

Russell
Rutherford
Sanford
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker

NAYS—186

Adams
Aguilar
Amash
Barragán
Beatty
Bera
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (MD)
Brownley (CA)
Bustos
Butterfield
Capuano
Carbajal
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Cleaver
Clyburn
Cohen
Connolly
Cooper
Correa
Courtney
Crist
Crowley
Cuellar
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Ellison
Eshoo
Espallat
Esty (CT)
Evans
Foster
Frankel (FL)
Fudge
Gabbard
Galego
Garamendi

NOT VOTING—23

Bass
Clay
Collins (NY)
Conyers
Costello (PA)
Cummings
Donovan
Engel
Graves (MO)

□ 1027

Messrs. SUOZZI and HOYER changed their vote from “yea” to “nay.”

Mr. FERGUSON changed his vote from “nay” to “yea.”

Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Wenstrup
Westerman
Williams
Wilson (SC)
Trott
Womack
Woodall
Yoder
Yoho
Young (IA)

O'Halleran
O'Rourke
Pallone
Panetta
Pascarell
Payne
Pelosi
Perlmuter
Peters
Peterson
Pingree
Pocan
Polis
Price (NC)
Quigley
Raskin
Rice (NY)
Rosen
Roybal-Allard
Ruiz
Ruppersberger
Rush
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Slaughter
Smith (WA)
Soto
Speier
Suozy
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Torres
Tsongas
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Wasserman
Schultz
Watson Coleman
Welch
Wilson (FL)
Yarmuth

Rooney, Thomas J.
Roskam
Scalise
Waters, Maxine
Webster (FL)
Young (AK)
Zeldin

So the resolution was agreed to.
The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

□ 1030

PRIVILEGED REPORT ON RESOLUTION OF INQUIRY TO THE SECRETARY OF THE TREASURY

Mr. HENSARLING, from the Committee on Financial Services, submitted an adverse privileged report (Rept. No. 115-265) on the resolution (H. Res. 442) of inquiry directing the Secretary of the Treasury to provide certain documents in the Secretary's possession to the House of Representatives relating to President Trump's financial connections to Russia, certain illegal financial schemes, and related information, which was referred to the House Calendar and ordered to be printed.

DEPARTMENT OF VETERANS AFFAIRS BONUS TRANSPARENCY ACT

GENERAL LEAVE

Mr. ROE of TENNESSEE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous material in the RECORD on S. 114, as amended.

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, pursuant to House Resolution 480, I call up 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, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 480, the amendment in the nature of a substitute printed in House Report 115-262, shall be considered as adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “VA Choice and Quality Employment Act of 2017”.

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

Sec. 1. Short title; table of contents.

TITLE I—APPROPRIATION OF AMOUNTS FOR VETERANS CHOICE PROGRAM

Sec. 101. Appropriation of amounts for Veterans Choice Program.

TITLE II—PERSONNEL MATTERS

Sec. 201. Modification to annual determination of staffing shortages in Veterans Health Administration.

Sec. 202. Establishment of Department of Veterans Affairs Executive Management Fellowship Program.

Sec. 203. Accountability of leaders for managing the Department of Veterans Affairs.

Sec. 204. Reemployment of former employees at Department of Veterans Affairs.

Sec. 205. Promotional opportunities for technical experts at Department of Veterans Affairs.

Sec. 206. Employment of students and recent graduates by Department of Veterans Affairs.

Sec. 207. Encouragement of transition of military medical professionals into employment with Veterans Health Administration.

Sec. 208. Recruiting database at Department of Veterans Affairs.

Sec. 209. Training for human resources professionals of Veterans Health Administration on recruitment and retention.

Sec. 210. Plan to hire directors of medical centers of Department of Veterans Affairs.

Sec. 211. Exit surveys at Department of Veterans Affairs.

Sec. 212. Requirement that physician assistants employed by the Department of Veterans Affairs receive competitive pay.

Sec. 213. Expansion of direct-hiring authority for Department of Veterans Affairs in case of shortage of highly qualified candidates.

Sec. 214. Comptroller General of the United States assessment of succession planning at Department of Veterans Affairs.

TITLE III—MAJOR MEDICAL FACILITY LEASES

Sec. 301. Authorization of certain major medical facility leases of the Department of Veterans Affairs.

Sec. 302. Authorization of appropriations for medical facility leases.

TITLE IV—OTHER MATTERS

Sec. 401. 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.

Sec. 402. Extension of requirement for collection of fees for housing loans guaranteed by Secretary of Veterans Affairs.

Sec. 403. Extension of authority to use income information.

TITLE I—APPROPRIATION OF AMOUNTS FOR VETERANS CHOICE PROGRAM

SEC. 101. APPROPRIATION OF AMOUNTS FOR VETERANS CHOICE PROGRAM.

(a) IN GENERAL.—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, \$2,100,000,000 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.—The amount appropriated under subsection (a) shall remain available until expended.

TITLE II—PERSONNEL MATTERS

SEC. 201. MODIFICATION TO ANNUAL DETERMINATION OF STAFFING SHORTAGES IN VETERANS HEALTH ADMINISTRATION.

Section 7412(a) of title 38, United States Code, is amended—

(1) by striking “the five occupations” and inserting “at a minimum, the five clinical occupations and the five nonclinical occupations”; and

(2) by striking “throughout the Department” and inserting “with respect to each medical center of the Department.”.

SEC. 202. ESTABLISHMENT OF DEPARTMENT OF VETERANS AFFAIRS EXECUTIVE MANAGEMENT FELLOWSHIP PROGRAM.

(a) FELLOWSHIP PROGRAM.—Chapter 7 of title 38, United States Code, is amended by adding at the end the following new subchapter:

“SUBCHAPTER III—EXECUTIVE MANAGEMENT FELLOWSHIP PROGRAM

“§ 741. Executive Management Fellowship Program

“(a) FELLOWSHIP PROGRAM.—There is in the Department an Executive Management Fellowship Program. The purpose of the program shall be to provide—

“(1) eligible employees of the Veterans Benefits Administration and the Veterans Health Administration with training and experience in the private sector; and

“(2) eligible employees of a private-sector entity with training and experience in the Department of Veterans Affairs.

“(b) FELLOWSHIP.—(1) A fellowship provided under this section is a 1-year fellowship during which—

“(A) with respect to a Department participant, the participant receives training and experience at a private-sector entity that is engaged in the administration and delivery of health care or other services similar to the benefits administered by the Secretary; and

“(B) with respect to a private-sector participant, the participant receives training and experience at the Veterans Benefits Administration or the Veterans Health Administration.

