

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 votes objected to under clause 6 of rule XX.

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

STATE VETERANS HOME ADULT DAY HEALTH CARE IMPROVE- MENT ACT OF 2017

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (S. 324) to amend title 38, United States Code, to improve the provision of adult day health care services for veterans.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 324

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 “State Veterans Home Adult Day Health Care Improvement Act of 2017”.

SEC. 2. PROVISION OF CERTAIN ADULT DAY HEALTH CARE SERVICES FOR VET- ERANS.

(a) IN GENERAL.—Section 1745 of title 38, United States Code, is amended—

(1) by adding at the end the following new subsection:

“(d)(1) The Secretary shall enter into an agreement with each State home for payment by the Secretary for medical supervision model adult day health care provided to a veteran described in subsection (a)(1) on whose behalf the State home is not in receipt of payment for nursing home care from the Secretary.

“(2)(A) Payment under each agreement between the Secretary and a State home under paragraph (1) for each veteran who receives medical supervision model adult day health care under such agreement shall be made at a rate established through regulations prescribed by the Secretary to adequately reimburse the State home for the care provided by the State home, including necessary transportation expenses.

“(B) The Secretary shall consult with the State homes in prescribing regulations under subparagraph (A).

“(C) The rate established through regulations under subparagraph (A) shall not take effect until the date that is 30 days after the date on which those regulations are published in the Federal Register.

“(3) Payment by the Secretary under paragraph (1) to a State home for medical supervision model adult day health care provided to a veteran described in that paragraph constitutes payment in full to the State home for such care furnished to that veteran.

“(4) In this subsection, the term ‘medical supervision model adult day health care’ means adult day health care that includes the coordination of physician services, dental services, nursing services, the administration of drugs, and such other requirements as determined appropriate by the Secretary.”; and

(2) in the section heading, by inserting “, adult day health care,” after “home care”.

(b) INITIAL RATE.—Before the Secretary of Veterans Affairs establishes a payment rate

under subsection (d)(2)(A) of section 1745 of such title, as added by subsection (a), the Secretary shall pay to a State home that has entered into an agreement with the Secretary for medical supervision model adult day health care (as defined in subsection (d)(4) of such section) an amount equal to 65 percent of the rate the Secretary would pay under subsection (a)(2) of such section to the State home for nursing home care provided to the veteran.

(c) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of such title is amended by striking the item relating to section 1745 and inserting the following new item:

“1745. Nursing home care, adult day health care, and medications for veterans with service-connected disabilities.”.

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 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, before I begin today, I would like to take a moment to express my deepest sympathies to those affected by last week's tragedy in Yountville, California. I closely followed the situation. I am truly saddened by what has occurred.

All three employees who lost their lives—Christine Loeber and Jennifer Golick from the Pathway Home and Jennifer Gonzales from the Department of Veterans Affairs—were committed to helping veterans struggling with difficulties like post-traumatic stress disorder and other mental problems.

As Secretary Shulkin said: “Caring for veterans and our employees serving them is always important. It is even more critical that we reach out to one another and provide support during painful times like these.”

I think I can speak for myself and the rest of the members on the House Committee on Veterans' Affairs when I offer prayers and support during this incredibly difficult and challenging time for these families.

Mr. Speaker, I rise today in support of S. 324, the State Veterans Home Adult Day Health Care Improvement Act of 2017. It is imperative that we ensure that VA is equipped with a variety of geriatric and long-term care programs to best meet the individual needs and goals of the increasing number of veterans who are reaching retirement age.

Current law requires VA to cover the cost of nursing home care in a State

Veterans Home for any veteran in need of such care due to a service-connected disability or with a service-connected disability rating of 70 percent or more. However, veterans are increasingly seeking opportunities to get additional care they need as they age while remaining at home rather than in a nursing care facility or other institutional setting. S. 324 would help those veterans by requiring VA to enter into an agreement or a contract with the State Veterans Home to pay for adult day healthcare for veterans who are eligible but not receiving nursing home care.

Adult day healthcare programs provide companionship, peer support, recreation, certain healthcare services, case management assistance with activities of daily living, and more to veterans, and needed respite and relief to caregivers. What is more, adult day healthcare programs are a much less costly alternative to nursing home care, meaning that, with the enactment of this bill, we could grant veterans who desire to age at home the opportunity to do so without sacrificing the care and support services they may need and save taxpayer dollars.

