

wrongdoing to, responding to requests from, and cooperating with the Office of Inspector General.

(b) **EMPLOYEES.**—In carrying out subsection (a), the Secretary shall require—

(1) each employee of the Department who was employed by the Department on the day before the date of the enactment of this Act undergo the training required by subsection (a) not later than one year after the date of the enactment of this Act; and

(2) each employee of the Department who begins employment with the Department on or after the date of the enactment of this Act undergo the training required by subsection (a) not later than one year after the date on which the employment begins.

(c) **ELEMENTS.**—Training developed and required under subsection (a) shall include the following:

(1) Definition of the role, responsibilities, and legal authority of the Inspector General of the Department and the duties of employees of the Department for engaging with the Office of the Inspector General.

(2) Identification of the circumstances and mechanisms for reporting fraud, waste, abuse, and other wrongdoing to the Inspector General, including making confidential complaints to the Inspector General.

(3) Identification of the prohibitions and remedies that help to protect Department employees from retaliation when reporting wrongdoing to the Inspector General.

(4) Recognition of opportunities to engage with staff of the Office of the Inspector General to improve Department programs, operations, and services.

(d) **DESIGN AND UPDATE.**—The Inspector General of the Department shall design, and update as the Inspector General considers appropriate, the training developed and required by subsection (a).

(e) **SYSTEM.**—The Secretary shall provide, via the talent management system of the Department, or successor system, the training developed and required under subsection (a).

(f) **RELATION TO CERTAIN TRAINING.**—The Secretary shall ensure that training developed and required under subsection (a) is separate and distinct from training provided under section 733 of title 38, United States Code.

(g) **NOTICE TO EMPLOYEES.**—The Secretary shall ensure that the Inspector General is afforded the opportunity, not less frequently than twice each year and as frequently as the Inspector General considers appropriate under extraordinary circumstances, to use the electronic mail system of the Department to notify all authorized users of such system of the following:

(1) The roles and responsibilities of the employees of the Department when engaging with the Office of the Inspector General.

(2) The availability of training provided under subsection (a).

(3) How to access training provided under subsection (a).

(4) Information about how to contact the Office of the Inspector General, including a link to any website-based reporting form of the Office.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 6052.

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 in support of H.R. 6052, the Department of Veterans Affairs Office of Inspector General Training Act of 2021.

The VA's Office of Inspector General performs important oversight and investigations into a broad range of programs and spending by the Department.

Its work informs our committee's own oversight and has often formed the basis of our legislation. However, the Office of Inspector General relies on VA employees as a key source of information.

The better employees are at communicating with the OIG, the more effective the OIG is in carrying out oversight. That is why this bipartisan legislation introduced by Representatives UNDERWOOD and MCKINLEY is so important.

Their bill requires all VA employees to undergo training developed by the OIG relating to reporting wrongdoing, responding to OIG requests, and cooperating with OIG investigations.

This legislation is supported by The American Legion and Veterans of Foreign Wars, and I urge my colleagues to support it as well.

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

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

Mr. Speaker, I rise today in support of H.R. 6052, which requires VA employees to receive training on the work that the VA inspector general does. This training will help VA employees understand how to recognize and report instances of waste, fraud, and abuse, as well as their responsibility to comply with the investigations.

VA's budget request for fiscal year 2023 is over \$300 billion. Oversight of this Department's massive budget is a major priority of mine. This commonsense bill would lead to better oversight by informing all VA employees of their responsibility to identify and report fraud, waste, and abuse.

Mr. Speaker, I urge all of my colleagues to support the bill, and I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 3 minutes to the gentlewoman from Illinois (Ms. UNDERWOOD), the brilliant gentlewoman, my good friend, and author of H.R. 6052. She serves on the Veterans' Affairs Subcommittee on Health.

Ms. UNDERWOOD. Mr. Speaker, I thank the chairman for yielding.

Mr. Speaker, I rise today in strong support of H.R. 6052, the Department of Veterans Affairs Office of Inspector General Training Act of 2021.

The bipartisan VA OIG training act, which I introduced with Congressman DAVID MCKINLEY of West Virginia last fall, is a critical step to promote ac-

countability at VA and ensure our veterans are receiving the world-class care and benefits that they have earned.

This bill requires every current and future VA employee to participate in the VA's OIG training, which will ensure that staff are prepared to report fraud, waste, and patient abuse, and are aware of protections for employees who report wrongdoings.

