became a teacher. He joined the faculty at CSU, Sacramento, in 1969 becoming a professor of Government. Of course the energy he brought to life was readily transferred to his students in the classroom, and in 1991 he received the Distinguished Faculty Award.

Continuing his lifelong calling to public service, Joe Serna was first elected to the Sacramento City Council in 1981 and reelected in 1985 and 1989. He was then elected mayor of Sacramento in 1992 and again in 1996.

As Mayor, Joe Serna left a proud legacy of leadership and accomplishments. He worked throughout his career to revitalize Sacramento's downtown which included initiating the Sacramento Downtown Partnership Association, the ''Art in Public Places'' program, and the Thursday Night Market. In 1995, Mayor Serna was selected by the National Council of Urban Economic Development to receive their annual Economic Development Leadership Award.

He also established the Mayor's Commission on Our Children's Health and the Mayor's Commission on Education and the City's Future, which led to a new Sacramento City Unified School District Board of Trustees. As part of his active role in improving the Sacramento City School District, he founded the Mayor's Summer Reading Camp, a literacy program for below average scoring second and third grade students.

Over the past three decades Mayor Serna was a member of numerous organizations including the Regional Transit Board of Directors and the Sacramento Housing and Redevelopment Commission. He was the Co-trustee of the Crocker Art Museum Association and an Advisory Board Member of Senior Gleaners, Inc. He was a former Chair of the Sacramento City/County Sports Commission, member of the Board of the Sacramento Employment and Training Agency, member of the Sacramento Metropolitan Cable Television Commission and Sacramento Air Quality Management Board. From 1970 to 1975, Joe Serna was the Director of the United Farmworkers of America's Support Committee in Sacramento County. Mayor Serna also served as a two-time presidential appointed member of the Board of Directors of ''Freddie Mac.''

Mayor Serna was known as an elected official with profound vision for the future and the energy to implement that vision. He knew how to build coalitions, ignite community involvement, and succeed in achieving his goals. Because of this vision, he leaves a proud legacy in Sacramento of downtown revitalization and growth, a stronger public school system, more jobs, more community police, and a higher quality of life.

What made Mayor Serna such a remarkable leader was his ability and willingness to listen to the community and make himself available to all voices that wanted to be heard. In an era when following the politically expedient route is commonplace, Mayor Serna was never afraid to fight for what he believed in if he knew it was the right thing to do. He never compromised his values and always brought a sense of honor and dignity to the Sacramento community.

On behalf of my family and my constituents, I offer my condolences to Joe's wife Isabel, his son Philip and his daughter Lisa.

[From the San Francisco Chronicle, Nov. 8, 1999]

Sacramento Mayor Joe Serna Jr., who rose from his roots as a farmworker to become Sacramento's first Latino mayor in modern history, died yesterday of kidney cancer and complications from diabetes.

Serna, 60 had briefly slipped into a diabetic coma Wednesday and asked to return home from the hospital Friday. He died at 3:47 a.m. surrounded by his family, said Chuck Dalldorf, a spokesman for the mayor.

Serna was a city councilman for 18 years and became mayor in 1992. He may best be remembered for helping reinvigorate downtown Sacramento and reforming his city's public schools by campaigning on behalf of new school leadership and a $191 million school bond.

''Joe led a movement to recall a large number of school board members, elect a reform slate, adopt a reform program and upgrade standards,'' said Phil Isenberg, a former Sacramento mayor and state assemblyman.

Serna was a loyal friend of the late Cesar Chavez, and the United Farm Workers Union since the 1960s, when he organized one of the state's first food caravans to feed striking grape pickers.

''He continued in every way he could to fight for the low-income (people), for the farmworkers, for the people that, for whatever reasons, were not being provided the respect and dignity they deserved,'' said United Farm Workers Union President Arturo S. Rodriguez.

Serna also transcended ethnic politics, according to close friend and political adviser Richie Ross.

''He was never thought of in Sacramento as anything other than Mayor Joe, everybody's mayor,'' said Ross.

BORN IN STOCKTON

Serna was born in Stockton and used to tell how his parents, poor Mexican immigrants who worked the fields, brought him home from the hospital in a cardboard box. He grew up in Lodi, picking grapes and tomatoes as a youngster to help support his family.

He earned his bachelor's degree from Sacramento State University, and attended graduate school at the University of California at Davis. He served in the Peace Corps in Guatemala as a community development volunteer specializing in cooperatives and credit unions.

Serna dubbed himself an ''activist'' who hoped to ''be the best mayor I can be so that the next ethnic person who . . . wants to be mayor can become the mayor, and it won't be a big deal.''

STRONG LEGACY

''Joe was a true giant in the Latino community, and a visionary leader for all of Sacramento,'' said Lt. Gov. Cruz Bustamante in a statement. ''He leaves a great legacy of public service, whether he was standing in the fields fighting for farmworker rights or visiting the White House advocating for the city he so dearly loved.''

Serna served on the Sacramento-area support committee for the United Farm Workers, and was a former member of the Sacramento Central Labor Council.

He also served on an array of municipal bodies, including the Sacramento Regional Transit board of directors, the Employment and Training Agency, the Metropolitan Cable Television Commission, and the Air Quality Management Board.

Serna and his wife Isabel have two grown children, Philip and Lisa. The family lived in Sacramento's Curtis Park neighborhood.

The mayor announced to the public in June he would not seek a third term because of his deteriorating health.

Since Serna died with more than a year left in his term—a year and a day to be exact—a special election will be held to determine a successor.

Serna's supporters expect a large turnout Wednesday, particularly from among farmworkers, for a funeral march from Cesar Chavez Plaza across from Sacramento City Hall to the Cathedral for the Blessed Sacrament. Serna's family requested that all donations be directed to the UFW union.

Ms. ROYBAL-ALLARD. Mr. Speaker, as chair of the Congressional Hispanic Caucus and as a fellow Californian, I rise in strong support of House Resolution 363, honoring the life of Joe Serna, Jr. I commend my colleague, Representative BOB MATSUI, for sponsoring this important resolution.

I want to express my deepest sympathies to Joe Serna's family and the residents of the City of Sacramento for his passing.

Mayor Serna's death is mourned not only by his family, friends, and the residents of Sacramento, which he so proudly represented, but also by countless individuals for whom he served as a role model by setting an example of what can be achieved through hard work, dedication, and determination to better not only one's own life, but the lives of others.

Joe Serna grew up in Northern California, the son of Mexican immigrant farm workers. Serna worked his way through junior college to become a college teacher, as well as a passionate activist who spent more than a decade working with migrant farm workers under the guidance of his role model, Cesar Chavez.

In 1981, Serna, was elected to the Sacramento City Council where he served until 1992, when he was elected as the first Latino Mayor of Sacramento.

During his tenure as Mayor, Serna developed a reputation as a leader who stood up for the things he believed in, such as quality job opportunities, strong families, good schools, and empowering the communities and people he represented. The City of Sacramento and its residents have truly benefited and will continue to benefit from Joe Serna's vision and leadership.

Joe Serna was a great leader and a great man and he will be truly missed.

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

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

The SPEAKER pro tempore (Mr. BARR of Georgia). The question is on the motion offered by the gentleman from California (Mr. OSE) that the House suspend the rules and agree to the resolution, House Resolution 363.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

A motion to reconsider was laid on the table.

CONFERENCE REPORT ON H.R. 2116, VETERANS MILLENNIUM HEALTH CARE AND BENEFITS ACT

Mr. STUMP. Mr. Speaker, I move to suspend the rules and agree to the conference report on the bill (H.R. 2116) to amend title 38, United States Code, to establish a program of extended care services for veterans and to make other improvements in health care programs of the Department of Veterans Affairs.

The Clerk read the title of the bill.

(For conference report and statement, see prior proceedings of the House of today.)

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

The Chair recognizes the gentleman from Arizona (Mr. STUMP).

GENERAL LEAVE

Mr. STUMP. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the conference report on H.R. 2116.

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

There was no objection.

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

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

Mr. STUMP. Mr. Speaker, the Veterans Millennium Health Care and Benefits Act is the most comprehensive legislation to be acted on in behalf of America's veterans in decades. H.R. 2116 includes landmark legislation mandating access to VA nursing home care for severely disabled veterans and requiring the VA to provide more veterans with alternatives to nursing home care. This legislation also authorizes the VA to pay for emergency care service for veterans who do not have insurance or access to Medicare. Additionally, we are elevating the health care priority for veterans who receive the Purple Heart and providing greater access to VA health care for military retirees.

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The Veterans Millennium Health Care and Benefit Act also includes many benefits, including providing special borrowing authority to the American Battle Monuments Commission to assure that groundbreaking on the national World War II Memorial can take place on Veterans' Day next year; making it easier for surviving spouses and children of ex-POWs to qualify for compensation and naming this provision for Mr. Bill Rolen of the American Ex-POWs, who passed away this past September; improving the Montgomery GI Bill benefits for officers who began military service as enlisted personnel and veterans preparing to take entrance examinations; and requiring the VA to begin planning for six new additional cemeteries in recognition of the demographic realities facing our veterans population; and, adding a rare form of lung cancer to the conditions presumed in law to be service connected due to exposure of ionizing radiation.

Mr. Speaker, I urge my colleagues to support this conference report, and I reserve the balance of my time.

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

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

Mr. EVANS. Mr. Speaker, I want to thank the chairman of our committee and salute him for his outstanding leadership. This conference agreement is due in large part to the commitment and determination of the gentleman from Arizona (Mr. STUMP), the chairman of the Committee on Veterans' Affairs, to address the needs of our Nation's veterans. I also want to thank the other House conferees from both sides of the aisle who worked hard together. Every Member of the House can proudly support this agreement. It strongly reaffirms our commitment to America's veterans.

I also want to acknowledge the commitment of the other conferees from the other body to craft this conference agreement. Their cooperation was essential.

