

A motion to reconsider was laid on the table.

VETERANS AND FAMILY INFORMATION ACT

Mr. TAKANO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2093) to direct the Secretary of Veterans Affairs to make all fact sheets of the Department of Veterans Affairs available in English, Spanish, and Tagalog, and other commonly spoken languages, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2093

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 and Family Information Act”.

SEC. 2. FACT SHEETS.

(a) **LANGUAGES.**—The Secretary of Veterans Affairs shall make available versions of all fact sheets of the Department of Veterans Affairs in—

- (1) English;
- (2) Spanish;
- (3) Tagalog; and

(4) each of the 10 most commonly spoken languages, other than English, in the United States that are not otherwise covered by paragraphs (2) and (3).

(b) **WEBSITE.**—The Secretary of Veterans Affairs shall establish and maintain a publicly available website of the Department of Veterans Affairs that contains links to all fact sheets of the Veterans Benefits Administration, Veterans Health Administration, and of the National Cemetery Administration. The website shall be accessible by a clearly labeled hyperlink on the homepage of the Department.

(c) **REPORT.**—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit a report to Congress regarding fact sheets described in subsection (a) and details of the Language Access Plan of the Department of Veterans Affairs. The report shall include the following:

- (1) What the Secretary determines constitutes a fact sheet of the Department for purposes of this Act.
- (2) How such fact sheets are utilized and distributed other than on and through the website of the Department.
- (3) How such Language Access Plan is communicated to veterans, family members of veterans, and caregivers.
- (4) The roles and responsibilities of patient advocates in the coordination of care for veterans with limited English proficiency, family members of such veterans, and caregivers.
- (5) Other demographic information that the Secretary determines appropriate regarding veterans with limited English proficiency.

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. 2093.

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, since 2001 the foreign-born share of the veteran population has steadily risen. Immigrants have served in the Armed Forces since the very beginning of our Nation, and they today make up 600,000 veterans. 1.9 million veterans are the U.S.-born children of immigrants. Together, the 2.5 million veterans of immigrant origin, by birth or parentage, account for 13 percent of all veterans living today.

Certain nationals of countries in free association with the United States—the Marshall Islands, the Federated States of Micronesia, and Palau—are eligible to serve the United States, and they do in numbers much larger than their counterparts stateside.

Half a million veterans live in Puerto Rico. There are 6,000 regular Philippine Scouts still alive and 15,000 U.S. veterans who live in the Philippines, half of whom rely on the VA clinic in Manila for their service-connected care.

Two-thirds of the veteran cohorts I just mentioned do not speak English at home. Many of them are aging and have to rely more and more on their families for care and to manage health decisions.

VA has scarce availability of veteran-facing materials in other languages, both online and in paper. Facilities are, for the most part, on their own to translate material that best serves their patients.

This extra burden was made clear to me during committee trips to Puerto Rico, where we heard from staff about the arduous work it took to have to translate everything from administrative staff training materials to hurricane brochures. Everything sent from VA Central Office in Washington, D.C., to Puerto Rico had to be redone so it could be usable and accessible to veterans and the staff who serve them.

The VA should be fully accessible to all veterans who need it, and that includes language accessibility. Mr. JEFFRIES’ bill, H.R. 2093, the Veterans and Family Information Act, would require VA to do what it should have been doing for years, make its veteran-facing fact sheets and websites available in languages veterans and their families speak; specifically, the languages of Spanish, Tagalog, and the other top 10 spoken languages in the United States. It would also require VA to create a language access plan for the VA enterprise.

Now, this is a long overdue correction of VA’s posture. If this pandemic has taught us anything, it is that clearly communicated public health information from our healthcare institutions is essential. VA must ensure that language proficiency is never a barrier to a veteran’s care.

I therefore ask my colleagues to join me in supporting the Veterans and Family Information Act.

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. 2093, the Veterans and Family Information Act. This bill would require VA to make fact sheets available in multiple languages, including English, Spanish, and Tagalog.

I appreciate Congressman JEFFRIES’ introduction of this legislation, and I am glad to support it today. I urge my colleagues to do the same.

Madam Speaker, I reserve the balance of my time.

Mr. TAKANO. Madam Speaker, I yield 2 minutes to the gentleman from New York (Mr. JEFFRIES), my good friend, the chairman of the Democratic Caucus and author of H.R. 2093.

Mr. JEFFRIES. Madam Speaker, I thank my good friend and classmate, Chairman TAKANO, for his tremendous leadership as well as the leadership of the ranking member and all of the distinguished members of the Committee on Veterans’ Affairs.

Madam Speaker, I rise in support of H.R. 2093, the Veterans and Family Information Act, a bipartisan bill that will serve those who have served our Nation with distinction. This common-sense legislation would improve non-English language accessibility for veterans, their families, and caregivers.

The Veterans Benefits Administration provides critical information to all veterans about their benefits that have been hard earned, including service-connected disability benefits, home loans, vocational rehabilitation, employment information, and how to access assistance for trauma.

For veterans of limited English proficiency, there is no guarantee that this critical information is made available in their primary language, thereby creating barriers for them and for their families.

As Chairman TAKANO indicated, there are over 500,000 foreign-born veterans that live in the United States, and additionally 1.9 million veterans who are the U.S.-born children of foreign-born parents.

Not only are our veterans increasingly diverse in terms of country of origin, but tens of thousands of veterans have self-identified to the VA that they speak English less than well.

In the most recent survey conducted, the VA also found that minorities, people of color, and language minorities comprise approximately 24 percent of the total veteran population in the United States.