S. 324, which is sponsored by Senator ORRIN HATCH of Utah, is companion legislation to H.R. 1005, which is sponsored by the gentleman from New York (Mr. ZELDIN) and passed the House with unanimous support earlier this year. I am grateful to both of them for their leadership on this issue, and I urge all of my colleagues to join me in supporting S. 324.

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 would like to thank the gentleman from Tennessee for his compassionate words on the tragic loss of three dedicated, selfless servants in care of our veterans. I very much appreciate that, and it is a challenging time.

Mr. Speaker, I rise today in support of S. 324, the State Veterans Home Adult Day Health Care Improvement Act. I want to thank Senator HATCH for introducing this innovative and bipartisan bill.

S. 324 directs the VA to enter into an agreement with each State home to pay for medical supervision model adult healthcare for a veteran for whom the home is not receiving VA nursing home payments.

Ensuring that veterans have access to appropriate affordable geriatric and long-term care is becoming increasingly important. In 2017, approximately 9.8 million veterans, or 46 percent, were 65 years or older.

In addition, VA's own Enrollee Health Care Projection Model indicates a further demand on long-term care and support services is coming as the Vietnam-era cohort ages, with most having gone beyond age 75 by 2026.

At present, VA is required to cover the cost of nursing home care in the

State Veterans Home for any veteran in need of such care due to a service-connected disability or with a service-connected disability rated 70 percent or more. However, there is increasing demand for VA to offer geriatric and long-term programs for veterans in noninstitutional settings that would allow them to receive the services and support they need to remain in their homes—their preferred venue.

Adult day healthcare programs provide veterans in need of supportive services with companionship, peer support, recreation, and certain healthcare services, while allowing them to stay and maintain their independence.

In testimony before the Subcommittee on Health last year, the National Association of State Veterans Homes claimed that there are a number of State homes across the country interested in providing medical model ADHC services; however, the current basic ADHC per diem paid to the State Veterans Home by the VA is not sufficient for most homes to cover the cost of this program. As a result, only 3 State Veterans Homes out of 153, nationwide, provide this program.

This legislation would correct that imbalance, allowing veterans who would otherwise qualify for more costly VA nursing home care the ability to stay in their home longer, at a reduced cost.

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

Mr. ROE of Tennessee. Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. BERGMAN), from the Upper Peninsula, chairman of the Subcommittee on Oversight and Investigations.

Mr. BERGMAN. Mr. Speaker, I rise today in support of S. 324, the State Veterans Home Adult Day Health Care Improvement Act of 2017.

This is very personal to me. My cousin, a fellow Vietnam vet who served on the DMZ with the Army, is currently in need of and receiving some of that care for some serious health issues he has right now as a result of exposure to Agent Orange.

The bill we are talking about here strikes a responsible balance by promoting access to necessary medical services for veterans, while also improving quality of life by allowing them to return home to their families each night. Adult day healthcare does more than just provide veterans with the medical care that they need; it also offers much-needed relief to their caregivers. Oftentimes, friends and family come together to help with the daily care that these veterans and their families require.

By giving veterans the opportunity to access medical care for up to 8 hours a day through a State veterans home, caregivers will have the opportunity to fulfill their personal responsibilities for themselves and their families. They can get on and get their life in order while still serving their veteran family member.

These folks work day in and day out to provide unparalleled care, loving care to our most vulnerable veterans. S. 324 recognizes their selfless commitment and works to enhance their work-life balance so they can continue to serve veterans.

In my district, folks deal with the circumstances of rural living every day. This often means limited access to resources and fewer options for receiving the services they need.

The D.J. Jacobetti Home for Veterans in Marquette is a perfect example of what can be achieved when Federal resources are narrowly focused and responsibly applied. Jacobetti Home's ability to create a family environment where veterans can receive the care they need while maintaining quality in their daily lives is a testament to what is possible when the Federal Government helps local institutions provide services for the people they know best.

Mr. Speaker, I urge support of S. 324.

Mr. WALZ. Mr. Speaker, I continue to reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield 3 minutes to the gentleman from New York (Mr. ZELDIN), the author of the bill on the House side and also an Iraq war veteran.

Mr. ZELDIN. Mr. Speaker, I am very excited to be here because I know just how many disabled veterans in our country are on wait lists for adult day healthcare and now will be getting a service that is just so important and overdue.

I certainly want to thank Chairman ROE and his great staff, the House Veterans' Affairs Committee, the ranking member and his team as well, everybody coming together working hard on behalf of our disabled veterans who need it most.

