

MULLIN of Oklahoma for sponsoring this legislation, and I encourage all of my colleagues to join me in supporting it.

I reserve the balance of my time.

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

I rise today in support of this legislation by the gentleman from Oklahoma (Mr. MULLIN).

Ensuring VA delivers safe and high-quality health care to veterans is an important priority for this committee. This bill will allow Veterans Integrated Service Network directors to contract with civilian accreditation and healthcare evaluation organizations to inspect and investigate VA medical centers. This gives VA another tool to evaluate and improve the quality of care provided at its facilities.

VA medical centers are routinely inspected and accredited by recognized organizations in the healthcare world, such as the Joint Commission on Accreditation of Hospitals and the Commission on Accreditation of Rehabilitation Facilities. This bill would allow other organizations to inspect and accredit VA hospitals at VA's discretion.

Since the VA inspector general and Government Accountability Office also routinely conduct investigations, inspections, and audits of VA medical facilities, I would like to emphasize that this bill requires both GAO and the IG to be notified when a VISN chooses to contract with civilian inspection and accreditation organizations.

Coordination of efforts with GAO and the IG will avoid duplication and prevent the waste of taxpayer dollars. I also want to emphasize that this authority should not be used to replace the role of the IG and GAO in conducting investigations, inspections, and evaluations of VA medical facilities.

I urge my colleagues to support this bill.

I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield 3 minutes to the gentleman from Oklahoma (Mr. MULLIN), who brought this legislation to our committee.

Mr. MULLIN. Mr. Speaker, I thank Chairman-elect ROE for yielding and for his work on the committee. I have no doubt that he will perform admirably in his new role, and I want to extend my appreciation to him and to Chairman MILLER for their leadership in getting this bill to the floor for consideration.

This bill is simple, so I will keep it short. All the bill does is authorize the Department of Veterans Affairs to contract with appropriate civilian healthcare accrediting or evaluating groups to investigate the VA medical centers.

Our veterans deserve care equal to the finest civilian hospitals, so let's allow the VA to invite the people who evaluate and accredit those private hospitals to take a look at our VA medical centers when they have problems.

This is a commonsense bill that will help improve the care of our veterans who need us the most. I urge passage of this bill.

Mr. TAKANO. Mr. Speaker, I encourage all of my colleagues to support this important legislation and to join me in passing H.R. 6435.

I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, as Mr. MULLIN said, this is a very commonsense piece of legislation.

I worked in hospitals for almost four decades that had joint commission supervision. It is a good way. It is best for patient safety. With that, I encourage all Members to support this legislation.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, H.R. 6435.

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

A motion to reconsider was laid on the table.

COMMUNITIES HELPING INVEST THROUGH PROPERTY AND IMPROVEMENTS NEEDED FOR VETERANS ACT OF 2016

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5099) to establish a pilot program on partnership agreements to construct new facilities for the Department of Veterans Affairs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5099

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016" or the "CHIP IN for Vets Act of 2016".

SEC. 2. PILOT PROGRAM ON ACCEPTANCE BY THE DEPARTMENT OF VETERANS AFFAIRS OF DONATED FACILITIES AND RELATED IMPROVEMENTS.

(a) PILOT PROGRAM AUTHORIZED.—

(1) IN GENERAL.—Notwithstanding sections 8103 and 8104 of title 38, United States Code, the Secretary of Veterans Affairs may carry out a pilot program under which the Secretary may accept donations of the following property from entities described in paragraph (2):

(A) Real property (including structures and equipment associated therewith)—

(i) that includes a constructed facility; or

(ii) to be used as the site of a facility constructed by the entity.

(B) A facility to be constructed by the entity on real property of the Department of Veterans Affairs.

(2) ENTITIES DESCRIBED.—Entities described in this paragraph are the following:

(A) A State or local authority.

(B) An organization that is described in section 501(c)(3) of the Internal Revenue Code of 1986 and is exempt from taxation under section 501(a) of such Code.

(C) A limited liability corporation.

(D) A private entity.

(E) A donor or donor group.

(F) Any other non-Federal Government entity.

(3) LIMITATION.—The Secretary may accept not more than five donations of real property and facility improvements under the pilot program and as described in this section.

