

Mr. FARENTHOLD. Mr. Speaker, today I rise because September is Childhood Cancer Awareness Month. Every year countless children are diagnosed with different cancers, altering their lives forever.

Fourteen-year-old Kaitlyn Jankovsky of Corpus Christi was diagnosed last year with acute lymphoblastic leukemia. Although her cancer and treatment have been a challenge, Kaitlyn has shown great tenacity in her fight against cancer.

Our country should take inspiration from children like Kaitlyn and thousands of others living with cancer every day. It is why I have introduced H. Res. 102 to designate a day in September as National Pediatric Bone Cancer Awareness Day.

Today we wish Kaitlyn and all the other children living with pediatric cancer well. Treatment and survival rates for pediatric bone cancer have remained virtually unchanged for a quarter of a century. For Kaitlyn and other children, let's start changing that.

#### SICKLE CELL ANEMIA

(Ms. ADAMS asked and was given permission to address the House for 1 minute.)

Ms. ADAMS. Mr. Speaker, I rise today to discuss a topic near and dear to my heart: sickle cell anemia. Sickle cell is an inherited blood disease where red blood cells are abnormally shaped, making it hard to deliver oxygen throughout the body, often causing extreme pain, damaging vital organs, and possible stroke.

I have seen these effects firsthand. My sister died from sickle cell just 2 weeks before her 27th birthday. I will never forget the many night trips to the emergency room to get care for her, since we didn't have health insurance.

Back then we didn't know much about sickle cell disease. Today medical treatment and research for sickle cell has evolved. Thanks to the Affordable Care Act, more people now have health insurance, but we must still support Federal efforts to fund additional research and treatment opportunities.

That is why I am proud to cosponsor H.R. 1807, the Sickle Cell Research Surveillance, Prevention, and Treatment Act, which supports funding for advanced medical treatment and research.

My colleagues, please join me in recognizing September as Sickle Cell Awareness Month by supporting legislation to treat this disease and by keeping our government running so critical sickle cell research and treatment can continue at the National Institutes of Health.

#### SEQUESTRATION IS HURTING THE AMERICAN PEOPLE

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

Mr. RUPPERSBERGER. Mr. Speaker, I rise today to call attention to how sequestration and the current dysfunction in the House is hurting the American people, our infrastructure, our education, our national security, and our veterans. Sequestration has caused a severe slowdown in our job growth in this country, especially as it affects the middle class.

We have seen reduction of job growth resulting in the potential loss of close to 800,000 American jobs. These are jobs my constituents in Baltimore County region desperately need. Just yesterday my staff met with a constituent from Owings Mills, Maryland, who was laid off from a defense contractor due to sequestration cuts.

The current fiscal year 2016 transportation and housing appropriation bill cuts TIGER grants, which are used to fund critical highway, transit, and important investments, by approximately \$400 million. That is less than the fiscal year 2015 level and \$1.2 billion less than the President's request. We need this transportation money for jobs. Our infrastructure is failing.

We cannot stay competitive without investment. Sequestration is not the answer. Continuing resolutions are not the answer. Passing the buck is not the answer. It is time for Congress to stop the nip-and-tuck tactics and make tough decisions about our priorities.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

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

Any record vote on the postponed question will be taken later.

#### DEPARTMENT OF VETERANS AFFAIRS EXPIRING AUTHORITIES ACT OF 2015

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2082) to amend title 38, United States Code, to extend certain expiring provisions of law administered by the Secretary of Veterans Affairs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2082

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

#### SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Department of Veterans Affairs Expiring Authorities Act of 2015”.

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

Sec. 1. Short title; table of contents.

Sec. 2. References to title 38, United States Code.

Sec. 3. Scoring of budgetary effects.

#### TITLE I—EXTENSIONS OF AUTHORITY RELATING TO HEALTH CARE

Sec. 101. Extension of authority for collection of copayments for hospital care and nursing home care.

Sec. 102. Extension of requirement to provide nursing home care to certain veterans with service-connected disabilities.

Sec. 103. Extension of authorization of appropriations for assistance and support services for caregivers.

Sec. 104. Extension of authority for recovery from third parties of cost of care and services furnished to veterans with health-plan contracts for non-service-connected disability.

Sec. 105. Extension of authority for pilot program on assistance for child care for certain veterans receiving health care.

Sec. 106. Extension of authority to make grants to veterans service organizations for transportation of highly rural veterans.

Sec. 107. Extension of authority for DOD–VA Health Care Sharing Incentive Fund.

Sec. 108. Extension of authority for joint Department of Defense–Department of Veterans Affairs Medical Facility Demonstration Fund.

Sec. 109. Extension of authority for pilot program on counseling in retreat settings for women veterans newly separated from service.

#### TITLE II—EXTENSIONS OF AUTHORITY RELATING TO BENEFITS

Sec. 201. Extension of authority for the Veterans' Advisory Committee on Education.

Sec. 202. Extension of authority for calculating net value of real property at time of foreclosure.

Sec. 203. Extension of authority relating to vendee loans.

Sec. 204. Extension of authority to provide rehabilitation and vocational benefits to members of the Armed Forces with severe injuries or illnesses.

#### TITLE III—EXTENSIONS OF AUTHORITY RELATING TO HOMELESSNESS

Sec. 301. Extension of authority for homeless veterans reintegration programs.

Sec. 302. Extension of authority for homeless women veterans and homeless veterans with children reintegration program.

Sec. 303. Extension of authority to provide housing assistance for homeless veterans.

Sec. 304. Extension of authority to provide financial assistance for supportive services for very low-income veteran families in permanent housing.

Sec. 305. Extension of authority for grant program for homeless veterans with special needs.

Sec. 306. Extension of authority for the Advisory Committee on Homeless Veterans.

Sec. 307. Extension of authority for treatment and rehabilitation services for seriously mentally ill and homeless veterans.

Sec. 308. Extension of authority to provide referral and counseling services for certain veterans at risk of homelessness.

TITLE IV—OTHER EXTENSIONS AND MODIFICATIONS OF AUTHORITY

- Sec. 401. Extension of authority for transportation of individuals to and from Department facilities.
- Sec. 402. Extension of authority for monthly assistance allowances under the Office of National Veterans Sports Programs and Special Events.
- Sec. 403. Extension of authority for operation of the Department of Veterans Affairs regional office in Manila, the Republic of the Philippines.
- Sec. 404. Extension of requirement to provide reports to Congress regarding equitable relief in the case of administrative error.
- Sec. 405. Extension of authorization of appropriations for adaptive sports programs for disabled veterans and members of the Armed Forces.
- Sec. 406. Extension of authority for Advisory Committee on Minority Veterans.
- Sec. 407. Extension of authority for temporary expansion of eligibility for specially adapted housing assistance for certain veterans with disabilities causing difficulty ambulating.
- Sec. 408. Extension of authority to enter into agreement with the National Academy of Sciences regarding associations between diseases and exposure to dioxin and other chemical compounds in herbicides.
- Sec. 409. Extension of authority for performance of medical disabilities examinations by contract physicians.
- Sec. 410. Restoration of prior reporting fee multipliers.
- Sec. 411. Extension of requirement for annual report on Department of Defense-Department of Veterans Affairs Interagency Program Office.
- Sec. 412. Modification of authorization of fiscal year 2008 major medical facility project at Department medical center in Tampa, Florida.
- Sec. 413. Authorization of major medical facility projects.

TITLE V—MATTERS RELATING TO MEDICAL FACILITY PROJECT IN DENVER

- Sec. 501. Increase in authorization for Department of Veterans Affairs medical facility project previously authorized.
- Sec. 502. Project management of super construction projects.

TITLE VI—OTHER MATTERS

- Sec. 601. Technical and clerical amendments.

SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

SEC. 3. SCORING OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled "Budgetary Effects of PAYGO Legislation" for this Act, submitted for printing in the Congressional Record by the Chairman of

the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

TITLE I—EXTENSIONS OF AUTHORITY RELATING TO HEALTH CARE

SEC. 101. EXTENSION OF AUTHORITY FOR COLLECTION OF COPAYMENTS FOR HOSPITAL CARE AND NURSING HOME CARE.

Section 1710(f)(2)(B) is amended by striking "September 30, 2015" and inserting "September 30, 2016".