Mr. Speaker, there are a number of provisions in the conference agreement which are particularly noteworthy. I will describe only a few at this time.

Mr. Speaker, this conference agreement responds to the long-term care needs of our veterans. This bill mandates that the VA provide nursing home care to enrolled veterans rated 70 percent or more service-connected disabled, and to veterans with a service-connected disability in need of institutional long-term care for that service-connected disability.

Noninstitutional long-term care as part of the basic benefits package as well for VA enrollees. As the author of emergency care legislation, I am particularly pleased that the VA is authorized to provide reimbursement for emergency care not provided in VA facilities to certain enrolled veterans.

As the author of the House legislation requiring the VA to adopt, in consultation with chiropractic providers, a formal policy on chiropractic treatment in the VA, I am very pleased that this requirement is included in H.R. 2116.

I am also pleased that the agreement authorizes the VA Sexual Trauma Counseling Program and the VA's Federal Advisory Committee on Minority Veterans. The conference agreement also contains two important provisions that fortify important, but expensive, programs for vulnerable veterans with severe chronic mental illnesses.

Mr. Speaker, the conference agreement also reauthorizes the Homeless Veterans Reintegration Project for 4 more years. In addition, the amount authorized annually for this vital program is increased incrementally from $10 million to $20 million per year by fiscal year 2002.

This measure also directs the Secretary of Veterans Affairs to establish six areas of the country most in need of cemetery space to serve American veterans and their families. I am certain our committee will be vigilant in its oversight of the Department's compliance with the requirements of this provision.

The Secretary is also required to contract for an independent study on improvements to veterans' burial benefits. I want to thank the gentlewoman from Florida (Ms. BROWN) for her outstanding leadership on this issue.

As the author of the House legislation to establish a rigorous quality assurance program within the VA, I am pleased that the conference agreement mandates a quality review program in the Veterans' Benefits Administration that meets appropriate governmental standards for independence and internal control. Our veterans deserve no less.

Mr. Speaker, this is a conference agreement that we can all be proud of, and I urge my colleagues to support it.

Mr. Speaker, I rise in support of the Veterans Millennium Benefits Act of 1999. H.R. 2116, as agreed to by the conferees, makes significant improvements to the benefits and services provided to America's veterans.

I want to thank the Chairman of the Committee, BOB STUMP for his outstanding leadership. The conference agreement before the House today is due in large measure to BOB STUMP's commitment and determination to address the needs of our Nation's veterans. I also want to thank the other House conferees from both sides of the aisle. Everyone worked well together to produce a conference agreement which every Member of the House can proudly support. It is strong reaffirmation of our commitment to America's veterans.

EXTENDED CARE SERVICES

Defining a direction for VA long-term care is imperative. In my view, the solution must define a clear policy that would preserve and strengthen VA's nursing home program and prompt VA's expansion of the use of non-institutional alternatives to long-term care without forcing unreasonable new costs on VA. This struggle to define appropriate coverage for individuals who need long-term care is confronting our whole health care system right now.

I believe VA's future, in large measure, depends on its ability to address the special needs of veterans. Inasmuch as it fails to address veterans' long-term care needs, particularly for the highest priority veterans, I believe its future is jeopardized. One of the primary reasons I became an original cosponsor and architect of the Veterans' Millennium Health Care Act was to address the evolution of VA's nursing home programs. My staff has collected data from VA medical centers across the country that indicates VA's role in long-term care is diminishing substantially. There is no longer any guarantee to life placement for many veterans as VA shifts its nursing homes to restorative, rehabilitative and palliative care. Veterans assuredly have a need for all of these types of care, but neither these subacute services, nor non-institutional care is always able to substitute for nursing home care needed for the most impaired veterans.

The good news is that this conference agreement will define a direction for VA in managing long-term care—an important, but expensive part of the health care continuum. The legislation initially approved by the House guaranteed extended care and non-institutional care to the system's highest priority users. The goal of the other body was to create a guaranteed package of non-institutional long-term care for all VA enrollees. This

agreement ensures institutional and non-institutional care for veterans with service-connected conditions for their service-connected condition and veterans with service-connected disabilities rated greater than 70%. It also establishes authority for VA to provide non-institutional care to all enrolled veterans.

In addition, VA will be required to maintain the level of in-house extended care services it offered in 1998, while expanding non-institutional care. The extended care provisions also authorize several pilot projects—one based on the successful and cost-effective Program for All-Inclusive Care for the Elderly (PACE) that offers an integrated and comprehensive array of medical and social services to help the frail elderly remain as independent as possible. Another pilot will examine the appropriate use of assisted living for veterans served by VA.

These benefits reassert the importance of long-term care in the continuum of care VA offers to veterans. It also provides a substantial benefit to veterans which VA can accommodate. While setting a new course for long-term care, we have done so in fiscally responsible manner that will not inflict an unfunded mandate on VA.

EMERGENCY SERVICES

The conference agreement on H.R. 2116 contains authority to reimburse hospitals for enrolled veterans' emergency care. Today, too many veterans face frustration and failure when they seek VA reimbursement for their emergency care provided by a non-VA provider. By emphasizing its role as a primary care provider, I believe many veterans have logically assumed VA would be responsible for their emergency care costs. Furthermore, an Executive Order in November 1997 provided all federal agencies conform to the President's Patient Bill of Rights. VA did not provide most veterans reimbursement for treatment received from a non-VA provider in a medical emergency. Veterans' experiences in seeking reimbursement from VA for emergency care, even when ''referred'' to a community provider by VA and refused transfer to VA, indicate that this is a significant problem for many VA users. Emergency care is a potentially catastrophic ''hole'' in the safety net veterans believe they have with VA health care.

The conference agreement authorizes VA to reimburse providers for emergency care provided to any enrolled veteran who has used VA care within the last two years. It uses a ''prudent lay person'' standard, as the recently approved Patient Bill of Rights did, to determine what constitutes a medical emergency. I thank the Senator from West Virginia for agreeing to support legislation offered by the Senate Minority Leader, a companion to the emergency care legislation I authored and introduced in the House. I am also pleased that, in achieving a productive compromise on the legislation I offered in this and the last session of Congress, this measure is now an even more fiscally responsible proposal that will allow VA to better manage this important new benefit to veterans.

SEXUAL TRAUMA COUNSELING SERVICES

The Ranking Democratic Member of the Health Subcommittee, Congressman LUIS GUTIERREZ, has worked diligently to ensure VA's sexual trauma counseling services are preserved and strengthened. The conference agreement provides that VA must offer a sexual trauma program. This is an important change from current law that makes the program discretionary. While the conference agreement does not include a House provision to authorize reservists to receive program services, a study is required to determine the needs for these services within the reservist population. With a strengthened provision on outreach, this agreement insures sexual trauma counseling and treatment programs are a stronger part of VA's core services.

SPECIALIZED SERVICES

The Veterans Millennium Benefits Act incorporates two measures—one approved by each body. To strengthen VA's paramount special emphasis programs, particularly for seriously chronically mentally ill veterans. The conference agreement on H.R. 2116 requires VA to report on bed closures that affect inpatient substance abuse treatment programs, post-traumatic stress disorder programs or other programs for the seriously chronically mentally ill. A report on bed closures is also required for rehabilitation beds. The report requirement is intended to encourage careful consideration by VA facility directors of the importance of continuing treatment(regardless of setting) for vulnerable veterans, not, as some have suggested, to deter bed closures entirely.

The other provision would establish a grant program to allow VA to provide at least $15 million to programs for treatment of post-traumatic stress disorder and substance abuse programs. Restrained budgets have taken a serious toll on these programs that offer care to a very vulnerable population. These two initiatives are intended to restore these very important services that have been diminished due to fiscal constraints.

STATE HOME GRANTS

The VA funds state home grants to construct nursing homes and domiciliaries. This is a beneficial relationship between VA and states that almost every state has embraced. As the State Homes increase, so to does veterans' access to long-term care. This is recognized as a benefit by all.

For some time, however, grant requests from the states to construct new beds have overwhelmed the ability of the Congress to fund them. As a result, the backlog of grant requests for homes from states that long ago made the commitment to serve veterans through State Homes has grown tremendously. In addition, some State Homes have fallen into disrepair over the more than 35-year history of this VA program.

I view the agreement of the conferees as a ''good Government'' proposal. It will allow VA to take care of State Homes that have long cared for veterans and allow VA to give greater priority to states that still have a substantial need for State Home beds. Our veterans will be better served by State Homes because of the conference agreement.

ENHANCED-USE LEASE AUTHORITY

Recently, GAO claimed VA was ''wasting a million dollars a day'' on its overbuilt infrastructure. While I do not fully support this view, it does document the challenge VA has in managing its vast array of capital assets. One tool VA has found useful to maintain properties not now needed for patient care or other uses is enhanced-use leases. These leases allow VA to continue to hold the title to properties, without having the expense of maintaining them, while they are used for productive purposes by non-VA entities.

To make these leases more attractive to those who might consider their use, the conference agreement increases the number of years that developers have use of property from 35 to 75 years. This will allow those who want to make significant investments in property to capitalize on them throughout the useful life of most construction projects.

CHIROPRACTIC TREATMENT

I am pleased the conference agreement includes a provision requiring VA to establish a policy on chiropractic care for veterans. While this requirement does not specify the nature of the policy to be established by VA, VA is directed to consult chiropractors in developing this new policy. For too long, VA has lacked a formal policy on chiropractors and the care that they provide in VA. VA should review the medical literature and consider those studies that have shown chiropractic care for lower back pain is at least as effective as ''traditional'' medical treatment. While chiropractic care is not explicitly restricted in the VA, VA institutional barriers create restrictions for chiropractors who want to practice in VA.

