

noted in his statement, this bill passed the House the last Congress by a bipartisan vote of 397–1. I hope Members will once again express their support for the men and women who protect us every day by voting for this bill.

I want to thank my ranking member for his dedication and his commitment to protecting the protectors, as he so eloquently stated, and we certainly request that our fellow Members support this bill.

I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 1791, the Medical Preparedness Allowable Use Act for two reasons.

First, the bill will save lives. Second, the legislation is necessary to support the vital work of first responders in the event of a biological and chemical terrorists attack or incident.

The legislation provides for the development and maintenance of an initial pharmaceutical stockpile, including medical kits, and diagnostics sufficient to protect first responders, their families, and immediate victims from a chemical or biological event.

The Medical Preparedness Allowable Use Act will amend the Homeland Security Act of 2002 to authorize the use of Urban Area Security Initiative and State Homeland Security Grant Program funding for enhancing medical preparedness, medical surge capacity, and mass prophylaxis capabilities.

This legislation ensures that first responders have necessary medicines and treatments to protect themselves, their families and those within their vicinity immediately should a biological and chemical terrorist attack occurs.

In short, first responders will not be able to do the work of saving lives if they fall victim to an attack or are distracted by worry regarding how their family may be fairing during a biological or chemical attack should one occur.

First responders often include law enforcement officers, fire fighters, and emergency medical personnel.

The city of Houston covers over a 1000 square mile region in Southeast Texas. It has an evening population of nearly two million people and over three million during the day when commuters are in the city.

There are 103 fire stations that serve the city of Houston with most offering ambulance or medic support, but there is only one station, Number 22, that specializes in hazardous material.

In the city of Houston one out of every ten citizens use Emergency Management Services (EMS) and within a year there are over 200,000 EMS incidents involving over 225,000 patients or potential patients.

EMS response services have 88 City of Houston EMS vehicles, with just under fifty percent staffed by two paramedics and can provide Advanced Life Support (ALS) to patients.

These consist of 15 ALS Squads, and 22 ALS transport units with eight functioning in a "Dual" capacity as both Advanced Life Support and Basic Life Support (BLS).

The remaining fifty-one transport units are Basic Life Support (BLS), and staffed by two Emergency Medical Technicians.

Law enforcement agencies that serve the city of Houston include the Houston Police Department, Harris County Sheriff's Department, Harris County Constables, Port of Houston Authority Police and Corrections Officers.

Because of the nature of chemical or biological terrorist attacks mass casualties are the objective and the impressive resources of our nation's 4th largest city would likely be overwhelmed immediately should an attack occur it is important to provide them with the resources provided by this legislation.

The prepositioning of resources in the form of medicines that can support pulmonary respiratory function or arrest neurological damage as a result of poisoning lives can be saved that could otherwise be lost. This bill can reduce deaths and give victims the greatest chance for survival and recovery.

Emergency responders because of this bill would have treatments in the communities where they serve and live to help neighbors, coworkers, and people who are immediate need to live saving help.

As a senior member of the House Homeland Security Committee, I am mindful of the need for our first responders to be prepared and well trained to manage a wide range of potential threats both conventional and unconventional.

This bill offers one more resource that will be available to first responders to do the work they have dedicated their lives to doing—saving lives.

I urge my colleagues to join me in supporting H.R. 1791, the Medical Preparedness Allowable Use Act for two reasons.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Indiana (Mrs. BROOKS) that the House suspend the rules and pass the bill, H.R. 1791, 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.

Mrs. BROOKS of Indiana. 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.

□ 1715

GI BILL TUITION FAIRNESS ACT OF 2013

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 357) to amend title 38, United States Code, to require courses of education provided by public institutions of higher education that are approved for purposes of the educational assistance programs administered by the Secretary of Veterans Affairs to charge veterans tuition and fees at the in-State tuition rate, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 357

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 "GI Bill Tuition Fairness Act of 2013".

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

Sec. 1. Short title; table of contents.

Sec. 2. References to title 38, United States Code.

Sec. 3. Scoring of budgetary effects.

Sec. 4. Approval of courses of education provided by public institutions of higher education for purposes of All-Volunteer Force Educational Assistance Program and Post-9/11 Educational Assistance conditional on in-State tuition rate for veterans.

Sec. 5. Clarification of eligibility for services under the Homeless Veterans Reintegration Program.

Sec. 6. Extension of eligibility period for vocational rehabilitation programs.

Sec. 7. Work-study allowance.

Sec. 8. Responsibilities of the Directors of Veterans' Employment and Training.

Sec. 9. Contents of Transition Assistance Program.

Sec. 10. Rounding down of increase in rates of disability compensation and dependency and indemnity compensation.

Sec. 11. Limitation on performance awards in the senior executive service.

Sec. 12. Semiannual reports to Congress on cost of certain travel.

Sec. 13. Report of infectious disease at medical facilities of Department of Veterans Affairs.

Sec. 14. Prohibition of visual recording without informed consent.

Sec. 15. Two-month extension of Veterans Retraining Assistance Program.

SEC. 2. REFERENCES TO TITLE 38, UNITED STATES CODE.

Except as otherwise expressly provided, whenever in this Act an amendment or repeal is expressed in terms of an amendment to, or a repeal of, a section or other provision, the reference shall be considered to be made to a section or other provision of title 38, United States Code.

SEC. 3. SCORING OF BUDGETARY EFFECTS.

The budgetary effects of this Act, for the purpose of complying with the Statutory Pay-As-You-Go Act of 2010, shall be determined by reference to the latest statement titled "Budgetary Effects of PAYGO Legislation" for this Act, submitted for printing in the Congressional Record by the Chairman of the House Budget Committee, provided that such statement has been submitted prior to the vote on passage.

SEC. 4. APPROVAL OF COURSES OF EDUCATION PROVIDED BY PUBLIC INSTITUTIONS OF HIGHER EDUCATION FOR PURPOSES OF ALL-VOLUNTEER FORCE EDUCATIONAL ASSISTANCE PROGRAM AND POST-9/11 EDUCATIONAL ASSISTANCE CONDITIONAL ON IN-STATE TUITION RATE FOR VETERANS.

