

legislation, and I yield back the balance of my time.

□ 1440

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. MILLER) that the House suspend the rules and pass the bill, H.R. 2433, as amended.

The question was taken.

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

Mr. FILNER. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

VETERANS SEXUAL ASSAULT PREVENTION AND HEALTH CARE ENHANCEMENT ACT

Mr. MILLER of Florida. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2074) to amend title 38, United States Code, to require a comprehensive policy on reporting and tracking sexual assault incidents and other safety incidents that occur at medical facilities of the Department of Veterans Affairs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2074

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Veterans Sexual Assault Prevention and Health Care Enhancement Act”.

SEC. 2. COMPREHENSIVE POLICY ON REPORTING AND TRACKING SEXUAL ASSAULT INCIDENTS AND OTHER SAFETY INCIDENTS.

(a) POLICY.—Subchapter I of chapter 17 of title 38, United States Code, is amended by adding at the end the following:

“§ 1709. Comprehensive policy on reporting and tracking sexual assault incidents and other safety incidents

“(a) POLICY REQUIRED.—Not later than March 1, 2012, the Secretary of Veterans Affairs shall develop and implement a centralized and comprehensive policy on the reporting and tracking of sexual assault incidents and other safety incidents that occur at each medical facility of the Department, including—

“(1) suspected, alleged, attempted, or confirmed cases of sexual assault, regardless of whether such assaults lead to prosecution or conviction;

“(2) criminal and purposefully unsafe acts;

“(3) alcohol or substance abuse related acts (including by employees of the Department); and

“(4) any kind of event involving alleged or suspected abuse of a patient.

“(b) SCOPE.—The policy required by subsection (a) shall cover each of the following:

“(1) For purposes of reporting and tracking sexual assault incidents and other safety incidents, definitions of the terms—

“(A) ‘safety incident’;

“(B) ‘sexual assault’; and

“(C) ‘sexual assault incident’.

“(2) The development and use of specific risk-assessment tools to examine any risks

related to sexual assault that a veteran may pose while being treated at a medical facility of the Department, including clear and consistent guidance on the collection of information related to—

“(A) the legal history of the veteran; and

“(B) the medical record of the veteran.

“(3) The mandatory training of employees of the Department on security issues, including awareness, preparedness, precautions, and police assistance.

“(4) The mandatory implementation, use, and regular testing of appropriate physical security precautions and equipment, including surveillance camera systems, computer-based panic alarm systems, stationary panic alarms, and electronic portable personal panic alarms.

“(5) Clear, consistent, and comprehensive criteria and guidance with respect to an employee of the Department communicating and reporting sexual assault incidents and other safety incidents to—

“(A) supervisory personnel of the employee at—

“(i) a medical facility of the Department;

“(ii) an office of a Veterans Integrated Service Network; and

“(iii) the central office of the Veterans Health Administration; and

“(B) a law enforcement official of the Department.

“(6) Clear and consistent criteria and guidelines with respect to an employee of the Department referring and reporting to the Office of Inspector General of the Department sexual assault incidents and other safety incidents that meet the regulatory criminal threshold in accordance with section 1.201 and 1.204 of title 38, Code of Federal Regulations.

“(7) An accountable oversight system within the Veterans Health Administration that includes—

“(A) systematic information sharing of reported sexual assault incidents and other safety incidents among officials of the Administration who have programmatic responsibility; and

“(B) a centralized reporting, tracking, and monitoring system for such incidents.

“(8) Consistent procedures and systems for law enforcement officials of the Department with respect to investigating, tracking, and closing reported sexual assault incidents and other safety incidents.

“(9) Clear and consistent guidance for the clinical management of the treatment of sexual assaults that are reported more than 72 hours after the assault.

“(c) UPDATES TO POLICY.—The Secretary shall review and revise the policy required by subsection (a) on a periodic basis as the Secretary considers appropriate and in accordance with best practices.

“(d) ANNUAL REPORT.—(1) Not later than 60 days after the date on which the Secretary develops the policy required by subsection (a), and by not later than October 1 of each year thereafter, the Secretary shall submit to the Committee on Veterans’ Affairs of the House of Representatives and the Committee on Veterans’ Affairs of the Senate a report on the implementation of the policy.