“(2) The Secretary shall enter into such agreements with private-sector entities as are necessary to carry out this section.

“(c) SELECTION OF RECIPIENTS.—(1) In August of each year, the Secretary shall select—

“(A) not fewer than 18 and not more than 30 eligible employees of the Veterans Benefits Administration and the Veterans Health Administration to receive a fellowship under this section; and

“(B) not fewer than 18 and not more than 30 eligible employees of private-sector entities to receive a fellowship under this section.

“(2) To the extent practicable, the Secretary shall select eligible employees under subparagraphs (A) and (B) of paragraph (1) from among eligible employees who are veterans in a manner that is reflective of the demographics of the veteran population of the United States and that whenever practicable provides a preference to such employees who represent or service rural areas.

“(d) ELIGIBLE EMPLOYEES.—For the purposes of this section, an eligible employee is—

“(1) with respect to an employee of the Veterans Benefits Administration or the Veterans Health Administration, an employee who—

“(A) is compensated at a rate of basic pay not less than the minimum rate of basic pay payable for grade GS-14 of the General Schedule and not more than either the minimum rate of basic pay payable to a member of the Senior Executive Service under section 5382 of title 5 or the minimum rate of basic pay payable pursuant to chapter 74 of this title, as the case may be;

“(B) enters into an agreement with the Secretary under subsection (e); and

“(C) submits to the Secretary an application containing such information and assurances as the Secretary may require; and

“(2) with respect to an employee of a private-sector entity, an employee who—

“(A) is employed in a position whose duties and responsibilities are commensurate with an employee of the Department described in paragraph (1);

“(B) enters into an agreement with the Secretary under subsection (e); and

“(C) submits to the Secretary an application containing such information and assurances as the Secretary may require.

“(e) AGREEMENTS.—(1) An agreement between the Secretary and a Department participant shall be in writing, shall be signed by the participant, and shall include the following provisions:

“(A) The Secretary’s agreement to provide the participant with a fellowship under this section;

“(B) The participant’s agreement—

“(i) to accept the fellowship;

“(ii) after completion of the fellowship, to serve as a full-time employee in the Veterans Benefits Administration or the Veterans Health Administration for at least 2 years as specified in the agreement; and

“(iii) that, during the 2-year period beginning on the last day of the fellowship, the participant will not accept employment in the same industry as the industry of the private-sector entity at which the participant accepts the fellowship.

“(C) A provision that any financial obligation of the United States arising out of an agreement entered into under this subchapter, and any obligation of the participant which is conditioned on such agreement, is contingent upon funds being appropriated.

“(D) A statement of the damages to which the United States is entitled under this subchapter for the participant’s breach of the agreement.

“(E) Such other terms as the Secretary determines are required to be included in the agreement.

“(2) An agreement between the Secretary and a private-sector participant shall be in writing, shall be signed by the participant, and shall include the following provisions:

“(A) The Secretary’s agreement to provide the participant with a fellowship under this section.

“(B) The participant’s agreement to accept the fellowship.

“(C) Such other terms as the Secretary determines are required to be included in the agreement.

“(f) TREATMENT OF RECIPIENTS.—(1) A Department participant shall be considered an employee of the Department for all purposes, including for purposes of receiving a salary and benefits, and shall remain eligible for all promotion and incentive programs otherwise available to such an employee.

“(2) A private-sector participant shall be considered an employee of the private-sector entity that employs the participant for all purposes, including for purposes of receiving a salary and benefits, and during the fellowship shall be treated as a contractor of the Department.

“(g) REPORTS.—(1) Not later than 60 days after completing a fellowship under this section, a recipient of the fellowship shall submit to the Secretary a report on the fellowship.

“(2) Each such report shall describe the duties of the recipient during the fellowship and any recommendations of the recipient for the application by the Secretary of industry processes, technologies, and best practices.

“(3) Not later than 7 days after receiving each such report, the Secretary shall submit

to the Committees on Veterans’ Affairs of the Senate and House of Representatives such report without change.

“(h) DEFINITIONS.—In this section:

“(1) The term ‘Department participant’ means an employee of the Veterans Benefits Administration or the Veterans Health Administration who is participating in the fellowship under this section.

“(2) The term ‘private-sector entity’ includes an entity operating under a public-private partnership.

“(3) The term ‘private-sector participant’ means an employee of a private-sector entity who is participating in the fellowship under this section.”.

(b) DEADLINE FOR IMPLEMENTATION.—Not later than 1 year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall implement the Executive Management Fellowship Program required under section 741 of title 38, United States Code, as added by subsection (a).

(c) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 7 of title 38, United States Code, is amended by adding at the end the following new items:

“SUBCHAPTER III—EXECUTIVE MANAGEMENT FELLOWSHIP PROGRAM

“§ 741. Executive Management Fellowship Program.”.

SEC. 203. ACCOUNTABILITY OF LEADERS FOR MANAGING THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Subchapter I of chapter 7 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 725. Annual performance plan for political appointees

“(a) IN GENERAL.—The Secretary shall conduct an annual performance plan for each political appointee of the Department that is similar to the annual performance plan conducted for an employee of the Department who is appointed as a career appointee (as that term is defined in section 3132(a) of title 5) within the Senior Executive Service at the Department.

“(b) ELEMENTS OF PLAN.—Each annual performance plan conducted under subsection (a) with respect to a political appointee of the Department shall include an assessment of whether the appointee is meeting the following goals:

“(1) Recruiting, selecting, and retaining well-qualified individuals for employment at the Department.

“(2) Engaging and motivating employees.

“(3) Training and developing employees and preparing those employees for future leadership roles within the Department.

“(4) Holding each employee of the Department that is a manager accountable for addressing issues relating to performance, in particular issues relating to the performance of employees that report to the manager.

“(c) DEFINITION OF POLITICAL APPOINTEE.—In this section, the term ‘political appointee’ means an employee of the Department who holds—

“(1) a position which has been excepted from the competitive service by reason of its confidential, policy-determining, policy-making, or policy-advocating character; or

“(2) a position in the Senior Executive Service as a noncareer appointee (as such term is defined in section 3132(a) of title 5).”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 7 of such title is amended by inserting after the item relating to section 723 the following new item:

“725. Annual performance plan for political appointees.”.

SEC. 204. REEMPLOYMENT OF FORMER EMPLOYEES AT DEPARTMENT OF VETERANS AFFAIRS.

(a) **IN GENERAL.**—Notwithstanding sections 3309 through 3318 of title 5, United States Code, the Secretary of Veterans Affairs may noncompetitively appoint a qualified former career or career conditional employee to any position within the competitive service at the Department of Veterans Affairs that is one grade or equivalent higher than the grade or equivalent of the position at the Department most recently occupied by the employee.