(b) CONDITIONS FOR ACCEPTANCE OF PROPERTY.—The Secretary may accept the donation of a property described in subsection (a)(1) under the pilot program only if—

(1) the property is—

(A) a property with respect to which funds have been appropriated for a Department facility project; or

(B) a property identified as—

(i) meeting a need of the Department as part of the long-range capital planning process of the Department; and

(ii) the location for a Department facility project that is included on the Strategic Capital Investment Planning process priority list in the most recent budget submitted to Congress by the President pursuant to section 1105(a) of title 31, United States Code; and

(2) an entity described in subsection (a)(2) has entered into or is willing to enter into a formal agreement with the Secretary in accordance with subsection (c) under which the entity agrees to independently donate the real property, improvements, goods, or services, for the Department facility project in an amount acceptable to the Secretary and at no additional cost to the Federal Government.

(c) REQUIREMENT TO ENTER INTO AN AGREEMENT.—

(1) IN GENERAL.—The Secretary may accept real property and improvements donated under the pilot program by an entity described in subsection (a)(2) only if the entity enters into a formal agreement with the Secretary that provides for—

(A) the donation of real property and improvements (including structures and equipment associated therewith) that includes a constructed facility; or

(B) the construction by the entity of a facility on—

(i) real property and improvements of the Department of Veterans Affairs; or

(ii) real property and improvements donated to the Department by the entity.

(2) CONTENT OF FORMAL AGREEMENTS.—With respect to an entity described in subsection (a)(2) that seeks to enter into a formal agreement under paragraph (1) of this subsection that includes the construction by the entity of a facility, the formal agreement shall provide for the following:

(A) The entity shall conduct all necessary environmental and historic preservation due diligence, shall comply with all local zoning requirements (except for studies and consultations required of the Department under Federal law), and shall obtain all permits required in connection with the construction of the facility.

(B) The entity shall use construction standards required of the Department when designing, repairing, altering, or building the facility, except to the extent the Secretary determines otherwise, as permitted by applicable law.

(C) The entity shall provide the real property, improvements, goods, or services in a manner described in subsection (b)(2) sufficient to complete the construction of the facility, at no additional cost to the Federal Government.

(d) NO PAYMENT OF RENT OR USAGE FEES.—The Secretary may not pay rent, usage fees, or any other amounts to an entity described in subsection (a)(2) or any other entity for

the use or occupancy of real property or improvements donated under this section.

(e) FUNDING.—

(1) FROM DEPARTMENT.—

(A) IN GENERAL.—The Secretary may not provide funds to help the entity finance, design, or construct a facility in connection with real property and improvements donated under the pilot program by an entity described in subsection (a)(2) that are in addition to the funds appropriated for the facility as of the date on which the Secretary and the entity enter into a formal agreement under subsection (c) for the donation of the real property and improvements.

(B) TERMS AND CONDITIONS.—The Secretary shall provide funds pursuant to subparagraph (A) under such terms, conditions, and schedule as the Secretary determines appropriate.

(2) FROM ENTITY.—An entity described in subsection (a)(2) that is donating a facility constructed by the entity under the pilot program shall be required, pursuant to a formal agreement entered into under subsection (c), to provide other funds in addition to the amounts provided by the Department under paragraph (1) that are needed to complete construction of the facility.

(f) APPLICATION.—An entity described in subsection (a)(2) that seeks to donate real property and improvements under the pilot program shall submit to the Secretary an application to address needs relating to facilities of the Department, including health care needs, identified in the Construction and Long-Range Capital Plan of the Department, at such time, in such manner, and containing such information as the Secretary may require.

(g) INFORMATION ON DONATIONS AND RELATED PROJECTS.—

(1) IN GENERAL.—The Secretary shall include in the budget submitted to Congress by the President pursuant to section 1105(a) of title 31, United States Code, information regarding real property and improvements donated under the pilot program during the year preceding the submittal of the budget and the status of facility projects relating to that property.

(2) ELEMENTS.—Information submitted under paragraph (1) shall provide a detailed status of donations of real property and improvements conducted under the pilot program and facility projects relating to that property, including the percentage completion of the donations and projects.

(h) BIENNIAL REPORT OF COMPTROLLER GENERAL OF THE UNITED STATES.—Not less frequently than once every two years until the termination date set forth in subsection (i), the Comptroller General of the United States shall submit to Congress a report on the donation agreements entered into under the pilot program.

(i) TERMINATION.—The authority for the Secretary to accept donations under the pilot program shall terminate on the date that is five years after the date of the enactment of this Act.