“(2) The report under paragraph (1) shall include—

“(A) the number and type of sexual assault incidents and other safety incidents reported by each medical facility of the Department;

“(B) a detailed description of the implementation of the policy required by subsection (a), including any revisions made to such policy from the previous year; and

“(C) the effectiveness of such policy on improving the safety and security of the medical facilities of the Department, including the performance measures used to evaluate such effectiveness.

“(e) REGULATIONS.—The Secretary shall prescribe regulations to carry out this section.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding after the item relating to section 1708 the following:

“1709. Comprehensive policy on reporting and tracking sexual assault incidents and other safety incidents.”.

(c) INTERIM REPORT.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the House of Representatives and the Committee on Veterans’ Affairs of the Senate a report on the development of the performance measures described in section 1709(d)(2)(C) of title 38, United States Code, as added by subsection (a).

SEC. 3. INCREASED FLEXIBILITY IN ESTABLISHING PAYMENT RATES FOR NURSING HOME CARE PROVIDED BY STATE HOMES.

(a) IN GENERAL.—

(1) CONTRACTS AND AGREEMENTS FOR NURSING HOME CARE.—Section 1745(a) of title 38, United States Code, is amended—

(A) in paragraph (1), by striking “The Secretary shall pay each State home for nursing home care at the rate determined under paragraph (2)” and inserting “The Secretary shall enter into a contract (or agreement under section 1720(c)(1) of this title) with each State home for payment by the Secretary for nursing home care provided in the home”; and

(B) by striking paragraph (2) and inserting the following new paragraph (2):

“(2) Payment under each contract (or agreement) between the Secretary and a State home under paragraph (1) shall be based on a methodology, developed by the Secretary in consultation with the State home, to adequately reimburse the State home for the care provided by the State home under the contract (or agreement).”.

(2) STATE NURSING HOMES.—Section 1720(c)(1)(A) of such title is amended—

(A) in clause (i), by striking “; and” and inserting a semicolon;

(B) in clause (ii), by striking the period at the end and inserting “; and”; and

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

“(iii) a provider of services eligible to enter into a contract pursuant to section 1745(a) of this title who is not otherwise described in clause (i) or (ii).”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to care provided on or after January 1, 2012.

SEC. 4. REHABILITATIVE SERVICES FOR VETERANS WITH TRAUMATIC BRAIN INJURY.

(a) REHABILITATION PLANS AND SERVICES.—Section 1710C of title 38, United States Code, is amended—

(1) in subsection (a)(1), by inserting before the semicolon the following: “with the goal of maximizing the individual’s independence”;

(2) in subsection (b)—

(A) in paragraph (1)—

(i) by inserting “(and sustaining improvement in)” after “improving”;

(ii) by inserting “behavioral,” after “cognitive”;

(B) in paragraph (2), by inserting “rehabilitative services and” before “rehabilitative components”; and

(C) in paragraph (3)—

(i) by striking “treatments” the first place it appears and inserting “services”; and

(ii) by striking “treatments and” the second place it appears; and

(3) by adding at the end the following new subsection:

“(h) REHABILITATIVE SERVICES DEFINED.—For purposes of this section, and sections 1710D and 1710E of this title, the term ‘rehabilitative services’ includes—

“(1) rehabilitative services, as defined in section 1701 of this title;

“(2) treatment and services (which may be of ongoing duration) to sustain, and prevent loss of, functional gains that have been achieved; and

“(3) any other rehabilitative services or supports that may contribute to maximizing an individual’s independence.”

(b) REHABILITATION SERVICES IN COMPREHENSIVE PROGRAM FOR LONG-TERM REHABILITATION.—Section 1710D(a) of title 38, United States Code, is amended—

(1) by inserting “and rehabilitative services (as defined in section 1710C of this title)” after “long-term care”; and

(2) by striking “treatment”.

(c) REHABILITATION SERVICES IN AUTHORITY FOR COOPERATIVE AGREEMENTS FOR USE OF NON-DEPARTMENT FACILITIES FOR REHABILITATION.—Section 1710E(a) of title 38, United States Code, is amended by inserting “, including rehabilitative services (as defined in section 1710C of this title),” after “medical services”.

(d) TECHNICAL AMENDMENT.—Section 1710C(c)(2)(S) of title 38, United States Code, is amended by striking “ophthalmologist” and inserting “ophthalmologist”.