(a) IN GENERAL.—Section 3679 is amended by adding at the end the following new subsection:

"(c)(1) Notwithstanding any other provision of this chapter and subject to paragraphs (3) through (6), the Secretary shall disapprove a course of education provided by a public institution of higher education to a covered individual pursuing a course of education with educational assistance under chapter 30 or 33 of this title while living in the State in which the public institution of higher education is located if the institution charges tuition and fees for that course for the covered individual at a rate that is higher than the rate the institution charges for tuition and fees for that course for residents of the State in which the institution is located, regardless of the covered individual's State of residence.

“(2) For purposes of this subsection, a covered individual is a veteran who was discharged or released from a period of not fewer than 90 days of service in the active military, naval, or air service less than three years before the date of enrollment in the course concerned

“(3) If after enrollment in a course of education that is subject to disapproval under paragraph (1) a covered individual pursues one or more courses of education at the same public institution of higher education while remaining continuously enrolled (other than during regularly scheduled breaks between courses, semesters or terms) at that institution of higher education, any course so pursued by the covered individual at that institution of higher education while so continuously enrolled shall also be subject to disapproval under paragraph (1).

“(4) It shall not be grounds to disapprove a course of education under paragraph (1) if a public institution of higher education requires a covered individual pursuing a course of education at the institution to demonstrate an intent, by means other than satisfying a physical presence requirement, to establish residency in the State in which the institution is located, or to satisfy other requirements not relating to the establishment of residency, in order to be charged tuition and fees for that course at a rate that is equal to or less than the rate the institution charges for tuition and fees for that course for residents of the State.

“(5) The Secretary may waive such requirements of paragraph (1) as the Secretary considers appropriate.

“(6) Disapproval under paragraph (1) shall apply only with respect to educational assistance under chapters 30 and 33 of this title.”.

(b) **EFFECTIVE DATE.**—Subsection (c) of section 3679 of title 38, United States Code (as added by subsection (a) of this section), shall apply with respect to educational assistance provided for pursuit of programs of education during academic terms that begin after July 1, 2016, through courses of education that commence on or after that date.

SEC. 5. CLARIFICATION OF ELIGIBILITY FOR SERVICES UNDER THE HOMELESS VETERANS REINTEGRATION PROGRAM.

Subsection (a) of section 2021 is amended by striking “reintegration of homeless veterans into the labor force.” and inserting the following: “reintegration into the labor force of—”

“(1) homeless veterans;

“(2) veterans participating in the Department of Veterans Affairs supported housing program for which rental assistance provided pursuant to section 8(o)(19) of the United States Housing Act of 1937 (42 U.S.C. 1437f(o)(19)); and

“(3) veterans who are transitioning from being incarcerated.”.

SEC. 6. EXTENSION OF ELIGIBILITY PERIOD FOR VOCATIONAL REHABILITATION PROGRAMS.

(a) **EXTENSION.**—Section 3103 is amended by striking “twelve-year period” and inserting “17-year period” each place it appears.

(b) **EFFECTIVE DATE.**—The amendment made by subsection (a) shall apply with respect to a veteran applying for assistance under chapter 31 of title 38, United States Code, on or after the date of the enactment of this Act.

SEC. 7. WORK-STUDY ALLOWANCE.

Section 3485(a)(4) is amended by striking “June 30, 2013” each place it appears and inserting “June 30, 2018”.

SEC. 8. RESPONSIBILITIES OF THE DIRECTORS OF VETERANS’ EMPLOYMENT AND TRAINING.

Section 4103 is amended—

(1) by redesignating subsection (b) as subsection (c); and

(2) by inserting after subsection (a) the following new subsection (b):

“(b) **RESPONSIBILITIES.**—Each Director assigned to a State under subsection (a) shall carry out the following responsibilities:

“(1) Monitoring the performance of veterans’ training and employment programs in the State, with special emphasis on services to disabled veterans.

“(2) Monitoring the performance of the State workforce agency in complying with section 4212 of this title.

“(3) Suggesting to the Assistant Secretary of Labor for Veterans’ Employment and Training corrective actions that could be taken by the State workforce agency to address deficiencies in the performance of veterans’ training and employment programs in the State.

“(4) Annually negotiating with the State workforce agency to establish performance goals for veterans’ training and employment programs in the State.

“(5) Reviewing the State’s requests for funding for veterans’ training and employment programs and providing advice to the State workforce agency and the Assistant Secretary regarding such funding requests.

“(6) Forwarding complaints regarding possible violations of chapter 43 of this title to the appropriate Regional Administrator or to the to the Assistant Secretary, as required.

“(7) Carrying out grant officer technical representative responsibilities for grants issued under programs administered by the Department.

“(8) Providing advice to the State workforce agency on strategies to market veterans to employers.

“(9) Supervising and managing all support staff, including Assistant Directors, establishing workload priorities, managing all personnel actions, and evaluating all assigned personnel.

“(10) Submitting to the Assistant Secretary regular reports on the matters described in paragraphs (1), (2), (4), and (8), and any other matters the Assistant Secretary determine appropriate.

“(11) Performing such other related duties as directed by the Assistant Secretary.”.

SEC. 9. CONTENTS OF TRANSITION ASSISTANCE PROGRAM.

(a) **IN GENERAL.**—Section 1144 of title 10, United States Code, is amended—

(1) in subsection (b), by adding at the end the following new paragraph:

“(9) Provide information about disability-related employment and education protections.”.

(2) by redesignating subsections (c), (d), and (e), as subsections (d), (e), and (f), respectively; and

(3) by inserting after subsection (b) the following new subsection (c):

“(c) **ADDITIONAL ELEMENTS OF PROGRAM.**—The mandatory program carried out by this section shall include—

“(1) for any such member who plans to use the member’s entitlement to educational assistance under title 38—

“(A) instruction providing an overview of the use of such entitlement; and

“(B) courses of post-secondary education appropriate for the member, courses of post-secondary education compatible with the member’s education goals, and instruction on how to finance the member’s post-secondary education; and

“(2) instruction in the benefits under laws administered by the Secretary of Veterans Affairs and in other subjects determined by the Secretary concerned.”.