(j) RULE OF CONSTRUCTION.—Nothing in this section shall be construed as a limitation on the authority of the Secretary to enter into other arrangements or agreements that are authorized by law and not inconsistent with this section.

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

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent that all Mem-

bers may have 5 legislative days in which to revise and extend their remarks and add extraneous material.

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

There was no objection.

Mr. ROE of Tennessee. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 5099, as amended, the Communities Helping Invest Through Property and Improvements Needed for Veterans Act of 2016—and that is a mouthful—or the CHIP IN for Vets Act of 2016. This bill, sponsored by our colleague Congressman BRAD ASHFORD from Nebraska, would authorize the Department of Veterans Affairs to carry out a pilot program to accept from certain non-Federal entities up to five donations of either real property that includes a constructed facility or is to be used as a site of a facility constructed by the entity, or a facility to be constructed by the entity on VA real property. Such donation may be accepted only if it is for a project for which funds have been appropriated for a VA facility or is identified as meeting both a VA need as part of the Department's long-range capital planning process and as the location for a VA facility project that is included on the strategic capital investment plan.

VA is one of our government's largest real property holders; and, considering that the average age of a VA medical building is five times older than the average age of a building in a nonprofit hospital system, VA's capital needs continue to grow in both cost and complexity. Meanwhile, the high-profile scandals and failures that VA's construction and capital asset program has undergone have been well publicized over the last few years.

In April of 2013, the Government Accountability Office found that VA's major medical facility construction projects, which are already costly, complicated endeavors, experienced cost increases ranging from 66 percent to 427 percent and schedule delays ranging from 14 months to 86 months. Needless to say, it is clear that the time to look for innovative solutions to VA's capital needs is now.

Currently, VA has the authority to accept a donated facility if that facility is already complete; however, it can be challenging to find existing facilities that both meet demonstrated VA need and satisfy all the requirements and mandates that a Federal facility must meet. Allowing VA to accept unconditional donations of real property, improvements, goods, or services from community donors, within certain parameters, could provide a viable solution to meeting VA's capital needs in an expedient, fiscally responsible manner while allowing communities and individuals the opportunity to step up and contribute in honor of their veteran friends and neighbors in a meaningful way.

As chairman in the 115th Congress, I look forward to continuing to aggressively oversee VA's troubled construction program and to leave no stones unturned when looking for new ways to ensure that VA has facilities they need to provide the services our veterans require. I believe that the pilot program could lay the foundation for doing just that.

I urge my colleagues to join me in supporting this legislation.

I reserve the balance of my time.

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

I rise in support of H.R. 5099, as amended, Communities Helping Invest through Property and Improvements Needed for Veterans Act of 2016. Indeed, it is a mouthful but is a very, very important, potentially transformative piece of legislation. Otherwise, we can shorten it down to the CHIP IN for Vets Act of 2016, which was introduced by my friend and colleague, the gentleman from Nebraska, BRAD ASHFORD. The bill is a testament to his hard work, as well as many Members and staff on both sides of the Capitol, that we are considering this bill today.

This bipartisan legislation will authorize a pilot program, allowing the Department of Veterans Affairs to partner with nonprofit and private donors to build VA hospitals, receive donated land, and acquire other VA facilities so that the VA may continue to serve veterans.

Today there are generous donors and organizations ready to pitch in and invest in their community's willingness to support and serve our veterans. That is why we must take immediate action and pass H.R. 5099, as amended.

This bill will permit the VA to accept facilities constructed by donors, land where a future facility will be constructed by a donor, and permit a donor to construct a facility on VA property under an agreement to donate the facility to VA upon completion. It will also preserve VA's authority to determine need by only allowing projects to move forward under this program based on projects authorized and funded by Congress or included on the VA's strategic capital investment planning process priority list.

This bill is necessary not only because of the Federal Government's significant budget constraints, but also so that VA has clear authority to undertake these projects and accept donations for the acquisition of facilities.

It also allows VA and Congress to determine whether this pilot program that permits the VA and non-Federal organizations to combine resources to construct facilities is a viable future model for the funding and management of major and minor VA construction projects.

Thanks to the public-private partnerships this legislation will foster, the VA will be able to take meaningful steps in improving its capacity to provide our veterans the quality care they

deserve at state-of-the-art VA facilities, all the while saving American taxpayers millions of dollars in the process. It is the very definition of a win-win situation.