SEC. 5. USE OF SERVICE DOGS ON PROPERTY OF THE DEPARTMENT OF VETERANS AFFAIRS.

Section 901 of title 38, United States Code, is amended by adding at the end the following new subsection:

“(f) The Secretary may not prohibit the use of service dogs in any facility or on any property of the Department or in any facility or on any property that receives funding from the Secretary.”

SEC. 6. DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM ON DOG TRAINING THERAPY.

(a) IN GENERAL.—Commencing not later than 120 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall implement a three-year pilot program for the purpose of assessing the effectiveness of using dog training activities as a component of integrated post-deployment mental health and post-traumatic stress disorder rehabilitation programs at Department of Veterans Affairs medical centers to positively affect veterans with post-deployment mental health conditions and post-traumatic stress disorder symptoms and, through such activities, to produce specially trained dogs that meet criteria for becoming service dogs for veterans with disabilities.

(b) LOCATION OF PILOT PROGRAM.—The pilot program shall be carried out at one Department of Veterans Affairs medical center selected by the Secretary for such purpose at a location other than in the Department of Veterans Affairs Palo Alto health care system in Palo Alto, California. In selecting a medical center for the pilot program, the Secretary shall—

(1) ensure that the medical center selected—

(A) has an established mental health rehabilitation program that includes a clinical focus on rehabilitation treatment of post-deployment mental health conditions and post-traumatic stress disorder; and

(B) has a demonstrated capability and capacity to incorporate service dog training activities into the rehabilitation program; and

(2) shall review and consider using recommendations published by Assistance Dogs International, International Guide Dog Fed-

eration, or comparably recognized experts in the art and science of basic dog training with regard to space, equipments, and methodologies.

(c) DESIGN OF PILOT PROGRAM.—In carrying out the pilot program, the Secretary shall—

(1) administer the program through the Department of Veterans Affairs Patient Care Services Office as a collaborative effort between the Rehabilitation Office and the Office of Mental Health Services;

(2) ensure that the national pilot program lead of the Patient Care Services Office has sufficient administrative experience to oversee the pilot program;

(3) establish partnerships through memorandums of understanding with Assistance Dogs International organizations, International Guide Dog Federation organizations, academic affiliates, or organizations with equivalent credentials with experience in teaching others to train service dogs for the purpose of advising the Department of Veterans Affairs regarding the design, development, and implementation of pilot program;

(4) ensure that the pilot program site has a service dog training instructor;

(5) ensure that dogs selected for use in the program meet all health clearance, age, and temperament criteria as outlined by Assistance Dogs International, International Guide Dog Federation, or an organization with equivalent credentials and the Centers for Disease Control and Prevention;

(6) consider dogs residing in animal shelters or foster homes for participation in the program if such dogs meet the selection criteria under this subsection; and

(7) ensure that each dog selected for the program is taught all basic commands and behaviors essential to being accepted by an accredited service dog training organization to be partnered with a disabled veteran for final individualized service dog training tailored to meet the needs of the veteran.

(d) VETERAN PARTICIPATION.—A veteran who is enrolled in the health care system established under section 1705(a) of title 38, United States Code, and is diagnosed with post-traumatic stress disorder or another post-deployment mental health condition may volunteer to participate in the pilot program required by subsection (a) of this section and may participate in the program if the Secretary determines that adequate program resources are available for such veteran to participate at the pilot program site.

(e) HIRING PREFERENCE.—In hiring service dog training instructors for the pilot program required by subsection (a), the Secretary shall give a preference to veterans in accordance with section 2108 and 3309 of title 5, United States Code.

(f) COLLECTION OF DATA.—The Secretary shall collect data on the pilot program required by subsection (a) to determine the effectiveness of the program in positively affecting veterans with post-traumatic stress disorder or other post-deployment mental health condition symptoms and the potential for expanding the program to additional Department of Veterans Affairs medical centers. Such data shall be collected and analyzed using valid and reliable methodologies and instruments.

(g) REPORTS TO CONGRESS.—

(1) ANNUAL REPORTS.—Not later than one year after the date of the commencement of the pilot program, and annually thereafter for the duration of the pilot program, the Secretary shall submit to Congress a report on the pilot program. Each such report shall include—

(A) the number of veterans participating in the pilot program;

(B) a description of the services carried out by the Secretary under the pilot program; and

(C) the effects that participating in the pilot program has on veterans with post-traumatic stress disorder and post-deployment mental health conditions.