(b) **DEADLINE FOR IMPLEMENTATION.**—The program carried out under section 1144 of

title 10, United States Code, shall comply with the requirements of subsections (b)(9) and (c) of such section, as added by subsection (a), by not later than April 1, 2015.

(c) **FEASIBILITY STUDY.**—Not later than 270 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs and the Committee on Armed Services of the Senate and the Committee on Veterans’ Affairs and the Committee on Armed Services of the House of Representatives the results of a study carried out by the Secretary to determine the feasibility of providing the instruction described in subsection (b) of section 1142 of title 10, United States Code, at all overseas locations where such instruction is provided by entering into a contract jointly with the Secretary of Labor for the provision of such instruction.

SEC. 10. ROUNDING DOWN OF INCREASE IN RATES OF DISABILITY COMPENSATION AND DEPENDENCY AND INDEMNITY COMPENSATION.

(a) **ROUNDING.**—Each dollar amount increased under section 2 of the Veterans’ Compensation Cost-of-Living Adjustment Act of 2013 (Public Law 113-52), if not a whole dollar amount, shall be rounded to the next lower whole dollar amount.

(b) **APPLICABILITY.**—Subsection (a) shall apply with respect to a payment made after the date of the enactment of this Act.

SEC. 11. LIMITATION ON PERFORMANCE AWARDS IN THE SENIOR EXECUTIVE SERVICE.

For each of fiscal years 2014 through 2018, the Secretary of Veterans Affairs may not make any performance awards under section 5384 of title 5, United States Code.

SEC. 12. SEMIANNUAL REPORTS TO CONGRESS ON COST OF CERTAIN TRAVEL.

(a) **IN GENERAL.**—Subchapter I of chapter 5 is amended by adding at the end the following new section:

“§518. Semiannual reports to Congress on cost of certain travel

“(a) **SEMIANNUAL REPORTS.**—Not later than June 30, 2014, and not later than 60 days after each 180-day period thereafter, the Secretary shall submit to the Committee on Veterans’ Affairs of the House of Representatives and the Committee on Veterans’ Affairs of the Senate a semiannual report on covered travel made during the 180-day period covered by the report.

“(b) **MATTERS INCLUDED.**—Each report under subsection (a) shall include the following:

“(1) With respect to each instance of covered travel made during the period covered by the report—

“(A) the purpose of such travel;

“(B) the destination;

“(C) the name and title of each employee included on such travel;

“(D) the duration of such travel;

“(E) the total cost to the Department of such travel; and

“(F) with respect to covered travel described in subsection (d)(2), the identity of the person or entity that paid or reimbursed for such travel.

“(2) The final costs to the Department with respect to all covered travel made during the period covered by the report, including costs relating to—

“(A) transportation, including fares for travel by air, rail, bus, ferry, cruise ship, taxi, mass transit, or other mode of transportation;

“(B) expenses or reimbursements relating to operating and maintaining a car, including the costs of fuel and mileage;

“(C) passport and visa fees;

“(D) lodging;

“(E) per diem payments;

“(F) baggage charges;
 “(G) computer rental fees;
 “(H) rental of halls, auditoriums, or other spaces;
 “(I) entertainment;
 “(J) contractors; and
 “(K) registration fees; and
 “(L) promotional items.

“(C) **DUPLICATIVE INFORMATION.**—Each report under subsection (a) shall include the information described in subsection (b) regardless of whether such information is also included in a report under section 517 of this title.

“(d) **COVERED TRAVEL DEFINED.**—In this section, the term ‘covered travel’ means travel made by an employee of the Department of Veterans Affairs, including an employee who is stationed in a foreign country, on official business to any of the following locations:

“(1) If the Department or other element of the Federal Government pays for such travel, a location outside of—

“(A) the several States;

“(B) the District of Columbia;

“(C) a territory, commonwealth, or possession of the United States;

“(D) Indian lands (as defined in section 4(4) of the Indian Gaming Regulatory Act (25 U.S.C. 2703(4))); or

“(E) the territorial waters of the United States.

“(2) If any person or entity other than the Federal Government pays (or reimburses) for such travel, any location, regardless of whether the location is inside or outside of the United States.”

(b) **CLERICAL AMENDMENT.**—The table of sections at the beginning of such chapter is amended by adding after the item relating to section 517 the following new item:

“518. Semiannual reports to Congress on cost of certain travel.”

SEC. 13. REPORT OF INFECTIOUS DISEASE AT MEDICAL FACILITIES OF DEPARTMENT OF VETERANS AFFAIRS.

(a) **IN GENERAL.**—Section 7311 is amended by adding at the end the following new subsection:

“(f)(1) The Secretary shall report to the appropriate entity each case of a notifiable infectious disease or condition that is diagnosed at a medical facility of the Department of Veterans Affairs in accordance with the laws of the State in which the facility is located.

“(2) In addition to reporting each case of a notifiable infectious disease or condition at a medical facility of the Department pursuant to paragraph (1), the Secretary shall report each such case that is classified as a health-care-associated infection sentinel event to the accrediting organization of such facility.

“(3)(A) If the Secretary fails to report a case of a notifiable infectious disease or condition at a medical facility of the Department in accordance with State law pursuant to paragraph (1), the Secretary shall—

“(i) take any remedial action required under the laws of the State to correct such failure; and

“(ii) if the Secretary does not correct such failure pursuant to clause (i), pay to the State an amount equal to the amount that a medical facility not owned by the Federal Government that is located in the same State would pay as a penalty to such State for such failure.

“(B) The State may file a civil action against the Secretary in the United States district court for the district in which the medical facility is located to recover from the United States the amount described in subparagraph (A)(ii).

“(C) A civil action under subparagraph (B) may not be commenced later than two years after the cause of action accrues.

“(4)(A) In any case in which the Inspector General of the Department suspects that a director of a Veterans Integrated Service Network has failed to comply with an applicable provision of this subsection, the Inspector General shall conduct an investigation to determine whether such director failed to comply with an applicable provision of this section.