An assessment of initiatives carried out by VA's OIG found that every dollar spent on oversight yielded a \$21 return on investment. Ensuring the OIG can carry out its crucial oversight work will save taxpayer dollars, while also improving care and ensuring that veterans receive every dollar and benefit that they have earned.

My commonsense, bipartisan bill codifies OIG's training requirement, which strengthens the Department's Office of the Inspector General, protects VA employees who report wrongdoing, and most importantly, honors the service and sacrifices of our veterans.

Mr. Speaker, I urge my colleagues on both sides of the aisle to vote for the Department of Veterans Affairs Office of Inspector General Training Act today. I thank Chairman TAKANO and Ranking Member BOST for their support to advance this legislation.

I also thank Representative MCKINLEY for co-leading the bill with me in the House, and Senators HASSAN and BOOZMAN for leading this bipartisan bill in the Senate.

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

Mr. TAKANO. Mr. Speaker, I ask all of my colleagues to join me in passing H.R. 6052, the Department of Veterans Affairs Office of Inspector General Training Act, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 6052.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROSENDALE. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

MAKING ADVANCES IN MAMMOGRAPHY AND MEDICAL OPTIONS FOR VETERANS ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2533) to improve mammography services furnished by the Department of Veterans Affairs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2533

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Making Advances in Mammography and Medical Options for Veterans Act”.

(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—SCREENING AND EARLY DETECTION

Sec. 101. Strategic plan for breast imaging services for veterans.

Sec. 102. Telescreening mammography pilot program of Department of Veterans Affairs.

Sec. 103. Upgrade of breast imaging at facilities of Department of Veterans Affairs to three-dimensional digital mammography.

Sec. 104. Study on availability of testing for breast cancer gene among veterans and expansion of availability of such testing.

Sec. 105. Mammography accessibility for paralyzed and disabled veterans.

Sec. 106. Report on access to and quality of mammography screenings furnished by Department of Veterans Affairs.

TITLE II—PARTNERSHIPS FOR RESEARCH AND ACCESS TO CARE

Sec. 201. Partnerships with National Cancer Institute to expand access of veterans to cancer care.

Sec. 202. Report by Department of Veterans Affairs and Department of Defense on interagency collaboration on treating and researching breast cancer.

TITLE I—SCREENING AND EARLY DETECTION

SEC. 101. STRATEGIC PLAN FOR BREAST IMAGING SERVICES FOR VETERANS.

(a) **IN GENERAL.**—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a strategic plan for improving breast imaging services for veterans.

(b) **ELEMENTS.**—The strategic plan required by subsection (a) shall—

(1) cover the evolving needs of women veterans;

(2) address geographic disparities of breast imaging furnished at a facility of the Department of Veterans Affairs and the use of breast imaging through non-Department providers in the community;

(3) address the use of digital breast tomosynthesis (DBT-3D breast imaging);

(4) address the needs of male veterans who require breast cancer screening services; and

(5) provide recommendations on—

(A) potential expansion of breast imaging services furnished at facilities of the Department, including infrastructure and staffing needs;

(B) the use of digital breast tomosynthesis;

(C) the use of mobile mammography; and

(D) other access and equity improvements for breast imaging.

SEC. 102. TELESCREENING MAMMOGRAPHY PILOT PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) **IN GENERAL.**—Commencing not later than 18 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall carry out a pilot program to provide telescreening mammography services for veterans who live in—

(1) States where the Department of Veterans Affairs does not offer breast imaging services at a facility of the Department; or

(2) locations where access to breast imaging services at a facility of the Department is difficult or not feasible, as determined by the Secretary.

(b) **DURATION.**—The Secretary shall carry out the pilot program under subsection (a) for a three-year period beginning on the commencement of the pilot program.

(c) **LOCATIONS.**—In carrying out the pilot program under subsection (a), the Secretary may use community-based outpatient clinics, mobile mammography, Federally qualified health centers (as defined in section 1861(aa)(4) of the Social Security Act (42 U.S.C. 1395x(aa)(4))), rural health clinics, critical access hospitals, clinics of the Indian Health Service, and such other sites as the Secretary determines feasible to provide mammograms under the pilot program.

