

VETERANS-SPECIFIC EDUCATION FOR TOMORROW'S HEALTH PROFESSIONALS ACT

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2787) to establish in the Department of Veterans Affairs a pilot program instituting a clinical observation program for pre-med students preparing to attend medical school, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2787

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-Specific Education for Tomorrow’s Health Professionals Act” or the “Vet HP Act”.

SEC. 2. SENSE OF CONGRESS REGARDING DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM FOR CLINICAL OBSERVATION BY UNDERGRADUATE STUDENTS.

It is the sense of Congress that the pilot program described in section 3(a) should be designed to—

(1) increase the awareness, knowledge, and empathy of future health professionals toward the health conditions common to veterans;

(2) increase the diversity of the recruitment pool of future physicians of the Department; and

(3) expand clinical observation opportunities for all students by encouraging students of all backgrounds to consider a career in the health professions.

SEC. 3. DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM FOR CLINICAL OBSERVATION BY UNDERGRADUATE STUDENTS.

(a) **ESTABLISHMENT.**—The Secretary of Veterans Affairs shall carry out a pilot program for a one-year period, beginning not later than August 15, 2021, to provide certain students described in subsection (d) a clinical observation experience at medical centers of the Department of Veterans Affairs.

(b) **MEDICAL CENTER SELECTION.**—The Secretary shall carry out the pilot program under this section at not fewer than five medical centers of the Department. In selecting such medical centers, the Secretary shall ensure regional diversity among such selected medical centers.

(c) **CLINICAL OBSERVATION SESSIONS.**—

(1) **FREQUENCY AND DURATION.**—In carrying out the pilot program, the Secretary shall—

(A) provide at least one and not more than three clinical observation sessions at each medical center selected during each calendar year;

(B) ensure that each clinical observation session—

(i) lasts between four and six months; and

(ii) to the extent practicable, begins and ends concurrently with one or more academic terms of an institution of higher education (as defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001)); and

(C) ensure that the clinical observation sessions provided at a medical center have minimal overlap.

(2) **SESSIONS.**—The Secretary shall ensure that the pilot program consists of clinical observation sessions as follows:

(A) Each session shall allow for not fewer than five students nor greater than 15 students to participate in the session.

(B) Each session shall consist of not fewer than 20 observational hours nor greater than 40 observational hours.

(C) A majority of the observational hours shall be spent observing a health professional. The other observational hours shall be spent in a manner that ensures a robust, well rounded experience that exposes the students to a variety of aspects of medical care and health care administration.

(D) Each session shall provide a diverse clinical observation experience.

(d) **STUDENTS.**—

(1) **SELECTION.**—The Secretary shall select to participate in the pilot program under subsection (a) students who are—

(A) nationals of the United States;

(B) enrolled in an accredited program of study at an institution of higher education; and

(C) referred by their institution of higher education following an internal application process.

(2) **PRIORITY.**—In making such selection, the Secretary shall give priority to each of the following five categories of students:

(A) Students who, at the time of the completion of their secondary education, resided in a health professional shortage area (as defined in section 332 of the Public Health Service Act (42 U.S.C. 254e)).

(B) First generation college students (as defined in section 402A(h)(3) of the Higher Education Act of 1965 (20 U.S.C. 1067q(a))).

(C) Students who have been referred by minority-serving institutions (as defined in section 371(a) of the Higher Education Act of 1965 (20 U.S.C. 1067q(a))).

(D) Veterans (as defined in section 101 of title 38, United States Code).

(E) Students who indicate an intention to specialize in a health professional occupation identified by the Inspector General of the Department under section 7412 of title 38, United States Code, as having a staffing shortage.

(3) **ASSIGNMENT TO MEDICAL CENTERS.**—The Secretary shall assign students selected under paragraph (1) to medical centers selected under subsection (b) without regard for whether such medical centers have staffing shortages in any health professional occupation pursuant to section 7412 of title 38, United States Code.

