

forces them to choose between the significant benefit of being able to accept tax-deductible donations for serving the 2.4 million veterans who do not meet the definition of wartime veterans.

It is long past time that we fix this antiquated provision in the tax code by updating the definition of charitable contributions so that it includes congressionally chartered veterans service organizations. The VETTT Act would do exactly that, ending an unfair tax on Americans who donate to these deserving VSOs.

This legislation is supported by a host of VSOs, including AMVETS, The American Legion, Fleet Reserve Association, Jewish War Veterans of the USA, Military Order of the World Wars, Non Commissioned Officers Association, U.S. Coast Guard Chief Petty Officers Association, and TREA: The Enlisted Association.

I thank my partner on this bill, Representative JIMMY PANETTA, who has been a tremendous advocate for veterans in Congress and who I have been proud to work with on this bill and other legislation, especially concerning veterans.

I would be remiss if I didn't share my appreciation for our former colleague, Representative RON KIND, who was the Democrat lead on this bill in previous Congresses.

Mr. Speaker, I urge all my colleagues to support this bill and fix this error in the tax code for the benefit of our veteran community.

Mr. DAVIS of Illinois. Mr. Speaker, I have no further requests for time, and I am prepared to close.

Mr. Speaker, I thank all of my colleagues for their work on this legislation, especially Mr. PANETTA and Dr. Wenstrup.

Again, if there is any group who could expect and should expect the greatest efforts to make sure that they are protected, it is our veterans.

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

Mr. SMITH of Missouri. Mr. Speaker, there is a reason this bill passed the Ways and Means Committee 42-0. There is no denying this is the right thing to do. I urge all my colleagues to vote "yes," and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Missouri (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 1432, 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.

CHRONIC DISEASE FLEXIBLE COVERAGE ACT

Mr. SMITH of Missouri. Mr. Speaker, I move to suspend the rules and pass

the bill (H.R. 3800) to codify Internal Revenue Service guidance relating to treatment of certain services and items for chronic conditions as meeting the preventive care deductible safe harbor for purposes of high deductible health plans in connection with health savings accounts, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3800

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 "Chronic Disease Flexible Coverage Act".

SEC. 2. SERVICES AND ITEMS FOR CHRONIC CONDITIONS TREATED AS PREVENTIVE CARE.

(a) *IN GENERAL.*—The additional preventive care services and items for chronic conditions that may be treated as preventive care for purposes of section 223(c)(2)(C) of the Internal Revenue Code of 1986 as set forth in IRS Notice 2019-45 shall have the same force and effect as if included in the enactment of this Act.

(b) *NO INFERENCE.*—To the extent not inconsistent with this section, no inference shall be made from subsection (a) with respect to such other rules or guidance as the Secretary has provided, or may provide, with respect to preventive services for purposes of section 223(c)(2)(C) of such Code.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Missouri (Mr. SMITH) and the gentleman from Illinois (Mr. DAVIS) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri.

GENERAL LEAVE

Mr. SMITH of Missouri. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

Mr. SMITH of Missouri. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, 6 in 10 Americans live with at least one chronic disease, such as heart disease, cancer, or diabetes. Nearly 90 percent of the \$4.1 trillion in annual healthcare spending in this country goes toward the treatment of patients with chronic diseases.

Part of improving the delivery of healthcare in America must be expanding the opportunity for folks to better manage their chronic health conditions so that they can live longer, healthier lives, and we can bring down the financial impact of healthcare on individuals, families, businesses, and the government.

The Chronic Disease Flexible Coverage Act, introduced by Ways and Means colleagues Dr. WENSTRUP and Representative BLUMENAUER, will expand treatment and disease management options by allowing employers that offer high-deductible healthcare plans to also offer predeductible coverage, otherwise known as first-dollar

coverage, for 14 chronic healthcare services.

Those services include beta blockers for patients with congestive heart failure, blood pressure monitors for patients with high blood pressure, inhalers for patients with asthma, and cholesterol drugs and testing for patients with heart disease. The list does not have to end there. In fact, the bill also allows for that list of covered services to be expanded in the future.