(d) **SHARING OF IMAGES AND RESULTS.**—Under the pilot program under subsection (a)—

(1) mammography images generated shall be sent to a telescreening mammography center of the Department for interpretation by qualified radiologists; and

(2) results shall be shared with the veteran and their primary care provider in accordance with policies established by the Secretary.

(e) **REPORT.**—

(1) **IN GENERAL.**—Not later than one year after the conclusion of the pilot program under subsection (a), the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report evaluating the pilot program.

(2) **ELEMENTS.**—The report required by paragraph (1) shall include the following:

(A) An assessment of the quality of the mammography provided under the pilot program under subsection (a).

(B) Feedback from veterans and providers participating in the pilot program.

(C) A recommendation of the Secretary on the continuation or discontinuation of the pilot program.

SEC. 103. UPGRADE OF BREAST IMAGING AT FACILITIES OF DEPARTMENT OF VETERANS AFFAIRS TO THREE-DIMENSIONAL DIGITAL MAMMOGRAPHY.

Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs shall—

(1) upgrade all mammography services at facilities of the Department of Veterans Affairs that provide such services to use digital breast tomosynthesis technology, also known as three-dimensional breast imaging; and

(2) submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report—

(A) indicating that the upgrade under paragraph (1) has been completed; and

(B) listing the facilities or other locations of the Department at which digital breast tomosynthesis technology is used.

SEC. 104. STUDY ON AVAILABILITY OF TESTING FOR BREAST CANCER GENE AMONG VETERANS AND EXPANSION OF AVAILABILITY OF SUCH TESTING.

(a) **STUDY.**—

(1) **IN GENERAL.**—The Secretary of Veterans Affairs shall conduct a study on the availability of access to testing for the breast cancer gene for veterans diagnosed with breast cancer, as recommended by the guidelines set forth by the National Comprehensive Cancer Network.

(2) **ELEMENTS.**—In conducting the study under paragraph (1), the Secretary shall examine—

(A) the feasibility of expanding the Joint Medicine Service of the Department of Veterans Affairs to provide genetic testing and counseling for veterans with breast cancer across the country; and

(B) access to such testing and counseling for veterans living in rural or highly rural areas, and any gaps that may exist with respect to such access.

(b) **EXPANSION OF AVAILABILITY OF TESTING.**—

(1) **IN GENERAL.**—The Secretary shall update guidelines or institute new guidelines to increase the use of molecular testing and genetic counseling for veterans diagnosed with breast cancer, including veterans living in rural or highly rural areas.

(2) **DECISION SUPPORT TOOLS.**—In updating or instituting guidelines under paragraph (1), the Secretary may develop clinical decision support tools, such as clinical pathways, to facilitate delivery of breast cancer care that is in line with national cancer guidelines.

(c) **REPORT.**—Not later than two years after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on—

(1) the results of the study under subsection (a);

(2) any updates to guidelines or new guidelines instituted under subsection (b);

(3) breast cancer clinical pathways implemented by the Department of Veterans Affairs and the utilization of those pathways across the Department; and

(4) any progress of the Department in improving access to and usage of molecular and genetic testing among veterans diagnosed with breast cancer, including for veterans living in rural or highly rural areas.

(d) **DEFINITIONS.**—In this section, the terms “rural” and “highly rural” have the meanings given those terms in the Rural-Urban Commuting Areas coding system of the Department of Agriculture.

SEC. 105. MAMMOGRAPHY ACCESSIBILITY FOR PARALYZED AND DISABLED VETERANS.

(a) **STUDY.**—

(1) **IN GENERAL.**—The Secretary of Veterans Affairs shall conduct a study on the accessibility of breast imaging services at facilities of the Department of Veterans Affairs for veterans with paralysis, spinal cord injury or disorder (SCI/D), or another disability.

(2) **ACCESSIBILITY.**—The study required by paragraph (1) shall include an assessment of the accessibility of the physical infrastructure at breast imaging facilities of the Department, including the imaging equipment, transfer assistance, and the room in which services will be provided as well as adherence to best practices for screening and treating veterans with a spinal cord injury or disorder.

(3) **SCREENING RATES.**—

(A) **MEASUREMENT.**—The study required by paragraph (1) shall include a measurement of breast cancer screening rates for veterans with a spinal cord injury or disorder during the two-year period preceding the commencement of the study, including a breakout of the screening rates for such veterans living in rural or highly rural areas.

