

(1) the transition of the provision of services to such Administration will not negatively affect the provision of such services to veterans;

(2) such services are ready to be transferred.

(c) **DEADLINE FOR CERTIFICATION.**—The Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives the certification required by subsection (b)—

(1) no earlier than April 1, 2022; and

(2) no later than September 1, 2022.

(d) **FAILURE TO CERTIFY.**—If the Secretary fails to submit the certification required by subsection (b) by the date specified in subsection (c)(2), the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report that includes—

(1) the reason why the certification was not made by such date; and

(2) the estimated date when the certification will be made.

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 insert extraneous material on H.R. 2494.

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 pleased to speak on H.R. 2494, introduced by Congressman WENSTRUP, and which would establish a fourth administration at the Department of Veterans Affairs focused on economic opportunity and transition.

When our servicemembers conclude their time with the armed services, they are tasked with returning to civilian life. This is the sacrifice they make for our security, and in exchange, we owe them more than a thank you and well wishes. We owe them a commitment that they will be supported in their transition to civilian life, and that they will have a VA that is responsive to their needs.

That is why we passed the first GI Bill nearly 75 years ago to the day and why we continue today to make improvements in providing our Nation's veterans with the benefits they have earned.

Unfortunately, VA has struggled to track the effectiveness of programs for education and employment, and Congress has struggled to determine the Department's resource needs in these areas.

Madam Speaker, one of the main reasons we have identified through hearings and discussion with our veterans service organizations is that the Veterans Benefits Administration is simply asked to do too much. While man-

aging compensation claims is important, the responsibility of managing transition, education, and housing benefits often takes a backseat. To put it in perspective, the Veterans Benefits Administration's structure has not significantly changed since the Veterans Administration was established in 1930.

Madam Speaker, during the last 89 years, the services needed by veterans has dramatically changed, which is why our committee has an Economic Opportunity Subcommittee. It is time for the importance of economic opportunity to be elevated at VA as well.

This bipartisan bill would create a new administration within the Department to manage educational assistance, vocational rehabilitation, and employment, education, career counseling programs, and broadly defined shared transition assistance programs. That means a dedicated Under Secretary for Veterans Economic Opportunity and Transition solely focused on fulfilling our promise to the veterans that they will get the education they want, the housing they need, and the careers they deserve.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, I rise today in support of H.R. 2494, which would direct the VA to create a new fourth administration. This new administration would oversee programs that support economic opportunity for our veterans.

During my time in Congress, I have seen repeated instances of mismanagement within the programs. I believe it is time for this new administration to be created so that more focus can be placed on economic opportunities for our veterans. This new focus is even more important today as we are trying to help veterans get back on the right economic track following the COVID-19 pandemic.

I want to thank Congressman WENSTRUP for his dedication and hard work on this bill.

Madam Speaker, I want to thank my colleagues. I urge them to support this bill, and I yield back the balance of my time.

□ 1530

Mr. TAKANO. Madam Speaker, I ask all of my colleagues to join me in passing this important piece of legislation, H.R. 2494, 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. 2494.

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. ROSENDALE. 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.

SGT. KETCHUM RURAL VETERANS MENTAL HEALTH ACT OF 2021

Mr. TAKANO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2441) to direct the Secretary of Veterans Affairs to expand the Rural Access Network for Growth Enhancement Program of the Department of Veterans Affairs, and to direct the Comptroller General of the United States to conduct a study to assess certain mental health care resources of the Department of Veterans Affairs available to veterans who live in rural areas.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2441

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 "Sgt. Ketchum Rural Veterans Mental Health Act of 2021".

SEC. 2. EXPANSION OF RURAL ACCESS NETWORK FOR GROWTH ENHANCEMENT PROGRAM OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) **EXPANSION.**—The Secretary of Veterans Affairs shall establish and maintain three new centers of the RANGE Program.

(b) **LOCATIONS.**—The centers established under subsection (a) shall be located in areas determined by the Secretary based on—

(1) the need for additional mental health care for rural veterans in such areas; and

(2) interest expressed by personnel at facilities of the Department in such areas.

(c) **TIMELINE.**—The Secretary shall establish the centers under subsection (a) during fiscal year 2022.

(d) **FUNDING.**—There is authorized to be appropriated \$1,200,000 for each of fiscal years 2022 through 2024 to carry out this section.

