece of legislation? No. Is it exactly what the Senator from Vermont wanted? Absolutely not. But this is an emergency. I tell my colleagues, if it is not an emergency of how we care for those who have served on the field of battle, then nothing else is before this body.

It breaks our hearts. It breaks American's hearts when they hear and see these stories of those brave men and women who have suffered, the lack of a fulfillment of an obligation we made to them. I hope we will vote against this budget point of order. I hope we will vote unanimously, 100 to 0, to pass this legislation, send it to the House, get it to the President's desk, and start healing the wounds that have been inflicted on these men and women.

There is no way we can ever compensate for those who have gone without the treatment they have earned, but at least we can expediously fix this problem to the best of our ability. Is this the ultimate and final solution to those problems that have been uncovered? No, but it is a beginning. It is not the end of the journey. It is a beginning. There will be more proposals before us. There will be more efforts to fix this gaping wound in America's conscience.

I urge my colleagues to vote to waive the budget point of order. This is an emergency. I urge my colleagues to vote for the bill. Again, I thank everyone for their involvement, especially Senator BURR and Senator COBURN.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Let me just thank Senator MCCAIN for his very hard and bold work on this issue. He stood and came forward when we needed someone to do so. I think we have made real progress in a bipartisan way.

As Senator MCCAIN just said, and I agree with him, if this is not an emergency, I do not quite clear what an emergency is.

During the last 4 years some 2 million new veterans have come into the VA system. Many of them have come in with very difficult medical problems. PTSD, TBI, an aging veteran population. Taking care of older people is complex and expensive. The simple truth is that in many parts of this country—not all parts I suspect, but in a number of places in this country—we simply do not have the number of doctors, nurses, and other medical staff to accommodate the needs of our veterans. I have been told, unofficially at least, that at the very minimum there is a need for 700 new physicians in the VA. I am told that is the floor. That the reality may be higher than that.

I have been told that in Phoenix alone there is a need for hundreds of new providers in order to address the problems in that one large facility. Furthermore, this legislation says to veterans that if there are long wait times, if they cannot get into a facility in a reasonable time, they can go outside of the VA. That is what this bill says.

You know what? That is going to cost money. That will cost money. This legislation also says that if they live 40 miles or more from a VA facility, they have the option of going to a private provider. That benefit is going to cost money. The bottom line is that if we are going to do what in my view we should do; that is, to make sure every facility in the VA has adequate staffing—doctors, nurses, other medical personnel—and to make sure there is available funding to pay for those veterans who will now go outside of the VA—right now the VA is spending about $1.8 billion a year in contract fees. There is no question in my mind that number is going to go up, but that is what we are voting on now.

If you want to provide timely care to veterans, if you agree they should go outside of the VA, it is going to cost money. If we are going to do that and the other things in this bill, that legislation needs to be passed as written, and we must waive this point of order brought up by Senator SANDERS.

Lastly, I remind my colleagues that when Congress voted to go to war in Afghanistan and Iraq, it did so with emergency funding. Those wars will, it is estimated, cost between $3 and $6 trillion by the time we take care of the last veteran. If we can spend that kind of money to go to war on an emergency basis, surely we can spend one-tenth of 1 percent of that amount to take care of the men and women who fought those wars.

What we have done, as Senator MCCAIN has indicated, is developed a compromise. I am sure he is not happy
with everything in the bill. I am not happy with everything in the bill as well. I did want to also remind Senators about a few of the other provisions that are in this bill that are important and I think do have bipartisan support.

This bill allows for 26 major medical facility leases, which means improved and expanded care for veterans in 27 States and Puerto Rico. This bill provides for the expedited hiring of VA doctors and nurses and $500 million targeted to hire those providers with unobligated funds. As I mentioned earlier, this bill allows for veterans to go outside of the VA when there are waiting lines and when they live 40 miles from a facility. This bill also deals with an issue where there is widespread support both in the House and the Senate; that is, the need to address instate tuition for all veterans at public colleges and universitites.