(2) FINAL REPORT.—At the conclusion of pilot program, the Secretary shall submit to Congress a final report that includes recommendations with respect to the extension or expansion of the pilot program.

(h) DEFINITION.—For the purposes of this section, the term “service dog training instructor” means an instructor recognized by an accredited dog organization training program who provides hands-on training in the art and science of service dog training and handling.

SEC. 7. ELIMINATION OF ANNUAL REPORT ON STAFFING FOR NURSE POSITIONS.

Section 7451(e) of title 38, United States Code, is amended—

(1) by striking paragraph (5); and

(2) by redesignating paragraph (6) as paragraph (5).

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

The Chair recognizes the gentleman from Florida.

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

I rise in strong support of H.R. 2074, as amended, the Veterans Sexual Assault Prevention and Health Care Enhancement Act. The bill before us is, in fact, a bipartisan product of many months worth of oversight on behalf of our Health Subcommittee. It’s derived from numerous proposals championed by Members from both sides of the aisle to improve the care and the services provided to our veterans by the Department of Veterans Affairs.

Of special note is a provision introduced by our Health Subcommittee chairwoman, Ms. ANN MARIE BUERKLE, and myself. This provision would address the findings of a Government Accountability Office report detailing the high prevalence of sexual assault incidents at VA medical facilities and the very serious failures in accountability on the part of VA leadership.

As I’ve said before, just one assault, just one assault of this nature, one sexual predator or one veteran’s rights being violated within the VA is one too many.

I am grateful to my good friend, the ranking member, Mr. FILNER, and the Health Subcommittee Chairwoman, ANN MARIE BUERKLE and Ranking Member MIKE MICHAUD for the leadership that they have shown in bringing this legislation forward to strengthen the VA health care system for our veteran heroes.

I now yield such time as she may consume to my good friend and colleague from New York, Chairwoman BUERKLE, to further discuss the provisions of H.R. 2074, as amended.

Ms. BUERKLE. I thank the chairman.

Madam Speaker, I rise in strong support of H.R. 2074, as amended, the Veterans Sexual Assault Prevention and Health Care Enhancement Act. H.R.

2074, as amended, includes several worthy legislative proposals brought forth by the Members from both sides reflecting the subcommittee's oversight and activities to date.

This bill would create a safer Department of Veterans Affairs health care system, allow for greater flexibility in VA payments to State Veterans homes, break down barriers to care for veterans with traumatic brain injury, clarify access rights of service dogs on VA property, and expand an innovative therapeutic option for veterans struggling with post-traumatic stress.

Section 2 of the bill would require the VA to develop a comprehensive policy on the prevention, monitoring, reporting, and tracking of sexual assaults and other safety instances at VA facilities. I, along with the chairman, introduced this measure in response to a disturbing report issued by the Government Accountability Office in early June of this year regarding the prevalence of sexual assaults and other safety instances on VA property and the very serious safety vulnerabilities, security problems, and oversight failures by VA leadership.

Abusive behavior like the kind documented by GAO is unacceptable in any form, but for it to be found in what should be an environment of caring for our honored veterans is simply intolerable.

As a registered nurse and domestic violence counselor, I am all too familiar with the corrosive and harmful effects sexual and physical violence can have on the lives of its victims. It is an experience I wish on no one, much less one of our Nation's heroes or hardworking medical professionals.

Madam Speaker, it is critically important that we take every available step to protect the personal safety and well-being of our veterans who seek care through the VA and all of the hardworking employees who strive to provide that care on a daily basis.

The provisions included in this bill would require VA to develop clear and comprehensive criteria with respect to the reporting of instances for both clinical and law enforcement personnel, a comprehensive policy on reporting and tracking, risk assessment tools, a mandatory safety awareness and preparedness training program for employees, appropriate physical security precautions, and a centralized and accountable oversight system.

Madam Speaker, I'm confident that these requirements will resolve the many wrongs uncovered by the GAO and ensure that the VA health care system remains a safe haven of healing for our honored veterans.

