

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.

Mr. TAKANO. Madam Speaker, I yield 2 minutes to the gentlewoman from California (Ms. BROWNLEY), my good friend, the chairwoman of the Subcommittee on Health, and also the author of this important legislation.

Ms. BROWNLEY. Madam Speaker, I rise today in support of H.R. 239, the Equal Access to Contraception for Veterans Act, my bill to ensure that veterans have access to contraception coverage without any copay.

I thank the chairman for working with me to advance this legislation.

Because of the Affordable Care Act, women using civilian health insurance may access basic contraceptive services, like the pill or an IUD, without any copay. Active Duty servicemembers can also receive contraceptive care without any copay.

However, women veterans who receive healthcare through the VA do not have access to the same benefit.

Clearly, we need to fix this inequity. The benefits of contraception are widely recognized.

Choosing when, or if, to have a family is essential to women's health and to their economic security.

Today, there are two million women veterans living in the United States, and women comprise the fastest growing subpopulation within the military and veteran populations; yet many of their health needs go unaddressed in a VA system that has not evolved to equitably serve a rapidly changing population.

As chairwoman of the Women Veterans Task Force and chair of the House Veterans' Affairs Subcommittee on Health, I have worked to identify disparities in healthcare for women veterans and, where necessary, introduce, advocate for, and pass legislation that eliminates these gaps.

Our veterans have sacrificed so much for our country. It is past time that we ensure that they get the equitable healthcare they have earned and deserve.

Madam Speaker, I urge my colleagues to vote "yes" on H.R. 239.

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

Mr. TAKANO. Madam Speaker, I want to thank Ranking Member BOST for pointing out that the previous ranking member and previous chairman of this committee, an OB/GYN, Representative ROE, stood in firm support of this legislation. I know him to also be someone of very firm pro-life convictions. I am very proud of the bipartisan support that has gathered around Ms. BROWNLEY's legislation.

Madam Speaker, I urge all my colleagues to support this bill, 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. 239.

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.

# HOMELESS VETERANS CREDIT REPAIR, ENHANCEMENT, AND DEBT IMPROVEMENT FOR TOMORROW ACT

Mr. TAKANO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1257) to direct the Secretary of Veterans Affairs to conduct a study on the effect of financial and credit counseling for homeless veterans and veterans experiencing housing instability, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1257

*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 "Homeless Veterans Credit Repair, Enhancement, and Debt Improvement for Tomorrow Act" or the "Homeless Veterans CREDIT Act".

## SEC. 2. STUDY ON FINANCIAL AND CREDIT COUNSELING.

(a) STUDY REQUIRED.—The Secretary of Veterans Affairs shall conduct a comprehensive study on—

(1) the use of and variation of financial and credit counseling services available for homeless veterans and veterans experiencing housing instability;

(2) barriers to accessing financial and credit counseling for such veterans; and

(3) the ability to evaluate and assess the potential effects of financial and credit counseling for such veterans with respect to housing, employment, income, and other outcomes the Secretary determines appropriate.

(b) METHODOLOGY.—In conducting the study under subsection (a), the Secretary shall—

(1) survey—

(A) homeless veterans and veterans experiencing housing instability who are enrolled in the Supportive Services for Veterans Families program;

(B) such veterans who do not seek or receive the care or services under such program or a similar program;

(C) grantees of the Supportive Services for Veterans Families program;

(D) financial and credit counselors; and

(E) persons who are subject matter experts regarding the use of financial and credit counseling services that the Secretary determines appropriate; and

(2) administer the survey to a representative sample of homeless veterans and veterans experiencing housing instability in areas with high veteran homelessness.

(c) USE AND VARIATION OF SERVICES.—In conducting the study under subsection (a)(1), the Secretary shall—

(1) use data from the Supportive Services for Veterans Families program and other data collected by the Department of Veterans Affairs, data collected by other departments or agencies of the Federal Govern-

ment, and data collected by nongovernmental entities to compare the use of and variation of financial and credit counseling services available for homeless veterans and veterans experiencing housing instability and such use and variation for other individuals; and

(2) assess such services made available through the Supportive Services for Veterans Families program, including with respect to the types, modes of delivery, duration, consistency, and quality, of such services.

(d) BARRIERS TO COUNSELING.—In conducting the study under subsection (a)(2), the Secretary shall conduct research on the effects of the following perceived barriers to financial and credit counseling for homeless veterans and veterans experiencing housing instability surveyed in the study:

(1) The cost of financial and credit counseling services.

(2) The perceived stigma associated with seeking financial and credit counseling assistance.

(3) The effect of driving distance or availability of other forms of transportation to the nearest facility that received a grant under the Supportive Services for Veterans Families program.

(4) The availability of child care.

(5) The comprehension of eligibility requirements for, and the scope of services available under, the Supportive Services for Veterans Families program.

(6) The effectiveness of outreach for the services available to such veterans under the Supportive Services for Veterans Families program.

(7) The location and operating hours of facilities that provide services to such veterans under the Supportive Services for Veterans Families program.

(8) The COVID-19 pandemic and other health related issues.

(9) Such other significant barriers as the Secretary considers appropriate.

(e) EVALUATION AND ASSESSMENT OF EFFECTS OF COUNSELING.—

(1) EFFECTS.—In conducting the study under subsection (a)(3), the Secretary shall conduct research on the ability to evaluate and assess the potential effects of financial and credit counseling services on homeless veterans and veterans experiencing housing instability with respect to the following:

(A) The effects of such services on employment by comparing the veterans who received such services and the veterans who did not receive such services.

(B) The effects of such services on housing status by comparing the veterans who received such services and the veterans who did not receive such services.

(C) The effects of such services on income by comparing the veterans who received such services and the veterans who did not receive such services.

(D) The effects of such services on credit score by comparing the veterans who received such services and the veterans who did not receive such services.

(E) The effects of such services on other outcomes the Secretary determines appropriate.

(2) DATA AND RECOMMENDATIONS.—In carrying out paragraph (1), the Secretary shall—

(A) determine the relevant data that is available to the Secretary and determine the confidence of the Secretary with respect to accessing any additional data the Secretary may require; and

(B) provide recommendations regarding the optimal research or evaluation design that would generate the greatest insights and value.