SEC. 3. GAO STUDY OF MENTAL HEALTH CARE FURNISHED BY THE SECRETARY OF VETERANS AFFAIRS TO RURAL VETERANS.

(a) **STUDY REQUIRED.**—The Comptroller General of the United States shall conduct a study to assess whether the Department of Veterans Affairs has sufficient resources to serve rural veterans who need covered mental health care. Such study shall include assessments of—

(1) whether the mental health care furnished by the Secretary (through resources including the RANGE Program, Enhanced RANGE Program, mental health residential rehabilitation treatment programs, inpatient mental health services, and PRR centers) is sufficient to meet the covered mental health care needs of rural veterans;

(2) how best to expand and to appropriately locate resources described in paragraph (1);

(3) whether to require the establishment of a PRR center at a medical facility of the Department that serves 1,000 or more veterans on the National Psychosis Registry;

(4) the demand by rural veterans for mental health resources specified in paragraph (1);

(5) the average wait time for a rural veteran for mental health resources specified in paragraph (1); and

(6) how many rural veterans died by suicide or overdose—

(A) while on a wait list for mental health resources specified in paragraph (1); and

(B) during the term of the study.

(b) **REPORT REQUIRED.**—Not later than 18 months after the date of the enactment of this Act, the Comptroller General shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report containing the results of the study under this section.

SEC. 4. DEFINITIONS.

In this Act:

(1) The term “covered mental health care” means mental health care that is more intensive than traditional outpatient therapy.

(2) The term “PRR center” means a psychosocial rehabilitation and recovery center of the Department of Veterans Affairs.

(3) The term “RANGE Program” means the Rural Access Network for Growth Enhancement Program of the Department of Veterans Affairs.

(4) The term “rural veteran” means a veteran who lives in a rural or highly rural area (including such an area in a Tribal or insular area), as determined through the use of the Rural-Urban Commuting Areas coding system of the Department of Agriculture.

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 have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 2441.

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 pleased to speak on H.R. 2441, the Sgt. Ketchum Rural Veterans Mental Health Act of 2021, introduced by Congresswoman **AXNE**.

This bill has not only bipartisan support, but also bicameral support with the recent introduction of a companion bill from Senate Veterans' Affairs Committee Chairman **TESTER** and Ranking Member **MORAN**.

This bill is named for an Iowa veteran who died by suicide after failing to receive intensive treatment for his PTSD. It is designed to honor his memory with action and to prevent a similar outcome for his fellow veterans.

Through this legislation, VA will open three new RANGE programs in rural locations, including territories and insular areas. VA RANGE programs offer intensive outpatient services and case management for rural veterans with mental illness, housing and food insecurity, financial issues, and problems with daily living. They can be absolutely lifesaving for veterans who need this kind of wrap-around care and safety nets.

Additionally, this bill calls for a GAO study of how accessible VA's continuum of superior mental healthcare services, from outpatient to residential

and inpatient, really is for rural veterans.

We all know that even a well-designed system may not reach every veteran who needs it. With this legislation, our work to close the gaps will be guided by data. I, therefore, ask my colleagues to join me in supporting the Sgt. Ketchum Rural Veterans Mental Health Act.

Madam Speaker, I support this legislation, and I reserve the balance of my time.

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

Madam Speaker, I rise today in support of H.R. 2441, the Sgt. Ketchum Rural Veterans Mental Health Act.

May is Mental Health Awareness Month. I am pleased to commemorate it today by passing this bill to expand mental healthcare to veterans in rural areas.

The Sgt. Ketchum Rural Veterans Mental Health Act would expand VA's RANGE program. The RANGE program provides veterans who have serious mental illness or who are at risk of homelessness with intense case management.

Almost a quarter of our Nation's veterans reside in rural communities. I am one of those veterans who does. While I wouldn't have it any other way, I know firsthand that living in a rural area can be a barrier to care. This bill will help remove that barrier for some of our most vulnerable veterans. It will help ensure that they do not fall through the cracks. It will help them heal.

It will also require GAO to assess whether VA has sufficient resources to support mental health in rural areas. That will help identify any other barriers to care that may exist for these veterans so that we can break them down.

This bill is supported by the entire Iowa delegation, including by my friend, fellow veteran, and fellow committee member, Congresswoman **MARIANNETTE MILLER-MEEKS**.