Madam Speaker, section 3 of the bill would allow for increased flexibility in establishing rates for reimbursement to State homes for nursing home care provided to veterans with a service-connected disability rated at 70 percent or greater, or in need of such care due to a service-connected condition.

State veterans homes have a long history of providing high quality care

to some of our Nation's most vulnerable veterans. By requiring the VA to enter into a contract or agreement separately with each State home based on the particular needs of that veteran, this bill would correct an unintended consequence in law that has negatively impacted certain State homes and, consequently, the veterans under their care.

This proposal was spearheaded by my friend and colleague, the ranking member from Maine, Mr. MIKE MICHAUD. I would like to thank him for his advocacy and his hard work in advancing this proposal and recognizing the great service that our State homes provide.

Madam Speaker, section 4 of the bill would improve the provision of rehabilitative care to veterans with traumatic brain injury by including the goal of maximizing independence and improving behavioral and mental health functioning within individual rehabilitation and reintegration programs.

It would also require that rehabilitative services be included within any comprehensive long-term care services for veterans with traumatic brain injury. Many concerns have been raised by veterans and veterans service organizations that current law is being inappropriately interpreted to limit rehabilitative care for veterans with TBI to only those services that restore function.

Madam Speaker, it is vital that we ensure that the recovery process for our veterans, especially those facing a lifetime of cognitive and neurological impairment, is ongoing, unburdened by institutional barriers, and extends beyond a strictly medical model to include services that allow those struggling to advance functional gains and reintegrate successfully into their home communities.

Madam Speaker, this provision was introduced by Mr. TIM WALZ of Minnesota, a veteran and valuable member of our Subcommittee on Health, and I would like to extend my personal gratitude to him for his service and for this proposal.

Section 5 of the bill would clarify the access rights of service dogs on VA property and in VA facilities. This provision, introduced by Mr. JOHN CARTER of Texas, would amend an outdated VA policy that has left some disabled veterans and service dogs they need to function out in the cold.

Unlike guide dogs for visually impaired veterans, service dogs are not guaranteed entry at VA facilities under Federal law. Recognizing the immense therapeutic value service dogs can have in promoting functionality and independence for our veterans, this provision would require that service dogs do have access to VA facilities consistent with the same terms and conditions and subject to the same regulations as generally govern the admittance of guide dogs on VA property.

Madam Speaker, section 6 of this bill would direct VA to carry out a 3-year

pilot program to assess the effectiveness of addressing post-deployment mental health and post-traumatic stress disorder, PTSD symptoms, through service dog training therapy.

This legislation would allow for the expansion of promising and successful service dog training therapy programs currently in use at the VA Medical Center in Palo Alto, California, and the National Intrepid Center of Excellence in Bethesda, Maryland. Veterans participating in these programs have demonstrated improved emotional regulation, social integration, sleep patterns, and a sense of purpose and personal safety.

The prevalence, Madam Speaker, of post-deployment mental health issues and post-traumatic stress disorder is rising among our veteran population, with over 190,000 veterans of Iraq and Afghanistan having sought treatment in VA for post-traumatic stress disorder.

□ 1450

Veterans who struggle with mental health issues need and deserve the very best we can provide in care and treatment. Providing them with every tool necessary to reintegrate healthfully back into their families and home communities and achieve maximum health and wellness is one of my and my subcommittee's top priorities.

We must continue to explore new and innovative therapeutic options to alleviate the symptoms of post-traumatic stress; and I thank my friend and fellow New Yorker, Mr. MICHAEL GRIMM, for his previous service to our country in the Marine Corps and for his very strong commitment to moving this initiative forward to assist his fellow veterans.

Finally, Madam Speaker, section 7 of the bill would eliminate the requirement for the VA to provide Congress with an annual report on staffing for nurses and nurse anesthetists. This cumbersome and costly report was enacted almost 11 years ago. It is estimated to cost approximately \$113,000 per year to produce. The report's intended purpose was to keep Congress apprised of recruitment and retention issues facing certain nursing positions within the VA. However, following that, Congress enacted Public Law 107-135, the Veterans Affairs Health Care Programs Enhancement Act, which fundamentally strengthened VA's ability to recruit and retain qualified nursing professionals through additional employee benefits and incentives.