The Chronic Disease Flexible Coverage Act actually codifies a Trump administration policy that will incentivize employers to offer coverage for these services so that they can lower healthcare costs for their workers and their businesses.

High-deductible health plans are a great option for employers and employees looking for more affordable coverage, and this bill will make them even more beneficial to individuals with chronic disease.

Flexibilities like these in care delivery and coverage options are key to improving patient outcomes, and I encourage all of my colleagues to support this legislation.

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

Mr. DAVIS of Illinois. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the Chronic Disease Flexible Coverage Act is sponsored by Dr. WENSTRUP and Representative EARL BLUMENAUER. I thank my colleague Dr. WENSTRUP and my friend EARL BLUMENAUER for their tireless work in healthcare and on healthcare issues.

As EARL prepares to retire, I recognize that he has long been a champion for improving care and services for those with chronic illnesses. I will miss his leadership on the Ways and Means Committee and in Congress.

While I voted against the bill in committee, I do understand the principle about trying to protect people from high out-of-pocket costs. This bill codifies the safe harbor for preventive services for high-deductible plans that offer additional preventive benefits predeductible.

Given that the bill codifies the regulation, it is not making a new policy or giving Americans any protections they don't currently enjoy.

While I understand the desire to help workers stuck in high-deductible plans, we really need to look at the impact high-deductible plans are having on patients and families and how they contribute to medical debt.

More than 100 million Americans are saddled with medical debt that can often be as a result of plans with high deductibles. We know out-of-pocket costs deter Americans from getting the care that they need, and we must change that.

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

Mr. SMITH of Missouri. Mr. Speaker, I yield such time as he may consume to

the gentleman from Ohio (Mr. WENSTRUP).

Mr. WENSTRUP. Mr. Speaker, I thank the chairman for yielding.

I rise today in support of H.R. 3800, the Chronic Disease Flexible Coverage Act. I am proud to lead this bill with my colleague EARL BLUMENAUER.

As a physician, I have seen firsthand the impact that chronic disease is having on patients. Six in ten Americans live with at least one chronic disease. According to the CDC, approximately 90 percent of the United States' healthcare spending is attributed to managing and treating patients with chronic diseases and mental health conditions.

Clearly, we must take action to help Americans living with chronic disease better manage and treat their conditions. This bill would give employers who offer high-deductible health plans the option to cover 14 chronic care management medical services before an individual reaches their deductible.

In doing this, this bill allows employers the flexibility that helps incentivize their employees to adhere to services that help manage their chronic condition and keep them healthier. This is a win-win-win. It is a win for the patient, a win for the employer, and a win for our Nation, where we manage healthy patients and keep them healthy so that they will be able to go to work and live a full life.

Surveys show that when you offer employers the opportunity to expand predeductible services, they see the value in doing so and choose to give their employees that very opportunity.

Every American deserves to live a healthy life or as healthy as possible considering their health situation. This bill would help Americans do just that, by better managing and treating chronic conditions that affect so many of our fellow citizens.

Patients are served well when their disease is treated before it progresses and gets worse. When patients with chronic disease can access care sooner, they can stay healthier longer. A healthy nation is a strong nation.

Mr. Speaker, I urge my colleagues to vote "yes" on this bill.

Mr. DAVIS of Illinois. Mr. Speaker, I have no further speakers. I yield back the balance of my time.

Mr. SMITH of Missouri. Mr. Speaker, this legislation was approved by the Ways and Means Committee with overwhelming bipartisan support, and I hope we can show that same level of support here today. I yield back the balance of my time.

The SPEAKER pro tempore (Mr. EDWARDS). The question is on the motion offered by the gentleman from Missouri (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 3800, 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.

□ 1700

FISCAL YEAR 2024 VETERANS AFFAIRS MAJOR MEDICAL FACILITY AUTHORIZATION ACT

Mr. BOST. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6324) to authorize major medical facility projects for the Department of Veterans Affairs for fiscal year 2024, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6324

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 "Fiscal Year 2024 Veterans Affairs Major Medical Facility Authorization Act".