(b) **LIMITATION.**—The Secretary may not appoint a qualified former employee to a position that is more than one grade (or equivalent) higher than the position at the Department most recently occupied by the employee.

(c) **DEFINITION OF QUALIFIED FORMER EMPLOYEE.**—For purposes of this section, the term “qualified former employee” means any individual who—

(1) formerly occupied any career or career conditional position at the Department of Veterans Affairs within 2 years before applying for reemployment at the Department;

(2) voluntarily left such position, or was subject to a reduction in force, and had a satisfactory performance record while occupying such position; and

(3) since leaving such position has maintained licensing requirements, related to the position, if any, and gained skill, knowledge, or other factors related to the position.

SEC. 205. PROMOTIONAL OPPORTUNITIES FOR TECHNICAL EXPERTS AT DEPARTMENT OF VETERANS AFFAIRS.

Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish a promotional track system for employees of the Department of Veterans Affairs that the Secretary determines are technical experts pursuant to regulations prescribed by the Secretary for purposes of carrying out this section. Such system shall—

(1) provide any such employee the opportunity to advance within the Department without being required to transition to a management position; and

(2) for purposes of achieving career advancement—

(A) provide for the establishment of new positions within the Department; and

(B) notwithstanding any other provision of law, provide for increases in pay for any such employee.

SEC. 206. EMPLOYMENT OF STUDENTS AND RECENT GRADUATES BY DEPARTMENT OF VETERANS AFFAIRS.

(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall prescribe regulations to allow for excepted service appointments of students and recent graduates leading to conversion to career or career conditional employment of a student or recent graduate of a qualifying educational institution, as defined by the Department.

(b) **APPLICABILITY.**—The conversion authority described in subsection (a) shall be applicable to individuals in good standing who—

(1) are employed in a qualifying internship or fellowship program at the Department;

(2) are employed in the Department in a volunteer capacity and performing substantive duties comparable to those of individuals in internship or fellowship programs and meet the required number of hours for conversion;

(3) are employed in the Department under a contract or agreement with an external nonprofit organization and performing substantive duties comparable to those of individuals in internship or fellowship programs;

(4) have received educational assistance under chapter 33 of title 38, United States Code; or

(5) graduated from a qualifying educational institution, as defined by the Department, and have not reached 30 years of age.

(c) **UNIFORMITY.**—For the purposes of paragraphs (2) and (3) of subsection (b), hours of work performed by an individual employed shall be considered equal to those performed by an individual employed in a qualifying internship or fellowship program by the Department.

SEC. 207. ENCOURAGEMENT OF TRANSITION OF MILITARY MEDICAL PROFESSIONALS INTO EMPLOYMENT WITH VETERANS HEALTH ADMINISTRATION.

The Secretary of Veterans Affairs shall establish a program to encourage an individual who serves in the Armed Forces with a military occupational specialty relating to the provision of health care to seek employment with the Veterans Health Administration when the individual has been discharged or released from service in the Armed Forces or is contemplating separating from such service.

SEC. 208. RECRUITING DATABASE AT DEPARTMENT OF VETERANS AFFAIRS.

(a) **ESTABLISHMENT.**—The Secretary of Veterans Affairs shall establish a single database that lists—

(1) each vacant position in the Department of Veterans Affairs that the Secretary determines is critical to the mission of the Department, difficult to fill, or both; and

(2) each vacant position in the Department of Veterans Affairs for a mental health professional.

(b) **QUALIFIED APPLICANT.**—If the Secretary determines that an applicant for a vacant position listed in the database established under subsection (a) is qualified for such position but does not select the applicant for such position, the Secretary, at the election of the applicant, may consider the applicant for other similar vacant positions listed in the database for which the applicant is qualified.

(c) **PROLONGED VACANCIES.**—If the Secretary does not fill a vacant position listed in the database established under subsection (a) after a period determined appropriate by the Secretary, the Secretary—

(1) may ensure that applicants described in subsection (b) are considered for such position; and

(2) may use the database established under subsection (a) to assist in filling such position.

(d) **REPORT.**—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the use and efficacy of the database established under subsection (a).

SEC. 209. TRAINING FOR HUMAN RESOURCES PROFESSIONALS OF VETERANS HEALTH ADMINISTRATION ON RECRUITMENT AND RETENTION.

(a) **IN GENERAL.**—The Secretary of Veterans Affairs shall provide to human resources professionals of the Veterans Health Administration training on how to best recruit and retain employees of the Veterans Health Administration, including with respect to any recruitment and retention matters that are unique to the Veterans Health Administration pursuant to chapter 74 of title 38, United States Code, or other provisions of law.

(b) **VIRTUAL TRAINING.**—Training provided under this section shall be provided virtually.

(c) **AMOUNT OF TRAINING.**—The Secretary shall ensure that each human resources professional of the Veterans Health Administration receives the training described in subsection (a)—

(1) as soon as practicable after being hired by the Secretary as a human resources professional; and

(2) annually thereafter.

(d) **CERTIFICATION.**—The Secretary shall require that each human resources professional of the Veterans Health Administration, upon the completion of the training described in subsection (a), certifies that the professional received the training and understands the information provided by the training.

(e) **ANNUAL REPORT.**—Not less frequently than annually, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the training described in subsection (a), including the cost of providing such training and the number of human resources professionals who received such training during the year covered by the report.

SEC. 210. PLAN TO HIRE DIRECTORS OF MEDICAL CENTERS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) **PLAN.**—Not later than 120 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall develop and implement a plan to hire highly qualified directors for each medical center of the Department of Veterans Affairs that lacks a permanent director as of the date of the plan.

(b) **PRIORITY.**—The Secretary shall prioritize under the plan developed under subsection (a) the hiring of directors for medical centers that have not had a permanent director for the longest periods.

(c) **MATTERS INCLUDED.**—The plan developed under subsection (a) shall include the following:

(1) A deadline to hire directors of medical centers of the Department as described in such subsection.

(2) Identification of the possible impediments to such hiring.

(3) Identification of opportunities to promote and train candidates from within the Department to senior executive positions in the Department, including as directors of medical centers.

(d) **SUBMITTAL OF PLAN.**—Not later than 120 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives the plan developed under subsection (a).

(e) **SEMIANNUAL REPORTS.**—Not later than 180 days after the date of the enactment of this Act, and not later than 180 days thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report containing a list of each medical center of the Department that lacks a permanent director as of the date of the report.

SEC. 211. EXIT SURVEYS AT DEPARTMENT OF VETERANS AFFAIRS.