It is clear that more Americans, as well as mainstream medicine, are embracing certain complementary and alternative therapies. Chiropractic care, which has established a licensure process in every state, is a choice many Americans, including veterans, want. I am glad VA will develop this policy and hopeful it will see the wisdom of offering veterans this choice.

DEPENDENCY AND INDEMNITY COMPENSATION FOR SURVIVING SPOUSES OF FORMER PRISONERS OF WAR

As an original co-sponsor of H.R. 784, to amend and liberalize the requirements for Dependence and Indemnity Compensation (DIC) for the surviving spouses of veterans who were Prisoners of War (POW), I strongly support section 501 of the conference agreement. Section 501 of the conference agreement which follows legislation approved by the other body will fully meet the objectives of H.R. 784 to liberalize the requirements for DIC eligibility. I am also pleased that the bill recognizes the tireless efforts of the late John William ''Bill'' Rolen, a former POW who devoted many years of his life to advocating for the needs of his fellow POWs and their families. Bill was a tireless advocate for our Nation's Ex-POW's and it is only fitting that the last piece of legislation he urged the Congress to adopt be named for him.

Section 502 of the conference agreement follows H.R. 708, a measure I authored. This provision restores eligibility for CHAMP–VA medical care, education benefits and home loan assistance to remarried surviving spouses who lost eligibility for these benefits upon remarriage and whose subsequent marriage has ended. During the 105th Congress, legislation was enacted allowing for reinstatement of eligibility for dependency and indemnity compensation (DIC) cash benefits after termination of the remarriage. The present measure completes the restoration of eligibility for all VA benefits lost by a surviving spouse of a service-connected veteran upon remarriage if the subsequent marriage is ended.

As an original co-sponsor of H.R. 690, I am pleased that at long last bronchiolo-aleveolar carcinoma has been added to the list of radiogenic diseases which are presumed to be service-connected for our Nation's Atomic veterans. Unfortunately, other medical conditions which are clearly radiogenic such as lung cancer still require proof by a dose reconstruction procedure which the Institute of Medicine acknowledged is inadequate in its October 20,

1999 report. I am disappointed that many of our Atomic veterans continue to be denied compensation for their exposures while efforts are underway to compensate exposed civilians.

WORLD WAR II MEMORIAL

Both bodies approved legislation which would speed construction of the World War II Memorial, and the compromise measure includes the House language related to this issue.

Public Law 103–32 authorized the building of a national World War II Memorial. This legislation assigned responsibility for designing and constructing the memorial to the American Battle Monuments Commission (ABMC), an independent federal agency created in 1923. The ABMC administers, operates and maintains military cemeteries and memorials in 15 countries around the world. The Commission is also responsible for the establishment of other memorials in the U.S., when directed by Congress.

Under the compromise measure, the ABMC is given authority to borrow funds from the U.S. Treasury for a brief period. Under existing law, groundbreaking for the WWII Memorial may not occur until the ABMC, the Memorial's sponsor, has either received cash donations equal to the estimated cost of the Memorial or has sufficient borrowing authority to assure that the Memorial will be completed. ABMC projects that it will not receive sufficient cash donations until the year 2002 and that construction of the Memorial will take three years. The borrowing authority provided under title VI of the conference agreement will enable the ABMC to begin construction next year. ABMC projects that it will need no more than $11 million in borrowing authority and that borrowed funds will be repaid within three years. It is important that construction on this memorial begin as soon as possible because World War II veterans are dying at the rate of 31,000 per month.

ESTABLISHMENT OF ADDITIONAL NATIONAL CEMETERIES

Approval of legislation by both bodies to expand the national cemetery system clearly demonstrates Congressional concern regarding this issue. Section 211 of H.R. 2280 directed the Secretary of Veterans Affairs to establish a national cemetery in each of the four areas of the United States most in need of cemetery space to serve veterans and their families. S. 695 directed the Secretary to establish a national cemetery in five specific locations. The compromise measure generally follows the House-approved language and requires the Secretary to establish national cemeteries in the six areas of the United States most in need. The Secretary, when determining those six sites, shall take into consideration the under-served areas listed in Senate Report 106–113—Miami, Florida; Pittsburg, Pennsylvania; Detroit, Michigan; Sacramento, California; Atlanta, Georgia, and Oklahoma City, Oklahoma. These are the six areas listed in the 1987 and 1994 VA reports to Congress regarding the national cemetery system that remain unserved.

VA statistics show that the demand for burial benefits will increase sharply in the near future, with interments increasing 42 percent from 1995 to 2010. Unless new national cemeteries are established soon, VA will not be able to meet the need for burial services for veterans in serveral metropolitan areas of the country, and too many veterans will lack access to the final—and for many, the only—veterans benefit they will receive from our grateful Nation.

When the House Committee on Veterans Affairs finally agree last year to enact legislation requested by the VA to enhance the State Cemetery Grants Program, it was only after the Department assured the Committee that the new State program would continue to supplement the national cemetery system—not replace it. However, the Administration's FY 2000 budget for VA failed to include a request for the funding required to initiate any of the needed new national cemeteries. I strongly urge the Administration to include the funding necessary to establish the six new cemeteries required under this provision in its FY 2001 budget.

USE OF FLAT GRAVE MARKERS AT SANTA FE NATIONAL CEMETERY, NEW MEXICO

The compromise agreement of a provision, derived from S. 695, which authorizes the Secretary of Veterans Affairs to provide for flat grave markers at the Sante Fe National Cemetery, New Mexico. Although I supported accepting this Senate provision, I want to make it clear that I continue to strongly believe that upright grave markets should be the standard for the national cemetery system. It is only under very unusual circumstances that flat markers should be approved, and I would not support any effort to eliminate the requirement under current law that requires upright grave markers.

STUDY ON IMPROVEMENTS TO NATIONAL CEMETERIES

The conference agreement includes a provision, based on section 212 of H.R. 2280, to require the Secretary of Veterans Affairs to contract for a study of national cemeteries. The study is to include an assessment of—

1. One-time repairs required at each national cemetery,

2. The feasibility of making appearance of national cemeteries as attractive as the finest cemeteries in the world,

3. The number of additional cemeteries that will be required for the interment of veterans who die after 2010, and

The report must also identify, by five-year period beginning with 2010 and ending with 2030—

1. The number of additional national cemeteries required during each five-year period, and

2. The areas in the U.S. with the greatest concentration of veterans whose burial needs are not served by national cemeteries or State veterans' cemeteries.

Additionally, the report will include information regarding the advantages and disadvantages of using of flat grave markers and upright grave markers in national cemeteries as well as a report on the current conditions of flat marker sections at all national cemeteries. I want to repeat, however, my earlier-stated commitment to requiring, with only occasional exceptions, the use of upright markers in national cemeteries.

Section 212(b)(1)(D) of H.R. 2280 required that an independent study on improvements to veterans' cemeteries required under section 212 include a study of improvements to burial benefits under chapter 23 of title 38, United States Code. This study was to include a proposal to increase the amount of the benefit for plot allowances under section 2303(b) of title 38, to better serve veterans and their families. I am very pleased that the compromise agreement includes a provision based on this section.

Under the compromise agreement, Subtitle C of Title VI requires the Secretary of Veterans Affairs, not later than 60 days after the date of enactment of this Act, to contract for an independent study on improvements to veterans' burial benefits. The matters to be studied under this section include:

1. An assessment of the adequacy and effectiveness of the burial benefits provided under chapter 23 of title 38, United States Code, in meeting the burial needs of veterans and their families.

2. Options to better serve the burial needs of veterans and their families, including modifications to burial benefit amounts and eligibility, including the estimated cost for each modification.

3. Expansion of the authority of the Secretary to provide burial benefits for burials in private-sector cemeteries and to make grants to private-sector cemeteries.

This provision further requires the contractor to submit the report to the Secretary no later than 120 days after the contract is completed. No later than 60 days following receipt of the report, the Secretary is required to transmit the report, together with any comments regarding the report the Secretary considers appropriate, to the House and Senate Committees on Veterans Affairs.

For many veterans, the only benefits they receive related to their military service are those provided at their death. I believe it to be a matter of national honor that the level of burial benefits provided adequately meet the needs of veterans and their families. This report will help us ascertain what changes and improvements need to be made in order to achieve this goal.

AVAILABILITY OF MONTGOMERY GI BILL BENEFITS FOR PREPARATORY COURSES FOR COLLEGE AND GRADUATE SCHOOL ENTRANCE EXAMS

S. 1402 included a provision which would enable veterans to use their benefits under the Montgomery GI Bill (chapter 30, title 38, United States Code) to pay for the costs of (a) preparatory courses for tests that are required or utilized for admission to an institution of higher education, such as the Scholastic Aptitude Test (SAT) and (b) a preparatory course for a test that is required or utilized for admission to a graduate school, such as the Graduate Record Exam (GRE). Many colleges and graduate schools rely heavily on the results of these tests when assessing individuals seeking admission to their schools, and veterans should have the opportunity to take the preparatory courses designed to increase test scores. Accordingly, I am very pleased that this provision is included in the conference agreement.

MONTGOMERY GI BILL ENHANCEMENTS APPROVED BY THE SENATE

S. 1402, the All-Volunteer Force Educational Assistance Programs Improvements Act of 1999, would increase benefits and expand educational opportunities under the Montgomery GI Bill (MGIB) and also increase rates of survivors and dependents educational assistance. Unfortunately, the Senate did not also provide the off-sets required under the Budget Act to pay for their GI Bill amendments. Although I welcome the Senate's interest in veterans' education programs, without offsetting savings the House would not take up for consideration a conference agreement

that included the Senate-approved MGIB amendments.

Because GI Bill enhancement's are long overdue. I introduced H.R. 1071, the Montgomery GI Bill Improvements Act of 1999, earlier this year. I strongly agree with the assertion in the recent report of the Congressional Commission on Servicemembers and Veterans Transition Assistance that ". . . an opportunity to obtain the best education for which they qualify is the most valuable benefit our Nation can offer the men and women whose military service preserves our liberty."