Reporting requirements included in this law, as well as a variety of other ways and means in which Congress can obtain such data, render this report unnecessary. Further, for the last several years, the report has concluded that nurse staffing remain stable within the Veterans Affairs Department. Additionally, eliminating the burdensome reporting requirement does not in any way reduce other existing requirements for VA to gather information on

nurse staffing facility leadership, ensuring that such data continues to be readily available to Congress and other stakeholders.

Madam Speaker, it has been an honor for me to work with my colleagues in a truly bipartisan manner to move H.R. 2074, as amended, forward; and I would like to thank each of them, particularly Chairman JEFF MILLER and Ranking Member BOB FILNER, and Health Subcommittee ranking member, MIKE MICHAUD, for their tireless support on behalf of our honored veterans.

Madam Speaker, I urge all of my colleagues to join me in supporting this important legislation.

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

Obviously, nothing is more important than the safety of our veterans; and this bill, H.R. 2074, contains many provisions to help improve the safety and health care of our veterans.

Because of a report I requested as chair, the GAO presenter "VA Health Care: Actions Needed to Prevent Sexual Assaults and Other Safety Incidents." That report found that veterans and employees were exposed to personal dangers, including sexual assaults, in the very facilities that should be protecting them.

And, Madam Speaker, I think we ought to be more outraged given the findings of that report. That report found that there were not just dozens of alleged sexual assaults that went unreported, not even scores of such assaults, but hundreds of them—hundreds of sexual assaults alleged but not reported by those who had the obligation and responsibility to report them.

How are our veterans protected when they can't even have a report of an alleged assault? What message does that give to people that the military & the VA care about what's going on here and what's going on with their safety? That's who we should be going after here, by the way. It's very clear who has the responsibility about reporting such assaults, and yet they were not reported in the hundreds of cases, and that was only, by the way, at some selected study places. Who knows what we would have found in the whole institution?

I don't know that the VA has ever reprimanded any of those people. I don't know that the VA has ever said to the Veterans Administration that this will not be tolerated, that not only are we going to report on them, but investigate them and bring people to justice. I don't know that any of that has happened. That's what this bill should be trying to focus on. What happens to those people who don't report them? What happens to the cover-ups? What happens to those who protect each other as people are assaulted?

I'm not sure that we have come to grips with this issue. This report was outrageous. This report was incredibly, incredibly tragic. And all I find is we are going to do some process changes in here—and I support those, and we'll

vote for the bill. But we're sending a message here to the entire 250,000 working people of this VA that we're not really concerned about them, we're not reporting them, we're not getting to those people covering up, we're not getting at those people who protect each other, we're not getting at those who have violated the law by not reporting such incidents.

Let's go after them. Let's give our veterans some comfort that their safety is protected.

I reserve the balance of my time.

Mr. MILLER of Florida. Madam Speaker, I associate myself with the comments of my colleague. It is egregious that there have been so many sexual assaults that have, in fact, gone unreported by the VA. I would encourage my good friend and his colleagues to work with us and provide amendments in any way that they see important to help bills like this strengthen the reporting requirements and to help us in an oversight and investigative response of this Congress, which is trying to do more on the oversight and investigative side. The last Congress did very little, and even those under Republican administrations did very little.

We're trying to reengage the oversight and investigation side, and I think that it is very important that we work together; and I do commend my good friend for his outrage on this particular report that came out, and I will work with him in any way possible.

With that, I yield such time as he may consume to my good friend from the Staten Island area of New York, the 13th Congressional District, Congressman GRIMM.

Mr. GRIMM. Thank you, Chairman MILLER.

I rise today in strong support of H.R. 2074, which includes the text of H.R. 198, the Veterans Dog Training Therapy Act. That's a bill that I introduced along with our lead cosponsor, House Veterans' Affairs Health Subcommittee Ranking Member MICHAUD. A special thank you to the ranking member. As a marine combat veteran, it's a unique honor for me to see this bill considered today by the full House.

Over the past 9 months, I've had the honor to meet with our Nation's veterans who are now faced with the challenges of coping with PTSD and physical disabilities resulting from their service in Iraq and Afghanistan. Their stories are not for the weak of heart, and they're truly moving, with these personal accounts of their recovery, both physical and mental, and the important role therapy and service dogs played that inspired this legislation.