“(B) If the Inspector General determines under subparagraph (A) that a director has failed to comply with a provision of this subsection, the Secretary shall suspend such director for such period as the Secretary considers appropriate under subchapter I or subchapter II of chapter 75 of title 5, as the case may be. In addition to such suspension, the Secretary may impose such other administrative disciplinary action on the director as the Secretary considers appropriate and for which the Secretary is otherwise authorized.

“(5) The Secretary shall—

“(A) maintain records of each notifiable infectious disease or condition reported pursuant to paragraph (1); and

“(B) submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a notification of each such notifiable infectious disease or condition.

“(6) In this subsection, the term ‘notifiable infectious disease or condition’ means any infectious disease or condition that is—

“(A) on the list of nationally notifiable diseases or conditions published by the Council of State and Territorial Epidemiologists and the Centers for Disease Control and Prevention; or

“(B) covered by a provision of law of a State that requires the reporting of infectious diseases or conditions.”

(b) **EFFECTIVE DATE.**—The reporting requirement under section 7311(f) of title 38, United States Code, as added by subsection (a), shall apply with respect to a case of a notifiable infectious disease or condition diagnosed at a medical facility of the Department of Veterans Affairs on or after the date that is 60 days after the date of the enactment of this Act.

SEC. 14. PROHIBITION OF VISUAL RECORDING WITHOUT INFORMED CONSENT.

Section 7331 is amended—

(1) by striking “The Secretary, upon” and inserting “(a) **IN GENERAL.**—The Secretary, upon”; and

(2) by adding at the end the following new subsection:

“(b) **VISUAL RECORDING.**—(1) The Secretary shall prescribe regulations establishing procedures to ensure that, except as provided by paragraph (2), any visual recording made by the Secretary of a patient during the course of furnishing care under this title is carried out only with the full and informed consent of the patient or, in appropriate cases, a representative thereof.

“(2) The Secretary may waive the requirement for informed consent under paragraph (1) with respect to the visual recording of a patient if such recording is made—

“(A) pursuant to a determination by a physician or psychologist that such recording is medically necessary or necessary for the safety of the patient;

“(B) pursuant to a warrant or order of a court of competent jurisdiction; or

“(C) in a public setting where a person would not have a reasonable expectation to privacy, such as a waiting room or hallway, and such recording is for general security purposes not particularized to the patient.

“(3) In this subsection, the term ‘visual recording’ means the recording or transmission of images or video, but does not include—

“(A) medical imaging, including such imaging produced by radiographic procedures,

nuclear medicine, endoscopy, ultrasound, or other similar procedures; or

“(B) images, video, and other clinical information transmitted for the purposes of providing treatment through telehealth and telemedicine technologies.”

SEC. 15. TWO-MONTH EXTENSION OF VETERANS RETRAINING ASSISTANCE PROGRAM.

Section 211 of the VOW to Hire Heroes Act of 2011 (Public Law 112–56; 125 Stat. 713; 38 U.S.C. 4100 note) is amended—

(1) in subsection (a)(2)(B), by striking “March 31, 2014” and inserting “May 31, 2014”; and

(2) in subsection (k), by striking “March 31, 2014” and inserting “May 31, 2014”.

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

The Chair recognizes the gentleman from California.

Mr. MILLER of Florida. Mr. Speaker, I yield myself such time as I may consume.

H.R. 357, as amended, is a bipartisan package of legislation that relates to improving employment and training opportunities for America's veterans. While there are many worthwhile provisions in this bill, I want to focus on section 4 primarily, which deals with in-state tuition for veterans, and section 14, which ensures privacy of veterans who are being treated at a VA medical facility.

Mr. Speaker, our Nation's veterans have always been a source of strength for America's economy. The post-9/11 GI Bill has given thousands of our veterans the opportunity to attend college or receive other types of vocational training at little to no cost to the veteran themselves.

Every dollar that we provide in education and training benefits to veterans under the GI Bill goes right back into our economy when these veterans graduate and enter the workforce. I think we can all call that a great investment.

However, there are many veterans, through no fault of their own, who are forced to pay exorbitant tuition rates to schools simply because of the transit nature of their military service, and that precludes them from meeting some of the burdensome State residency requirements.

Mr. Speaker, as most American families know, the difference between in-state versus out-of-state tuition at most public schools is immense. According to the College Board, the average in-state tuition and fees at public institutions is now \$8,655 a year. Out-of-state students pay an average of \$21,706 per year.

Since the post-9/11 GI Bill will only pay for tuition and fees at the in-state rates at public schools, out-of-state student veterans could incur significant debt to make up that difference. I believe that this practice has got to end.

The men and women who served this Nation did not just defend the citizens of their own home States, but the citizens of all 50 States. The educational

benefits they receive from the taxpayers should reflect the same reality.

Mr. Speaker, many States are out in front on this issue, including my home State of Florida, and I applaud the 22 States that currently offer some form of instate tuition to veterans, regardless of their residency.

Other State legislatures again, as I said, including my home State of Florida, are currently reviewing legislation to provide this benefit. It is my hope that the House passes this bill, and it will encourage those States to move forward.

To that end, section 4 of the bill would require that, in order for public colleges and universities to be eligible to receive payments from a veteran's GI Bill benefits, they must enroll these veterans at instate tuition and fee rates.

There are important limitations to this requirement. First, States would be permitted to require that student veterans show intent to become full-time residents of the State in which they are attending school.

Secondly, the instate requirement would only apply to veterans who are attending college within 3 years of their discharge from Active Duty. These limitations will ensure that this policy not only targets the population of veterans that are most adversely affected by residency requirements following their military separation, but also fairly recognizes States' legitimate interest in subsidizing public education for its taxpaying citizens.

Mr. Speaker, I also want to highlight section 14 of the bill, which incorporates the text of a bill that I introduced called the Veterans' Privacy Act.

In June of 2012, a covert camera disguised as a smoke detector was installed in the room of a brain-damaged veteran who was being treated at the James A. Haley Veterans' Hospital in Tampa. Upon discovering the hidden camera, the veteran's family was understandably outraged. When the veteran's family asked about the camera, VA officials first stated that the camera did not exist. Then they changed their story and admitted that the "smoke detector" was actually a video camera.

