

done so much to help his community. Mr. Adair is a perfect example of a Good Samaritan, and I am proud to recognize all that he has done for our community in Helotes.

#### PRESIDENT TRUMP'S "ART OF THE DEAL" BOOK

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Madam Speaker, those who are fair-minded and want to understand President Trump better should read his best-selling book from 30 years ago, which is as timely today as it was then. It is called "The Art of the Deal" and reveals these characteristics.

Donald Trump usually makes decisions quickly based on knowledge, experience, and intuition, rather than waiting for consultants' studies. He is a tough but practical negotiator willing to compromise to achieve a goal. He gets a deal done sooner or later, even if it sometimes takes years.

He is a counterpuncher who doesn't like to start a fight but will give more than he receives. He is loyal to friends who are loyal to him.

Most of the President's actions should be of no surprise to anyone who has read his book. In fact, those who are objective are likely to appreciate him more.

#### RECOGNIZING GRAND VIEW HEALTH HOSPITAL

(Mr. FITZPATRICK asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. FITZPATRICK. Madam Speaker, for more than 100 years, residents of Bucks and Montgomery Counties have trusted Grand View Health hospital with the well-being of their families. They are dedicated toward leading our community to a healthier future.

Following their Community Health Needs Assessment, Grand View Health has identified and prioritized a community health improvement program, which, over the next 3 years, will address health challenges present in their service area.

I am proud of the positive impact that Grand View Health has made in our community. I commend their board of trustees for their outstanding leadership and service to our community. Many thanks to Jeffrey Landis, Mary Anne Poatsy, Mark Schlosser, William Aichele, Jean Keeler, Michael Corrado, Marc Freeman, Nicholas Lindberg, Robert Pritchard, Gregory Shelly, and all the doctors, nurses, staff, and volunteers who make this a success.

Madam Speaker, Grand View Health's commitment to the people it serves reminds us that we are all in this together, and it is never too late to start living a healthy lifestyle.

#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

#### DEPARTMENT OF VETERANS AFFAIRS BONUS TRANSPARENCY ACT

Mr. ROE of Tennessee. Madam Speaker, I move to suspend the rules and pass the bill (S. 114) to amend title 38, United States Code, to require the Secretary of Veterans Affairs to submit an annual report regarding performance awards and bonuses awarded to certain high-level employees of the Department of Veterans Affairs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 114

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

#### SECTION 1. APPROPRIATION OF AMOUNTS.

(a) VETERANS CHOICE PROGRAM.—There is authorized to be appropriated, and is appropriated, to the Secretary of Veterans Affairs, out of any funds in the Treasury not otherwise appropriated, \$2,000,000,000 to be deposited in the Veterans Choice Fund under section 802 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note).

(b) AVAILABILITY OF AMOUNTS.—The amounts appropriated under subsection (a) shall be available for obligation or expenditure without fiscal year limitation.

#### SEC. 2. EXTENSION OF REDUCTION IN AMOUNT OF PENSION FURNISHED BY DEPARTMENT OF VETERANS AFFAIRS FOR CERTAIN VETERANS COVERED BY MEDICAID PLANS FOR SERVICES FURNISHED BY NURSING FACILITIES.

Section 5503(d)(7) of title 38, United States Code, is amended by striking "September 30, 2024" and inserting "December 31, 2027".

#### SEC. 3. EXTENSION OF REQUIREMENT FOR COLLECTION OF FEES FOR HOUSING LOANS GUARANTEED BY SECRETARY OF VETERANS AFFAIRS.

Section 3729(b)(2) of title 38, United States Code, is amended—

(1) in subparagraph (A)—

(A) in clause (iii), by striking "September 30, 2024" and inserting "December 31, 2027"; and

(B) in clause (iv), by striking "September 30, 2024" and inserting "December 31, 2027";

(2) in subparagraph (B)—

(A) in clause (i), by striking "September 30, 2024" and inserting "December 31, 2027"; and

(B) in clause (ii), by striking "September 30, 2024" and inserting "December 31, 2027";

(3) in subparagraph (C)—

(A) in clause (i), by striking "September 30, 2024" and inserting "December 31, 2027"; and

(B) in clause (ii), by striking "September 30, 2024" and inserting "December 31, 2027"; and

(4) in subparagraph (D)—

(A) in clause (i), by striking "September 30, 2024" and inserting "December 31, 2027"; and

(B) in clause (ii), by striking "September 30, 2024" and inserting "December 31, 2027".

#### SEC. 4. EXTENSION OF AUTHORITY TO USE IN-COME INFORMATION.

Section 5317(g) of title 38, United States Code, is amended by striking "September 30, 2024" and inserting "December 31, 2027".

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

The Chair recognizes the gentleman from Tennessee.

#### GENERAL LEAVE

Mr. ROE of Tennessee. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to include 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. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of S. 114, as amended, a bill to authorize appropriations for the Veterans Choice Program. This bill would authorize and appropriate \$2 billion for the Department of Veterans Affairs' Veterans Choice Fund.

Allowing the Veterans Choice Fund to run dry is not a viable option. The Choice Program has provided critical care to millions of veteran patients.

In March, Secretary Shulkin testified that the expiration of the Choice Program would be a "disaster" for veterans. Just a few weeks ago, the Acting Under Secretary for Health reiterated that sentiment when she testified that veteran wait times would increase if the Choice Program went away.

Congress created the Choice Program in response to a nationwide wait-time scandal in 2014 to increase access to care through VA community providers for veterans who either cannot access care at a VA medical facility within a timely manner or who live far away from the nearest VA medical facility. Since the Choice Program was signed into law almost 3 years ago, it has gone through many growing pains and evolved considerably.

We know from a Government Accountability Office report from earlier this year that most of the veterans who use the Choice Program do so because VA does not offer the service that veterans need.

We also know that veteran demand for care through the Choice Program has never been higher, and, consequently, the remaining money in the Veterans Choice Program will run out in mid August, a few short weeks from now.

We cannot allow that to happen, and with passage of S. 114, as amended today, we won't.

There are allegations that providing more money for the Choice Program is

inappropriate unless we also provide more money for the VA healthcare system. I fail to understand the logic of that argument.

First, providing money for the Choice Program is providing money for support to the VA healthcare system. Choice is a VA program. Through it, VA patients and veteran patients are able to access care that would have otherwise have required either a long, possibly debilitating wait or an excessive travel time.

Second, the idea that Congress has been pouring money into VA community care programs to the detriment of addressing VA's in-house capacity is simply erroneous. VA's bottom line has increased substantially since the turn of the century while most other government agencies have seen theirs stagnate or reduced.

