

RECOGNIZING THE CIVIL AIR PATROL

(Ms. TENNEY asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. TENNEY. Madam Speaker, I rise today to recognize the outstanding work of the Civil Air Patrol, otherwise known as CAP. I have had personal experience with Civil Air Patrol, as my son, Trey, was a member of the Civil Air Patrol while in high school. He gained valuable leadership skills that led him to graduating from the U.S. Naval Academy and now serving as a captain in the U.S. Marine Corps.

The Civil Air Patrol protects our homeland by serving as the Air Force's official auxiliary. CAP is active in all 50 States.

Last year alone, the Civil Air Patrol saved 130 lives while responding to devastating natural disasters such as floods, hurricanes, tornadoes, and wildfires. CAP also helped States distribute COVID-19 test kits, personal protective equipment, and other essential goods, making it their largest mobilization effort since World War II.

Greater funding for the force will allow the Civil Air Patrol to train more pilots, continue its cadet program, and purchase much-needed equipment. I want to thank the Civil Air Patrol national legislative coordinator, Dr. Gerald Marketos, for his strong leadership and compassionate commitment to our Nation. I urge my colleagues to join me and Representative MIKE THOMPSON to support Civil Air Patrol funding appropriation requests for fiscal year 2022.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which the yeas and nays are ordered.

The House will resume proceedings on postponed questions at a later time.

PUPPIES ASSISTING WOUNDED SERVICEMEMBERS FOR VETERANS THERAPY ACT

Mr. TAKANO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1448) to direct the Secretary of Veterans Affairs to carry out a pilot program on dog training therapy, and to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to provide service dogs to veterans with mental illnesses who do not have mobility impairments, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1448

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 “Puppies Assisting Wounded Servicemembers for Veterans Therapy Act” or the “PAWS for Veterans Therapy Act”.

SEC. 2. DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM ON DOG TRAINING THERAPY.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of the Act, the Secretary of Veterans Affairs shall commence the conduct of a pilot program to provide canine training to eligible veterans diagnosed with post-traumatic stress disorder (in this section referred to as “PTSD”) as an element of a complementary and integrative health program for such veterans.

(b) DURATION; MEDICAL CENTERS.—

(1) DURATION.—The Secretary shall carry out the pilot program under subsection (a) for a five-year period beginning on the date of the commencement of the pilot program.

(2) MEDICAL CENTERS.—The Secretary shall ensure that such pilot program is carried out by not fewer than five medical centers of the Department of Veterans Affairs located in geographically diverse areas.

(c) AGREEMENTS WITH ENTITIES.—In carrying out the pilot program under subsection (a), the Secretary shall seek to enter into agreements with nongovernmental entities that the Secretary determines have the demonstrated ability to provide the canine training specified in subsection (a).

(d) REQUIRED CONDITIONS.—The Secretary shall include in any agreement under subsection (c) conditions requiring that the nongovernmental entity seeking to enter into the agreement—

(1) submits to the Secretary certification that the entity is an accredited service dog training organization;

(2) agrees to ensure that veterans participating in the pilot program under subsection (a) receive training from certified service dog training instructors for a period of time determined appropriate by the entity;

(3) agrees to ensure that veterans participating in such pilot program are prohibited from having access to a dog under such pilot program at any time during such participation without the supervision of a certified service dog training instructor;

(4) agrees to ensure that veterans participating in such pilot program receive training in skills unique to the needs of the veteran to address or alleviate PTSD symptoms of the veteran;

(5) agrees not to use shock collars or prong collars as training tools and to use positive reinforcement training; and

(6) agrees to provide any follow-up training support specified in subsection (e)(2), as applicable.

(e) ADOPTION OF DOG.—

(1) IN GENERAL.—A veteran who has participated in the pilot program under subsection (a) may adopt a dog that the veteran assisted in training during such pilot program if the veteran and the veteran's health provider (in consultation with the entity that provided the canine training with respect to the dog under such pilot program) determine that it is in the best interest of the veteran.

(2) FOLLOW-UP TRAINING SUPPORT.—If a veteran adopts a dog under paragraph (1), the entity that provided the canine training with respect to the dog under the pilot program shall provide follow-up training support for the life of the dog. Such support shall include the provision of a contact plan between the veteran and the entity that enables the veteran to seek and receive assistance from the entity to ensure the dog is being properly cared for.

(f) ELIGIBILITY FOR OTHER CARE AND TREATMENT.—Participation in the pilot program under subsection (a) may not preclude a vet-

eran from receiving any other medical care or treatment for PTSD furnished by the Department, including therapy, for which the veteran is otherwise eligible.