It also provides that surviving spouses of those who die in the line of duty will be eligible for the post-9/11 GI bill. This bill also importantly establishes commissions to provide help to the VA in improving its scheduling capabilities—God knows they certainly need that help—and also for capital planning.

Lastly—and we need to reiterate this point—this bill gives the Secretary of the VA the authority to immediately fire incompetent employees and those who have falsified or manipulated data in terms of waiting periods.

Our legislation differs from the House, in part, in order to prevent, in my view, the politicization of the VA or eliminate all due process, it provides for a very expedited appeals process.

The House of Representatives passed legislation yesterday which covers a lot of the same ground the Sanders-McCain bill covers, and I am absolutely confident that working with Chairman Miller and Ranking Member Michaud we can bridge the differences and send the President a bill that he can sign in the very near future.

Finally and finally, I want to say to the 300,000 employees who work at the VA that the overwhelming majority of those people are hard-working, honest, serious people. For many of them, taking care of veterans is not a job; it is a mission. Many of them are, in fact, veterans themselves. These people understand the sacrifices the veterans have made to protect our country, and they are doing their best to that they can to support our veterans.

I hope we pass this bill. I hope we pass a waiver for the budget point of order. I hope we get a conference committee moving immediately, and I hope we go to the President as soon as possible.

Furthermore, as Senator McCain has just mentioned, I don’t think this is the end of the discussion regarding the needs of veterans. I hope that much of what in our committee and on the floor we can begin to address some of the other very serious issues facing the veterans’ community.

With that, I yield the floor.

The PRESIDING OFFICER (Mr. BROWN). The senior Senator from Arizona.

Mr. MCCAIN. I ask unanimous consent for 5 minutes for Dr. COBURN.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Oklahoma.

Mr. COBURN. I thank the chairman of the Veterans’ Affairs Committee for working with Senator McCaIN to get a bill.

I support Senator Sessions and the budget points on order on this bill. I take exception of the statements by my colleague from Vermont.

As reported yesterday, if you look at the patient list for many of the primary care doctors in the VA, they are half of what the average practicing physician outside the VA is. When you drill down on those, many of them have patients that have been deceased for years. About 10 to 15 percent of their patient list has never been to the VA, or they came once from a different State or were transferred from somewhere else. What you actually see is the patient load in the private sector is about 2 1/2 times what the patient load is in the VA.

I have no doubt we need to increase the number of physicians in the VA, but we also need to increase markedly the amount of output that those physicians perform.

The other thing that is important in this bill is the transparency—which I don’t believe has been mentioned—that will actually allow veterans to know the quality outcomes of where they are being treated and the credentials of those who are treating them. Those are important factors for care.

Our veterans deserve the best care. I agree with the chairman of the Veterans’ Affairs Committee that the vast majority of our VA employees are hard-working employees, but there are some who aren’t.

Our lack of oversight and the lack of management expertise at the VA has now exploded into issues that are going to continue to be exploded. We hear every day new whistleblowers coming forward on the problems in the VA. It is not only scheduling; it is a lack of truthfulness in a lot of other areas. It is a lot of inaccuracy in terms of outcome.

I agree with the chairman. This is just the beginning. But if, in fact, somebody puts their life on the line for us, we certainly, at a minimum, ought to make sure that we don’t just have words that say we are going to give you the health care if you are an injured veteran, but that we actually give that care, and that it meets the standard of care we want for anybody in our family. This is just the start.

The other thing that I would say, in agreement with Senator Sessions, there are ways to pay for this bill.

On the clinics, we drill down on one clinic—and I am going to go spend just a minute talking about it. It is a clinic that will triple in size, but with an average expected increase in veteran population of 5 percent and visits of less than 7 percent over the next 20 years. So it is going to go from 50,000 to 190,000 square feet.

