

way Iran supplied Hezbollah, Iran supplies Hamas, and this could not have been done without the longer-range missiles—the M-302s—that Iran has now transferred into the inventory of Hamas, so that Jerusalem and Tel Aviv can be targets.

Earlier this month, my committee held a hearing that exposed Iran as the primary backer of Hamas through weapons, through funding, through support to Hamas from Iran if that government—if the Ayatollah regime—is granted further sanctions relief as part of nuclear negotiations.

I ask all Members to join me in condemning Hamas on its despicable use of human shields and to continue to stand with Israel to face down the many shared threats that we face.

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

Ms. MOORE. Mr. Speaker, I rise with a heavy heart as death and violence once again rips the Middle East. Innocent civilians find themselves again hostage in a war that none of them sought. The rockets continue to rain down in Israel and civilians in Gaza find it harder and harder to find refuge. And there is no end in sight despite the ongoing work of peacemakers.

The most pressing need at the moment is an immediate ceasefire that ends the rocket fire, allows humanitarian aid to reach those in need, and lays the foundation for efforts to address Israel's long term security needs. I am disappointed by the absence of any language in this resolution supporting international efforts to bring about an immediate ceasefire. Additionally, no one has come forward today to argue how this legislation brings us any closer to a peaceful resolution in the region or an end to the violence, terror, and fear being experienced in Israel and Gaza.

Over 1,000 Palestinians have been killed so far, many, but not all of them civilians. Over 50 Israelis, including 3 civilians and two Israeli-American soldiers, have been killed so far. The key concern for me is the qualifier—so far. A key question at this volatile moment is how to end the violence. This resolution is absolutely silent on that point.

I strongly believe that we need to work for an immediate ceasefire to prevent further death and destruction in both Israel and Gaza. I commend the U.S. for continuing to seek an immediate ceasefire which I fully support. Despite the gallant attempts of the Secretary of State and the U.N. Secretary General Ban Ki Moon and others, an agreement remains elusive and the violence continues.

The resolution rightly condemns Hamas, a terrorist organization that has shown time and again its disregard for innocent human life. The only party that seems to benefit from further chaos and loss of life is Hamas, which continues to lob rockets at innocent Israelis. The barrage of rockets must stop. Hamas has no regard for the lives it puts in danger. Its despicable tactics have been thoroughly denounced by the international community including the U.N. Secretary General who recently noted that “the United Nations position is clear: We condemn strongly the rocket attacks. These must stop immediately. We condemn the use of civilians—schools, hospital and other civilian facilities—for military pur-

poses. No country would accept rockets raining down on its territory—and all countries and parties have an international obligation to protect civilians.”

The resolution recognizes, as President Obama has, that Israel has a right to defend itself from relentless rocket attacks. The current rocket count is well over 1,000 and growing every day. Israel does not need authorization from the U.S. House of Representatives to act to stop the rocket fire by Hamas.

I have been to Sderot. I talked with Israelis living in the shadows of the rockets, including one woman whose relative was killed by a rocket from Gaza in a previous conflict. And I remember her fervent desire to live at peace with her neighbors.

I would point out that the resolution rightly recognizes that innocent civilians on both sides have suffered. According to the U.N., nearly 10% of the population of Gaza are seeking shelter at U.N. facilities, some of which have been attacked. The U.S. has recently announced it would provide \$47 million to help meet immediate humanitarian needs in Gaza amid deteriorating conditions.

However, I remain concerned that this resolution does not press for an immediate ceasefire by all parties or urge or express support for efforts by the U.S. and international community to push for that peace. That is the best way to support innocent civilians on both sides—ending the violence that threatens them. You can't force peace on those who don't want it, but we must make every effort to offer a path out of misery and suffering and fear.

As President Obama has said, “Israel has a right to defend itself against rocket and tunnel attacks from Hamas.” He also stated, “I've also said, however, that we have serious concerns about the rising number of Palestinian civilian deaths and the loss of Israeli lives. And that is why it now has to be our focus and the focus of the international community to bring about a ceasefire that ends the fighting and that can stop the deaths of innocent civilians, both in Gaza and in Israel.”

As a Congress, we should join with the State Department, the U.N. Security Council, and others in urging all parties to redouble efforts to protect civilians, to find a way to end the violence and ensure peace and security for all, and to then move to find a long-term resolution that meets Israel's security needs and the rights of civilians to live in peace. This cycle of violence cannot continue indefinitely.

Innocent Israeli and Palestinian civilians cannot afford another three weeks of rocket fire and further bloodshed. We must continue to push for a ceasefire and to help find a long term solution that will allow Israelis and Palestinians to live in peace, side by side. What is needed now is de-escalation of violence and escalation of diplomatic efforts.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. ROYCE) that the House suspend the rules and agree to the concurrent resolution, H. Con. Res. 107, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution, as amended, was agreed to.

A motion to reconsider was laid on the table.

CONFERENCE REPORT ON H.R. 3230, PAY OUR GUARD AND RESERVE ACT

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and agree to the conference report on the bill (H.R. 3230) making continuing appropriations during a government shutdown to provide pay and allowances to members of the reserve components of the Armed Forces who perform inactive-duty training during such period.

The Clerk read the title of the bill. (For conference report and statement, see proceedings of the House of July 28, 2014, at page H6953.)

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

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. MILLER of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks.

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

There was no objection.

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

I rise today in support of the conference report to accompany H.R. 3230, the Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014.

General Omar Bradley, the former administrator of what is now the Department of Veterans Affairs, once said of our work, “We are dealing with veterans, not procedures—with their problems, not ours.”

We have come face-to-face with the problems our veterans routinely encounter, and they are considerable to say the least. As every American now knows, congressional oversight and whistleblower revelations have exposed widespread corruption and systemic delays in access and failures of accountability across our Nation's second largest bureaucracy.

Thousands of veterans across this country have been left to wait—some for years; some in pain; and, most disturbingly, some in caskets that are draped with American flags; some while chronic or fatal conditions worsened until little hope was left—for the health care they earned through their honorable service to our Nation. Meanwhile, poor-performing VA leaders and employees continued to receive large bonuses, subject to little accountability for their many inadequacies.

There is no doubt, Mr. Speaker, that the Department of Veterans Affairs, as we know it today, is in crisis, and as a result, our veterans are suffering. The conference report we are considering this afternoon is the first step to alleviating their pain and for paving the

way for the failing VA health care system to experience much-needed structural and cultural reform.

To immediately improve access to care for veteran patients, the conference report would require the VA to authorize non-VA care to any eligible veteran who is unable to secure a timely appointment at a VA facility or who resides more than 40 miles from the nearest VA medical facility, with certain exceptions.

Eligible veterans would include those who are enrolled in the VA health care system as of August 1 of 2014 or who are newly-discharged combat veterans.