(a) **EXIT SURVEYS REQUIRED.**—

(1) **IN GENERAL.**—The Secretary of Veterans Affairs shall develop and carry out a standardized exit survey to be voluntarily completed by career and noncareer employees and executives of the Department of Veterans Affairs who voluntarily separate from the Department.

(2) **CONSULTATION.**—Such exit survey shall be developed in consultation with an appropriate non-Department entity with experience developing such surveys.

(b) **SURVEY CONTENT.**—The survey shall include, at a minimum, the following:

(1) Reasons for leaving the Department.

(2) Efforts made by the supervisor of the employee to retain the individual.

(3) The extent of job satisfaction and engagement during the employment.

(4) The intent of employee to either remain employed within the Federal Government or

to leave employment with the Federal Government.

(5) Such other matters as the Secretary determines appropriate.

(c) ANONYMITY OF SURVEY CONTENT.—The Secretary shall ensure that data collected under subsection (a)—

(1) is anonymized, including through the use of a location that allows for privacy;

(2) is not directly visible by another employee; and

(3) does not require the departing employee to input any personally identifiable data.

(d) SHARING OF SURVEY DATA.—The Secretary shall ensure that the results of the survey required by subsection (a) are—

(1) aggregated at the Veterans Integrated Service Network level; and

(2) shared on an annual basis with directors and managers of facilities of the Department and the Veterans Integrated Service Networks.

(e) ANNUAL REPORT.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act and not less frequently than once each year thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report containing the aggregate results of the exit survey under subsection (a) covering the year prior to the report.

(2) CONTENTS.—Each report submitted under paragraph (1) shall include, for the period covered by the report, the following:

(A) An analysis of the most common reasons employees choose to leave the Department.

(B) The steps the Secretary is taking to improve retention, particularly for mission-critical occupations.

(C) The demographic characteristics of employees choosing to leave the Department.

(D) Any legislative barriers to improving employee retention.

(E) The total number of employees who voluntarily separated from the Department and the number and percentage of whom took the exit survey under subsection (a).

SEC. 212. REQUIREMENT THAT PHYSICIAN ASSISTANTS EMPLOYED BY THE DEPARTMENT OF VETERANS AFFAIRS RECEIVE COMPETITIVE PAY.

Section 7451(a)(2) of title 38, United States Code, is amended—

(1) by redesignating subparagraph (B) as subparagraph (C);

(2) by inserting after subparagraph (A) the following new subparagraph (B):

“(B) Physician assistant.”; and

(3) in subparagraph (C), as redesignated by paragraph (1), by striking “and registered nurse” and inserting “registered nurse, and physician assistant”.

SEC. 213. EXPANSION OF DIRECT-HIRING AUTHORITY FOR DEPARTMENT OF VETERANS AFFAIRS IN CASE OF SHORTAGE OF HIGHLY QUALIFIED CANDIDATES.

Section 3304(a)(3)(B) of title 5, United States Code, is amended by inserting “(or, with respect to the Department of Veterans Affairs, that there exists a severe shortage of highly qualified candidates)” after “severe shortage of candidates”.

SEC. 214. COMPTROLLER GENERAL OF THE UNITED STATES ASSESSMENT OF THE SUCCESSION PLANNING AT DEPARTMENT OF VETERANS AFFAIRS.

(a) ASSESSMENT.—

(1) IN GENERAL.—The Comptroller General of the United States shall assess the extent to which key succession planning policies and guidance at the Department of Veterans Affairs, including the Veterans Health Administration, the Veterans Benefits Administration, and the National Cemetery Admin-

istration, are consistent with leading practices for succession and workforce planning identified by Comptroller General.

(2) ADDITIONAL MATTERS.—In carrying out the assessment required by paragraph (1), the Comptroller General may assess such other matters as the Comptroller General considers appropriate.

(b) REPORT.—Not later than two years after the date of the enactment of this Act, the Comptroller General shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the assessment carried out under subsection (a).

(c) SENSE OF CONGRESS ON STUDY ON COMPLIANCE WITH POLICIES AND GUIDANCE.—It is the sense of Congress that—

(1) the Comptroller General should conduct a study to examine the extent to which a sampling of installations of the Department of Veterans Affairs are complying with policies and guidance of the Department, as well as applicable leading practices; and

(2) the scope and timeframe of a study conducted as described in paragraph (1) may be dependent upon the findings of the Comptroller General with respect to the assessment carried out under subsection (a).

TITLE III—MAJOR MEDICAL FACILITY LEASES

SEC. 301. AUTHORIZATION OF CERTAIN MAJOR MEDICAL FACILITY LEASES OF THE DEPARTMENT OF VETERANS AFFAIRS.

The Secretary of Veterans Affairs may carry out the following major medical facility leases at the locations specified and in an amount for each lease not to exceed the amount specified for such location (not including any estimated cancellation costs):

(1) For a replacement outpatient clinic, Ann Arbor, Michigan, an amount not to exceed \$4,247,000.

(2) For a new outpatient mental health clinic, Birmingham, Alabama, an amount not to exceed \$6,649,000.

(3) For new research space, Boston, Massachusetts, an amount not to exceed \$6,224,000.

(4) For a replacement research space, Charleston, South Carolina, an amount not to exceed \$7,274,000.

(5) For a replacement outpatient clinic, Corpus Christi, Texas, an amount not to exceed \$6,556,000.

(6) For a replacement outpatient clinic, Daytona Beach, Florida, an amount not to exceed \$12,198,000.

(7) For a replacement Chief Business Office Purchased Care office space, Denver, Colorado, an amount not to exceed \$14,784,000.

(8) For a replacement outpatient clinic, Fredericksburg, Virginia, an amount not to exceed \$45,015,000.

(9) For a new outpatient clinic, Gainesville, Florida, an amount not to exceed \$7,891,000.

(10) For an outpatient mental health clinic, Gainesville, Florida, an amount not to exceed \$4,320,000.

(11) For a replacement outpatient clinic, Hampton Roads, Virginia, an amount not to exceed \$18,141,000.

(12) For a replacement outpatient clinic, Indianapolis, Indiana, an amount not to exceed \$7,876,000.

(13) For a replacement outpatient clinic, Jacksonville, Florida, an amount not to exceed \$18,623,000.

(14) For a replacement outpatient clinic, Missoula, Montana, an amount not to exceed \$6,942,000.

(15) For a replacement outpatient mental health clinic, Northern Colorado, Colorado, an amount not to exceed \$8,904,000.

(16) For a replacement outpatient clinic, Ocala, Florida, an amount not to exceed \$5,026,000.

(17) For a new outpatient clinic, Oxnard, California, an amount not to exceed \$5,274,000.