Mr. Speaker, strengthening the VA and increasing its capacity to provide and coordinate care is one of our highest priorities at the Committee on Veterans' Affairs, and I am pleased to support H.R. 5099, as amended, which will only improve VA's ability to do so.

I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield 2 minutes to the gentleman from Nebraska (Mr. FORTENBERRY) for his comments.

Mr. FORTENBERRY. Mr. Speaker, as we are about to conclude this legislative session, I hope everyone here realizes the magnitude of what this bill before us does.

Yes, we have got a lot going on. We are distracted. We are eager to finish up business and start a transition period. But, as Congressman TAKANO just said, this is transformative. This creates a blueprint of the architecture for a 21st century VA. And why? As Congressman ROE pointed out, we have had extreme difficulties and complexities and problems in the VA with service delivery as well as budgetary cost overruns.

□ 1430

We have had for a very long time an aging hospital in Omaha. We have had a community that is very eager to find a new innovative way out of this problem. We have a pot of money that has been sitting here for a very long time and will continue to sit here for a very long time unless we become innovative, unless we do something different.

That is what Congressman ASHFORD has done with the rest of the Federal delegation from Nebraska, including Senator FISCHER. He has come up with an innovative transformative model that will create a new center of excellence based on a public-private partnership, using existing Federal moneys, using a base of community support that has already come forward looking to help the VA better integrate with the private facilities that already exist in the community of Omaha, which are quite extraordinary. As Congressman TAKANO said, this is a win-win-win.

I want to congratulate my friend and colleague, Congressman ASHFORD, for his extraordinary leadership and vision in this regard as well as the integrity to stay with it until the very end. We have had some complexities along the way, but it is my hope, Mr. Chairman, particularly as you take over the reins of the entire committee, that you will help us implement this rapidly, as I know you will, because it is a transformative mechanism by which we are going to deliver the highest and best possible care for our veterans back home.

Mr. TAKANO. Mr. Speaker, I yield 5 minutes to the gentleman from Nebraska (Mr. ASHFORD), who had the te-

nacity to stick it through and bring this legislation finally in this form to the floor.

Mr. ASHFORD. Mr. Speaker, I thank Ranking Member TAKANO, Chairman ROE, certainly Chairman MILLER, and Mr. Speaker for bringing this important bill up for a vote today.

H.R. 5099, the CHIP IN for Vets Act, was introduced by myself and others in the House and by my good friend and colleague, Senator DEB FISCHER, in the United States Senate. There is an identical bill in the Senate awaiting action as we speak.

As has been suggested and mentioned, this bill allows for the Department of Veterans Affairs to enter into donation agreements with community groups in order to complete VA construction projects. This is a new and innovative idea not necessarily brought to this body by myself, but by so many other people, as has been mentioned, who have worked on this bill for literally 2 years. I appreciate my good friend, Congressman FORTENBERRY from Lincoln, Nebraska, for his comments and his ability to hold me back from time to time as we proceeded down this course.

I think when we started out with this process, what I was focused on was the idea that in our own communities it is veterans who can make those tough decisions as to what their needs are. Nobody better than our veterans understands those needs. What this bill will allow us to do is to combine community donors with veterans to actually involve themselves together in the development of these projects. Certainly in Omaha, in my community in Iowa, and Nebraska area, we have had a need for such a renovated facility for many, many years.

My bill, I believe, empowers our veterans. It puts an end to the decades-long wait for hundreds of thousands of veterans in my area who have been promised new facilities. I think, as clearly as Congressman FORTENBERRY, Ranking Member TAKANO, and Chairman ROE mentioned, that this really does open up opportunities for VA facilities across the entire country and starts the course moving forward.

Let me just conclude by thanking so many of you. I would be here much longer than 5 minutes if I were going to name everyone, but certainly I appreciate my cosponsors, Congressman WALZ from Minnesota, Congressman FORTENBERRY, Congressman SMITH from Nebraska, Congressman DAVE YOUNG from across the river in Iowa.

I thank Chairman MILLER, who gave me the opportunity to discuss, even on weekends, some of the positive elements of what we were trying to do in Nebraska.

Lastly, thanks to the staff and certainly my staff leader on this bill, Denise Fleming. I am going to be in the House only a few more weeks, but I can't say that she is actually welcoming me leaving, but she certainly has been a tenacious advocate and has worked very, very hard.

There have been other staff members as well, and certainly they have all added a tremendous amount to this bill: Christine Hill and Grace Rodden most particularly.