It would further require the VA to issue a veterans choice card to eligible veterans to facilitate care provided by non-VA providers and provide \$10 billion for the newly-established veterans choice fund to cover the costs of access to non-VA care under this bill.

To lead the way for true reform in the long term, the conference report would require a comprehensive assessment of VA care by an expert independent entity or entities and would establish a congressional commission on care, which would be charged with setting the future course for access to and quality care throughout the entire VA health care system.

To improve the VA's internal capacity to provide timely and high-quality care to our veterans, this report would also provide the Department with \$5 billion to hire physicians and other clinical staff and would provide for certain critical physical infrastructure improvements.

The conference report would also extend the VA's rural health care-focused project, ARCH—a pilot program—for an additional 2 years. It would extend the pilot program for an additional 3 years to provide rehabilitation, quality of life, and community integration services to veterans with traumatic brain injury.

It would authorize 27 medical facility leases across 18 States and Puerto Rico and make certain improvements to care provided to veterans who have experienced military sexual trauma and others.

To advance genuine accountability for incompetent or corrupt senior managers, the conference report would reduce funding for bonuses available to VA employees by \$40 million each year through fiscal year 2024, and it would authorize the Secretary to fire or demote Senior Executive Service employees and title 38 SES equivalent employees for poor performance or misconduct. Poor-performing employees who are disciplined under this authority would be provided an expedited and limited appeal process, but would be prohibited from receiving their pay, bonuses, or benefits during the appeal process.

This provision will give the Secretary the tools he needs to expeditiously hold senior managers accountable for the types of willful misconduct and possibly criminal negligence we have seen during our investigations.

The conference report would also require public colleges to provide instate tuition to veterans and eligible dependents for the school to remain eligible to receive GI Bill education payments.

This provision closely mirrors the bill that I offered, H.R. 357, the GI Bill Tuition Fairness Act, which passed the House earlier this year. The men and women who served this Nation did not just defend the citizens of their home States; they defended the entire United States of America.

The conference report would also include approximately \$5 billion in offsets with additional incidental offsets expected to accrue over time as a result of increased third-party collections for nonservice-connected conditions and reductions in Medicare payments as a result of the increased utilization of the newly-created choice program.

Mr. Speaker, the bill before us is one that I am proud of, but more importantly, it is one that I believe our Nation's veterans can be proud of. It is not a blank check for a broken system, but it is an important first step down a long road toward true transformation.

However, our work is far from over. We all know that congressional oversight was crucial to bringing the failures at the VA to light, and it will increase in the days and weeks and months ahead after the passage of this bill.

The passage of this conference report will increase access to care and improve accountability within a desperately broken bureaucracy. However, the reform that is necessary to reforming the agency will require dedication for years to come, and I would ask all of my colleagues to join me in beginning that effort today.

I reserve the balance of my time.

□ 1515

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

Mr. Speaker, I rise today in strong support of the conference report to H.R. 3230, the Veterans Access, Choice, and Accountability Act of 2014.

I would like to thank Chairman MILLER, Senator SANDERS, Senator BURR, and the other members of the conference committee for working so diligently on this legislation.

Even when it looked like an agreement would not be possible to achieve a compromise and bring it to the House floor today, at the end of the day, we all worked together to make sure our national commitment to veterans is there. This compromise agreement can serve as a model on how Congress should look at serious problems facing our country and how to address them.

It has been a long road getting here. The House Veterans' Affairs Committee, under Chairman MILLER's leadership, has held over a dozen oversight hearings in the past couple of months alone. We have heard from veterans, their families, VA employees, and veterans service organizations about what

is and what isn't working within the Department of Veterans Affairs.

The measure before us today isn't a long-term solution to all of the VA's problems, but it is an appropriate and well-crafted response to the immediate problems of veterans not being able to access quality health care in a timely fashion.

This bill also takes important steps to begin to address the systemic problems within the Department of Veterans Affairs that have led to this crisis: too few doctors, inadequate infrastructure, and a management culture that is asleep at the wheel. It holds those whom the Nation has entrusted with our veterans' lives and well-being responsible for the outcomes.

For the 12 years that I have been on the Veterans' Affairs Committee, I have fought to ensure that our veterans, especially those who are living in rural areas, have access to quality health care. I fought for the needs of veterans returning from the current conflicts, while not forgetting the sacrifices and the needs of veterans from previous conflicts.

One of the successes that you heard from Chairman MILLER earlier I am most proud of is the Project ARCH. The Access Received Closer to Home project expands the opportunity for rural veterans to receive health care without long drives to a VA facility many miles away. I am pleased to see that the conference report extends and expands this important program. It is critical for the thousands of veterans who live in districts like mine. Many veterans in my district would be forced to make a nearly 600-mile round trip drive to the nearest VA facility if it weren't for ARCH.

Another important aspect of this bill not only deals with Senior Executive Service, but also the title 38 employees, which covers about 80,000 within the VA. It sets metrics and outcomes and accountability for those employees.

This bill also will address the immediate problem of long waiting times for health care, while beginning to strengthen the VA, so we are not facing the same crisis next year or the year after.

But I would also like to remind my colleagues that this bill is only the first step. After 12 years on the House Veterans' Affairs Committee, I am more convinced than ever that we must begin to talk about the innovative solutions that will truly modernize the Department and better meet the needs of current and future veterans.

Far too often, the good intentions underlying the laws that we passed are stymied by an organizational structure that has originated back in the seventies and eighties. Far too often, the good intentions of the Department of Veterans' Affairs employees meet the wall of bureaucratic indifference. Far too often, our veterans ask for help and there is no one there at the other end to answer for that help.

This is totally unacceptable, and it is why I believe we must begin the work of radically restructuring the Department of Veterans' Affairs. We must restructure it to better assist our veterans, to better live up to the promises we have made to them. We need to look at the fundamental business model, the processes, the organization, the technology, the data and information and the workforce capabilities.

Our work today is to pass this conference report and get it to the President's desk as quickly as possible so that we can fix the current crisis. The work for tomorrow is the work that I ask each and every one of my colleagues to continue working on: to make sure that the Department of Veterans Affairs evolves to a new, more veteran-centered Department of Veterans Affairs.

It is going to take a lot of work and a lot of oversight, as you heard the chairman mention earlier. Once again, I would encourage my colleagues to pass this bill.

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

Mr. MILLER of Florida. Mr. Speaker, it is my pleasure to yield 2 minutes to the gentleman from Colorado (Mr. LAMBORN), a member of the conference committee.

Mr. LAMBORN. Mr. Speaker, I would like to thank Chairman JEFF MILLER for his continued leadership as we work to provide our veterans with the care and benefits that they have earned.

Keeping the promises that we have made to our veterans and their families is of utmost importance to me and all Americans. This piece of legislation is a major step in the process of restoring veteran trust in the VA.

This bill will expand access to non-VA care, making wait times shorter and increase convenience. Although this will ensure veterans who are currently on a waiting list will get the timely care they deserve, much more needs to be done.