(g) COLLECTION OF DATA.—In carrying out this section, the Secretary shall—

(1) develop metrics and other appropriate means to measure, with respect to veterans participating in the pilot program under subsection (a)—

(A) the number of such veterans participating;

(B) the satisfaction of such veterans with the pilot program;

(C) whether participation in the pilot program resulted in any clinically relevant improvements for such veterans, as determined by the health care provider or clinical team that referred the veteran to participate in the pilot program; and

(D) such other factors as the Secretary may determine appropriate; and

(2) establish processes to document and track the progress of such veterans under the pilot program with respect to health benefits and improvements.

(h) REPORT BY SECRETARY.—Not later than one year before the date on which the pilot program under subsection (a) terminates, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing the recommendations of the Secretary regarding—

(1) whether to extend or make permanent the pilot program; and

(2) the feasibility and advisability of expanding the pilot program to address mental health conditions other than PTSD.

(i) GAO BRIEFING AND STUDY.—

(1) BRIEFING.—Not later than one year after the date of the commencement of the pilot program under subsection (a), the Comptroller General of the United States shall provide to the Committees on Veterans' Affairs of the House of Representatives and the Senate a briefing on the methodology established for the pilot program.

(2) REPORT.—Not later than 270 days after the date on which the pilot program terminates, the Comptroller General shall submit to the committees specified in paragraph (1) a report on the pilot program. Such report shall include an evaluation of the approach and methodology used for the pilot program with respect to—

(A) assisting veterans with PTSD; and

(B) measuring relevant metrics, such as reduction in scores under the Clinician Administered PTSD Scale (CAPS), improvement in psychosocial function, and therapeutic compliance.

(j) DEFINITIONS.—In this section:

(1) The term “accredited service dog training organization” means an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 that—

(A) provides service dogs to veterans with PTSD; and

(B) is accredited by an accrediting organization with demonstrated experience, national scope, and recognized leadership and expertise in the training of service dogs and education in the use of service dogs (as determined by the Secretary).

(2) The term “eligible veteran” means a veteran who—

(A) is enrolled in the patient enrollment system in the Department of Veterans Affairs under section 1705 of title 38, United States Code; and

(B) has been recommended for participation in the pilot program under subsection (a) by a qualified mental health care provider or clinical team based on medical judgment that the veteran may benefit from such participation with respect to the diagnosed PTSD of the veteran.

(3) The term “service dog training instructor” means an instructor who provides the direct training of veterans with PTSD in the art and science of service dog training and handling.

SEC. 3. PROVISION OF SERVICE DOGS AND VETERINARY INSURANCE BENEFITS TO VETERANS WITH POST-TRAUMATIC STRESS DISORDER WHO DO NOT HAVE CERTAIN IMPAIRMENTS.

(a) IN GENERAL.—Section 1714 of title 38, United States Code, is amended by adding at the end the following new subsections:

“(e) The Secretary may provide a service dog to a veteran under subsection (c)(3) regardless of whether the veteran has a mobility impairment.

“(f)(1) The Secretary shall provide to any veteran described in paragraph (2) a commercially available veterinary insurance policy for each dog provided to such veteran under subsection (b) or (c).

“(2) A veteran described in this paragraph is a veteran who—

“(A) is diagnosed with post-traumatic stress disorder or a visual, hearing, or substantial mobility impairment;

“(B) has received a dog under subsection (b) or (c) in connection with such disorder or impairment; and

“(C) meets such other requirements as the Secretary may prescribe.”.

(b) APPLICABILITY.—Section 1714(f) of title 38, United States Code, as added by subsection (a), shall apply with respect to a veteran provided a dog by the Secretary of Veterans Affairs on or after the date of the enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 1448, as amended.

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

There was no objection.

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

Madam Speaker, I am so pleased that we have reported Congressman STEVE STIVERS’ bill, the PAWS for Veterans Therapy Act, favorably out of the Committee on Veterans’ Affairs, and are bringing it to the floor today with the support of over 300 Members on both sides of the aisle.

I am especially pleased to have negotiated, with the help of Ranking Member BOST, a new bipartisan version of the bill in time for Congressman STIVERS to see it move before he leaves Congress.

The Department of Veterans Affairs has been a leader in offering veterans with PTSD and other invisible wounds of war a wide spectrum of evidence-based treatment options and adjunctive approaches to promote their mental health and well-being. This bill ensures that veterans can participate in service dog training through pilot pro-

gram partnerships between VA and accredited service dog training nonprofit organizations across the country.