(18) For a new outpatient clinic, Pike County, Georgia, an amount not to exceed \$5,565,000.

(19) For a new outpatient clinic, Pittsburgh, Pennsylvania, an amount not to exceed \$6,247,000.

(20) For a replacement outpatient clinic, Portland, Maine, an amount not to exceed \$6,808,000.

(21) For a replacement outpatient clinic, Raleigh, North Carolina, an amount not to exceed \$21,870,000.

(22) For a replacement outpatient clinic, phase II, Rochester, New York, an amount not to exceed \$3,645,000.

(23) For a replacement research space, San Diego, California, an amount not to exceed \$4,852,000.

(24) For a new outpatient clinic, Santa Rosa, California, an amount not to exceed \$6,922,000.

(25) For a replacement mental health clinic, Tampa, Florida, an amount not to exceed \$13,387,000.

(26) For a replacement outpatient clinic, Lakeland, Tampa, Florida, an amount not to exceed \$10,760,000.

(27) For a replacement outpatient clinic, Terre Haute, Indiana, an amount not to exceed \$4,102,000.

(28) For a replacement outpatient clinic, Rapid City, South Dakota, an amount not to exceed \$4,532,000.

SEC. 302. AUTHORIZATION OF APPROPRIATIONS FOR MEDICAL FACILITY LEASES.

There is authorized to be appropriated to the Secretary of Veterans Affairs for fiscal year 2018 or the year in which funds are appropriated for the Medical Facilities account \$274,634,000 for the major medical facility leases authorized in section 301.

TITLE IV—OTHER MATTERS

SEC. 401. 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 “September 30, 2027”.

SEC. 402. 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 “September 30, 2027”; and

(B) in clause (iv), by striking “September 30, 2024” and inserting “September 30, 2027”; and

(2) in subparagraph (B)—

(A) in clause (i), by striking “September 30, 2024” and inserting “September 30, 2027”; and

(B) in clause (ii), by striking “September 30, 2024” and inserting “September 30, 2027”; and

(3) in subparagraph (C)—

(A) in clause (i), by striking “September 30, 2024” and inserting “September 30, 2027”; and

(B) in clause (ii), by striking “September 30, 2024” and inserting “September 30, 2027”; and

(4) in subparagraph (D)—

(A) in clause (i), by striking “September 30, 2024” and inserting “September 30, 2027”; and

(B) in clause (ii), by striking “September 30, 2024” and inserting “September 30, 2027”.

SEC. 403. 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 “September 30, 2027”.

The SPEAKER pro tempore. The gentleman from Tennessee (Mr. ROE) and the gentleman from Minnesota (Mr. WALZ) each will control 30 minutes.

The Chair recognizes the gentleman from Tennessee.

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

Mr. Speaker, I rise today in support of S. 114, as amended, the VA Choice and Quality Employment Act of 2017.

It has been a long week of negotiations, but we are here today with an agreement we—and, more importantly, our veterans—can all be proud to support. I know that I am.

Ranking Member WALZ and I have worked feverishly with our Senate counterparts to find a solution that can pass both Chambers and ensure that veterans will continue to be able to access care in the community.

The VA Choice and Quality Improvement Act of 2017 would expand veteran access to care both inside and outside the Department of Veterans Affairs healthcare system by, number one, providing \$2.1 billion to sustain the Choice Program for the next 6 months, authorizing 28 VA medical center facility leases, and improving VA's ability to recruit and retain high-quality employees by including many of the provisions of H.R. 1367, as amended, which were sponsored by Dr. BRAD WENSTRUP, the chairman of the Subcommittee on Health, and unanimously approved by the House in March. I would be remiss if I did not impress upon my colleagues a sense of urgency about this legislation.

The Choice Program was created 3 years ago in response to the nationwide VA access crisis that began with 40 veteran patients who died while waiting for VA care in Phoenix, Arizona. Due to much higher than expected veteran demand for Choice care, the program is slated to run out of money by mid-August. It would leave devastating consequences for veterans in its wake.

Starting with an extremely tight 90-day implementation period and countless contract modifications with third-party administrators, I will be the first to admit that the Choice Program has been plagued with problems. But I will also tell you that the program has come a long way from where it once was and is responsible for more than 1 million veterans getting the care they need closer to home and in a more timely manner. The good Lord only knows how many lives have been saved or prolonged. That is a success.

If Choice were to end 3 weeks from now, Mr. Speaker, VA's most senior leaders, including Secretary Shulkin, have warned that waiting times for veteran patients will increase to pre-Choice Phoenix levels. They also said continuity of care would be disrupted

for veterans across the country, and some of our most vulnerable veterans may not be able to get care without either a long, possibly debilitating wait time or an excessive travel distance. That is failure.

Passage of this bill today, followed by swift passage by our colleagues in the Senate, would preserve Choice for the next 6 months. That would allow the program to continue serving veterans while we continue the hard work of creating a stronger, more integrated VA healthcare system for the years ahead.

Some stakeholders have expressed frustration that Congress has not been adequately supporting VA's internal capacity for care and too much attention has been paid since the 2014 access crisis to addressing issues with growing veteran demand for community care programs, Choice included. They argue that providing increased funding for Choice without identical increases in funding for VA medical facilities is harmful to veterans. I totally disagree.

I do not believe that argument is fair or constructive, given the historic funding increases that VA has received in recent years and the growth in staffing, programming, and the VA physical footprint that has resulted from those increases. In fact, VA's budget—that is the healthcare budget, not total budget. The VA's healthcare budget has grown more than \$83 billion since I came to Congress in 2009.

Mr. Speaker, we were spending \$93.7 billion when I was sworn into this House in 2009. The President's request this year is \$186.5 billion. In the same time, the number of VA full-time employees has increased by almost 63,000. What is more, we just passed a MILCON-VA Appropriations bill which includes a \$3.9 billion increase for VA medical care.

Nevertheless, I have listened to the concerns of those stakeholders, which include many veterans service organizations, and I respect their viewpoints and their willingness to be strong advocates for our Nation's veterans. As a matter of fact, I belong to many of these organizations.

That is why this bill includes provisions to increase VA internal capacity by authorizing 28 medical facility leases, most of which are for community-based outpatient clinics, and by enhancing VA's ability to maintain a robust, highly qualified workforce in recognition of the many challenges VA has in competing for workers in an extremely competitive hiring market.

To offset a significant portion of the costs of this legislation, we have used offsets that have been used routinely on a bipartisan basis over the last decades and that were included in the legislation which first created the Choice Program 3 years ago.

