

opportunity to examine outcomes for student veterans and academic institutions supported by VA.

I urge my colleagues to vote “yes” on H.R. 5516, the VITAL Assessment Act, as amended, and 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 H.R. 5516, as amended, the VITAL Assessment Act.

This bill is sponsored by, as was said, our newest member of the Veterans’ Affairs Committee, Congressman JAKE ELLZEY. With this bill, he is fulfilling the promise he made on the campaign trail to put the needs of our fellow veterans front and center. His bill will make a number of improvements to the VA’s Veterans Integration to Academic Learning, or the VITAL program.

VITAL provides mental health support to student veterans on college campuses. Preventing veteran suicide and supporting veterans as they transition out of the military are two of our committee’s highest goals, and this bill would get us closer to realizing both of them.

I urge every Member to support H.R. 5516, as amended, and I reserve the balance of my time.

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

Mr. BOST. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. ELLZEY), the main sponsor of this legislation.

Mr. ELLZEY. Mr. Speaker, I thank Ranking Member BOST for yielding time.

Mr. Speaker, it is an honor to be addressing the House today as we are just days removed from Veterans Day, when our Nation recognizes those who honorably served to protect our precious, God-given liberties and freedoms. We have a duty and responsibility to help the veterans of our Armed Forces who have fought to preserve our freedoms and liberties.

In 2011, VA launched the Veterans Integration to Academic Leadership program, or the VITAL program, to provide mental health services to student veterans on college campuses.

Hundreds of thousands of veterans attend college every year. They often have difficulty adjusting from the military to an academic campus culture and relating to nonveteran peers.

As someone who has personally gone through the transition back to civilian life, I can say my experiences in combat and leadership were vastly different than the experiences of my fellow students. I was much older than my fellow students; much older. I was no longer surrounded by my fellow warriors; and I was a stranger in a strange academic land. For these reasons, I understand why the VITAL program is so important.

Since its inception in 2011, it has grown to support student veterans at 183 locations. VITAL program services

are locally managed, staffed, and evaluated by VA medical centers working with area schools, which allows for independence and flexibility. It connects student veterans with needed care and services, and helps prevent veteran suicide.

The VITAL Assessment Act will ensure critical information about the VITAL program is gathered, improvements are made, and will help provide mental healthcare and support to student veterans.

This act adds accountability and transparency. It will require the VA to report to Congress about the program’s management, operations, and effectiveness in support of student veterans’ mental health and educational goals.

It also requires the VA to use information gathered to create best new practices, goals, and performance measures for the program.

In conclusion, I thank the many veterans’ groups supporting this bill.

I am grateful to House Committee on Veterans’ Affairs Ranking Member BOST for being an original cosponsor of this bill.

And I thank Chairman TAKANO for supporting this bill and speaking favorably during the committee hearing; Health Subcommittee Chair BROWNLEY, and the members of the Veterans’ Affairs Committee for their unanimous support of this bill.

This will help student veterans achieve their goals and dreams. And just as the VITAL program has a proven record of saving lives, this bill will further improve the program and help save even more lives of veterans.

I ask all Members of the House to please support H.R. 5516.

Mr. TAKANO. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

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

Mr. TAKANO. Mr. Speaker, I ask all of my colleagues to join me in passing H.R. 5516, 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. 5516, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

BURN PIT REGISTRY ENHANCEMENT ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2433) to direct the Secretary of Veterans Affairs to take actions necessary to ensure that certain individuals may update the burn pit registry with a registered individual’s cause of death, and for other purposes.

The Clerk read the title of the bill.
The text of the bill is as follows:

H.R. 2433

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 “Burn Pit Registry Enhancement Act”.

SEC. 2. BURN PIT REGISTRY UPDATES.

(a) INDIVIDUALS ELIGIBLE TO UPDATE.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall take actions necessary to ensure that the burn pit registry may be updated with the cause of death of a deceased registered individual by—

(A) an individual designated by such deceased registered individual; or

(B) if no such individual is designated, an immediate family member of such deceased registered individual.

(2) DESIGNATION.—The Secretary shall provide, with respect to the burn pit registry, a process by which a registered individual may make a designation for purposes of paragraph (1)(A).

(b) DEFINITIONS.—In this section:

(1) The term “burn pit registry” means the registry established under section 201 of the Dignified Burial and Other Veterans’ Benefits Improvement Act of 2012 (Public Law 112-260; 38 U.S.C. 527 note).

(2) The term “immediate family member”, with respect to a deceased individual, means—

(A) the spouse, parent, brother, sister, or adult child of the individual;

(B) an adult person to whom the individual stands in loco parentis; or

(C) any other adult person—

(i) living in the household of the individual at the time of the death of the individual; and

(ii) related to the individual by blood or marriage.

(3) The term “registered individual” means an individual registered with the burn pit registry.

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 H.R. 2433.

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 to support the passage of Representative RUIZ’s Burn Pit Registry Enhancement Act.

As the House Committee on Veterans’ Affairs and our Senate counterparts close in on providing much-needed, comprehensive assistance to veterans exposed to burn pits and other airborne hazards, this measure from Dr. RUIZ is an important step in the right direction.

As VA continues to study the effects that burn pit and other airborne hazard

exposures have on our veterans, the collection of data is critical. Without data, important patterns are not identified, and decisive conclusions cannot be made.

This bill ensures that VA researchers and their partners will have more information to evaluate as they strive toward final determinations on issues and additional presumptive service-connected conditions.