I rise in support of S. 324. It is the Senate companion to my bill, H.R. 1005, which is a bill to provide adult day healthcare and save State Veterans Homes for veterans who are 70 percent or more service-connected disabled. This bill is an extension to the Veterans Benefits, Health Care, and Information Technology Act of 2006, which currently provides no-cost nursing home care at any State Veterans Home to veterans who are 70 percent or more service-connected disabled.

Medical model adult day healthcare provides comprehensive medical nursing and personal care services combined with engaging social activities for physically or cognitively impaired adults. Medical model adult day healthcare offers a complete array of rehabilitative therapies, including physical, occupational, and speech therapies, hospice and palliative care, social work, spiritual, nutritional counseling, and therapeutic recreation.

The program is designed to promote socialization and stimulation and maximize the participant's independence, while enhancing their quality of life. The program is staffed by a great team of multidisciplinary healthcare professionals who evaluate each partic-

ipant and customize an individualized plan of care specific to their health and social needs.

Adult day healthcare is an alternative care setting that can allow some veterans who require long-term care services to remain in their homes as opposed to being institutionalized in a nursing home. Such veterans typically require support from some, but not all, activities of assisted daily living—ADLs—such as bathing, dressing, or feeding.

In many cases, the spouse or their family member may provide the veteran with much of their care, but they require additional support for some of the veteran's ADLs. By filling these gaps, adult day healthcare can allow these veterans to remain in their homes and communities for additional months, or even years, and thereby lower the financial cost of caring for these heroes.

Adult day healthcare also provides family caregivers support and relief to meet their other professional and family obligations and provides a well-deserved respite while their loved ones are participating in the program.

In addition to thanking Chairman ROE for his leadership and support on this important issue, I also want to thank Senator HATCH for carrying this effort in the Senate, as well as Fred Sganga and the Long Island State Veterans Home in Stony Brook for their great efforts. That is a State Veterans Home located in the First Congressional District of New York, one of three places currently offering adult day healthcare.

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

Mr. ROE of Tennessee. Mr. Speaker, I yield an additional 1 minute to the gentleman from New York.

Mr. ZELDIN. Mr. Speaker, this is a piece of legislation that will provide a valuable and necessary service to our Nation's veterans, and I am urging my colleagues to support this commonsense, bipartisan legislation.

What goes on too often unnoticed in this House is the great staff that we have to help make these efforts possible. So, from the leadership team, I want to thank staff John Leganski and Kelly Dixon, and in my office, as legislative director, Kevin Dowling, and Matthew Scott.

Thank you again to the great House Veterans' Affairs Committee, and we will all greatly miss Chairman ROE as he departs. Hopefully, maybe we will get him to change his mind, but in the meantime, I will just say we enjoyed serving with him, and I hope that he won't go anywhere for a very long time. He is a great leader for our veterans as well as being our ranking member.

Mr. WALZ. Mr. Speaker, if the gentleman has no further speakers, I am prepared to close.

Mr. Speaker, I would like to thank the gentleman from Long Island—he clearly understands this issue—for his

passionate work on this, and we are grateful for it.

I, too, would like to add my voice to this, to the chairman for once again proving to America that this Congress can work, that there are bipartisan solutions to issues that we care about in serving our constituents and our veterans and others. It is something that we are very proud of here. It doesn't always come easy, but his leadership somehow finds a way to bring us to the table. We get it done, and I am grateful for that.

I urge my colleagues to join us in passing S. 324, and I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, unless Mr. ZELDIN has talked to my doctor and knows something I don't know, I hope to be here next year. That is my plan.

I appreciate the opportunity to work on this bill with him. He has been a great advocate, as the ranking member has been. This is a bill that is long overdue, much needed, and I give my strong support along with—I think I can speak for them—the entire Veterans' Affairs Committee. We voiced this. I encourage 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, S. 324.

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

A motion to reconsider was laid on the table.

□ 1700

ENDANGERED FISH RECOVERY PROGRAMS EXTENSION ACT OF 2017

Mr. CURTIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4465) to maintain annual base funding for the Upper Colorado and San Juan fish recovery programs through fiscal year 2023, to require a report on the implementation of those programs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4465

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 “Endangered Fish Recovery Programs Extension Act of 2017”.

SEC. 2. EXTENSION OF AUTHORIZATION TO USE UPPER COLORADO RIVER BASIN FUND REVENUES FOR ANNUAL BASE FUNDING OF FISH RECOVERY PROGRAMS; REMOVAL OF CERTAIN REPORTING REQUIREMENT.