I am especially pleased that an independent congressional committee on care will be formed to look at the VA from the ground up. For lasting change to take place, the corrupt culture shown by some in the VA must be purged. It must be replaced with an ethos that puts the veteran first.

By authorizing the Secretary of the VA to fire senior employees that are guilty of poor performance or misconduct, this bill ensures that newly confirmed Secretary McDonald will have more tools to hold individuals accountable for their actions. However, granting this authority will mean nothing if it isn't combined with the leadership required to always do the right things for our veterans. Through his words and actions, Secretary McDonald must make it clear from day one that individuals will be held accountable, whistleblowers will be protected, and anyone responsible for poor performance, negligence, or preventable deaths, even, will be held accountable.

It has been an honor to serve with the chairman during this conference committee.

I urge my colleagues to join me in supporting the VA conference report.

Mr. MICHAUD. Mr. Speaker, I yield 1½ minutes to the gentlewoman from Nevada (Ms. TITUS).

Ms. TITUS. Mr. Speaker, I thank my friend for yielding.

I thank Mr. MICHAUD and Chairman MILLER for their leadership on this important bill.

As a member of the House Veterans' Affairs Committee, I have been working with my colleagues to ensure that veterans have access to the highest quality care in a timely fashion. This legislation before us takes important steps towards that goal.

I am especially pleased that the compromise includes three of my bills, which ensure that: one, all victims of sexual assault in the military, including those in the National Guard, have access to the care they need; two, that spouses of those who have died in service to our country get education benefits; and, three, more residencies are going to be funded at VA hospitals in areas of the country that are underserved by doctors in private practice.

Our committee, I know, will continue to work in a bipartisan fashion with the new Secretary to ensure that all veterans have access to the benefits and care that they have so bravely earned.

Today, we are acting on behalf of a grateful Nation to provide our country's heroes the care they need and restore their trust in the VA. So I urge my colleagues to support this conference report to the Veterans Access, Choice, and Accountability Act.

Mr. MILLER of Florida. Mr. Speaker, it is a pleasure to yield 2 minutes to the gentleman from Tennessee (Mr. ROE), a veteran, a physician, and also a member of the conference committee.

Mr. ROE of Tennessee. Mr. Speaker, it is a pleasure to stand before this body in support of the conference report, the first major step in providing timely, high-quality health care to the veterans who so selflessly served this great Nation. As a physician, veteran, and member of the Veterans' Affairs Committee, it was an honor to have served on the conference committee.

Mr. Speaker, a corrosive culture has been allowed to exist within the Veterans Affairs bureaucracy for far too long and to the detriment of our veterans. The most important thing this bill does is give the veterans who are experiencing long wait times or live more than 40 miles from the nearest VA facility a choice. These veterans will now be able to obtain a veterans choice card, which will allow them to seek care in the private sector. Only by forcing the VA to compete will we achieve the cultural change that is required in how they serve veterans.

I have met with many physicians in recent weeks, and the desire to help our veterans is stronger than ever.

Hospitals and physicians, alike, are ready and willing to care for veterans, helping to address a crisis created by VA mismanagement.

Moving forward, this report creates a process by which we can make significant strides toward accountability, by giving the VA Secretary the ability to fire senior employees who fail to do their jobs and ensuring that there will be swift, harsh penalties for knowingly misreporting or falsifying information.

This agreement will also improve educational benefits for veterans and their dependents.

As the founder and cochair of the House Invisible Wounds Caucus along with my friend TIM WALZ, I am pleased this report includes a provision to extend an important pilot program intended to help veterans with traumatic brain injuries for 3 more years.

The negotiations were tough, but I know the final product will have a very positive impact on the lives of our veterans, and I would like to thank the House and Senate VA committee staffs for all their late nights and hard work they put into this toward this worthy goal.

Mr. Speaker, I applaud the chairmen, MILLER and SANDERS, for their leadership throughout this process, along with Ranking Member MICHAUD and Senator BURR.

I urge all of my colleagues to support this report.

Mr. MICHAUD. Mr. Speaker, I yield 2 minutes to the gentlewoman from Arizona (Mrs. KIRKPATRICK).

Mrs. KIRKPATRICK. Mr. Speaker, I urge all my colleagues to support H.R. 3230.

As a member of the conference committee, I pushed for negotiations on this bill to continue because veterans have waited too long for the care they deserve.

This bill reflects the comprehensive, meaningful reforms that passed the Senate and that I introduced as the companion bill in the House. This bill ensures that rural veterans who live too far from a veterans' medical facility and veterans who have waited too long for an appointment can see a provider closer to home.

For the tribal veterans in my district, this bill strengthens the relationship between the Veterans Administration and the Indian Health Services.

This bill also ensures that the Veterans Administration can quickly hire more doctors, nurses, and medical professionals, and this bill gives the Veterans Administration Secretary the authority to hold VA employees accountable.

Our veterans deserve world-class health care and a VA that puts veterans first. I believe this bill provides the foundation to do just that. Again, I urge all my colleagues to vote for this bill so it can be signed into law without delay.

Mr. MILLER of Florida. Mr. Speaker, it is a pleasure to yield 2 minutes to the gentleman from Michigan (Mr.

BENISHEK), a former physician within the VA system.

Mr. BENISHEK. Mr. Speaker, I rise in strong support of the conference report to the Veterans Access to Care Act.

As a doctor who served at the VA hospital in Iron Mountain, Michigan, for 20 years, I have seen firsthand how Washington bureaucracy can keep doctors and nurses from taking care of veterans. On its most basic level, this is the sacred mission of the VA, and the VA has failed.

Today we take an important step toward reversing that failure. Most urgently, our bill will allow veterans suffering long waits for care the option to be seen by a local doctor at a private hospital. I believe every veteran should have a choice as to where they receive care, and this bill moves us closer to that goal.

But this triage measure is not the long-term solution. That is why our bill directs the VA to tap the best health care minds that we have in this country to go step by step through the system and write us a blueprint for a lean, smart, 21st century VA.

Our bill is not perfect, and the problems at the VA will not be solved overnight. However, this landmark effort is the best chance we have had in years to make fundamental changes to the way the VA operates.

Make no mistake, our true test comes next. We must continue to keep the pressure on the VA long after the headlines have faded and the worst employees have been fired, because our veterans will still be there and they will still deserve to be at the top of our priority list.

As the father of a veteran myself, I am committed to refusing to let this issue go. We will demand results, and we will demand swift and full implementation of this legislation. Anything short of that is not worthy of our veterans and is unacceptable.

Mr. Speaker, I urge my colleagues to support the conference report.

□ 1530

Mr. MICHAUD. Mr. Speaker, I yield 2 minutes and 35 seconds to the gentleman from Florida (Ms. BROWN).