Madam Speaker, the bill also removes current impediments to VA’s ability to prescribe mental health service dogs for veterans with PTSD, and a newly added section ensures that VA’s current veterinary insurance benefit is also extended to those veterans receiving mental health service dogs through VA.

I therefore ask my colleagues to join me in supporting the PAWS for Veterans Therapy Act.

I reserve the balance of my time.

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

Madam Speaker, I rise in support of H.R. 1448, as amended, the Puppies Assisting Wounded Servicemembers, or the PAWS for Veterans Therapy Act. This bill will help connect veterans with PTSD with service dogs by establishing a service dog training pilot program, supporting service dog training organizations, and authorizing the VA to provide veterans with PTSD service dogs and veterinarian assistance for those service dogs.

The PAWS for Veterans Therapy Act is sponsored by Congressman STEVE STIVERS from Ohio. Representative STIVERS is an Army veteran. He has spent much of his congressional career advocating for his brothers and sisters in arms and has been a champion of this bill for many years. I am grateful for his leadership and commitment.

The PAWS for Veterans Therapy Act will further the lifesaving bond that exists between man’s best friend and veterans in need, and it will continue our efforts to promote creative ways to support veterans who are struggling.

I am proud to be one of the 313 cosponsors of the PAWS for Veterans Therapy Act, and I am proud to vote in support of it today. I hope that all of my colleagues will join me.

Madam Speaker, I reserve the balance of my time.

Mr. TAKANO. Madam Speaker, I yield 2 minutes to the gentlewoman from Michigan (Ms. SLOTKIN), my good friend and member of the Veterans’ Affairs Committee and original cosponsor of the bill.

Ms. SLOTKIN. Madam Speaker, I rise in support of the PAWS for Veterans Therapy Act. I am incredibly proud to be co-leading this bipartisan bill to connect veterans with service dogs in their communities through a new pilot program at the VA.

There are two organizations in Livingston County in my district that train dogs and place them with veterans in need: Veteran Service Dogs in Howell, and Blue Star Service Dogs in Pinckney, Michigan.

In 2019, I had the chance to visit Blue Star Service Dogs. It was incredible to see these dogs in action and to hear directly from the veterans about how these remarkable animals are helping them heal from depression, PTSD, and so many other invisible service-related wounds.

The bill sets up a pilot program through the VA to partner with local nonprofits, just like the ones in my district, to create work-therapy programs for veterans to train and potentially adopt service dogs.

The issue is extremely personal to me. I am an Army wife, married to a 30-year Army officer and Apache pilot. I have a stepdaughter currently on Active Duty and another stepdaughter who is a doctor at the VA. I am also the mom of two wonderful rescue dogs, Rocky and Boomer.

I have seen how big of an impact service dogs can have on people’s lives when it comes to dealing with mental illness, and that is why I am so passionate about this pilot program.

When we make the decision to send men and women in to fight for our country, we make the decision to support them for the rest of their lives.

The PAWS for Veterans Service Therapy Act helps us honor the commitment and will have a real impact on the day-to-day well-being of our veterans.

I want to thank Representative STIVERS for his leadership on this issue, and wish him all the best as he departs Congress. He is a Republican, but much more concerning for me, he is from Ohio, and we have still managed to work closely together on this issue.

To my colleagues, if I can work with a graduate of Ohio State University, you can get on this darn bill. I urge both sides to join me in supporting the PAWS for Veterans Therapy Act.

Mr. BOST. Madam Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. STIVERS). He is an Army officer himself, and is the chief sponsor of this bill who has also served in this body and does a great job of that. He will be dearly missed.

Mr. STIVERS. Madam Speaker, I rise today in support of H.R. 1448, the PAWS for Veterans Therapy Act. As a Major General in the Ohio National Guard and a Congressman who represents 43,000 veterans in my district, I know the struggle of the invisible wounds of war.

I have met with a Vietnam veteran who was unable to leave his house for decades, a soldier who was deployed to Iraq who, when he returned, was addicted to heroin for 7 years, and another who was under my command in Operation Iraqi Freedom. His only goal was to take his fiancée out to dinner.

Unfortunately, these three stories are not unique, but these three have happy endings. By working with service dogs, these veterans got their lives back. Under the status quo, veterans aren’t able to access this lifesaving treatment that these three veterans have gotten. We have a chance today to change that by passing this bill.

