

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:

“(i) At a medical facility that is affiliated with the Department.

“(ii) Conducting research.

“(iii) Training or supervising other health care professionals of the Department.

“(8) The information technology strategies of the Department with respect to furnishing and managing health care, including an identification of any weaknesses or opportunities with respect to the technology used by the Department, especially those strategies with respect to clinical documentation of hospital care, medical services, and other health care, including any clinical images and associated textual reports, furnished by the Department in Department or non-Department facilities.

“(9) Business processes of the Veterans Health Administration, including processes relating to furnishing non-Department health care, insurance identification, third-party revenue collection, and vendor reimbursement, including an identification of mechanisms as follows:

“(A) To avoid the payment of penalties to vendors.

“(B) To increase the collection of amounts owed to the Department for hospital care, medical services, or other health care provided by the Department, for which reimbursement from a third party is authorized and to ensure that such amounts collected are accurate.

“(C) To increase the collection of any other amounts owed to the Department with respect to hospital care, medical services, or other health care and to ensure that such amounts collected are accurate.

“(D) To increase the accuracy and timeliness of Department payments to vendors and providers.

“(E) To reduce expenditures while improving the quality of care furnished.

“(10) The purchase, distribution, and use of pharmaceuticals, medical and surgical supplies, medical devices, and health care-related services by the Department, including the following:

“(A) The prices paid for, standardization of, and use by, the Department with respect to the following:

“(i) Pharmaceuticals.

“(ii) Medical and surgical supplies.

“(iii) Medical devices.

“(B) The use by the Department of group purchasing arrangements to purchase pharmaceuticals, medical and surgical supplies, medical devices, and health care-related services.

“(C) The strategy and systems used by the Department to distribute pharmaceuticals, medical and surgical supplies, medical devices, and health care-related services to Veterans Integrated Service Networks and medical facilities of the Department.

“(11) The process of the Department for carrying out construction and maintenance projects at medical facilities of the Department and the medical facility leasing program of the Department.

“(12) The competency of Department leadership with respect to culture, accountability, reform readiness, leadership development, physician alignment, employee engagement, succession planning, and performance management.

“(13) The effectiveness of the authorities and programs of the Department to educate and train health personnel pursuant to section 7302 of this title.

“(14) The conduct of medical and prosthetic research of the Department.

“(15) The provision of Department assistance to Federal agencies and personnel involved in responding to a disaster or emergency.

“(16) Such additional matters as may be determined relevant by the Secretary.

“(b) TIMING.—The private sector entity or entities carrying out an assessment pursuant to subsection (a) shall complete such assessment not later than one year after entering into the contract described in such paragraph.

“(c) DATA.—To the extent practicable, the private sector entity or entities carrying out an assessment pursuant to subsection (a) shall make use of existing data that has been compiled by the Department, including data that has been collected for—

“(1) the performance of quadrennial market assessments under section 7330C of this title;

“(2) the quarterly publication of information on staffing and vacancies with respect to the Veterans Health Administration pursuant to section 505 of the VA MISSION Act of 2018 (Public Law 115-182; 38 U.S.C. 301 note); and

“(3) the conduct of annual audits pursuant to section 3102 of the Johnny Isakson and David P. Roe, M.D. Veterans Health Care and Benefits Improvement Act of 2020 (Public Law 116-315; 38 U.S.C. 1701 note).

“(d) PRIVATE SECTOR ENTITIES DESCRIBED.—A private sector entity described in this subsection is a private entity that—

“(1) has experience and proven outcomes in optimizing the performance of the health care delivery systems of the Veterans Health Administration and the private sector and in health care management; and

“(2) specializes in implementing large-scale organizational and cultural transformations, especially with respect to health care delivery systems.

“(e) PROGRAM INTEGRATOR.—(1) If the Secretary enters into contracts with more than one private sector entity under subsection (a) with respect to a single assessment under such subsection, the Secretary shall designate one such entity that is predominately a health care organization as the program integrator.

“(2) The program integrator designated pursuant to paragraph (1) shall be responsible for coordinating the outcomes of the assessments conducted by the private sector entities pursuant to such contracts.