Ms. BROWN of Florida. Mr. Speaker, as the most senior member of the House Veterans' Affairs Committee, I strongly believe that the VA provides the best care for our Nation's servicemembers returning from protecting the freedoms we most hold dear, and I am committed to VA continuing their critical mission of serving our veterans.

VA has served the special needs of our returning veterans for over 75 years and has expertise in their unique health care needs, including prosthetics, traumatic brain injury, post-traumatic stress disorder, and a host of other veteran-specific injuries. My focus continues to be on ensuring that the VA retains the unique responsibility for the health care our veterans receive, regardless of the provider.

The bill includes critical language that I discussed with Senator BERNIE SANDERS of Vermont to ensure the VA has the final authority over the care that the veterans receive, whether at the VA or at non-VA providers. We need to continue to work with our veteran stakeholders to ensure the VA has all the resources it needs to provide superior health care to our veterans.

I am looking forward to working with the new VA Secretary. And I want to thank the past Secretaries. I have worked with past Secretaries from Jesse Brown to the present one.

I know a lot of people will say that we have given the VA everything they need. But of course many of us don't have institutional memory.

I remember the first time the VA got the real budget they wanted in 2009 under President Barack Obama, when we had a Democratic House and a Democratic Senate. So a lot of us talk the talk, walk the walk, but don't really roll the roll.

So we have got to make sure as we move forward that we don't just talk about providing service, but that we really provide service and we ensure that the veterans have the service that the first President, George Washington, promised the veterans.

And I do want to thank our chairperson, Mr. MILLER of Florida, for his leadership and the way he has conducted our meetings, and also our ranking member.

Mr. MILLER of Florida. Mr. Speaker, it is my pleasure to yield 1 minute and 35 seconds to the gentleman from Colorado (Mr. COFFMAN), a United States veteran and another member of the conference committee.

Mr. COFFMAN. Mr. Speaker, I want to start by thanking Chairman MILLER for his dedicated work on behalf of our veterans.

As a Marine Corps combat veteran and chairman of the House Veterans' Affairs Subcommittee on Oversight and Investigations, I have spent the past year working side-by-side with the members of my subcommittee and with Chairman MILLER to investigate and uncover the largest scandal in the history of the Department of Veterans Affairs.

I am proud that Republicans and Democrats were able to put aside their partisan differences to focus on supporting our Nation's warriors with choice, accountability, and greater transparency. These reforms will allow veterans to vote with their feet if they cannot get an appointment within a reasonable timeframe at a VA facility.

I am also proud that we were able to include much-needed reforms on the treatment of victims of sexual assault in the military. The scourge of sexual assault in the military and the corruption of covered-up waiting lists at VA hospitals are shameful acts, and we must work together to confront them head on.

Mr. MICHAUD. Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore. The gentleman from Maine has 10 minutes remaining. The gentleman from Florida has 6½ minutes remaining.

Mr. MICHAUD. Mr. Speaker, at this time, I yield 2 minutes to the gentleman from Maryland (Mr. HOYER).

Mr. HOYER. I thank the gentleman for yielding. I congratulate Mr. MILLER, the chairman of the committee, and Mr. MICHAUD, the ranking member, for working together to get this done.

Mr. Speaker, this bill is the result of a bipartisan agreement. And while I have some serious concerns about a number of provisions of which I will speak, I am supporting it because it assigns resources to help cut down the waiting times for veterans to get the care they need and that we owe them. That must be our number one goal.

I remain deeply outraged, as so many of us are, by what transpired in Phoenix and at other VA facilities, where our wounded warriors were made to wait weeks, months to get an appointment and receive treatment, including for serious postdeployment mental health issues. That is not acceptable. This is more than unacceptable, however. It is unconscionable.

I think there is wide agreement on both sides of the aisle that any VA personnel who facilitated this wrongdoing or undermined veterans' health care must be held accountable.

However, Mr. Speaker, I am concerned with provisions in this bill regarding the removal of senior executive personnel. While this bill does improve on the House version by adding a 21-day period for appeals, it still undermines civil service protections that had been in place for decades to ensure a merit service, not a politicized, patronage service.

There are already strict rules in place that facilitate the swift removal of SES officials who do not perform their jobs responsibly, as there should be.

Those protections strike the right balance between giving agencies the authority to remove personnel without trampling on the due process rights of SES employees, who need to do their job without fear of political reprisal or arbitrary removal.

Having said that, Mr. Speaker, this bill addresses major challenges at the VA. It provides resources to ensure that our veterans can access health care at private facilities if they face a very long wait or live in rural areas far from VA doctors.

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

Mr. MICHAUD. I yield the gentleman an additional 30 seconds.

Mr. HOYER. I thank the gentleman.

And it makes health care services more available and accessible to veterans through additional resources for medical and other VA personnel.

This, of course, is not a perfect bill. But then again, I don't think I have ever voted for a perfect bill. But this is a good bill that moves in the right direction.

Again, I congratulate Mr. MILLER and Mr. MICHAUD on their work on this very important piece of legislation.

Mr. MILLER of Florida. Mr. Speaker, at this time, I yield 2 minutes to the gentlewoman from Indiana (Mrs. WALORSKI), another member of our conference committee and an outstanding member of the full committee.

Mrs. WALORSKI. Mr. Speaker, I would like to say to Chairman MILLER and Ranking Member MICHAUD, on behalf of the 54,000 veterans in my district and the 20 million around the country, thank you. And to every conferee that has served on this conference committee, thank you. This is a huge step forward today, and I am grateful to have been a part of this process. The need for this legislation and for our conference committee to have worked together was great, and it has been an incredible experience.

Let's not forget, in the past decade, nearly 1,000 veterans have died as a result of substandard treatment from the Department of Veterans Affairs, and many more cases are under investigation. Mr. Speaker, 50,000 new patients have waited at least 90 days for their first appointment at VA hospitals. VA staff have admitted to falsifying medical appointment dates to fit within the agency's wait time performance goal of 14 days. All these facts have been simply appalling. All of us in Congress have constituents who have been directly impacted by this scandal.

The need for the legislation is so timely today. I just came from the World War II Memorial, and I thanked a veteran from the Chicagoland-Indiana area. I shook his hand, looked him in the eye, and thanked him for serving our Nation. He stood up out of his wheelchair, looked me in the eye, and said: "Thank you for fighting for us." It just simply shows how important this is. This is an opportunity, as legislators, to take the first steps toward real change at the VA.

So today we stand together to help our Nation's heroes. We owe it to our veterans to provide them with nothing but the best. However, echoing the chairman's comments, simply providing a financial boost to an agency that has repeatedly demonstrated awful management practices will not solve the problem.

In the coming weeks and months, we must continue to stand together to ensure additional improvements are made to the VA. I urge my colleagues to vote in support of this bill.

Mr. MICHAUD. Mr. Speaker, at this time, I yield 1 minute to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Speaker, I thank the gentlemen very much on behalf of the State that has one of the largest populations of veterans, including those in my congressional district. I would like to say thank you.