SEC. 102. EXTENSION OF REQUIREMENT TO PROVIDE NURSING HOME CARE TO CERTAIN VETERANS WITH SERVICE-CONNECTED DISABILITIES.

Section 1710A(d) is amended by striking "December 31, 2015" and inserting "December 31, 2016".

SEC. 103. EXTENSION OF AUTHORIZATION OF APPROPRIATIONS FOR ASSISTANCE AND SUPPORT SERVICES FOR CAREGIVERS.

Section 1720G(e) is amended—  
(1) in paragraph (1), by striking "and";  
(2) in paragraph (2), by striking the period at the end and inserting "; and"; and  
(3) by adding at the end the following new paragraph:

"(3) \$625,000,000 for fiscal year 2016."

SEC. 104. EXTENSION OF AUTHORITY FOR RECOVERY FROM THIRD PARTIES OF COST OF CARE AND SERVICES FURNISHED TO VETERANS WITH HEALTH-PLAN CONTRACTS FOR NON-SERVICE-CONNECTED DISABILITY.

Section 1729(a)(2)(E) is amended, in the matter preceding clause (i), by striking "October 1, 2015" and inserting "October 1, 2016".

SEC. 105. EXTENSION OF AUTHORITY FOR PILOT PROGRAM ON ASSISTANCE FOR CHILD CARE FOR CERTAIN VETERANS RECEIVING HEALTH CARE.

(a) EXTENSION OF AUTHORITY.—Subsection (e) of section 205 of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111-163; 124 Stat. 1144; 38 U.S.C. 1710 note) is amended by striking "December 31, 2015" and inserting "December 31, 2016".

(b) AUTHORIZATION OF APPROPRIATIONS.—Subsection (h) of such section is amended by striking "and 2015" and inserting " , 2015, and 2016".

SEC. 106. EXTENSION OF AUTHORITY TO MAKE GRANTS TO VETERANS SERVICE ORGANIZATIONS FOR TRANSPORTATION OF HIGHLY RURAL VETERANS.

Section 307(d) of the Caregivers and Veterans Omnibus Health Services Act of 2010 (Public Law 111-163; 124 Stat. 1154; 38 U.S.C. 1710 note) is amended by striking "2015" and inserting "2016".

SEC. 107. EXTENSION OF AUTHORITY FOR DODVA HEALTH CARE SHARING INCENTIVE FUND.

Section 8111(d)(3) is amended by striking "September 30, 2015" and inserting "September 30, 2016".

SEC. 108. EXTENSION OF AUTHORITY FOR JOINT DEPARTMENT OF DEFENSE-DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITY DEMONSTRATION FUND.

Section 1704(e) of the National Defense Authorization Act for Fiscal Year 2010 (Public Law 111-84; 123 Stat. 2573), as amended by section 722 of the Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015 (Public Law 113-291; 128 Stat. 3417), is amended by striking "September 30, 2016" and inserting "September 30, 2017".

SEC. 109. EXTENSION OF AUTHORITY FOR PILOT PROGRAM ON COUNSELING IN TREATMENT SETTINGS FOR WOMEN VETERANS NEWLY SEPARATED FROM SERVICE.

(a) EXTENSION.—Subsection (d) of section 203 of the Caregivers and Veterans Omnibus

Health Services Act of 2010 (Public Law 111-163; 124 Stat. 1143) is amended by striking "December 31, 2015" and inserting "December 31, 2016".

(b) AUTHORIZATION OF APPROPRIATIONS.—Subsection (f) of such section is amended by striking "and 2015" and inserting "2015, and 2016".

TITLE II—EXTENSIONS OF AUTHORITY RELATING TO BENEFITS

SEC. 201. EXTENSION OF AUTHORITY FOR THE VETERANS' ADVISORY COMMITTEE ON EDUCATION.

Section 3692(c) is amended by striking "December 31, 2015" and inserting "December 31, 2016".

SEC. 202. EXTENSION OF AUTHORITY FOR CALCULATING NET VALUE OF REAL PROPERTY AT TIME OF FORECLOSURE.

Section 3732(c)(11) is amended by striking "October 1, 2015" and inserting "October 1, 2016".

SEC. 203. EXTENSION OF AUTHORITY RELATING TO VENDEE LOANS.

Section 3733(a)(7) is amended—  
(1) in the matter preceding subparagraph (A), by striking "September 30, 2015" and inserting "September 30, 2016"; and

(2) in subparagraph (C), by striking "September 30, 2015," and inserting "September 30, 2016,".

SEC. 204. EXTENSION OF AUTHORITY TO PROVIDE REHABILITATION AND VOCATIONAL BENEFITS TO MEMBERS OF THE ARMED FORCES WITH SEVERE INJURIES OR ILLNESSES.

Section 1631(b)(2) of the Wounded Warrior Act (title XVI of Public Law 110-181; 122 Stat. 458; 10 U.S.C. 1071 note) is amended by striking "December 31, 2015" and inserting "December 31, 2016".

TITLE III—EXTENSIONS OF AUTHORITY RELATING TO HOMELESSNESS

SEC. 301. EXTENSION OF AUTHORITY FOR HOMELESS VETERANS REINTEGRATION PROGRAMS.

Section 2021(e)(1)(F) is amended by striking "2015" and inserting "2016".

SEC. 302. EXTENSION OF AUTHORITY FOR HOMELESS WOMEN VETERANS AND HOMELESS VETERANS WITH CHILDREN REINTEGRATION PROGRAM.

Section 2021A(f)(1) is amended by striking "2015" and inserting "2016".

SEC. 303. EXTENSION OF AUTHORITY TO PROVIDE HOUSING ASSISTANCE FOR HOMELESS VETERANS.

Section 2041(c) is amended by striking "September 30, 2015" and inserting "September 30, 2016".

SEC. 304. EXTENSION OF AUTHORITY TO PROVIDE FINANCIAL ASSISTANCE FOR SUPPORTIVE SERVICES FOR VERY LOW-INCOME VETERAN FAMILIES IN PERMANENT HOUSING.

Section 2044(e)(1)(E) is amended by striking "fiscal years 2013 through 2015" and inserting "fiscal years 2015 through 2016".

SEC. 305. EXTENSION OF AUTHORITY FOR GRANT PROGRAM FOR HOMELESS VETERANS WITH SPECIAL NEEDS.

Section 2061(d)(1) is amended by striking "2015" and inserting "2016".

SEC. 306. EXTENSION OF AUTHORITY FOR THE ADVISORY COMMITTEE ON HOMELESS VETERANS.

Section 2066(d) is amended by striking "December 31, 2015" and inserting "December 31, 2016".

SEC. 307. EXTENSION OF AUTHORITY FOR TREATMENT AND REHABILITATION SERVICES FOR SERIOUSLY MENTALLY ILL AND HOMELESS VETERANS.

(a) GENERAL TREATMENT.—Section 2031(b) is amended by striking "September 30, 2015" and inserting "September 30, 2016".

(b) ADDITIONAL SERVICES AT CERTAIN LOCATIONS.—Section 2033(d) is amended by striking "September 30, 2015" and inserting "September 30, 2016".

**SEC. 308. EXTENSION OF AUTHORITY TO PROVIDE REFERRAL AND COUNSELING SERVICES FOR CERTAIN VETERANS AT RISK OF HOMELESSNESS.**

Section 2023(d) is amended by striking “September 30, 2015” and inserting “September 30, 2016”.

**TITLE IV—OTHER EXTENSIONS AND MODIFICATIONS OF AUTHORITY**

**SEC. 401. EXTENSION OF AUTHORITY FOR TRANSPORTATION OF INDIVIDUALS TO AND FROM DEPARTMENT FACILITIES.**

Section 111A(a)(2) is amended by striking “December 31, 2015” and inserting “December 31, 2016”.

**SEC. 402. EXTENSION OF AUTHORITY FOR MONTHLY ASSISTANCE ALLOWANCES UNDER THE OFFICE OF NATIONAL VETERANS SPORTS PROGRAMS AND SPECIAL EVENTS.**

Section 322(d)(4) is amended by striking “2015” and inserting “2016”.