The PAWS for Veterans Therapy Act would establish a pilot program. This is not even a permanent program; it is a pilot program at the VA to provide grants to local service dog training organizations so the veterans can benefit

from work-therapy by learning the art and science of training a dog for service. After graduation, the veteran can adopt their canine partner if the veteran and/or his VA health provider agree that that veteran will benefit from continuing courses of treatment from that therapy dog.

I have seen the peer-reviewed information from Kaiser-Permanente and Purdue University that shows that these programs work. They reduce the amount of psychotropic drugs that these veterans are on. They reduce suicide. They improve overall mental health.

Today, we lose 22 veteran and Active Duty members a day to suicide. We can't let that go on. This can help that effort. It is a small price to pay. We can't afford to wait any longer.

I am, today, calling for us to pass this bill today, take it to the Senate, get it hotlined and signed and on the President's desk by Memorial Day.

I do want to thank the bipartisan folks who have helped on this: Chairman TAKANO; Ranking Member BOST; Representative RICE, our lead cosponsor; now-Governor Tim Walz, who was the sponsor in the last Congress; the floor leader STENY HOYER; now-Governor DeSantis; Sheriff Rutherford; Dr. DUNN; Representative SLOTKIN; and Representative SHERRILL. They have all played a very important role.

I want to thank the staff on Mr. BOST's team, Samantha Gonzalez, Christine Hill, Maria Tripplaar; on Mr. TAKANO's staff, Matt Reel and Heather O'Beirne Kelly. Lastly, I want to thank my legislative director, Mimi Bair, for all her hard work, and my chief of staff, Nick, for his hard work on this as well.

I know this is asking for a parting gift, but I would ask you all vote "yea" on this bill. I look forward to seeing this signed soon. I want to thank my colleagues for their bipartisan effort on this and earnest work to help our veterans.

Mr. TAKANO. Madam Speaker, I am delighted that the Veterans' Affairs Committee can, once again, unite America, including Michiganders and the Buckeye State.

I yield 2 minutes to the gentlewoman from New York (Miss RICE), my good friend and former member of the Veterans' Affairs Committee and lead Democratic cosponsor.

Miss RICE of New York. Madam Speaker, I rise today in strong support of H.R. 1448, the PAWS for Veterans Therapy Act. No group in America is more likely to suffer from post-traumatic stress and other mental health conditions than our veterans.

Tragically, as my friend Congressman STIVERS just said, this means that 22 veterans are dying every single day by suicide. This is a crisis. We cannot look the other way. We must make sure that our veterans have access to every available mental health resource out there.

The research on this issue is clear. Service dogs are proven to help people

suffering from a wide array of mental health conditions, including PTSD. I have seen the evidence of this with my own eyes. Veterans have told me that they would not be here today if it weren't for their service dog. That is how much these dogs mean and that is why this bill is so critical.

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By creating a pilot program on dog training therapy at the VA and providing service dogs to veterans, this bill won't just improve lives; it will save them.

I am incredibly proud to co-lead this bipartisan bill, and I thank my friend, Representative STEVE STIVERS, who is a great American and a true gentleman, for introducing it.

I urge my colleagues to join us in supporting this bill today. Madam Speaker, I also thank the great chairman of the Veterans' Affairs Committee, Congressman TAKANO.

Mr. BOST. Madam Speaker, I yield 2 minutes to the gentleman from Tennessee (Mr. ROSE).

Mr. ROSE. Madam Speaker, I rise today in support of the Puppies Assisting Wounded Servicemembers for Veterans Therapy Act or the PAWS Act.

Americans enjoy the blessings of hard-earned peace and liberty because of our warriors who answer the call to defend our country. Our men and women in uniform are a constant reminder of the true source of our Nation's greatness.

In middle Tennessee, we have a proud history of military service. Our veterans represent the very best of America, and they deserve our full support when it comes to ensuring that they have access to the resources they need to help them live a meaningful, productive post-service life.

It is widely acknowledged that the suicide rate for veterans is tragically high, as 20 veterans are lost to suicide every day. We need to address this problem.

No one can deny the emotional and psychological benefits of man's best friend, but for our service veterans, that connection has an even greater impact. Psychiatric service dogs paired with veterans suffering from post-traumatic stress disorder have been shown to provide hope, independence, security, and companionship.

As I travel my home State and speak with our Nation's heroes, I have heard how service dogs help improve their quality of life, and I have even heard that had it not been for their service dog, they wouldn't be with us today. The PAWS Act would pair more servicemembers with quality service dogs trained by reputable organizations.