As I alluded to earlier, this bill was crafted as the result of negotiations between myself; my friend, Ranking Member Sergeant Major WALZ; and Senators ISAKSON and TESTER, the

chairman and ranking member, respectively, on the Senate Committee on Veterans' Affairs. I am grateful to them for this work.

I am also grateful to my friends and colleagues in the House leadership for their efforts and willingness to do the sometimes difficult work of finding a solution that is in the best interests of both veterans and taxpayers and to our VSO partners for their input and support throughout the past weeks.

There is still much work ahead. This is only a 6-month patch to the Choice Program. The ranking member and I have a framework agreement for moving forward, but that will require the cooperation and buy-in from all my colleagues in the House and Senate.

Mr. Speaker, I urge all of my colleagues to join me in supporting this legislation, and I reserve the balance of my time.

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

I rise today and associate myself with the words of my friend and our chairman, the gentleman from Tennessee. I strongly recommend support for the newly amended S. 114, a bill, as the chairman so clearly stated, that not only extends veterans' access to care in the community, but provides additional funding for 28 critical leases to expand capacity and also makes sure we can recruit and retain the best medical professionals.

Mr. Speaker, I would like to note that on Monday, someone, another Member, mentioned that they felt a disturbance in the force on Monday is the way they described it. There has been a reputation that I think is rightfully earned from the leadership of the chairman and the members of the committee that the House Veterans' Affairs Committee is here to do the business of this Nation's veterans and the taxpayers and that the politics that are necessary and that are a part of getting things done take a backseat to that.

What you saw on Monday were disagreements. We could not come to an agreement. But instead of the theatrics of partisanship and instead of the politics of deconstruction, it was the politics of the possible. So instead of sulking away or sending out competing press releases, we came back together to try to find compromise on this. For that I am grateful.

I am grateful as a veteran, and I am grateful as a citizen that, on a morning when many Americans are waking up wondering about our politics and seeing the theatrics that go on, I am here to tell you that under the chairman's leadership, the honorable gentleman from Tennessee, he is guiding this House and tying it into the Senate in the best interests of our Nation's veterans, taking in the concerns of the minority side and taking in the concerns of the veterans service organizations in a way that also means compromise on my Republican colleagues' side.

That is hard to do, asking people to put their own personal ideology aside if

it is in the best interests of building a coalition and producing a piece of legislation that can pass through this House, the Senate, and be signed by the President. That is a tough order around here right now, and I am proud to stand with someone who has done it. I am proud to give my little piece of what it takes to do that.

I would encourage my colleagues, let's show a strong sign not just to our veterans, not just to this piece of legislation that, the gentleman was right, is absolutely critical for the care of our veterans; let's send a sign to our fellow citizens that this democracy still can function, this democracy still can find answers, this democracy can put American citizens first, and we can walk away from this knowing that our job was to come here and do exactly that, and it will be done.

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

Mr. ROE of Tennessee. Mr. Speaker, I yield 3 minutes to the gentleman from Maine (Mr. POLIQUIN), who is my good friend. I had the privilege of visiting BRUCE POLIQUIN's beautiful State last summer.

Mr. POLIQUIN. Mr. Speaker, I would remind you that "Maine is Vacationland." If you have not booked your Maine vacation, there is still plenty of time.

I would like to thank Chairman ROE, who is a Vietnam veteran himself and a doctor, in leading us down this path for better healthcare for our veterans.

Mr. Speaker, it was, I believe, our first Commander in Chief, George Washington, who said, and I paraphrase, that we can never expect young men and women in this country to step forward and fight for their country and give us the freedom that we all enjoy unless and until we take care of those who have already sacrificed on the battlefield. That is what this is about.

Mr. Speaker, in our State, we have about 125,000 veterans, and we love our veterans in the State of Maine. More than half of them are in the Second Congressional District that I represent, which is mostly central, down east, western, and northern Maine. Let me tell you, Mr. Speaker, we know how to shoot straight up in Maine, and we just need to make sure we take care of our veterans who live in rural areas.

One of the great concerns I have—and I know the chairman and others on the committee have the same concern—is that what about if you are a veteran that lives far away from a medical hospital, a veterans hospital. In the State of Maine, we have one veterans hospital. It is called Togus. It is the first VA hospital in the country—about 150 years old—and it was put together first to take care of those who have served on the battlefield in the Civil War.

In northern Maine, you might live in Fort Kent or Van Buren or Madawaska and be a 5-hour drive away from Togus. If you are not feeling well, it is February and the snow is blowing sideways, it might be really tough to get

down to Togus. That is why this Choice Program is so important. It allows our veterans who live far away from medical facilities to get their treatment close to home. This is something that I am a huge advocate of, and it is something we need to keep doing.

Now, one more thing I want to mention if I may, Mr. Speaker, is that we all know that veterans heal better with other veterans. We are not in any way trying to replace the veterans' facilities. We have healthcare facilities in this country. But the Choice Program allows us to augment that care through the Choice Program where they are able to go to private facilities.

Now, this emergency funding is absolutely critical. It will extend this program for 6 months instead of letting it run out of money in 3 weeks. It also includes something that is highly important. I am so grateful to the chairman for including it. It includes the ability to authorize a lease in Portland, Maine, for a brand-new, state-of-the-art, if you will, VA facility, a CBOC facility, an outpatient facility, that will serve about 4,000 veterans in the State of Maine.

The SPEAKER pro tempore (Mr. JODY B. HICE of Georgia). The time of the gentleman has expired.

Mr. ROE of Tennessee. Mr. Speaker, I yield the gentleman an additional 30 seconds.

□ 1045

Mr. POLIQUIN. Mr. Speaker, I thank Congresswoman CHELLIE PINGREE from the First District of the State of Maine. I represent the Second District.

I encourage everyone in this body, Republicans and Democrats, to please take care of our veterans. Please vote for S. 114 to renew the authorization in the emergency fund for the Choice Program.

Mr. WALZ. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. TAKANO), my good friend, the vice ranking member of the full Committee on Veterans' Affairs, who is also from a great vacation State.

Mr. TAKANO. Mr. Chairman, I thank the ranking member for mentioning that so that it doesn't detract from my time. But please visit California, especially Riverside, California.

Mr. Speaker, I rise today in support of S. 114, which prevents a funding lapse in the VA Choice Program while making critical investments to strengthen the Department of Veterans Affairs.

This legislation is a significant improvement over the bill we considered earlier this week. It now includes leasing authorizations for VA medical facilities in 17 States across the country, and it includes several provisions that I introduced that will help address the VA's workforce shortages. This is what I hope to be the first step in providing the VA the tools it needs to meet its internal workforce challenges.

As I have often said, the VA's ability to provide quality and timely care to

our Nation's veterans will be determined by who it hires.