**SEC. 403. EXTENSION OF AUTHORITY FOR OPERATION OF THE DEPARTMENT OF VETERANS AFFAIRS REGIONAL OFFICE IN MANILA, THE REPUBLIC OF THE PHILIPPINES.**

Section 315(b) is amended by striking “September 30, 2015” and inserting “September 30, 2016”.

**SEC. 404. EXTENSION OF REQUIREMENT TO PROVIDE REPORTS TO CONGRESS REGARDING EQUITABLE RELIEF IN THE CASE OF ADMINISTRATIVE ERROR.**

Section 503(c) is amended by striking “December 31, 2015” and inserting “December 31, 2016”.

**SEC. 405. EXTENSION OF AUTHORIZATION OF APPROPRIATIONS FOR ADAPTIVE SPORTS PROGRAMS FOR DISABLED VETERANS AND MEMBERS OF THE ARMED FORCES.**

Section 521A(g)(1) is amended by striking “2015” and inserting “2016”.

**SEC. 406. EXTENSION OF AUTHORITY FOR ADVISORY COMMITTEE ON MINORITY VETERANS.**

Section 544(e) is amended by striking “December 31, 2015” and inserting “December 31, 2016”.

**SEC. 407. EXTENSION OF AUTHORITY FOR TEMPORARY EXPANSION OF ELIGIBILITY FOR SPECIALLY ADAPTED HOUSING ASSISTANCE FOR CERTAIN VETERANS WITH DISABILITIES CAUSING DIFFICULTY AMBULATING.**

Section 2101(a)(4) is amended—

(1) in subparagraph (A), by striking “September 30, 2015” and inserting “September 30, 2016”; and

(2) in subparagraph (B), by striking “each of fiscal years 2014 and 2015” and inserting “each of fiscal years 2014 through 2016”.

**SEC. 408. EXTENSION OF AUTHORITY TO ENTER INTO AGREEMENT WITH THE NATIONAL ACADEMY OF SCIENCES REGARDING ASSOCIATIONS BETWEEN DISEASES AND EXPOSURE TO DIOXIN AND OTHER CHEMICAL COMPOUNDS IN HERBICIDES.**

Section 3(i) of the Agent Orange Act of 1991 (Public Law 102-4; 38 U.S.C. 1116 note) is amended by striking “December 31, 2015” and inserting “December 31, 2016”.

**SEC. 409. EXTENSION OF AUTHORITY FOR PERFORMANCE OF MEDICAL DISABILITIES EXAMINATIONS BY CONTRACT PHYSICIANS.**

Subsection (c) of section 704 of the Veterans Benefits Act of 2003 (38 U.S.C. 5101 note) is amended by striking “December 31, 2015” and inserting “December 31, 2016”.

**SEC. 410. RESTORATION OF PRIOR REPORTING FEE MULTIPLIERS.**

Section 406 of the Department of Veterans Affairs Expiring Authorities Act of 2014 (Public Law 113-175; 38 U.S.C. 3684 note) is amended by striking “one-year” and inserting “two-year”.

**SEC. 411. EXTENSION OF REQUIREMENT FOR ANNUAL REPORT ON DEPARTMENT OF DEFENSE-DEPARTMENT OF VETERANS AFFAIRS INTERAGENCY PROGRAM OFFICE.**

Section 1635(h)(1) of the National Defense Authorization Act for Fiscal Year 2008 (Public Law 110-181; 10 U.S.C. 1071 note) is amended by striking “2015” and inserting “2016”.

**SEC. 412. MODIFICATION OF AUTHORIZATION OF FISCAL YEAR 2008 MAJOR MEDICAL FACILITY PROJECT AT DEPARTMENT MEDICAL CENTER IN TAMPA, FLORIDA.**

(a) MODIFICATION OF AUTHORIZATION.—In chapter 3 of the Supplemental Appropriations Act, 2008 (Public Law 110-252; 122 Stat. 2326), in the matter under the heading “Department of Veterans Affairs—Departmental Administration—Construction, Major Projects”, after “Five Year Capital Plan” insert the following: “and for constructing a new bed tower at the Department of Veterans Affairs medical center in Tampa, Florida, in lieu of providing bed tower upgrades at such medical center”.

(b) EMERGENCY DESIGNATION.—

(1) IN GENERAL.—Subsection (a) is designated as an emergency requirement pursuant to section 4(g) of the Statutory Pay-As-You-Go Act of 2010 (2 U.S.C. 933(g)).

(2) DESIGNATION IN SENATE.—In the Senate, subsection (a) is designated as an emergency requirement pursuant to section 403(a) of S. Con. Res. 13 (111th Congress), the concurrent resolution on the budget for fiscal year 2010.

**SEC. 413. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS.**

(a) AUTHORIZATION.—The Secretary of Veterans Affairs may carry out the following major medical facility projects, with each project to be carried out in an amount not to exceed the amount specified for that project:

(1) Construction of a community living center, outpatient clinic, renovated domiciliary, and renovation of existing buildings in Canandaigua, New York, in an amount not to exceed \$158,980,000.

(2) Seismic corrections to the mental health and community living center in Long Beach, California, in an amount not to exceed \$126,100,000.

(3) Seismic correction of 12 buildings in West Los Angeles, California, in an amount not to exceed \$70,500,000.

(4) Construction of a spinal cord injury building and seismic corrections in San Diego, California, in an amount not to exceed \$205,840,000.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2015 or the year in which funds are appropriated for the Construction, Major Projects, account, a total of \$561,420,000 for the projects authorized in subsection (a).

(c) LIMITATION.—The projects authorized under this section may only be carried out using—

(1) funds appropriated for fiscal year 2015 pursuant to the authorization of appropriations in subsection (b);

(2) funds available for Construction, Major Projects for a fiscal year before fiscal year 2015 that remain available for obligation;

(3) funds available for Construction, Major Projects, for a fiscal year after fiscal year 2015 that remain available for obligation;

(4) funds appropriated for Construction, Major Projects, for fiscal year 2015 for a category of activity not specific to a project;

(5) funds appropriated for Construction, Major Projects, for a fiscal year before 2015 for a category of activity not specific to a project; and

(6) funds appropriated for Construction, Major Projects, for a fiscal year after 2015 for a category of activity not specific to a project.

**TITLE V—MATTERS RELATING TO MEDICAL FACILITY PROJECT IN DENVER**

**SEC. 501. INCREASE IN AUTHORIZATION FOR DEPARTMENT OF VETERANS AFFAIRS MEDICAL FACILITY PROJECT PREVIOUSLY AUTHORIZED.**

(a) IN GENERAL.—Section 2(a) of the Construction Authorization and Choice Improvement Act (Public Law 114-19; 129 Stat. 215), as amended by section 1 of Public Law 114-25, is further amended by striking “\$1,050,000,000” and inserting “\$1,675,000,000”.

(b) SENSE OF CONGRESS.—It is the sense of Congress that the Continuing Appropriations Resolution, 2016 authorizes the Secretary of Veterans Affairs to transfer discretionary unobligated balances appropriated for fiscal year 2015 and discretionary advance appropriations for fiscal year 2016 to fund the increase under subsection (a) of the authorization to carry out the medical facility construction project in Denver, Colorado, specified in section 2 of the Construction Authorization and Choice Improvement Act (Public Law 114-19; 129 Stat. 215).

(c) PROHIBITION ON TRANSFER OF CERTAIN AMOUNTS.—The Secretary may not transfer any amounts from the Veterans Choice Fund established under section 802 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note) to fund the increase under subsection (a) of the authorization to carry out the medical facility construction project described in subsection (b).

**SEC. 502. PROJECT MANAGEMENT OF SUPER CONSTRUCTION PROJECTS.**

(a) IN GENERAL.—Section 8103 of title 38, United States Code, is amended by adding at the end the following new subsection:

“(e)(1) In the case of any super construction project, the Secretary shall enter into an agreement with an appropriate non-Department Federal entity to provide full project management services for the super construction project, including management over the project design, acquisition, construction, and contract changes.

“(2) An agreement entered into under paragraph (1) with a Federal entity shall provide that the Secretary shall reimburse the Federal entity for all costs associated with the provision of project management services under the agreement.

“(3) In this subsection, the term ‘super construction project’ means a project for the construction, alteration, or acquisition of a medical facility involving a total expenditure of more than \$100,000,000.”