Every veteran has earned a life after their military service free of post-traumatic stress disorder that too often leads to suicide. In that regard, we should do everything we can to ensure their well-being. In my view, passage of the PAWS Act is a minimum down payment on what we owe these brave Americans.

I encourage my colleagues to join me in letting our veterans know that Congress stands with them on their path to healing.

I thank my colleague, Representative STIVERS, for his leadership on this bill and wish him success as he leaves the House next week.

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

Mr. BOST. Madam Speaker, I yield 2 minutes to the gentlewoman from Puerto Rico (Miss GONZÁLEZ-COLÓN).

Miss GONZÁLEZ-COLÓN. Madam Speaker, I rise today in support of H.R. 1448, the PAWS for Veterans Therapy Act.

From a personal standpoint, this legislation would require the Department of Veterans Affairs to collaborate with nongovernmental entities and carry out a service dog pilot program to address post-deployment mental health and PTSD in our veterans.

I have a big community of more than 136,000 veterans in Puerto Rico, and well-trained service animals provide disabled veterans with PTSD numerous benefits. For example, they can be trained to wake up veterans from nightmares, interrupt flashbacks, and quite literally watch their backs.

There is growing evidence that service animal intervention really works. Veterans report that animal training can help mitigate the effects of intrusive memories while grounding them in the present moment. A growing body of research also shows that patients with service animals experience a better quality of life, lower levels of the stress hormone cortisol, and increased chances of sustaining meaningful employment.

As we all know, the Department of Veterans Affairs is a leader in healthcare and research for veterans, and this bill will provide an opportunity to support a growing standard of care for our veterans. As such, that is the reason I support the bill, and I urge my colleagues to vote in favor of H.R. 1448.

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

Mr. BOST. Madam Speaker, I yield 2 minutes to the gentleman from Florida (Mr. RUTHERFORD).

Mr. RUTHERFORD. Madam Speaker, I thank the gentleman from Illinois (Mr. BOST), my great friend, for yielding me time.

Madam Speaker, I rise today in support of the PAWS for Veterans Therapy Act.

I am a proud original cosponsor on General STIVERS' bill. This bipartisan bill supports veterans who are suffering from TBI and PTSD, and it helps them to live better and more fulfilling lives. And it does this with the assistance of man's best friend.

Dog owners around the world will tell you of the special connection between humans and their canine companions. The PAWS for Veterans Therapy Act harnesses that unique bond in a way to serve those who have suffered the invisible injuries of war.

Service dogs have already been established as a proven therapy for PTSD and other related challenges. Today's legislation not only would allow these veterans to adopt a service dog but also give them the opportunity to take part in the training of that dog.

Simply put, the PAWS for Veterans Therapy Act will save lives.

I have seen firsthand what a service dog can mean to a veteran struggling with PTSD. In northeast Florida, we are blessed to have a group called K9s for Warriors, which pairs trained service dogs with veterans.

During my visits to K9s for Warriors, I have often had the opportunity to speak with these veterans and listen to their personal testimonies of survival. Many have told me: But for that dog, I would be dead today.

Last Congress, we passed the PAWS for Veterans Therapy Act out of the House, but we were not successful in getting it through the Senate. That means, with around 20 veterans taking their lives each day, we have since lost 7,300 veterans' lives since we passed it last year.

We cannot allow that to happen again. I call on the Senate to join the House and pass this bill and get it to the President's desk to become law.

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

Mr. BOST. Madam Speaker, I yield myself the balance of my time.

Before I close, I thank Chairman TAKANO for working with Representative STIVERS and myself to find common ground. I would be remiss if I did not also thank Majority Leader HOYER for his assistance, scheduling, and consideration of this legislation before Representative STIVERS leaves the House of Representatives.

Madam Speaker, I encourage my colleagues to support this bill, and I yield back the balance of my time.

Mr. TAKANO. Madam Speaker, I also thank my colleague, the ranking member, Congressman BOST from Illinois, for his bipartisanship.

I do believe that H.R. 1448 is now in a form that would be acceptable to the Senate, and I am hopeful that it will pass.

I wish our colleague from the State of Ohio (Mr. STIVERS) the best of luck on this new chapter in his life.

Madam Speaker, I urge all of my colleagues to join me in passing H.R. 1448, as amended, and I yield back the balance of my time. The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 1448, as amended.

The question was taken.

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

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

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

PROTECTING MOMS WHO SERVED ACT

Mr. TAKANO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 958) to codify maternity care coordination programs at the Department of Veterans Affairs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 958

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 "Protecting Moms Who Served Act".