It is named after Brandon Ketchum, an Iowa veteran who died by suicide in 2016. My heartfelt condolences go out to his family and friends. I am honored to support this bill today in Brandon's memory.

Madam Speaker, I urge all of my colleagues to join me, and I reserve the balance of my time.

Mr. **TAKANO**. Madam Speaker, I yield 5 minutes to the gentlewoman from Iowa (Mrs. **AXNE**), my good friend and the author of H.R. 2441.

Mrs. **AXNE**. Madam Speaker, I rise today to honor an Iowan, a Marine, and a fallen hero, Brandon Ketchum.

I am also here to make a promise to his mother, Bev. When I introduced this legislation, I told Bev that Brandon's story was one that would ensure that other veterans get the mental health help that they need. Today, we are here to take that next step in keeping that promise.

Five years ago, retired Sergeant Brandon Ketchum took his own life

when he was unable to get the mental healthcare he needed. Sergeant Ketchum had served two tours in Iraq and another in Afghanistan. In his first tour alone, he helped clear 92 roadside bombs in 7 months, service that earned him the Combat Action Ribbon.

His heroic service wasn't his only role, however. He was a loving father, son, brother, and friend. But like many veterans, Sergeant Ketchum struggled with depression, addiction, and PTSD related to his time in uniform.

After his service, Brandon volunteered and spoke publicly to students about his experience with PTSD. But despite receiving therapy and addiction treatment after returning from his tours, Brandon had a hard time adjusting to civilian life.

When he sought inpatient hospitalization in 2016 from an Iowa VA, the treatment rooms were full, and he was turned down for the care he needed. Hours later, Sergeant Ketchum took his own life.

We all know that veterans do not have enough mental health resources across this country. Nearly 17 veterans die by suicide every day, and a recent HHS study found that only 50 percent of returning vets who need mental health treatment will receive it. And, in particular, these mental health services are even harder to find in our Nation's rural areas, areas that I and my Iowa colleagues represent here in Congress.

The truth is sad, but it is pretty simple. We are failing our veterans. Brandon asked us for help, but he was turned away because of a lack of resources. So, we must make sure, in his memory and for the sake of others still serving, that when our soldiers return home, they can get the treatment that they need.

My bill will increase mental health facilities in rural areas by establishing three new Rural Access Network for Growth Enhancement programs, known by their acronym RANGE. RANGE programs provide rural veterans with more mental health resources, including access to a team of experts who can provide intensive addiction and mental health treatment, helping veterans reintegrate into their communities.

My bill will also study how the VA is currently meeting the needs of rural veterans with mental health issues and what resources may be needed to improve their care so that we can actually address the root causes of mental health issues in our rural areas and with our veterans.

Not only is this an important cause, but it is a bipartisan one, too. As mentioned, all four members of our Iowa delegation have joined together and signed on to this. I would like to thank them all for doing that, my incredible cosponsors, and, of course, Chairman **TAKANO** and subcommittee Chairwoman **BROWNLEY** for their support of this bill, as well as their constant dedication to our veterans.

Veterans put their lives on the line and serve our Nation with honor. When they come home, they should be able to receive the care that they need regardless of ZIP Code.

We can't simply accept that Brandon's death is a tragedy, and that is just what it is. We have to use his story to make the changes that are long overdue and to ensure that no other veteran falls through the cracks.

We must take action to address the rural health shortages and the mental health needs of our Nation's veterans. I urge all of my colleagues to honor Sergeant Ketchum's legacy with a "yes" vote on this bill.

Mr. BOST. Madam Speaker, I yield 2 minutes to the gentlewoman from Iowa (Mrs. MILLER-MEEKS), from the Second Congressional District.

Mrs. MILLER-MEEKS. Madam Speaker, I thank my colleague from Illinois for yielding me time.

Madam Speaker, I rise today to speak in support of the bipartisan Sgt. Ketchum Rural Veterans Mental Health Act, which I was proud to introduce with the Iowa House delegation.

This legislation was named in honor of the memory and service of Sergeant Brandon Ketchum of Davenport, which is in my congressional district. Sergeant Ketchum died by suicide in 2016 after being denied access to much-needed mental health services for PTSD at the VA facility in Iowa City.