I believe that if the Montgomery GI Bill is to fulfill its purposes as a meaningful readjustment benefit and as an effective recruitment incentive for our Armed Forces, it must be significantly improved. Accordingly, H.R. 1071 would establish a two-tiered program.

Tier I would enhance the GI Bill in the following ways for those who enlist or reenlist for a minimum of four years—

Pay the full costs of tuition, fees, books and supplies.

Provide a subsistence allowance of $800/month (indexed for inflation) for 36 months.

Eliminate the $1,200 basic pay reduction required under current law.

Permit payment for approved specialized courses offered by entities other than educational institutions.

Tier II would enhance the GI Bill in the following ways for those who enlist for fewer than 4 years—

Increase the current basic benefit from $536/month to $900/month.

Eliminate the $1,200 basic pay reduction.

Permit trainees to receive accelerated lump-sum benefits.

Permit payment for approved specialized courses offered by entities other than educational institutions.

It is my hope that next year Congress will adopt a budget resolution that will enable us to enact H.R. 1071 and significantly improve the Montgomery GI Bill.

CONTINUING ELIGIBILITY FOR EDUCATIONAL ASSISTANCE OF MEMBERS OF THE ARMED FORCES ATTENDING OFFICERS TRAINING SCHOOL

I am very pleased that included in the compromise measure is a provision derived from S. 1402 that would allow servicemembers to retain their eligibility under the Montgomery GI Bill (MGIB) if they are discharged during their initial enlistment period to receive a commission as an officer.

The Committee recently learned that an enlisted servicemember who completes Officer Training School (OTS) or Officer Candidate School (OCS) is discharged upon completion of this school in order to accept an immediate commission as an officer. If the discharge occurs before the servicemember completes his or her minimum period of active duty required to establish MGIB eligibility, the servicemember becomes ineligible for education benefits. The Subcommittee on Benefits held hearings on October 28, 1999 on a draft bill to allow the two periods of active duty to be considered as one, thereby permitting these individuals to maintain their MGIB eligibility. Similar language is included in the compromise agreement.

It was not the intent of Congress that certain young men and women selected to attend OTS or OCS to be forced to make a choice between being commissioned and maintaining their GI Bill eligibility. This provision will correct this unintentional inequity in law.

REPORT ON VETERANS' EDUCATION AND VOCATIONAL TRAINING BY THE STATES

The compromise agreement includes a provision, derived from S. 1402, that would require the Secretary of Veterans Affairs to provide a report to the House and Senate Committees on Veterans Affairs listing veterans' education and vocational training benefits provided by the States. This report would include benefits provided, by reason of service in the Armed Forces, to active duty servicemembers, veterans, and members of the Selected Reserve. I believe the information included in this document will be very helpful to veterans, and I urge the VA to update this initial report annually.

EXTENSION OF AUTHORITY FOR HOUSING LOANS FOR CERTAIN MEMBERS OF THE SELECTED RESERVE

Prior to 1992, only individuals who served on active duty qualified for VA housing loan benefits. Public Law 102–547, however, included a pilot program which granted loan eligibility, through October 1999, to persons who had at least six years of honorable service in the Selected Reserve. Under a provision of P.L. 105–368, eligibility was extended through September 30, 2003.

Earlier this year, it was pointed out to me by the executive director of the Enlisted Association of the National Guard of the United States (EANGUS) that, although they greatly appreciated the extension enacted last year, the limitation on the availability of the program hampered their efforts to use this benefit as an incentive to recruit individuals who would agree to six-year enlistments. In response to this very legitimate concern, I introduced H.R. 1603, which would have made this eligibility permanent. The provisions of H.R. 1603 were included in H.R. 2280 and were approved by the House.

Although the other body was unwilling to agree to providing permanent eligibility for VA housing loans for certain Selected Reservists, I am pleased the conference agreement extends this eligibility through September 30, 2007.

QUALITY ASSURANCE

The Quality Assurance provisions of section 801 of the bill are designed to assure that the Veterans Benefits Administration's (VBA) internal quality assurance activities meet the recognized appropriate governmental standards for independence. This will require the establishment within VBA of a quality assurance program which comports with generally accepted government standards for performance audits.

For years our Nation's veterans who filed a claim with the Department of Veterans Affairs (VA) for benefits associated with their military service, particularly service-connected disability compensation, have been forced to contend with a VA claims adjudication process which has been both too slow and too inaccurate. Recent information suggests that after waiting years for a decision, one out of three veterans may find that the rating decision made by VA was wrong. Untimely and inaccurate decision-making by the VA, and particularly the Veterans Benefits Administration (VBA), have been twin problems which have plagued veterans, veterans service organizations and Members of Congress who assist their veteran constituents.

While experience clearly indicated otherwise, between 1993 and 1997, VBA reported that the quality of its work was nearly error free as measured by VBA. Quality standards had been relaxed to the point that VA was reporting an accuracy rate of 97%. To his credit, the Under Secretary of Veterans Benefits, Mr. Joe Thompson instituted, on a trial basis, a new system for measuring the quality of the claims adjudication work performed by VBA. This new quality measure, the Strategic Technical Accuracy Review (STAR) was tested and used operationally in 1998.

STAR use has been focused on claims submitted by veterans which require the VA to rate the claim, make a determination as to whether a medical disability is service-connected or non-service-connected and determine the degree of disability manifest. Using the STAR methodology, the accuracy of various actions taken during the adjudication process are used to determine if the case was correctly or incorrectly decided. A case is either all right or all wrong. Using STAR, the accuracy rate was 64%—fewer than two out of three claims were correctly decided.

While STAR provided a more realistic assessment of the quality of VA claims adjudication, STAR does not currently meet generally accepted governmental standards for independence and separation of duties. Reviews of regional office decisions are made by persons who are also decision makers reporting to managers whose evaluations are enhanced if quality results are shown. There is not sufficient staff whose primary focus is improving the quality of claims adjudication at the regional office level. In order to pinpoint errors, it is important to be able to identify regional offices which have specific high or low accuracy rates and to ascertain the reasons for discrepancies between regional offices.

One measure of quality, the percentage of decisions appealed to the Board of Veterans Appeals (the Board) which are either reversed or remanded back to the regional offices for further work, is particularly disturbing. During fiscal year 1998, 17.2% of the appealed decisions were reversed outright by the Board. An additional 41.2% of the appeals were remanded for further action by the regional offices. Another measure of accuracy is the integrity of data relied upon by the VBA. During 1998, the VA Inspector General issued a report finding that data entered into the VBA computer system was being manipulated to make it appear that claims were processed more efficiently than was actually occurring.

Problems are not confined to the Compensation and Pension Service. In reviewing VA's compliance with statutory financial requirements, the General Accounting Office (GAO) noted that VA's home loan program was unable to perform routine accounting functions and had lost control over a number of loans which were transferred to an outside loan company for continued loan servicing. VA was not able to obtain an unqualified audit opinion as a result of these deficiencies. On February 24, 1999, VA's Inspector General reported that the $400 million vocational rehabilitation program was placed at high risk after the Qualify Assurance Program for that service was discontinued in 1995.

Because of the fundamental importance of accurate and effective claims processing and adjudication by VA regional offices, and the need for effective oversight of Regional Office claims processing and adjudication by the VBA, I requested GAO to review VBA's quality assurance policies and practices. On March 1,

1999, GAO issued a report which determined that further improvement was needed in claims-processing accuracy. In particular, GAO determined that VBA's quality assurance activities did not meet the standards for independence and internal control. These standards are contained in the Comptroller General of the United States, United States General Accounting publication Government Auditing Standards (1994 Revision).

Section 801 of the bill is designed to give VBA sufficient flexibility to design the program in a manner so as to achieve its objective of improving the quality of claims adjudication. I have been informally advised by the General Accounting Office that under VBA's present structure, placement of the functions within the jurisdiction of the Deputy Under Secretary for Management would provide sufficient independence to meet the relevant standards.

In fiscal year 2000, the GAO will pay over $22 billion in monetary benefits to veterans. I expect that the careful development and implementation of a program of quality assurance, which meets generally accepted governmental auditing standards for program performance audits, will provide impartial and independent oversight of the quality of claims adjudication decisions and will improve the confidence of veterans in a system which is designed to recognize the sacrifices our Nation's veterans have made.

With the establishment of independent oversight of the qualify of claims adjudication decisions, the number of claims which are remanded because of the poor quality of claims adjudication will be reduced. With better initial decisions and fewer remands for re-adjudication, veterans will receive a quicker and a more accurate response.

The conference agreement changes the way decisions concerning claims for compensation and pension, education, vocational rehabilitation and counseling, home loan and insurance benefits will be reviewed and evaluated. Employees who are independent of decisions makers will be devoted to identifying problems in the decision-making process. By identifying the kinds of errors made by VA personnel, VBA managers will be able to take appropriate action. I expect that remand rates will be significantly reduced and veterans will find that VA makes the right decision the first time the claim is presented. As the author of the language, I am pleased the conference agreement contains these provisions.

We can not expect any real improvement in the timeliness of claims adjudication unless the barriers to quality decision making are identified and addressed in a systemic fashion. Our nation's veterans deserve to have their claims for VA benefits decided right the first time. By enacting this provision, Congress has put the VA claims adjudication process on the right track. Our veterans deserve no less.

ADVISORY COMMITTEE ON MINORITY VETERANS

The Advisory Committee on Minority Veterans has offered concrete recommendations for the last five years to the Secretary on the special challenges of minority veterans who seek care and benefits from VA. Unlike many other Federal Advisory Committees, the authority for the Advisory Committee on Minority Veterans is temporary. H.R. 2116 as agreed to by the conference extends the authority for this Committee through 2003. I will continue to work to ensure that the authority for the Committee is offered parity with other Federal Advisory Committees and extended indefinitely.