(b) APPLICATION.—The amendment made by subsection (a) shall apply with respect to the following:

(1) The medical facility construction project in Denver, Colorado, specified in section 2 of the Construction Authorization and Choice Improvement Act (Public Law 114-19; 129 Stat. 215).

(2) Any super construction project (as defined in section 8103(e)(3) of title 38, United States Code, as added by subsection (a)) that is authorized on or after the date of the enactment of this Act.

**TITLE VI—OTHER MATTERS**

**SEC. 601. TECHNICAL AND CLERICAL AMENDMENTS.**

Title 38, United States Code, is amended—

(1) in section 111(b)—

(A) in paragraph (1), by striking “subsection (g)(2)(A)” and inserting “subsection (g)(2)”; and

(B) in paragraph (3)(C), by striking “(42 U.S.C. 1395(l))” and inserting “(42 U.S.C. 1395m(l))”;

(2) in the table of sections at the beginning of chapter 5 of such title, by striking the item relating to section 521A and inserting the following:

“521A. Adaptive sports programs for disabled veterans and members of the Armed Forces.”;

(3) in section 1503(a)(5), by striking “subclause” and inserting “subparagraph” each place it appears;

(4) in section 1710(e)(1)—

(A) in subparagraph (D), by striking “(as defined in section 1712A(a)(2)(B) of this title)”;

(B) in subparagraph (F)(viii), by striking “Myelodysplastic” and inserting “Myelodysplastic”;

(5) in section 1710D(c)(1), by striking “(as defined in section 1712A(a)(2)(B) of this title)”;

(6) in section 1720G(a)(7)(B)(iii), by striking “has” and inserting “have”;

(7) in section 1781(a)(4), by striking the semicolon and inserting a comma;

(8) in section 1832(b)(2), by striking “(b)(2)” and inserting “(b)(3)”;

(9) in section 2044(b)(1)(D), by striking “federal” and inserting “Federal”;

(10) in section 2101(a), by moving the margins of paragraph (2), and of the subparagraphs, clauses, and subclauses therein, 2 ems to the left;

(11) in section 2101(a)(2)(B) by striking clause (ii) and inserting the following new clause (ii):

“(ii) The disability is due to—

“(I) blindness in both eyes, having only light perception, plus

“(II) loss or loss of use of one lower extremity.”.

(12) in section 2109(a) by striking “provisions of section” and inserting “provisions of sections”;

(13) in section 2303(c), by striking “internment” and inserting “interment”;

(14) in section 2411(e)(1), by striking “federal official” and inserting “Federal official”;

(15) in section 3108(b)(4), by inserting “the” before “rehabilitation program concerned”;

(16) in section 3313, by striking “1070a” each place it appears and inserting “1070a(b)”;

(17) in section 3313(e)(2)(A)(iii), by striking the second period;

(18) in section 3313(g)(3)(A)(iii), by inserting a comma after “books”;

(19) in section 3319, by striking “armed forces” each place it appears and inserting “Armed Forces”;

(20) in section 4102A(c)(9)(A)(ii)(III), by striking the quotation mark at the end;

(21) in section 5302A—

(A) by amending the enumerator and section heading to read as follows:

**“§ 5302A. Collection of indebtedness: certain debts of members of the Armed Forces and veterans who die of injury incurred or aggravated in the line of duty in a combat zone”; and**

(B) in subsection (b), by striking “(as that term is defined in section 1712A(a)(2)(B) of this title)”;

(22) in section 7309(c)(1), by inserting “the” before “Veterans Health Administration”;

(23) in section 7401(3)(A)(ii), by striking “that”;

(24) in section 7683(d), by inserting a period at the end; and

(25) in section 8162(a)(2), by inserting “if” after “housing and”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. MILLER) and the gentlewoman from Florida (Ms. BROWN) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

□ 1230

GENERAL LEAVE

Mr. MILLER of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on S. 2082.

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

There was no objection.

Mr. MILLER of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, this bill, which is sponsored by our Senate colleague, Senator ISAKSON, chairman of the Senate VA Committee, would extend a number of expiring current authorities and critical programs at both the Department of Veterans Affairs and the Department of Labor. These include extensions for veterans' health care and homeless programs; benefits for disabled veterans; vocational rehabilitation programs for servicemembers and veterans; home loan programs; and a variety of advisory committees, pilot programs, and medical facility projects.

Absent passage of this legislation today, these important and non-controversial authorizations and programs are set to expire at the end of this fiscal or calendar year. These are not new programs, and the costs have either been fully offset or have been assumed in the baseline budget for fiscal year 2016. Furthermore, both the majority and minority of the House and Senate Committees on Veterans' Affairs have worked on this language and agree on the need to extend all of these programs.

In addition to the extensions that are included, this bill also contains language that would increase the total authorization for the Denver Replacement Medical Center project to \$1.675 billion. This is an increase of \$625 million above the amounts that have previously been authorized for this project.

To ensure that the many egregious mistakes the VA has made in Denver are not repeated in the future, this bill would put into place initial reforms for managing the most expensive VA construction projects. Namely, these reforms include creating a new classification category called a super construction project.

A super construction project would be defined as the construction, alteration, or acquisition of a VA medical facility involving the total expenditure of more than \$100 million. Each super construction project would be managed not by VA, but instead by a non-Department Federal entity, such as the Army Corps of Engineers. Importantly, the bill would classify the Denver project as a super construction project.

While I am supportive of the provisions of this bill up to this point, I vehemently oppose and disagree with the Department's proposal to cover some of the increased costs of the Denver

project. This bill could allow VA to proceed with the Department's proposed plan to use \$200 million in offsets from the medical services account and through delayed activations for other construction projects.

Mr. Speaker, to understand the magnitude of the management incompetence of the Department of Veterans Affairs as it relates to construction, I think a little history is in order.

The replacement of the existing Denver VA Medical Center began as a discussion item back in 1999. The project was first envisioned as a shared facility on the former Fitzsimons Army Base in Aurora, Colorado. The initial estimate for a shared facility was \$328 million.

After undergoing numerous scope changes over a period of several years, VA requested appropriations in 2010 for a stand-alone medical center replacement with a total estimated cost of \$800 million. However, in December of last year, with less than 50 percent of the facility complete and staring down the \$800 million authorization cap, the Civilian Board of Contract Appeals found VA to be in breach of its contract with its general contractor Kiewit-Turner. As a result, VA had no choice but to come to Congress and finally admit the severity of the mismanagement and the cost and schedule overruns that have come to characterize the Denver project.

In June, following an assessment to determine the probable cost of completing the project, the Army Corps of Engineers provided the final total required to finish the Denver project: \$1.675 billion.

Several weeks ago, VA provided the committee with their plan as to what budget resources would be made available to fund the remaining dollars necessary for this project. This bill assumes that VA's plan is an appropriate way to move forward on this project.

VA first proposes to use \$100 million in offsets derived from the higher than budgeted medical collections VA expects it will receive in fiscal year 2015 and 2016. Under law, VA medical care collection funds are retained by VA medical facilities to supplement their budgets to care for veterans. Thus, their proposed offset actually reduces VA's medical care budget by \$100 million in fiscal year 2016 to partially fund the remainder of the Denver project.

I would have reservations about reducing VA's medical care budget in any year, but I am particularly concerned this year, because just a few weeks ago, I am sure the Members will recall, VA sounded the alarm that the funds budgeted for hepatitis C medications and care in the community for fiscal year 2016 are short.

VA also stated that they would need to shut down the whole hospital system. The whole hospital system would have to be shut down if additional funds for fiscal year 2015 were not provided. As a result, Congress met VA's eleventh hour plea with an additional \$3.43 billion to ensure that veterans

were not denied the care that they had earned.

Obviously, VA's proposal to cut medical care funds to complete the Denver replacement hospital when the public record clearly reflects VA's previous testimony over lack of funding in the medical care account is entirely inconsistent and inappropriate. Frankly, it borders on an attempt to mislead this Congress.

Secondly, VA proposes to use \$100 million in offsets derived from reductions in construction and leasing activation costs due to schedule adjustments associated with several projects. When I asked what VA's plan was to address the funding for these adjustments, VA's response was that the Department would ensure that they request sufficient activation funding in future budget years to account for the reductions in the other projects.