Moving this bill ensures that Senator FISCHER's bill, which is now in the Senate, can move in the Senate and become law so we can begin this project now. My friends in Omaha, in Nebraska, and Iowa are ready to donate what is necessary to unleash, as Mr. FORTENBERRY suggests, the money that has already been appropriated for our Omaha facility.

Lastly, I would like to thank the Secretary of the Veterans Administration, Robert McDonald. I met Bob McDonald 2 years ago about just now when I was coming in to Congress. I suggested to him that we needed something to be done in Omaha, and I also suggested that I thought that our donor community and our veterans community would work together on an innovative public-private partnership to enable some sort of new way, some sort of center of excellence to develop; and certainly Secretary McDonald and his team have been great and have been so incredibly helpful in moving this along.

Lastly, again, I thank my colleague and friend actually from our years together in the unicameral legislature in Nebraska, DEB FISCHER, whose staff has been tireless and helpful in this matter.

Mr. ROE of Tennessee. Mr. Speaker, I yield 3 minutes to the gentleman from Iowa (Mr. YOUNG), my good friend, to speak on this issue.

Mr. YOUNG of Iowa. Mr. Speaker, today I rise to speak in support of H.R. 5099, the bipartisan CHIP IN for Vets Act of 2016, which is sponsored by my colleague from across the river, Congressman BRAD ASHFORD in Nebraska.

Our veterans make great sacrifices in defense of our freedoms, and it is incumbent upon us to provide them with the best possible health care when they return home.

Now, many of our Department of Veterans Affairs facilities are aging. They are in need of upgrades and repair, some complete overhauls, yet cost overruns and significant delays trouble VA construction programs and hinder work on other VA facilities in need of improvements.

The CHIP IN for Vets Act of 2016 seeks to address some of these problems by authorizing the VA to carry out a 5-year pilot program examining the feasibility of leveraging private donations to construct new VA facilities, that public-private partnership.

This is a new way of doing things and a unique opportunity for the taxpayer and for veterans. This bill could help facilities—and it will—like the Omaha VA Medical Center, which serve my constituents in Iowa as well as those in Nebraska.

Now, I appreciate my colleague's work, Congressman ASHFORD, for pushing this bill along. I was proud to sign

on as a cosponsor. Congressman ASHFORD has shown great leadership and tenacity in getting this bill over the finish line. That is what he came here to do, to get things done.

I urge my colleagues to support this bill.

Mr. TAKANO. Mr. Speaker, I yield myself the balance of my time.

I want to add some more comments about the legislation that we are about to pass. I concur in and associate myself with the remarks of my colleague from Nebraska, Mr. FORTENBERRY. I certainly want to extend my appreciation to the majority for its generosity of spirit in this particular case. If there is anything that fills me with great hope that we can restore the esteem of this great institution in the eyes of the American people, it is when we pass legislation such as Mr. ASHFORD's bill today. We rose above politics—both sides rose above politics—to do the right thing for veterans. It was our regard for veterans that brought us together. It is fitting that this action is happening in the heartland of our country. This is no small measure today. The American people do not really see the drama. It looks very effortless about what we are going to do because it is going to be voice voted. No real big drama is going to play out in front of everybody, but I am going to tell you that Republicans and Democrats worked together.

I want to congratulate and show my appreciation to my whip, Mr. HOYER. He worked his relationships with some Members on the other side in the Senate, and it showed that we shouldn't be so hasty to move our more senior Members so quickly out of their positions because these relationships matter after so many years. I will go more into detail with anyone who cares to know more about it later. Mr. MCCARTHY, of my home State of California, my own Leader PELOSI, and staff on both sides of the aisle worked tirelessly to bring this bill.

We are about to head home for the holiday season, and I can't think of a greater gift that we can give—well, I can think of a lot of greater gifts, but this is a very important gift that we are going to give. It is truly a potentially transformative piece of legislation.

Mr. Speaker, I have no further speakers at this time. I just want to encourage all of my colleagues to support this important piece of legislation and join me in passing H.R. 5099, as amended.

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

Mr. ROE of Tennessee. Mr. Speaker, I yield myself the balance of my time.

I, too, want to associate myself with the remarks of all the speakers and thank Mr. ASHFORD for his perseverance in bringing this, along with Mr. FORTENBERRY on our side and Chairman MILLER and Ranking Member TAKANO. This is the way we are going to have to do this more. There is a finite amount of money we have. There

is a finite amount of money we can provide for services, and looking for public-private partnerships, as my city in Johnson City, Tennessee, is doing right now with other projects. I think this is a model for what could go on in the country.

