

Mr. TAKANO. Mr. Speaker, I have no further speakers, and I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I yield 3 minutes to the gentlewoman from Iowa (Mrs. MILLER-MEEKS), my good friend.

Mrs. MILLER-MEEKS. Mr. Speaker, I thank my colleague for yielding me time to speak.

Mr. Speaker, I rise today to speak in support of Senator JOHN KENNEDY's Dispose of Unused Medications and Prescription Opioids Act, S. 957, or the DUMP Opioids Act.

Earlier this year, President Trump signed the JOHNNY ISAKSON and DAVID P. ROE, M.D. Veterans Health Care and Benefits Improvement Act into law. Under this law, the VA is required to set up prescription drop boxes on VA campuses so that veterans can safely dispose of unused and excess controlled substance medications. The DUMP Opioids Act directs the Secretary of the VA to designate periods during which anyone, not just veterans, may dispose of unused medications at VA facilities.

In April, I partnered with Congressman DAVID TRONE to introduce the House companion to Senator KENNEDY's bill, and I am proud to see this bill before the House today.

As a doctor, I have seen firsthand the challenges created by opioid addiction and abuse. The opioid epidemic has hit every corner of the United States, and all of us know someone who has been harmed by addiction.

The DUMP Opioids Act is a simple expansion of current law that will give more Americans access to safe opioid disposal sites. Congress must work in a bipartisan manner and give our constituents the tools they need to tackle this head-on.

America has been hit hard by the opioid epidemic for years, especially over this past year during the pandemic, as illustrated by my colleague from Illinois. Iowa is no exception.

With opioid-related deaths up 35 percent in Iowa over the last year, we need to be more focused than ever on our efforts to both treat and prevent addiction. As a physician, I am proud to do my part to help combat this crisis.

Mr. Speaker, I thank Senator KENNEDY for his work with this bill, and I urge all of my colleagues to support S. 957, the DUMP Opioids Act.

Mr. TAKANO. Mr. Speaker, I ask all of my colleagues to join me in passing S. 957, and I yield back the balance of my time.

Mr. BOST. Mr. Speaker, I encourage my colleagues to support this bill as well, 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, S. 957.

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. WEBER of Texas. Mr. 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.

#### MAJOR MEDICAL FACILITY AUTHORIZATION ACT OF 2021

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (S. 1910) to authorize major medical facility projects of the Department of Veterans Affairs for fiscal year 2021.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 1910

*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 "Major Medical Facility Authorization Act of 2021".

#### SEC. 2. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS OF DEPARTMENT OF VETERANS AFFAIRS FOR FISCAL YEAR 2021.

(a) IN GENERAL.—The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2021 at the locations specified and in an amount for each project not to exceed the amount specified for such location:

(1) Construction of an outpatient clinic and national cemetery in Alameda, California, in an amount not to exceed \$266,200,000.

(2) Construction of a new specialty care building 201 in American Lake, Washington, in an amount not to exceed \$110,600,000.

(3) Construction of a community living center and renovation of domiciliary and outpatient facilities in Canandaigua, New York, in an amount not to exceed \$383,741,000.

(4) Construction of a spinal cord injury center in Dallas, Texas, in an amount not to exceed \$249,000,000.

(5) Realignment and closure of the Livermore Campus in Livermore, California, in an amount not to exceed \$455,000,000.

(6) Seismic corrections to the mental health and community living center in Long Beach, California, in an amount not to exceed \$367,300,000.

(7) Construction of a spinal cord injury building with a community living center, including a parking garage, in San Diego, California, in an amount not to exceed \$252,100,000.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2021 or the year in which funds are appropriated for the Construction, Major Projects account, \$2,083,941,000 for the projects authorized in subsection (a).

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. Mr. 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 S. 1910.

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

There was no objection.

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

Mr. Speaker, I rise today in support of Senator TESTER's S. 1910, the Major Medical Facility Authorization Act of 2021. I also thank my good friend and a valued member of the House Committee on Veterans' Affairs, Representative COLIN ALLRED, for introducing the House companion to this vital and important piece of legislation.

Mr. Speaker, each year, the Department of Veterans Affairs submits an annual budget request to Congress, and then it is our job to authorize and appropriate the funding that VA needs to care for America's veterans and their families. Within that larger funding request is VA's request for funds to replace and modernize its medical facilities.

This year's major construction request totals just over \$2 billion and will build a much-needed spinal cord injury center in Dallas, Texas; erect a community living center and renovate domiciliary and outpatient facilities in Canandaigua, New York; construct an outpatient clinic and a national cemetery in Alameda, California; and allow for the construction of a new specialty care building in American Lake, Washington, among other things.

Mr. Speaker, this Congress, our committee has highlighted VA's aging infrastructure. It might surprise some Members to learn the median age of VA medical centers is 58 years old. In the private sector, it is about 11 years.

Delivering 21st century healthcare in buildings that were built during the latter half of the 19th century is far from ideal and certainly not what our veterans deserve.

Despite outdated facilities, RAND and other academic entities have found VA provides better care than private options, in most cases. That is right. The VA provides better care even though it is working from outdated facilities. Imagine what those findings would look like if VA was competing with a modern infrastructure.

During our oversight efforts, the committee has learned that in order to fully recapitalize the Department's portfolio, VA would need roughly \$100 billion. The Biden administration's \$18 billion proposal to enhance VA's physical infrastructure is a downpayment in ensuring veterans have access to the most advanced healthcare and most robust infrastructure that we can provide.

My colleagues across the aisle may argue that potentially spending \$18 billion on VA's infrastructure is premature because it fails to consider existing reform efforts already underway, alluding to the AIR Commission. They will argue that we should wait for the Commission's findings. Given the severity of underfunding as it relates to VA's capital assets, we cannot afford to

wait until the AIR Commission provides recommendations to Congress and the White House.