SEC. 2. SUPPORT FOR MATERNITY CARE COORDINATION.

(a) PROGRAM ON MATERNITY CARE COORDINATION.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall carry out the maternity care coordination program described in Veterans Health Administration Handbook 1330.03, or any successor handbook.

(2) TRAINING AND SUPPORT.—In carrying out the program under paragraph (1), the Secretary shall provide to community maternity care providers training and support with respect to the unique needs of pregnant and postpartum veterans, particularly regarding mental and behavioral health conditions relating to the service of the veterans in the Armed Forces.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary \$15,000,000 for fiscal year 2022 for the maternity care coordination program. Such amounts are authorized in addition to any other amounts authorized for such purpose.

(c) DEFINITIONS.—In this section:

(1) The term "community maternity care providers" means maternity care providers located at non-Department facilities who provide maternity care to veterans under section 1703 of title 38, United States Code, or other provisions of law administered by the Secretary of Veterans Affairs.

(2) The term "non-Department facilities" has the meaning given that term in section 1701 of title 38, United States Code.

SEC. 3. REPORT ON MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY AMONG PREGNANT AND POSTPARTUM VETERANS.

(a) GAO REPORT.—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committees on Veterans Affairs of the Senate and the House of Representatives, and make publicly available, a report on maternal mortality and severe maternal morbidity among pregnant and postpartum veterans, with a particular focus on racial and ethnic disparities in maternal health outcomes for veterans.

(b) MATTERS INCLUDED.—The report under subsection (a) shall include the following:

(1) To the extent practicable—

(A) the number of pregnant and postpartum veterans who have experienced a pregnancy-related death or pregnancy-associated death in the most recent 10 years of available data;

(B) the rate of pregnancy-related deaths per 100,000 live births for pregnant and postpartum veterans;

(C) the number of cases of severe maternal morbidity among pregnant and postpartum

veterans in the most recent year of available data;

(D) the racial and ethnic disparities in maternal mortality and severe maternal morbidity rates among pregnant and postpartum veterans;

(E) identification of the causes of maternal mortality and severe maternal morbidity that are unique to veterans, including post-traumatic stress disorder, military sexual trauma, and infertility or miscarriages that may be caused by such service;

(F) identification of the causes of maternal mortality and severe maternal morbidity that are unique to veterans from racial and ethnic minority groups and other at-risk populations as deemed appropriate;

(G) identification of any correlations between the former rank of veterans and their maternal health outcomes;

(H) the number of veterans who have been diagnosed with infertility by Veterans Health Administration providers each year in the most recent five years, disaggregated by age, race, ethnicity, sex, marital status, sexual orientation, gender identity, and geographical location;

(I) the number of veterans who receive a clinical diagnosis of unexplained infertility by Veterans Health Administration providers each year in the most recent five years; and

(J) the extent to which the rate of incidence of clinically diagnosed infertility among veterans compare or differ to the rate of incidence of clinically diagnosed infertility among the civilian population.

(2) An assessment of the barriers to determining the information required under paragraph (1) and recommendations for improvements in tracking maternal health outcomes among pregnant and postpartum veterans—

(A) who have health care coverage through the Department;

(B) enrolled in the TRICARE program;

(C) who are eligible to use the Indian Health Service, Tribal health programs, or urban Indian health organizations;

(D) with employer-based or private insurance;

(E) enrolled in the Medicaid program; and

(F) who are uninsured.

(3) Recommendations for legislative and administrative actions to increase access to mental and behavioral health care for pregnant and postpartum veterans who screen positively for maternal mental or behavioral health conditions.

(4) Recommendations to address homelessness, food insecurity, poverty, and related issues among pregnant and postpartum veterans.

(5) Recommendations on how to effectively educate maternity care providers on best practices for providing maternity care services to veterans that addresses the unique maternal health care needs of the veteran population.

(6) Recommendations to reduce maternal mortality and severe maternal morbidity among pregnant and postpartum veterans and to address racial and ethnic disparities in maternal health outcomes for each of the groups described in subparagraphs (A) through (E) of paragraph (2).

(7) Recommendations to improve coordination of care between the Department and non-Department facilities for pregnant and postpartum veterans, including recommendations to improve—

(A) health record interoperability; and

(B) training for the directors of the Veterans Integrated Service Networks, directors of medical facilities of the Department, chiefs of staff of such facilities, maternity care coordinators, and staff of relevant non-Department facilities.