The Veterans Dog Training Therapy Act would require the Department of Veterans Affairs to conduct a pilot program in VA medical centers assessing the effectiveness of addressing post-deployment mental health and PTSD through the therapeutic medium of training service dogs for veterans with disabilities. These trained service dogs

are then given to physically disabled veterans to help them with their daily activities.

Simply put, this program treats veterans suffering from PTSD while at the same time aiding those suffering from physical disabilities. Since it was introduced, this legislation has gained the bipartisan support of 96 cosponsors. With veteran suicide rates at all-time highs and more and more servicemen and -women being diagnosed with PTSD, this bill meets a crucial need for additional treatment methods. I believe that by caring for our Nation's veterans, while at the same time providing assistance dogs to those with physical disabilities, we create a win-win scenario for everyone. This is a goal we can all be proud to accomplish.

Just as an added bonus, we provide these wonderful animals with a loving and safe environment. And that's why I strongly urge all of my colleagues to join me in support of H.R. 2074.

AMVETS,

Lanham, MD, October 11, 2011.

Hon. MICHAEL GRIMM,
House of Representatives, Cannon House Office Building, Washington, DC.

DEAR CONGRESSMAN GRIMM: On behalf of AMVETS (American Veterans), I am writing to express our support of H.R. 198, the "Veterans Dog Training Therapy Act." AMVETS supports the updated language of H.R. 198 that is now an amendment in H.R. 2074. We believe the current language in H.R. 2074 will ensure this bill provides our veterans the highest quality care, while at the same time maintaining our commitment to fiscal responsibility.

As you may know, AMVETS has partnered with the Assistance Dogs International (ADI) accredited Assistance Dog agency Paws With A Cause for over 30 years, in an effort to help provide disabled veterans Service Dogs. Through our experiences we have seen what an immeasurable asset these dogs have proven to be to both the trainers and recipients. This has included, but is not limited to, improvements in both physical and mental health, quality of life and the independence these dogs afford disabled veterans.

Furthermore, AMVETS believes H.R. 198, as an amendment in H.R. 2074, will prove to be both beneficial to veterans and to the Department of Veterans Affairs in the development of stronger policies and procedures regarding Service Dogs within the VA health care system, as well as being fiscally responsible through the partnering of VA facilities with private sector industry expert ADI agencies for this study.

AMVETS lends our support to H.R. 198, as an amendment in H.R. 2074 and again applauds your dedication to our veteran community.

Sincerely,

CHRISTINA M. ROOF,
National Deputy Legislative Director.

□ 1500

Mr. FILNER. I yield such time as he may consume to the ranking member of our Health Subcommittee, someone who has served for 4 years as the chair and who has done so much good for our veterans throughout the Nation, the gentleman from Maine (Mr. MICHAUD).

Mr. MICHAUD. I thank Ranking Member, FILNER for yielding.

As my colleagues have stated, our veterans' safety should be one of our

top priorities, and the Veterans Sexual Assault Prevention and Health Care Enhancement Act does just that.

I would like to thank Chairman MILLER and Ranking Member BOB FILNER, the chair of the subcommittee, as well as all of my colleagues on the House Veterans Affairs' Committee, for working in such a bipartisan manner to get this very important health care bill to the floor.

Within H.R. 2074, I would like to highlight two important provisions, and you heard the chairwoman explain the bill very eloquently.

The first provision I would like to highlight is section 2, which was offered by the chair of the Subcommittee on Health, Ms. BUERKLE. The provision will correct the troubling findings in a GAO report. The report essentially found that veterans and employees were exposed to personal dangers, including sexual assault. This is simply unacceptable, and I want to thank the subcommittee chair for offering this bill to us.

The second provision I would like to highlight is in section 3, my provision of the bill. Section 3 would provide much needed flexibility in the way the State veterans' homes get reimbursed for the care they provide to veterans who need that care for a service-connected condition or a service-connected condition of 70 percent or greater. This will ensure that these veterans are not put out on the streets.

The Subcommittee on Health has been working on this bill for well over 2 years, and now I am finally pleased to see that this bill is moving forward. Hopefully, my colleagues on both sides of the aisle will support this very important piece of legislation as we have to do all that we can to help our veterans and their families. This bill is one that takes a different approach to dealing with our veterans and their problems.