I have a CBOC in my district where the local mayor provided use at a hospital for a dollar a year for the VA to have the VA facility there. I think that is going on in Nebraska right now. They are trying to see that happen. We need to be thinking about how we can provide these facilities to serve these great veterans who have served our country.

Mr. Speaker, I encourage all Members to support this legislation.

I yield back the balance of my time. The SPEAKER pro tempore (Mr. RODNEY DAVIS of Illinois). The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, H.R. 5099, as amended.

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

A motion to reconsider was laid on the table.

□ 1445

TO RESEARCH, EVALUATE, ASSESS, AND TREAT ASTRONAUTS ACT

Mr. BABIN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6076) to require the Administrator of the National Aeronautics and Space Administration to establish a program for the medical monitoring, diagnosis, and treatment of astronauts, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6076

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “To Research, Evaluate, Assess, and Treat Astronauts Act” or the “TREAT Astronauts Act”.

SEC. 2. FINDINGS; SENSE OF CONGRESS.

(a) FINDINGS.—Congress makes the following findings:

(1) Human space exploration can pose significant challenges and is full of substantial risk, which has ultimately claimed the lives of 24 National Aeronautics and Space Administration astronauts serving in the line of duty.

(2) As United States government astronauts participate in long-duration and exploration spaceflight missions they may experience increased health risks, such as vision impairment, bone demineralization, and behavioral health and performance risks, and may be exposed to galactic cosmic radiation. Exposure to high levels of radiation and microgravity can result in acute and long-term health consequences that can increase the risk of cancer and tissue degeneration and have potential effects on the musculoskeletal system, central nervous system, cardiovascular system, immune function, and vision.

(3) To advance the goal of long-duration and exploration spaceflight missions, United States government astronaut Scott Kelly participated in a one-year twins study in space while his identical twin brother, former United States government astronaut Mark Kelly, acted as a human control specimen on Earth, providing an understanding of the physical, behavioral, microbiological, and molecular reaction of the human body to an extended period of time in space.

(4) Since the Administration currently provides medical monitoring, diagnosis, and treatment for United States government astronauts during their active employment, given the unknown long-term health consequences of long-duration space exploration, the Administration has requested statutory authority from Congress to provide medical monitoring, diagnosis, and treatment to former United States government astronauts for psychological and medical conditions associated with human space flight.

(b) SENSE OF CONGRESS.—It is the sense of Congress that—

(1) the United States should continue to seek the unknown and lead the world in space exploration and scientific discovery as the Administration prepares for long-duration and exploration spaceflight in deep space and an eventual mission to Mars;

(2) data relating to the health of astronauts will become increasingly valuable to improving our understanding of many diseases humans face on Earth;

(3) the Administration should provide the type of monitoring, diagnosis, and treatment described in subsection (a) only for conditions the Administration considers unique to the training or exposure to the spaceflight environment of United States government astronauts and should not require any former United States government astronauts to participate in the Administration's monitoring;

(4) such monitoring, diagnosis, and treatment should not replace a former United States government astronaut's private health insurance;

(5) expanded data acquired from such monitoring, diagnosis, and treatment should be used to tailor treatment, inform the requirements for new spaceflight medical hardware, and develop controls in order to prevent disease occurrence in the astronaut corps; and

(6) the 340-day space mission of Scott Kelly aboard the ISS—

(A) was pivotal for the goal of the United States for humans to explore deep space and Mars as the mission generated new insight into how the human body adjusts to weightlessness, isolation, radiation, and the stress of long-duration space flight; and

(B) will help support the physical and mental well-being of astronauts during longer space exploration missions in the future.

SEC. 3. MEDICAL MONITORING AND RESEARCH RELATING TO HUMAN SPACE FLIGHT.

(a) IN GENERAL.—Subchapter III of chapter 201 of title 51, United States Code, is amended by adding at the end the following:

“§ 20148. Medical monitoring and research relating to human space flight

“(a) IN GENERAL.—Notwithstanding any other provision of law, the Administrator may provide for the medical monitoring and diagnosis of a former United States government astronaut or a former payload specialist for conditions that the Administrator considers potentially associated with human space flight, and may provide for the treatment of a former United States government astronaut or a former payload specialist for conditions that the Administrator considers