To Ranking Member MICHAUD and Chairman MILLER, thank you for allowing me to sit in on a hearing. Thank you to the conferees. Thank you for

understanding that, when our soldiers put on the uniform, have any of us ever had them question why? And therefore, we should never question why are we giving the best service that we can give to our veterans.

I am grateful for the \$5 billion that allows this temporary flexibility, that if you cannot get service, you are, in fact, able to go to civilian doctors.

The professionals that are going to be added with primary and specialty doctors are the TMI, housing, PTSD, sexual assault. All of these are making a difference.

In the name of the World War II veteran that I saw in Normandy, by the name of Curtis, a veteran in my district who had an appointment in 2013 and never heard back from the veterans hospital, in his name, I believe that this is the most important opportunity. We should vote for this and be able to provide our veterans with the promise we have made to them: You serve, and we will serve you.

God bless America.

Mr. Speaker, as a senior member of the Judiciary and Homeland Security Committees, I rise in strong support of the Conference Report to H.R. 3230, "Veterans Access, Choice, and Accountability Act of 2014."

We must remember that freedom is not free and pause to recognize the valor and self-sacrifice of our nation's veterans.

We also need to keep our promises to the nation's more than 2 million troops and reservists and 23 million veterans.

I support the Conference Report for 6 principle reasons. The legislation before us:

1. Expands access to health care for veterans;
2. Addresses the shortage of health professionals in the VA;
3. Ensures access to care for rural veterans;
4. Provides funding to establish 27 new VA clinics;
5. Expands access to education for veterans and their families; and
6. Extends a community-based housing program for veterans.

Specifically, the conference report provides that the bulk of the funding in this agreement—\$10 billion in emergency funding—be used to expand access to non-VA health care options for veterans who have been left waiting for more than 30 days for an appointment or live more than 40 miles from the nearest VA facility.

Additionally, the bill provides \$5 billion to VA to hire more primary and specialty care physicians and other medical staff and includes incentives to attract more doctors, nurses and other medical personnel to the VA, and to increase medical education opportunities to attract doctors in the future.

Third, the bill extends the ARCH (Access Received Closer to Home) pilot program for two years. The ARCH program expands VA's ability to serve veterans who live far from VA facilities in Northern Maine; Farmville, Virginia; Pratt, Kansas; Flagstaff, Arizona; and Billings, Montana.

Fourth, the bill expands VA authority to provide counseling, care and other services to veterans and certain other non-veteran service members who have experienced military sexual trauma during active or inactive duty train-

ing (including members of the National Guard and Reserves). The legislation also requires the VA and DOD to conduct an annual assessment focused on the transition and continuum of care from DOD to VA for those who have experiences military sexual trauma.

Fifth, the conference report includes \$1.5 billion to lease 27 new VA clinics, including a new research facility in my home city of Houston, Texas, bringing care closer to where veterans live and increasing access to specialty care services.

Sixth, the Conference Report permits veterans who are eligible for education benefits under the Post 9–11 New GI Bill to qualify for in-state tuition and it expands the Marine Gunnery Sergeant John David Fry Scholarship to include spouses of members of the Air Force who die in the line duty while serving in active duty.

Finally, the Conference Report gives the VA Secretary the authority to immediately fire or demote senior executives based on poor job performance or misconduct but includes an expedited appeals process for terminated employees to prevent political firings and protect whistleblowers from retaliation.

Mr. Speaker, my state of Texas and Houston appreciates the service and sacrifices of veterans and takes care of them.

The Michael E. DeBakey VA Medical Center, for example, located in Houston, Texas serves the 32,477 veterans and is the primary healthcare provider for almost 130,000 veterans in southeast Texas.

Veterans from around the country are referred to the DeBakey VA Medical Center for specialized diagnostic care, radiation therapy, surgery, and medical treatment including cardiovascular surgery, gastrointestinal endoscopy, nuclear medicine, ophthalmology, and treatment of spinal cord injury and diseases.

DeBakey VA Medical Center provides vital healthcare services to Veterans in the Houston area and through the nation.

I am proud to support the Conference Report since veterans from Houston and surrounding regions will benefit with the establishment of a new facility that will extend access to specialty care services.

Mr. Speaker, in addition to long wait times at VA facilities, many veterans face a number of other challenges, including homelessness, coping with PTSD, and finding suitable employment in the civilian job market.

To address these problems, earlier this year I was successful in passing amendments to this year's Military Construction and Veterans Affairs Appropriations Act and the Defense Appropriations Act providing additional funding and resources targeted to helping homeless veterans secure housing and treating veterans suffering from PTSD in underserved urban and rural areas.

I also introduced H.R. 4110, the "Transitioning Heroes Act of 2014," which provides strong tax incentives for employers to hire, retain, and employ veterans in positions that take maximum advantage of their skills and experience.

Mr. Speaker, our men and women in the military have fulfilled a commitment to this nation and to each other that we should imitate in our actions to work to provide for veterans now that their military service has ended.

That is why as Members of Congress we need to make sure our veterans receive the best medical care that modern medicine has to offer to them and their families.

That is why I urge my colleagues to join me in supporting the Conference Report to H.R. 3230, "Veterans Access, Choice, and Accountability Act of 2014."

Mr. MILLER of Florida. Mr. Speaker, I yield 1½ minutes to the gentleman from Florida (Mr. BILIRAKIS), the vice chairman of the full committee and a member of the conference committee.

Mr. BILIRAKIS. I thank the gentleman for yielding.

Today I rise in support of the VA conference report on H.R. 3230. The Veterans Access, Choice and Accountability Act of 2014 is a positive first step toward reforming the VA, which provides, among other things, relief to veterans who have waited excessively to receive the health care they have earned at a level of quality they deserve, Mr. Speaker.

This bill also includes real accountability provisions, allowing the VA Secretary to fire or demote Senior Executive Service employees for lack of performance and management negligence.

This reform package is focused around ensuring the veteran has timely access to quality care and includes language to authorize 27 major medical facility leases, including one in Pasco County, Florida, in my congressional district.

The veterans in my area will soon have the ability to seek treatments at a consolidated clinic, thanks to Chairman MILLER, as opposed to having to travel between the main clinic and four other satellite facilities.

Authorizing these leases will improve the timeliness for veterans to receive care in Pasco County and in 17 other States throughout the Nation, as well as Puerto Rico.

Passage of this bill is the beginning, not the end. Obviously much work needs to be done. However, immediate action needs to be taken to get veterans off waiting lists and ensure they receive care within the VA health system or in the private sector, if they so choose. The veteran should have the choice. We need to get this done for our veterans.

I urge passage of the bill.

Mr. MICHAUD. Mr. Speaker, at this time, I yield 1 minute to the gentleman from California (Mr. TAKANO).