Our legislation would establish new Rural Access Network for Growth Enhancement, or RANGE, programs throughout the VA and support additional research on rural veteran mental healthcare needs.

The case of Sergeant Ketchum is tragic and shows us that we must do more to serve our veterans. Expanding healthcare services in rural America and among our veterans are two of my top priorities in Congress, so I am proud to join the entire Iowa delegation in this effort. We simply have to do better for our veterans. There is no other option.

I would like to thank my colleagues in the Iowa delegation, Congresswoman AXNE, Congresswoman HINSON, and Congressman FEENSTRA, for their partnership in this simple legislation to help veterans. I urge all of my colleagues to support the bipartisan Sgt. Ketchum Rural Veterans Mental Health Act.

Mr. TAKANO. Madam Speaker, I have no further speakers, and I am prepared to close.

But before I reserve the balance of my time, let me say that I am very, very pleased that we are addressing the issue of mental healthcare in our rural areas. As we wind down this pandemic, I think we are going to see not just veterans but Americans of all stripes who live in our rural areas dealing with the need for increased numbers of mental healthcare practitioners.

I congratulate and I thank the work of my colleague, Congresswoman AXNE, in moving the VA a step forward in

this area. But there is far more that needs to be done.

I reserve the balance of my time.

Mr. BOST. Madam Speaker, I yield 3 minutes to the gentlewoman from Iowa (Mrs. HINSON), from the First Congressional District.

Mrs. HINSON. Madam Speaker, today, I rise in support of H.R. 2441, the Sgt. Ketchum Rural Veterans Mental Health Act.

I want to start off by thanking my colleague, Congresswoman CINDY AXNE, for introducing this legislation and for her leadership. I was proud to join the gentlewoman and our entire Iowa delegation, as has already been mentioned, to introduce this very important bipartisan bill for our veterans.

Sergeant Ketchum from Davenport served our country honorably overseas in both Iraq and Afghanistan. But let's be real: Not every war wound is visible.

Many veterans struggle when they come home with serious mental health challenges. When Sergeant Ketchum returned home from his tours, he battled again; this time with post-traumatic stress disorder.

Sergeant Ketchum sought help at the Iowa City VA hospital but was turned away. Shortly after, he did take his own life.

No veteran should be denied the help and the care that they need after dedicating their lives to serving our country. No veteran should ever be turned away like Sergeant Ketchum was.

Unfortunately, veterans who live in rural areas face increased challenges and additional barriers to accessing the treatment that they need.

Our legislation, named in honor of Sergeant Ketchum, will improve access to mental health services for veterans in rural areas. Our veterans put their lives on the line every day to protect our freedoms, and we have a duty to ensure that they can receive high-quality treatment once they return home from service.

We have a duty to ensure that our veterans know they aren't alone and that we have their backs, regardless of where they live.

I am proud to work alongside my colleagues in Iowa to improve access to mental health services for veterans in rural areas and to help ensure that no veteran is denied the care that they deserve.

I urge all of our colleagues to support the Sgt. Ketchum Rural Veterans Mental Health Act. Vote "yes" in honor of Sergeant Ketchum and the thousands of veterans like him who need and deserve our support.

□ 1545

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

Mr. BOST. Madam Speaker, I yield 1 minute to the gentleman from Iowa (Mr. FEENSTRA).

Mr. FEENSTRA. Madam Speaker, our veterans deserve the best care and attention, including when it comes to treating unseen wounds. That is why I

am honored to be part of this effort to expand mental health services to our veterans in rural areas.

The Sgt. Ketchum Rural Veterans' Mental Health Act is named in honor of Sergeant Brandon Ketchum, an Iowan and a Marine Corps veteran who served in Iraq and Afghanistan.

After serving overseas, he suffered from a number of physical and mental conditions. Tragically, Sergeant Ketchum took his own life after failing to receive the mental healthcare he needed from the VA.

It is clear, mental healthcare shortcomings for our veterans need to be addressed, and that is what this bill does.

I thank my colleague from Iowa, Congresswoman AXNE, for her work on this important bill. I also thank my colleagues, Congresswoman MILLER-MEEKS and Congresswoman HINSON, for their work as well.

God bless all those who have fought to protect our country. We owe them our help.

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

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

Madam Speaker, I just encourage everyone to support this piece of legislation. There should be no one that would vote against this.