HOMELESS VETERANS' REINTEGRATION PROGRAMS

I am very pleased that the conference agreement reauthorized the Homeless Veterans' Reintegration Programs (HVRP). Under the compromise agreement, this program would be extended for four years through fiscal year 2003. The authorized funding levels for the program would be $10 million in FY 2000, $15 million in FY 2001, $20 million in FY 2002, and $20 million in FY 2003. Although section 302 of H.R. 2280 would have extended this program for five years at authorized funding levels of $10 million for FY 2000, $15 million for FY 2001, $20 million for FY 2002, $25 million for FY 2003, and $30 million for FY 2004, the compromise is a good one. It will enable the community-based organizations across the country that are funded by this program to continue their very effective work helping homeless veterans reenter the workforce.

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

Mr. STUMP. Mr. Speaker, I yield 6 minutes to the gentleman from Florida (Mr. STEARNS), the chairman of our Subcommittee on Health.

Mr. STEARNS. Mr. Speaker, I thank the gentleman for yielding me this time. I commend his leadership in pushing this bill forward. I commend the gentleman from Illinois (Mr. EVANS) and the gentleman from Illinois (Mr. GUTIERREZ), my ranking member. I also want to commend the staff, the senior member, Ralph Immon and Carl Commenator, who is chief of staff for the gentleman from Arizona (Mr. STUMP), for all of the diligence that they did; and many of us know a lot of these bills do not get put together until the staff is implementing them and does the details.

I think it is altogether fitting this afternoon, as we honored America's veterans and fallen heroes last week, that we make this historic bill come to the House and get passage. I think it will be a day that we look back on and note that Congress took two historic steps during this first session of the 106th Congress. One, of course, was passing an additional $1.7 billion for veterans' medical care; and second, I believe, will be the adoption of this bill. It is a bold new step for our veterans for the next millennium, and I am very pleased that we were able to get bipartisan support. It covers a broad spectrum of veterans' benefits, some of the most significant provisions affecting the VA health care system, and I am proud to have introduced this bill.

In working with the other body in conference, we set aside a few contentious issues, adopted a number of Senate provisions, and strengthened some of our own. At its core, however, I say to my colleagues, the conference report achieves a broad goal underlying the millennium health care bill that we voted on overwhelmingly here not too long ago. Most important, the bill provides a blueprint, as I mentioned earlier, for the next millennium.

Like the original House-passed measure, the conference report has four central themes: one, to give the VA much needed direction for meeting veterans' long-term care; two, to expand veterans' access to care; three, to close gaps in current eligibility law; and, four, to make needed reforms that will further improve the VA health care system.

This important legislation tackles some of the major challenges that we face with the VA health care system, and foremost among these are the long-term care of our aging veterans. The challenge has gone unanswered for too long. And of singular importance, this legislation would put a halt to the steady erosion we have seen in the VA long-term care program.

It would establish for the first time that the VA must maintain and operate long-term care programs. It would require that the VA provide needed nursing home care to veterans who are 70 percent or more service-connected disabled and veterans who need such care for service-connected conditions. It would also provide for the VA to furnish alternatives to institutional care to veterans who are enrolled for VA care. Through these and other provisions, it would provide greater assurance that veterans who rely on VA for care would have access to needed services.

The conferees devoted a great deal of time to the issue of long-term care because it is of such importance to our aging veterans population. These are very important provisions to our veterans, and we will certainly monitor their impact in the months and years ahead.

There are a couple of things, Mr. Speaker, that I am a little disappointed about; and one is that we did not contain the question of the obsolete, unused VA hospitals. We had set a particular criteria, limits and safeguards. This was not adopted. Veterans and VA employees would have been better served by the protections we proposed. But they were not part of the bill, and that is for another time.

The measure we take up today, however, helps address the VA's infrastructure challenge. In essence, the VA has an extensive facility infrastructure, and with it, the burden of maintaining thousands of buildings and extensive acreage at more than 180 sites across the country. While the conference report does not specifically address the inevitable need for the VA to deal with these obsolete facilities so that the money spent on them could be used to take care of our veterans, it gives the VA an important tool to improve the management of its capital assets, and I think that is important. It does so by providing VA facility managers considerably more flexibility and incentives to negotiate long-term leases under which unused or under-used VA properties may be developed. Given the capital resources at the VA's disposal, long-term care leasing could be used extensively. Importantly, veterans will be the ultimate beneficiaries of these projects.

The VA health care system has improved significantly, I believe, in the last 4 years; and this comprehensive bill will continue the VA on the course of providing veterans better access to needed care. I am proud, and I believe this bill breaks brand-new ground in such areas as long-term care.

Mr. Speaker, there are many other provisions in this bill. Let me just touch on one. For example, the bill arms the VA for the first time with the means to cover uninsured veterans who cannot reach a VA facility in a medical emergency. It provides assurance that a combat-injured veteran who has not previously sought VA compensation can get priority health care. It offers military retirees improved access to VA care. It extends and expands VA's grant program to assist in combating homelessness among veterans. It continues VA sexual trauma counseling program, it reforms the VA program of grants to the States to assist in the construction and renovation of States' veterans' homes; and lastly, it provides for new revenues which would help place the VA health care system on a sounder footing.

So for all of these reasons, I strongly urge my colleagues to vote for this and adopt the conference report.

Mr. Speaker, I rise in support of the conference report.

It is altogether fitting that after honoring America's fallen heroes last week at Veterans' Day ceremonies across the country, we bring a historic veterans' bill to the floor today.

I believe we will one day look back, and note that the Congress took two historic actions on behalf of America's veterans this session. First, it rejected an Administration budget plan which would have crippled the VA health care system. Instead, we added a record $1.7 billion for veterans' medical care. Second, we adopted this conference report.

While the report covers a broad spectrum of veterans' benefits, some of its more significant provisions affect the VA health care system, and have their genesis in the Veterans Millennium Health Care Act, H.R. 2116, which I am proud to have introduced.

In working with the other body in conference, we set aside a few contentious issues and adopted a number of Senate provisions while strengthening some of our own. At its core, however, the conference report achieves the broad goals underlying the Veterans' Millennium Health Care Act. Most important, this bill provides a blueprint to help position VA for the future.

Like the original House-passed measure, the conference report has four central themes: (1) to give VA much-needed direction for meeting veterans' long-term care needs; (2) to expand veterans' access to care; (3) to close gaps in current eligibility law; and (4) to make needed reforms that will further improve the VA for health care system.

This important legislation tackles some of the major challenges facing the VA health care system. Foremost among VA's challenges are the long-term care needs of aging veterans. That challenge has gone unanswered for too long. Of singular importance, this legislation would put a halt to the steady erosion we have seen in VA long term care programs. Moreover, it would establish a framework for expanding access to needed long-term care services. And it could provide greater assurance than under current law that veterans who rely on VA for care would gain access to needed services. At the same time, we have approached this difficult issue with sensitivity to its costs, and will be monitoring its impact. To illustrate, in our conference with the Senate we substantially modified a provision in S. 1076 which would have required VA to provide an extensive array of services (specifically identified services constituting alternatives to institutional care) to veterans enrolled for VA care. Among the changes to that provision which were adopted by the conferees was language which makes it clear that, in the case of a veteran who has eligibility for such a service (home health care, for example) under another Federal program, VA has no obligation to furnish that service. The expectation, instead, is that VA would refer, or otherwise arrange for that veteran to obtain those services as beneficiary of that other program.

The original House-passed bill confronted the challenge posed by a General Accounting Office audit which found that VA may spend billions of dollars in the next five years to operate unneeded buildings. In testimony before my Subcommittee, GAO stated that one of every four VA medical care dollars is spent in maintaining buildings rather than caring for patients. It is no secret that VA has discussed hospital closures (and has a closure proposal under review at this time). In some locations, changing the mission of a VA facility would certainly make sense. The point is that VA has the authority to take such a step and has already used in an number of instances.

I am disappointed that the conference report does not contain a House-passed provision which focused directly on the question of obsolete, underused VA hospitals. That bill would have set some important limits and safeguards on the process VA employs in realigning its facilities. Veterans and VA employees would have been well served by the protections proposed in that bill—protections which are not provided under current law. In sum, that provision was not aimed at diminishing the services furnished America's veterans, but at improving them.

The measure we take up today does, however, help address the VA's infrastructure challenge. In essence, VA has an extensive facility infrastructure, and with it the burden of maintaining thousands of buildings and acreage across the country. It maintains some 4700 buildings at more than 180 major sites. More than 40 percent of those structure are more than 50 years old; almost 200 of them were built before 1900. Many of its facilities were designed to provide care in a very different manner than the way care is provided today. While VA has made renovations to its older hospitals to keep them operational and safe, many are functionally obsolete.

While the conference report does not specifically address the closure of obsolete facilities or direct VA to confront its infrastructure challenge, it provides VA an important tool to improve the management of its capital assets. It does so by giving VA considerably more flexibility, and incentive, to employ what has to date been a little used authority known as ''enhanced use leasing.'' Under authority created in Public Law 102–86, VA may enter into long-term (up to 35 years) leases under which VA could permit private development of VA property for uses that are not inconsistent with VA's mission, so long as the overall objective of the lease enhances a VA mission. Enhanced use leasing offers VA an opportunity to benefit from unused or underused capital assets. VA has employed this authority to develop such new uses as child care centers, parking facilities, and energy generation projects.

