

Mr. BANKS. Mr. Speaker, I thank the chairman for yielding, and I appreciate his leadership on all issues related to our veterans in this great country. I appreciate the comments from the ranking member, as well, and his leadership of this committee over the last few years, too.

Mr. Speaker, this legislation is simple. It closes an unintentional loophole in the law that hurts many of our Nation's veterans. It would equalize the treatment of servicemembers and veterans who paid into the Montgomery GI Bill, or the MGIB, but later used the Post-9/11 GI Bill.

Presently, veterans may choose between the MGIB and the Post-9/11 GI Bill, both of which help pay for their education.

The MGIB requires a \$100 monthly fee for the first 12 months of Active Duty. The quirk is that \$1,200 is then refunded to servicemembers only as an attachment to their housing allowance. For veterans who do not receive a housing allowance from the VA, they also haven't been receiving the \$1,200 that they are entitled to.

This is a complicated issue that no one ever intended to happen, but this bill closes the loophole by directing the VA to make the repayment before the servicemember exhausts their education assistance.

I appreciate the support for the bill. I hope that the people's House will pass it today so that we can fix this unintentional problem and do something important to help our veterans.

Mr. TAKANO. Mr. Speaker, I have no further speakers.

Mr. Speaker, I ask all of my colleagues to join me to pass H.R. 502, as amended, and I yield back the balance of my time.

Mr. BOST. Mr. Speaker, once again, I encourage all Members to support this legislation. I also want to join with the ranking member in telling the Senate that this is a really good bill and that they should take it up right away. We want to encourage them to do that.

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 Illinois (Mr. BOST) that the House suspend the rules and pass the bill, H.R. 502, as amended.

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

A motion to reconsider was laid on the table.

#### DEPARTMENT OF VETERANS AFFAIRS CREATION OF ON-SITE TREATMENT SYSTEMS AFFORDING VETERANS IMPROVEMENTS AND NUMEROUS GENERAL SAFETY ENHANCEMENTS ACT

Mr. BOST. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 753) to direct the Secretary of Veterans Affairs to use on-site regu-

lated medical waste treatment systems at certain Department of Veterans Affairs facilities, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 753

*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 "Department of Veterans Affairs Creation of On-Site Treatment Systems Affording Veterans Improvements and Numerous General Safety Enhancements Act" or the "VA COST SAVINGS Enhancements Act".

#### SEC. 2. USE OF ON-SITE REGULATED MEDICAL WASTE TREATMENT SYSTEMS AT DEPARTMENT OF VETERANS AFFAIRS FACILITIES.

(a) IDENTIFICATION OF FACILITIES.—The Secretary of Veterans Affairs shall identify Department of Veterans Affairs facilities that would benefit from cost savings associated with the use of an on-site regulated medical waste treatment system over a five-year period.

(b) REGULATED MEDICAL WASTE COST ANALYSIS MODEL.—For purposes of carrying out subsection (a), the Secretary shall develop a uniform regulated medical waste cost analysis model to be used to determine the cost savings associated with the use of an on-site regulated medical waste treatment system at Department facilities. Such model shall be designed to calculate savings based on—

(1) the cost of treating regulated medical waste at an off-site location under a contract with a non-Department entity; compared to

(2) the cost of treating regulated medical waste on-site, based on the equipment specification of treatment system manufacturers, with capital costs amortized over a ten-year period.

(c) INSTALLATION.—At each Department facility identified under subsection (a), the Secretary shall secure, install, and operate an on-site regulated medical waste treatment system.

(d) REGULATED MEDICAL WASTE DEFINED.—In this section, the term "regulated medical waste" has the meaning given such term under section 173.134(a)(5) of title 49, Code of Federal Regulations, concerning regulated medical waste and infectious substances, or any successor regulation, except that, in the case of an applicable State law that is more expansive, the definition in the State law shall apply.

#### SEC. 3. NO ADDITIONAL FUNDS AUTHORIZED.

No additional funds are authorized to be appropriated to carry out the requirements of this Act.

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

The Chair recognizes the gentleman from Illinois.