Madam Speaker, VA's budget has gone up four times since 2001. It has quadrupled. Two weeks ago, former Secretary Principi testified that since he left the Department in 2005 to the most current VA budget submission released in May, VA's budget increased a stunning 268 percent. That growth will likely continue, which is appropriate, given our Nation's commitment to serving her veterans.

Yet, especially considering that the Choice Program is just 3 years old, the idea that Congress is focused only on growing VA's external capacity is false.

That said, there are certainly priorities that remain unaddressed in the bill before us, and I am committed to continuing to work on those in the coming months.

However, providing \$2 billion today will ensure that the Choice Program remains funded for the next 6 months, solving our most pressing issue and preventing yet another veteran access crisis like the one that led to the creation of the Choice Program 3 short years ago while we addressed other important issues.

An important point to note is that the bill's costs are paid for using the same offsets that were used in the original act creating the Choice Fund.

I look forward to working with the minority, our colleagues in the Senate, and other stakeholders to charter a long-term path forward for the Choice Program and to address other needs to ensure that the VA healthcare system remains strong and stable for generations to come.

I am grateful to Ranking Member WALZ for his leadership and commitment in working very closely with me to come to a mutually agreeable solution today and to committing to continue to stand shoulder to shoulder in finding solutions in the months ahead. He has been a great partner.

Madam Speaker, I urge all of my colleagues to join me in supporting S. 114, as amended, and I reserve the balance of my time.

□ 1415

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

Madam Speaker, you are going to hear today and we have a series of bills, many of them historic in nature, many of them—all of them—worked in a bipartisan manner.

There has been a lot of talk lately of the one place in Congress that is really functioning well, and that is in the Veterans' Affairs Committee, and I would echo that. It is because of the commitment, the dedication, and the end state that all of us agree on is the best possible care for those warriors willing to put their lives in harm's way, their families, and the care that was pledged to them.

Also, with that being said, democracy is hard. It requires us to do the work here, with the stakeholders, and there is no issue that has a more committed group of stakeholders than the veterans' community. Some of the names you are going to hear of veterans service organizations are a hallmark and a bedrock of not just veterans' issues, but of our communities. We work with them hand in hand to make sure that this Congress understands exactly what they need.

And democracy is hard. It is that old sausage-making adage sometimes. It is a disappointment to me that we are on the floor because I think we are just a little bit early; I think we are about a day. Like we have before, we stood on this floor when we had a very important accountability bill forward, and I said at that time we were going to have to work with the Senate to make sure we got something passed. We did that, it passed, and I am proud that we were able to do that.

It happened with the GI Bill that is coming up. The first run we went at it did not work because we had not built that collaboration, and I am disappointed today that I believe S. 114 has fallen into that.

This is a very fast-moving problem, because I want to be clear. What this does is it extends veterans' access to care in the community through the Veterans Choice Program without providing additional resources for the Department of Veterans Affairs to enhance its internal capacity.

I agree with my colleague who was very clear about the capacity of the VA, what Choice does, and I would absolutely echo not funding this program before we leave for the August recess is unacceptable. But not getting a bill that the Senate can agree on, not getting a bill that the President can sign, and not getting a bill that actually does what we are supposed to do is also not acceptable.

The gentleman is also right: we have quadrupled the VA budget, and I am proud of that. I also think it is probably not lost on anyone that that started in 2001 at the same time that we fought America's longest war and are still engaged around the world, with an aging population of Vietnam, Korean, and World War II veterans.

As it became apparent that the Veterans Choice Program was facing a

funding shortfall earlier this summer, nine veterans service organizations—Disabled American Veterans, the American Legion, Veterans of Foreign Wars, Paralyzed Veterans of America, AMVETS, Iraq and Afghanistan Veterans of America, Military Officers Association of America, Military Order of the Purple Heart, and Vietnam Veterans of America—issued a letter which provided very clear guidance to House and Senate leadership and House and Senate Veterans' Affairs Committees in terms of a solution, and I include in the RECORD the letter from these organizations.

JUNE 28, 2017.

Hon. JOHNNY ISAKSON,  
*Chairman, Senate Veterans' Affairs Committee,*  
*Washington, DC.*

Hon. JON TESTER,  
*Ranking Member, Senate Veterans' Affairs Committee,*  
*Washington, DC.*

Hon. PHIL ROE, M.D.,  
*Chairman, House Veterans' Affairs Committee,*  
*Washington, DC.*

Hon. TIM WALZ,  
*Ranking Member, House Veterans' Affairs Committee,*  
*Washington, DC.*

DEAR CHAIRMEN ISAKSON AND ROE, RANKING MEMBERS TESTER AND WALZ: As leaders of the nation's largest veterans service organizations, and on behalf of our combined five million members and auxiliaries, we write to urge you to expeditiously reach agreement on and advance legislation to ensure continuous access to health care for millions of veterans enrolled in the Department of Veterans Affairs (VA) health care system, including care provided through the Choice program. Specifically, we call on you to reach agreement on an emergency appropriation and authorization bill that would address urgent resource shortfalls endangering VA's medical care programs—including Choice, community care and medical services. Further, in order to prevent these problems from recurring in the future, we call on you to equally invest in modernizing and expanding VA's capacity to meet rising demand for care, as well as finally address the glaring inequity in law that prevents thousands of family caregivers from getting the support they need to care for their veterans severely disabled before September 11, 2001.

In recent weeks, VA Secretary David Shulkin has repeatedly made clear in his public statements and congressional testimony that current funding is no longer projected to be adequate to meet the needs of an increasing number of veterans seeking medical treatment directly through the VA system as well as through community care programs, particularly the Choice program. Secretary Shulkin has made clear that rising demand for care by veterans has consumed more VA resources than previously anticipated, threatening the ability of VA to meet all of its obligations to ill and injured veterans both this year and next. Although Public Law 115-26 extended the Choice program beyond its prior sunset date of August 7, 2017, VA now projects it will likely run out of funding prior to the end of fiscal year (FY) 2017 unless additional funding is made available. Further, based on recent utilization trends, VA projects a higher demand for both community care and Choice next year (FY 2018), and anticipates additional funding requirements above the budget request made just weeks earlier. In order to ensure continuation of the Choice program—and absent an infusion of new funding—VA has stated its intention to take extraordinary budget

actions, including pulling back unobligated funding from VA medical facilities and utilizing funding in FY 2017 that had been designated as carryover funding for its FY 2018 budget request, thereby further reducing available medical care resources for next year.

Messrs. Chairmen and Ranking Members, our nation has a sacred obligation to ensure the men and women who served and sacrificed to defend our way of life receive timely, high-quality health care through a fully-funded VA health care system, which includes community care or Choice options whenever and wherever necessary. With the Choice program rapidly running out of funds and its successor community care program still many months away, it is imperative that Congress not allow veterans to go without needed care before this transition is completed.