When further asked if the camera was recording, the VA told the family that the camera was only monitoring the patient; it was not recording. Only after inquiries by local media and the Veterans' Affairs Committee did VA admit that the camera was, in fact, recording the patient. VA then removed the camera from the patient's room.

In the wake of this incident, I sent a letter to VA asking for its legal authority to place a camera in a patient's room without their consent. The VA replied that the hidden camera did not violate the law.

I am deeply disturbed at VA's actions and response to the privacy interests of this veteran and can't help but wonder whether similar incidents are occurring across the country. That is why I

authored this section, which should direct VA to prescribe regulations ensuring that when veterans receive care from VA, their privacy will not be violated by unauthorized video surveillance.

Mr. Speaker, as I said, there are many other worthwhile provisions in this bill, and I defer to my colleagues on the floor this afternoon to highlight other remaining provisions.

I thank my good friends and the ranking member of the committee, the gentleman from California (Mr. TAKANO), and everybody who is here today who are cosponsors of this bill and helping us to move forward.

I am also grateful to Leader CANTOR and Speaker BOEHNER for their help in bringing this legislation to the floor.

With that, I urge all of my colleagues to join me in supporting H.R. 357, as amended.

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

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

As one of Riverside County's Representatives, a county that has the eighth-largest veterans' population in the Nation, I proudly rise today in support of H.R. 357, as amended. This bill is a far-ranging bill that seeks to improve the lives of our veterans.

H.R. 357 includes a number of measures that were considered by the Subcommittee on Economic Opportunity and was reported favorably out of the Veterans' Affairs Committee last June.

I want to thank Chairman MILLER of the full committee, and Chairman FLORES of the Subcommittee on Economic Opportunity, for their leadership. I especially enjoyed holding several field hearings last year with Chairman FLORES in our respective districts.

The Veterans' Affairs Committee has traditionally been a bipartisan committee, and I am pleased to see that cooperation continue as both leaders helped bring this bill to the floor today.

In the area of education, H.R. 357 would require all public colleges and universities using the GI Bill to provide all veterans with instate tuition rates. Currently, veterans who have not established residency at the school of their choice must pay out-of-state tuition rates.

In order to fulfill their military obligations, servicemembers must uproot their families and periodically move around the country. This makes it difficult to establish residency for purposes of instate tuition rates when veterans seek to use their GI Bill benefits. By providing all veterans with instate tuition rates, H.R. 357 will make it easier for veterans to choose the educational institution that best serves their needs.

The new Transition Assistance Program includes a mandatory 5-day core program of instruction that all separating servicemembers are required to take. The education portion is an optional track available to all members

but is not required. Some separating servicemembers may not have additional time to take an optional course.

H.R. 357 would move the education track to the mandatory portion for veterans seeking to use their GI Bill benefits, which will ensure that these veterans can make better choices regarding their education and assist them in making the most of their GI Bill benefits.

In addition, H.R. 357 also extends the Veterans Retraining Assistance Program for 2 months to better align the program with the traditional academic semester.

Now, in addition to these provisions, Mr. Speaker, I would like to highlight two sections which I have sponsored and which are included in H.R. 357. I believe these sections will also assist our veterans in terms of their education and in finding work after their separation from the military.

Section 6 is from the first bill I introduced, H.R. 844, the VetSuccess Enhancement Act. This provision would extend from 12 years to 17 years the eligibility period that veterans with service-connected disabilities have to enroll in VA vocational rehabilitation and employment programs.

Veterans with traumatic brain injury or spinal cord injury often require years to complete rehabilitation and adjust to the new realities of day-to-day living. Only then can these veterans consider returning to work. This provision will provide these veterans with the additional time they need to seek vocational rehabilitative services.

Section 7 is from another bill I introduced, H.R. 1453, the Work-Study for Student Veterans Act. This section provides for a 5-year extension of the Veterans Work-Study program at the VA.

As an educator, I know how important these programs are to students to enable them to fit some part-time work into their academic term. The VA program pays veterans to perform a variety of tasks, including assisting other transitioning veterans by helping them with outreach.

By providing support in the college Office of Veterans' Affairs, these students help other veterans to navigate the VA system. It is an important program to veteran students in my district and to thousands of others in schools across the country.

The last provision that tackles transition issues would codify the major duties of the directors and assistant directors from the Department of Labor's Veterans' Employment and Training Services.

At present, there is no standardization of the requirements and duties of these positions. H.R. 357 will provide more consistency in the services provided veterans by standardizing the responsibilities of these officials. In addition, codifying their duties will enable us to better track their funding, review their performance and hold everyone accountable to the same standard.

These are important changes to the educational benefits and transition services for our veterans and will better assist veterans in serving our communities and our Nation after they leave service.

Finally, in terms of fighting veteran homelessness and improving VA medical care, H.R. 357 would clarify that veterans who are homeless and participating in the HUD-VASH voucher program, and those who are transitioning from incarceration, are eligible for services under the Homeless Veteran Reintegration Program, or the HVRP. I am sure that all these veterans will find these services very beneficial as they look to begin the next chapter in their lives.

H.R. 357 would require the VA to more consistently report infectious diseases diagnosed at VA medical facilities to State authorities to increase the likelihood that infectious disease outbreaks that may occur are addressed sooner and more comprehensively.

Although we have expressed concerns over the enforcement mechanism included in this provision, we all can support the importance of comprehensive notification.

H.R. 357 also includes a provision that would protect a veteran's personal privacy by directing the VA to ensure that any visual recording made of a patient during treatment is carried out only with the full and informed consent of that patient.

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

□ 1730

Mr. MILLER of Florida. Mr. Speaker, I am proud to yield 2 minutes to the gentleman from Florida, GUS BILIRAKIS, the vice chairman of the full committee and sponsor for veterans not only in his community but around this country.

Mr. BILIRAKIS. Mr. Speaker, I thank the gentleman from Florida, Chairman MILLER, for all of his good work on behalf of our true American heroes, and I also want to thank the ranking member for his good work on behalf of this particular bill and all of its provisions.

Mr. Speaker, I rise today in support of H.R. 357, the GI Bill Tuition Fairness Act of 2013. This is an important package of veterans' legislation, of which I am a cosponsor, that works to increase access for our Nation's heroes and the benefits they have earned through their service to our country. In particular, I want to highlight three sections of this legislation that I am very proud to support.