#### GENERAL LEAVE

Mr. BOST. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks on H.R. 753, as amended.

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

There was no objection.

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

Mr. Speaker, I rise today in support of my bill, H.R. 753, as amended, the VA COST SAVINGS Enhancements Act. I am proud to reintroduce this bill this Congress.

This bill will require the VA to conduct a medical waste cost analysis at VA medical centers nationwide. This would identify VA facilities where it would be more cost-effective to install waste incinerators on-site rather than contracting a third party to ship medical waste to be destroyed off-site.

Only around 20 percent of our VA facilities have a medical waste system installed. My bill would change that. In return, it will save VA tens of millions of dollars annually.

By supporting my bill, we would create a safer and cleaner environment at our VA hospitals. We would also be better stewards of taxpayers' dollars without diminishing services to our veterans.

Our Nation's veterans deserve the safest medical practices, and nothing, including waste management, should fall short of that. This bill is a win-win.

Mr. Speaker, I urge all of my colleagues to join me today in support of H.R. 753, as amended, and I reserve the balance of my time.

□ 1715

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

Mr. Speaker, I rise in support of H.R. 753, as amended, the VA COST SAVINGS Enhancements Act. This bill will require the Secretary of Veterans Affairs to develop an analytical model to compare the costs of off-site versus on-site regulated medical waste treatment.

The VA will further be required to install on-site regulated medical waste treatment systems at VA facilities that would realize cost savings within a 5-year period.

Regulated medical waste is any type of waste generated by healthcare facilities that may be contaminated by blood, bodily fluids, or other potentially infectious materials. There are Federal and State requirements governing how it must be handled and how it may be transported given the infection transmission risks it poses.

On-site regulated medical waste sterilization systems would enable VA medical facilities to treat and compact this waste before it is transported off-site for disposal. There are potential cost savings associated with being able to sterilize and compact medical waste before it is taken off-site.

Trucking costs are higher for untreated medical waste because of all the precautions that must be taken to comply with applicable State and Federal regulations when transporting it, and because it takes more trucks to move the waste if it is not compacted first.

Mr. Speaker, in closing, I urge my colleagues to join me in supporting H.R. 753, as amended, and I yield back the balance of my time.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. BOST) that the House suspend the rules and pass the bill, H.R. 753, as amended.

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

The yeas and nays were ordered.

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

## REMOVING EXTRANEEOUS LOOPHOLES INSURING EVERY VETERAN EMERGENCY ACT

Mr. BOST. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 815) to amend title 38, United States Code, to make certain improvements relating to the eligibility of veterans to receive reimbursement for emergency treatment furnished through the Veterans Community Care program, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 815

*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 “Removing Extraneous Loopholes Insuring Every Veteran Emergency Act” or the “RELIEVE Act”.

### SEC. 2. ELIGIBILITY REQUIREMENTS FOR REIMBURSEMENT FOR EMERGENCY TREATMENT FURNISHED TO VETERANS.

(a) ELIGIBILITY REQUIREMENTS.—Section 1725(b)(2)(B) of title 38, United States Code, is amended by inserting “, unless such emergency treatment was furnished during the 60-day period following the date on which the veteran enrolled in the health care system specified in subparagraph (A), in which case no requirement for prior receipt of care shall apply” before the period.

(b) APPLICABILITY.—The amendment made by subsection (a) shall apply with respect to emergency treatment furnished on or after the date that is one year after the date of the enactment of this Act.

### SEC. 3. MODIFICATION OF CERTAIN HOUSING LOAN FEES.

The loan fee table in section 3729(b)(2) of title 38, United States Code, is amended by striking “November 14, 2031” each place it appears and inserting “December 28, 2031”.

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

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. BOST. Mr. Speaker, I ask unanimous consent that all Members have 5

legislative days in which to revise and extend their remarks on H.R. 815, as amended.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 815, the RELIEVE Act, as amended.

This bill would close a loophole by covering emergency room medical expenses for veterans that are newly enrolled in VA care.