There are nearly 50,000 vacancies at the VA that need to be filled. This bill strengthens and streamlines the VA's ability to recruit, hire, and retain talented and dedicated individuals. But more needs to be done to expand the VA's own internal capacity to provide care for our veterans.

The VA Choice Program is a well-intentioned program, but it has not delivered on its promise to consistently cut wait times or improve care. We do not want to be back here in January passing another short-term fix.

Starting today, we have 6 months to come together and develop a more efficient and effective system to connect veterans with the care they need.

Earlier this week, I expressed my desire to vote for a bill that avoids a funding gap in the Choice Program, while also recognizing the importance of a strong and sustainable VA. This legislation meets that standard, and I urge my colleagues to vote "yes."

Mr. ROE of Tennessee. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. ARRINGTON), chairman of the Subcommittee on Economic Opportunity on the full Committee of Veterans' Affairs.

Mr. ARRINGTON. Mr. Speaker, I rise in support of S. 114, which will continue funding the Choice Program, an important reform to make sure that our veterans have access to quality care.

For too long, our veterans, Mr. Speaker, have been trapped in a system that has failed them. They are in a single-payer system. We put them in a system that the Members of Congress wouldn't sign up for. For years, we haven't give them the same choice that we have given Medicaid patients and Medicare patients.

The Choice Program isn't just common sense, it is common decency. We have asked these men and women to serve and to sacrifice for our freedom. They deserve the very best care. The only way they are going to get the best care is to have choice when they have geographic challenges or are waiting in line.

We have all read the reports about how our veterans have waited in line, have gotten sicker, and some even died. It is unconscionable and unacceptable.

I am so grateful that, in an institution that has a reputation of gridlock and dysfunction, we have a committee with leaders like Chairman ROE and Ranking Member WALZ who will come together and put America first. So I am heartened by this and I applaud their leadership.

I support this continuation of funding and the improved access to care for our heroes. I thank the chairman for the privilege of serving under the leadership of his committee.

Mr. WALZ. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. BROWNLEY), my good friend, a long-time champion of veterans, and

the ranking member of the Subcommittee on Health.

Ms. BROWNLEY of California. Mr. Speaker, I thank the gentleman from Minnesota, our ranking member; and the gentleman from Tennessee, the chair, for their commitment to bipartisan solutions which helped get us the agreement that the House is considering today.

I am extremely proud to work on the Veterans' Affairs Committee because we have shown that we can tackle the big issues in a bipartisan way. That is why I rise today in support of S. 114, which will address the immediate shortfall in funding for the Choice Program, while making needed investments in direct VA-provided care.

I am so pleased that this bipartisan agreement includes my legislation authorizing 28 new VA healthcare facilities across the country. This bill will bring more care closer to home for veterans from coast to coast.

The demand for VA healthcare is increasing, and many veterans face long wait times because outdated facilities are too small to accommodate the growing number of men and women seeking care.

The leases authorized by this bill are located in 17 States, with nearly 12 million veterans living in them, who have been waiting years for improved access to care. This includes a new, larger clinic in the city of Oxnard, in my district, which will bring much-needed specialty care closer to home for our veterans in Ventura County.

Veterans in my community and communities across the country have waited long enough for these expanded services, and I thank my colleagues on both sides of the aisle and our veterans service organizations for working with me to deliver this win for them.

We can fund the VA Choice Program and fund other programs critical to the VA's mission, my mission, and the mission of my colleagues on both sides of the aisle: provide the care our veterans, who have risked their lives for our country, have earned and deserve.

Mr. Speaker, I urge all of my colleagues to support this legislation and help ensure veterans get the care they need and to make the investments we need to build a modern, veteran-centric 21st century VA.

Mr. ROE of Tennessee. Mr. Speaker, I have no further speakers, and I reserve the balance of my time.

Mr. WALZ. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. CORREA), a good friend and new member of the Veterans' Affairs Committee.

Mr. CORREA. Mr. Speaker, first of all, I thank all of our veterans for their service and sacrifice for our great country.

I come from California, the home of the greatest number of veterans in this great country. On their behalf, I would like to thank Chairman ROE and Ranking Member WALZ for their tremendous job and leadership in addressing the needs of all of our veterans.

I am pleased that we reached the bipartisan agreement, and I hope the rest of this place learns from the work the Veterans Affairs' Committee has done. I hope that tomorrow, when we wake up and open up those newspapers, this is a front-page story, because it deserves to be. Democrats and Republicans, everybody coming together to work for our veterans, that is the way it should be done.

Three years ago, Congress created the Choice Program. This was an alternative to make sure that our veterans didn't have to wait to get the health services they needed.

This bill will provide additional funding and short-term sustainability for this program called the Choice Program. This bill will also allow the Department of Veterans Affairs to open up more clinics and to hire additional doctors to make sure that our veterans get the service they deserve.

Again, I am glad that we are here today and that we could work to make sure that our veterans get the services they earned. I urge all my colleagues to support this bipartisan measure.

Mr. WALZ. Mr. Speaker, I yield 2 minutes to the gentlewoman from Maine (Ms. PINGREE), who is also on the Maine Tourism Board.

Ms. PINGREE. Mr. Speaker, I thank the Ranking Member for yielding and allowing me to reinforce my colleague from the State of Maine and say: if you haven't made your plans, it is not too late. Lobster season is just picking up. I highly recommend a visit to the Maine coast or anywhere in the State of Maine.

Mr. Speaker, I rise in support of this bill to provide the VA Choice Program with additional funds and to authorize several provisions to improve care for our Nation's veterans.

Specifically, I want to recognize the authorization of a lease included in this bill for a community-based outpatient clinic in Portland, Maine, that will provide much-improved services to the veterans in that area. The new facility will be a huge step in improving the care for veterans in my district.

The proposed facility will go a long way toward a more efficient, patient-centered approach to care and will provide a wide range of services, including audiology, dental, physical therapy, prosthetics, and women's health.

Most of the veterans served by this new CBOC will be coming from the surrounding areas, and this new clinic will result in a much shorter commute for those veterans living in the most densely populated area of Maine.

The entire Maine congressional delegation has worked for the authorization of this lease, including my colleague, Mr. POLIQUIN from Maine's Second District.

I thank Congresswoman BROWNLEY for introducing legislation earlier this year to authorize these leases and for her work on this issue.

I am proud to support S. 114, and I thank Ranking Member WALZ and

Chairman ROE for their work on this legislation. The authorization of this lease represents a tremendous step for our State in providing veterans the proper care they have earned.