Mr. TAKANO. Mr. Speaker, I rise in support of the conference report. I want to thank Chairman MILLER for the gracious way that he has conducted the committee hearings, and I thank Ranking Member MICHAUD for his hard work.

Principally, I am very pleased that this conference report also includes 1,500 funded graduate medical school education slots at veterans facilities around this country. It was a good thing that we approved access to non-VA care for those servicemembers, those veterans who have been on waiting lists for far too long. But that would not be satisfactory to those areas of the country that are experiencing physician shortages. This is a

huge, huge accomplishment for a Congress that is so partisan to approve these 1,500 funded GMEs.

I urge all my colleagues to support the conference report.

Mr. MILLER of Florida. Mr. Speaker, I yield 1½ minutes to the gentleman from Kansas (Mr. HUELSKAMP).

Mr. HUELSKAMP. Mr. Speaker, I thank the chairman for his work on this bill.

As a member of the Veterans' Affairs Committee, I want to take a moment to share a little about what this bill means for my Kansas veterans.

Since coming to Congress, I have heard dozens of stories from Kansas veterans about their troubles with the VA. They have shared about how they are required to travel hundreds of miles for simple medical tests or to renew their prescriptions, all the while, driving past dozens of local hospitals and other health care providers with the ability and desire to meet their needs locally. Many Kansas veterans drive halfway across the State or to Colorado, Nebraska, or even Texas to get their simplest health care needs met.

In fact, just yesterday, my office had to step in to help a 94-year-old World War II veteran. The nearest VA hospital was 240 miles away. He just had a recent serious surgery, and they said, you have to come into the hospital to renew your prescriptions.

□ 1545

Thankfully, I was able to contact the VA and ensure this veteran could get his care in his local community, but as I tell folks in Kansas, you shouldn't have to call your Congressman to get the care you deserve.

With this bill, hundreds of rural Kansas veterans will be able to use their new veteran choice card or Project ARCH, call their local doctor, and get their health care needs met. Just like Medicare or TRICARE, veterans should have the choice to schedule their own appointments, pick their own doctors in their own communities.

When our veterans come back from serving and defending our country and return to communities across the United States, most of them don't ask for much, but I want our veterans to know that I believe you deserve the best, not just the mediocre, scandal-plagued culture we have seen at the current VA.

This bill is just plain common sense. It is a big first step towards giving veterans real choice and real accountability. As this law is implemented, I remain committed to continuing to ask the hard questions and working to return the VA to its true mission, to serve our veterans.

The SPEAKER pro tempore. The gentleman from Maine has 5½ minutes remaining. The gentleman from Florida has 2 minutes remaining.

Mr. MICHAUD. Mr. Speaker, I yield 1 minute to the gentleman from West Virginia (Mr. RAHALL).

Mr. RAHALL. Mr. Speaker, I commend Chairman MILLER and Ranking Member MICHAUD for bringing this Veterans' Access to Care Through Choice, Accountability, and Transparency Act to us today.

In medically underserved communities, where health care staffing shortages have caused delays in appointments, this conference agreement will help provide critical investments so that the VA can begin hiring the doctors it needs to serve our veterans.

It will help to reduce the backlog in VA construction and maintenance projects. It will help to ensure that veterans unable to get a medical appointment at a VA facility will be able to get the care they need from a non-VA provider.

This legislation can do a lot of good, but it is only a first step. The bill must be implemented, regulations issued, and scarce moneys allocated to ensure that veterans get the care that this legislation promises.

We must not lose sight of the rural, underserved areas in our Nation like in southern West Virginia, where veterans are elderly and travel is costly and burdensome. We must not lose sight of the need for medical facilities and health providers in those areas.

I urge the VA to remember rural veterans as it implements this bill, and I certainly aim to help to ensure that it does so. Again, I commend the chairman and ranking member for bringing this legislation to us today.

Mr. MILLER of Florida. Mr. Speaker, I yield 1 minute to the gentleman from Nebraska (Mr. TERRY), someone who always has veterans first in his mind.

Mr. TERRY. Mr. Speaker, this bill is a necessary repair for our vets' damage that was caused by VA workers who were willing to allow veterans to die by denying them care, ostensibly to receive a bonus.

Leave no doubt that this is a patch and that the VA requires a complete overhaul. For example, 7 years ago, the VA hospital in Omaha was deemed to be in such poor condition it needed to be replaced ASAP. It was put on the official list, and in those 7 years since, the project has actually fallen down the list, as few projects have been completed.

The VA is just not able to manage major projects. The entire Nebraska delegation wrote then-Secretary Shinseki over a year ago to meet and discuss the lack of progress and possible alternatives, but he refused to meet with our delegation, even after repeated requests.

This is evidence of total dysfunction of this VA in Washington, D.C. My hope is that the new VA Secretary will be more accommodating to listen to the Nebraska delegation whose sole goal is simply to help our veterans receive the appropriate care in a building that meets at least today's standards.

Mr. MICHAUD. Mr. Speaker, I yield 1 minute to the gentleman from Arizona (Mr. BARBER).

Mr. BARBER. Mr. Speaker, I am proud and honored to rise today in support of the Veterans' Access to Care Through Choice, Accountability, and Transparency Act of 2014 and to commend Representative MILLER and Representative MICHAUD for their leadership in getting this bill to us and this conference committee report to us today.

As the son of a veteran of World War II, Korea, and Vietnam, I say it is long overdue that Congress took action to provide the quality of care that our veterans have earned. I am here today to fight for veterans in southern Arizona, of which I represent 85,000, and veterans all across this Nation.

I have been pushing for better access to health care for our veterans since I came to Congress a little over 2 years ago. This has become even more urgent given the tragedy, the disgraceful behavior that we have uncovered in Phoenix and potentially across veterans centers in our Nation. To play games with our veterans to get bonuses is despicable, and this bill, I hope, will move us in a direction of correcting those terrible actions.

One of the first bills I introduced was the veterans' access to health care bill to ensure that veterans could get health care they need in their communities, and this bill, I am glad to say, includes that provision. I commend the leader, the chairman, and the ranking member for their work, and I urge all my colleagues to vote "yes" for this important bill for our veterans.

Mr. MICHAUD. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. GALLEGO).

Mr. GALLEGO. Mr. Speaker, I, too, rise in support of the conference committee report, asking all of our fellow members to support it, and I congratulate the chairman with whom I had a rather spirited conversation on this floor, as well as the ranking member on accomplishing the first step, I think, and it is the first step, but it is a significant step.

I am particularly proud that two of the provisions that I came to this floor to argue for—that being additional facilities, including an expansion of the facility in San Antonio, as well as additional support personnel, medical personnel, and health care personnel—are included in this bill.

This bill includes so much more: a graduate medical education component and, in addition, educational opportunities for spouses and families. This is an incredible first step.