(B) **DEVELOPMENT OF METHOD.**—If the Secretary is unable to provide the measurement required under subparagraph (A), the Secretary shall develop a method to track breast cancer screening rates for veterans with a spinal cord injury or disorder.

(4) **REPORT.**—Not later than two years after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the findings of

the study required by paragraph (1), including—

(A) the rates of screening among veterans with a spinal cord injury or disorder, including veterans living in rural or highly rural areas, as required under paragraph (3)(A); or

(B) if such rates are not available, a description of the method developed to measure such rates as required under paragraph (3)(B).

(b) CARE FROM NON-DEPARTMENT PROVIDERS.—The Secretary shall update the policies and directives of the Department to ensure that, in referring a veteran with a spinal cord injury or disorder for care from a non-Department provider, the Secretary shall—

(1) confirm with the provider the accessibility of the breast imaging site, including the imaging equipment, transfer assistance, and the room in which services will be provided; and

(2) provide additional information to the provider on best practices for screening and treating veterans with a spinal cord injury or disorder.

(c) DEFINITIONS.—In this section, the terms “rural” and “highly rural” have the meanings given those terms in the Rural-Urban Commuting Areas coding system of the Department of Agriculture.

SEC. 106. REPORT ON ACCESS TO AND QUALITY OF MAMMOGRAPHY SCREENINGS FURNISHED BY DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act, the Inspector General of the Department of Veterans Affairs shall submit to the Secretary of Veterans Affairs, the Committee on Veterans' Affairs of the Senate, and the Committee on Veterans' Affairs of the House of Representatives a report on mammography services furnished by the Department of Veterans Affairs.

(b) ELEMENTS.—The report required by subsection (a) shall include an assessment of—

(1) the access of veterans to mammography screenings, whether at a facility of the Department or through a non-Department provider, including any staffing concerns of the Department in providing such screenings;

(2) the quality of such screenings and reading of the images from such screenings, including whether such screenings use three-dimensional mammography;

(3) the communication of the results of such screenings, including whether results are shared in a timely manner, whether results are shared via the Joint Health Information Exchange or another electronic mechanism, and whether results are incorporated into the electronic health record of the veteran;

(4) the performance of the Women's Breast Oncology System of Excellence of the Department; and

(5) the access of veterans diagnosed with breast cancer to a comprehensive breast cancer care team of the Department.

(c) FOLLOW-UP.—Not later than 180 days after the submittal of the report under subsection (a), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a plan to address the deficiencies identified in the report under subsection (a), if any.

TITLE II—PARTNERSHIPS FOR RESEARCH AND ACCESS TO CARE

SEC. 201. PARTNERSHIPS WITH NATIONAL CANCER INSTITUTE TO EXPAND ACCESS OF VETERANS TO CANCER CARE.

(a) ACCESS TO CARE IN EACH VISN.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall enter into a partnership with not fewer than one cancer center of the Na-

tional Cancer Institute of the National Institutes of Health in each Veterans Integrated Service Network of the Department of Veterans Affairs to expand access to high-quality cancer care for women veterans.

(2) TREATMENT OF RURAL VETERANS.—The Secretary, in carrying out partnerships entered into under paragraph (1), shall ensure that veterans with breast cancer who reside in rural areas or States without a cancer center that has entered into such a partnership with the Secretary are able to receive care through such a partnership via telehealth.

(b) REPORT ON PARTNERSHIP TO INCREASE ACCESS TO CLINICAL TRIALS.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on—

(1) how the Secretary will ensure that the advancements made through the existing partnership between the Department of Veterans Affairs and the National Cancer Institute to provide veterans with access to clinical cancer research trials (commonly referred to as “NAVIGATE”) are permanently implemented; and

(2) the determination of the Secretary of whether expansion of such partnership to more than the original 12 facilities of the Department that were selected under such partnership is feasible.

(c) PERIODIC REPORTS.—Not later than three years after the date of the enactment of this Act, and every three years thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report—

(1) assessing how the partnerships entered into under subsection (a)(1) have impacted access by veterans to cancer centers of the National Cancer Institute, including an assessment of the telehealth options made available and used pursuant to such partnerships; and

(2) describing the advancements made with respect to access by veterans to clinical cancer research trials through the partnership described in subsection (b)(1), including how many of those veterans were women veterans, minority veterans (including racial and ethnic minorities), and rural veterans, and identifying opportunities for further innovation.