Given the capital resources at VA's disposal, long-term leasing could be used even more extensively to improve VA's health-delivery mission. To that end, this measure would expand VA's enhanced use leasing authority. It would give VA the latitude to enter into such a lease—not simply to enhance VA property with an activity that contribute to the VA mission—but to realize the broader goal of improving services to veterans in the area. So this leasing authority could be used to generate revenue from unneeded VA assets and apply such revenue to improve VA care. To foster that objective, the enabling legislation would be further amended to provide greater incentives for facility management to use this valuable tool. To that end, the measure provides that consideration under such a lease is to be retained locally and used to improve services. It would also expand the maximum lease term from the current 35 years to 75 years, thus overcoming a limitation which can be a formidable barrier to needed financing.

It is noteworthy that VA has in some instances entered into enhanced use leases in which the lessee has obtained financing for the development of facilities through the municipal bond market. The availability of this source of low-cost financing for facilities developed on VA-controlled lands under enhanced-use leases has resulted in significant savings and revenues for VA, furthering its ability to serve veterans. The availability of municipal bond market financing has also encouraged VA to enter into mutually advantageous arrangements with state and local entities which, in turn, has fostered ventures which not only advance VA's mission but benefit local government entities and local communities. Accordingly, the Secretary is encouraged to pursue this type of financing for its enhanced-use lessees. Moreover, any facility, structure or improvement that is subject to an enhanced use lease should be considered a public project owned by and under the general control of the Department of Veterans' Affairs if such facility, structure or improvement was developed, constructed, operated, or maintained pursuant to an enhanced-use lease.

In sum, the VA health care system has certainly improved significantly in the last four years. This comprehensive bill would continue VA on the course of improving veterans' access to needed care. I'm proud that this bill breaks new ground for our veterans in the areas of long term care, emergency care coverage, military retirees' care, and placing the VA health care system on a sounder footing.

We have worked closely with veterans' organizations in developing this legislation; they have recognized the important advances the bill would establish. I particularly want to thank the many veterans organizations—representing millions of veterans—who supported and worked for this legislation. We and they have not achieved all our objectives, but we

have taken a major step toward the new millennium in honoring our commitment to veterans.

Mr. Speaker, I urge Members to join with the many veterans groups and support this important bill.

Mr. EVANS. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. FILNER).

Mr. FILNER. Mr. Speaker, I too rise in full support of the conference agreement on long-term veterans' health care, and I thank the gentleman from Florida (Mr. STEARNS), chairman of the Subcommittee on Health of the Committee on Veterans Affairs for leading us in a bipartisan bill that we could all support. As the gentleman said, this bill improves and enhances virtually every major program administered by the Department of Veterans' Affairs.

As the ranking Democrat on the Subcommittee on Benefits, there are two provisions I particularly want to mention. Legislation I sponsored in the 105th Congress restored eligibility for dependency and indemnity compensation to former DIC recipients who had lost eligibility for this benefit when they remarried. My provision in Public Law 150–178 restored DIC benefits if a subsequent marriage ended. I am very pleased that section 502 of this agreement expands that legislation and will restore CHAMPVA medical coverage, educational assistance, and housing loan benefits to this group of surviving spouses.

Additionally, I am very pleased that section 901 of this bill reauthorizes and increases funding for the Homeless Veterans Reintegration Program.

I am very satisfied with the compromise in the bill that gradually increases funding to $20 million per year that will enable the Department of Labor's Veterans' Employment and Training Service to effectively administer the program, and the increased funding level will give thousands of homeless veterans the assistance they need to reenter employment.

Finally, I want to commend the conferees for including the House-passed provision which enables veterans to receive chiropractic care through the health care system. Chiropractic is the most widespread of the complementary and alternative approaches to medicine in the United States. Each year, nearly 27 million patients seek the services of doctors of chiropractic, receiving safe and effective and appropriate care from highly trained State-licensed providers. The research record continues to validate the use of chiropractic for a wide range of conditions.

In practically all areas of the Federal health care system, Congress has recognized this rule of chiropractic care by providing beneficiaries with access to services. The VA has chosen not to make chiropractic routinely available to veterans, thereby limiting their choice and their ability to be an active participant in their own health care.

This agreement ensures that the VA will develop, with licensed doctors of chiropractic, a policy that will provide veterans with access to this care. It ensures that veterans, like patients in every other health care system, will have the ability to make health care choices that best address their needs. It affords veterans the best of both worlds by integrating conventional medicine with complementary medicine, so I am pleased to support this provision of the bill.

Mr. Speaker, H.R. 2116 is an excellent agreement that will enhance the lives of millions of veterans and their families. I urge my colleagues to vote in favor of this measure.

Mr. STUMP. Mr. Speaker, I yield 3 minutes to the gentleman from Florida (Mr. BILIRAKIS), a member of the committee.

□ 1730

Mr. BILIRAKIS. Mr. Speaker, I thank the gentleman for yielding time to me.

Mr. Speaker, I rise, too, in strong support of H.R. 2116, the Veterans' Millennium Health Care Act.

In addition to making comprehensive reforms to the veterans health care system, which others have and will describe, this legislation includes provisions to assist the surviving spouses of certain former prisoners of war.

These provisions, Mr. Speaker, are similar to legislation that I introduced earlier this year. Specifically, the provisions included in H.R. 2116 will allow certain spouses of former POWs to qualify for survivor benefits. These women might not otherwise be eligible for such benefits under current law.

The Dependency and Indemnity Compensation, the DIC program, provides monthly benefits to the survivors of veterans who die of service-connected conditions. Under current law, DIC payments may also be authorized for the survivors of veterans whose deaths were not the result of a service-connected disability.

In this case, the spouse only qualifies for DIC benefits if the former POW is rated totally disabled for a period of 10 years or more immediately preceding his death.

There are approximately 20 presumptive service-connected conditions for former POWs who were detained or interned for at least 30 days. Unfortunately, some of these presumptions have been in effect for less than 10 years. This means that a spouse of a former POW may not qualify for DIC benefits if the veteran dies of a non-service-connected condition before meeting the 10-year time requirement.

Even if a presumption has been in effect for 10 or more years, many ex-POWs will not have been rated as totally disabled for the minimum period of time required before their deaths. This may occur for a variety of reasons. For example, the POW may not have filed a disability claim as soon as the presumption was enacted, or it may have taken a while for his claim to be adjudicated. Alternatively, the POW could have a lower disability rating that worsened over time.

This issue was first brought to my attention by a very close friend of mine, Mr. Wayne Hitchcock of Dunedin, Florida. Wayne is the past national commander of the American Ex-Prisoners of War, and is now seriously ill and in the hospital. I credit this portion of H.R. 2116 to ex-POWs Wayne Hitchcock and recently deceased Bill Rolen.

After talking to Wayne, I introduced the bill to waive the 10-year time requirement for the surviving spouses of former POWs. The bill was incorporated into a larger benefits bill which passed the House in June. The provisions that have been included in H.R. 2116 are slightly modified. They will allow the surviving spouse of a former POW to receive DIC compensation if the veteran is rated totally disabled for 1 year prior to his death.

We all know, Mr. Speaker, that military service does not take place in a vacuum. Many POWs experience unimaginable horrors. Today many continue to experience prolonged battles with various illnesses and other disabilities. Consequently, their spouses have spent years caring for them after their release from prisoner of war camps. These women deserve DIC benefits. I urge my colleagues to support this legislation.

Mr. EVANS. Mr. Speaker, I yield such time as he may consume to the gentleman from Texas (Mr. GREEN).

(Mr. GREEN of Texas asked and was given permission to revise and extend his remarks.)

Mr. GREEN of Texas. Mr. Speaker, I rise today concerning H.R. 2116, the Veterans' Millennium Health Care Act.

As my colleagues are aware, I have been a strong supporter of veterans since my election to this House. However, this bill, hastily added to the schedule today, could be unfair and detrimental to veterans in the State of Texas.

Section 206 of this bill would reorder the priorities under which state veterans' homes currently receive VA state home construction grants. Under the current priority scheme, Texas would likely receive grants for seven State Veteran Home projects. Our projects hold spots 3–9 on the VA list that was published on November 3 of this year. Section 206 could reduce the number of State Veterans' Homes Texas would receive.

Texas has the third largest veterans' population in the nation, and that population is aging. Until last year, we had never received any funding for these grants. We received grants for four last year, and while those funds have helped, the need for additional homes is still great.

I understand that the new priority scheme would prioritize funding for upgrading existing facilities where there are safety concerns. This is a difficult balance to strike, but what stands out to me is that this process is already underway and the State of Texas has already made plans for these homes. Now we want to change that process in midstream and this legislation would make no accommodation for that.

Nobody wants to vote against veterans health care, so I would urge my colleagues to

delay this legislation so that we can reach an agreement that would treat all of our nation's veterans fairly.

Mr. EVANS. Mr. Speaker, I yield 3 minutes to the gentlewoman from Florida (Ms. BROWN).

Ms. BROWN of Florida. Mr. Speaker, it is a pleasure to come to the floor today to support the conference report for the Veterans Millenium Health Care Act. This was the first conference involving Members in many years, in fact, 25. We have only had three conferences in 25 years, so I wanted to thank my colleagues and the committee staff for all of their hard work in putting this compromise bill together.

The Veterans Millenium Health Care Act will positively serve veterans in my State of Florida and throughout the Nation. This bill, although not perfect, will offer additional medical and long-term care options for a rapidly aging veterans population, extend vital programs like VA's sexual trauma program, the health evaluation programs for Gulf War veterans, and VA homeless veterans assistance programs; in addition, education benefits and housing loan guarantees, and requiring the Secretary of Veterans Affairs to obligate funds for the establishment of six additional national cemeteries for veterans, and to conduct an independent study on burial benefits.

I have personally worked very hard in support of additional cemetery spaces for our veterans. My State of Florida, which has the oldest veteran population in the Nation, is in desperate need of additional burial space. Today, of the four national cemeteries in Florida, only two remain fully open to the veterans population. For those who served this country with pride and dignity, VA will now be obligated to provide an opportunity to be buried in a national cemetery near their home, an opportunity that is not available to many of our veterans.