We are going to spend $188 million for that facility and pay $40 a square foot per year for it on a rate of increase of 4 percent in part of the lease. We can rent the same space in Tulsa at $15 a foot and spend less money than we pay for engineering cost for this to have a clinic just as good or better.

So the planning and the management of the VA on these clinics is suspect, and I plan on drilling down on every one of those before this bill comes to conference and give our conferees the information based on that. Because we are going to spend emergency money, as the chairman would like to do on this, we ought to make sure there isn’t a penny that is wasted.

So we can do it. We can do it better. We can do it for less money, and we can do it in the confines of what we are actually going to see.

The final thing is I would say again to my colleague from Vermont, I appreciate his willingness to compromise on the issues. His heart is dedicated to veterans, and I understand that. Our philosophies are different on how we get there, but his commitment is none-the-less real and felt, and I thank him.

I yield the floor.

Mr. SANDERS. I yield back the remainder of the time.

The PRESIDING OFFICER. Without objection, all time is yielded back.

Mr. SANDERS. I ask for the yeas and nays.

The PRESIDING OFFICER. The yeas and nays are ordered.

The yeas and nays have been ordered. The clerk will call the roll.

The assistant bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Missouri (Mrs. McCaskill) and the Senator from Oregon (Mr. Merkley) are necessarily absent.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Mississippi (Mr. Cochran), the Senator from South Carolina (Mr. Graham), the Senator from Kansas (Mr. Moran), and the Senator from South Carolina (Mr. Scott).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 75, nays 19, as follows:

[Roll Call Vote No. 186 Leg.]

YEAS—75

Alexander

Booher

Cedil

Coper

Ar hostile

Boceman

Casey

Baldwin

Boxer

Chambliss

Begich

Brown

Chambliss

Barrasso

Burr

Collins

Blumenthal

Coons

Begich

Boxer

Chambliss

Begich

Brown

Chambliss

Barrasso

Burr

Collins

Blumenthal

Coons
Corny Johnson (SD) Reed
Donnelly Kaine Reid
Durbin King Rockefeller
Feinstein Kirk Rubio
Fischer Klobuchar Sanders
Franken Landrieu Schatz
Gillibrand Leahy Schumer
Grassley Levin Shaheen
Hagan Manchin Stabenow
Harckin Mark Warner
Hatch McCain Toomey
Heinrich McConnell Udall (CO)
Heitkamp Menendez Udall (NM)
Heller Mikulski Vitter
Hirono Murphy Warner
Inhofe Murray Warren
Isakson Norton Whitehouse
Johanns Pryor Wyden

NAYS—19
Barrasso Enzi Roberts
Blunt Flake Sessions
Coats Johnson (WI) Shelby
Coburn Lee Thune
Corker Paul Wicker
Crapo Portman
Cruz Risch

NOT VOTING—6
Cooper McCaskill Moran
Graham Merkley Scott

The PRESIDING OFFICER. On this vote the yeas are 75, the nays are 19.

Three-fifths of the Senators duly chosen and sworn have voted in the affirmative, the motion is agreed to. The point of order falls.

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

The bill was read the third time.

The PRESIDING OFFICER. Under the previous order, the bill having been read the third time, the question is, Shall it pass?

Mr. PORTMAN. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Missouri (Mrs. McCaskill) and the Senator from Oregon (Mr. MERKLEY) are necessarily absent.

Mr. CORYN. The following Senators are necessarily absent: the Senator from Mississippi (Mr. COCHRAN) and the Senator from Kansas (Mr. MORAN).

The PRESIDING OFFICER (Mr. BLUMENTHAL). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 93, nays 3, as follows:

[Rollcall Vote No. 187 Leg.]