SEC. 202. REPORT BY DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE ON INTERAGENCY COLLABORATION ON TREATING AND RESEARCHING BREAST CANCER.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in collaboration with the Secretary of Defense, shall submit to Congress a report on all current research and health care collaborations between the Department of Veterans Affairs and the Department of Defense on treating veterans and members of the Armed Forces with breast cancer.

(b) ELEMENTS.—The report required by subsection (a)—

(1) shall include a description of potential opportunities for future interagency collaboration between the Department of Veterans Affairs and the Department of Defense with respect to treating and researching breast cancer; and

(2) may include a focus on—

(A) with respect to women members of the Armed Forces with a diagnosis of or who are undergoing screening for breast cancer, transition of such members from receiving care from the Department of Defense to receiving care from the Department of Veterans Affairs;

(B) collaborative breast cancer research opportunities between the Department of Veterans Affairs and the Department of Defense;

(C) access to clinical trials; and

(D) such other matters as the Secretary of Veterans Affairs and the Secretary of Defense consider appropriate.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on S. 2533.

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 in strong support of S. 2533, Making Advances in Mammography and Medical Options for Veterans Act, or MAMMO Act, introduced by Senator TESTER.

This bill vastly improves the Department of Veterans Affairs' mammography services by updating policies and directives to ensure VA is not only following best practices, but also using the most advanced medical, diagnostic equipment and testing to aid in early detection and prevention of breast cancer.

Mr. Speaker, timeliness matters. By ensuring VA is using the best practices and most up-to-date technologies, we will help decrease the risk that women veterans—a group that is nearly twice as likely to develop breast cancer than their civilian counterparts—are misdiagnosed, or undiagnosed, for breast cancer.

Access to reliable mammograms at VA facilities is imperative in order to detect tumors years prior to physical touch detection. A veteran that receives an early diagnosis will have stronger treatment options and an increased likelihood of survival.

It is important to note that women are not the only veterans susceptible to breast cancer, men are increasingly at risk, too. This bill addresses the needs of male veterans who may require prompt breast cancer screening services.

In addition, this legislation calls on VA to collaborate with other Federal partners, such as the Department of Defense and the National Cancer Institute to enhance research and care for women veterans suffering from breast cancer.

The MAMMO Act has broad bipartisan support, and I thank Chairwoman BROWNLEY for her steadfast leadership on this issue and for introducing the House companion of this legislation with Dr. MILLER-MEEKS.

Additionally, numerous veteran service organizations, such as Iraq and Afghanistan Veterans of America,

Wounded Warrior Project, and The American Legion have voiced robust support for this legislation.

We cannot wait any longer to pass this critical piece of legislation. The MAMMO Act is essential for VA to provide high-quality, lifesaving care that veterans have not only earned but deserve.

Mr. Speaker, I urge the passage of this important piece of legislation, and I reserve the balance of my time.

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

Mr. Speaker, I rise in support of S. 2533, the MAMMO for Veterans Act. This bill requires VA to develop a plan to improve breast imaging services. It also establishes a breast imaging telehealth pilot program to better serve women veterans in areas where VA does not have significant capacity, including rural areas.

It also requires VA to upgrade breast imaging services at the VA facilities by using three-dimensional imaging and provide updated guidelines and genetic counseling for veterans diagnosed with breast cancer. Early detection is the key to fighting all forms of cancer, to include breast cancer.

VA should make every effort to ensure veterans with breast cancer receive cutting-edge care, both in screening and treatment.

I appreciate Senator TESTER and my friend and fellow veteran, Congresswoman MILLER-MEEKS, for their work on this important bill. It has my full support.

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

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

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

□ 1330

Mrs. MILLER-MEEKS. Mr. Speaker, I thank Ranking Member BOST for yielding me time to speak.

I rise today to express my support for S. 2533, the Making Advances in Mammography and Medical Options for Veterans Act. I am proud to co-lead the House companion of this important legislation with Congresswoman BROWNLEY. I also thank Senators TESTER and BOOZMAN for their work in passing this bill.

As a doctor and as a 24-year female veteran, I understand just how significant access to mammogram screenings can be. The VA has estimated that among the women enrolled in VA healthcare, about 700 female veterans are diagnosed with breast cancer each year, and the percentage of female veterans is only going to increase.

