

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 ayes 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".

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

Mr. Speaker, I rise today in support of H.R. 95, as amended, the Veterans' Access to Child Care Act. This bill would make the Department of Veterans Affairs' successful pilot program to provide childcare assistance to veterans seeking mental or other intensive healthcare services through the VA healthcare system permanent.

I have been a "Doctor Dad" myself, and I know firsthand how difficult it can be to manage childcare responsibilities on top of everything else.

We know that the lack of childcare is a barrier to care for many patients and that assisting veteran parents, grandparents, and guardians in finding childcare opportunities while they are attending VA appointments will relieve a major stress point and increase access to care.

I am grateful to Congresswoman JULIA BROWNLEY, the ranking member of our Subcommittee on Health, for her leadership in sponsoring the Veterans' Access to Child Care Act.

I am proud to support this bill and urge my colleagues to do so as well.

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

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

I rise in support of H.R. 95, as amended, offered by the Subcommittee on Health Ranking Member JULIA BROWNLEY.

Mr. Speaker, to increase access, we must eliminate barriers, and this amendment in the nature of a substitute does exactly that. The Veterans' Access to Child Care Act assists those veterans who are also parents to access the healthcare they need by allowing the VA to provide childcare assistance to eligible veterans.

Representative BROWNLEY's bill is essential to ensuring all veterans have that access, and I appreciate her hard work to make it a reality. I urge my colleagues to support the amendment in the nature of a substitute.

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

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

Mr. WALZ. Mr. Speaker, I yield 5 minutes to the gentlewoman from California (Ms. BROWNLEY), the author of this piece of legislation.

Ms. BROWNLEY of California. Mr. Speaker, I thank the gentleman from Minnesota, our ranking member, and the gentleman from Tennessee, our chairman, for their support of this bill and for their tireless advocacy on behalf of our Nation's veterans.

I rise today in support of H.R. 95, the Veterans' Access to Child Care Act, which will break down a barrier to care many veterans with children face. This is especially problematic for women veterans, who are often the primary caretakers of young children and a rapidly growing segment of the veteran population.

According to a 2015 VA study, 42 percent of women who use the VA said it is difficult to find childcare that would allow them to attend medical appointments, and for those who can, that care is often unaffordable.

The average cost of childcare in my home State of California, for instance, is more than \$13,000 a year. As the post-9/11 generation continue to start their families, more and more veterans will face the unacceptable choice between caring for their children and getting the healthcare they need.

Without affordable childcare options, veterans can miss their appointments, including critical mental health appointments, that impact their long-term well-being. It is just common sense: better access to childcare will lead to better access to care, which will ultimately result in better outcomes for our Nation's veterans.

The VA currently runs a successful childcare pilot program at several locations around the country that benefits female and male veterans of all eras. My legislation will make that program permanent and expand it nationwide, ensuring that no veteran will have to miss a VA health appointment because of a lack of access of childcare.

I want to thank my colleague, Congressman BRIAN HIGGINS, for his steadfast support of this bill and all of my colleagues on the VA Committee who have backed this proposal every step of the way.

Mr. Speaker, I urge all of my colleagues to support this legislation and help ensure that veterans do not have to choose between caring for their children and getting the healthcare they need and deserve.

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 myself the balance of my time.

Again, the Chair heard the reasons for this. I thank the gentlewoman for authoring this needed piece of legislation and urge my colleagues to support its passage.

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

Mr. ROE of Tennessee. Mr. Speaker, once again, I encourage all Members to support this legislation.

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

Ms. JACKSON LEE. Mr. Speaker, I rise today in support of H.R. 95, the "Veterans' Ac-

cess to Child Care Act," which makes permanent the VA's Child Care Pilot Program and expands it so that all veterans who are primary caretakers have a safe, reliable, and cost-free option for child care when they use VA healthcare.

As the founder and chair of the Congressional Children's Caucus, I fully understand the importance of having access to affordable and safe child care.

The bill provides child care assistance to an eligible veteran for any period that the veteran receives covered health care services at a VA facility, and is required to travel to and return from such facility for the receipt of such services.

My own city of Houston is home to the second largest veterans' community in the United States in terms of resident veterans.

The U.S. Census Bureau recorded that Houston is home to approximately 282,000 veterans, which is almost one-fifth of the state's veteran population.

The Michael E. DeBakey VA Medical Center in the city of Houston has 111,189 veterans enrolled in the center.

For these veterans in Houston and veterans across the country, H.R. 95 provides access to child care for veterans receiving mental health services and other intensive health care services at VA facilities.

The VA reported that it had provided free childcare to 10,000 children through the pilot program and that veterans were consistently "completely satisfied" with the services received.

H.R. 95 ensures that veterans continue to get the care they have earned and deserve, and that includes ensuring that those seeking treatment at VA medical facilities do not miss appointments because they do not have access to safe and reliable child care.

The lack of convenient and affordable child care has prevented veterans from getting the medical care they need.

The cost of full time infant care across the United States in 2012 ranged from \$4,600 to \$20,200 a year.

The cost of full time care for a 4 year old ranged from \$3,900 to \$15,450.

Of those seeking childcare, 89 percent were looking for full time care and only 11 percent were looking for part-time care.

Parents who serve as the primary care taker of a child should not have to sacrifice their own health to find safe and reliable child care.

We must remove barriers that impede veterans' access to health care.

Currently, the Child Care Pilot Program offers free child care for qualified veterans using VA healthcare services at a limited number of participating sites around the United States.

Congress has reauthorized this popular pilot program three times in separate bills, but it is time to make this program permanent.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, H.R. 95, as amended.