Under current law, VA does not reimburse veterans for emergency care received in the community if they have not visited a VA facility within 2 years. This policy includes veterans who are newly enrolled in the VA healthcare system but may not be considered active patients.

As a result, inactive veteran patients and their families could be met with undue payment burdens if they receive urgent medical treatment outside the VA.

Representative McMORRIS RODGERS’ bill, H.R. 815, as amended, will correctly close this gap in emergency room services. This will help those in need at their most vulnerable time by extending VA reimbursement for 60 days after the veteran’s enrollment in the VA healthcare.

As chairman of the Veterans’ Affairs Committee and a veteran, I have heard from fellow veterans who have been wrongfully affected by this confusing policy. One of my top priorities in Congress is to ensure that veterans receive necessary care without worrying about payment burdens and bureaucratic red tape.

I thank the gentlewoman from Washington (Mrs. RODGERS), the gentleman from Michigan (Mr. BERGMAN), and the gentleman from New Hampshire (Mr. PAPPAS) for introducing this common-sense legislation that takes care of our Nation’s veterans by making sure they receive the care that they deserve.

Mr. Speaker, I urge all of my colleagues to support H.R. 815, as amended, and I reserve the balance of my time.

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

Mr. Speaker, I rise in support of H.R. 815, the RELIEVE Act, as amended, which is sponsored by Representative McMORRIS RODGERS and cosponsored by our committee members, Representatives PAPPAS and BERGMAN.

It will address a gap for a small population of veterans who first enrolled in VA healthcare within the last 60 days to be covered for emergency care in the community, even if they have not received any services from a VA provider.

Existing VA authorities for coverage of emergency care in the community are extremely complex. They are also not well understood by veterans, who often end up blindsided by massive medical bills that they can’t afford.

Under current law, VA can only cover emergency care in the community for a nonservice-connected condition if the veteran was enrolled in VA healthcare and had used VA care within the 24 months before the emergency care episode.

This bill would make an exception for veterans who first enrolled in VA healthcare within 60 days before their emergency care episode. Such veterans may not have had a reason to use VA care yet or they may have experienced a wait time for a routine appointment.

Mr. Speaker, I urge my colleagues to join me in supporting H.R. 815, as amended, which will help ensure veterans who are new to VA healthcare will be covered for unexpected medical emergencies.

I also highlight a new meaningful benefit for veterans who are experiencing acute suicidal crises. It is important for veterans and their families and caregivers to know that VA has now implemented legislation I championed to remove cost from the equation when veterans are in imminent risk of self-harm.

VA will now fully cover up to 30 days of inpatient or residential care or up to 90 days of outpatient care for veterans who are experiencing an acute suicidal crisis, regardless of whether the veteran has ever enrolled in or used VA healthcare benefits. Any veteran experiencing a mental health crisis should call 988 and press 1 to speak with a trained professional from the Veterans Crisis Line.

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

Mr. BOST. Mr. Speaker, I yield 1 minute to the gentlewoman from Washington (Mrs. RODGERS).

Mrs. RODGERS of Washington. Mr. Speaker, I rise in support of the RELIEVE Act. I introduced this bill after a veteran from Spokane reached out for my help. She had recently retired from service and was days away from her first VA appointment when she had a heart attack.

She was rushed to the ER, where she made a full recovery, but the VA refused to pay for her care.

Why? Because she hadn’t seen a VA doctor in the last 24 months.

It didn’t matter that she had just enrolled or that many VA facilities have 30- to 60-day delays. They denied her the coverage she needed, and her bills were piling up.

The RELIEVE Act would make this right. It waives the 24-month rule for 60 days, giving veterans time to establish care and ensure that they qualify for outside emergency coverage.

I am grateful to the leadership of the committee, as well as my colleagues, JACK BERGMAN and CHRIS PAPPAS, for helping lead this bill to help eliminate the emergency coverage gap. I urge my colleagues to join in giving veterans the treatment that they have earned.

Mr. TAKANO. Mr. Speaker, I yield 5 minutes to the gentleman from New Hampshire (Mr. PAPPAS), the ranking