“(f) REPORTS.—(1) Not later than 60 days after completing an assessment pursuant to subsection (a), the private sector entity or entities carrying out such assessment shall submit to the Secretary of Veterans Affairs and the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the findings and recommendations of the private sector entity or entities with respect to such assessment. Such report shall include an identification of the following:

“(A) Any changes with respect to the matters included in such assessment since the date that is the later of the following:

“(i) The date on which the independent assessment under section 201 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note) was completed.

“(ii) The date on which the last assessment under subsection (a) was completed.

“(B) Any recommendations regarding matters to be covered by subsequent assessments under subsection (a), including any additional matters to include for assessment or previously assessed matters to exclude.

“(2) Not later than 30 days after receiving a report under paragraph (1), the Secretary shall publish such report in the Federal Register and on a publicly accessible internet website of the Department.

“(3) Not later than 90 days after receiving a report under paragraph (1), the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report outlining the feasibility,

and advisability, of implementing the recommendations made by the private sector entity or entities in such report received, including an identification of the timeline, cost, and any legislative authorities necessary for such implementation.”.

(b) CLERICAL AMENDMENTS.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1704 the following new item:

“1704A. Independent assessments of health care delivery systems and management processes.”.

(c) DEADLINE FOR INITIAL ASSESSMENT.—The initial assessment under section 1704A of title 38, United States Code, as added by subsection (a), shall be completed by not later than December 31, 2025.

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. 4626, as amended.

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 H.R. 4626, as amended, the VA Assessment by Independent Measures Act, or VA AIM Act.

This bill would require the Department of Veterans Affairs to contract with one or more private-sector entities to conduct independent assessments of its healthcare delivery systems and management processes once every 10 years.

This bill would make permanent an independent assessment process that is nearly identical to the one that was mandated by the Veterans Access, Choice, and Accountability Act of 2014.

Among other things, the review would examine VA patient demographics and healthcare needs now and in the future; the accuracy and reliability of the models used to project VA's healthcare budget; veterans' access to healthcare through community providers and other Federal facilities; VA's healthcare appointment scheduling processes; and VA's process for determining its staffing needs and recruiting and retaining clinical staff.

I am pleased that Ranking Member BOST and Representative BERGMAN were open to incorporating my feedback when this bill was considered by our committee this summer. We added a provision to the bill that requires VA to submit to Congress a report outlining the feasibility and advisability of implementing any recommendations made through these independent assessments. This will help us hold the Department accountable for improving its delivery of the healthcare benefits our Nation's veterans have earned.

Mr. Speaker, I urge my colleagues to join me in supporting H.R. 4626, as amended, the VA AIM Act, 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. 4626, as amended, the VA Assessment by Independent Measures Act, or AIM Act.

The AIM Act is sponsored by my friend and fellow Marine Corps veteran, General JACK BERGMAN. General BERGMAN is the ranking member of the Subcommittee on Health, and I thank him for his dedication to ensuring that the VA is providing good care for each one of our Nation's veterans.

The AIM Act would require an independent assessment of the VA healthcare system once every decade, starting in the year 2025.

When the VA was in the midst of a nationwide access and accountability crisis in 2014, Congress passed the Choice Act to help right the ship. The Choice Act included a provision requiring an independent assessment of the VA healthcare system. That led to many of the reforms that are occurring across the VA system today. Establishing a mechanism for regular independent assessments will ensure that the VA continues to improve in the decades ahead.

I appreciate Chairman TAKANO and his staff for working with me and General BERGMAN while the AIM Act was pending in committee. I hope that this bill will have the same level of bipartisan support today.

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 yield 3 minutes to the gentleman from Michigan (Mr. BERGMAN).

Mr. BERGMAN. Mr. Speaker, I am proud to rise today in support of my bill, H.R. 4626, as amended, the Department of Veterans Affairs Assessment by Independent Measures Act, or AIM Act.

When it comes to bureaucracies, I have never believed that maintaining the status quo is an acceptable path forward. In fact, it is an impossible path forward.

The world is constantly in a state of change. The way American men and women defend freedom around the world, and the way those same men and women seek care when they come home, is constantly changing as well. The VA healthcare system must change, too, or it will never fulfill its obligations to all of our veterans.

That is where the AIM Act comes in. The AIM Act would require an independent assessment of the operations and management of the VA healthcare system once every decade, beginning in 2025.

The independent assessment framework in the AIM Act is modeled after

the independent assessment that was required in the Choice Act, which was signed into law in 2014 following the nationwide VA access and accountability crisis that saw some veterans literally dying on VA facilities' waiting lists.

That independent assessment was completed in 2015, and the findings and recommendations it contained directly underpinned many of the necessary improvements that have occurred in the VA healthcare system since then.

The AIM Act would ensure that this successful model is not a one-and-done but instead regularly recurs to ensure that the VA keeps improving for veterans long into the future.

I am grateful for the support the AIM Act has received from veterans service organizations, particularly the Veterans of Foreign Wars, the Wounded Warrior Project, and the Minority Veterans of America.

I am also grateful for the bipartisan support the AIM Act received in the Veterans' Affairs Committee. I thank all of my colleagues for that. I hope that there will be a similar show of bipartisan support for the bill today. My fellow veterans have earned it.

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

Mr. BOST. Mr. Speaker, 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 this important piece of legislation, H.R. 4626, 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. 4626, 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.

PROTECTIONS FOR STUDENT VETERANS ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5603) to amend title 38, United States Code, to establish protections for a member of the Armed Forces who leaves a course of education, paid for with certain educational assistance, to perform certain service, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5603

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 "Protections for Student Veterans Act".

SEC. 2. ESTABLISHMENT OF PROTECTIONS FOR A MEMBER OF THE ARMED FORCES WHO LEAVES A COURSE OF EDUCATION, PAID FOR WITH CERTAIN EDUCATIONAL ASSISTANCE, TO PERFORM CERTAIN SERVICE.

(a) ESTABLISHMENT.—Chapter 36 of title 38, United States Code, amended by inserting after section 3691 the following new section:

"§ 3691A. Withdrawal or leave of absence from certain education

"(a) IN GENERAL.—

"(1) WITHDRAWAL OR LEAVE OF ABSENCE.—A covered member may, after receiving orders to enter a period of covered service, withdraw or take a leave of absence from covered education.

"(2) PROHIBITION ON ADVERSE ACTION.—The institution concerned may not take any adverse action against a covered member on the basis that such covered member withdraws or takes a leave of absence under paragraph (1). Adverse actions include the following:

"(A) The assignment of a failing grade to a covered member for covered education.

"(B) The reduction of the grade point average of a covered member for covered education.

"(C) The characterization of any absence of a covered member from covered education as unexcused.

"(D) The assessment of any financial penalty against a covered member.

"(b) WITHDRAWAL.—If a covered member withdraws from covered education under subsection (a), the institution concerned shall refund all tuition and fees (including payments for housing) for the academic term from which the covered servicemember withdraws.

"(c) LEAVE OF ABSENCE.—If a covered member takes a leave of absence from covered education under subsection (a), the institution concerned shall—

"(1) assign a grade of 'incomplete' (or equivalent) to the covered member for covered education for the academic term from which the covered member takes such leave of absence; and

"(2) to the extent practicable, permit the covered member, upon completion of the period covered service, to complete such academic term.

"(d) DEFINITIONS.—In this section:

"(1) The term 'covered education' means a course of education—

"(A) at an institution of higher education; and

"(B) paid for with educational assistance furnished under a law administered by the Secretary.

"(2) The term 'covered member' means a member of the Armed Forces (including the reserve components) enrolled in covered education.

"(3) The term 'covered service' means—

"(A) active service or inactive-duty training, as such terms are defined in section 101 of title 10; or

"(B) State active duty, as defined in section 4303 of this title.

"(4) The term 'institution concerned' means, with respect to a covered member, the institution of higher education where the covered member is enrolled in covered education.

"(5) The term 'institution of higher education' has the meaning given such term in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001).

"(6) The term 'period of covered service' means the period beginning on the date on which a covered member enters covered service and ending on the date on which the covered member is released from covered service or dies while in covered service."

(b) CLERICAL AMENDMENT.—The table of contents at the beginning of such chapter is