In other words, it is not really an offset. They are going to ask for the money back. So by reducing other projects by \$100 million in one year only to ask Congress next year for the funds to be replaced strains credibility once again for the Department of Veterans Affairs.

This isn't an offset. It is nothing more than a delayed supplemental request. In other words, VA is expecting the taxpayers to bail them out again. To agree to such a tactic would be akin to taking a child's allowance away for misbehavior, only to increase it later to make up for the reduction.

Offsetting the biggest construction failure in VA's history by cutting money from VA's medical services account and delaying facility activation costs until next year punishes the veterans of this Nation and the taxpayers for VA's incompetence.

Now, I appreciate the challenge VA has in identifying available money and producing a way ahead for this project that is fair to taxpayers and veterans alike in a tight fiscal environment. However, VA continues to be oblivious to the need to prioritize their spending.

For example, as I address this House this afternoon, VA officials from across the country have gathered 40 miles away in Leesburg for a leadership conference that is costing the Department \$1 million. That may seem like a small amount, but this is in addition to the \$33.4 million that VA reported spending on conferences so far through the end of the third quarter of this fiscal year. To repeat, VA has reported spending \$33.4 million so far through the end of the third quarter, with at least one and, likely, several other costly conferences that have yet to be accounted for.

What's more, Monday, the VA inspector general released a report on VA's relocation expenses program, which found that senior Veterans Benefits Administration officials had misused their positions for their own personal and financial benefit. These senior officials engineered the transfers of other senior officials as a way to increase

pay for themselves and to other senior executive service employees and work around the pay freezes and bans on performance awards for senior leaders. One VBA leader alone received almost \$300,000 in relocation expenses when she moved from Washington, D.C., to Philadelphia.

In total, VBA spent over \$1.7 million on reassignment expenses, including almost \$1.3 million on relocation expenses for senior executives for fiscal years 2013 through 2015.

And now yesterday, the VA Office of Inspector General substantiated allegations that the St. Louis VA Health Care System mental health clinic inappropriately changed the status of mental health consults to "complete" prior to a provider actually completing the appointment with a patient in 60 percent of sampled consults.

To make matters worse, the IG substantiated that, in a review of fiscal 2013 facility performance pay assessments, eight full-time outpatient psychiatrists received an average of nearly \$14,000 in performance pay. Seven of the eight psychiatrists met or exceeded the productivity goal, and, as a result, each received an average of around \$2,900 for what proved to be faulty productivity achievements.

This is in keeping with the wanton and abusive VA spending practices that the committee has uncovered at VA facilities across our country.

For example, the committee recently found that the VA Palo Alto Health Care System has spent at least \$6.3 million on art and consulting services. These projects include an art installation on the side of a parking garage that displays quotes by Abraham Lincoln and Eleanor Roosevelt in—wait for it—Morse code that cost \$285,000. It actually lights up; also, a large rock sculpture in the courtyard in the middle of the mental health center that cost \$1.3 million—for a rock; a stainless steel and aluminum sculpture in the aquatic center entrance that cost \$365,000; another sculpture that I am at a loss to describe in an exterior lobby that cost \$305,000; a sculpture in the shape of a half arc that is located inside the mental health center that cost \$330,000. As many of these projects are not yet complete, these costs actually could increase.

Let me be clear: spending money on conferences and relocation expenses for VA employees and on art installations for VA facilities is not more important than taking care of the veterans of this Nation, providing them the health care that they have earned. It is simply beyond me why VA would choose to pay to complete the Denver project by cutting medical services and medical facility dollars, but not the exorbitant conference spending, bloated relocation expenses, or art.

I remain committed to finding a way forward in Denver, and I am going to be supporting the bill today. However, I am equally convinced that we must ensure that the offsets that VA uses in

Colorado do not come at the expense of VA's most important mission: providing high-quality health care for veterans. Unfortunately, VA's plan offers no assurance.

I am also frustrated that the Department's plan, which this bill presumes is appropriate, offers no measure of accountability for those responsible for allowing this project to balloon out of control. The VA senior executives in charge of the Denver disaster collected massive bonuses as projected costs increased and delays stretched on for years. They have all retired with full retirement benefits. It is inexcusable.

To allow rewards, bonuses, and full retirement benefits to be retained, even when the facts indicate that an employee has not performed at the level expected, is not only wrong, it is a blatant and woeful misuse of taxpayer dollars.

□ 1245

I have said repeatedly that the great majority of VA employees are hard-working public servants who go to work every day and live up to President Lincoln's words, to provide quality health care and benefits to our Nation's veterans.

What's more, I believe that the majority of VA employees who are dedicated to the mission and purpose of the Department are just as frustrated and demoralized as we are when they see problem employees receiving bonuses or performance awards in spite of poor, unethical, and sometimes illegal job performance.

I just wish that this legislation could assure those quality employees that the veterans that they serve—that this Congress and this Department are committed to breaking VA's vicious cycle of ignoring and even rewarding poor performance.

I reserve the balance of my time.

Ms. BROWN of Florida. Mr. Speaker, how much time do we have?

The SPEAKER pro tempore. The gentlewoman has 20 minutes remaining. The gentleman from Florida has 4½ minutes remaining.

Ms. BROWN of Florida. Mr. Speaker, I yield myself as much time as I may consume.

I rise in support of S. 2082, the Department of Veterans Affairs Expiring Authorities Act of 2015.

This bill is an important and necessary bill for us to take up and pass today and send to the President. Let me repeat that. This bill is an important and a necessary bill for us to take up and pass today and send to the President.

S. 2082 makes sure that some of the vital programs we have in place to take care of our veterans continue past the end of the fiscal year and continue to help our veterans. I want to highlight just some of those importance programs.

S. 2082 ensures that several programs serving the homeless veterans continue, including the Homeless Veterans

and Homeless Veterans With Children Reintegration Programs.

S. 2082 ensures that there is adequate authorization levels for much-needed assistance and support service for veterans' caregivers.

S. 2082 continues a successful pilot program that counsels newly separated women veterans in retreat settings. This is an important program.

I have a bill, H.R. 1575, that would make this program permanent and has passed the Committee on Veterans' Affairs, and I hope it will be brought to the floor soon so that we can vote for it.

S. 2082 also extends the authorization of the National Academy of Sciences to continue its research into the health consequences of Agent Orange exposure, providing the necessary link for the VA to make disability presumptions.

I am disappointed that the provision mandating the Secretary to make these presumptions is not in the bill, and I know that we will all work together to make sure that the VA does the right thing for our veterans.

S. 2082 extends the authorization for the VA to provide transportation grants for highly rural veterans and the ability of the VA to provide transportation to and from VA facilities. This is important to ensure that our veterans have access to care.

S. 2082 extends the authorization of the VA to provide rehabilitation and vocational benefits for our wounded warriors.

And, finally, S. 2082 provides for an increase in the authorization level for the Denver Regional VA Medical Center. This center will provide specialty care for all VISN 19, which includes Montana, Wyoming, Colorado, Nebraska, Kansas, Utah, and Idaho. We need to finish this project and better provide health care for our veterans.

I reserve the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, I yield 1 minute to the gentleman from Colorado (Mr. LAMBORN), a distinguished member of the committee.

Mr. LAMBORN. Mr. Speaker, I rise in support of S. 2082, and I thank Chairman MILLER for his efforts to extend authority for various VA healthcare, benefits, disability, housing, education, job training, and other assistance programs.

Part of this bill also ensures that Colorado veterans will receive a completed, state-of-the-art new hospital in Denver.

In addition to funding the hospital, though, S. 2082 ensures that the type of construction mismanagement and cost overruns will not happen on future large-scale VA construction programs.

The VA has shown us on multiple projects, Denver being, unfortunately, the largest, that they are not properly equipped to handle these large construction projects with their own in-house capabilities.

The bill requires that the Army Corps of Engineers or NAVFAC or a

different construction agency, but not the VA, will take on the task of managing these large construction programs.

We must be good stewards of the taxpayers' money and use that money wisely to care for the veterans. This bill is a step in the right direction to get VA construction back on the right path, while fulfilling the promise made with the hospital to our Nation's veterans.