I, again, want to underscore my thanks to the chairman, to the ranking member, to the members of the conference committee, and this is a great first step at putting us in the right direction towards finally treating our veterans with the respect that they not only deserve, but they have earned over the period of their service.

Mr. MICHAUD. Mr. Speaker, how much time is remaining?

The SPEAKER pro tempore. The gentleman from Maine has 2½ minutes re-

maining. The gentleman from Florida has 1 minute remaining.

Mr. MICHAUD. I yield 1 minute to the gentleman from California (Mr. PETERS).

Mr. PETERS of California. Mr. Speaker, I am proud to state my support for this agreement, the Veterans' Access to Care through Choice, Accountability, and Transparency Act of 2014, and thank both Chairman MILLER and Ranking Member MICHAUD for their leadership on bringing this issue to a resolution.

Last week, I offered a motion to instruct as a way to spur a bipartisan solution and to ensure that vets on the GI Bill could pay lower in-state college tuition. I am happy that that provision has been included.

Enacting the measures offered in this plan will go a long way toward improving veterans health care though, as everyone noted, there is much more work to be done. The more than 200,000 veterans who live in San Diego County deserve access to the medical care and benefits America has promised them and they have earned.

It is my hope that our action today will give new hope to the many vets who felt despair and disappointment at the way they have been treated by the VA after all they have sacrificed. Today, we send a bipartisan message to them: America keeps its promises to our veterans.

Mr. MICHAUD. Mr. Speaker, I have no further speakers, and I am ready to close.

Mr. Speaker, I would urge my colleagues to support the conference report to H.R. 3230. This is a very important bill. It is a bill that we have worked long and hard over the last several months. It is one that took into consideration a lot of the concerns that Members from both sides and both bodies had, and we came together with this bill.

I do want to thank Chairman MILLER for his hard work and dedication to our veterans and their families. We would not be here today if it wasn't his determination in having strong oversight hearings over the last couple of months within our committee.

I also want to thank staffs on both sides, the majority and minority staff. I know they have put in thousands of hours for oversight hearings to work on this conference report to get us where we are today. We could not have done it without our dedicated staffs on both sides of the aisle going through this document and making sure that every Member's concerns were addressed in this document.

With that, I want to once again thank the chairman for your hard work on this effort and look forward to the vote on this. I encourage all my colleagues to support this bill.

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

Mr. MILLER of Florida. Mr. Speaker, I, too, would like to say thank you to the ranking member of the full House

committee, Mr. MICHAUD, for his tenacity in what he has done to move this conference report along.

I also want to say thank you to the ranking member, Mr. BURR, in the Senate and to Senator SANDERS because, as we continue to negotiate through, there never was a willingness to quit by either side.

I am grateful to the 24 other conference committee members who worked with us, with their input, their ideas, and their willingness to embrace this compromise. It was brought forth by diligent, focused effort and a willingness on all sides to put aside differences of opinion and ideology and focus not on our disagreements, but how best we can all help our veterans.

While not perfect, this is an example of all the good work we can accomplish when we work together, and remember, it is the veteran who is sacred, not the VA.

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

Mr. BISHOP of Georgia. Mr. Speaker, at this time, there is no Federal agency more deserving of our attention than the U.S. Department of Veterans Affairs. The VA has served generations of heroes who have sacrificed on behalf of our country and we have an obligation to take care of them when they come home.

Without a doubt, the American people expect and veterans deserve the best service possible and I firmly believe that it is a duty of all of us in Congress to ensure that no one betrays the sacred trust owed to our Veterans.

The failure and mismanagement of care for our veterans that has come to light through the IG's investigation over the past two months must never be repeated, and I trust that this bill will go far to help reverse the failures, and ensure better future treatment of veterans at the VA.

I think this conference report contains provisions that will help provide timely care to veterans, hold the management of the Department of Veterans Affairs accountable, uphold the integrity of the department, and improve education benefits for veterans and their dependants—representing a major step in the right direction in meeting those obligations.

Specific measures to do so include; providing \$5 billion to the VA to hire additional physicians and other medical staff, authorizing a system for the VA to fire or demote management level employees for poor performance or misconduct, and increasing access to non-VA care for those veterans in dire need.

Yesterday, we were greeted with the good news of the Senate confirmation of the new VA Secretary, Robert McDonald. While the Senate acted swiftly on the confirmation of McDonald, I was disappointed to see that the Senate Appropriations Committee Chairwoman was unable to bring the FY 2015 MilCon/VA Appropriations bill to floor due to objections from the Senate Minority. If we truly wanted to get the ball rolling to make the VA better the Senate Minority should allow the bill to come to the floor.

Nevertheless, I also have full expectation that with the passage of this conference report it is going to be important that this Congress hold Secretary McDonald and his subordinates fully accountable moving forward.

Many in Congress are concerned about the cost of this bill. One way to help pay the cost of improved health care for veterans would be to improve third party collections.

Section 201 of the bill authorizes an independent assessment of a number of VA activities. Among other provisions, the assessment would report on ways to increase funds owed to the VA by third parties.

Over the past dozen years, the GAO and the VA/OIG have issued more than a dozen reports outlining the problems with third party reimbursement. I hope that the assessment team will not reinvent the wheel.

We already know that the VA has increased its billings for these services, but its collection rate has decreased or has remained stagnant. As a result, in FY13 alone, the VA failed to collect more than \$3 billion in billings. Between FY07 and FY13, the VA left nearly \$23 billion on the table.

The assessment should include specific directives for the improvement of the entire billings and collections process—from initial billing to denied claims to appeals of denied claims. The private sector seeks to maximize reimbursement. The VA should do no less.

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 agree to the conference report on H.R. 3230.

The question was taken.

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

Mr. MILLER of Florida. 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.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings will resume on questions previously postponed.

Votes will be taken in the following order:

Ordering the previous question on House Resolution 694;

Adopting House Resolution 694, if ordered;

Suspending the rules and adopting the conference report on H.R. 3230.