Section 3(d)(2) of Public Law 106-392 (114 Stat. 1604; 126 Stat. 2444) is amended—

(1) in the fourth sentence—

(A) by striking “2019” and inserting “2023”; and

(B) by striking “; except that” and all that follows through “capital projects and monitoring”; and

(2) by striking the fifth, sixth, and seventh sentences.

SEC. 3. REPORT ON RECOVERY IMPLEMENTATION PROGRAMS.

Section 3 of Public Law 106-392 (114 Stat. 1603; 126 Stat. 2444) is amended by adding at the end the following:

“(j) REPORT.—

“(1) IN GENERAL.—Not later than September 30, 2021, the Secretary shall submit to the appropriate committees of Congress a report that—

“(A) describes the accomplishments of the Recovery Implementation Programs;

“(B) identifies—

“(i) as of the date of the report, the listing status under the Endangered Species Act of 1973 (16 U.S.C. 1531 et seq.) of the Colorado pikeminnow, humpback chub, razorback sucker, and bonytail; and

“(ii) as of September 30, 2023, the projected listing status under that Act of each of the species referred to in clause (i);

“(C)(i) identifies—

“(I) the total expenditures and the expenditures by categories of activities by the Recovery Implementation Programs during the period beginning on the date on which the applicable Recovery Implementation Program was established and ending on September 30, 2021; and

“(II) projected expenditures by the Recovery Implementation Programs during the period beginning on October 1, 2021, and ending on September 30, 2023;

“(ii) for purposes of the expenditures identified under clause (i), includes a description of—

“(I) any expenditures of appropriated funds;

“(II) any power revenues;

“(III) any contributions by the States, power customers, Tribes, water users, and environmental organizations; and

“(IV) any other sources of funds for the Recovery Implementation Programs; and

“(D) describes—

“(i) any activities to be carried out under the Recovery Implementation Program after September 30, 2023; and

“(ii) the projected cost of the activities described under clause (i).

“(2) CONSULTATION REQUIRED.—The Secretary shall consult with the participants in the Recovery Implementation Programs in preparing the report under paragraph (1).”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Utah (Mr. CURTIS) and the gentleman from California (Mr. LOWENTHAL) each will control 20 minutes.

The Chair recognizes the gentleman from Utah.

GENERAL LEAVE

Mr. CURTIS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

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

Mr. Speaker, today we are considering my bill, H.R. 4465, the Endangered Fish Recovery Programs Extension Act of 2017.

This bipartisan bill extends efforts to promote the dual goals of recovering

certain fish species protected under the Endangered Species Act, while ensuring the continued reliability of water and power operations in the West.

I would like to thank the Members of Congress, both Republican and Democrat, who have cosponsored my bill. I also appreciate the work of ROB BISHOP as chairman of the House Natural Resources Committee and his help over the last several months to move my bill through the legislative process.

I think it is also worth mentioning that we have received over 20 letters of support for this bill from a wide range of stakeholders, including water conservation districts, Indian Tribes, conservation organizations, State governments, and more.

With a total water storage capacity of more than 30 million acre-feet and a capacity to generate over 5 billion megawatt hours of energy annually, the Colorado River Storage Project, or CRSP, has been vital to the economics of the Upper Colorado and San Juan River Basin States of Colorado, New Mexico, Utah, Wyoming, and Arizona.

Four fish species listed under the Endangered Species Act also call the basin home, and the threat of water and power restrictions resulting from these listings prompted the affected States to enter into an agreement with Federal and non-Federal partners to ensure the continued reliability of the water and power operations in the West.

These agreements resulted in the Upper Colorado River Endangered Fish Recovery Program and the San Juan River Basin Recovery Implementation Program. In 2000, Congress enacted legislation to establish Federal participation and cost-sharing agreements, including the authority to use CRSP power revenues, to support these two programs.

Congress reauthorized the programs in 2012, but also added necessary oversight and accountability reforms to ensure that funds are going towards recovery.

H.R. 4465 extends the use of CRSP power revenues through 2023, which aligns with the recovery deadline for these programs and does not require any new Federal spending of Americans' hard-earned tax dollars.

In addition, the bill extends the existing transparency improvements and adds a report to highlight the programs' performance. This reauthorization is necessary to ensure that the more than 2,300 water and power projects in the five-State region can continue to operate in compliance with the Endangered Species Act.

I am hopeful that at the conclusion of this reauthorization through 2023, these programs will have accomplished what they are seeking to achieve: the recovery and delisting of four endangered fish species.

Mr. Speaker, I believe this bill is a great example of how Members of Congress can work across party lines to solve an issue facing their respective