Mr. MILLER of Florida. Madam Speaker, I yield 2 minutes to the gentleman from the 31st District of Texas (Mr. CARTER).

Mr. CARTER. I thank the chairman for yielding.

I want to thank the chairman and chairwoman for adopting H.R. 2074 to include H.R. 1154, the Veterans Equal Treatment for Service Dogs—the vet dogs—bill.

This ensures that veterans with service dogs have equal access to VA facilities. It amends title 38 of the U.S.C. to ensure that the VA allows medical service dogs in addition to seeing eye and guide dogs in VA facilities. This is sort of a no-brainer. A medical service dog's usage has been expanded to deal with all types of brain injury, hearing loss, seizures, vets who have lost limbs—for assistance mobility—and there are many other important areas in which these service dogs are making our veterans better.

Both the ADA and the Rehabilitation Act support this bill. The VA issued a directive recently to allow service dogs

into their facilities, a directive good for 5 years. I applaud the VA in that effort, but this bill makes this directive permanent.

This is important for these veterans. If you see them with their dogs, you'll know that the friendship and the love and the affection and assistance that these dogs provide is invaluable to our injured veterans.

Harry Truman once made the statement, If you want a friend in Washington, D.C., get a dog. I am just trying to make sure by this bill—and we are trying to make sure—that our veterans don't have to leave their friends outside the door.

Mr. FILNER. I have no further requests for time and would be prepared to close once the chairman has no further speakers.

Mr. MILLER of Florida. I have no further requests for time.

Mr. FILNER. I yield myself such time as I may consume.

As I said earlier, this is a bill that has a lot of good things in it, and I wish we had gone further.

I met with the GAO this morning. They said they could follow up reports such as this with an investigation of personnel actions, for example, and could report back to us in terms that don't violate any civil service protections that they would provide a third party kind of review of the personnel actions that may have resulted from their recommendations.

You don't have to answer now, but I would be prepared to work with the chair to request such an investigation, because what we have done here is, in response to the report that said reporting requirements were not met in hundreds of cases at some few selected sites that they examined, merely add new reporting requirements. They didn't follow the first ones, so what good are more reporting requirements going to do?

There have to be some actions on the part of the Veterans Administration that say to our employees, that say to our veterans that there shall be no sexual assaults on our sites. Yet what we're saying here is, oh, we'll add a few more reporting requirements. That doesn't send a message, because we already had the reporting requirements.

Let's try to find a way—and I'll work with the chair to do this—to send a message to our agency, not that we're going to pass another few rules, but that we're going to take this seriously, that we're going to demand that the employees who did not follow what is clearly stated in rules and law about reporting alleged cases of sexual assault be terminated. In my opinion, they ought to have been terminated. This is so serious, and it would have sent such a good message to those who might either perpetrate assault or to those who are victims of such assault.

They should have been terminated. I doubt that they were. I doubt that they were removed from their jobs. I would hope the VA might contradict me, but

I doubt that there was anything more than a note saying they should do better in the future. I hope I'm wrong, but I will tell you that the history of personnel actions in response to acts such as these has not been one that gives confidence to me that we have sent the right message.

So I will work with the chair to do whatever we can to send the right message from this Congress and from the American people that these acts will not be tolerated.

I yield back the balance of my time. Mr. MILLER of Florida. Madam Speaker, I commit to working with the ranking member on the further reporting of these incidents. I would add that this particular piece of legislation does, in fact, incorporate every single recommendation that the GAO gave to this committee in their report.

GENERAL LEAVE

Mr. MILLER of Florida. I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks.

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

There was no objection.

Mr. MILLER of Florida. I encourage all Members to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. MILLER) that the House suspend the rules and pass the bill, H.R. 2074, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title was amended so as to read: "A bill to amend title 38, United States Code, to require a comprehensive policy on reporting and tracking sexual assault incidents and other safety incidents that occur at medical facilities of the Department of Veterans Affairs, to improve rehabilitative services for veterans with traumatic brain injury, and for other purposes."

A motion to reconsider was laid on the table.

□ 1510

NOTIFYING CONGRESS OF CONFERENCES SPONSORED BY DEPARTMENT OF VETERANS AFFAIRS

Mr. MILLER of Florida. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2302) to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to notify Congress of conferences sponsored by the Department of Veterans Affairs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2302

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