This bill will ensure that female veterans have the best access to high-quality care, especially for female veterans that live in rural areas who are disabled and who are paralyzed. This bill will also create a 3-year pilot program to provide tele mammography

screenings to female veterans and will upgrade the VA mammography imaging to three-dimensional breast imaging for VA hospitals. In addition, this bill will expand partnerships for care, research, and clinical trials with the NIH National Cancer Institute and the DOD.

Today, as a doctor and a former director of public health, I am proudly voting in support of the bipartisan and bicameral MAMMO for Veterans Act. This bill will enhance mammography and tele mammography screenings, and I urge all of my colleagues to vote in favor of S. 2533, Making Advances in Mammography and Medical Options for Veterans Act. I look forward to a strong bipartisan vote today and sending this bill to the President to become law.

Mr. TAKANO. Mr. Speaker, I have no further speakers, and I am prepared to close.

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

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

Mr. TAKANO. Mr. Speaker, I ask all my colleagues to join me in passing S. 2533. In the last vote, the gentleman from Montana went out of my line of sight, and I thought we were going to pass this on suspension. I plead with him, let MAMMO go, let MAMMO pass on voice. By allowing us to pass it on voice, everybody says "yes."

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, S. 2533.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. ROSENDALE. Mr. Speaker, on that I demand the yeas and nays.

PARLIAMENTARY INQUIRY

Mr. COHEN. Mr. Speaker, parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. COHEN. Mr. Speaker, what is the rule for having a vote not be done by voice vote but have to go to the floor for a recorded vote? Is it not a majority of the group necessary to have a hearing? The majority of a quorum, it is 20 percent of the quorum, I believe.

The SPEAKER pro tempore. Once again, the gentleman will please state his parliamentary inquiry.

Mr. COHEN. Mr. Speaker, my understanding is the rules require 20 percent of a quorum to be present to request and have a vote be done by the yeas and nays. Is that not accurate?

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are considered as ordered upon any demand for the yeas and nays.

Mr. COHEN. Mr. Speaker, on demand?

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

DR. KATE HENDRICKS THOMAS SUPPORTING EXPANDED REVIEW FOR VETERANS IN COMBAT ENVIRONMENTS ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2102) to amend title 38, United States Code, to direct the Under Secretary for Health of the Department of Veterans Affairs to provide mammography screening for veterans who served in locations associated with toxic exposure.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2102

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 "Dr. Kate Hendricks Thomas Supporting Expanded Review for Veterans In Combat Environments Act" or the "Dr. Kate Hendricks Thomas SERVICE ACT".

SEC. 2. REVISION OF BREAST CANCER MAMMOGRAPHY POLICY OF DEPARTMENT OF VETERANS AFFAIRS TO PROVIDE MAMMOGRAPHY SCREENING FOR VETERANS WHO SERVED IN LOCATIONS ASSOCIATED WITH TOXIC EXPOSURE.

(a) IN GENERAL.—Section 7322 of title 38, United States Code, is amended—

(1) in subsection (a), by striking "The" and inserting "IN GENERAL.—The";

(2) in subsection (b)—

(A) by striking "The" and inserting "STANDARDS FOR SCREENING.—The"; and

(B) in paragraph (2)(B), by inserting "a record of service in a location and during a period specified in subsection (d)," after "risk factors,"; and

(3) by adding at the end the following new subsections:

"(C) ELIGIBILITY FOR SCREENING FOR VETERANS EXPOSED TO TOXIC SUBSTANCES.—The Under Secretary for Health shall ensure that, under the policy developed under subsection (a), any veteran who, during active military, naval, or air service, was deployed in support of a contingency operation in a location and during a period specified in subsection (d), is eligible for a mammography screening by a health care provider of the Department.

"(d) LOCATIONS AND PERIODS SPECIFIED.—(1) The locations and periods specified in this subsection are the following:

"(A) Iraq during following periods:

"(i) The period beginning on August 2, 1990, and ending on February 28, 1991.

"(ii) The period beginning on March 19, 2003, and ending on such date as the Secretary determines burn pits are no longer used in Iraq.

"(B) The Southwest Asia theater of operations, other than Iraq, during the period beginning on August 2, 1990, and ending on such date as the Secretary determines burn pits are no longer used in such location, including the following locations:

"(i) Kuwait.

"(ii) Saudi Arabia.

"(iii) Oman.

"(iv) Qatar.

"(C) Afghanistan during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Afghanistan.