(e) **OTHER MATTERS.**—In carrying out the pilot program under this section, the Secretary shall—

(1) establish a formal status to facilitate the access to medical centers of the Department by student observers participating in the pilot program;

(2) establish standardized legal, privacy, and ethical requirements for the student observers, including with respect to—

(A) ensuring that no student observer provides any care to patients while participating as an observer; and

(B) ensuring the suitability of a student to participate in the pilot program to ensure that the student poses no risk to patients;

(3) develop and implement a partnership strategy with minority-serving institutions to encourage referrals;

(4) create standardized procedures for student observers;

(5) create an online information page about the pilot program on the internet website of the Department;

(6) publish on the online information page created under paragraph (5) the locations of such centers, and other information on the pilot program, not later than 180 days before the date on which applications are required to be submitted by potential student observers;

(7) identify medical centers and specific health professionals participating in the pilot program; and

(8) notify the Committees on Veterans’ Affairs of the House of Representatives and the Senate of the medical centers selected under

subsection (c) within 30 days of selection, to facilitate program awareness.

(f) **REPORT.**—Not later than 180 days after the completion of the pilot program under subsection (a), the Secretary shall submit to the Committees on Veterans’ Affairs of the House of Representatives and the Senate a report on the results of the pilot program, including—

(1) the number and demographics of all applicants, those accepted to participate in the pilot program, and those who completed the pilot program; and

(2) if participating institutions of higher education choose to administer satisfaction surveys that assess the experience of those who completed the pilot program, the results of any such satisfaction surveys, provided at the discretion of the institution of higher education.

SEC. 4. NO ADDITIONAL FUNDS AUTHORIZED.

No additional funds are authorized to be appropriated to carry out the requirements of this Act. Such requirements shall be carried out using amounts otherwise authorized to be appropriated.

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

The Chair recognizes the gentleman from Tennessee.

GENERAL LEAVE

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and insert 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. 2787, as amended, the Veterans-Specific Education for Tomorrow’s Health Professionals Act. The bill would create a pilot program to provide undergraduate students with a clinical observation experience at the Department of Veterans Affairs medical centers.

The pilot would give prospective providers a window into the healthcare profession that would help inform their educational paths and careers. It would also provide them an early introduction to both the VA healthcare system and the medical conditions common among our Nation’s veterans.

VA has a number of recruitment and retention challenges, one of which is an aging workforce that is increasingly retirement eligible. Given that, it is imperative that VA take every available opportunity to engage young clinicians and make a concerted effort to attract them to a career serving veterans within the VA healthcare system.

This bill is sponsored by the Congresswoman from Ohio, MARCY KAPTUR, and I appreciate her efforts. I urge my colleagues to support this bill.

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

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

Mr. Speaker, I rise in support of H.R. 2787, as amended, the Vet MD Act.

The Department of Veterans Affairs, like the Nation, is experiencing a shortage of healthcare providers. With shortages in areas like mental healthcare and medical administration, it can become increasingly difficult to maintain a facility's efficiency and quality. That is why it is increasingly important to promote medical education and employment within VA as soon in a student's educational career as is possible.

This bill allows VA to capture students as they complete their premedical undergraduate degrees by offering them the opportunity to shadow medical professionals in VA facilities. Not only does this create a familiarity with VA among the students, but allows VA to continue to do one of the things it does best: educate the Nation's future healthcare providers.

I appreciate the hard work of my colleague, Representative KAPTUR, and urge my colleagues to vote in favor of the Vet MD Act.

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

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

Mr. TAKANO. Mr. Speaker, I yield 3 minutes to the gentlewoman from Ohio (Ms. KAPTUR), the author of this bill.

Ms. KAPTUR. Mr. Speaker, I thank Ranking Member TAKANO for his great support and for yielding me the time, and I thank Chairman ROE very much for moving this bill through his committee.

H.R. 2787, the Vet MD Act, also called the Veterans-Specific Education for Tomorrow's Health Professionals Act, I am honored to speak on its behalf this evening.

The Vet MD Act works to break down barriers and expand opportunities for healthcare professionals to get training to care for our veterans. The bill creates a 3-year pilot program for pre-health undergraduate students to gain clinical observation experience within at least five VA medical centers.