Standing on the threshold of a new century, it is our obligation as Members of Congress to again affirm America's solid commitment to her veterans, past, present, and future, and to their families, and to provide the appropriate health care and service promised them. The Department of Veterans Affairs will fully carry out its responsibility to that end.

Mr. STUMP. Mr. Speaker, I yield 4 minutes to the gentleman from Arizona (Mr. HAYWORTH), a member of the committee.

Mr. HAYWORTH. Mr. Speaker, I thank the gentleman, the chairman of our committee and the dean of our delegation from Arizona for yielding time to me.

Mr. Speaker, last Thursday, the 11th day of the 11th month of the 11th hour, I joined with veterans in Apache Junction, Arizona, and then later that day in Payson, Arizona, to commemorate their contributions to our national security on Veterans Day.

It is in their honor, and indeed, Mr. Speaker, in honor of all who have worn the uniform of our country in peacetime and in war, that I am pleased to rise today in support of H.R. 2116, the bipartisan Veterans' Millenium Health Care Act.

Mr. Speaker, veterans' benefits are truly earned opportunities. I am very pleased we are able to approach this new century with comprehensive new legislation. This bill makes a number of needed improvements to programs serving veterans, two of which I would like to briefly highlight.

As the gentleman from Arizona (Chairman STUMP) indicated, the bill would authorize the American Battle Monuments Commission to begin construction of the World War II monument here in the District of Columbia.

Mr. Speaker, the World War II generation, as NBC nightly news managing editor and anchor Tom Brokaw has written, is in fact the greatest generation. What greater gift can one generation, in this case, our World War II generation, give to the generations that follow than freedom? And, what more enduring thanks can America give our World War II veterans than to build their memorial, and build it now?

H.R. 2116 also aggressively authorizes appropriations to the Department of Labor for the homeless veterans reintegration program. Mr. Speaker, as we approach a new century, on any given evening it is estimated that more than 275,000 veterans, the equivalent of 17 infantry divisions, will sleep in doorways, in boxes, and on grates in our cities, and in barns, in lean-tos, and on the ground in our towns.

Mr. Speaker, our millenium bill aims to help many of these men and women find jobs by authorizing a 4-year increase in Labor Department funding for this competitively-bid nationwide community-based employment program. I know of no group that wants to break the cycle of homelessness more than America's sons and daughters who have worn the uniform of this country.

Finally, Mr. Speaker, I would note that despite the strong efforts of the gentleman from Arizona (Chairman STUMP), the ranking member, the gentleman from Illinois (Mr. EVANS), and the efforts of our own subcommittee chaired by the gentleman from New York (Mr. QUINN), the House version for the current G.I. bill and the role it hopefully will play in resolving veterans' transition and military recruitment issues in the next century is not part of this legislation, but Mr. Speaker, it will be a top subcommittee priority next year.

Mr. Speaker, H.R. 2116 is the result of bipartisan hard work, for which I thank the Members on both sides of the aisle, and specifically, the members of our Subcommittee on Benefits.

Mr. Speaker, I urge my colleagues to support this millenium bill because it accords veterans opportunities that they have earned; nothing more and nothing less. I thank the chairman of the full committee for his longstanding leadership on behalf of our Nation's veterans, and I thank the ranking minority member for his continued commitment and support, as well.

Mr. Speaker, in closing, I would celebrate the bipartisan nature of this bill, and join with the gentleman from Arizona (Chairman STUMP) and the ranking member, the gentleman from Illinois (Mr. EVANS) in congratulating Ms. Jill Cochran, longtime Democratic member staff director for the Subcommittee on Benefits, on her upcoming retirement after a quarter century, 25 years of dedicated service to our veterans affairs committee.

Mr. Speaker, Jill has made a wonderful contribution. I know my colleagues in this body extend their kindest wishes as she embarks on the next phase of her journey in life.

Mr. EVANS. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. RODRIGUEZ).

Mr. RODRIGUEZ. Mr. Speaker, I thank the gentleman from Illinois (Mr. EVANS), the ranking minority member, for yielding time to me, and I thank him for his efforts in this area.

Mr. Speaker, there is no doubt that there is a critical need throughout the United States when it comes to our veterans, our homeless veterans that are in need of housing. In Texas in particular, I know that we have been working real hard and got the first initial four. It was one of the first States that did not have any additional homes.

I want to take this opportunity and ask the subcommittee chairman, the gentleman from Florida (Mr. STEARNS) to engage in a colloquy, if he would.

One of the things that I wanted to ask, because I know one of the things as we move into next year, we have allocated $90 million. I feel real strongly that there is a need for additional resources. We know we have a long list.

It is my understanding that one of the new priorities that we have indicated and that we have reranked is based on need, and it is based on identifying the importance of that need in those specific States. I just want to get a clarification from the gentleman from that perspective. In addition to that, I want to get some feedback also from the gentleman in terms of hopefully a drive or push as we move into the year 2000, 2001, and on for stressing the importance of additional resources in this specific area.

Mr. STEARNS. Mr. Speaker, will the gentleman yield?

Mr. RODRIGUEZ. I yield to the gentleman from Florida.

Mr. STEARNS. Mr. Speaker, I thank the gentleman for yielding to me.

Mr. Speaker, I think the gentleman is talking about the home construction program. I certainly think the subcommittee would look favorably next year when we review the budget for the State home construction program, and to look for a recommendation for sufficient funds to meet the needs of States like the gentleman's, Texas, and of course States like mine, Florida, the

Sunbelt, where we have these continued needs for facilities.

We have an influx of veterans, more so than other places. For that, homes for veterans, that whole construction project will be looked favorably upon for more money. I assure the Member we will try and take that up in the spring.

Mr. RODRIGUEZ. In this particular process, we were ranked at a certain level. It is my understanding that that ranking will not necessarily change, but in terms of redefining that ranking based on need.

In addition to grandfathering in some of the 99 projects, those States that had additional homes, for example, it was my understanding that Florida is also very similar to Texas, where the gentleman has not moved either like Texas in terms of trying to get those homes as much as other States have.

If that occurs, then, that means that or my understanding is that we are going to prioritize the 99 projects of some of the old existing homes versus new existing homes, is that correct?

Mr. STEARNS. I think that would be a good approximation of what we will be looking at in terms of the gentleman's State, my State. In fact, I have received letters from other Members from their States, too. So looking at the balance of all this relatively, I assure the gentleman we will look at it in the spring.

Mr. RODRIGUEZ. I thank the gentleman very much.

Mr. STUMP. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from New Jersey (Mr. SMITH), vice-chairman of the Committee on Veterans' Affairs.

Mr. SMITH of New Jersey. Mr. Speaker, I thank the chairman of the full committee, my good friend, the gentleman from Arizona (Mr. STUMP), the gentleman from Florida (Mr. STEARNS), the chairman of the subcommittee, the gentleman from Illinois (Mr. EVANS), and all who have done so much on this important piece of legislation.

Mr. Speaker, this is a great day for our veterans. This legislation is comprehensive. Its name certainly is indicative of what it is, a very forward-thinking bill, the Veterans Millennium Health Care Act. This legislation positions us for the challenges ahead.

I just want to thank the gentleman from Florida (Mr. STEARNS) and the gentleman from Arizona (Mr. STUMP) for including two provisions that I have been working on, one for over 10 years.

One of the widows of a former serviceman, a Navy officer in my state, for years had been denied, denied compensation for his very, very untimely death. He suffered from a very rare disease, a lung cancer that usually is the result of plutonium exposure.

He was one of those who was on the U.S.S. *McKinley* during an atomic test—code named operation wigwam. The Record shows that Tom McCarthy was bathed in an atomic aerosol that more than likely contained plutonium, and then suffered the onset of cancer and a premature death. Bronchiolo alveolar carcinoma, the malady Tom was infected with is a nonsmoking disease that is usually induced by exposure to plutonium.

Unfortunately, his widow, Joan McCarthy, was denied year after year after year when she would put in claims to the VA. That is a profound injustice that my provision sets right. This legislation finally, belatedly recognizes that her claim is legitimate, authentic, and ought to be paid. It seems to me, this is the very least our action can do. As a matter of fact, we owe Joan an apology for our collective indifference for her loss.

Again, I want to thank the chairman, the gentleman from Arizona (Mr. STUMP) throughout two decades, and Mr. Montgomery when he was here was always very supportive of this legislation when he was chairman. We have finally succeeded in righting, to some extent, a terrible wrong which will now help this widow and other widows who have suffered.

I also want to thank the chairman, the gentleman from Arizona (Mr. STUMP) and the gentleman from Florida (Mr. STEARNS) for their support of the respite care provisions.

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Respite care is one of those very often unrecognized needs. The caregivers who spend on average about 10½ hours a day helping disabled loved ones, usually their family members. And in this case we are talking about veterans, many of whom are World War II veterans. My legislation, which is now a provision and tax bill, will provide contract care, the ability, the authority for the VA to contract so that that respite care can be given. Under current law, in order to receive respite care benefits, the caregiver has to put the loved one into a VA or State nursing home. That is so onerous and unworkable that in 1998, only 232 cases of respite care was provided by the VA; and we know that the need exceeds that. This new VA authority vests the VA with the ability to contract out for respite care.

Mr. Speaker, I again want to thank all of those who were involved in writing this legislation. Our staff has been extraordinarily effective. We had a very challenging conference with the Senate. But, thankfully, there was a meeting of the minds. Prudent compromises were agreed to. So I salute the gentleman from Arizona (Mr. STUMP) and the gentleman from Florida (Mr. STEARNS) for their extraordinary leadership. They are great friends of the veteran. This is an outstanding bill. I urge support for it.

Mr. EVANS. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. REYES).

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

Mr. REYES. Mr. Speaker, I thank the gentleman from Illinois (Mr. EVANS) for yielding me this time. I also want to thank the gentleman from Arizona (Chairman STUMP) and the gentleman from Illinois (Mr. EVANS), ranking member, for all the hard work and support that they have given our Nation's veterans.