We note that VA's FY 2018 budget submission included a request for \$3.5 billion in mandatory funds to continue the Choice program. In order to meet Congressional PAYGO requirements, VA also included two legislative proposals we vehemently oppose which would cut billions of dollars from veterans disability compensation through changes to Individual Unemployability eligibility and rounding down cost-of-living adjustment (COLA) increases to "pay" for the new Choice funding. We find it absolutely unconscionable to cut benefits for disabled veterans to "pay" for their medical care. Congress imposed these PAYGO rules on itself and Congress has the authority to waive them by designating new funding for the existing Choice program as emergency spending, just as it did when the Choice program was created in 2014 through Public Law 113-146, the Veterans Access, Choice and Accountability Act (VACAA). It is our understanding that the actual need to continue the Choice program for the balance of this year and through the end of FY 2018 is approximately \$4.3 billion.

We remind you that the primary reason the Choice program was created was to address gaps in access due to the lack of clinicians and clinical space necessary to provide timely access to health care for all enrolled veterans. As such, VACAA not only included emergency funding to allow additional access to community care outside VA, it also contained funding to rebuild and expand capacity inside VA. Therefore, we call on you to continue this commitment to strengthen and modernize the VA by providing equal emergency funding to address VA's infrastructure and personnel gaps. There are at least 27 VA health care facility leases awaiting funding in order to be activated. In addition, there are dozens of minor and major construction projects that require billions of dollars in funding to sustain and expand VA's capacity to provide timely care to enrolled veterans. Furthermore, VA has tens of thousands of vacant positions which will require not just funding, but innovative new programs to recruit and retain hard-to-fill clinical positions in many areas of the country. Therefore, we call on you to include an equivalent level of funding—\$4.3 billion—to support VA's internal capacity to deliver care.

Finally, since enactment of the Public Law 111-163 in 2010, which created the Program of Comprehensive Assistance for Family Caregivers (PCAFC), eligibility has been restricted to caregivers of severely disabled veterans injured or made ill on or after September 11, 2001. The clear intention of the law was to initiate this program rapidly for post-9/11 veterans to address their urgent needs, thereafter working to expand the program to meet the critical needs of family caregivers of seriously disabled veterans of

all generations as soon as feasible. However seven years later, Congress has yet to begin addressing the blatant unfairness facing caregivers of severely disabled veterans injured prior to September 11, 2001. As Secretary Shulkin and other experts agree, supporting caregivers who allow veterans to remain in their homes will save VA money that would otherwise need to be spent for long term institutional care. Therefore, we call on you to include both authorization and funding to eliminate this indefensible inequity based on existing bipartisan legislation in the Senate (S. 591) and the House (H.R. 1472, H.R. 1802).

While the current funding crisis must be addressed in the short term through emergency funding and authorization, we remain focused on moving beyond the flawed Choice program as soon as practicable. We continue to urge you to work with us, Secretary Shulkin and other critical stakeholders to design and implement a new paradigm for veterans health care built around an integrated network, with a modernized VA serving as the coordinator and primary provider of care, and community providers addressing remaining gaps in access and services. We further urge you to consolidate all community care programs through a single unified discretionary funding source that includes the necessary flexibility and accountability to ensure that VA can deliver the highest quality of care in the most appropriate clinical settings within the network.

Messrs. Chairmen and Ranking Members, we recognize the continuing attention and commitment you have all shown to providing timely and accessible care to our nation's injured and ill veterans, and we hope you will work with us and Secretary Shulkin to address this urgent funding shortfall. America's veterans have earned the right to high-quality, timely and accessible health care. We believe that the comprehensive plan outlined above will ensure our nation continues to meet that sacred obligation and call on you to support it.

Respectfully,

Garry J. Augustine, Executive Director, Washington Headquarters, DAV (Disabled American Veterans); Robert E. Wallace, Adjutant General, Veterans of Foreign Wars of the United States; Joseph Chenelly, National Executive Director, AMVETS; Dana T. Atkins, Lieutenant General, U.S. Air Force (Ret.), President, Military Officers Association of America; Rick Weidman, Executive Director for Policy and Government Affairs, Vietnam Veterans of America; Verna L. Jones, Executive Director, The American Legion; Sherman Gillums, Jr., Executive Director, Paralyzed Veterans of America; Paul Rieckhoff, Founder and CEO, Iraq and Afghanistan Veterans of America (IAVA); Hershel Gober, National Commander, Military Order of the Purple Heart.

Mr. WALZ. In their letter from June 28, they wrote: "Specifically, we call on you to reach an agreement on an emergency appropriation and authorization bill that would address urgent resource shortfalls endangering VA's medical care programs—including Choice, community care and medical services. Further, in order to prevent these problems from recurring in the future, we call on you to equally invest in modernizing and expanding VA's capacity to meet rising demand for care. . . ."

Choice means choosing to go to the VA hospital and choice means choosing to use community care. Both are equal

opportunities for our veterans to get the care they need.

The current bill before us does not meet the requirements asked for by our veterans service organizations. In fact, in order to keep the Veterans Choice Program going, House leadership and the Budget Committee have refused to see this as an emergency and are requiring \$2 billion in offsets to pay for the bill.

While the actual offsets being offered are noncontroversial and are the ones the committee has used in the past, the fact that the leadership is requiring offsets from VA programs to pay for private care is wrong—all of this to appease a small vocal minority who simply sees any spending as unnecessary.

On Friday, a number of the same VSOs listed above issued a joint statement, which noted:

"Veterans healthcare benefits have already been 'paid for' through the service and sacrifice of the men and women who wore our Nation's uniform, millions whom suffered injuries, illnesses and lifelong disabilities."

I agree with them. Without emergency funding, robbing Peter to pay Paul, an analogy used by the Paralyzed Veterans of America, is not a viable path. It is actually robbing future Peter to pay current Paul.

Had it been apparent VA would be facing this shortfall, Congress maybe would have never extended the Veterans Choice Program beyond its sunset of August 7 and would have, instead, begun working on legislation that would have consolidated VA's multiple community care programs into one easy-to-understand and -use program.

I reiterate: Choice is not a permanent VA program. Now, it may end up being that. It may be someone's wish, but it is not. It was a short-term fix that was testified we need to extend the program. Several weeks later, leadership of the VA came back and told us they are 4-point-whatever billion dollars short and asked us to fix it. That is not the chairman's fault; that is not the Members of this House's fault; but it is our responsibility.