YEAS—93

Alexander Collins Heller
Ayotte Coons Hirono
Balduin Cornyn Hoeven
Barrasso Crapo Inhofe
Beigun Crz Iseakson
Bennet Donnelly Johnson (ND)
Blumenthal Durbin Johnson (SD)
Blunt Ernst Kaine
Booker Feinstein King
Boozman Fischer Kirk
Boyer Flake Klobuchar
Brown Franken Landrieu
Burr Gillibrand Leahy
Cantwell Graham Lee
Cardin Grassley Levin
Carper Harkin Manchin
Casey Harkin Markay
Chambliss Hatch McCain
Coats Heinrich McConnell
Coburn Heitkamp Menendez

The PRESIDING OFFICER. The bill (H.R. 3230), as amended, was passed.

The PRESIDING OFFICER. The Senator from Montana.

Mr. TESTER. I ask unanimous consent that the title amendment to H.R. 3230, which is at the desk, be agreed to. The PRESIDING OFFICER. Is there objection?

Mr. INHOFE. Reserving the right to object, let me inquire of the Senator if it is his intent to speak on that tonight.

Mr. TESTER. In a moment. I am going to ask unanimous consent to go into morning business, and I am going to speak on the veterans bill.

The PRESIDING OFFICER. The Senator from Michigan.

Mr. LEVIN. If the Senator from Montana would yield for a question, is there any kind of order established regarding whom would be recognized at this point?

The PRESIDING OFFICER. There is not.

Mr. LEVIN. The Senator from Oklahoma and I thought we would be recognized 1 hour ago. We understood the exigency that there would be some delay. If we could establish an order—apparently Senator GRASSLEY is waiting to be recognized as well.

May I ask the Senator from Montana how long he would be speaking? Would it be in order?

The PRESIDING OFFICER. The Senator from Montana.

Mr. TESTER. How long am I speaking?

Mr. LEVIN. Yes, Mr. TESTER. About 7 minutes.

Through the Chair to the Senator from Michigan, it was my understanding that I was going to speak, the Senator would have his colloquy with Senator INHOFE, and then Senator GRASSLEY would speak.

Mr. LEVIN. I thank the Senator.

Mr. GRASSLEY. May I ask the Senator a question?

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. How much time is the colloquy going to take?

Mr. LEVIN. I would say about 7 or 8 minutes.

Mr. INHOFE. I think I had the floor, and I was objecting to the UC.

Mr. LEVIN. I ask unanimous consent that the debate proceed to a point of order after the Senator from Montana?

The PRESIDING OFFICER. The Senator from Montana.

Mr. TESTER. I ask unanimous consent that the debate proceed to a point of order after the Senator from Montana?

The PRESIDING OFFICER. The Senator from Montana.

VETERANS HEALTH CARE

Mr. TESTER. I rise to speak about the care this Nation provides to veterans—care that they have earned, the care that we owe them, the care that we promised them, and the care that we should never stop working to improve.

I joined the Senate Veterans’ Affairs Committee when I came to the Senate in January of 2007. Soon thereafter I launched a listening tour around the great State of Montana to hear what veterans thought about the health care they receive.

Montana has the second-most veterans per capita. We serve our country at some of the highest rates in the Nation. We are home to a large Native-American population that serves more often than any other minority in this country.

In 2007, the surge in Iraq was in full swing. Veterans had many concerns on their minds. But in rural Montana I heard over and over from the veterans about how the mileage reimbursement that disabled veterans receive to see their doctor at the VA was far too low. In fact, it was at 11 cents a mile, hardly enough to even pay for the gas, much less the tires, the oil, and the automobile itself.

That number matters in a State where folks have to drive a couple hundred miles across the State to see their doctor.

So when I came back to Washington I worked with then-Senator Byrd to raise that reimbursement rate for the first time in decades. Now more veterans can afford to see their doctor, and that is how a representative of government should work—identify a problem, write a bill to fix it, work with colleagues, hear their concerns, and pass a solution into law. That is what we have done here today.

Today’s bill is a good bill that gets at some of the VA’s most pressing problems. Today’s bill addresses many of the transparency, accountability, and access-to-care issues that are plaguing