We have a sacred trust to take care of the men and women who have defended our country.

Ms. BROWN of Florida. Mr. Speaker, I yield 4 minutes to the gentlewoman from Nevada (Ms. TITUS).

Ms. TITUS. I thank the ranking member for yielding and for her leadership on the VA Committee.

Mr. Speaker, I rise in reluctant support of this bill, S. 2082, the VA Expiring Authorities Act.

As my colleagues have outlined, this legislation will extend the authorization for some very good programs at the VA that provide valuable support and services for our Nation's heroes.

I have serious concerns, however, about one provision included in the bill. Title V raises the authorization for the Denver medical facility by more than \$600 million. This facility is already \$1 billion over budget and years behind schedule.

The bill, however, does not explain how we are going to pay for this increase. That will come later today when the House considers a continuing resolution to keep the government running for another 10 weeks. Buried in the CR is a provision that allows the VA to play a shell game within their budget to pay for the Denver project.

Now, we all believe that veterans everywhere, including in Denver, should have access to the best health care possible. But the funds for the Denver project should not come at the expense of veterans in Nevada and in other parts of the country.

Nonetheless, the VA has identified the \$600 million to pay for the Denver facility and has said that these specific cuts are designed to "minimize the impact on veterans."

Well, this couldn't be further from the truth, and it ignores reality. It is the epitome of robbing Peter to pay Paul.

Let me remind you that, in the summer of 2014, we passed an emergency CHOICE Act of some \$15 billion to help the VA with the healthcare backlog.

Then the VA came back to us this summer and said they would have to close hospitals if we didn't allow them to move some money out of the CHOICE Act.

Then the VA came back and said they needed \$200 million just to keep the Denver project going for a while. Now the VA is saying: Oh, no problem. We can just move \$600 million out of existing programs so we can help Denver without it hurting veterans.

How can they possibly do this?

The VA, I can tell you, has proposed cutting IT services, despite the fact that many of their IT systems are 30 years old and need to be replaced.

They want to cut funds for a program that helps recruit and retain the best personnel to serve veterans at a time when they are struggling to recruit and retain qualified employees, including specialists and doctors. They want to cut eight construction projects around the country, from operating rooms to a dialysis center.

Now, how can you say these cuts won't hurt veterans?

Now, we know a thing or two about sure things in Las Vegas. Well, I can tell you it is a sure thing that, soon enough, the VA will be coming back to Congress, proclaiming yet another doomsday if we don't refill these accounts that they are now robbing.

So I say to you Congress needs to do its job and actually pay for what we have bought. Wars are expensive. We need to recognize that. We can't keep playing budget games and nickel-and-dime the services that the brave men and women who fought in these wars need and deserve when they come home.

Mr. MILLER of Florida. Mr. Speaker, I yield 2 minutes to the gentleman from Denver (Mr. COFFMAN), an able co-chair of the committee who has been in the forefront of this entire fight looking at the cost overruns, the mismanagement, and trying to keep this project on schedule.

Mr. COFFMAN. Mr. Speaker, I rise to voice my support for the Veterans Affairs Expiring Authorities Act of 2015. This legislation will continue numerous programs of critical importance to our Nation's veterans, including a pilot program to increase women veterans' access to health care, nursing home care authorities, and measures to combat veteran homelessness.

I am proud that this legislation will allow for the completion of the VA replacement hospital in Aurora, Colorado, an absolutely critical project which will serve veterans not just in Colorado, but also in Utah, Montana, Wyoming and parts of four other States.

In spite of the incredible mismanagement of this project by the VA and a shocking lack of accountability for those responsible, completing the hospital in Aurora has been my number one legislative priority. We must not punish our Nation's veterans for the sins of incompetent VA bureaucrats.

Finally, this bill would accomplish a goal that I have worked towards for over a year, getting the VA out of the major construction business once and for all.

For decades, the Government Accountability Office has highlighted enormous construction management deficiencies by the VA.

After the GAO highlighted hundreds of millions in cost overruns in April of 2013, the House passed my legislation, which would have handed over the

worst VA projects to experts at the Army Corps of Engineers.

Worse, billions of dollars have been wasted by VA on mismanaged construction projects which could have gone instead towards veterans' health care and benefits.

I am proud that this bill will finally leave the construction management of large projects to the experts, organizations like the Army Corps of Engineers, and allow VA to focus back to its core competencies, providing health care and benefits to our veterans.

Ms. BROWN of Florida. Mr. Speaker, I yield such time as he may consume to the gentleman from Denver, Colorado (Mr. PERLMUTTER), who really can give us a little institutional memory on the Denver regional hospital and who has been at the forefront of this hospital and this regional problem from the beginning.

Mr. PERLMUTTER. I thank Ranking Member BROWN for yielding me time.

Mr. Speaker, I want to thank the chairman of the committee for bringing S. 2082 to the floor for debate and hearing today.

I rise today to support S. 2082, the Department of Veterans Affairs Expiring Authorities Act. The legislation before us passed the Senate unanimously last week and is important for a number of VA programs our veterans rely on day in and day out.

In addition to these important VA extensions, this legislation will authorize completion of the VA Medical Center under construction in Aurora, Colorado. This center is part of a major medical campus that includes the University of Colorado Medical School as well as Children's Hospital of Denver.

The professors at the University of Colorado are also many of the doctors at the VA Medical Center. The center will include a full range of medical, laboratory, research, and counseling services as well as a 30-bed spinal cord injury unit serving hundreds of thousands of veterans throughout the Rocky Mountain West.

As the chairman mentioned, this hospital's genesis began under President Clinton in 1999 with the Secretary of VA at that time. Under George Bush, it went through four Secretaries of the VA and, under President Obama, now two VA Secretaries.

□ 1300

It is moving forward and, with this bill, will continue to move forward.

There is no doubt the VA mismanaged this project from the start; and as disappointing and unacceptable as this situation has been, we are where we are. Under the leadership of Secretary McDonald and Deputy Secretary Gibson, the VA has admitted their mistakes on this project, and they are both personally involved in completion of this facility.

Today, construction continues on the project in earnest. The facility is more than 50 percent complete, and the U.S. Army Corps of Engineers has been

brought in to oversee completion of the medical center. Bringing in the Army Corps is important so we, as a Congress, can be certain that any additional funds spent on this project are spent appropriately and the facility is completed without further delay.

The contractor, Kiewit-Turner, and subcontractors have shown tremendous commitment to our Nation's veterans by building a world-class facility, and I am confident they will deliver this facility to our veterans throughout the Rocky Mountain West.

This bill requires the VA to use a non-VA Federal entity, like the Army Corps, to complete major construction projects valued at over \$100 million. This is critically important towards ensuring accountability and preventing these large projects from being mismanaged again.

I want to thank Chairman MILLER and Ranking Member BROWN, as well as Congressman CHARLIE DENT and Congressman BISHOP, for their work with me and the gentleman from Colorado (Mr. COFFMAN), who now represents the district.

There has been a great deal of anger at the VA recently and much of it is well-deserved, but through the help of the Veterans' Affairs Committee and the Appropriations Committee, Rocky Mountain veterans will eventually see this medical center completed and receive the health care that they earned by their service to the United States of America.

I thank my friend, the gentlewoman from Florida, for yielding.

Mr. MILLER of Florida. Mr. Speaker, I thank the gentleman from Colorado (Mr. PERLMUTTER) for working so closely with Mr. COFFMAN, a true bipartisan effort, to see this project to completion.

Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore (Mr. DUNCAN of Tennessee). The gentleman from Florida has 1½ minutes remaining. The gentlewoman from Florida has 9 minutes remaining.

Mr. MILLER of Florida. Mr. Speaker, might I inquire from Ms. BROWN if she would yield 5 minutes of her time.

Ms. BROWN of Florida. Mr. Speaker, since I have 9 minutes remaining, and I have no further speakers, I yield 5 minutes to the gentleman from Florida (Mr. MILLER).

The SPEAKER pro tempore. The gentlewoman from Florida yields 5 minutes to the gentleman from Florida.

Without objection, the gentleman from Florida will control those 5 minutes.

There was no objection.

The SPEAKER pro tempore. The gentleman from Florida is recognized.

Mr. MILLER of Florida. I thank the gentlewoman from Florida for yielding.

Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana (Mr. ABRAHAM), a member of the committee that has worked very hard on this particular issue, especially the Expiring

Authorities bill, the chairman of the Subcommittee on Disability Assistance and Memorial Affairs.

Mr. ABRAHAM. I thank the chairman.

Mr. Speaker, I stand today in support of S. 2082; however, I would like to note that I am also deeply disappointed that we are not voting on the House bills which would have limited awards and bonuses to VA employees. It is my belief that we have missed an opportunity to bring much-needed accountability to the VA, and know that I will work tirelessly to bring accountability to the VA for the American people.

S. 2082, also known as the Department of Veterans Affairs Expiring Authorities Act of 2015, includes multiple necessary provisions supporting our Nation's heroes, including veterans who are homeless, disabled, or suffering from PTSD.

As chairman of the Subcommittee on Disability Assistance and Memorial Affairs, I introduced a particular provision in S. 2082 to extend contract exams for veterans applying for disability benefits. Extending contract exams is a commonsense measure to cut through the bureaucratic red tape and ensure our veterans are getting the care they need when they need it.

Many veterans undergo a VA medical examination in support of their application for disability benefits. The problem is that there are not enough examiners to perform these evaluations in a timely manner in the VA system.

Expanding contract exams will make it easier for the VA to arrange for the veterans to get disability examinations by permitting a licensed physician to conduct these examinations anywhere in the United States as long as the doctor is under a VA contract. This is common sense, and I urge passage of the bill.

Mr. MILLER of Florida. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. SMITH), the former chairman of the Veterans Affairs Committee, a stalwart supporter of America's veterans.

Mr. SMITH of New Jersey. I thank my good friend for yielding, and I thank the gentlewoman from Florida, CORRINE BROWN, for her courtesy.

Mr. Speaker, I served on the House Veterans' Affairs Committee for a quarter of a century, including stints as vice chairman and full committee chair. I believe that our Nation's veterans are fortunate to have a great champion with the gentleman from Florida, Chairman MILLER, at the helm.

Chairman MILLER has led the committee with aggressive oversight and accountability of the often-troubled Department. He has shepherded numerous bills into law, including the VA Choice Program, which expands timely and local access to health care for veterans, and, working so closely in a bipartisan way with Ranking Member BROWN, ensured that the VA has the resources and the authorities to meet

evolving needs. The chairman always puts veterans and their dependents first.

Chairman MILLER has explained the bill. I will just take a brief moment to comment on title III.

Title III reauthorizes a number of provisions from a law that I wrote back in 2001 known as the Homeless Veterans Comprehensive Assistance Act, or Public Law 107-95. That law established the grant programs that included female veterans, homeless veterans with special needs, children, serious mental illnesses, and incarcerated veterans. The act authorized dental care. We learned through our hearing process that not only oral health—but overall health as well—is negatively affected with broken and diseased teeth and gums. And you don't get a job with busted teeth. Oral health was critical, so we put that into the bill. Job training and expanded domiciliary care programs were also expanded. It also authorized the Advisory Committee on Homeless Veterans and launched the national goal, which has now been replicated since 2010, of attempting to end chronic homelessness among veterans. We also did the Department of Labor's Homeless Veterans Reintegration Program and the HUD-VASH program.

In 2001, the estimation from VA was that almost 300,000 veterans were homeless at some time during that year. By fiscal year 2013, that number had decreased to approximately 140,000 veterans. Of course we now have a different, altered way of calculating, but, unfortunately, on any given night last year, just under 50,000 veterans were still on the street.

This legislation will go far and do much so that no veteran is on the street and suffering homelessness. We need to bring them back into society.

Again, I thank Chairman MILLER for his strong leadership.

Thank you, Chairman MILLER, for your leadership on this bill and your staff's work to bring it to the floor in a timely manner to ensure that the VA continues to provide the services necessary for veterans to successfully transition back to civilian life and live independently.

Mr. Speaker, I served on the House Veteran's Affairs Committee for a quarter of a century, including stints as vice and full committee chair and I believe that our nation's veterans are fortunate to have a great champion with Chairman MILLER at the helm. Chairman MILLER led the committee with aggressive oversight and accountability of the often troubled Department. You have shepherded numerous bills into law including the VA Choice program which expands timely and local access to healthcare for veterans and you've ensured that the VA has the resources and authorities to meet evolving needs. You have always put veterans and their dependents—first.

Mr. Speaker, the bill we are voting on today will reauthorize over 30 critical programs that provide healthcare, education, and child care benefits to veterans and continue the VA's homeless veterans and caregiver assistance.

Since Chairman MILLER has explained the bill let me focus for a moment on Title III which extends many provisions first authorized

by landmark legislation I authored in 2001 known as the Homeless Veterans Comprehensive Assistance Act (Public Law 107-95).

That law established the grant programs we are reauthorizing today that focused on homeless female veterans; homeless veterans with special needs, children, serious mental illnesses, and incarcerated veterans. The Act authorized dental care—for better oral health and overall health—job training and expanded domiciliary care programs. It is hard to get a job if your teeth are cracked and deteriorated. It authorized the Advisory Committee on Homeless Veterans and launched the national goal of attempting to end chronic homelessness among veterans within a decade of the enactment of the Act. And among its many other provisions, it increased funding for two programs that were effective but seriously underfunded.

The first was the Department of Labor's Homeless Veterans Reintegration Program—which helps homeless veterans reenter and stay in the labor force. Allowing more veterans access to this program was critical, as a steady job is key to successfully maintaining a residence.

The second is the HUD-VASH program, which combines rental assistance with case management and clinical services. After enactment, utilization of these services spiked and more veterans received the assistance that has led to self-sufficiency and independence.

Today, these programs continue to be a highly effective means of reducing homelessness among our veterans population.

In 2001, it was estimated that almost 300,000 veterans experienced homelessness that year. By fiscal year 2013, that number had decreased to approximately 140,000 veterans.

The VA and HUD have since changed how they calculate homeless veterans to a point-in-time estimate. The latest numbers show that we still have much work to do: on any given night last year, just under 50,000 veterans were on the street.

Of course one homeless veteran is one too many. Yet we are continuing to make progress and the numbers demonstrate how these programs, coupled with other recent and successful programs like the Supportive Services for Veteran Families (SSVF) Program which we are reauthorizing today, are tangibly assisting homeless or potentially homeless women and men who served in our nation's armed forces. It is estimated that approximately 135,000 veterans and their families got assistance through SSVF in (FY) 2015 including funds to Soldier On and other initiatives in my state.

Ms. BROWN of Florida. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I urge my colleagues to join me in supporting S. 2082, sending this important bill to the President so that the vital programs helping our veterans will continue past the end of this fiscal year.

Mr. Speaker, I thank the gentleman from Florida (Mr. MILLER).

I yield back the balance of my time.

Mr. MILLER of Florida. I thank Ranking Member BROWN for her courtesy in yielding an additional few minutes for some of our Members who wanted to speak.

I, too, think it is very important that we pass this piece of legislation today,

but our job here is not finished. We must ensure that the appropriators now do their job and make sure that VA doesn't, as the gentlewoman from Nevada (Ms. TITUS) said, rob Peter to pay Paul. It is important that we not take necessary dollars away from veteran health care in order to pay for their massive mismanagement of this particular facility.

I urge a positive vote on this Senate bill.

I yield back the balance of my time.

Mr. WALZ. Mr. Speaker, I would like to thank my good friend from Florida for his work on the VA extenders bill. I appreciate his partnership as we continue to fight for our veterans.

However, Mr. Speaker, I remain deeply disappointed that this extenders bill does not include an extension of the Agent Orange Act.

As you know, Congress passed the Agent Orange Act in 1991 to ensure care and compensation to Vietnam veterans exposed to Agent Orange. Before this bill, it was up to our veterans to prove their cancer or Parkinson's was connected to their service in Vietnam and their exposure to Agent Orange.

The Agent Orange Act changed all of that, shifting the burden of proof from the veteran to the VA. Under the Agent Orange Act, the IOM would study Agent Orange and determine which diseases were associated with exposure to Agent Orange. This process removed the burden of proof from our Vietnam veterans when they applied for disability compensation.