Now, the question is: How do we ensure that the care is continuous? How do we make sure care is not interrupted? How do we make sure a veteran who is getting chemotherapy in the private setting right now is not told to not come back because we are not going to pay it?

The sense of urgency is with all of us. What I ask is that we try and come back, take a look at what we can do. And I will say this: the chairman of the Veterans' Affairs Committee in the House has made as good faith an effort to do this as anyone could possibly ask. I understand the challenges coming from a broader caucus and asking for this. This, where we are at today, is significantly changed from where we started, but it is apparent, in the Senate, that it will not pass.

We will not have money for the Veterans Choice Program, so we need to

decide: Do we stand and make a statement of ideological, fiscal, whatever they want to call it, or do we come together, unanimously agree on something we can move forward, build capacity into the VA to assure that Choice is there, everything from the research into the VA to the care in the communities, and come together to find that?

Moreover, these shortages are further reinforced in Choice when you take into account veterans' reliance on VA's system for care has steadily increased. While enrollment has been flat in fiscal years 2014 through 2016, the total number of veterans utilizing VA healthcare has grown by 3 percent. The total appointments in VA increased by more than 5 percent during this period.

In order to address that need, since the Veterans Choice Program was implemented, the total number of community care appointments has increased by 61 percent, and more than 25 million appointments were completed in fiscal year 2016. Over one-fifth of this care was completed in the Veterans Choice Program. No disagreement. Community care has always been there, and community care is an absolute staple of the VA.

What is also not debatable is capacity inside the VA must remain there. Any shortfall in capacity is going to distort where people are getting their care.

While we are not here to oppose the premise of veterans having access to care, members of my Caucus, as this stands right now, cannot go forward until we figure out how we are going to come to a compromise that gets the capacity as it should be in the VA and also allows us and everyone—we should never have this discussion in this House. If we can't find compromise that gets something across the finish line that actually does something for veterans, everything else is just messaging for politics.

Madam Speaker, I look forward to the chairman's words, and I reserve the balance of my time.

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

Madam Speaker, I think the one way that we don't have the Veterans Choice Program work for veterans is not vote for S. 114. Just to clarify a couple of things, this \$2 billion is emergency spending that our Budget Committee agreed to.

I want to just for a minute kind of go over how we got to this position where we are right now.

The Veterans Choice Program, in April, we were told, would last until next January or February. So we passed the CHOICE Act, and the President signed it into law. We found out a short 60 days later that the funds would run out in mid August—the 7th to the 15th of August is when the Secretary told us—so that kind of caught us off guard, and we had to get moving rather quickly.

The June 28 letter that my good friend, Mr. WALZ, referred to sort of got us started with this process. I want to go through it because the process is important about how we are here today.

The Members need to understand that my efforts to work with the committee's ranking member and, indeed, all members of the committee on a path forward which addresses the concerns of all of the organizations, I have done that.

Let me begin by saying I fundamentally disagree that we have neglected the needs of our internal VA healthcare system. We just passed a MILCON-VA bill last week. I stated the reasons for that in my earlier remarks. I think the Secretary's op-ed this morning in USA Today clearly makes the point.

Madam Speaker, I include in the RECORD that article.

[From USA Today, July 24, 2017]

VETERANS AFFAIRS SECRETARY: VA HEALTH CARE WILL NOT BE PRIVATIZED ON OUR WATCH

(By David Shulkin)

As a physician, my professional assessment is that the Department of Veterans Affairs has made significant progress over the past six months—but it still requires intensive care. In order to restore the VA's health, we must strengthen its ability to provide timely and high quality medical care while improving experiences and outcomes for veterans.

I believe the best way to achieve this goal is to build an integrated system that allows veterans to get the best health care possible, whether it comes from the VA or the private sector.

This is not a novel idea. No health care provider delivers every treatment under the sun. Referral programs for patients to get care through outside providers (known as Choice or Community Care at the VA) are as essential to the medical profession as stethoscopes and tongue depressors. But VA attempts to offer veterans these options have frequently stirred controversy.

Some critics complain that letting veterans choose where they get certain health care services will lead to the privatization of VA. Nothing could be further from the truth.

VA has had a community care program for years. Congress significantly expanded these efforts in 2014 in response to the wait time crisis. As a result, since the beginning of this year, VA has authorized over 18 million community care appointments—3.8 million more than last year, or a 26% increase, according to the VA claims system.

But as VA's community care efforts have grown, so has our capacity to deliver care in-house. The VA budget is nearly four times what it was in 2001. Since then, the department's workforce has grown from some 224,000 employees in 2001 to more than 370,000 today, according to the Office of Personnel Management. And we're delivering 3 million more appointments at VA facilities per year than we were in 2014.

In other words, community care or private capacity and VA's internal capacity are not mutually exclusive. We are ramping up both simultaneously in order to meet the health care needs of the veterans we are charged with serving. Our fiscal 2018 budget continues this trend. It will spend \$2.7 billion more for in-house VA care, compared to a \$965 million increase for community care. This means that the total dollar increase for

medical care within VA is three times that of the increase for community care. Overall, when all funding sources are taken into account, we expect to spend \$50 billion on health care services within VA and \$12.6 billion on VA community care in fiscal 2018.

Even though these numbers make it abundantly clear VA is not at all headed toward privatization, I understand the underlying concerns of some critics. They don't want to lose all that VA has to offer. I don't either—and we won't.

Many of VA's services cannot be replicated in the private sector. In addition to providing some of the best quality overall health care in the country, VA delivers world class services in polytrauma, spinal cord injury and rehabilitation, prosthetics and orthotics, traumatic brain injury, post-traumatic stress treatments and other behavioral health programs. The department plays a critical role in preparing our nation's doctors and nurses—70% of whom train at VA facilities. And we lead the nation in innovation, with VA research having contributed to the first liver transplant, development of the cardiac pacemaker, advancements in treatments for PTSD, cutting-edge prosthetics, and many other medical breakthroughs.

All of these factors underscore that fears of privatization are simply unfounded. President Trump is dedicated to maintaining a strong VA, and we will not allow VA to be privatized on our watch. What we do want is a VA system that is even stronger and better than it is today. To achieve that goal, VA needs a strong and robust community care program.

Veterans deserve the best. If a VA facility isn't meeting the community standard for care, doesn't offer a specific service, or doesn't have an appointment available when it's needed, veterans should have access to care in their community.

This is precisely what they have earned and deserve. It's what the VA is working with Congress and Veterans Service Organizations to deliver. And it's what the system needs to remain a valuable resource for our country's great veterans, now and in the future.

Mr. ROE of Tennessee. Madam Speaker, I respect the veterans service organizations and their point of view, and I am a member of most of them. I, therefore, reached an agreement with the ranking member on a plan to fund the Veterans Choice Program for 1 year, fund the life safety maintenance issues at VA facilities, approve 28 VA clinic leases, provide the Secretary with the tools to be more competitive in attracting and retaining VA physicians, and conduct a long-overdue asset review of VA's aging facilities.

When the ranking member and I briefed the VSOs on this plan and then committee members—two separate meetings—it was clear that we needed to take some time to work out the differences. There was some concern there. And I have said that is fine. I think we can take a two-phased approach.

Phase one was the one we are talking about today, and we agreed on that. It is necessary to fund the Veterans Choice Program for 6 months to ensure that the veterans get needed healthcare without long drives and waits. That is exactly what we were dealing with 3 years ago.

The second phase, which we would consider 6 months from now, would

consider the remaining items I have talked about between the ranking member and me. During the interim, the committee would conduct open, transparent hearings on asset review and anything else—the leases or anything else—that was in that agreement. There was full transparency about this plan among committee members, which is why I found it a little disheartening now what I am hearing.

The reality is, right now, we don't have an agreement from the Senate or a bill to act on, so it is time for us to act because time is growing short.

There are veterans out there, Madam Speaker, that are getting chemotherapy as we speak. There are pregnant veterans who need to know if they can have their baby and have it paid for by the VA. I could go on and on. That is why we need to remove this right now. Then we would have time to work these other issues out.

And just a couple of VA staffing issues. You hear the concern that VA is going to be privatized and so forth. I hear that all of the time. Well, this is what the VA has done, as far as their facilities are concerned, since 2010. I arrived here in 2009.

Since then, the VA has added 3,600 physicians, almost 13,000 nurses—and they are one of the largest employers of nurses in the country—almost 4,000 LPNs, and over 3,200 nonphysician healthcare providers. I could go on and on. The increase in medical services has been over \$10 billion since then. So there have been huge increases.

And just a couple of things from the VA Secretary's editorial in *USA Today*: "But as VA's community care efforts have grown, so has our capacity to deliver care in-house. The VA budget is nearly four times what it was in 2001. Since then, the Department's workforce has grown from some 224,000 employees in 2001 to more than 370,000 today, according to the Office of Personnel Management."

That doesn't sound like an organization that is being privatized. It has grown in that capacity.

"And we're"—the VA—"delivering 3 million more appointments at VA facilities per year than we were in 2014."

They have grown that capacity internally.

In our fiscal 2018 budget, the trend continues. We are going to spend \$2.7 billion more on in-house VA care compared to a \$965 million increase in community care. So there is a \$3 billion increase in in-house VA care versus out-of-VA care, or outside care.

I think these are all good things. I think the fact that more veterans are getting care, more appointments are being made, whether they are in or out of the VA, is a good thing. But to make the argument that this is privatization is clearly not there.

I would like to say that we can work these out. We need to make sure we take that anxiety away. The Secretary has clearly stated that he has to have

this passed. I would simply pass it. It gives us 6 months, Madam Speaker, to work on these issues, and I am more than happy to do it. I have stated so to every organization out there.

Madam Speaker, I reserve the balance of my time.

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

I would just like to respond to the chairman.

I, too, have not made the argument on privatization. I do not believe that is the goal here. I do not believe that is what we talked about. If there are those that have that, that is not the intention of this committee, the chairman, his staff, or anyone involved with this.

And when we did talk—and I think this could be an interesting way for this House to listen to how we do this. There was transparency in these negotiations, and we sat in front of people and did them. And one of the issues in there was we had to build the capacity amongst the VSOs.

We need to stop for a minute. There may be times we need to take those hard votes against it, but I ask all of the Members to think about this, Madam Speaker. All of the veterans service organizations have lined up in opposition to this.

□ 1430

Now, that doesn't mean that they are totally right, and it doesn't mean that there isn't something here we can talk and debate about. The question is trying to get their goodwill.

I think when we talked the last time, we had some leases, and I am not calling them token, but in the budget of the big VA, which I do think in many cases is adequately funded, trying to get some of that to show the sense of goodwill.

If I were counting on the decision being made strictly by the VA Committee, I would encourage people to know this would get done, but I am deeply concerned we are going to see a Frankenstein monster of appropriation process this week that in no way resembles regular order. That has nothing to do with this committee.

Again I would say, if it were left to us, bifurcating this issue and coming back and fixing it, I have faith in that. In this House of Representatives and the leadership now, I do not have that, nor do the veterans service organizations.

So the question here is not questioning the motive, the question here is not a false canard of privatization versus inside-the-VA care, it is not even the discussion we are having right now of the adequacy overall of the whole budget; it is a case of the VA leadership running a program, running out of money way before they had, and coming to the House and telling us that. And this is not and cannot be made that the idea is you are going to go home without funding the VA. No one will say that about you, and no one

should say that about us. Everybody in this House will get this thing done and get it funded. So it is not the case.

I do understand this: we are against the wall, we are under the gun, because they just handed us this. So it is our job to figure out how to build everybody into this.

So the things that are being asked to do with the Choice Program, I support that. The offsets and pay-for, I disagree with. To make that work, our side was willing to say: Can we show some good faith and fund some of these leases and get some payments for these folks in terms of an emergency spending? But I understand the difficulty is if a spending bill comes, there is going to be a vocal group of folks who are going to make the case, as we have seen, that makes it very difficult to move legislation.

Madam Speaker, you have witnessed it with healthcare, you have witnessed it with other things, that we are going to have to compromise. If we get into our corners, it is not going to work.

So I want to be very clear. The motives of the chairman to care for our veterans is unquestioned, Choice being funded is unquestioned. Making sure there is capacity and goodwill and the funding needs in these leases and some of the things we are asking for is a necessity to make sure the Senate can pass this, and that it shows them that we are moving in the right direction.

So I would ask, give us a day, have us come back at this. Don't put this thing on the board to fail and then let everyone else take the message. Everyone here knows we are going to end up here and pass something that can be signed into law, and that will happen. The questions are: Do we do damage amongst ourselves; do we keep the goodwill and the collaboration; or do we decide we need to make a message first, then come back and then blame someone because they are not funding the veterans? No one in here wants that to happen.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, I do agree with my good friend, the gentleman from Minnesota, TIM WALZ. We are not going to leave here until we pass this, because there are veterans out there who are ill, who have served this country honorably, who need care.

I am a physician. I have worked in a VA hospital, I have worked in a medical unit in Southeast Asia many years ago, I have seen the results and injuries of war, and I have seen the results and injuries of current wars. And we are going to do this.

I know when I sat down and we put this compromise package together, and as openly as I could, I brought in the VSOs, I brought in both the Republican and Democrat sides, which we typically just check all that at the door in this committee, which I am thankful for,

and work just for veterans, and there were some issues that were brought up. And I recognized that, and I said: Well, the smart thing to do is we know that Choice runs out of money in 2 to 3 weeks. We have to fund the veterans' healthcare now, and we will take these other issues up as a package and have time to debate them and discuss them. That is all this is about. It is about emergency spending. We recognize that, and that is okay with our side.

I say the easiest way to do this is put this \$2 billion bill on President Trump's desk, he will sign it, and veterans will have access to this Choice Program for the next 6 months. That is what the Secretary wants. He wrote a very eloquent editorial in USA Today about this entire issue.

Madam Speaker, I reserve the balance of my time.

Mr. WALZ. Madam Speaker, may I inquire how much time I have left.

The SPEAKER pro tempore. The gentleman from Minnesota has 8 minutes remaining.

Mr. WALZ. Madam Speaker, I yield 5 minutes to the gentleman from California (Mr. TAKANO), the vice ranking member of the full Committee on Veterans' Affairs.

Mr. TAKANO. Madam Speaker, I rise today to oppose S. 114.

A strong and sustainable Veterans Health Administration is critical to providing America's veterans with the care they deserve. By funding the Choice exception without investing in the VA itself, this legislation explicitly prioritizes the private sector at the VA's expense. This is not an acceptable way forward.

Care in the community has always been and will always be important in ensuring veterans have access to care, the care that they have earned, but it would be a profound mistake to funnel billions of dollars into private care while neglecting the VA and the millions of veterans it serves every year, and that is exactly what this bill does.

Veterans service organizations are speaking out, because they know what is at stake. They understand the bigger policy implications of today's vote.

This legislation is a referendum on the mistaken belief that the private sector is better equipped to care for our Nation's veterans than specialized VA doctors.

I have a statement from eight VSOs that echo these concerns, and I include it in the RECORD.

LEADING VETERANS ORGANIZATIONS CALL ON MEMBERS OF CONGRESS TO DEFEAT UNACCEPTABLE CHOICE FUNDING LEGISLATION  
URGE HOUSE TO WORK WITH SENATE TO REACH A BIPARTISAN, BICAMERAL AGREEMENT

(Joint Statement from AMVETS, DAV (Disabled American Veterans), Iraq and Afghanistan Veterans Association (IAVA), Military Officers Association of America (MOAA), Military Order of the Purple Heart (MOPH), Veterans of Foreign Wars (VFW), Vietnam Veterans of America (VVA), and Wounded Warrior Project (WWP))

As organizations who represent and support the interests of America's 21 million

veterans, and in fulfillment of our mandate to ensure that the men and women who served are able to receive the health care and benefits they need and deserve, we are calling on Members of Congress to defeat the House vote on unacceptable choice funding legislation (S. 114, with amendments) scheduled for Monday, July 24, and instead work with the Senate to reach a bipartisan, bicameral agreement.

As we have repeatedly told House leaders in person this week, and in a jointly-signed letter on June 28, we oppose legislation that includes funding only for the "choice" program which provides additional community care options, but makes no investment in VA and uses "savings" from other veterans benefits or services to "pay" for the "choice" program.

Veterans health care benefits have already been "paid for" through the service and sacrifice of the men and women who wore our nation's uniform, millions of whom suffered injuries, illnesses and lifelong disabilities.

In order to ensure that veterans can receive necessary care without interruption, we call on House leaders to take the time necessary to work together with Senate leaders to develop acceptable "choice" funding legislation that not only fills the current funding gap, but also addresses urgent VA infrastructure and resource needs that led to creation of the "choice" program in the first place.

All of our organizations are committed to building a future veterans health care system that modernizes VA and integrates community care whenever needed so that enrolled veterans have seamless access to timely, quality care. However, if new funding is directed only or primarily to private sector "choice" care without any adequate investment to modernize VA, the viability of the entire system will soon be in danger.

We call on leaders in both the House and Senate to work together in good faith, and we remain committed to supporting such efforts, in order to quickly reach an agreement that ensures veterans health care is not interrupted in the short term, nor threatened in the long term.

Mr. TAKANO. The organizations signing the statement are AMVETS; the Disabled American Veterans; Iraq and Afghanistan Veterans Association, IAVA; Military Officers Association of America, MOAA; Military Order of the Purple Heart; Veterans of Foreign Wars; Vietnam Veterans of America; and Wounded Warrior Project.

I would like to quote from a few of the paragraphs:

"In order to ensure that veterans can receive necessary care without interruption, we call on House leaders to take the time necessary to work together with Senate leaders to develop acceptable Choice funding legislation that not only fills the current funding gap, but also addresses urgent VA infrastructure and resource needs that led to creation of the Choice Program in the first place.

"All of our organizations are committed to building a future veterans healthcare system that modernizes VA and integrates community care whenever needed so that enrolled veterans have seamless access to timely, quality care. However, if new funding is directed only or primarily to private sector Choice care without any adequate investment to modernize VA, the via-

bility of the entire system will soon be in danger."

I also have letters opposing S. 114 from the Paralyzed Veterans of America and the VFW. I include these letters in opposition in the RECORD.

WASHINGTON, July 22, 2017.—Paralyzed Veterans of America (Paralyzed Veterans) today weighed in on options being considered to fund the veteran "choice" program, as the House of Representatives considers a vote on a draft bill, S. 114 as amended, on Monday, July 24. Priorities for the organization include open discussion on the best way to build up specialized veteran-centric services offered by the Department of Veterans Affairs (VA), while expanding access to non-specialized healthcare for veterans without cutting critical non-healthcare VA benefits.

"The notion of streamlining VA is a necessary discussion that must continue. The devil is in the details, though," said Sherman Gillums Jr., executive director of Paralyzed Veterans of America. "We do support the responsible 'right sizing' of VA, starting with the elimination of redundancies and ultimately using cost savings to increase reinvestment in VA's foundational services, such as spinal cord injury care. Offsets, at least in part, may be necessary in order to achieve that."

Offsets, or program and benefit trade-offs used for budgeting purposes, are not new to VA. Past offsets include fees and collections related to housing loans and extensions in the reduction of certain pensions used to pay for other benefits. However, this is the first time Congress is requiring VA to include deficit reduction as a component of the agency's plan to maintain and expand the VA Choice Program. Moreover, some veteran advocates have expressed staunch opposition to offsets because they require VA to employ a "rob Peter to pay Paul" approach to funding programs.