VA's burn pit registry is for veterans and servicemembers who may have been exposed to airborne hazards caused by open burn pits while deployed in support of Operations Desert Storm, Desert Shield, New Dawn, Iraqi Freedom, or Enduring Freedom. Through this registry, veterans may report on their symptoms or illnesses, providing researchers with invaluable information used to determine potential links between veterans' exposures and their current health conditions.

The Burn Pit Registry Enhancement Act will strengthen this registry by authorizing a designee of a registered veteran or an immediate family member to update the registry with the veteran's cause of death.

While this additional information can no longer assist those who sadly pass away as a potential consequence of burn pit exposure, their cause of death data may someday assist their fellow veterans. This will be an honorable and incredibly valuable last act of service.

So, Mr. Speaker, I strongly support the passage of the Burn Pit Registry Enhancement Act, H.R. 2433, and 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 H.R. 2433, the Burn Pit Registry Enhancement Act. This bill is cosponsored by Congressmen RAUL RUIZ from California and BRAD WENSTRUP from Ohio. Dr. RUIZ and Dr. WENSTRUP are co-chairs of the House Burn Pit Caucus. I thank them for their work on this bill and continued advocacy on behalf of the veterans exposed to burn pits.

Many servicemembers and veterans are grappling with serious health conditions that they believe are the result of the burn pit exposures. That is why Congress required VA to create an Airborne Hazards and Open Burn Pit Registry in 2013.

The registry was intended to provide a forum for servicemembers and veterans to document their burn pit exposures and health status so that the VA could better target research and outreach. The registry continues to be an important tool for veterans worried about burn pit and other toxic or environmental exposures.

Last Congress, two important stakeholders, Burn Pits 360 and VFW, recommended family members be allowed to update the registry in the event of the death of a servicemember or veteran listed on it. This would ensure that the registry contains a more com-

plete picture of the possible effects of burn pit exposure. This bill would do that.

When a servicemember or a veteran listed in the registry passes away, it would allow an immediate family member to report their death and cause of death to the registry.

As ranking member, improving the care and benefits provided to veterans who have experienced toxic exposure continues to be one of my top priorities. There have been bipartisan bills introduced in the House and Senate this Congress. One of those bills is my bill, the TEAM Act.

And last week, VA announced some new initiatives aimed at improving the presumptive process for toxic-exposed veterans. I still have many outstanding questions about that announcement, and am concerned by the stalled legislative efforts of the Democrat-controlled Congress.

Toxic-exposed veterans are sick and dying. We cannot let burn pits, PFAS, or particulate matters become this generation's Agent Orange. We cannot fail to take proactive action on behalf of the future generations of warfighters.

I hope that we can soon come together in the House and the Senate in a bipartisan manner to take meaningful, fiscally responsible, and scientifically sound action to address toxic exposures. In the meantime, I am pleased to support this bill today, and hope it has the support of all of my colleagues.

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

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

Mr. BOST. Mr. Speaker, I am prepared to close. I encourage all of my colleagues to support this piece of legislation, and I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I ask all of my colleagues to join me in passing H.R. 2433, 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. 2433.

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.

□ 1245

VA ASSESSMENT BY INDEPENDENT MEASURES ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4626) to amend title 38, United States Code, to require an independent assessment of health care delivery systems and management processes of the Department of Veterans Affairs be con-

ducted once every 10 years, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4626

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 "VA Assessment by Independent Measures Act" or the "VA AIM Act".

SEC. 2. REQUIREMENT FOR ONGOING INDEPENDENT ASSESSMENTS OF HEALTH CARE DELIVERY SYSTEMS AND MANAGEMENT PROCESSES OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) ONGOING ASSESSMENTS.—Chapter 17 of title 38, United States Code, is amended by inserting after section 1704 the following new section:

"§ 1704A. Independent assessments of health care delivery systems and management processes

"(a) INDEPENDENT ASSESSMENTS.—Not less frequently than once every 10 years, the Secretary of Veterans Affairs shall enter into one or more contracts with a private sector entity or entities described in subsection (d) to conduct an independent assessment of the hospital care, medical services, and other health care furnished by the Department of Veterans Affairs. Such assessment shall address each of the following:

"(1) Current and projected demographics and unique health care needs of the patient population served by the Department.

"(2) The accuracy of models and forecasting methods used by the Department to project health care demand, including with respect to veteran demographics, rates of use of health care furnished by the Department, the inflation of health care costs, and such other factors as may be determined relevant by the Secretary.

"(3) The reliability and accuracy of models and forecasting methods used by the Department to project the budgetary needs of the Veterans Health Administration and how such models and forecasting methods inform budgetary trends.

"(4) The authorities and mechanisms under which the Secretary may furnish hospital care, medical services, and other health care at Department and non-Department facilities, including through Federal and private sector partners and at joint medical facilities, and the effect of such authorities and mechanisms on eligibility and access to care.

"(5) The organization, workflow processes, and tools used by the Department to support clinical staffing, access to care, effective length-of-stay management and care transitions, positive patient experience, accurate documentation, and subsequent coding of inpatient services.

"(6) The efforts of the Department to recruit and retain staff at levels necessary to carry out the functions of the Veterans Health Administration and the process used by the Department to determine staffing levels necessary for such functions.

"(7) The staffing level at each medical facility of the Department and the productivity of each health care provider at the medical facility, compared with health care industry performance metrics, which may include the following:

"(A) An assessment of the case load of, and number of patients treated by, each health care provider at such medical facility during an average week.

"(B) An assessment of the time spent by each such health care provider on matters other than the case load of the health care provider, including time spent by the health care provider as follows: