

where he went 10–2 and won a championship. He returned to the University of Georgia his junior year and earned a starting role.

This past season, Stetson Bennett spearheaded the Dawgs to their first college football national championship in 42 years. The dream has become reality.

Stetson inspires me and will inspire others for many years to come.

Congratulations, and go Dawgs.

HONORING THE LIFE OF OFFICER BOBBY REED

(Mr. CORREA asked and was given permission to address the House for 1 minute.)

Mr. CORREA. Mr. Speaker, today, we honor the life and memory of Officer Bobby Reed.

He was born November 23, 1951, and Bobby Reed's life was about service to his community and to his country.

As a marine, he was deployed overseas to Vietnam, where he served honorably and attained the rank of staff sergeant.

When he returned home to Santa Ana, California, my hometown, he decided to join the local police department to continue protecting and serving his community.

During his 28 years of service on the Santa Ana police force, Officer Reed was honored many times over by his colleagues and his community for his exemplary service and character. Multiple civic organizations, such as Kiwanis and MADD, recognized him with many awards.

He was also elected as a board member of the Santa Ana Police Officers Association, showing, again, his leadership and his positive influence on others.

As we celebrate Bobby's life, may his example continue to shine for the next generation.

□ 0915

SPEAKER PHELAN SETS THE BAR HIGH

(Mr. WEBER of Texas asked and was given permission to address the House for 1 minute.)

Mr. WEBER of Texas. Mr. Speaker, today I rise to recognize the 76th Speaker of the Texas House of Representatives, Representative Dade Phelan of Beaumont, Texas.

Speaker Phelan, who is serving his fourth term representing the great District 21, is one of the most conservative Speakers in our State's history and has made it his priority to significantly improve the lives of Texans every single day.

As only the fourth Republican to hold the Texas House Speakership since 1871, or 151 years, he has set the bar high for any who might follow in his footsteps. He fought to pass landmark legislation that protects businesses, taxpayers, the unborn, religious

freedoms, and our Second Amendment rights.

Under his leadership, the Texas House led on criminal justice reform issues, healthcare affordability, police funding, and addressing winter storm Uri's long-term impact on our State.

I cannot express how proud we are in Texas 14 to claim Speaker Phelan, his wife Kim, and their four precious boys, Ford, Mack, Hank, and little Luke, as our own.

Mr. Speaker, I thank Speaker Phelan for all he does for Texas.

ENSURING VETERANS' SMOOTH TRANSITION ACT

Mr. TAKANO. Mr. Speaker, pursuant to House Resolution 860, I call up the bill (H.R. 4673) to amend title 38, United States Code, to provide for the automatic enrollment of eligible veterans in patient enrollment system of Department of Veterans Affairs, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 860, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 117–26 is adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 4673

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 "Ensuring Veterans' Smooth Transition Act" or the "EVEST Act".

SEC. 2. AUTOMATIC ENROLLMENT OF ELIGIBLE VETERANS IN PATIENT ENROLLMENT SYSTEM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) *IN GENERAL.*—Section 1705 of title 38, United States Code, is amended by adding at the end the following new subsection:

“(d)(1) *The Secretary shall enroll each veteran described in subsection (a) in the patient enrollment system under this section by not later than 60 days after receiving the information described in paragraph (3) with respect to the veteran.*

“(2) *Not later than 60 days after enrolling a veteran under paragraph (1), the Secretary shall provide to the veteran—*

“(A) *notice of the veteran's enrollment; and*

“(B) *instructions for how the veteran may opt out of such enrollment, at the election of the veteran.*

“(3) *The information described in this paragraph is the appropriate information concerning eligibility for enrollment in the patient enrollment system under this section, as provided by the Defense Manpower Data Center of the Department of Defense, or such successor entity of the Department.*”.

(b) *APPLICABILITY.*—Subsection (d) of section 1705 of title 38, United States Code, as added by subsection (a), shall apply to a veteran with respect to whom the Secretary receives the information described in paragraph (3) of such subsection on or after the date of the enactment of this Act.

(c) *ELECTRONIC CERTIFICATES OF ELIGIBILITY FOR DEPARTMENT OF VETERANS AFFAIRS PATIENT ENROLLMENT SYSTEM.*—Not later than August 1, 2022, the Secretary of Veterans Affairs

shall ensure that any veteran who is eligible for automatic enrollment in the patient enrollment system under subsection (d) of section 1705 of title 38, United States Code, as added by subsection (a), is able to access—

(1) *an electronic version of the certificate of eligibility showing the veteran's eligibility for such enrollment; and*

(2) *an electronic mechanism by which the veteran may opt out of such enrollment.*

The SPEAKER pro tempore. The bill, as amended, is debatable for 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Veterans' Affairs or their respective designees.

The gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST) each will control 30 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. 4673, 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. 4673, as amended, my bill, the Ensuring Veterans' Smooth Transition, or EVEST Act.

I have made suicide prevention a top priority for the House Veterans' Affairs Committee. Last Congress, we passed bipartisan, bicameral mental health legislative packages, including the Commander John Scott Hannon Veterans Mental Health Improvement Act and the Veterans COMPACT Act. This Congress, we continued this work by passing the Sergeant Ketchum Rural Veterans Mental Health Act into law, but there is always more to do.

EVEST builds on our work and finally closes one of the most glaring gaps for veterans being able to successfully access high-quality VA health services, the enrollment process. We shouldn't be trying to hide VA care from those who earned it.

We know that the months following transition out of the military can be very stressful and particularly risky for new veterans in terms of mental health. With the EVEST Act, service-members will be automatically enrolled in VA care during their transition out of the military, with the choice to opt out. This helps simplify the process and prevents veterans from potentially missing out on lifesaving care. It also keeps veterans from having to opt into VA care later and attempt to navigate a new bureaucracy all on their own.

The symptoms of PTSD can be significantly improved in veterans who receive prompt mental healthcare. A 2014 study led by researchers at the San Francisco VA Medical Center looked at nearly 40,000 Iraq and Afghanistan veterans who received VA mental

healthcare between 2001 and 2011 and had a post-deployment diagnosis of PTSD. They found that veterans who sought and received care soon after the end of their service had lower levels of PTSD upon follow-up a year after they initiated care. Each year that a veteran waited to initiate treatment, there was about a 5 percent increase in the odds of their PTSD either not improving or getting worse.

Mr. Speaker, I include in the RECORD the study from the San Francisco VA Medical Center.

[From Psychiatric Services, Dec. 2014]

TIMING OF MENTAL HEALTH TREATMENT AND PTSD SYMPTOM IMPROVEMENT AMONG IRAQ AND AFGHANISTAN VETERANS

(By Shira Maguen, Ph.D.; Erin Madden, M.P.H.; Thomas C. Neylan, M.D.; Beth E. Cohen, M.D., M.A.S.; Daniel Bertenthal, M.P.H.; Karen H. Seal, M.D., M.P.H.)

OBJECTIVE

This study examined demographic, military, temporal, and logistic variables associated with improvement of posttraumatic stress disorder (PTSD) among Iraq and Afghanistan veterans who received mental health outpatient treatment from the U.S. Department of Veterans Affairs (VA) health care system. The authors sought to determine whether time between last deployment and initiating mental health treatment was associated with a lack of improvement in PTSD symptoms.

METHODS

The authors conducted a retrospective analysis of existing medical records of Iraq and Afghanistan veterans who enrolled in VA health care, received a postdeployment PTSD diagnosis, and initiated treatment for one or more mental health problems between October 1, 2007, and December 31, 2011, and whose records contained results of PTSD screening at the start of treatment and approximately one year later (N=39,690).

RESULTS

At the start of treatment, 75% of veterans diagnosed as having PTSD had a positive PTSD screen. At follow-up, 27% of those with a positive screen at baseline had improved, and 43% of those with a negative screen at baseline remained negative. A negative PTSD screen at follow-up was associated with female gender, older age, white race, having never married, officer rank, non-Army service, closer proximity to the nearest VA facility, and earlier initiation of treatment after the end of the last deployment.

CONCLUSIONS

Interventions to reduce delays in initiating mental health treatment may improve veterans' treatment response. Further studies are needed to test interventions for particular veteran subgroups who were less likely than others to improve with treatment. (Psychiatric Services 65:1414-1419, 2014; doi: 10.1176/appi.ps.201300453)

Posttraumatic stress disorder (PTSD) is one of the most common mental disorders among veterans returning from recent deployments. Yet, despite the availability of evidence-based treatments, there are multiple barriers to initiating mental health treatment. Many military personnel and veterans who report barriers to mental health care do not seek treatment or postpone seeking it.

Among veterans who do seek mental health care, the time lag is quite significant. In a previous study, we found that recently returning veterans with psychiatric diag-

noses had delayed initiating mental health care at the U.S. Department of Veterans Affairs (VA) by a median of over two years after their last deployment ended. Delays in care can translate into delays in symptom and functional improvement, hindering readjustment to civilian life, family, and community.

Some studies have examined predictors of PTSD symptom worsening, but outside of randomized treatment trials, only a few studies have examined variables that are associated with PTSD symptom improvement. In other words, few studies have examined variables that are associated with PTSD symptom improvement in a naturalistic fashion, by allowing treatment initiation or engagement to vary among participants. Furthermore, even fewer studies have examined these questions among military personnel or veterans, particularly among those who have served in Iraq and Afghanistan. Existing studies have found a few variables that were associated with PTSD symptom improvement. For example, service members serving in multiple deployments demonstrated greater symptom improvement than those serving in a single deployment. For other demographic variables, the association with improvement is unclear. For example, although we know that female gender may be associated with the development of PTSD, it is not clear how gender is related to PTSD symptom improvement.

If we can better understand why some individuals improve, we can better understand the course and trajectories of PTSD and how to best contribute to individuals' recovery. This study evaluated demographic, military, temporal, and logistic variables that may be associated with PTSD symptom improvement. We were particularly interested in whether seeking mental health treatment sooner was associated with improvement in PTSD symptoms.

METHODS

Data source and extraction

We conducted a retrospective analysis of existing medical records from the VA's Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) roster, a national database of veterans who have separated from OEF/OIF/OND military service and who have enrolled in VA health care. Veterans of OEF served predominantly in Afghanistan, and veterans of OIF and OND served predominantly in Iraq. We linked the OEF/OIF/OND roster database, which contains veterans' demographic and military service information, to the Decision Support System's National Data Extract of pharmacy data and the VA National Patient Care Database, which provides VA visit dates and associated diagnostic codes from the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM). These data are derived from electronic medical records generated during clinical visits. Visits to mental health outpatient and primary care services are categorized by clinic stop codes. Mental health outpatient services include visits to integrated care clinics providing primary care and mental health care. Fee basis codes designate care that is rendered at non-VA facilities and reimbursed by the VA but do not capture all non-VA care, such as care reimbursed by private insurance. The results of PTSD screening were extracted from the VA Corporate Data Warehouse.

All analyses were restricted to OEF/OIF/OND veterans who had received a diagnosis of PTSD (ICD-9-CM code 309.81) during two or more clinical encounters that occurred after the end of their last deployment and before December 31, 2012; had utilized mental health outpatient care between October 1,

2007 (beginning of nationwide primary care screenings), and December 31, 2012, and had not made any prior use of VA care; and had received PTSD screenings at both the start of treatment (up to three months before and one month after the first mental health visit) and on at least one other occasion occurring at least one year later (N=39,690). Of veterans who newly entered mental health treatment, 83% had a baseline screen for PTSD, and of those with a baseline screen, 50% had a follow-up screen during the period beginning one year later. The follow-up screen that was closest in proximity to the one-year follow-up date was utilized.

Measures

PTSD symptoms were assessed by using the Primary Care PTSD Screen (PC-PTSD), the PTSD Checklist (PCL), or both. Both measures were included in order to capture the most representative sample, given that the PC-PTSD screen is mainly used in VA primary care settings and other non-mental health settings and the PCL is used primarily in VA mental health settings. The PC-PTSD, a brief four-item screen given annually and after each deployment, is designed to detect possible PTSD symptoms. The screen yields binary responses (yes or no) for each of four PTSD symptom clusters: reexperiencing, avoidance, emotional numbing, and hyperarousal; a score of ≥ 3 designates a positive PTSD screen for veterans.

The PCL is a 17-item measure, with each item rating the presence of a different symptom over the past month on a 5-point Likert scale, from not at all to a little bit, moderately, quite a bit, and extremely. The PCL has been shown to have very good internal consistency, and it correlates strongly with other measures of PTSD symptoms. The PCL also demonstrates high diagnostic efficiency (.90). Within the VA, the PCL is mainly administered at the discretion of treating clinicians, typically to track patient progress during the course of mental health treatment. For the purposes of this study, symptoms rated as moderately or above on the PCL were considered present. PTSD symptoms from the PCL were combined in order to create indicators that paralleled each of the four symptom cluster proxies from the PC-PTSD. The validity of the mapping of PCL questions onto PC-PTSD items was tested by examining concordance between the two screens given at the VA on the same date. For the purposes of validation, all OEF/OIF/OND veterans who were administered the PCL and the PC-PTSD on the same date (not restricted to our study sample) were included (N=53,756), with a total of 57,889 instances in which a given veteran had both a PC-PTSD and PCL administered on the same day. [A table describing the mapping of the PCL to the PC-PTSD and agreement between the two instruments is available online as a data supplement to this article.]

We created a composite variable, referred to as the PTSD screen result; endorsing three or more symptoms on either measure constituted a positive screen for PTSD.

Dependent variable

The binary dependent variable, a negative (versus positive) PTSD screen result, was defined as a score of <3 at follow-up on the PTSD screen. This outcome comprised PTSD screen results that had improved or had remained negative compared with baseline results (versus having worsened or remained positive).

Independent variables

The main independent variable was time until initiation of mental health outpatient treatment, which was defined for each person as the time (in years) from the end of the last deployment until the first mental health

outpatient visit. Other independent variables included date of birth, gender, race-ethnicity, marital status, and military characteristics. Details about each person's military characteristics (armed forces branch [Army, Marines, Navy or Coast Guard, or Air Force], rank, component type [National Guard and reserves or active duty], and number of deployments [one or multiple deployments]) were extracted from the OEF/OIF/OND roster. Information about the type of VA facility nearest to the individual and the distance to the closest facility was derived from the OEF/OIF/OND roster by the VA planning and system support group.

The following independent variables were treated as potential confounders because each could account for change in PTSD symptoms: mental health outpatient treatment utilization, defined as the number of mental health clinic visits between the start of mental health treatment and the follow-up screen; regular use of primary care services, defined as a mean interval between visits of six months or fewer; and use of a selective serotonin reuptake inhibitor (SSRI) for 12 consecutive weeks or more, as encoded in VA outpatient pharmacy data.

Analysis

We used logistic regression analysis to examine the association of independent predictor variables with a negative PTSD screen result. In separate logistic regression models, we examined predictors of PTSD screen results for each of the four PTSD symptom clusters (reexperiencing, avoidance, emotional numbing, and hyperarousal). The main predictors of interest included time from the end of the last deployment to initiation of mental health outpatient treatment, gender, age, race-ethnicity, marital status, military component, rank, branch, number of deployments, and distance to and type of nearest VA facility. The multi-variable analysis adjusted for potential confounders of the association between changes in PTSD symptoms and predictors. Potential confounders included baseline PTSD screen result, timing of follow-up screen, regular utilization of primary care services, total mental health outpatient treatment utilization, and SSRI use. Primary care and mental health service utilization and antidepressant use were included only for adjustment purposes because of potential biases due to confounding by indication. More specifically, persons who are more symptomatic are more likely to utilize health services and antidepressant medications.

We tested interactions of demographic and military predictors with each other and, separately, with time to initiation of mental health outpatient treatment. As mentioned above, the study combined results for veterans whose PTSD screen result had improved from baseline with those for veterans whose screen result had remained negative. To determine whether it was valid to combine these scores, we tested interactions of baseline screen results with demographic and military factors and, separately, with time from the end of the last deployment to initiation of mental health outpatient treatment. All tests were two-tailed. Analyses were performed by using SAS, version 9.3. The study was approved by the Committee on Human Research, University of California, San Francisco, and the San Francisco VA Medical Center.

RESULTS

The sample was 90% male, with a mean±SD age of 30.5±8.16; 57% were white, 11% were black, 11% were Hispanic, and 21% were of other or unknown race-ethnicity. At the time of initiation of mental health outpatient treatment, 75% of the veterans screened positive for PTSD, having endorsed

at least three of the four PTSD symptom clusters on the PTSD screen (Table 1). After at least one year (mean follow-up=2.37±.93 years), 27% (N=7,908) of those with a positive screen at baseline had improved, and 43% (N=4,329) of those with a negative screen at baseline continued to screen negative.

Multivariable logistic regression analysis showed that the following characteristics were associated with a negative PTSD screen result: women compared with men, older versus younger age at first mental health outpatient visit, officer rank compared with enlisted rank, service in branches of the military other than the Army, and negative PTSD screen at baseline (Table 2).

Blacks were less likely than whites to have a negative screen result (Table 2), and this difference persisted after adjustment for time from the end of the last deployment to mental health outpatient treatment. Similar to findings of previous studies, the median interval between the end of the last deployment and the use of services was about three months longer for blacks than for whites ($p<.001$; data not shown). The reduced likelihood among blacks versus whites of a negative PTSD screen result was partly driven by the 7% greater probability that blacks would screen positive for PTSD at follow-up after having screened negative at baseline ($p<.001$; results not shown).

Veterans who were married were slightly less likely than those who were never married to have a negative PTSD screen result. Veterans who lived more than ten miles away from the nearest VA facility were less likely than veterans who lived closer to have a negative screen result. Veterans who lived closer to a community-based outpatient clinic than to a VA medical center were also less likely to have a negative screen result.

Notably, veterans who waited longer to initiate mental health outpatient treatment were less likely to have a negative screen result. Figure 1 illustrates the decreasing probability of a negative screen result with each year that passed after the end of the last deployment.

Logistic regression analyses found similar patterns of association between predictor variables and PTSD screen results for each of the four PTSD symptom clusters (results not shown).

DISCUSSION

A number of demographic, military, temporal, and logistic variables were associated with symptom improvement or with continuing to score below the threshold for a positive PTSD screen. Although temporal variables are rarely examined, we found that greater time to mental health outpatient treatment engagement was negatively associated with PTSD symptom improvement. More specifically, veterans who waited longer to get mental health treatment were less likely than veterans who sought treatment sooner to experience PTSD symptom improvement during the study period. This finding sheds light on the importance of continuing to better understand barriers to mental health treatment, particularly given that less than half of veterans with mental health problems seek care and those who seek care do so after significant delays.

Outreach efforts to help veterans engage in treatment in a timely manner are critical and may, in turn, help with PTSD symptom improvement over time. Intervening early when mental health problems are first detected should be a priority. Given that integrated primary and mental health care is now becoming available at many VA health care facilities, this "one-stop shop" model provides an optimal way to decrease time to seeking mental health care. Veterans in primary care who screen positive for any men-

tal health problems can receive immediate mental health assistance within an integrated care model, which may assist with the stigma of receiving care in a mental health setting. Indeed, veterans who received integrated primary care were more likely to receive a mental health evaluation or care within a month.

We also found that female gender was associated with greater PTSD symptom improvement compared with male gender. Although civilian studies found that females are at greater risk of PTSD, findings in military samples have been mixed, with some studies finding no gender differences. In addition, we recently found that although both genders experienced a delay in engaging in minimally adequate mental health care (eight mental health outpatient visits within a year), female veterans received minimally adequate mental health care about two years sooner than male veterans, which may explain why they achieved greater symptom improvement.

Black veterans were less likely, but only modestly so, to demonstrate PTSD symptom improvement, compared with their white counterparts, and this difference was not explained by longer time from the end of the last deployment to mental health outpatient treatment initiation. That is not surprising, given that studies have consistently found that unmet treatment needs are greatest in underserved groups, including racial-ethnic minority groups). It may be that veterans from racial-ethnic minority groups face particular barriers to treatment that are important to acknowledge, and more research is needed in this area in order to optimize outcomes. Furthermore, other variables, such as differential rates of traumatic stressors and preexisting conditions, are important to further explore and may explain some of these differences.

Officers were more likely than enlisted personnel to experience PTSD symptom improvement. One possible explanation is that officer status may be a proxy for higher education; research has shown that lower levels of education are associated with chronic trajectories of PTSD. However, other variables that we were not able to measure, such as social support in the aftermath of trauma, may also explain some of these findings.

A number of limitations should be considered when interpreting these findings. First, this study was conducted with a population of treatment-seeking veterans who had at least one visit to a VA health care facility. Therefore, our results should not be generalized to all OEF/OIF/OND military personnel or veterans. Second, we selected a population of veterans who served in support of OEF/OIF/OND, and, therefore, these results should not be generalized to veterans of other eras or to veterans from other countries. Third, ICD-9-CM diagnoses were acquired from administrative health records and were not verified with standardized diagnostic measures. A related concern is the combined use of two separate validated tools, the PCL and the PC-PTSD. We used both the PCL and the PC-PTSD in order to obtain the most representative sample and because they are the measures used by the VA system. Furthermore, we found that the method we used was statistically reliable. Nonetheless, combining two separate validated tools may have resulted in variations in these data. Future studies should continue to examine the validity and reliability of this method.

Fourth, because of the ways in which data appear in the VA administrative database, we were not able to distinguish between the types of mental health treatments that veterans were receiving, such as evidence-based treatment for PTSD or other mental health

problems versus supportive therapy; rather, we could account only for number of visits. We hope to have better indicators of evidence-based treatment for PTSD in the future so that the particular types of care that veterans receive can be examined more closely in relation to symptom improvement. Fifth, because we used administrative data, we were not able to examine third variables that may be associated with our outcome, including severe avoidance symptoms, interpersonal difficulties, and poor attachment, among others. Finally, we were able to include only veterans whose PTSD symptoms were measured during at least two occasions; those who dropped out after one visit are not as well represented.

CONCLUSIONS

Veterans who waited longer to get mental health treatment were less likely to experience PTSD symptom improvement during the study period. Furthermore, improving barriers for black, male, younger, rural, lower-ranking, and possibly less well educated veterans is an important priority, given our findings. Models that integrate primary care and mental health care may be an optimal way to help expedite veteran treatment engagement.

ACKNOWLEDGMENTS AND DISCLOSURES

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Dr. Neylan has received study medication for a study funded by the Department of Defense and study medication for a study funded by the VA. The other authors report no competing interests.

Mr. TAKANO. A smooth care transition from DOD to VA can help support veterans as they adjust to the next phase of their lives and provide easy access to healthcare should any challenges arise.

Everyday Americans find it difficult and frustrating to sign up for healthcare. Now, imagine that you have just come off Active-Duty military service where, for years you were told when and where to show up for your healthcare. You probably heard something about VA services during your transition assistance program but, frankly, you were focused on everything you had to do to finalize your separation from the military and possibly looking for new employment and relocating your family.

Now, after having separated from the military, you are a veteran, and maybe for the first time you have to figure out how to check your eligibility for VA healthcare and navigate the system while potentially also facing some new stress in your personal and family life. This is completely avoidable with EVEST, which simply enrolls you in the VA healthcare for which you are already eligible, ensuring that when you need VA, there aren't any unnecessary roadblocks to seeing a doctor.

Now, let me say that again. This legislation has nothing to do with a veteran's eligibility, nor does it change VA standards or who is eligible. It only connects eligible veterans to VA care faster and easier.

We know that veterans are much more likely to use VA services and care when the process to enroll is simple, and we know that VA care is world class. EVEST is a straightforward tool that will allow us to simplify the transition process and take steps toward preventing veteran suicide.

Automatic enrollment is something policymakers and veterans service organizations and stakeholders have been trying to advance for years, and with EVEST it will finally become a reality.

Paralyzed Veterans of America and Disabled American Veterans have formally endorsed this legislation. The Nurses Organization of Veterans Affairs, the American Federation of Government Employees, the Veterans Healthcare Policy Institute, and the American Psychological Association also support EVEST.

Again, Mr. Speaker, I include in the RECORD letters of support from the Nurses Organization of Veterans Affairs and the Veterans Healthcare Policy Institute.

NURSES ORGANIZATION OF
VETERANS AFFAIRS,
January 14, 2021.

Chairman MARK TAKANO,
Committee on Veterans' Affairs,
Washington, DC.

DEAR CHAIRMAN TAKANO: On behalf of the nearly 3,000 members of the Nurses Organization of Veterans Affairs (NOVA) we would like to offer our strong support for your bill, H.R. 4673, Ensuring Veterans' Smooth Transition Act (EVEST).

As nurses, caring for Veterans is our number one priority. Your bill will provide Veterans with the option of enrolling in VA healthcare during the critical months following their transition to civilian life and ensure servicemembers separating from active duty receive the critical health care to which they are eligible.

Your bill will also help eliminate barriers to care—including those who may not know they are even eligible to receive care at VA. It will also help to assure the Veteran that they are not alone in seeking care for any physical or mental health condition acquired during their military service.

Offering automatic enrollment with an opt out will help to lessen the burden of navigating the VA healthcare system at a time when they are dealing with many challenges as they transition to civilian life.

NOVA believes that most Veterans will find care provided them within the VA is suited to their individual and complex needs and cannot be matched in the private sector. Many providers at the VA are Veterans themselves so they understand what it means to serve and are trained to provide a Whole Health approach to the Veteran patients' health and well-being.

Thank you for your leadership on this issue and your continued support for Veterans and the healthcare professionals who care for them.

Sincerely,

TARYN-JANAE WILCOX-
OLSON, MHS, RN,
President, Nurses Organization of Veterans Affairs
(NOVA).

VETERANS HEALTHCARE
POLICY INSTITUTE (VHPI),
January 19, 2022.

Endorsement of the "Ensuring Veterans' Smooth Transition Act"

The Veterans Healthcare Policy Institute (VHPI) is pleased to formally endorse House bill H.R. 4673, the "Ensuring Veterans' Smooth Transition Act" or "EVEST Act." The EVEST Act creates a process to automatically enroll Veterans who are eligible, upon their discharge from the military, into the VA for medical care, with an opportunity to opt out. Many Veterans do not receive the health care they have earned through their service because they are unaware of their eligibility or are too overwhelmed during the complex period of transitioning from active duty. By automatically enrolling Veterans into the VA system, many more eligible veterans will be able to utilize valuable VA health care benefits. Many lives will be saved.

This is one of the most important bills in many years, and we are pleased to support its passage.

Mr. TAKANO. Mr. Speaker, I wish to thank Speaker PELOSI and Leader HOYER for considering this legislation today, and I urge the rest of my colleagues to support this vital legislation to increase access to care and ensure a smooth transition to civilian life for veterans.

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 opposition to H.R. 4673, the Ensuring Veterans' Smooth Transition, or EVEST Act.

This bill would require VA to automatically enroll every eligible separating servicemember into the VA healthcare system. As a veteran, I know firsthand that the transition from military to civilian life can be hard. One of the goals is to remove barriers to care for veterans, whether they left the military decades ago or just last week.

I believe the intention of the EVEST Act is to further that goal by connecting more at-risk servicemembers with the VA as they leave the service. I support the intention. I know many other Members do as well, which is why I expect the bill to pass the House, and probably on a bipartisan basis.

However, as the ranking member of the Veterans' Affairs Committee, I have a different perspective on this bill than many of my colleagues. I have taken a long, hard look at this legislation, and what I have seen is a bill that may be well intended but has several potential problems.

To start with, the EVEST Act enrolls separating servicemembers into the VA healthcare system without their knowledge or consent. Only after they have been enrolled does the bill require VA to inform the veterans of their enrollment, the status of their enrollment, and how to opt out by disenrolling themselves.

We shouldn't be signing veterans up for a government program they aren't asking for and may never need without at least letting them know first. And

we shouldn't be telling them that if they don't like it, they can figure out how to disenroll themselves. That is backwards.

Veterans deserve better than that. Veterans also deserve better than a bill that has been rushed through Congress without due diligence. There has never been a single hearing on the EVEST Act in this Congress.

You may hear the chairman say that there has been a hearing on this bill last Congress. That is true. But last Congress and this Congress are very different. We had a different administration last Congress; we had a different VA Secretary last Congress. I believe more than 70 Members are new this Congress. More than half of the membership of the Veterans' Affairs Committee is new as well. And, regardless, VA did not provide testimony at the hearing last Congress.

We have no idea if VA can implement the bill without disrupting service to the veterans already in the VA health system, further burdening VA's already overworked staff, or increasing the strain on VA's already overfull facilities. Every Member of the House hears from veterans in our districts who are waiting too long for care they need, stuck in crowded VA facilities, and being treated by VA staff who are struggling and overwhelmed. I am concerned that this bill could make each of those things worse.

I am not the only one who thinks so. Last week, right before this bill was considered by the Rules Committee, the Biden administration issued a Statement of Administration Policy on the EVEST Act. The statement reads, "There may be challenges implementing this bill as drafted, and the administration looks forward to working with Congress. . . ." In other words, even the President recognizes that this bill needs more work.

Mr. Speaker, I include in the RECORD the Statement of Administration Policy.

STATEMENT OF ADMINISTRATION POLICY

H.R. 1836—GUARD AND RESERVE GI BILL PARITY ACT OF 2021—REP. LEVIN, D-CALIFORNIA, AND NINE COSPONSORS

H.R. 4673—ENSURING VETERANS' SMOOTH TRANSITION (EVEST) ACT—REP. TAKANO, D-CALIFORNIA

The Biden-Harris Administration supports efforts that ensure veterans receive timely access to high-quality benefits and services that they have earned.

The Administration supports H.R. 1836, which would expand eligibility criteria for certain education benefits. Current law defines the term "active duty" as those individuals who are on full-time duty in the active military service of the United States, including full-time training duty, annual training duty, and attendance, while in the active military service, at a school designated as a service school by law or by the Secretary of the military department concerned. H.R. 1836 would expand eligibility criteria to include those training in full-time National Guard duty, which includes the National Guard, the Army National Guard, and the Air National Guard, as well as those same members when performing active duty.

The Administration supports the EVEST Act's goal of seamless enrollment in health care coverage. As currently written, H.R. 4673 would require the Department of Veterans Affairs (VA) to automatically enroll new veterans into VA health care, and notify veterans of their enrollment and instructions on how to un-enroll, if desired. There may be challenges implementing this bill as drafted, and the Administration looks forward to working with Congress on how best to operationalize its objective.

Mr. BOST. Mr. Speaker, to be clear, the Veterans' Affairs Committee had numerous opportunities in the last year to do that work that I had just discussed, and I don't know why the chairman chose not to. I have heard him say over the last week that it is okay we didn't have a hearing on the EVEST Act in this Congress because the bill has been in the public domain.

Now, I am not sure what that statement really means because there have been almost 400 bills introduced in this Congress that have been referred to the Veterans' Affairs Committee. I guess that each of those are in the public domain. But I don't think any of them are ready for a vote here on the House floor.

It is not too much to ask that we seek the input from stakeholders before voting on a bill to become law. That is actually the least we can do. I don't think our constituents sent us here to do anything less than that.

During last week's Rules Committee, Congresswoman TORRES, a member of Chairman TAKANO's own party, seemed to agree with me by lamenting the lack of process this bill has received this Congress. With all due respect to the Congresswoman, I doubt that we agree on much, but we do agree on this, though. Having this bill go through a much more robust process this Congress could have resulted in a much better product for our veterans.

□ 0930

Finally, I want to note that the bill will also cost taxpayers \$3.1 billion in new discretionary spending. Not a penny of that \$3.1 billion is offset.

Implementing this bill will certainly require additional funding above the nearly \$100 billion already appropriated for the VA healthcare system.

We cannot keep saddling our children and grandchildren with billions of dollars more debt. We have to do better than this.

Mr. Speaker, I reiterate that I understand why my colleagues will likely vote for this bill. I wish I could vote for this bill, as well.

Leaving the military was not easy. It can leave new veterans feeling adrift and alone. I have been there. But that is why I supported efforts during the Trump administration to improve the Transition Assistance Program and increase the VA's outreach to separating servicemembers during their first year out of uniform.

I want separating servicemembers who need additional support to be able to get it and the help they need in a

seamless manner. And I am not at all confident that this bill will accomplish that goal without harming services to other veterans and adding to the national debt. As a result, I must oppose this bill today.

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

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

I reiterate that we should not be hiding the care that our veterans have earned. Let me quickly say that this bill has been in the public domain for 2 years. It was reintroduced last summer, and the minority had over 6 months to talk with us and the VA about it.

Furthermore, the committee has held six hearings on suicide prevention and transition since 2019. The common sense of this bill shines through.

And let me also add that regarding the capacity of VA—and I am glad that the ranking member has entered the statement of administrative support into the Record; that statement clearly says and declares the administration's support and its willingness to work with the administration.

Data shows that VA enrollment has been going down in recent years, and while new enrollment hovers around 400,000 per year, it used to be double that, around one million per year, and using current assumptions, VA projects veteran enrollment in VHA to remain relatively steady from 2019 to 2029.

I am very confident about VA's ability to absorb the additional veterans that will take advantage of VA's world-class healthcare.

Mr. Speaker, I yield 5 minutes to the gentleman from Indiana (Mr. MRVAN), my good friend and a member of the House Committee on Veterans Affairs and the chairman of the Subcommittee on Technology Modernization.

Mr. MRVAN. Mr. Speaker, I thank Mr. TAKANO for yielding me the time.

It is my honor today to rise in support of H.R. 4673, the Ensuring Veterans' Smooth Transition Act.

I appreciate the leadership of Chairman TAKANO to advance this critical legislation that will require the VA to automatically enroll individuals who are separating from the military into the VA system.

Our brave members of the military put their lives and health on the line every day to keep our Nation safe, defend our democracy, and protect our freedoms.

We have a responsibility to make it as easy as possible for them to transition from military service to civilian life, and I am pleased that this legislation does just that.

My life experiences have afforded me the opportunity as a former township trustee in northwest Indiana to work every day with the veterans community. I was able to initiate a veterans services roundtable and bring together veteran organizations to discuss, coordinate, and streamline much-needed resources to our veterans.

In many instances, it was not that the resources or the benefit was unavailable, but rather, the individual was unaware of the existing benefit, or unable to access, for whatever reason, the very resource they needed.

Today, I am thinking of those countless discussions and individuals as I will vote to support the EVEST Act. It is an effective proposal to help ensure that veterans access the valuable healthcare services available to them during this transition process from active to veteran status.

Today, I want to make sure we meet our veterans' mental health needs and increase veterans' access to healthcare. I again thank Chairman TAKANO and my fellow members of the Veterans' Affairs Committee for your commitment to supporting veterans and bringing this measure to the floor today.

I urge my colleagues to support this measure.

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

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

In response to the EVEST Act has been in the public domain, I think it is very important to note, as I mentioned earlier, the last Congress is not the same as this Congress. We have more than 70 Members who are new Members of Congress, half of the Veterans' Affairs Committee is new, we have a different President, and we have a different secretary.

Introducing a bill is not the same as conducting a hearing. You can't get input from the stakeholders. You can't engage in meaningful debate in the public domain. This reflects zero input from the VA, meaning we have no idea whether it is flexible, whether it is workable, whether it is disruptive to the VA system. We don't know.

And even the Biden administration agrees that more work is needed before this bill should become law.

And the previous speaker, Mr. Speaker, spoke about the person that didn't know what was available to them through the VA. If you were my age as a veteran it is true that you could not know because you got a quick class and the TAP program. And I have mentioned on this floor before that that is a tap on the back and see you later.

But today's TAP program is a course that you take, and you are bound to understand separation from your active service and what VA benefits are available to you.

And not only that, the Trump administration in 2018 put an administrative order out that you are then contacted after separation at 90, 180, and 360 days out to be notified of what benefits are available to you in the VA. We are doing that.

This instead enrolls members without their consent, and then they are enrolled. And the only option they have is to be notified later how maybe they can get out of being enrolled.

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

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

I want to add that, in response to the esteemed ranking member, VA formally supports this legislation and has been discussing auto enrollment for years.

VA has already been working to make transition into VA healthcare smoother with Solid Start and will soon have data showing that warm handoffs have a positive impact on veteran outcomes without overwhelming the VA system.

In response to the criticism that VSOs have not had input, I want to point out that VSOs, including Paralyzed Veterans of America and Disabled American Veterans, have already formally endorsed EVEST. Why? Because the common sense of this legislation shines through.

All VSOs have had a chance to weigh in, and many did. The Nurses Organization of Veterans Affairs, the American Federation of Government Employees, the Veterans Health Policy Institute, and the American Psychological Association also support this legislation.

Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. CORREA), my good friend and a former member of the House Veterans' Affairs Committee who now serves on the Agriculture Committee, Homeland Security Committee, and House Judiciary Committee.

Mr. CORREA. Mr. Speaker, today I rise in strong support of the EVEST Act.

All gave some, and many made the ultimate sacrifice. America has made a promise to our veterans that we will take care of them when they return home.

I represent Orange County, California, and many of my constituents have served their country proudly. One of my constituents, Billy Hall, from the city of Orange, enlisted at the age of 15, served from 1941 to 1945 in World War II, and again from 1948 to 1967 in the Korean and Vietnam wars.

Every servicemember deserves our respect and gratitude, and most of all, all the benefits and care that we promised them when they would return home.

This bill is very simple but very important. It automatically enrolls veterans in the healthcare system. It provides veterans healthcare without the red tape.

I urge my colleagues to vote "yes" on the EVEST Act and pass this simple and important commonsense legislation for our veterans.

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

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

In my debate and the things that I brought up here today, I never said that VSOs didn't have input. I did say the VA did not come to the committee, and we did not have the proper hearings. If the VA is in support of this bill, I would request that the VA send the

documentation saying how they are in support of this bill. Their input would be vitally important.

Whether it is a Republican or Democrat administration, the VA is vitally important to make sure they provide services to our constituents and to our veterans.

No one on this floor cares more about veterans than the people who serve on this committee—I can guarantee you that—whether it is the chairman or myself.

But we have to make sure what we are providing does what it is we are trying to do. It was mentioned earlier that they believe that this would help reduce suicide among transitioning servicemembers. I care deeply about this. This is something that both I and the chairman have worked on and will continue to work on.

The majority of veterans who die of suicide have not had meaningful engagement with the VA. They may have been enrolled in the VA, but they haven't gotten the VA care that they need.

This bill would add names of eligible separating servicemembers from the VA and put them on the rolls, but it doesn't do the outreach that is necessary to possibly prevent them from that ultimate decision to end their lives.

Those are the type of things we are working on and will continue to work on. This is not the answer to that. There are a lot of other concerns that I have expressed and will continue to express.

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

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

Let me say that the amendments that we are considering to this bill today, which I consider friendly, will address many of the ranking member's concerns about the reaching out.

I yield 3 minutes to the gentleman from Connecticut (Mr. HIMES), my good friend who serves on the Financial Services Committee and the Permanent Select Committee on Intelligence.

Mr. HIMES. Mr. Speaker, I thank Chairman TAKANO for moving this very important legislation.

In this polarized and angry time, one of the lights of this institution is that we have always come together to better serve our veterans, to better serve those men and women who took the ultimate risk and were prepared to make the ultimate sacrifice on behalf of all of us and the system that this room embodies.

And this is a real problem. As I go around my district and I talk to young veterans, they face any number of transitional issues; with housing, with healthcare. And let's face it, the change from being on active duty to being a veteran is a challenging one, one that all too often results in the kind of tragedy that we have acknowledged here in this Chamber today.

And so I rise in strong support of the EVEST Act. It is consistent with something that I am very proud to have accomplished many years ago when we passed the SERVE Act, which made it easier for veterans to show that they had an income so that they could get the housing which they were entitled to. It was a small thing, but it just eased the passage for those young men and women who have so well served this country.

This is important, and it is not a big deal, but it is going to affect tens of thousands of veterans. My Republican friends know that I respect and value their input and their objections to our ideas. It makes us better when you pose objections to our ideas. But I am a little puzzled by the objections that I am hearing today.

I have heard sitting here that this is not paid for. Okay. It is \$3 billion that I think is well spent on perhaps the most valuable population that we have. But the notion that it is not paid for, let's remember it was just a couple years ago that my friends on the Republican side passed \$2 trillion in tax cuts, 83 percent of which benefitted the top 1 percent of this country's citizens. I have to believe that if we can do \$2 trillion in tax cuts that largely benefits the richest Americans, that we can find \$3 billion to ease the passage for our veterans.

□ 0945

I have heard the ranking member say that the VA maybe can't handle it. Let's remember that the VA supports this idea and that we are just asking them to do a little bit more of what they already do. This is not some new and fanciful program. No, it is making a program that is well-established available to more.

Mr. Speaker, this is a good bill. I am particularly proud of my friend and neighbor—JOE COURTNEY will talk about this shortly—that my neighbor, JAHANA HAYES, is proposing an amendment that will increase the notification that goes to veterans about what is available to them.

This bill needs to pass because, at the end of the day, we are answering the question: Do we want more veterans to have access to what we have promised them, or do we want fewer veterans to have access to what we have promised them? That is what is at stake here.

Mr. Speaker, I thank the ranking member and urge him to rethink his objections to this bill because this will be a proud moment when this bill passes.

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

Mr. Speaker, I mentioned that the Committee on Veterans' Affairs did not do our job on this bill. We did not consider this bill in a legislative hearing. We did not seek input from stakeholders or the VA. We did not make certain that automatically enrolling newly separated servicemembers into the VA healthcare system would not

impede access for existing employees or cause funding crises. And those things are very, very real.

Even the Biden OMB has admitted that there are going to be challenges with implementing this bill. If you look at the numbers—and I am going to add this into what should be mentioned—19.1 million veterans is what we have; 9 million veterans are enrolled; 7 million have used access to the VA. If we start and do it this way without letting veterans make decisions on their own, it can overwhelm the VA. That is what has been mentioned by OMB.

Veterans are already facing tough challenges. So is the VA health system that they can go to. But we don't need to add any more to their plates without at least hearing how it is going to affect the services that are already being provided to our veterans.

That is why, just so you know, I am offering a motion to recommit this morning. My motion to recommit, if adopted, would send this bill back to the Committee on Veterans' Affairs to consider an amendment to H.R. 4673 that would delay implementation until 30 days after the VA has certified that it can implement, without disruption, services to veterans or requiring additional funds.

Mr. Speaker, I don't see how those who support this bill, despite its problems and the Biden administration's recognition that it may cause challenges, can object to this amendment. The very least we can do for the millions of veterans who are already enrolled in VA care and counting on VA services is to ensure—before this bill goes into effect—that it won't cause undue harm to them. I have already drafted an amendment that would accomplish that goal.

Mr. Speaker, I ask unanimous consent to insert the text of my amendment in the RECORD immediately prior to the vote on the motion to recommit.

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

There was no objection.

Mr. BOST. Mr. Speaker, I urge my colleagues to support my motion to recommit, and I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, let me just say, in response to my friend, the esteemed ranking member, that his MTR, which would delay implementation in order to avoid harm to our veterans, dare I say that the harm is in the delay.

I am reminded of a quote from the VFW's Pat Murray that we had at yesterday's roundtable on toxic exposure: Our pay-for for this bill and our pay-for, frankly, for all that we do for veterans was the ticket that we sent servicemembers overseas to serve. I repeat: Our pay-for was the ticket we sent servicemembers overseas to serve.

And a little further discussion on the pay-for issue: The Congressional Budget

et Office does not estimate that this bill will increase mandatory spending and does not require an offset. These are the rules we play by.

Again, we are not creating new eligibility here. The only cost of this bill is veterans seeking care that they are already eligible for. We are all better off when veterans are seeking the care that they need, and we should not be hiding that care for which they are eligible.

Automatic enrollment in VA healthcare for eligible veterans is a long-needed suicide prevention tool. We cannot put a price tag on protecting the health and safety of our veterans. Many of these veterans would go on to use VA healthcare even if they are not automatically enrolled, and the minority does not give a compelling reason why we should hinder or make that process more difficult for our veterans.

Again, I repeat, we should not be hiding the care for which our veterans are already eligible.

Mr. Speaker, I ask that all my colleagues join me in passing H.R. 4673, as amended, and I anticipate we will see a big bipartisan vote today.

Mr. Speaker, I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I stand here in strong support of H.R. 1836, the Ensuring Veterans' Smooth Transition Act (EVEST), which provides automatic enrollment in the VA for all transitioning service members, and veterans who don't want to obtain its services have the easy choice of opting out.

Specifically, this bill would:

Automatically enroll new veterans into VA Health Care;

Provide VA with information about transitioning service members;

Require the VA to reach out to veterans about the scope of, and access to, benefits.

Assuring future cohorts of veterans—including those struggling with the Taliban triumph in Afghanistan—don't go without health care during their transition from military to civilian life is the worthy goal of this bill.

After attempting suicide while serving on active duty in Iraq, Kristofer Goldsmith was given a general discharge by the Army and little else.

The overwhelmed 21-year-old returned to his hometown on Long Island, N.Y., totally unaware that he was eligible for care from the Veterans Health Administration (VA).

"I had just lost my income, my support network, my identity, and almost my life. I was in a total mental health crisis," Goldsmith said.

During the critical months following his transition to civilian life, he went without desperately needed services.

If his mother hadn't forced him to go to the VA, Goldsmith, who credits the VA with helping him rebuild his life, doesn't know what would have happened to him.

Of this, however, he is certain, "If I had heard from my local VA informing me of what benefits I had and that I'd been enrolled in the system, it would have changed my life drastically."

This bill would help thousands of veterans who need services for the multitude of conditions acquired or exacerbated by military service but are confused about how to access them.

These ailments include everything from respiratory problems caused by burn-pit toxic exposure to signature combat conditions such as Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD).

For all these problems, prompt attention means everything.

For example, according to research conducted by the VA, veterans who received care soon after the end of their service “had lower levels of PTSD upon follow-up a year after they initiated care.

According to the study, for each year that a veteran waited to initiate treatment, there was about a 5 percent increase in the odds of their PTSD either not improving or worsening.

In 2018, the National Academies of Sciences, Engineering and Medicine found that post-9/11 veterans who had not sought VA mental health care didn’t know how to apply for benefits—or were unsure whether they were even eligible.

Some didn’t know what services the VA offered or felt that they didn’t deserve care even if they could get it.

Some women veterans are similarly unsure whether VA services are even available to their gender.

This legislation will not only be key to eliminating these barriers but also to reducing the veteran suicide crisis.

A disproportionate number of veterans die by suicide during the initial months and years following separation from military service.

Veterans ages 18 to 34 have the highest rate of suicide.

Automatic pre-enrollment could be lifesaving during a crisis when speed is of the essence.

Smoothen access to VA health care has never been more important than it is today.

The tumultuous end of the war in Afghanistan is intensifying mental health symptoms within the veteran population.

I am proud to support this legislation in order to better serve veterans and reduce veteran suicide.

This bill, in which we further the benefits and recognition that our servicemen and women deserve, also reminds us that we have an overriding duty to protect the health and dignity of those serving today.

For this reason, I would like to discuss the crisis that our National Guardsmen and Guardswomen have been thrust into at the Texas Governor’s direction on our Southern Border.

In March 2021, the Texas Governor launched the ill-fated and ineffective Operation Lone Star which he claimed was necessary to stem a so-called invasion of migrants at Texas’ southern border.

As of November 2021, more than 10,000 Texas National Guardsmen have been deployed to the southern border in pursuit of this folly.

According to published media accounts, National Guard members who have been activated for Operation Lone Star are experiencing habitual pay delays and poor working conditions during the border mission, including being exposed to COVID-19, and many are missing the equipment necessary for safety and mission success.

In addition, the National Guard has faced austere conditions and limited resources, leading to unsanitary conditions such as the lack of portable restrooms.

Rather than addressing these conditions, just last week the Texas Governor filed a frivo-

lous lawsuit in federal court challenging the authority of President Biden, the Commander-in-Chief of the Armed Forces to require that members of the National Guard be vaccinated against COVID-19.

There is no merit to this nuisance law suit as demonstrated by the summary rejection of similar arguments raised by neighboring Oklahoma Governor Stitt.

The Texas Governor’s failure to comply with the policies intended to reduce the spread of COVID-19 among the Armed Forces will mean that there will be less military personnel available national disasters that have struck Texas in recent years, such as the winter freeze of last year.

This will also mean that there are fewer personnel to respond to any attacks on the homeland.

Encouraged by the Texas Governor’s obstinacy, about 40% of the members of the Texas Army National Guard are refusing to get vaccinated, which puts at risk their colleagues and the persons they are sworn to defend and protect.

National Guardsmen and Guardswomen deployed in this disastrous mission at the Texas Governor’s insistence face the deadly spread of COVID-19, unsanitary conditions, lack of pay, and a lack of a certain future.

These uniformed men and women deserve better, and some of them, seeing no alternative to their present reality, have decided to end it all.

Five National guard soldiers have shot and killed themselves in the past three months, and one more survived a suicide attempt.

One of these men, private first class Joshua R. Cortez, was preparing to accept a “lifetime job” with one of the nation’s biggest health insurance companies in late October last year, but the Texas National Guard had other ideas.

Operation Lone Star required involuntary activations to meet the Texas Governor’s troop quotas, and Cortez was one of the soldiers tapped to go on state active duty orders—with no idea how long the mission would last.

In November, the 21-year-old mechanic requested a hardship release from the mission: “I’ve been waiting for this job and I’m on my way to getting hired . . . I missed my first opportunity in September when I had to go on the flood mission in Louisiana. . . . I can not miss this opportunity because it is my last opportunity for this lifetime job.”

Cortez’s company commander recommended approval. But his battalion commander and brigade commander disapproved.

Within 36 hours of his request being denied, Cortez drove to a parking lot in northwest San Antonio and shot himself in the head.

Three other soldiers tied to Operation Lone Star have died by suicide, including:

Sgt. Jose L. De Hoyos was found dead in Laredo, Texas, on Oct. 26. He was a member of the 949th Brigade Support Battalion’s headquarters company.

1st Sgt. John “Kenny” Crutcher died Nov. 12, as time ran out on his temporary hardship waiver. He was the top NCO for B Company, 3rd Battalion, 144th Infantry.

1st Lt. Charles Williams, a platoon leader in Crutcher’s company, died at home overnight Dec. 17 while on pass.

The string of suicides raises urgent questions about the mission’s conditions and purpose, as well as the way it’s organized and manned through indefinite involuntary call-ups.

This is an excellent and common-sense bill that will enhance the benefits of our servicemen and women.

We must also act to ensure that our servicemen and women are protected from COVID-19, both for their own safety and the safety of our nation.

Although we cannot bring back the lives lost due to the Texas Governor’s misguided actions, we can remember the names of those we have lost and work to ensure that we treat all members of our military equally and with dignity and respect.

The SPEAKER pro tempore. All time for debate has expired.

Each further amendment printed in part B of House Resolution 117-225, not earlier considered as part of amendments en bloc pursuant to section 5 of House Resolution 860, shall be considered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, may be withdrawn by the proponent at any time before the question is put thereon, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

It shall be in order at any time for the chair of the Committee on Veterans’ Affairs or his designee to offer amendments en bloc consisting of further amendments printed in part B of House Report 117-225 not earlier disposed of. Amendments en bloc shall be considered as read, shall be debatable for 20 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Veterans’ Affairs or their respective designees, shall not be subject to amendment, and shall not be subject to a demand for a division of the question.

AMENDMENTS EN BLOC OFFERED BY MR. TAKANO OF CALIFORNIA

Mr. TAKANO. Mr. Speaker, pursuant to section 5 of House Resolution 860, I rise to offer the four amendments en bloc to H.R. 4673.

The SPEAKER pro tempore. The Clerk will designate the amendments en bloc.

Amendments en bloc consisting of amendment Nos. 1, 2, 4, and 5, printed in part B of House Report 117-225, offered by Mr. TAKANO of California:

AMENDMENT NO. 1 OFFERED BY MR. DELGADO OF NEW YORK

Page 1, line 15, insert “(A)” before “Not later”.

Page 1, line 18, strike “(A)” and insert “(i)”.

Page 2, line 1, strike “(B)” and insert “(ii)”.

Page 2, after line 3, insert the following: “(B) In carrying out subparagraph (A), the Secretary shall consider using, to the extent practical, mass texting capabilities through mobile telephones.”.

AMENDMENT NO. 2 OFFERED BY MR. DELGADO OF NEW YORK

At the end of the bill, add the following:
SEC. 3. GAO REPORT ON NOTICE OF AUTOMATIC ENROLLMENT IN PATIENT ENROLLMENT SYSTEM OF DEPARTMENT OF VETERANS AFFAIRS.

Not later than 180 days after the date of the enactment of this Act, the Comptroller

General of the United States shall submit to Congress a report containing the results of a study to determine the best methods for the Secretary of Veterans Affairs to provide notice under paragraph (2) of subsection (d) of section 1705 of title 38, United States Code, as added by section 2. In making such determination, the Comptroller General shall consider needs of veterans based on—

- (1) age;
- (2) residence in urban areas; and
- (3) residence in rural areas.

AMENDMENT NO. 4 OFFERED BY MRS. HAYES OF CONNECTICUT

Page 1, line 15, insert “(A)” before “Not later”.

Page 1, line 18, strike “(A)” and insert “(i)”.

Page 1, line 18, strike “and”.

Page 2, line 1, strike “(B)” and insert “(ii)”.

Page 2, line 3, strike the period and insert “; and”.

Page 2, after line 3, insert the following:

“(iii) instructions for how the veteran may elect to enroll at a later date.

“(B) Any notice or instructions required to be provided under this paragraph shall be provided in the form of a physical copy delivered by mail and, to the extent practical, in the form of an electronic copy delivered by electronic mail.”.

Page 3, after line 5, insert the following:

(d) PROVISION OF NOTICE AND INFORMATION.—The notice and instructions required to be provided under subsection (d)(2) of section 1705 of title 38, United States Code, as added by subsection (a), shall be provided in accordance with the established procedures of the Department of Veterans Affairs with respect to the provision of similar types of notices and instructions.

AMENDMENT NO. 5 OFFERED BY MS. TLAIB OF MICHIGAN

Add at the end the following:

(d) REPORT ON AUTOMATIC ENROLLMENT.—

(1) IN GENERAL.—Not later than one year after the first veteran is enrolled in the patient enrollment system of the Department of Veterans Affairs under subsection (d) of section 1705 of title 38, United States Code, as added by subsection (a), the Secretary shall submit to Congress a report on the enrollment process under such subsection. Such report shall include each of the following:

(A) A discussion of any anticipated challenges that occurred in implementing such subsection, the strategies used to address such challenges, and the effectiveness of such strategies.

(B) A discussion of any unanticipated challenges that occurred in implementing such subsection, the strategies used to address such challenges, and the effectiveness of such strategies.

(C) Any additional information the Secretary determines appropriate, including information that may be useful to other Federal departments and agencies considering the implementation of similar automatic enrollment programs.

(2) FORM OF REPORT.—The report required under paragraph (1) shall be submitted in unclassified form, but may include a classified annex.

The SPEAKER pro tempore. Pursuant to House Resolution 860, the gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST) each will control 10 minutes.

The Chair recognizes the gentleman from California.

Mr. TAKANO. Mr. Speaker, I rise today in support of these en bloc

amendments. Seamlessly connecting veterans with the benefits and care they earned through their service is paramount to the transition process.

The Delgado amendment No. 1 makes sure that VA can easily notify veterans regarding care and services through mass texting. As technology and communication methods improve, so should how VA uses those capabilities to easily inform veterans of their benefits. Texting eligible veterans to tell them they have been auto-enrolled in VA healthcare is an effective, simple way to increase awareness of the care available to them.

The Delgado amendment No. 2 requires GAO to submit a report to determine the best methods to notify veterans regarding their automatic enrollment in VA healthcare. This amendment will strengthen the underlying bill and inform best practices for how VA can ensure veterans have the information they need regarding their access to care and services.

Getting information to veterans in an effective manner is crucial to their transition into civilian life, and the Delgado amendment No. 2 will help improve how VA communicates an eligible veteran's enrollment in VA healthcare so they can easily access the care they need.

The Hayes amendment requires that VA notify veterans who opt out of automatic enrollment that they may elect to enroll at a later date. We understand there will be some veterans who opt out for auto-enrollment for a variety of reasons, but it is our duty that they know that the VA will be waiting for them if their future needs change.

Ensuring VA adopts and scales best practices related to auto-enrollment while also learning from any issues that arise during its rollout is important to the long-term effectiveness of the aims of H.R. 4673.

The Tlaib amendment requires the VA to submit a report a year after the first veteran is auto-enrolled in VA healthcare to preserve lessons learned from the rollout. This report will help improve auto-enrollment for both the VA administrators implementing the program and veteran users alike.

Mr. Speaker, I urge my colleagues to support the en bloc amendments, and I reserve the balance of my time.

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

Mr. Speaker, the four en bloc amendments are offered by Congressman DELGADO, Congresswoman HAYES, and Congresswoman TLAIB. I thank them for their work. I remain opposed to the underlying bill, and I explained why in detail over the last debate.

One of the reasons I was opposed to it is because the Committee on Veterans' Affairs did not do our job before bringing this bill to the floor. We did not hold hearings on the bill or seek input from stakeholders. And importantly, we did not get assurance from the VA that the bill could be implemented without negative impact to services.

In fact, shortly before this bill hit the Rules Committee, the Biden administration did release the statement that we talked about earlier. That statement, remember, says that there are challenges in implementing this bill.

Now, I wish we could have done that work in the VA Committee before considering the bill on the floor. If there are challenges, we need to know about them, and we need to be able to address them to make sure that no veteran is harmed by this bill.

Nevertheless, here we are. These en bloc amendments will help get some of the information we should have gotten before passing the bill. They will help us stay informed on how the bill is working and the impact it is having on veterans and on the VA healthcare system after the fact.

For example, one of Congressman DELGADO's amendments would require GAO to study the best methods for VA to notify newly separated servicemembers of their enrollment status. His second amendment would require VA to consider texting newly separated servicemembers to inform them of their enrollment status and their ability to disenroll. If a veteran chooses to disenroll, Congresswoman HAYES' amendment would require VA to provide them with information on how to enroll at a later date if they change their mind down the line.

Finally, Congresswoman TLAIB's amendment would require VA to report to Congress on the implementation of this bill not later than 1 year after enactment. That would allow us to course-correct, as needed, if the bill is causing problems at least 1 year out.

Now, I feel like a broken record, but this is information we should have had already. Nevertheless, it is better late than never. That is why I will be in support of that amendment alongside the amendments for DELGADO and HAYES.

Mr. Speaker, I urge my colleagues to do the same, and I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, may I inquire how much time is remaining.

The SPEAKER pro tempore. The gentleman from California has 7½ minutes remaining.

Mr. TAKANO. Mr. Speaker, I yield 2 minutes to the gentleman from Connecticut (Mr. COURTNEY), my good friend who serves on the House Committee on Armed Services as chairman of the Subcommittee on Seapower and Projection Forces and the Committee on Education and Labor.

□ 1000

Mr. COURTNEY. Mr. Speaker, I thank Mr. TAKANO and Ranking Member BOST for supporting the en bloc.

Mr. Speaker, it is my honor today to speak on behalf of the Hayes amendment offered by my friend and neighbor from Connecticut, Congresswoman JAHANA HAYES, who unfortunately could not be here today because she is

quarantining. Her amendment is a commonsense proposal to improve an already outstanding bill that will connect more veterans to benefits they have earned by volunteering to wear the uniform of this country.

Mr. Speaker, last year, at the outset of the VA's highly successful COVID vaccination program, Congresswoman HAYES and I both toured the VA hospital in West Haven, Connecticut, which is the flagship of our VA healthcare system. I had a chance to personally observe her authentic, well-informed advocacy for veteran patients and their family members, asking questions about ways Congress can improve the system, particularly about communicating the full extent of their benefits.

She described casework from the veterans seeking care, about the burdens they faced when navigating a complicated system where not only veterans, but family members struggle to stay current with changing rules and programs. It is particularly troublesome to hear cases of veterans who lose eligibility for help because of late claims caused by poor communication, oftentimes at the time of discharge from military service.

Mr. Speaker, that is why it is so important for the House to pass the EVEST Act which will provide automatic enrollment in the VA system for all transitioning servicemembers.

Mrs. HAYES' friendly amendment wisely requires the VA to go the extra mile and inform veterans who opt out of automatic enrollment through multiple methods, including not only email but also paper mail, that they can reenroll as they transition out of the military. Her measure is a commonsense insurance that veterans are informed of the EVEST so that they know from day one all of the options and rights that they have to get help.

Mr. Speaker, I want to again thank Chair TAKANO and Ranking Member BOST.

And I will close by simply noting that my district in eastern Connecticut is home to the largest military installation in New England, with 9,000 sailors and officers who work every day to protect our Nation. The transition from military to civilian life happens on a rolling, nonstop basis. Too often we work with veterans who experience gaps in benefits caused by a failure to enroll or late enrollment, which this excellent bill will fix.

The SPEAKER pro tempore. The gentleman's time has expired.

Mr. TAKANO. Mr. Speaker, I yield an additional 30 seconds to the gentleman from Connecticut (Mr. COURTNEY).

Mr. COURTNEY. Mr. Speaker, I urge my colleagues to support the Hayes amendment in the en bloc and the underlying bill.

Mr. TAKANO. Mr. Speaker, I yield 2½ minutes to the gentlewoman from Michigan (Ms. TLAIB), my good friend and author of this amendment. She serves on the Financial Services Com-

mittee, the Natural Resources Committee and the Oversight and Reform Committee.

Ms. TLAIB. Mr. Speaker, I thank Chairman TAKANO and the committee staff for working with me on this important amendment and for their leadership on this bill. I can't thank him enough and look forward to him one day coming to my district for a visit to our VA hospital that we love and cherish.

Mr. Speaker, the transition of being on Active Duty to being a veteran is not easy. The EVEST Act helps with that transition and makes life easier for those who served our Nation.

This act is also a great opportunity to review the automatic enrollment programs and learn what works and what doesn't, because ensuring effective implementation is critical to its success.

Mr. Speaker, I am a social worker at heart, and we have to ensure that our veterans' lives are changing for the better with this bill. My amendment ensures the lessons learned during implementation of the program are preserved for other agencies, as well as to learn, again, what to do and what not to do.

Mr. Speaker, I appreciate the committee for working with me on this and look forward to my colleagues' support of this amendment. I also look forward to working with the committee on a number of other issues impacting our veterans, especially veteran suicide and access to mental health services.

Mr. TAKANO. Mr. Speaker, I yield 2½ minutes to the gentleman from Texas (Mr. GREEN), my good friend and member of the Financial Services Committee where he is chairman of the Subcommittee on Oversight and Investigations.

Mr. GREEN of Texas. Mr. Speaker, by way of further introduction, I am the same AL GREEN who lives across the street from the DeBakey VA hospital; the same AL GREEN who fought in this Congress to secure a Congressional Gold Medal for Dr. Michael E. DeBakey; the same AL GREEN who has 800 flags outside of his office presently to be distributed over at the DeBakey VA hospital; the same AL GREEN that goes there annually and speaks to veterans, who talks to them about their needs on an annual basis; the same AL GREEN who has had veterans who tell me the difficulties associated with enrollment; the same AL GREEN who has veterans who say they are so pleased that somebody would come by to be of service to them.

Mr. Speaker, this AL GREEN announces here and now that I will support the underlying bill. I support it because it is necessary. I support it because I believe the veterans that I have spoken to will support it. They need it, and they will enjoy knowing that we came to this floor to bring this to fruition.

Mr. Speaker, finally, if the VA hospital is not properly funded and this

creates some funding issues, I am prepared to vote to fund the VA hospital sufficiently so that our veterans can be taken care of. Anyone who is willing to go to a distant place, who may not return the same way they left, who may have issues for the rest of their lives, and they do it because they want to protect this country, I am going to do all that I can to protect them. This is the least a grateful Nation can do.

Mr. TAKANO. Mr. Speaker, I have no further speakers. I am prepared to close. I ask all my colleagues to support me in supporting these four amendments.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Pursuant to House Resolution 860, the previous question is ordered on the amendments en bloc offered by the gentleman from California (Mr. TAKANO).

The question is on the amendments en bloc.

The en bloc amendments were agreed to.

A motion to reconsider was laid on the table.

AMENDMENT NO. 3 OFFERED BY MS. ESCOBAR

The SPEAKER pro tempore. It is now in order to consider amendment No. 3 printed in part B of House Report 117-225.

Ms. ESCOBAR. Mr. Speaker, I have an amendment at the desk.

The SPEAKER pro tempore. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 2, line 12, insert after "a veteran" the following: "who is discharged or separated from the Armed Forces on or after the date that is 90 days before the date of the enactment of this Act and".

The SPEAKER pro tempore. Pursuant to House Resolution 860, the gentlewoman from Texas (Ms. ESCOBAR) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Texas.

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

Mr. Speaker, I thank Chairman TAKANO for his continued, strong, unwavering leadership on behalf of our veterans.

I am proud to represent a district that is home to a strong and growing veteran community, and proud to represent Fort Bliss in Congress, where thousands of our servicemembers transition to civilian life.

One of my top priorities in Congress has been to protect our veterans and their families in the same way they have served and defended our country. Today, I am honored to stand in support of this critical legislation for our Nation's veterans and to present my amendment.

Mr. Speaker, H.R. 4673, the Ensuring Veterans' Smooth Transition Act, provides automatic enrollment in the VA for all transitioning servicemembers. This bill is vital in that it expedites

the use of healthcare benefits that veterans have already earned. My amendment seeks to ensure that servicemembers who were discharged up to 90 days before the enactment of this legislation can also reap its benefits.

Servicemembers transitioning to civilian life already face a multitude of hurdles, from adjusting to everyday life, dealing with unemployment issues, housing and security, and poor mental and physical health, among other things.

Mr. Speaker, our veterans deserve that we eliminate these and any other barriers. Thousands of veterans leave the service without knowing about the VA, whether they are eligible, and what benefits they are entitled to receive.

Veterans who returned to civilian life during the pandemic faced even more challenges to access and overall engagement with the VA due to closures and the VA's limited operational capacity at the height of the pandemic. We cannot leave these veterans behind.

Already, more than half of eligible veterans don't use VA health benefits, many of which are due to confusion on eligibility and benefits and lack of access to information. The pandemic only exacerbated this. Our withdrawal from Afghanistan this past year similarly impacted millions of veterans who now need that care more than ever.

Mr. Speaker, my amendment is not adding any new entitlements. It is simply extending them to those who are equally in need. With my amendment to this bill, we can ensure that newly transitioned veterans do not miss the opportunity to access VA benefits they deserve and are entitled to.

As our chairman has said, when it comes to supporting our veterans, the true heroes of our country, there is always more work to be done. This bill is truly transformative and assures future cohorts of veterans receive the expeditious access to the healthcare they need.

Mr. Speaker, I urge a "yes" vote on my amendment. I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I claim time in opposition to the amendment.

The SPEAKER pro tempore. Without objection, the gentleman is recognized. There was no objection.

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

Mr. Speaker, Congresswoman ESCOBAR's amendment would expand automatic enrollment to servicemembers who left the military 90 days before this bill is enacted. There are already many existing mechanisms for separating servicemembers to connect with the VA if that is something they need and want.

As I explained during the general debate, I have a number of serious concerns with the underlying bill. The Biden administration agrees that there are challenges. I think that is an understatement. Regardless, we should not be further complicating an already

difficult implementation by expanding it even more.

Mr. Speaker, I oppose the amendment, and I yield back the balance of my time.

Ms. ESCOBAR. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. TAKANO).

Mr. TAKANO. Mr. Speaker, I rise in support of the Escobar amendment to H.R. 4673.

Mr. Speaker, seamlessly connecting veterans with the benefits and care they have earned through their service is paramount to the transition process. The Escobar amendment extends the automatic enrollment in VA healthcare to eligible veterans discharged within 90 days before enactment of the underlying bill.

Mr. Speaker, many of the 175,000 veterans who served in Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn are unaware of their eligibility for 5 years of VA healthcare upon separation. Automatically enrolling recently separated eligible veterans into VA healthcare will support our aim to prevent veteran suicides and improve their access to care during their transition to civilian life.

Mr. Speaker, I urge my colleagues to support the Escobar amendment.

Ms. ESCOBAR. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Pursuant to House Resolution 860, the previous question is ordered on the amendment offered by the gentleman from Texas (Ms. ESCOBAR).

The question is on the amendment offered by the gentleman from Texas (Ms. ESCOBAR).

The question was taken; and the Speaker pro tempore announced that the ayes appear to have it.

Mr. BOST. 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.

The vote was taken by electronic device, and there were—yeas 228, nays 198, not voting 7, as follows:

[Roll No. 12]

YEAS—228

Adams	Carter (LA)	DeFazio
Aguilar	Cartwright	DeGette
Allred	Case	DeLauro
Auchincloss	Casten	DelBene
Axne	Castor (FL)	Delgado
Barragán	Castro (TX)	Demings
Bass	Cherfilus-	DeSaulnier
Beatty	McCormick	Deutch
Bera	Chu	Dingell
Beyer	Cielline	Doggett
Bishop (GA)	Clark (MA)	Doyle, Michael
Blumenauer	Clarke (NY)	F.
Blunt Rochester	Cleaver	Escobar
Bonamici	Clyburn	Eshoo
Bourdeaux	Cohen	Espallat
Bowman	Connolly	Evans
Boyle, Brendan	Cooper	Fitzpatrick
F.	Correa	Fletcher
Brown (MD)	Costa	Foster
Brown (OH)	Courtney	Frankel, Lois
Brownley	Craig	Gallego
Bush	Crist	Garamendi
Bustos	Crow	Garcia (IL)
Butterfield	Cuellar	Garcia (TX)
Carbajal	Davids (KS)	Golden
Cárdenas	Davis, Danny K.	Gomez
Carson	Dean	

Gonzalez, Vicente	Manning	Schiff
Gotthelmer	Mast	Schneider
Green, Al (TX)	Matsui	Schrader
Grijalva	McBath	Schrier
Harder (CA)	McCollum	Scott (VA)
Hayes	McEachin	Scott, David
Higgins (NY)	McGovern	Sewell
Himes	McNerney	Sherman
Horsford	Meeks	Sherrill
Houlahan	Meijer	Sires
Hoyer	Meng	Slotkin
Huffman	Mfume	Smith (NJ)
Jackson Lee	Moore (WI)	Smith (WA)
Jacobs (CA)	Morelle	Soto
Jayapal	Moulton	Spanberger
Jeffries	Mrvan	Speier
Johnson (TX)	Murphy (FL)	Stansbury
Jones	Nadler	Stanton
Kahele	Napolitano	Stevens
Kaptur	Neal	Strickland
Katko	Neguse	Suozi
Keating	Newman	Swalwell
Kelly (IL)	Norcross	Takano
Khanna	O'Halleran	Thompson (CA)
Kildee	Ocasio-Cortez	Thompson (MS)
Kilmer	Omar	Thompson (PA)
Kim (NJ)	Pallone	Titus
Kind	Panetta	Tlaib
Kirkpatrick	Pappas	Tonko
Krishnamoorthi	Pascarell	Torres (CA)
Kuster	Payne	Torres (NY)
Lamb	Perlmutter	Trahan
Langevin	Peters	Trone
Larsen (WA)	Phillips	Underwood
Larson (CT)	Pingree	Valadao
Lawrence	Pocan	Vargas
Lawson (FL)	Porter	Veasey
Lee (CA)	Pressley	Vela
Lee (NV)	Price (NC)	Velázquez
Leger Fernandez	Quigley	Wasserman
Levin (CA)	Raskin	Schultz
Levin (MI)	Rice (NY)	Waters
Lieu	Ross	Watson Coleman
Lofgren	Roybal-Allard	Welch
Lowenthal	Ruiz	Wexton
Luria	Ruppersberger	Wild
Lynch	Rush	Williams (GA)
Malinowski	Ryan	Wilson (FL)
Maloney,	Sánchez	Wittman
Carolyn B.	Sarbanes	Yarmuth
Maloney, Sean	Scanlon	
	Schakowsky	

NAYS—198

Aderholt	DesJarlais	Herrera Beutler
Allen	Diaz-Balart	Hice (GA)
Amodei	Donalds	Higgins (LA)
Armstrong	Dunn	Hill
Arrington	Ellzey	Hinson
Babin	Emmer	Hudson
Bacon	Estes	Huizenga
Baird	Fallon	Issa
Balderson	Feenstra	Jackson
Banks	Ferguson	Jacobs (NY)
Barr	Fischbach	Johnson (LA)
Bentz	Fitzgerald	Johnson (OH)
Bergman	Fleischmann	Johnson (SD)
Bice (OK)	Fortenberry	Jordan
Bilirakis	Fox	Joyce (OH)
Bishop (NC)	Franklin, C.	Joyce (PA)
Boebert	Scott	Keller
Bost	Fulcher	Kelly (MS)
Brady	Gaetz	Kelly (PA)
Brooks	Gallagher	Kim (CA)
Buchanan	Garbarino	Kinzinger
Buck	Garcia (CA)	Kustoff
Bucshon	Gibbs	LaHood
Budd	Gimenez	LaMalfa
Burchett	Gohmert	Lamborn
Burgess	Gonzales, Tony	Latta
Calvert	Gonzalez (OH)	LaTurner
Cammack	Good (VA)	Lesko
Carey	Gooden (TX)	Letlow
Carl	Gosar	Long
Carter (GA)	Granger	Loudermilk
Carter (TX)	Graves (LA)	Lucas
Cawthorn	Graves (MO)	Luetkemeyer
Chabot	Green (TN)	Mace
Cheney	Greene (GA)	Malliotakis
Cline	Griffith	Mann
Cloud	Grothman	McCarthy
Clyde	Guest	McCaul
Cole	Guthrie	McClain
Comer	Hagedorn	McKinley
Crawford	Harris	Meuser
Crenshaw	Harshbarger	Miller (IL)
Curtis	Hartzler	Miller (WV)
Davidson	Hern	Miller-Meeks
Davis, Rodney	Herrell	Moolenaar

Mooney
Moore (AL)
Moore (UT)
Mullin
Murphy (NC)
Nehls
Newhouse
Norman
Oberholte
Owens
Palazzo
Palmer
Pence
Perry
Pfluger
Posey
Reed
Reschenthaler
Rice (SC)
Rodgers (WA)
Rogers (AL)
Rogers (KY)

Rose
Rosendale
Rouzer
Roy
Rutherford
Salazar
Scalise
Schweikert
Scott, Austin
Sessions
Simpson
Smith (MO)
Smith (NE)
Smucker
Spartz
Stauber
Steel
Stefanik
Steil
Steube
Stewart
Taylor

Tenney
Tiffany
Timmons
Turner
Upton
Van Drew
Van Duyn
Wagner
Walberg
Walorski
Waltz
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams (TX)
Wilson (SC)
Womack
Young
Zeldin

NOT VOTING—7

Biggs
Duncan
Hollingsworth

Johnson (GA)
Massie
McClintock

McHenry

□ 1050

Messrs. COMER, BURGESS, JOYCE of Pennsylvania, and GONZALEZ of Ohio changed their vote from “yea” to “nay.”

Messrs. WITTMAN, VALADAO, and MEEKS changed their vote from “nay” to “yea.”

So the amendment was agreed to.

The result of the vote was announced as above recorded.

MEMBERS RECORDED PURSUANT TO HOUSE
RESOLUTION 8, 117TH CONGRESS

Adams (Brown)
(MD)
Bass (Cicilline)
Beatty (Kuster)
Blumenauer
(Beyer)
Boyle, Brendan
F. (Gallego)
Brown (OH)
(Kaptur)
Brownley
(Kuster)
Bush (Bowman)
Butterfield
(Panetta)
Carter (LA)
(Jeffries)
Cawthorn (Nehls)
Chu (Clark MA))
Cleaver (Davids
(KS)
Clyburn
(Panetta)
Cohen (Beyer)
Costa (Correa)
Crawford
(Stewart)
Crist (Soto)
Cuellar (Correa)
Davis, Danny K.
(Garcia (IL))
DeFazio (Brown
(MD))
DeGette (Blunt
Rochester)
Demings (Soto)
DeSaulnier
(Beyer)
Doggett (Raskin)
Doyle, Michael
F. (Connolly)
Evans (Mfume)
Fallon (Gooden)
Fletcher (Allred)
Fortenberry
(Moolenaar)
Frankel, Lois
(Clark MA))
Garamendi
(Sherman)
Gohmert (Weber
(TX))

Gonzalez,
Vicente
(Correa)
Gottheimer
(Panetta)
Granger
(Calvert)
Grijalva (Garcia
(IL))
Hagedorn (Carl)
Hayes (Clark
(MA))
Higgins (NY)
(Bowman)
Jayapal (Raskin)
Keating (Clark
(MA))
Kelly (IL)
(Kuster)
Kildee (Panetta)
Kilmer (Bera)
Kinzinger
(Meijer)
Kirkpatrick
(Pallone)
Krishnamoorthi
(Bera)
Lawrence
(Stevens)
Lawson (FL)
(Soto)
Lee (CA)
(Khanna)
Lofgren (Jeffries)
Loudermilk
(Fleischmann)
Lowenthal
(Beyer)
Lynch (Trahan)
Maloney,
Carolyn B.
(Wasserman)
Schultz
McBath (Allred)
McCollum (Blunt
Rochester)
McEachin
(Weston)
Meng (Kuster)
Moore (UT)
(Meijer)

Moore (WI)
(Beyer)
Moulton (Clark
(MA))
Nadler (Pallone)
Napolitano
(Correa)
Neguse
(Perlmutter)
Newman (Clark
(MA))
Norman (Wilson
(SC))
Ocasio-Cortez
(Garcia (IL))
Pascrell
(Pallone)
Payne (Pallone)
Pingree
(Cicilline)
Pocan (Raskin)
Porter (Wexton)
Reed (Kelly
(PA))
Rogers (KY)
(Reschenthaler)
Roybal-Allard
(Levin (CA))
Ruiz
(Correa)
Ruppersberger
(Raskin)
Rush (Kaptur)
Schneider
(Connolly)
Schrier
(Spanberger)
Scott, David
(Jeffries)
Sires (Pallone)
Swalwell
(Gomez)
Timmons
(Armstrong)
Titus (Connolly)
Trone (Brown
(MD))
Van Drew
(Reschenthaler)
Vargas (Correa)
Vela (Correa)
Velázquez (Clark

(MA))Waters
(Takano)

Watson Coleman
(Pallone)
Welch (Raskin)

Wilson (FL)
(Cicilline)

The SPEAKER pro tempore. The previous question is ordered on the bill, as amended.

The question is on engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Mr. BOST. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

MOTION TO RECOMMIT

Mr. Bost of Illinois moves to recommit the bill H.R. 4673 to the Committee on Veterans' Affairs.

The material previously referred to by Mr. BOST is as follows:

In section 2(b), strike “the date of the enactment of this Act” and insert “the effective date of this Act”.

In section 2(c), strike “Not later than August 1, 2022” and insert “Subject to subsection (d), not later than August 1, 2022”

At the end, add the following:

(d) DELAYED EFFECTIVE DATE; READINESS CERTIFICATION.—This Act, including the amendments made by this Act, shall not take effect until 30 days after the date on which the Secretary of Veterans Affairs submits to the Committees on Veterans' Affairs of the House of Representatives and the Senate a certification that the requirements of this Act may be carried out without requiring additional resources or disrupting services for veterans currently enrolled in the patient enrollment system under section 1705 of title 38, United States Code.

The SPEAKER pro tempore. Pursuant to clause 2(b) of rule XIX, the previous question is ordered on the motion to recommit.

The question is on the motion to recommit.

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. BOST. 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.

The vote was taken by electronic device, and there were—yeas 206, nays 221, not voting 6, as follows:

[Roll No. 13]

YEAS—206

Aderholt
Allen
Amodei
Armstrong
Arrington
Babin
Bacon
Baird
Balderson
Banks
Barr
Bentz
Bergman
Bice (OK)
Bilirakis
Bishop (NC)
Boebert
Bost
Brady
Brooks

Buchanan
Buck
Bucshon
Budd
Burchett
Burgess
Calvert
Cammack
Carey
Carl
Carter (GA)
Carter (TX)
Cawthorn
Chabot
Cheney
Cline
Clyde
Cole
Comer
Crawford

Crenshaw
Curtis
Davidson
Davis, Rodney
DesJarlais
Diaz-Balart
Donalds
Duncan
Dunn
Elizy
Emmer
Estes
Fallon
Feenstra
Ferguson
Fischbach
Fitzgerald
Fitzpatrick
Fleischmann
Fortenberry

Foxx
Franklin, C.
Scott
Fulcher
Gaetz
Gallagher
Garbarino
Garcia (CA)
Gibbs
Gimenez
Gohmert
Gonzales, Tony
Gonzalez (OH)
Good (VA)
Gooden (TX)
Gosar
Granger
Graves (LA)
Graves (MO)
Green (TN)
Greene (GA)
Griffith
Grothman
Guest
Guthrie
Hagedorn
Harris
Harshbarger
Hartzler
Hern
Herrell
Herrera Beutler
Hice (GA)
Higgins (LA)
Hill
Hinson
Hudson
Huizenga
Issa
Jackson
Jacobs (NY)
Johnson (LA)
Johnson (OH)
Johnson (SD)
Jordan
Joyce (OH)
Joyce (PA)
Katko
Keller

Kelly (MS)
Kelly (PA)
Kim (CA)
Kinzinger
Kustoff
LaHood
LaMalfa
Lamborn
Latta
LaTurner
Lesko
Letlow
Long
Loudermilk
Lucas
Luetkemeyer
Mace
Malliotakis
Mann
Mast
McCarthy
McCaul
McClain
McHenry
McKinley
Meijer
Meuser
Miller (IL)
Miller (WV)
Miller-Meeks
Moolenaar
Mooney
Moore (AL)
Moore (UT)
Mullin
Murphy (NC)
Nehls
Newhouse
Norman
Oberholte
Owens
Palazzo
Palmer
Pence
Perry
Pfluger
Posey
Reed
Reschenthaler

Rice (SC)
Rogers (AL)
Rogers (KY)
Rose
Rosendale
Rouzer
Roy
Rutherford
Salazar
Scalise
Schweikert
Scott, Austin
Sessions
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smucker
Spartz
Stauber
Steel
Stefanik
Steil
Steube
Stewart
Taylor
Tenney
Thompson (PA)
Tiffany
Timmons
Turner
Upton
Valadao
Van Drew
Van Duyn
Wagner
Walberg
Walorski
Waltz
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams (TX)
Wilson (SC)
Wittman
Womack
Young
Zeldin

NAYS—221

Adams
Aguilar
Allred
Auchincloss
Axne
Barragán
Bass
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Bourdeaux
Bowman
Boyle, Brendan
F.
Brown (MD)
Brown (OH)
Brownley
Bush
Bustos
Butterfield
Carbajal
Cárdenas
Carson
Carter (LA)
Cartwright
Case
Casten
Castor (FL)
Castro (TX)
Cherfilus-
McCormick
Chu
Cicilline
Clark (MA)
Clarke (NY)
Cleaver
Clyburn
Cohen
Connolly
Cooper
Correa
Courtney
Craig

Crist
Crow
Cuellar
Davids (KS)
Davis, Danny K.
Dean
DeFazio
DeGette
DeLauro
DelBene
Delgado
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael
F.
Escobar
Eshoo
Españillat
Evans
Fletcher
Foster
Frankel, Lois
Gallego
Garamendi
Garcia (IL)
Garcia (TX)
Golden
Gomez
Gonzalez,
Vicente
Gottheimer
Green, Al (TX)
Grijalva
Harder (CA)
Hayes
Higgins (NY)
Himes
Horsford
Houlahan
Hoyer
Huffman
Jackson Lee
Jacobs (CA)
Jayapal
Jeffries

Johnson (GA)
Johnson (TX)
Jones
Kahle
Kaptur
Keating
Kelly (IL)
Khanna
Kildee
Kilmer
Kim (NJ)
Kind
Kirkpatrick
Krishnamoorthi
Kuster
Lamb
Langevin
Larsen (WA)
Larson (CT)
Lawrence
Lawson (FL)
Lee (CA)
Lee (NV)
Leger Fernandez
Levin (CA)
Levin (MI)
Lieu
Lofgren
Lowenthal
Luria
Lynch
Malinowski
Maloney,
Carolyn B.
Maloney, Sean
Manning
Matsui
McBath
McCollum
McEachin
McGovern
McNerney
Meeks
Meng
Mfume
Moore (WI)
Morelle
Moulton

Mrvan	Roybal-Allard	Suoizzi
Murphy (FL)	Ruiz	Swalwell
Nadler	Ruppersberger	Takano
Napolitano	Rush	Thompson (CA)
Neal	Ryan	Thompson (MS)
Neguse	Sánchez	Titus
Newman	Sarbanes	Tlaib
Norcross	Scanlon	Tonko
O'Halleran	Schakowsky	Torres (CA)
Ocasio-Cortez	Schiff	Torres (NY)
Omar	Schneider	Trahan
Pallone	Schrader	Trone
Panetta	Schrier	Underwood
Pappas	Scott (VA)	Vargas
Pascrell	Scott, David	Veasey
Payne	Sewell	Vela
Perlmutter	Sherman	Velázquez
Peters	Sherrill	Wasserman
Phillips	Sires	Schultz
Pingree	Slotkin	Waters
Pocan	Smith (WA)	Watson Coleman
Porter	Soto	Welch
Pressley	Spanberger	Wexton
Price (NC)	Speier	Wild
Quigley	Stansbury	Williams (GA)
Raskin	Stanton	Wilson (FL)
Rice (NY)	Stevens	Yarmuth
Ross	Strickland	

NOT VOTING—6

Biggs	Hollingsworth	McClintock
Cloud	Massie	Rodgers (WA)

□ 1115

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

MEMBERS RECORDED PURSUANT TO HOUSE RESOLUTION 8, 117TH CONGRESS

Adams (Brown (MD))	Gonzalez, (Vicente)	Nadler (Pallone)
Bass (Cicilline)	(Correa)	Napolitano (Correa)
Beatty (Kuster)	Gottheimer	Neguse (Perlmutter)
Blumenauer (Beyer)	(Panetta)	Newman (Clark (MA))
Boyle, Brendan F. (Gallego)	Granger	Norman (Wilson (SC))
Brown (OH) (Kaptur)	(Calvert)	Ocasio-Cortez (Garcia (IL))
Brownley	Grijalva (García (IL))	Pascrell (Pallone)
(Kuster)	Hagedorn (Carl)	Payne (Pallone)
Bush (Bowman)	Hayes (Clark (MA))	Pingree (Cicilline)
Butterfield	Higgins (NY)	Pocan (Raskin)
(Panetta)	(Bowman)	Porter (Wexton)
Carter (LA) (Jeffries)	Jayapal (Raskin)	Reed (Kelly (PA))
Cawthorn (Nehls)	Keating (Clark (MA))	Rogers (KY) (Reschenthaler)
Chu (Clark (MA))	(MA))	Roybal-Allard (Levin (CA))
Cleaver (Davids (KS))	Kelly (IL)	Ruiz (Correa)
Clyburn (Panetta)	Kildee (Panetta)	Ruppersberger (Raskin)
Cohen (Beyer)	Kilmer (Bera)	Rush (Kaptur)
Costa (Correa)	Kinzinger (Meijer)	Schneider (Connolly)
Crawford	Kirkpatrick (Pallone)	Schrier (Spanberger)
(Stewart)	Krishnamoorthi (Bera)	Scott, David (Jeffries)
Crist (Soto)	Lawrence (Stevens)	Sires (Pallone)
Cuellar (Correa)	Lawson (FL) (Soto)	Swalwell (Gomez)
Davis, Danny K. (Garcia (IL))	Lee (CA) (Khanna)	Timmons (Armstrong)
DeFazio (Brown (MD))	Lofgren (Jeffries)	Titus (Connolly)
DeGette (Blunt Rochester)	Loudermilk (Fleischmann)	Trone (Brown (MD))
Demings (Soto)	Lowenthal (Beyer)	Van Drew (Reschenthaler)
DeSaulnier (Beyer)	Lynch (Trahan)	Vargas (Correa)
Doggett (Raskin)	Maloney,	Vela (Correa)
Doyle, Michael F. (Connolly)	Carolyn B. (Wasserman)	Velázquez (Clark (MA))
Duncan (Rice (SC))	Schultz	Waters (Takano)
Evans (Mfume)	McBath (Allred)	Watson Coleman (Pallone)
Fallon (Gooden)	McCollum (Blunt Rochester)	Welch (Raskin)
Fletcher (Allred)	McEachin	Wilson (FL)
Fortenberry (Moolenaar)	(Wexton)	Yarmuth
Frankel, Lois (Clark (MA))	Meng (Kuster)	
Garamendi (Sherman)	Moore (UT) (Meijer)	
Gohmert (Weber (TX))	Moore (WI) (Beyer)	
	Moulton (Clark (MA))	

The SPEAKER pro tempore (Ms. SCANLON). The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. BOST. 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.

The vote was taken by electronic device, and there were—yeas 265, nays 163, not voting 5, as follows:

[Roll No. 14]

YEAS—265

Adams	Fortenberry	Manning
Aguilar	Poster	Mast
Allred	Frankel, Lois	Matsui
Amodei	Gaetz	McBath
Auchincloss	Gallego	McCaul
Axne	Garamendi	McCollum
Barragán	Garbarino	McEachin
Bass	Garcia (CA)	McGovern
Beatty	Garcia (IL)	McKinley
Bera	Garcia (TX)	McNerney
Beyer	Golden	Meeks
Bilirakis	Gomez	Meijer
Bishop (GA)	Gonzalez (OH)	Meng
Blumenauer	Gonzalez,	Mfume
Blunt Rochester	Vicente	Miller-Meeks
Bonamici	Gottheimer	Moore (WI)
Bourdeaux	Green, Al (TX)	Morelle
Bowman	Grijalva	Moulton
Boyle, Brendan F.	Harder (CA)	Mrvan
Brown (MD)	Hartzler	Murphy (FL)
Brown (OH)	Hayes	Nadler
Brownley	Herrera Beutler	Napolitano
Bush	Higgins (NY)	Neal
Bustos	Himes	Neguse
Butterfield	Horsford	Newman
Calvert	Houlahan	Norcross
Carbajal	Hoyer	O'Halleran
Cárdenas	Huffman	Obernolte
Carson	Issa	Ocasio-Cortez
Carter (LA)	Jackson Lee	Omar
Cartwright	Jacobs (CA)	Pallone
Case	Jacobs (NY)	Panetta
Casten	Jayapal	Pappas
Castor (FL)	Jeffries	Pascrell
Castro (TX)	Johnson (GA)	Payne
Cherfilus-	Johnson (TX)	Pence
McCormick	Jones	Perlmutter
Chu	Joyce (OH)	Peters
Cicilline	Joyce (PA)	Phillips
Clark (MA)	Kahale	Pingree
Clarke (NY)	Kaptur	Pocan
Cleaver	Katko	Porter
Clyburn	Keating	Posey
Cohen	Keller	Pressley
Cole	Kelly (IL)	Price (NC)
Connolly	Kelly (PA)	Quigley
Cooper	Khanna	Raskin
Correa	Kildee	Reed
Courtney	Kilmer	Reschenthaler
Craig	Kim (CA)	Rice (NY)
Crist	Kim (NJ)	Ross
Crow	Kind	Roybal-Allard
Cuellar	Kinzinger	Ruiz
Curtis	Kirkpatrick	Ruppersberger
Davids (KS)	Krishnamoorthi	Rush
Davis, Danny K.	Kuster	Ryan
Dean	Lamb	Sánchez
DeFazio	Langevin	Sarbanes
DeGette	Larsen (WA)	Scanlon
DeLauro	Larson (CT)	Schakowsky
DeBene	Lawrence	Schiff
Delgado	Lawson (FL)	Schneider
Demings	Lee (CA)	Schrader
DeSaulnier	Lee (NV)	Schrier
Levin (CA)	Leger Fernandez	Scott (VA)
Levin (MI)	Levin (CA)	Scott, David
Lieu	Levin (MI)	Sewell
Lofgren	Lieu	Sherman
Long	Lofgren	Sherrill
Lowenthal	Long	Sires
Luria	Lowenthal	Slotkin
Lynch	Luria	Smith (NJ)
Malinowski	Lynch	Smith (WA)
Malliotakis	Malinowski	Soto
Maloney,	Maloney,	Spanberger
Carolyn B.	Maloney,	Speier
Maloney, Sean	Carolyn B.	Stansbury
	Maloney, Sean	Stanton

Steel	Torres (NY)	Waters
Stevens	Trahan	Watson Coleman
Strickland	Trone	Welch
Suoizzi	Underwood	Wexton
Swalwell	Upton	Wild
Takano	Valadao	Williams (GA)
Thompson (CA)	Vargas	Wilson (FL)
Thompson (MS)	Veasey	Wittman
Thompson (PA)	Vela	Yarmuth
Titus	Velázquez	Young
Tlaib	Walorski	Zeldin
Tonko	Wasserman	
Torres (CA)	Schultz	

NAYS—163

Aderholt	Franklin, C.	Miller (WV)
Allen	Scott	Moolenaar
Armstrong	Fulcher	Mooney
Arrington	Gallagher	Moore (AL)
Babin	Gibbs	Moore (UT)
Bacon	Gimenez	Mullin
Baird	Gohmert	Murphy (NC)
Balderson	Gonzales, Tony	Nehls
Banks	Good (VA)	Newhouse
Barr	Gooden (TX)	Owens
Bentz	Gosar	Palazzo
Bergman	Granger	Palmer
Bice (OK)	Graves (LA)	Perry
Bishop (NC)	Graves (MO)	Pfluger
Boebert	Green (TN)	Rice (SC)
Bost	Greene (GA)	Rodgers (WA)
Brady	Griffith	Rogers (AL)
Brooks	Grothman	Rogers (KY)
Buchanan	Guest	Rose
Buck	Guthrie	Rosendale
Bucshon	Hagedorn	Rouzer
Budd	Harris	Roy
Burchett	Harshbarger	Rutherford
Burgess	Hern	Salazar
Cammack	Herrell	Scalise
Carey	Hice (GA)	Schweikert
Carl	Higgins (LA)	Scott, Austin
Carter (GA)	Hill	Sessions
Carter (TX)	Hinson	Simpson
Cawthorn	Hudson	Smith (MO)
Chabot	Huizenga	Smith (NE)
Cheney	Jackson	Smucker
Cline	Johnson (LA)	Spartz
Cloud	Johnson (OH)	Stauber
Clyde	Johnson (SD)	Stefanik
Comer	Jordan	Steil
Crawford	Kelly (MS)	Steube
Crenshaw	Kustoff	Stewart
Davidson	LaHood	Taylor
Davis, Rodney	LaMalfa	Tenney
Diaz-Balart	Lamborn	Tiffany
Donalds	Latta	Timmons
Duncan	LaTurner	Turner
Dunn	Lesko	Van Drew
Ellzey	Letlow	Van Dyne
Emmer	Loudermilk	Wagner
Estes	Lucas	Walberg
Fallon	Luetkemeyer	Waltz
Feenstra	Mace	Weber (TX)
Ferguson	Mann	Webster (FL)
Fischbach	McCarthy	Wenstrup
Fitzgerald	McClain	Westerman
Fleischmann	McHenry	Williams (TX)
Foxx	Meuser	Wilson (SC)
	Miller (IL)	Womack

NOT VOTING—5

Biggs	Massie	Norman
Hollingsworth	McClintock	

□ 1135

Ms. GRANGER changed her vote from “yea” to “nay.”

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MEMBERS RECORDED PURSUANT TO HOUSE RESOLUTION 8, 117TH CONGRESS

Adams (Brown (MD))	Brownley (Kuster)	Clyburn (Panetta)
Bass (Cicilline)	Bush (Bowman)	Cohen (Beyer)
Beatty (Kuster)	Butterfield (Panetta)	Costa (Correa)
Blumenauer (Beyer)	Carter (LA) (Jeffries)	Crawford (Stewart)
Boyle, Brendan F. (Gallego)	Cawthorn (Nehls)	Crist (Soto)
Brown (OH) (Kaptur)	Chu (Clark (MA))	Cuellar (Correa)
	Cleaver (Davids (KS))	Davis, Danny K. (Garcia (IL))

DeFazio (Brown (MD))	Kinzinger (Meijer)	Pascarell (Pallone)
DeGette (Blunt Rochester)	Kirkpatrick (Pallone)	Payne (Pallone)
Demings (Soto)	Krishnamoorthi (Bera)	Pingree (Cicilline)
DeSaulnier (Beyer)	Lawrence (Stevens)	Pocan (Raskin)
Doggett (Raskin)	Lawson (FL) (Soto)	Porter (Wexton)
Doyle, Michael F. (Connolly)	Lee (CA) (Khanna)	Reed (Kelly (PA))
Duncan (Rice (SC))	Lofgren (Jeffries)	Rogers (KY) (Reschenthaler)
Evans (Mfume)	Loudermilk (Fleischmann)	Roybal-Allard (Levin (CA))
Fallon (Gooden)	Lowenthal (Beyer)	Ruiz (Correa)
Fletcher (Allred)	Lynch (Trahan)	Ruppersberger (Raskin)
Fortenberry (Moolenaar)	Maloney, Carolyn B. (Wasserman)	Rush (Kaptur)
Frankel, Lois (Clark (MA))	Schultz	Schneider (Connolly)
Garamendi (Sherman)	McBath (Allred)	Schrier (Spanberger)
Gohmert (Weber (TX))	McCollum (Blunt)	Scott, David (Jeffries)
Gonzalez, Vicente (Correa)	Rochester)	Sires (Pallone)
Gotthelmer (Panetta)	McEachin (Wexton)	Swallow (Gomez)
Granger (Calvert)	Meng (Kuster)	Timmons (Armstrong)
Grijalva (Garcia (IL))	Moore (UT) (Meijer)	Titus (Connolly)
Hagedorn (Carl)	Moore (WI) (Beyer)	Trone (Brown (MD))
Hayes (Clark (MA))	Moulton (Clark (MA))	Van Drew (Reschenthaler)
Higgins (NY) (Bowman)	Nadler (Pallone)	Vargas (Correa)
Jayapal (Raskin)	Napolitano (Correa)	Vela (Correa)
Keating (Clark (MA))	Neguse (Perlmutter)	Velázquez (Clark (MA))
Kelly (IL) (Kuster)	Newman (Clark (MA))	Waters (Takano)
Kildee (Panetta)	Ocasio-Cortez (Garcia (IL))	Watson Coleman (Pallone)
Kilmer (Bera)		Welch (Raskin)
		Wilson (FL) (Cicilline)

HONORING DETECTIVE JAMES STANKO

(Ms. WILD asked and was given permission to address the House for 1 minute.)

Ms. WILD. Mr. Speaker, I rise today to honor the life of Allentown Police Detective and Community Liaison Officer James Stanko, a man who dedicated his life's work to bridging the divide between police officers and the community they serve.

Officer Stanko died on Monday, a huge loss for our community, but his legacy lives on through the countless lives he touched.

Officer Stanko wasn't known for sitting idly at a desk. His passions lay out in the community where he was known for mentoring our kids, whether it was through coaching basketball, talking at schools, or offering life lessons at the children's clinic.

As someone who worked closely with him put it, "Our kids called him family." He was a calming, yet dependable force that everyone, especially our youth, could turn to for guidance and support.

Officer Stanko never stopped trying to achieve his ultimate goal of connecting the police department to the people that it serves.

Working as an Allentown police officer for 13 years, Stanko never wavered in his values of honesty, integrity, and, most notably, respect for others. I was inspired by his sincere love for public service, as well as his passion for our community that he was proud to call home. He will be deeply missed.

HONORING DIVISION CHAMPS CLINTON-MASSIE FALCONS

(Mr. CAREY asked and was given permission to address the House for 1 minute.)

Mr. CAREY. Mr. Speaker, as a Clinton County native, I rise today in honor of the 2021 Division IV Ohio high school football State champion, the Clinton-Massie Falcons.

On December 3, 2021, the Clinton-Massie Falcons defeated the Youngstown Ursuline Irish in a thrilling comeback victory that one would expect to see in a movie.

Trailing 28-7 late in the third quarter, the Falcons kept their poise and refused to be denied. They shut down the Irish offense while scoring on three straight possessions. The Falcon's final touchdown came on a fourth and goal from the 1-yard line with under 1 minute to play.

With the score 28-27, the team didn't think twice when given the choice. They went for 2 points and the win to bring home the school's third State championship in just under 10 years.

To Coach Dan McSurley and every player on the Falcon roster, congratulations. As a former captain of the East Clinton Astro football team, I understand the obstacles that you have had to overcome to earn this title. You have made our county proud and proven that hard work and determination truly pay off.

INVESTING IN INFRASTRUCTURE

(Mr. CÁRDENAS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CÁRDENAS. Mr. Speaker, thanks to President Biden's Infrastructure Investment and Jobs Act that I and many of us voted for, we are now putting those resources on the ground across America.

The first billions of dollars to go to California and every State in the Union are now being put in place to fix bridges. Next, we are going to fix our roads and build our infrastructure to electrify our system throughout the country.

These are the kinds of things that our voters sent us to Washington to do, to bring those resources back to every single community, every single one of our communities, and that is what we are doing here in Congress with a President who actually believes in the fundamentals of infrastructure and making sure that we put our American workers back to work to build our Nation as it should be and what we are so proud of.

We are the number one infrastructure place in the world, and we will continue to be so with these investments.

ONE YEAR OF CRISES

(Mr. THOMPSON of Pennsylvania asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of Pennsylvania. Mr. Speaker, today marks the 1-year anniversary of President Biden's inauguration and 1 year under one-party rule.

And I ask: Is America better off? The answer is no.

Since President Biden took office, we have seen crisis after crisis.

We are facing an economic crisis. President Biden and the Democrats had the tools to bring our economy back to the prepandemic records of 2019. But instead, we have massive supply shortages, labor shortages, and an inflation rate that has reached a 40-year high.

Our country faces an energy crisis. We went from being energy independent to begging OPEC+ to produce more oil to offset the rising costs. This is because of anti-American energy policies enacted over the past year.

Mr. Speaker, the list goes on: an education crisis as our youth continue to face uncertainty in the classroom; a national security crisis as our presence on the world stage has been weakened and our southern border remains vulnerable; and a crime crisis following dangerous defund the police rhetoric.

Mr. Speaker, this is not the leadership America needs right now. In fact, it is far from it.

□ 1145

INFRASTRUCTURE AND JOBS

(Ms. UNDERWOOD asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. UNDERWOOD. Mr. Speaker, today marks one year of Democrats in Congress working alongside the Biden-Harris administration on behalf of American families.

I am proud of what we have accomplished so far, including the once-in-a-generation investment in our roads and bridges made by the bipartisan infrastructure law. With nearly 2,500 bridges in poor condition, Illinois ranks third among States with crumbling bridge infrastructure. Thanks to the bipartisan infrastructure law, Illinois will receive \$1.4 billion to repair and rebuild these bridges, like the Blackberry Creek and Mendota railroad bridges in my district.

These upgrades will save Illinoisans money on costly car repairs and time on their daily commutes. This long-overdue investment will also connect our communities and support our supply chain, while creating good-paying jobs and spurring economic development.

With the partnership of the Biden-Harris administration, we have spent the last 365 days delivering for the American people. Our work is far from finished.