Like all of the pieces of legislation that we have worked on this afternoon, Madam Speaker, I do want to thank the chairman and his staff for the job of working together. This is truly a case where this committee has done its bipartisan work the way it should.

I also want to thank our staff for the hard work that they have put in with each one of these bills, as well as each of the Members today who have presented these pieces of legislation.

Madam Speaker, I yield back the balance of my time.

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

Madam Speaker, I extend my thanks to Ranking Member BOST and the Republicans on the committee and all staff from both sides of the aisle for putting together this package of 10 bills in advance of Memorial Day. It is especially poignant to end today's package of bills with a bill named in memory of Sergeant Ketchum.

As we failed to reach Sergeant Ketchum in a timely and effective way in rural America, let's not forget that the VA's mental healthcare has improved greatly over the past several years. We need to make sure that quality of healthcare gets out into the rural areas.

We are charged as a Veterans' Affairs Committee to deal with our veterans and their healthcare needs. Part of the answer to serving our veterans is to make sure that we have robust providers, regardless of whether they serve veterans or the general population. We need to look at how we are going to do that in rural America, including our territories and insular areas.

I will use this moment on the floor to plug that cause with all of my colleagues who may be listening from their offices. We must, for the sake of all the folks that have suffered so long from this pandemic, look at how we are going to provide a robust provider network for mental healthcare.

As we head into the Memorial Day weekend, I am so gratified and pleased with the work we have done on a bipartisan basis to produce this package of bills and that we have preserved the spirit of the committee.

Madam Speaker, I urge my colleagues to pass H.R. 2441, 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. 2441.

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. ROSENDALE. 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.

COASTAL AND OCEAN ACIDIFICATION STRESSORS AND THREATS RESEARCH ACT OF 2021

Ms. BONAMICI. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1447) to amend the Federal Ocean Acidification Research and Monitoring Act of 2009 to establish an Ocean Acidification Advisory Board, to expand and improve the research on Ocean Acidification and Coastal Acidification, to establish and maintain a data archive system for Ocean Acidification data and Coastal Acidification data, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1447

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 “Coastal and Ocean Acidification Stressors and Threats Research Act of 2021” or the “COAST Research Act of 2021”.

SEC. 2. PURPOSES.

(a) IN GENERAL.—Section 12402(a) of the Federal Ocean Acidification Research and Monitoring Act of 2009 (33 U.S.C. 3701(a)) is amended—

(1) in paragraph (1)—

(A) in the matter preceding subparagraph (A), by striking “development and coordination” and inserting “coordination and implementation”;

(B) in subparagraph (A), by striking “acidification on marine organisms” and inserting “acidification and coastal acidification on marine organisms”; and

(C) in subparagraph (B), by striking “establish” and all that follows through the semicolon and inserting “maintain and ad-

vises an interagency research, monitoring, and public outreach program on ocean acidification and coastal acidification”;

(2) in paragraph (2), by striking “establishment” and inserting “maintenance”;

(3) in paragraph (3), by inserting “and coastal acidification” after “ocean acidification”; and

(4) in paragraph (4), by inserting “and coastal acidification that take into account other environmental and anthropogenic stressors” after “ocean acidification”.

(b) TECHNICAL AND CONFORMING AMENDMENT.—Section 12402 of the Federal Ocean Acidification Research and Monitoring Act of 2009 (33 U.S.C. 3701(a)) is amended by striking “(a) PURPOSES.—”.

SEC. 3. DEFINITIONS.

Section 12403 of the Federal Ocean Acidification Research and Monitoring Act of 2009 (33 U.S.C. 3702) is amended—

(1) in paragraph (1), by striking “of the Earth’s oceans” and all that follows before the period at the end and inserting “and changes in the water chemistry of the Earth’s oceans, coastal estuaries, and waterways caused by carbon dioxide from the atmosphere and the breakdown of organic matter”;

(2) in paragraph (3), by striking “Joint Subcommittee on Ocean Science and Technology of the National Science and Technology Council” and inserting “National Science and Technology Council Subcommittee on Ocean Science and Technology”;

(3) by redesignating paragraphs (1), (2), and (3) as paragraphs (2), (3), and (4), respectively;

(4) by inserting before paragraph (2), as so redesignated, the following new paragraph:

“(1) COASTAL ACIDIFICATION.—The term ‘coastal acidification’ means the combined decrease in pH and changes in the water chemistry of coastal oceans, estuaries, and other bodies of water from chemical inputs (including carbon dioxide from the atmosphere), freshwater inputs, and excess nutrient run-off from land and coastal atmospheric pollution that result in processes that release carbon dioxide, acidic nitrogen, and sulfur compounds as byproducts which end up in coastal waters.”; and

(5) by adding at the end the following new paragraph:

“(5) STATE.—The term ‘State’ means each State of the United States, the District of Columbia, the Commonwealth of Puerto Rico, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the Virgin Islands of the United States, and any other territory or possession of the United States.”.