Life safety and seismic issues across the portfolio must be addressed now. Regular maintenance should not be delayed because of budgetary concerns, nor should we delay retrofitting facilities to meet the needs of VA's fastest growing population—women veterans—or delay addressing the lessons learned from this Nation's first pandemic in more than 100 years.

If we are going to build back better, if we are going to build back trust in VA, we have to start making serious investments in the outdated infrastructure meant to serve them, and nearly three-fourths of Americans agree.

Mr. Speaker, that is why I support S. 1910, and I thank Senator TESTER, the chairman of the Senate Committee on Veterans' Affairs, for prioritizing and passing this legislation.

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

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

Mr. Speaker, I rise today in support of S. 1910, the Major Medical Facility Authorization Act of 2021.

This bill would authorize the VA's major medical facilities construction projects in California, Washington, New York, and Texas. Those projects include outpatient clinics, a specialty care building, a spinal cord injury center, two community living centers, and more.

These projects are formally requested by the VA in the most recent budget submission. They would benefit hundreds, if not thousands, of veterans.

This bill is sponsored by Senator JON TESTER, chairman of the Senate Veterans' Affairs Committee. I thank him for introducing it, and I urge my colleagues to join me in supporting it today.

The VA healthcare system has a massive capital assets profile. It is comprised of medical facilities that are, on average, more than five times older than private-sector medical facilities.

In 2018, Congress passed the Asset and Infrastructure Review Act, or the AIR Act, to bring the VA healthcare system into the 21st century. It would lay the foundation to modernize the VA medical facilities to better serve the veterans.

I am proud to support this bill to help deliver updated medical facilities to the veterans in these four States, but we have much more to do to deliver modern medical care to our veterans across this country.

Mr. Speaker, I hope that we can pass this bill today and then continue working together to ensure the AIR Act lives up to the immense promises that it has for the veterans.

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

Mr. TAKANO. Mr. Speaker, I yield such time as he may consume to the gentleman from Texas (Mr. ALLRED), my good friend and a member of the

House Committee on Veterans' Affairs, where he is an active member of the Subcommittee on Health.

(Mr. ALLRED asked and was given permission to revise and extend his remarks.)

Mr. ALLRED. Mr. Speaker, I rise today in support of my bipartisan bill, the fiscal year 2021 Major Medical Facility Authorization Act.

As the wars in Afghanistan and Iraq come to an end, as a Nation, we are reminded of our profound and sacred commitment to ensure that each and every one of our veterans gets the support, services, and care they need when they return home.

We owe this commitment to every generation of veterans who have served. I know this from when I visited Afghanistan in 2019 as a member of this committee.

Whether it is exposure to toxic air, coping with the stress and mental toll of their service, or trying to find a good job as they transition back to civilian life, we must do all we can to support our veterans who have served us so well.

That is why I was proud to lead this bipartisan bill in the House. This bill would create jobs by authorizing the construction of several major VA medical facilities across the country, including a spinal cord injury center in Dallas, my hometown and just outside of my district.

The Dallas project, currently underway, will construct a 30-bed, long-term care spinal cord injury center with the capacity to expand to 60 beds. These funds will ensure this center has all the tools it needs to best serve veterans in its care, including a warehouse administration building, parking garage, and central plant improvements.

In addition to providing long-term care for the medical complications of spinal cord injuries and disorders, the center will provide a residential setting in which highly dependent or medically complex veterans could live on a long-term basis, receiving the specialized environment, staff skills, and equipment that they require.

In 2020, I worked with folks in both parties to help secure a new VA hospital in Garland, in my district. This was a vacant hospital that we were able to get donated to the VA system. It took months and months of meetings and calls, but we were able to get it done. It has now been up and running for over a year, and the folks there are doing extraordinary work. It proves that when we provide the VA with the resources it needs, the hardworking folks there will go above and beyond to serve our veterans.

The facility is expected to eventually create 5,000 jobs and is helping us to better serve 174,000 veterans in north Texas.

Mr. Speaker, I am so honored to keep building on this work with the passage of this bill because, like our veterans' service and sacrifice, our commitment to them must be sacred.

I thank my House cosponsors, Representatives DEREK KILMER, KIM SCHRIER, and MIKE LEVIN. I also thank Chairman TAKANO and Ranking Member BOST for their leadership on this bill. I thank the Senate leads, Senator JON TESTER, chairman of the Senate Committee on Veterans' Affairs, and Senator JERRY MORAN as well.

Mr. Speaker, I urge all of my colleagues to support this measure.

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

Mr. TAKANO. Mr. Speaker, I ask all my colleagues to join me in passing S. 1910, the Major Medical Facility Authorization Act of 2021, 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, S. 1910.

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. WEBER of Texas. Mr. 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.

#### RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 5 o'clock and 30 minutes p.m.), the House stood in recess.

□ 1830

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Ms. PINGREE) at 6 o'clock and 30 minutes p.m.

#### APPOINTMENT OF MEMBER TO SELECT COMMITTEE TO INVESTIGATE THE JANUARY 6TH ATTACK ON THE UNITED STATES CAPITOL

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to section 2 of House Resolution 503, 117th Congress, and the order of the House of January 4, 2021, of the following Member to the Select Committee to Investigate the January 6th Attack on the United States Capitol:

Mr. KINZINGER, Illinois

#### RAISING A QUESTION OF THE PRIVILEGES OF THE HOUSE

Mr. MCCARTHY. Madam Speaker, I rise to a question of the privileges of the House, and I send to the desk a privileged resolution.