Every single veteran deserves consistent, clear, and equal access to any and all information that the VA offers, regardless of their English proficiency. They have all served this country well.

The Veterans and Family Information Act would direct the Department of Veterans Affairs to make versions of

all of its fact sheets available in the 10 most commonly spoken languages other than English in the United States, including Spanish and Tagalog.

I would like to thank the lead cosponsor of this bill, Representative YOUNG KIM, for her extraordinary leadership and partnership in this effort, as well as, again, the chair, ranking member, and all of the distinguished members of the Committee on Veterans' Affairs.

I urge my colleagues to vote "yes" on H.R. 2093.

Mr. BOST. Madam Speaker, I yield 2 minutes to the gentlewoman from California (Mrs. KIM).

Mrs. KIM of California. Madam Speaker, I rise today in support of H.R. 2093, the Veterans and Family Information Act. This is the legislation I introduced with my colleague, Representative JEFFRIES.

This bipartisan bill directs the Department of Veterans Affairs to make versions of all fact sheets available in the 10 most commonly spoken languages other than English in the United States, including Spanish, Chinese, Tagalog, and Korean.

My district is home to more than 27,000 veterans from diverse backgrounds who faithfully served in the United States military, including my own sister, brother-in-law, and my husband, too. With an increasingly diverse population of veterans across the country, and with United States veterans residing in the Philippines and in Puerto Rico, this bill ensures that our veterans and their caretakers whose first languages are not English are aware of and understand the VA's benefits.

I want to thank Representative JEFFRIES for working with me to improve language availability and accessibility at the VA. I urge my colleagues on both sides of the aisle to support H.R. 2093.

Mr. TAKANO. Madam Speaker, I have no further speakers, and I am prepared to close. I reserve the balance of my time.

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

Mr. TAKANO. Madam Speaker, I am very, very pleased to recommend to all of my colleagues to vote "yes." This issue affects my own constituency where I know that we have veterans that have caregivers that may only speak, say, the language of Spanish, and so I am very convinced that this legislation will benefit all of our country, but especially my own district.

It is with that spirit that I recommend that we pass this important piece of legislation. 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. 2093.

The question was taken; and (two-thirds being in the affirmative) the

rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

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EQUAL ACCESS TO CONTRACEPTION FOR VETERANS ACT

Mr. TAKANO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 239) to amend title 38, United States Code, to provide for limitations on copayments for contraception furnished by 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. 239

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 "Equal Access to Contraception for Veterans Act".

SEC. 2. LIMITATION ON COPAYMENTS FOR CONTRACEPTION.

Section 1722A(a)(2) of title 38, United States Code, is amended—

(1) by striking "to pay" and all that follows through the period and inserting "to pay—"; and

(2) by adding at the end the following new subparagraphs:

"(A) an amount in excess of the cost to the Secretary for medication described in paragraph (1); or

"(B) an amount for any contraceptive item for which coverage under health insurance coverage is required without the imposition of any cost-sharing requirement pursuant to section 2713(a)(4) of the Public Health Service Act (42 U.S.C. 300gg-13(a)(4))."

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.

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. 239.

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, contraception access is a crucial element of preventative healthcare and reduces the likelihood that a woman will live in poverty. Copay-free access to contraception is covered under every insurance program in this country, except at the Department of Veterans Affairs.

H.R. 239, the Equal Access to Contraception for Veterans Act, would eliminate copays on contraceptive items at the Department of Veterans Affairs. I thank Congresswoman BROWNLEY for introducing this bill and for her efforts as chair of the Subcommittee on Health and the Women Veterans Task Force.

Contraception is already widely available at VA, and veterans enrolled

at VA can obtain oral contraceptives, shots, skin patches, vaginal rings, and long-acting reversible contraceptives, such as implants or intrauterine devices. In addition, the VA pharmacy dispenses over-the-counter contraceptives, including condoms and emergency contraception.

Even a small copay can be insurmountable for a veteran struggling to make ends meet. Eliminating copays ensures parity with both Federal insurers and private insurers, as mandated under the Affordable Care Act. Most of all, it eliminates an unnecessary financial burden on our veterans.

Furthermore, we know also that every tax dollar spent on family planning, such as contraception, ultimately saves seven times that amount.

Passing this bill is an essential element of both meeting the health and economic well-being of our Nation's veterans.

This legislation has the support of the VA, broad VSO support, and passed on suspension last Congress.

Again, I thank Chairwoman JULIA BROWNLEY for her leadership on this issue, and I ask my colleagues to join me in supporting H.R. 239.

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. 239, the Equal Access to Contraception for Veterans Act.

The bill would prohibit the VA from charging copayments to veterans for contraception.

Women are volunteering to serve our country in uniform in record numbers. When they separate from the service, they are seeking care from the VA in record numbers as well. Ensuring that those women receive the recognition, respect, and welcome they are owed is one of our highest priorities.

This bill would further that goal. I am glad to support it here today.

Copayments have been prohibited for contraception in the private sector for many years. This bill would bring the VA healthcare system in line with that precedent.

This bill passed the committee last year with unanimous, bipartisan support. One of those supporters was the former Republican leader of this committee, Dr. ROE. Dr. ROE, who is an OB/GYN, has decades of experience with women's health and reproductive care. Like me, he is also a steadfast defender of pro-life principles.

This bill also passed the House last Congress by voice vote. I hope that it can do so again this Congress.

The Equal Access to Contraception for Veterans Act was introduced by Congresswoman BROWNLEY. I thank her for her continued efforts on behalf of women veterans and for introducing the bill.

Madam Speaker, I urge all of my colleagues on both sides of the aisle to join me in voting for this bill, and I reserve the balance of my time.