H.R. 357 will make informed changes to the GI Bill program that will allow States to jump-start the process to provide instate tuition to veterans. The bill would require that in order for an educational institution to receive GI Bill funding, they must offer instate tuition to veterans, regardless of the veteran's residency. That is the least

we can do. And I really appreciate the chair sponsoring this provision.

Mr. Speaker, our members of the armed services are not given options as to where they will reside. They move according to the needs of the military. It is only fitting that, when these veterans use their earned benefits, they are not penalized because of residency requirements that they have no control over.

H.R. 357 also provides an extension of the Veterans Retraining Assistance Program, also originally sponsored by our chair. This important program offers 12 months of training assistance to unemployed veterans between the ages of 35 and 60. Again, it is the least we can do. During these difficult economic times, it is important that we do everything we can to assist our veterans in their job search and retraining efforts.

I also want to commend the chairman for another provision, and it is the VA's patients' privacy act. And, of course, we need to give our veterans the privacy that they so deserve, as patients.

I would like to urge all our Members to support this great bill.

Mr. TAKANO. Mr. Speaker, at this time, I yield 3 minutes to the gentleman from Nevada (Ms. TITUS), who is also the ranking member of the Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs.

Ms. TITUS. Mr. Speaker, I would like to thank the chairman for bringing this bill to the floor and my colleague and fellow educator, Mr. TAKANO, for yielding to me.

I rise today in support of H.R. 357, the GI Bill Tuition Fairness Act of 2013. As professor emeritus of political science at the University of Nevada, Las Vegas, I know firsthand the importance of a college education. And I am proud that my home State of Nevada already has laws in place that allow all veterans, regardless of residency status, to pay instate tuition while attending our public colleges and universities.

I was fortunate to teach a number of our Nation's heroes during my time at UNLV. Having these veterans in class was truly a win-win situation. Our veterans are able to pursue a college degree to help them with their transition to civilian life, and their fellow students are able to benefit from hearing about the veterans' experiences in the military, on the battlefield, and in foreign lands while they have served our country.

I am proud to be a cosponsor of this important legislation that will improve our higher education system and help our Nation's heroes acquire the skills and knowledge to complement their experience so they can succeed once they leave the military.

I thank the chairman again for bringing this bill, and I encourage all of my colleagues to support it.

Mr. MILLER of Florida. Mr. Speaker, I am pleased to yield 2 minutes to the

gentleman from Colorado (Mr. COFFMAN), the chairman of the Subcommittee on Oversight & Investigations.

Mr. COFFMAN. Mr. Speaker, I rise in support of H.R. 357 and, in particular, section 13, which encompasses my legislation, the Infectious Disease Reporting Act.

Section 13 imposes necessary requirements on the Department of Veterans Affairs to report infectious disease outbreaks at their medical facilities. These requirements are a response to infectious disease problems at VA facilities that were uncovered by my subcommittee's investigations last year. The investigations highlighted a deadly outbreak of Legionnaires' disease at the Pittsburgh VA from February 2011 to November 2012 which tragically caused the deaths of at least five veterans and afflicted as many as 22 others.

According to medical experts, timely disease surveillance is critical to infectious disease control; and delayed, incomplete, or inconsistent disease reporting can compromise an effective public health response and result in further infectious disease outbreaks.

Although it has become clear that these deaths could have been prevented with proper procedures, the VA failed to act appropriately within widely accepted medical practices. Surprisingly, the VA is not required by current law to report the incidence of infectious diseases at their facilities to State and local public health officials.

As one of the Nation's largest health care providers, VA should set the standard for infectious disease reporting. However, they do not even participate in infectious disease reporting like all other medical facilities within a particular State, creating a public health risk to those localities with VA facilities.

In response, section 13 requires the VA to report each case of an infectious disease in accordance with the laws of the State in which the facility is located.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. MILLER of Florida. I yield the gentleman an additional 30 seconds.

Mr. COFFMAN. And failure to report will subject the VA facility to State penalties. These penalties are vital to ensure the VA will comply with and improve their reporting requirements.

Given the VA's recent inadequate responses to infectious disease outbreaks, it is imperative that Congress and our veterans demand improvements. Therefore, I urge full support of section 13 of H.R. 357, as well as the passage of the entire bill.

Mr. TAKANO. Mr. Speaker, at this time, I am pleased to yield 2 minutes to the gentleman from Pennsylvania (Mr. DOYLE), a great champion of veterans and former member of this committee.

Mr. DOYLE. Mr. Speaker, I rise today in support of H.R. 357, the GI Bill

Tuition Fairness Act. This legislation contains a number of important changes in VA programs that provide our veterans with education, training, rehabilitation, disability benefits, and housing; and it deserves our support.

I want to focus my remarks today on the disease reporting provisions in the bill because I have been deeply involved with that issue over the last year or so.

In November of 2012, the VA announced that there had been an outbreak of Legionnaires' disease at a VA hospital in Pittsburgh, which I represent. Shortly thereafter, I joined other members of the regional congressional delegation in requesting investigations into the outbreak. In response, the House Committee on Veterans' Affairs and the VA Inspector General's Office examined the outbreak and the events leading up to it at length. The Centers for Disease Control also looked into the outbreak and determined that it had resulted in several deaths and more than two dozen illnesses.

I want to personally express my gratitude to my good friend Veterans' Affairs Committee Chairman JEFF MILLER, Oversight Subcommittee Chairman COFFMAN, and Ranking Member MICHAUD for being so responsive to our requests for investigations and investigating the outbreak and holding hearings on it last year.

In the end, the hearings and investigations identified a number of shortcomings in the way the outbreak was handled and the need to be addressed. One of the concerns raised, as we learned more about the outbreak, was that for some time after the local VA facility knew it had Legionella bacteria in its water supply and that VA patients had been sickened by it, it had not notified State or local health agencies about the outbreak. Under current law, VA is not required to make such reports, which are required of all other hospitals.