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

A motion to reconsider was laid on the table.

VA SENIOR EXECUTIVE ACCOUNTABILITY ACT

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2772) to amend title 38, United States Code, to provide for requirements relating to the reassignment of Department of Veterans Affairs senior executive employees, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2772

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 “VA Senior Executive Accountability Act” or the “SEA Act”.

SEC. 2. SEMIANNUAL REPORTS ON REASSIGNMENT OF DEPARTMENT OF VETERANS AFFAIRS SENIOR EXECUTIVE EMPLOYEES.

(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:

“§ 723. Reassignment of senior executives

“(a) APPROVAL OF REASSIGNMENTS.—No individual employed in a senior executive position at the Department may be reassigned to another such position at the Department unless such reassignment is approved in writing and signed by the Secretary.

“(b) SEMIANNUAL REPORTS REQUIRED.—Not later than June 30 and December 31 of each year, the Secretary shall submit to Congress a report on the reassignment of individuals employed in senior executive positions at the Department to other such positions at the Department during the period covered by the report. Each such report shall describe the purpose of each such reassignment and the costs associated with such reassignment.

“(c) SENIOR EXECUTIVE POSITION DEFINED.—In this section, the term ‘senior executive position’ has the meaning given such term in section 713(g)(3) of this title.”.

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

“724. Reassignment of senior executives.”.

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

Mr. Speaker, I rise today in support of H.R. 2772, as amended, the VA Senior Executive Accountability Act, or SEA Act. This bill would provide needed transparency of the Department of Veterans Affairs’ reassignment of members of the Senior Executive Service. Specifically, the bill would require

the Secretary to personally approve of a reassignment of VA’s approximately 350 SES employees.

It would also require VA to report to Congress identifying those employees who are reassigned and the cost associated with reassignments.

I thank Representative TAYLOR for his thoughtful legislation. And with that, Mr. Speaker, I urge all of my colleagues to join me in supporting H.R. 2772.

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

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

Mr. Speaker, I rise in support of H.R. 2772, the VA Senior Executive Accountability Act. Mr. Speaker, this is a commonsense bill that has received bipartisan support as it moved through regular order of our committee.

This bill requires that any reassignment of a senior executive at the VA have the Secretary’s written approval. It also requires an annual report to Congress to help us in our oversight ability.

I have dealt with this issue myself in Minnesota and know firsthand how important this is.

Mr. Speaker, I would like to thank Mr. TAYLOR and our vice ranking member, Mr. TAKANO, for developing this legislation. I support and encourage Members to join in its support.

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

Mr. ROE of Tennessee. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. TAYLOR), the author of this bill and a Navy SEAL.

Mr. TAYLOR. Mr. Speaker, I rise in support of my bill, H.R. 2772, the VA Senior Executive Accountability Act.

This bipartisan bill brings transparency and accountability to senior VA leadership.

Mr. Speaker, my area has the fastest growing veterans population in the Nation. Our OIF, our OEF, and our women’s veterans population is rapidly growing.

Recently, our main VA hospital was rated at a one-star out of a five-star rating. In making a change, the VA simply swapped out the underperforming leadership with another VA hospital.

This, Mr. Speaker, is unacceptable.

My bill would require the VA to issue reports on any reassignment of VA leadership and how much the cost is. Additionally, the Secretary of the VA would have to personally sign off on the reassignment.

Mr. Speaker, veterans need to trust that they are getting the best care possible. They need to trust that they will have transparency. They need to trust that there will be accountability.

I want to thank the chairman, the ranking member, and all those on the committee for their work, their dedication, and their commitment to upholding our sacred responsibility of care for those who upheld their own sacred responsibility to our Nation.

Mr. WALZ. Mr. Speaker, I have no further speakers, and I am prepared to close at this time.

Mr. Speaker, again, commonsense bill, bipartisan, does the right thing, and, as the gentleman so clearly explained, providing that trust to our veterans is absolutely critical. I believe this will do that. I urge my colleagues to support passage of H.R. 2772.

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

Mr. ROE of Tennessee. Mr. Speaker, once again, I encourage all Members to support this legislation.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, H.R. 2772, as amended.

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

A motion to reconsider was laid on the table.

GROW OUR OWN DIRECTIVE: PHYSICIAN ASSISTANT EMPLOYMENT AND EDUCATION ACT OF 2017

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3262) to require the Secretary of Veterans Affairs to carry out a pilot program to provide educational assistance to certain former members of the Armed Forces for education and training as physician assistants of the Department of Veterans Affairs, to establish pay grades and require competitive pay for physician assistants of the Department, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3262

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 “Grow Our Own Directive: Physician Assistant Employment and Education Act of 2017”.

SEC. 2. PILOT PROGRAM TO PROVIDE EDUCATIONAL ASSISTANCE TO PHYSICIAN ASSISTANTS TO BE EMPLOYED AT THE DEPARTMENT OF VETERANS AFFAIRS.

(a) PILOT PROGRAM.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall carry out a pilot program to be known as the “Grow Our Own Directive” or “G.O.O.D.” pilot program (in this section referred to as the “pilot program”) to provide educational assistance to certain former members of the Armed Forces for education and training as physician assistants of the Department of Veterans Affairs.

(2) INFORMATION ON PILOT PROGRAM.—The Secretary shall provide information on the pilot program to eligible individuals under subsection (b), including information on application requirements and a list of entities with which the Secretary has partnered under subsection (g).

(b) ELIGIBLE INDIVIDUALS.—An individual is eligible to participate in the pilot program if the individual—