I, too, as the gentleman from Texas was concerned, am concerned about the reprioritization of the veterans' nursing homes. I appreciate the hard work and the reassurances from the gentleman from Florida (Chairman STEARNS) that he will work with us to make sure that these homes are prioritized and we get an opportunity to provide these kinds of facilities for our veterans in States like Texas.

Mr. Speaker, one of the biggest challenges that I see our committee having to deal with is the challenge of addressing the migration of the veterans to the Sunbelt States like Florida, Texas, and Arizona. As we work through this process in the coming year, in the next fiscal year, I hope that all of us are able to provide for all the Nations' veterans.

Mr. EVANS. Mr. Speaker, I yield 2 minutes to the gentleman from Mississippi (Mr. SHOWS).

Mr. SHOWS. Mr. Speaker, this legislation is a step in the right direction. I am encouraged to see this legislation, the Veteran's Millennium Health Care Act. I would like to congratulate the gentleman from Florida (Mr. STEARNS) for bringing forward this comprehensive and ambitious legislation, as well as the gentleman from Arizona (Mr. STUMP) and the gentleman from Illinois (Mr. EVANS).

Mr. Speaker, I have 46,000 veterans in my district alone. With a growing and older veterans population in the South, it is particularly important to address long-term care. The Sonny Montgomery Medical Center is in my district. This facility serves a veterans population of 130,000 veterans in 50 central Mississippi counties and six Louisiana parishes. With an ever-growing veterans population, legislation and resources are needed to ensure that long-term care, including nursing home care, assisted living, is required, not just desired.

This legislation will create a 4-year plan requiring the Veterans Affairs Department to provide institutional care to veterans with service-connected disabilities of 70 percent or greater. This is needed legislation. I am proud to be able to vote for this ambitious legislation.

Mr. EVANS. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

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

Mr. Speaker, I want to thank the gentleman from New York (Mr. QUINN) and the gentleman from California (Mr. FILNER), the chairman and ranking member of the Subcommittee on Benefits, for their hard work on this bill. I

would like to express my appreciation to the gentleman from Florida (Mr. STEARNS), the chairman of the Subcommittee on Health, for introducing the health care provisions in the Millennium Health Care Act, as well as the gentleman from Illinois (Mr. GUTIERREZ), the subcommittee's ranking member.

Mr. Speaker, as always the gentleman from Illinois (Mr. EVANS) the ranking member of the full committee, has worked in the committee's traditional bipartisan fashion on this important legislation. I thank the gentleman for his effort and for his efforts on all the legislation that we have had this year.

The House and Senate VA committees came to this agreement over the past week, and I want to express my appreciation to both Senators SPECTER and ROCKEFELLER, the chairman and ranking member of the VA committee on the Senate side, for their cooperative spirit in which they approach all issues considered in conference.

The staff of the House Committee on Veterans' Affairs and the Senate VA committee should be commended for their cooperation demonstrated during our final legislative deliberations of this year. One particular staff member needs to be singled out and I would like to pay tribute to Jill T. Cochran on the occasion of her retirement. Jill leaves after 25 years of service, and we commend her for her service to the House on behalf of our Nation's veterans. We wish Jill all the very best.

Mr. BLILEY. Mr. Speaker, today I rise in support of the Veterans Millennium Health Care Act of 1999 Conference Report. Included in this Conference Report is my bill H.R. 430, the Combat Veterans Medical Equity Act. Due to the broad base of support, my bill gained 177 cosponsors and was endorsed by the Military Order of the Purple Heart, Catholic War Veterans, The Non Commissioned Officers Association of the United States of America, Veterans of Foreign Wars, Legion of Valor, American Veterans Committee and the Jewish War Veterans.

Most people are unaware that under current law, combat wounded veterans do not always qualify for medical care at VA facilities. This bill will change the law to ensure combat wounded veterans receive automatic access to treatment at VA facilities.

It sets the enrollment priority for combat injured veterans for medical service at level three—the same level as former Prisoner of Wars and veterans with service connected disabilities rated between 10 and 20 percent.

We as a nation owe a debt of gratitude to all our veterans who have been awarded the Purple Heart for injuries suffered in service to our country. I would like to thank Chairman STUMP and Chairman SPECTER for including my legislation, the Combat Veterans Medical Equity Act, in this important legislation. I would also like to congratulate the Military Order of the Purple Heart for their hard work and advocacy on behalf of our nations combat wounded veterans.

The Veterans Millennium Health Care Act of 1999 is long overdue. I am proud to support this bill for our nation's veterans and I urge a yes vote.

Mr. PORTMAN. Mr. Speaker, the conference report on H.R. 2116, the Veterans Millennium Health Care Act of 1999, is important legislation designed to lay the ground work for veterans health care into the next century.

Overall, I support many of the provisions of H.R. 2116 that provide needed modifications to the VA health care system, and I will vote for the bill. However, I do have serious concerns about one element of the bill which will unfairly delay funding for a proposed nursing home facility that is desperately needed to serve veterans in southern Ohio. I say unfairly because under current law, the proposed facility in Georgetown, Ohio is well on track to receive final approval by VA for FY 2000 funds to pay the federal share of the project. The problem is that all parties involved—the VA, the State of Ohio, local government officials, and concerned veterans groups—have acted in good faith and followed the rules under the application process. Unfortunately, H.R. 2116 changes those rules in the middle of the game, preventing Georgetown from receiving the federal funds in FY 2000 as planned.

Ohio has a serious shortfall of more than 4,000 VA nursing home beds. In fact, the only VA nursing home serving Ohio is in Sandusky—a 4 or 5 hour drive from southern Ohio—and 160 veterans are on the waiting list. Since only 8 of the home's 650 residents are from southern Ohio, it is clear why the Georgetown facility is vital to the veterans in our part of the state.

The State of Ohio recognizes the urgency of this situation and has committed $4.5 million for its share of the construction money in Ohio's FY 2000 budget. The state has also committed $500,000 for various administrative expenses to see the project to completion for a total of $5 million in state funds. I want to add that Brown County has spent $186,000 of its own funds for land acquisition, an environmental impact study and for other expenses, so there has been a considerable state and local investment in this project. The VA agrees that the Georgetown facility is important to veterans in Ohio, and the Secretary has placed the project on the Department's priority one list to receive the federal share of funding at $7.8 million.

During consideration of the House-passed version of H.R. 2116 in September, I voiced my concerns that the bill would delay the Georgetown project for several years. Chairman STUMP, Chairman STEARNS and ranking members EVANS and GUTIERREZ agree that it is important to move ahead with the project, and they worked with the Senate to include language that will have the effect of placing the Georgetown facility first on the list for federal funding in FY 2001. While I would prefer that the project be funded in FY 2000, I do want to thank the Chairmen, the ranking members and the Senate for listening to the concerns of the veterans in Ohio and seeing that this project remains a priority. I will continue to work with them, Secretary West as well as state and local officials in Ohio to ensure that the Georgetown facility becomes a reality without any further delay,

STUMP. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BARR of Georgia). The question is on the motion offered by the gentleman from Arizona (Mr. STUMP) that the House suspend the rules and agree to the conference report on the bill, H.R. 2116.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the conference report was agreed to.

A motion to reconsider was laid on the table.

LEIF ERICSON MILLENNIUM COMMEMORATIVE COIN ACT

Mr. LEACH. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3373) to require the Secretary of the Treasury to mint coins in conjunction with the minting of coins by the Republic of Iceland in commemoration of the millennium of the discovery of the New World by Leif Ericson.

The Clerk read as follows:

H.R. 3373

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

TITLE I—LEIF ERICSON MILLENNIUM COMMEMORATIVE COIN

SEC. 101. SHORT TITLE.

This title may be cited as the ''Leif Ericson Millennium Commemorative Coin Act''.

SEC. 102. COIN SPECIFICATIONS.

(a) $1 SILVER COINS.—In conjunction with the simultaneous minting and issuance of commemorative coins by the Republic of Iceland in commemoration of the millennium of the discovery of the New World by Leif Ericson, the Secretary of the Treasury (hereafter in this title referred to as the ''Secretary'') shall mint and issue not more than 500,000 1 dollar coins, which shall—

(1) weigh 26.73 grams;

(2) have a diameter of 1.500 inches; and

(3) contain 90 percent silver and 10 percent copper.

(b) LEGAL TENDER.—The coins minted under this title shall be legal tender, as provided in section 5103 of title 31, United States Code.

(c) NUMISMATIC ITEMS.—For purposes of section 5136 of title 31, United States Code, all coins minted under this title shall be considered to be numismatic items.

SEC. 103. SOURCES OF BULLION.

The Secretary may obtain silver for minting coins under this title from any available source, including stockpiles established under the Strategic and Critical Materials Stock Piling Act.

SEC. 104. DESIGN OF COINS.

(a) DESIGN REQUIREMENTS.—

(1) IN GENERAL.—The design of the coins minted under this title shall be emblematic of the millennium of the discovery of the New World by Leif Ericson.

(2) DESIGNATION AND INSCRIPTIONS.—On each coin minted under this title there shall be—

(A) a designation of the value of the coin;

(B) an inscription of the year ''2000''; and

(C) inscriptions of the words ''Liberty'', ''In God We Trust'', ''United States of America'', and ''E Pluribus Unum''.

(b) SELECTION.—The design for the coins minted under this title shall be—

(1) selected by the Secretary after consultation with the Leifur Eiríksson Foundation and the Commission of Fine Arts; and

(2) reviewed by the Citizens Commemorative Coin Advisory Committee.

SEC. 105. ISSUANCE OF COINS.

(a) QUALITY OF COINS.—Coins minted under this title shall be issued in uncirculated and proof qualities.