SEC. 2. AUTHORIZATION OF MAJOR MEDICAL FACILITY PROJECTS OF DEPARTMENT OF VETERANS AFFAIRS FOR FISCAL YEAR 2024.

(a) IN GENERAL.—The Secretary of Veterans Affairs may carry out the following major medical facility projects in fiscal year 2024 at the locations specified and in an amount for each project not to exceed the amount specified for such location:

(1) Construction of a new specialty care building 201, renovation of building 18, and expansion of parking facilities in American Lake, Washington, in an amount not to exceed \$155,600,000.

(2) Expansion of clinical space for mental health, expansion of parking facilities, and land acquisition in Dallas, Texas, in an amount not to exceed \$93,100,000.

(3) Construction of a new health care center and utility plant in El Paso, Texas, in an amount not to exceed \$759,200,000.

(4) Replacement of community living center and expansion of parking facilities in Perry Point, Maryland, in an amount not to exceed \$274,310,000.

(5) Seismic retrofit and renovation of buildings 100 and 101, roadway and site improvements, construction of a new specialty care facility, and demolition and expansion of parking facilities in Portland, Oregon, in an amount not to exceed \$613,000,000.

(6) Initiation of replacement of the medical center of the Sierra Nevada Health Care System of the Department of Veterans Affairs, including land acquisition and preliminary site work, in Reno, Nevada, in an amount not to exceed \$223,800,000.

(7) Construction of a new spinal cord injury building, partial renovation of building 1, parking facilities, central utility plant upgrades, and the seismic retrofit of the existing spinal cord injury building 11 at the San Diego Health Care System of the Department in San Diego, California, in an amount not to exceed \$311,700,000.

(8) Construction of a new research facility, parking structure, and demolition in San Francisco, California, in an amount not to exceed \$264,500,000.

(9) Seismic corrections for building 1, construction of a new administrative building, and expansion of the outpatient clinic and parking structure in San Juan, Puerto Rico, in an amount not to exceed \$370,370,000.

(10) Phase 1 of the replacement of bed tower, expansion of clinical building, consolidation of administrative building and warehouse, water tower, and new utility plant and parking garages in St. Louis, Missouri, in an amount not to exceed \$135,340,000.

(11) Construction of a new surgical and clinical space tower, renovation of buildings 1 and 2, and demolition in West Haven, Con-

necticut, in an amount not to exceed \$153,128,000.

(b) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2024 or the year in which funds are appropriated for the Construction, Major Projects account, \$3,354,048,000 for the projects authorized in subsection (a).

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 may have 5 legislative days in which to revise and extend their remarks on H.R. 6324, 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. 6324, as amended. H.R. 6324 will authorize major VA medical construction projects in Washington, Texas, Maryland, Oregon, Nevada, California, Missouri, Connecticut, and Puerto Rico.

Updating VA's aging infrastructure is a constant process. In order to best serve our Nation's veterans and provide them with the modern healthcare that they deserve, it is essential that we fund projects like these.

The projects in this bill include new healthcare centers, a community living center, specialty care buildings, mental health clinics, research facilities, and others. The average VA medical center is decades older than the average private hospital.

I still believe the best way to solve the problem would be to align spending on VA facilities with the veteran population. Unfortunately, that is not being taken care of in the Senate. We have passed it out of here.

We also need to fund the construction projects VA is requesting right now. This legislation would deliver new facilities in communities throughout the country.

I recognize the work of my colleagues on both sides of the aisle for helping with this legislation and bringing this bill to the floor on behalf of our Nation's veterans.

Mr. Speaker, I urge my colleagues to support H.R. 6324, 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 to express my support for H.R. 6324, the Fiscal Year 2024 Veterans Affairs Major Medical Facility Authorization Act, as amended.

I have always supported providing sufficient funding for VA construction projects which make critical investments in improving veterans' access to healthcare and modernizing the facilities where they receive their care.