Mr. ROE of Tennessee. Mr. Speaker, since we are doing a Maine advertisement here today, I will say one thing negative about Maine. I herniated a disk in my back climbing Mount Katahdin with my good friend, FRENCH HILL from Arkansas, last summer. It wasn't all good.

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

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

Mr. Speaker, as you heard here today from numerous members of the committee and others, this is how business should be done: looking out for our veterans, compromises being made.

I do want to extend my thanks to Senator ISAKSON; Senator TESTER; Secretary Shulkin; the DAVs and the other VSOs; and the staff on both sides of the aisle who are the ones who are carrying out late-night negotiations.

I think the gentleman from Tennessee, Chairman ROE, did bring up a good point: this is the beginning of tough decisions that need to be made, tough negotiations.

I hope everyone here understands that the continued good will and bipartisanship is going to be needed, because we have an opportunity to transform the VA into that 21st century VA, one that is more responsive to the needs of veterans, one that takes into account the realities of modern-day medicine that involves many outpatient clinics and different ways of delivering service, especially to rural veterans who we represent.

This is a great start. It is one that I think we go from a stop on Monday to what I hope can be a unanimous vote for a good, smart piece of legislation.

Mr. Speaker, I urge my colleagues to support this, and I yield back the balance of my time.

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

Mr. Speaker, I do want to associate my remarks with those of the ranking member.

We have a lot of thanks to go around, but the major thanks go to our veterans who serve this great Nation. I think it would be remiss on us and a pox on this body if we didn't do what is right for our veterans. And we are.

As Mr. WALZ said, this is just the first step, although a major one, in a transformative process that we have been given the opportunity on this committee to do.

We serve 21 million veterans in this country that have served this Nation honorably. We have a great organization. I think a lot of times it doesn't get said that the VA does a lot of good work.

I don't go home where there is not a day that I don't run into somebody at the grocery store or somewhere that

tells me of a positive thing that happened to them at the VA. It is not everywhere, though.

I also get stopped and told and have stacks of documents on my desk that tell me the problems with the VA. We hear those loud and clear. I think both of us do.

But I think it is an opportunity for us as a body—not just this committee, but the entire body—to thank our veterans, pass this bill unanimously, send it to the Senate, and then to the President's desk for his signature.

I, once again, thank Mr. WALZ, his committee and staff, and our committee and staff for working in a bipartisan way to pass this.

Mr. Speaker, I encourage all Members to support S. 114, and I yield back the balance of my time.

Mr. SABLAN. Mr. Speaker, I rise in support of the Amendment in the Nature of a Substitute to S. 114 that provides for a 6-month extension of the Choice program, as well as funding for VA recruitment and retention programs.

Extension of the Choice program is good news for veterans in my district. The Northern Marianas is the only jurisdiction in our country that does not have a VA medical clinic and does not have a single, dedicated VA doctor or mental health professional. There is one physician contracted by the VA on a part-time basis. But she is at capacity and cannot take on any more veteran patients.

So, it is the Choice program that allows the veterans I represent to obtain health care, where they live, rather than having to fly hundreds or thousands of miles, to Guam or to Hawai'i, for treatment.

It was to ease that burden that I was one of the Members who identified and spoke up about the problem of access to service for veterans in remote and rural areas of America; and advocacy by Members from underserved areas helped lead to the creation of Choice.

Make no mistake, the Choice program does not solve all of the issues of health care access that trouble Marianas veterans. A VA health clinic with VA staff in the Marianas remains my goal. But S. 114—short of a full-fledged clinic—does provide recruitment and retention authorities that could lead to having more VA staff in my district. That would be step in the right direction.

Meanwhile, and until we have a real, full-time, fully staffed and equipped VA clinic in the Northern Marianas, the Choice program will continue to be needed to fill the gap and provide the care that veterans deserve.

My thanks to Chairman ROE and Ranking Member WALZ and to their staff for the time and effort that has gone into ensuring that Choice can continue for veterans in the Marianas—and in rural, remote, and underserved areas throughout America.

I am also grateful to the many veteran service organizations, who have advised on this legislation and who have been steadfast in their commitment to improve the Department of Veterans' Affairs for those who served our Nation.

□ 1100

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 480, the previous question is ordered on the bill, as amended.

The question is on the third reading of the bill.

The bill was ordered to be read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the yeas appeared to have it.

Mr. ROE of Tennessee. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

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.

VETERANS' ACCESS TO CHILD CARE ACT

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 95) to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide child care assistance to veterans receiving certain medical services provided by 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. 95

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 "Veterans' Access to Child Care Act".

SEC. 2. CHILD CARE ASSISTANCE FOR VETERANS RECEIVING MENTAL HEALTH CARE AND OTHER INTENSIVE HEALTH CARE SERVICES PROVIDED BY THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Subchapter III of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

"§ 1730B. Child care assistance for veterans receiving mental health care and other intensive health care services

"(a) IN GENERAL.—The Secretary shall provide child care assistance to an eligible veteran for any period that the veteran—

"(1) receives covered health care services at a facility of the Department; and

"(2) is required to travel to and return from such facility for the receipt of such health care services.

"(b) CHILD CARE ASSISTANCE.—(1) Child care assistance provided under this section may include any of the following:

"(A) A stipend for the payment of child care offered by a licensed child care center (either directly or through a voucher program) which shall be, to the extent prac-

ticable, modeled after the Department of Veterans Affairs Child Care Subsidy Program established pursuant to section 590 of title 40.

"(B) Direct provision of child care at an on-site facility of the Department.

"(C) A payment made directly to a private child care agency.

"(D) A collaboration with a facility or program of another Federal department or agency.

"(E) Such other form of assistance as the Secretary considers appropriate.

"(2) In the case that child care assistance under this section is provided as a stipend under paragraph (1)(A), such stipend shall cover the full cost of such child care.

"(c) DEFINITIONS.—In this section:

"(1) The term 'eligible veteran' means a veteran who—

"(A) is the primary caretaker of a child or children; and

"(B) is—

"(i) receiving covered health care services from the Department; or

"(ii) in need of covered health care services, and but for lack of child care services, would receive such covered health care services from the Department.

"(2) The term 'covered health care services' means—

"(A) regular mental health care services;

"(B) intensive mental health care services; or

"(C) such other intensive health care services that the Secretary determines that provision of assistance to the veteran to obtain child care would improve access to such health care services by the veteran."

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1730A the following new item:

"1730B. Child care assistance for veterans receiving mental health care and other intensive health care services."

SEC. 3. 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 "September 30, 2026".

SEC. 4. 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, 2024"; and

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

(2) in subparagraph (B)—

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

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

(3) in subparagraph (C)—

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

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

(4) in subparagraph (D)—

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

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