Over the years, the IOM has issued reports that have led to the presumption of service connection for diseases such as Parkinson's, B-cell leukemia and early onset peripheral neuropathy. Without these studies, thousands of Vietnam era veterans would have gone without the benefits they greatly deserve.

The Agent Orange Act is set to expire tomorrow, but IOM is still working on their last report.

And, despite the good the Agent Orange Act has done for our Vietnam veterans, Congress is going to let this bill expire tomorrow.

And it's all because it costs too much.

Mr. Speaker, it never costs too much to ensure justice for our veterans.

We should be ashamed that we are letting this bill expire and leaving it up to the VA to add new diseases to the presumption list.

The Agent Orange Act has worked for our veterans for over a decade, and it is irresponsible to let our oversight expire and simply leave it up to the VA's discretion.

Mr. Speaker, we cannot step away from our responsibilities and hand them over to an agency, simply because we do not like the price tag.

Instead, we should do the right thing and find an offset.

Mr. Speaker, I would like to demand Leadership go back and find an offset outside of the VA to ensure our veterans get the benefits they earned.

We have a responsibility to these veterans. They completed their mission in Vietnam, now we must complete ours.

By finding an offset and passing this extension, we will make certain that when the IOM's final report is published, the VA is obligated to review it and follow their recommendations.

We owe these heroes nothing less.

Mr. TOM PRICE of Georgia. Mr. Speaker, I would like to express my concerns regarding

two provisions in S. 2082, the Department of Veterans Affairs Expiring Authorities Act of 2015: Sec. 501 the increased authorization for the Department of Veterans Affairs (VA) medical facility project in Denver, Colorado and Sec. 412 the modification of authorization for the VA medical facility project in Tampa, Florida which is designated as an emergency.

SEC. 501 INCREASED AUTHORIZATION FOR THE VA MEDICAL FACILITY PROJECT IN DENVER, COLORADO

Originally budgeted to be an \$800 million dollar project, the VA is now requesting yet another funding transfer from Congress to bring the total price tag of this medical facility to an astounding \$1.675 billion, more than \$800 million dollars over budget. Mismanagement of construction projects, and the unacceptable waste of taxpayer dollars, unfortunately have been an ongoing problem at the VA. It is deplorable and should not be tolerated by Congress or the Administration.

This project is a perfect example of why the VA is in dire need of wholesale reform in addition to continued oversight by Congress to ensure that the VA is transparent, accountable, and ultimately able to best serve our nation's veterans. I fully support the House Committee on Veterans' Affairs Chairman JEFF MILLER's efforts to directly address the construction problems at the VA and other efforts by his Committee to enforce accountability agency-wide, including H.R. 1994, the VA Accountability Act of 2015, which passed the U.S. House of Representatives on July 29, 2015. I also applaud Chairman MILLER's version of an increased authorization for the Denver project bill, H.R. 3595, because it included offsets to help pay for the increase in costs at the Denver facility. These offsetting policies in H.R. 3595 are a clear indication that the U.S. House of Representatives is no longer willing to tolerate misbehavior and poor performance at the VA and include the following: limitation on awards and bonuses for VA employees, reduction of benefits for members of the Senior Executive Service at the VA convicted of certain crimes, and authority for the VA Secretary to recoup bonuses or awards paid to employees in the past if deemed appropriate pursuant to regulations. Unfortunately, S. 2082 does not include these offsets and allows the VA to decide which funds to transfer to the Denver project.

As Chairman of the House Committee on the Budget, I do not condone mismanagement by any Federal agency, especially an agency tasked with the heavy responsibility of taking care of the men and women who have served our country in uniform. Our veterans should not be punished by the lack of competence within the VA bureaucracy, which would be the effect of not approving the transfer of additional funds for this medical facility. However, the VA should not take the approval of this newest transfer of funds as an indication of congressional support for their mismanagement of the Denver facility. Further, the VA is hereby placed on notice that the Budget Committee will work closely with the Veterans' Affairs Committee in the months ahead to advance the long overdue efforts to reform the department's dysfunctional operations. Our veterans who have served this nation with honor and distinction deserve nothing less than Congress' commitment to fix the management problems at the VA.

SEC. 412 MODIFICATION OF AUTHORIZATION FOR THE VA MEDICAL FACILITY PROJECT IN TAMPA, FLORIDA

S. 2082 calls for modifying the authorization for the Tampa facility from "providing bed tower upgrades," which was originally authorized and appropriated in the Supplemental Appropriations Act of 2008 (P.L. 110-252), to "constructing a new bed tower" and designating this new purpose of the monies as an emergency requirement. The emergency designation, which is under the jurisdiction of the Budget Committee, is defined for needs that are urgent, unforeseen, and would result in imminent loss of life or property if left unmet. I do not believe that the authorization modification in S. 2082 meets these criteria since it is occurring seven years after the original emergency designation for this purpose in P.L. 110-252. I think most members of Congress would agree that this provision does not qualify as an emergency as defined by the Committee's criteria and I am disappointed that this emergency provision is included in S. 2082.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. MILLER) that the House suspend the rules and pass the bill, S. 2082.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. MILLER of Florida. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 1 o'clock and 10 minutes p.m.), the House stood in recess.

□ 1409

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. SIMPSON) at 2 o'clock and 9 minutes p.m.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H. CON. RES. 79, DIRECTING THE CLERK OF THE HOUSE OF REPRESENTATIVES TO MAKE CORRECTIONS IN THE ENROLLMENT OF H.R. 719, AND PROVIDING FOR CONSIDERATION OF THE SENATE AMENDMENT TO THE HOUSE AMENDMENT TO THE SENATE AMENDMENT TO H.R. 719, TSA OFFICE OF INSPECTION ACCOUNTABILITY ACT OF 2015

Mr. COLE, from the Committee on Rules, submitted a privileged report (Rept. No. 114-272) on the resolution (H. Res. 448) providing for consideration of the concurrent resolution (H. Con. Res. 79) directing the Clerk of the House of

Representatives to make corrections in the enrollment of H.R. 719, and providing for consideration of the Senate amendment to the House amendment to the Senate amendment to the bill (H.R. 719) to require the Transportation Security Administration to conform to existing Federal law and regulations regarding criminal investigator positions, and for other purposes, which was referred to the House Calendar and ordered to be printed.

PROVIDING FOR CONSIDERATION OF H. CON. RES. 79, DIRECTING THE CLERK OF THE HOUSE OF REPRESENTATIVES TO MAKE CORRECTIONS IN THE ENROLLMENT OF H.R. 719, AND PROVIDING FOR CONSIDERATION OF THE SENATE AMENDMENT TO THE HOUSE AMENDMENT TO THE SENATE AMENDMENT TO H.R. 719, TSA OFFICE OF INSPECTION ACCOUNTABILITY ACT OF 2015

Mr. COLE. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 448 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 448

*Resolved*, That upon adoption of this resolution it shall be in order to consider in the House the concurrent resolution (H. Con. Res. 79) directing the Clerk of the House of Representatives to make corrections in the enrollment of H.R. 719. All points of order against consideration of the concurrent resolution are waived. The concurrent resolution shall be considered as read. All points of order against provisions in the concurrent resolution are waived. The previous question shall be considered as ordered on the concurrent resolution to adoption without intervening motion or demand for division of the question except 20 minutes of debate equally divided and controlled by the Majority Leader and the Minority Leader or their respective designees.

SEC. 2. Upon adoption of this resolution it shall be in order to take from the Speaker's table the bill (H.R. 719) to require the Transportation Security Administration to conform to existing Federal law and regulations regarding criminal investigator positions, and for other purposes, with the Senate amendment to the House amendment to the Senate amendment thereto, and to consider in the House, without intervention of any point of order, a motion offered by the chair of the Committee on Appropriations or his designee that the House concur in the Senate amendment to the House amendment to the Senate amendment. The Senate amendment and the motion shall be considered as read. The motion shall be debatable for one hour equally divided and controlled by the chair and ranking minority member of the Committee on Appropriations. The previous question shall be considered as ordered on the motion to adoption without intervening motion.

The SPEAKER pro tempore. The gentleman from Oklahoma is recognized for 1 hour.

Mr. COLE. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from New York (Ms. SLAUGHTER), my