Chairman MILLER, Subcommittee Chairman COFFMAN, Senator CASEY, and Congressmen MURPHY, ROTHFUS, and I all agree that in the future the VA should be required to report outbreaks of potentially deadly diseases to public health authorities, just like other hospitals already do.

The language in this bill is the result of our discussions over a number of months. I believe that the need for this reporting requirement is obvious. I urge my colleagues to support this bill which will make this important change.

Mr. MILLER of Florida. Mr. Speaker, I also want to thank my good friend from Pennsylvania (Mr. DOYLE) for being in the forefront on this particular issue.

At this time, I yield 1½ minutes to the gentleman from the 12th District of Pennsylvania (Mr. ROTHFUS).

Mr. ROTHFUS. Mr. Speaker, I rise in strong support of our Nation's veterans and the legislation currently under consideration. This legislation makes much-needed reforms that would bring

accountability and transparency to the Department of Veterans Affairs.

Over the past year, I have worked with Chairman MILLER and Chairman COFFMAN, my western Pennsylvania colleagues—Congressmen DOYLE, MURPHY, KELLY, and SHUSTER—and local veterans' families to investigate the outbreak of Legionnaires' disease at the Pittsburgh VA.

The VA Office of the Inspector General determined systemic failures surrounding the outbreak led to tragic and preventable deaths of local veterans. We must do all we can to ensure that this does not happen again.

Chairman COFFMAN's Infectious Disease Reporting Act, which I strongly support, has been included in today's legislation. This commonsense reform will increase transparency and save lives by improving infectious disease reporting requirements and requiring the VA to follow the same rules as the rest of our world-class health care institutions in western Pennsylvania.

Today's legislation also builds on an amendment I offered last year that prohibits bonuses for senior VA executives. This money would be better spent resolving the VA disability claims backlog and ensuring that our veterans are receiving the first-rate care they have earned.

I urge my colleagues on both sides of the aisle to vote for this legislation, and I look forward to continuing to working with my colleagues in Congress to serve our Nation's veterans.

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

Mr. MILLER of Florida. Mr. Speaker, at this time, I yield 3 minutes to the gentleman from the 18th District of Pennsylvania, Dr. MURPHY, a Navy Reservist himself.

Mr. MURPHY of Pennsylvania. Mr. Speaker, "Sonny" Calcagno, age 85; John Ciarolla, age 83; Clark Compston, age 74; John McChesney, age 63; William Nicklas, age 87; and "Mitch" Wanstreet, age 65 are the victims of the Legionnaires' disease outbreak at the Pittsburgh VA health care system in 2011 and 2012. We can never really heal the emotional scars that these families have suffered and the 21 additional families who had a family member with a case of Legionnaires', but we can work to make sure something like this doesn't happen again.

Today's legislation fixes one of the flaws uncovered during this investigation; and under this bill, VA hospitals will soon follow the same reporting requirements for infectious diseases as other medical facilities. This way, public health authorities will know when a disease outbreak occurs and can take immediate action.

Thanks to the dogged determination and diligence of Chairman MILLER, Congressman COFFMAN, the House Veterans' Affairs Committee, the ranking member, and my colleagues, Messrs. DOYLE, ROTHFUS, and KELLY, we now know the Legionnaires' outbreak was entirely preventable except for the gross mismanagement and negligence of a few key officials at the Pittsburgh VA.

The inspector general's report revealed some troubling findings. The VA lacked proper documentation and maintenance of the water system, and was lax in properly informing and testing patients. Further, the VA did not communicate properly with the hospital system in the detection of Legionella. That is why this bill is necessary, because timely reporting and transparency requires adherence to the strongest standards, followed by quick action.

But with this, our work is not yet done. It has been more than 2 months since I last asked VA Secretary General Shinseki to tell Congress what has been done to hold accountable those who are responsible for this outbreak, and his agency has promised to do so. But Congress is still waiting for an answer.

□ 1745

Transparency and accountability are essential for the Secretary to rebuild the trust in the VA. We are grateful to our veterans for their service and grateful to the hard workers of the VA hospital system. The Pittsburgh VA has been a leader in infection control work and should be commended for that, but, in this case, the failures of some are simply unacceptable.

My hope is that through this bill requiring reporting of infection cases we will be able to restore the trust that the VA has with its veterans and their families. It is so critically needed in order to make these essential changes.

I ask for my colleagues to vote in support of this bill.

Mr. TAKANO. Does the gentleman from Florida have additional speakers?

Mr. MILLER of Florida. Mr. Speaker, I have one more speaker at this time.

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

Mr. MILLER of Florida. Mr. Speaker, I yield 1 minute to the gentleman from the Third District of the State of Pennsylvania, MIKE KELLY, who is a stalwart supporter of the veterans in the State of Pennsylvania and also the United States.

Mr. KELLY of Pennsylvania. Mr. Speaker, I rise in strong support of H.R. 357, the GI Bill Tuition Fairness Act of 2013, a bill introduced by my friend, Representative JEFF MILLER, chairman of the Veterans' Affairs Committee.

I wish to highlight section 13, which includes H.R. 1792, the Infectious Disease Reporting Act, a bill introduced by my friend, Representative MIKE COFFMAN, chairman of the Veterans' Affairs Committee's Subcommittee on Oversight and Investigations. The Infectious Disease Reporting Act is a bill that I am proud to cosponsor.

This commonsense provision is necessary to respond to infectious disease issues at VA facilities nationwide, including the deadly outbreak of Legionnaires' Disease at the Pittsburgh VA in

2011 and 2012 that killed at least five of our veterans and sickened as many as 22. This facility became ground zero for the Veterans' Affairs Committee's investigation, which found gross mismanagement by the Pittsburgh VA in response to the 2011 outbreak. This is particularly troubling to me as there are many veterans in my district who rely on the Pittsburgh VA for their health care.

Currently, the VA facilities are not required by law to report infectious disease at VA facilities to State and local health officials, even though the VA is one of the Nation's largest health providers; yet, the University of Pittsburgh Medical Center—it is only a few hundred feet away—is required to do this.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. MILLER of Florida. I yield the gentleman an additional 30 seconds.

Mr. KELLY of Pennsylvania. This inconsistency makes absolutely no sense and leaves the VA off the hook. In other words, this bill holds VA facilities accountable to the same standards as other medical facilities located in the same State. This just makes sense.

