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TODAY IS A FRESH START FOR CHIROPRACTIC CARE FOR VETERANS!

HON. BOB FILNER
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IN THE HOUSE OF REPRESENTATIVES

MR. FILNER: Mr. Speaker, I rise in support of the "Department of Veterans Affairs Health Care Programs Enhancement Act of 2001". I want to thank Chairman Christopher Smith, Ranking Member Lane Evans and Chairman Jerry Moran of the Health Subcommittee for addressing some of the concerns I raised about earlier versions of the bill. We now have a bill to which I am pleased to lend my support.

Mr. Speaker, as a long-time advocate of chiropractic and a user of its services, I am, perhaps, most gratified that we have agreed to a comprehensive proposal to create a permanent chiropractic program within the Department of Veterans Affairs. This legislation will require VA to establish a national chiropractic program that will make chiropractic services available in each geographic service area. VA has rebuffed Congress and the chiropractic profession time and time again in an attempt to bring better access to chiropractic services under the VA's umbrella. We asked VA to develop a policy under the Veterans Millennium Health Care and Benefits Act, but leaving the policy development in VA's hands, veterans' access to chiropractic services has worsened. We simply cannot allow VA to keep barring the door to chiropractic care.

Today is a fresh start for chiropractic care in VA. While I prefer the chiropractic care version this House approved in H.R. 2792, as amended, the provision in the bill before us today ensures that chiropractic care will be available in every VA network. To ensure that this program's implementation is smooth, the conference agreement establishes a chiropractic advisory committee that will provide VA the expertise and advocacy needed to address the issues involved in hiring chiropractors and ensuring that chiropractors are able to participate in its workforce using their skills and training to their fullest potential. I believe that this bill offers the fundamentals from which VA can begin to develop a sound chiropractic program. Eventually, I believe it will be necessary for VA to establish a director of chiropractic service and for Congress to specify, in law, an established number of sites for chiropractic care. Still, for the first time, this law will ensure that veterans have a real opportunity to access this important part of the health care continuum.

In our Subcommittee hearing this Fall, we heard from many of the veterans' service organizations and animal trainers on the invaluable assistance provided by service dogs to severely disabled people. I am pleased that this bill retains this provision.

We have strengthened the requirements for VA to report to Congress on programs that serve some of our most vulnerable veterans. We have focused these reporting requirements on VA's mental health programs. I believe

this will give Congress a much clearer idea about what types of valuable specialized services are eroding. I am also pleased that these reports will make geographic service areas accountable for maintaining programs under their authority. For too long, we have heard VA's central office indicate that they are helpless over controlling the activities of their field managers. Making the networks accountable for the maintenance of specialized programs to serve disabled veterans puts the responsibility where the authority lies.

Mr. Speaker, I believe thousands of veterans will benefit from a provision in this bill, strongly advocated by Chairman Smith, that adjusts VA co-payments for acute hospital inpatient care to the cost-of-living veterans experience in different areas of the country. Salaries, food, and housing costs vary greatly across this Nation. This legislation permits VA to use a widely employed index of geographic variances in cost of living--one already used by the Department of Housing and Urban Development to assess a family's ability to afford housing--to gauge veterans' ability to pay for health care services. This legislation ensures that veterans, who are eligible for low-income housing in a given geographic location, but who are not considered medically indigent under the national Department of Veterans Affairs means-test, are given a break on the acute inpatient hospital co-payments they would otherwise have to make.

I want to extend a special thanks to Congresswoman Lois Capps for introducing H.R. 1435. This bill raised the Committee's awareness of the need for a round-the-clock telephone crisis and referral service. We intend to have the VA investigate its current resources and recommend a strategy for enhancing its current capabilities.

This measure contains a charter for a new Commission on VA Nursing. As we know, the nursing profession, inside and outside of VA has changed and VA must be prepared to be an "employer of choice" in the future. This Commission can give expert advise on where VA must position itself now and in the future to attract the best nurses available to treat our veterans. In addition, it contains provisions from S. 1188, and its companion introduced in the House by Tom Udall, H.R. 3017. These provisions will provide additional opportunities for VA to recruit and retain nurses--an invaluable component of its health care staff.

The Health Care Programs Enhancement Act is a strong measure and I urge my colleagues to support the bill.