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

PROVIDING FOR CONSIDERATION OF H. RES. 676, AUTHORIZATION TO INITIATE LITIGATION FOR ACTIONS BY THE PRESIDENT; PROVIDING FOR CONSIDERATION OF H.R. 935, REDUCING REGULATORY BURDENS ACT OF 2013; AND PROVIDING FOR PROCEEDINGS DURING THE PERIOD FROM AUGUST 1, 2014, THROUGH SEPTEMBER 5, 2014

The SPEAKER pro tempore. The unfinished business is the vote on adop-

tion of the resolution (H. Res. 694) providing for consideration of the resolution (H. Res. 676) providing for authority to initiate litigation for actions by the President or other executive branch officials inconsistent with their duties under the Constitution of the United States; providing for consideration of the bill (H.R. 935) to amend the Federal Insecticide, Fungicide, and Rodenticide Act and the Federal Water Pollution Control Act to clarify Congressional intent regarding the regulation of the use of pesticides in or near navigable waters, and for other purposes; and providing for proceedings during the period from August 1, 2014, through September 5, 2014, on which the yeas and nays were ordered.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The vote was taken by electronic device, and there were—yeas 227, nays 195, not voting 10, as follows:

[Roll No. 465]

YEAS—227

Aderholt	Flores	Luetkemeyer
Amash	Forbes	Lummis
Amodei	Portenberry	Marchant
Bachmann	Fox	Marino
Bachus	Franks (AZ)	Massie
Barletta	Frelinghuysen	McAllister
Barr	Gardner	McCarthy (CA)
Barton	Gerlach	McCaul
Benishek	Gibbs	McClintock
Bentivolio	Gibson	McHenry
Bilirakis	Gingrey (GA)	McKinley
Bishop (UT)	Gohmert	McMorris
Black	Goodlatte	Rodgers
Blackburn	Gowdy	Meadows
Boustany	Granger	Meehan
Brady (TX)	Graves (GA)	Messer
Bridenstine	Graves (MO)	Mica
Brooks (AL)	Griffin (AR)	Miller (FL)
Brooks (IN)	Griffith (VA)	Miller (MI)
Brown (GA)	Grimm	Miller, Gary
Buchanan	Guthrie	Mullin
Bucshon	Hall	Mulvaney
Burgess	Hanna	Murphy (PA)
Byrne	Harper	Neugebauer
Calvert	Harris	Noem
Camp	Hartzler	Nugent
Campbell	Hastings (WA)	Nunes
Cantor	Heck (NY)	Olson
Capito	Hensarling	Palazzo
Carter	Herrera Beutler	Paulsen
Cassidy	Holding	Pearce
Chabot	Hudson	Perry
Chaffetz	Huelskamp	Petri
Clawson (FL)	Huizenga (MI)	Pittenger
Coble	Hultgren	Pitts
Coffman	Hunter	Poe (TX)
Cole	Hurt	Posey
Collins (GA)	Issa	Price (GA)
Collins (NY)	Jenkins	Reed
Conaway	Johnson (OH)	Reichert
Cook	Johnson, Sam	Renacci
Cotton	Jolly	Ribble
Cramer	Jones	Rice (SC)
Crawford	Jordan	Rigell
Crenshaw	Joyce	Roby
Culberson	Kelly (PA)	Roe (TN)
Daines	King (IA)	Rogers (AL)
Davis, Rodney	King (NY)	Rogers (KY)
Denham	Kingston	Rogers (MI)
Dent	Kinzinger (IL)	Rohrabacher
DeSantis	Kline	Rokita
Diaz-Balart	Labrador	Rooney
Duffy	LaMalfa	Ros-Lehtinen
Duncan (SC)	Lamborn	Roskam
Duncan (TN)	Lance	Ross
Ellmers	Lankford	Rothfus
Farenthold	Latham	Royce
Fincher	Latta	Runyan
Fitzpatrick	LoBiondo	Ryan (WI)
Fleischmann	Long	Salmon
Fleming	Lucas	Sanford

Scalise	Stivers
Schock	Stockman
Schweikert	Stutzman
Scott, Austin	Terry
Sensenbrenner	Thompson (PA)
Sessions	Thornberry
Shimkus	Tiberi
Shuster	Tipton
Simpson	Turner
Smith (MO)	Upton
Smith (NE)	Valadao
Smith (NJ)	Wagner
Smith (TX)	Walberg
Southerland	Walden
Stewart	Walorski

NAYS—195

Barber	Green, Gene	Nolan
Barrow (GA)	Grijalva	O'Rourke
Bass	Gutiérrez	Owens
Beatty	Hahn	Pallone
Becerra	Hastings (FL)	Pascarella
Bera (CA)	Heck (WA)	Pastor (AZ)
Bishop (GA)	Higgins	Payne
Bishop (NY)	Himes	Pelosi
Blumenauer	Hinojosa	Perlmutter
Bonamici	Holt	Peters (CA)
Brady (PA)	Honda	Peters (MI)
Braley (IA)	Horsford	Peterson
Brown (FL)	Hoyer	Pingree (ME)
Brownley (CA)	Huffman	Pocan
Bustos	Israel	Polis
Butterfield	Jackson Lee	Price (NC)
Capps	Jeffries	Quigley
Capuano	Johnson (GA)	Rahall
Cárdenas	Johnson, E. B.	Rangel
Carney	Kaptur	Richmond
Carson (IN)	Keating	Roybal-Allard
Cartwright	Kelly (IL)	Ruiz
Castor (FL)	Kennedy	Ruppersberger
Castro (TX)	Kildee	Rush
Chu	Kilmer	Ryan (OH)
Ciulline	Kind	Sánchez, Linda
Clark (MA)	Kirkpatrick	T.
Clarke (NY)	Kuster	Sanchez, Loretta
Clyburn	Langevin	Sarbanes
Cohen	Larsen (WA)	Schakowsky
Connolly	Larson (CT)	Schiff
Conyers	Lee (CA)	Schneider
Cooper	Levin	Schrader
Costa	Lewis	Schwartz
Courtney	Lipinski	Scott (VA)
Crowley	Loebsock	Scott, David
Cuellar	Lofgren	Serrano
Cummings	Lowenthal	Sewell (AL)
Davis (CA)	Lowey	Shea-Porter
Davis, Danny	Lujan Grisham	Sherman
DeFazio	(NM)	Sinema
DeGette	Lujan, Ben Ray	Slaughter
Delaney	(NM)	Smith (WA)
DeLauro	Lynch	Speier
DeBene	Maffei	Swalwell (CA)
Deutch	Maloney,	Takano
Dingell	Carolyn	Thompson (CA)
Doggett	Maloney, Sean	Thompson (MS)
Doyle	Matheson	Tierney
Duckworth	Matsui	Titus
Edwards	McCarthy (NY)	Tonko
Ellison	McCollum	Tsongas
Engel	McDermott	Van Hollen
Enyart	McGovern	Vargas
Eshoo	McIntyre	Veasey
Esty	McNerney	Vela
Farr	Meeks	Velázquez
Fattah	Meng	Visclosky
Foster	Michaud	Walz
Frankel (FL)	Miller, George	Wasserman
Fudge	Moore	Schultz
Gabbard	Moran	Waters
Gallego	Murphy (FL)	Waxman
Garamendi	Nadler	Welch
Garcia	Napolitano	Wilson (FL)
Grayson	Neal	Yarmuth
Green, Al	Negrete McLeod	

NOT VOTING—10

Clay	Gosar	Pompeo
Cleaver	Hanabusa	Sires
DesJarlais	McKeon	
Garrett	Nunnelee	

□ 1623

Mr. CARSON of Indiana, Ms. SLAUGHTER, Mr. GEORGE MILLER of California, Ms. KUSTER, Messrs. RICHMOND and LANGEVIN changed their vote from "yea" to "nay."

So the previous question was ordered.