Health schools recommend or require clinical observation hours, but there is no formal process to apply for these hours. Opportunities to shadow are limited and are based on where you go to school or whom you know; and students who attend schools outside major cities, as well as those whose families lack connections to the medical community, find it harder and harder to shadow and are disadvantaged in medical school admissions. This places an unfair burden on otherwise qualified students who come from less affluent communities or rural areas.

Several years ago, two premedical undergraduate students highlighted to my team the struggles disadvantaged, minority, and other young people who lack personal connections face as they apply for medical school. So I thank Seamus Carragher and Andrew Frank for bringing this serious omission to our attention, and I thank Carrie

Swope, my legislative assistant, on this important issue, for her work throughout.

Through their own struggle, these students struggled to gain access to clinical observation, experience so critical in medical circles, and they realized an immense opportunity was missing. The bill prioritizes students in medically underserved areas; first-generation college students, of which I was one; students referred by minority-serving institutions; and, of course, veterans.

The Vet MD Act creates a pipeline for future physicians and medical professionals and prioritizes training for students who specialize in a health profession where there is a serious staffing shortage. This important step will help narrow the gap and ensure we are training pre-health students in careers that are in demand and necessary.

I can tell you, in every hospital system I represent, there is an unmet demand. Thousands and thousands of individuals are needed.

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

Mr. TAKANO. Mr. Speaker, I yield an additional 45 seconds to the gentlewoman from Ohio.

Ms. KAPTUR. Mr. Speaker, importantly, pre-health students in the pilot will gain a deeper understanding of veterans' specific health needs and experiences, which is critical for health professionals who treat veterans, many of whom have complex conditions, as the chair and ranking member know.

One of our top responsibilities as a Congress is to ensure that our veterans, those who have sacrificed so much for our country and for liberty's cause, receive high-quality healthcare from highly trained health professionals. This bill furthers that effort, and I am pleased it will get a vote this evening.

I thank my colleagues: Mr. TAKANO, for his diligent work on this bill; Ranking Member WALZ; and Chairman ROE, for bringing this bill to the floor so expeditiously. On behalf of our health professionals, our veterans, myself, and all the cosponsors, I can't thank you enough.

Mr. ROE of Tennessee. Mr. Speaker, I have no further speakers, and I am prepared to close.

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

Mr. Speaker, as I was listening to my friend from the State of Ohio, I was struck by just how the process of legislating in this body works, how ideas come from very real people seeking to solve problems through their Representative. And I watched this legislation move through committee, the gentlewoman graciously accepting the changes and approving the bill.

I know that my colleague from Tennessee, a doctor himself, cares so much about medical education. We worked together on expanding the number of medical residencies.

I am delighted this bill has come to the floor so expeditiously. Often, legis-

lation takes so much time to win its way through, but an idea that was very worthy moved through and, I think, in record time.

So, again, Mr. Speaker, I urge my colleagues to join me in passing H.R. 2787, as amended, and I yield back the balance of my time.

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

In closing, I, too, came from rural America, and I, too, am a first-generation college graduate and had an opportunity to use the public education system to go to college and medical school. After that, then mentored and taught for over 25 years in medical school, so I had a chance to see young students, and I think this is a fantastic idea.

I thank my colleagues on the other side of the aisle for bringing this forward. To bring a young person in who has never had a chance to be in that sort of environment and expose them to this, you don't know what sort of light bulb you are going to turn on in their head to encourage them and mentor them. And many of them will become passionate about medicine, nursing, physical therapy, occupational therapy, audiology, PTSD treatment. I could go on and on. I think this is a great idea. I strongly encourage all Members to support H.R. 2787, as amended.

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. 2787, 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.

INCLUDING ADDITIONAL PERIODS OF ACTIVE DUTY SERVICE IN DEPARTMENT OF VETERANS AFFAIRS VOCATIONAL REHABILITATION PROGRAMS

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5538) to amend title 38, United States Code, to provide for the inclusion of certain additional periods of active duty service for purposes of suspending charges to veterans' entitlement to educational assistance under the laws administered by the Secretary of Veterans Affairs during periods of suspended participation in vocational rehabilitation programs.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5538

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