SEC. 4. INTERAGENCY WORKING GROUP.

Section 12404 of the Federal Ocean Acidification Research and Monitoring Act of 2009 (33 U.S.C. 3703) is amended—

(1) in the heading, by striking “SUBCOMMITTEE” and inserting “WORKING GROUP”;

(2) in subsection (a)—

(A) in paragraph (1), by striking “Joint Subcommittee on Ocean Science and Technology of the National Science and Technology Council shall coordinate Federal activities on ocean acidification and establish” and insert “Subcommittee shall establish and maintain”;

(B) in paragraph (2), by striking “Wildlife Service,” and inserting “Wildlife Service, the Bureau of Ocean Energy Management, the Environmental Protection Agency, the Department of Agriculture, the Department of State, the Department of Energy, the Department of the Navy, the National Park Service, the Bureau of Indian Affairs, the National Institute of Standards and Technology, the Smithsonian Institution,”; and

(C) in paragraph (3), in the heading, by striking “CHAIRMAN” and inserting “CHAIR”; (3) in subsection (b)—

(A) in paragraph (1), by inserting “, including the efforts of the National Oceanic and Atmospheric Administration to facilitate such implementation” after “of the plan”; (B) in paragraph (2)—

(i) in subparagraph (A), by inserting “and coastal acidification” after “ocean acidification”; and

(ii) in subparagraph (B), by inserting “and coastal acidification” after “ocean acidification”;

(C) in paragraph (4), by striking “; and” and inserting a semicolon;

(D) in paragraph (5)—

(i) by striking “developed” and inserting “and coastal acidification developed”; and

(ii) by striking the period at the end and inserting “and coastal acidification; and”; and

(E) by adding at the end the following new paragraph:

“(6) ensure that each of the Federal agencies represented on the interagency working group—

“(A) participates in the Ocean Acidification Information Exchange established under paragraph (5); and

“(B) delivers data and information to support the data archive system established under section 12406(d).”;

(4) in subsection (c), in paragraph (2)—

(A) by inserting “, and to the Office of Management and Budget,” after “House of Representatives”; and

(B) in subparagraph (B), by striking “the interagency research” and inserting “interagency strategic research”;

(5) by redesignating subsection (c) as subsection (d); and

(6) by inserting after subsection (b) the following:

“(C) ADVISORY BOARD.—

“(1) ESTABLISHMENT.—The Chair of the Subcommittee shall establish an Ocean Acidification Advisory Board.

“(2) DUTIES.—The Advisory Board shall—

“(A) not later than 180 days before the Subcommittee submits the most recent report under subsection (d)(2)—

“(i) review such report;

“(ii) submit an analysis of such report to the Subcommittee for consideration in the final report submitted under subsection (d)(2); and

“(iii) concurrently with the Subcommittee’s final submission of the report under subsection (d)(2), the Advisory Board shall submit a copy of the analysis provided to the Subcommittee to the Committee on Commerce, Science, and Transportation of the Senate, the Committee on Science, Space, and Technology of the House of Representatives, and the Committee on Natural Resources of the House of Representatives;

“(B) not later than 180 days before the Subcommittee submits the most recent strategic research plan under subsection (d)(3) to Congress—

“(i) review such plan;

“(ii) submit an analysis of such plan and the implementation thereof to the Subcommittee for consideration in the final strategic research plan submitted under subsection (d)(3); and

“(iii) concurrently with the Subcommittee’s final submission of the strategic research plan under subsection (d)(3), the Advisory Board shall submit a copy of the analysis provided to the Subcommittee to the Committee on Commerce, Science, and Transportation of the Senate, the Committee on Science, Space, and Technology of the House of Representatives, and the Committee on Natural Resources of the House of Representatives;