"Paralyzed Veterans' main concern is that using these offsets to pay for VA healthcare comes at the expense of expanding non-healthcare benefits, such as disability compensation," explained Gillums. "However, we are not prepared to simply oppose offsets because we believe VA is open to strengthening healthcare for our most catastrophically disabled veterans, which matters above all else. Paralyzed Veterans leads as an expert voice on the most complex healthcare challenges these veterans face, and we intend to use that voice to promote new ideas and progress."

"The bottom line is the discussion must continue with open minds on all sides," concluded Gillums.

#### ABOUT PARALYZED VETERANS

Paralyzed Veterans of America is the only congressionally chartered veterans service organization dedicated solely for the benefit and representation of veterans with spinal cord injury or disease. For 70 years, we have ensured that veterans have received the benefits earned through their service to our nation; monitored their care in VA spinal cord injury units; and funded research and education in the search for a cure and improved care for individuals with paralysis.

As a partner for life, Paralyzed Veterans also develops training and career services, works to ensure accessibility in public buildings and spaces, provides health and rehabilitation opportunities through sports and recreation and advocates for veterans and all people with disabilities. With more than 70 offices and 33 chapters, Paralyzed Veterans serves veterans, their families and their caregivers in all 50 states, the District of Columbia and Puerto Rico (pva.org).

Source: Paralyzed Veterans of America.

VFW URGES OPPOSITION TO S. 114

From: Carlos Fuentes, VFW Legislative Director.

Sent: Monday, July 24, 2017.

Subject: VFW Urges Opposition to S. 114.

On behalf of the nearly 1.7 million members of the Veterans of Foreign Wars of the United States and its Auxiliary, we urge all members of Congress to vote NO on S. 114, which would gradually privatize the VA health care system.

At the VFW's 118th National Convention, VFW National Commander Brian Duffy asked our members what they thought of this bill.

Respectfully,

CARLOS FUENTES,  
Director, National Legislative Service,  
The Veterans of Foreign Wars of the U.S.

Mr. TAKANO. Madam Speaker, after more than 2 years and more than \$10 billion, the VA Choice Program has failed to deliver on its promise of shorter wait times for veterans.

It is time for us to recognize that private care is not the panacea for the complex challenge of caring for our Nation's veterans and that the VA's role must remain foundational to veterans' care. This bill does not reflect that reality.

I urge my colleagues to reject this legislation while we continue to work toward a bipartisan, bicameral solution.

Mr. ROE of Tennessee. Madam Speaker, may I inquire as to the time left on our side.

The SPEAKER pro tempore. The gentleman has 9 minutes remaining.

Mr. ROE of Tennessee. Madam Speaker, I yield myself such time as I may consume. I want to clarify a couple of things that have been said here today.

Madam Speaker, we did work out an agreement. When I met with all of the interested parties, which I thought was our job, both the ranking member and myself did this, as we always do, we found out some issues that were there.

The primary thing we have to do right now is to provide healthcare, or we will be right back to where we were in 2014, when there were waiting lists around the country and veterans dying waiting on care.

Maybe not in urban America, but in rural America where I live, many of these hospitals and veterans absolutely rely on this for their health and welfare. The further they live away from a VA facility, the more they rely on Choice.

Let me go over this again so that it is clear. I got into Congress in 2009. I was elected then and sworn in then. The VA was spending \$93.7 billion on all VA care; that is the disability claims, healthcare, and cemeteries. In this fiscal year, that budget is going to be \$186 billion, where basically the discretionary budget in this Congress has been flat, so that money has come from other places, education, environment, other places that we have invested in our veterans, which is, and I believe to this day, a good thing to be doing.

We have gone, in 2001, from 224,000 people, that is not a small organiza-

tion, to 370,000 people who work for the VA today. They are providing that money.

I guess what I was hearing from the other side of the aisle was if we didn't have the Choice Program, the wait times would have gotten shorter. I mean, that is the reason we have the Choice Program, was the VA wasn't doing it.

The fact is, they have hired people. I mentioned here just a moment ago, since 2010, when I first got here, they have hired 13,000 more nurses, 3,600 more doctors, 3,200 more physician extenders, nurse practitioners and PAs. So the VA has increased its capacity, and they have seen millions of more visits.

This week, we are going to take up the VA appropriations bill. I misspoke a minute ago; I said last week. This week, we are taking up the MILCON-VA appropriations bill where we talk about those things, about the money that we are going to spend in the VA. That is going to be debated this week.

This is a separate issue. This is about providing healthcare for veterans after August 15, that is 2 to 3 weeks from now, when that program will be shut off and veterans in the middle of care will not be able to get care.

It is a simple vote. We can work these other things out in the next few months after this very easily.

Madam Speaker, I reserve the balance of my time.

Mr. WALZ. Madam Speaker, I have no further speakers. I am prepared to close, and I yield myself the balance of my time.

Madam Speaker, to be clear, we are very aligned on the goals here. I am not implying that wait times went down if we didn't have Choice. I was on the conference committee that created Choice as part of it. There is community care that has been there. There is also a \$12 billion shortfall in facilities rated D and F. We had sewer lines breaking and running feces back into hospitals, those types of things.

I am not saying that maybe the money is not already there or they are not using it correctly. The fact of the matter is this was a program that was created out of the crisis of Phoenix. It did not stand up as quickly as it could have; it was plagued with tons of problems that many of us heard about. We kept committed to it. I would argue that they are getting their legs under them and providing care in a timely manner.

It grossly overspent where it was at. We have had no audit. And I think we need to keep this in mind, that on this side of the aisle, I will be the first to talk to anyone who grandstands this and makes this as a case that this is a failure at the VA or the administration. I don't know that yet.

What I would say is we are all in this together, so we want to get it done. I am simply making the case today that in light of opposition that is rarely seen from the VSOs in such opposition

to this, that even though the outcome is there, and nothing the chairman said was incorrect, it is the spirit of what it takes to legislate that is missing around here. You can go to the White House after passing a bill in the House, and if the Senate doesn't do anything, it is not a law.

So we have other people to deal with: constituents, veterans, veterans service organizations, Democrats in the Senate, Republicans in the Senate, Democrats on this side.

So what I am asking is, just give a little on the side of what it takes to build the coalition, get the thing passed, and then let's go back and fund VA care and end this ridiculous argument of privatization versus non-privatization. Wherever a veteran can get the care and access it as quickly, timely, and quality as possible is what we are trying to shoot for. In many cases, that is in the VA; in other cases, it is in the community. So this is not a drop-dead.

My hope on this is, is that a debate, when it comes to emergency spending of money and depending on the Senate, is not going to split the goodwill, the good work, and, I would argue, the fair democracy and execution of how the House of Representatives is supposed to work.