Now, our veterans, who have sacrificed so much, deserve far better. This bill is a step in the right direction to ensure that veterans receive safe, high quality health care at the VA. I urge strong support of H.R. 357.

Mr. TAKANO. Mr. Speaker, in closing, H.R. 357 makes important changes to the benefits and services we provide veterans and to the manner in which we provide them. I urge my colleagues to support H.R. 357, as amended.

I have no further speakers, and I yield back the balance of my time.

GENERAL LEAVE

Mr. MILLER of Florida. Mr. Speaker, I ask unanimous consent that all Members would have 5 legislative days with which to revise and extend their remarks and add any extraneous materials that they may have on this legislation.

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

There was no objection.

Mr. MILLER of Florida. Thank you to all the Members who have come to the floor today to support this bill. I encourage all Members to support this legislation, and I yield back the balance of my time.

Mr. GINGREY of Georgia. Mr. Speaker, I rise today in support of H.R. 357, the GI Bill Tuition Fairness Act. In addition to requiring all public institutions to give veterans in-state tuition rates as a condition of receiving GI Bill education benefits, this legislation also includes a five year limitation on executive bonuses at the Department of Veterans Affairs.

Under current practice, the VA pays out about \$400 million in bonuses each year. Recently, we have seen these bonuses too often go to people whose work does not merit a reward, and to the contrary, may even warrant reprimand.

This practice has been evident at the Atlanta VA Medical Center, where despite the

fact that four unexpected deaths were attributed to mismanagement and lack of oversight, tens of thousands of dollars in bonuses were awarded to top level executives at the facility. At the Charlie Norwood VA Medical Center in Augusta, three patients died after management failed to act in a timely manner to schedule appointments. Despite requests to the VA, we are still waiting to hear whether those responsible received bonuses instead of reprimands.

It is past time that we stop blindly handing out rewards pay—bonuses should be the exception, not the norm. Furthermore, at a time when so many of our soldiers are returning from war, and in light of the deaths in Atlanta, I believe the VA should prioritize veterans' health and well-being above all else.

Mr. Speaker, we should reward our veterans with quality care and services in exchange for their commitment to our country and our freedoms. I urge my colleagues to join me in expressing support for our nation's veterans by supporting H.R. 357.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. MILLER) that the House suspend the rules and pass the bill, H.R. 357, 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. MILLER. 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.

PERSONAL EXPLANATION

Mr. DOYLE (during consideration of H.R. 357). Mr. Speaker, on January 29, I was not present when H.R. 2642, the conference report for the Federal Agriculture Reform and Risk Management Act, better known as the farm bill, was voted on. Had I been present, I would have voted "no."

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 6:30 p.m. today.

Accordingly (at 5 o'clock and 48 minutes p.m.), the House stood in recess.

□ 1830

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. HOLDING) at 6 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on motions to suspend the rules previously postponed.

Votes will be taken in the following order:

H.R. 1791, by the yeas and nays;

H.R. 357, by the yeas and nays.

The first electronic vote will be conducted as a 15-minute vote. The remaining electronic vote will be conducted as a 5-minute vote.

MEDICAL PREPAREDNESS ALLOWABLE USE ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 1791) to amend the Homeland Security Act of 2002 to codify authority under existing grant guidance authorizing use of Urban Area Security Initiative and State Homeland Security Grant Program funding for enhancing medical preparedness, medical surge capacity, and mass prophylaxis capabilities, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Indiana (Mrs. BROOKS) that the House suspend the rules and pass the bill, as amended.

The vote was taken by electronic device, and there were—yeas 391, nays 2, not voting 38, as follows:

[Roll No. 32]

YEAS—391

Aderholt	Clay	Fleming
Bachmann	Cleaver	Flores
Bachus	Clyburn	Forbes
Barber	Coble	Fortenberry
Barletta	Coffman	Foster
Barr	Cohen	Fox
Barrow (GA)	Cole	Frankel (FL)
Barton	Collins (GA)	Franks (AZ)
Bass	Collins (NY)	Frelinghuysen
Beatty	Conaway	Fudge
Becerra	Connolly	Gabbard
Benish	Conyers	Gallego
Bentivolio	Cook	Garamendi
Bera (CA)	Cooper	Garcia
Bilirakis	Costa	Gardner
Bishop (GA)	Cotton	Garrett
Bishop (UT)	Courtney	Gibbs
Black	Cramer	Gingrey (GA)
Blackburn	Crawford	Gohmert
Blumenauer	Crowley	Goodlatte
Bonamici	Cuellar	Gowdy
Boustany	Culberson	Granger
Brady (PA)	Cummings	Graves (GA)
Brady (TX)	Daines	Graves (MO)
Braley (IA)	Davis (CA)	Grayson
Bridenstine	Davis, Rodney	Green, Al
Brooks (AL)	DeFazio	Green, Gene
Brooks (IN)	DeGette	Griffin (AR)
Brown (GA)	Delaney	Griffith (VA)
Brown (FL)	DeLauro	Grijalva
Brownley (CA)	DelBene	Grimm
Bucshon	Denham	Guthrie
Burgess	Dent	Hahn
Bustos	DesJarlais	Hall
Butterfield	Deutch	Hanabusa
Byrne	Diaz-Balart	Hanna
Calvert	Dingell	Harper
Camp	Doggett	Harris
Cantor	Doyle	Hartzler
Capito	Duckworth	Hastings (FL)
Capps	Duffy	Hastings (WA)
Capuano	Duncan (SC)	Heck (NV)
Cárdenas	Duncan (TN)	Heck (WA)
Carney	Edwards	Hensarling
Carson (IN)	Ellison	Herrera Beutler
Carter	Ellmers	Higgins
Cartwright	Engel	Himes
Castor (FL)	Enyart	Hinojosa
Castro (TX)	Eshoo	Holding
Chabot	Esty	Holt
Chaffetz	Farenthold	Honda
Chu	Farr	Horsford
Ciilline	Fattah	Hoyer
Clark (MA)	Fitzpatrick	Hudson
Clarke (NY)	Fleischmann	Huelskamp