So my final statements on this would be, I am in virtual total agreement with the chairman on what needs to be done here. Our differences lie in, he is right, when I went back and talked to people, I could not sell to the VSOs the plan as it is, and they have every right to speak out on that. And we could not sell the Senate at this point.

So what I would ask the gentleman again is, don't make us oppose this piece of legislation simply to make a statement for a few members. Bring it back when we can have the Senate, the VSOs, and everyone in and accomplish our goal.

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

□ 1445

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

Obviously, this has been a robust debate about a very important issue, which is providing timely healthcare for veterans who have been waiting. The ranking member and I negotiated in good faith and put an agreement together, which fell apart this weekend.

We had met basically with both the VSOs and the committee members and had an agreement to go forward. I then backed up on that agreement because I realized it wasn't a consensus, and just divided it into two.

The most pressing need, Madam Speaker, is to provide healthcare, whether it is chemotherapy or obstetrical care, surgery that a veteran may need, timely visits to the doctor. In 2 to 3 weeks we are up that close, and one of the reasons is, as has been stated multiple times, the VA gave us some

really bad information 2 months ago. We thought this was going to last for 6 more—8 more months before we ran out of money in this vital program for veterans.

This is going to get passed. For all veterans or people out there, citizens of this country watching this, we are going to provide this for our veterans.

And I might add that not all VSOs do oppose this. Many were mentioned, but many others do not oppose this legislation.

I think it is critical that we get this done, Madam Speaker, get this off the table this week, signed into law, work the other part of the agreement that we had agreed to out in the next coming weeks. I will be willing to work as expeditiously as possible to get this done.

Once again, I encourage all Members to support this legislation, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, S. 114, as amended.

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. WALZ. Madam 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.

#### REPORT ON H.R. 3358, DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES APPROPRIATIONS ACT, 2018

Mr. COLE, from the Committee on Appropriations, submitted a privileged report (Rept. No. 115-244) on the bill (H.R. 3358) making appropriations for the Departments of Labor, Health and Human Services, and Education, and related agencies for the fiscal year ending September 30, 2018, and for other purposes, which was referred to the Union Calendar and ordered to be printed.

The SPEAKER pro tempore. Pursuant to clause 1, rule XXI, all points of order are reserved on the bill.

#### HARRY W. COLMERY VETERANS EDUCATIONAL ASSISTANCE ACT OF 2017

Mr. ROE of Tennessee. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3218) to amend title 38, United States Code, to make certain improvements in the laws administered by the Secretary of Veterans Affairs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3218

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

#### SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “Harry W. Colmery Veterans Educational Assistance Act of 2017”.

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

Sec. 1. Short title; table of contents.

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

#### TITLE I—POST-9/11 EDUCATIONAL ASSISTANCE PROGRAM

Sec. 101. Consideration of certain time spent receiving medical care from Secretary of Defense as active duty for purposes of eligibility for Post-9/11 Educational Assistance.

Sec. 102. Educational assistance under Post-9/11 Educational Assistance Program for members of the Armed Forces awarded the Purple Heart.

Sec. 103. Inclusion of Fry Scholarship recipients and Purple Heart recipients in Yellow Ribbon G.I. Education Enhancement Program.

Sec. 104. Inclusion of certain members of the Armed Forces serving on active duty in Yellow Ribbon G.I. Education Enhancement Program.

Sec. 105. Consolidation of certain eligibility tiers under Post-9/11 Educational Assistance Program of the Department of Veterans Affairs.

Sec. 106. Eligibility for Post-9/11 Educational Assistance for certain members of reserve components of Armed Forces who lost entitlement to educational assistance under Reserve Educational Assistance Program.

Sec. 107. Calculation of monthly housing stipend under Post-9/11 Educational Assistance Program based on location of campus where classes are attended.

Sec. 108. Charge to entitlement for certain licensure and certification tests and national tests under Department of Veterans Affairs Post-9/11 Educational Assistance Program.

Sec. 109. Restoration of entitlement to educational assistance and other relief for veterans affected by school closure or disapproval.

Sec. 110. Additional authorized transfer of unused Post-9/11 Educational Assistance benefits to dependents upon death of originally designated dependent.

Sec. 111. Edith Nourse Rogers STEM Scholarship.

Sec. 112. Honoring the national service of members of the Armed Forces by elimination of time limitation for use of entitlement.

Sec. 113. Monthly stipend for certain members of the reserve components of the Armed Forces receiving Post-9/11 Educational Assistance.

Sec. 114. Annual reports to Congress on information on student progress submitted by educational institutions.

Sec. 115. Improvement of information technology of the veterans benefits administration of the Department of Veterans Affairs.

Sec. 116. Department of Veterans Affairs high technology pilot program.

#### TITLE II—OTHER EDUCATIONAL ASSISTANCE PROGRAMS

Sec. 201. Work-study allowance.

Sec. 202. Duration of educational assistance under Survivors' and Dependents' Educational Assistance Program.

Sec. 203. Olin E. Teague increase in amounts of educational assistance payable under Survivors' and Dependents' Educational Assistance Program.

#### TITLE III—ADMINISTRATION OF EDUCATIONAL ASSISTANCE PROGRAMS

Sec. 301. State approving agency funding.

Sec. 302. Authorization for use of Post-9/11 Educational Assistance to pursue independent study programs at certain educational institutions that are not institutions of higher learning.

Sec. 303. Provision of information on priority enrollment for veterans in certain courses of education.

Sec. 304. Limitation on use of reporting fees payable to educational institutions and sponsors of programs of apprenticeship.

Sec. 305. Training for school certifying officials.

Sec. 306. Extension of authority for Advisory Committee on Education.

Sec. 307. Department of Veterans Affairs provision of on-campus educational and vocational counseling for veterans.

Sec. 308. Provision of information regarding veteran entitlement to educational assistance.

Sec. 309. Treatment, for purposes of educational assistance administered by the Secretary of Veterans Affairs, of educational courses that begin seven or fewer days after the first day of an academic term.

Sec. 310. Inclusion of risk-based reviews in State approving agency oversight activities.

Sec. 311. Comptroller General study of State approving agency performance.

#### TITLE IV—RESERVE COMPONENT BENEFITS

Sec. 401. Eligibility of reserve component members for Post-9/11 Educational Assistance.

Sec. 402. Time limitation for training and rehabilitation for veterans with service-connected disabilities.

#### TITLE V—OTHER MATTERS

Sec. 501. Repeal inapplicability of modification of basic allowance for housing to benefits under laws administered by Secretary of Veterans Affairs.

Sec. 502. Reconsideration of previously denied claims for disability compensation for veterans who allege full-body exposure to nitrogen mustard gas, sulfur mustard gas, or Lewisite during World War II.

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

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