

and certify former Department of Defense healthcare technicians as intermediate care technicians, ICTs, to address the large demand for healthcare providers at the Veterans Health Administration.

These very skilled technicians trained by the DOD have difficulty gaining employment in their field after separating from the Armed Forces due to the lack of a certification. At the same time, the VHA has a significant shortage of providers. The ICT program has a high satisfaction rate and helps fill this void.

Servicemembers are a remarkable asset upon transitioning from the Department of Defense. We should do everything we can do to foster this transition and facilitate this opportunity to our men and women in uniform to serve our veterans.

Mr. Speaker, I need to again thank Chairman ROE for his leadership. For me, it is an honor to serve on this committee with a gentleman who has this commitment and who works in a bipartisan manner with Ranking Member WALZ and Congressman TAKANO. I thank the gentlemen for their support. It is an honor to improve so many bills like this with these amendments.

Their leadership and assistance in moving this bill forward make us all proud, so I urge all my colleagues to vote in favor of this bill.

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Mr. TAKANO. Mr. Speaker, I ask my colleagues to join me in passing H.R. 5938, as amended, and I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, once again, I encourage all Members to support H.R. 5938, as amended, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, H.R. 5938, 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.

DEPARTMENT OF VETERANS AFFAIRS CREATION OF ON-SITE TREATMENT SYSTEMS AFFORDING VETERANS IMPROVEMENTS AND NUMEROUS GENERAL SAFETY ENHANCEMENTS ACT

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5974) to direct the Secretary of Veterans Affairs to use on-site regulated medical waste treatment systems at certain Department of Veterans Affairs facilities, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5974

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 "Department of Veterans Affairs Creation of On-Site Treatment Systems Affording Veterans Improvements and Numerous General Safety Enhancements Act" or the "VA COST SAVINGS Enhancements Act".

SEC. 2. USE OF ON-SITE REGULATED MEDICAL WASTE TREATMENT SYSTEMS AT DEPARTMENT OF VETERANS AFFAIRS FACILITIES.

(a) IDENTIFICATION OF FACILITIES.—The Secretary of Veterans Affairs shall identify Department of Veterans Affairs facilities that would benefit from cost savings associated with the use of an on-site regulated medical waste treatment system over a five-year period.

(b) REGULATED MEDICAL WASTE COST ANALYSIS MODEL.—For purposes of carrying out subsection (a), the Secretary shall develop a uniform regulated medical waste cost analysis model to be used to determine the cost savings associated with the use of an on-site regulated medical waste treatment system at Department facilities. Such model shall be designed to calculate savings based on—

(1) the cost of treating regulated medical waste at an off-site location under a contract with a non-Department entity, compared to

(2) the cost of treating regulated medical waste on-site, based on the equipment specification of treatment system manufacturers, with capital costs amortized over a ten-year period.

(c) INSTALLATION.—At each Department facility identified under subsection (a), the Secretary shall secure, install, and operate an on-site regulated medical waste treatment system.

(d) USE OF BLANKET PURCHASE AGREEMENT.—Any medical waste treatment system purchased pursuant to this section shall be purchased under the blanket purchase agreement known as the "VHA Regulated Medical Waste On-Site Treatment Equipment Systems Blanket Purchase Agreement" or any successor, contract, agreement, or other arrangement.

(e) REGULATED MEDICAL WASTE DEFINED.—In this section, the term "regulated medical waste" has the meaning given such term under section 173.134(a)(5) of title 49, Code of Federal Regulations, concerning regulated medical waste and infectious substances, or any successor regulation, except that, in the case of an applicable State law that is more expansive, the definition in the State law shall apply.

SEC. 3. 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 in which 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. 5974, as amended, the Department of Veterans Affairs Creation of On-Site Treatment Systems Affording Veterans Improvements and Numerous General Safety Enhancements Act, or, perhaps the most creative naming of a bill since I have been in Congress, the VA COST SAVINGS Enhancements Act.

This bill will require VA to identify facilities that could benefit from onsite medical waste management and, in those facilities, install and operate on-site medical waste treatment capabilities.

The World Health Organization and the Centers for Disease Control and Prevention both consider onsite medical waste management to be a best practice. However, only a relatively small percentage of VA medical facilities have installed onsite sterilization equipment to date.

By considering which VA medical facilities could find value in onsite medical waste management and making a deliberate effort to transition those facilities away from off-site medical waste management arrangements, VA could achieve considerable savings of taxpayer dollars that could, in turn, be used to fund other VA initiatives. It would also result in more VA facilities utilizing a waste disposal method that is both safer and more environmentally friendly.

This bill is sponsored by Congressman JEFF DENHAM from California, and I thank him for bringing this issue to the committee's attention. I applaud the gentleman for his creativity in coming up with an acronym for a bill of this size.

Mr. Speaker, I encourage my colleagues to join me in supporting it, and 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. 5974, as amended, the Department of Veterans Affairs Creation of On-Site Treatment Systems Affording Veterans Improvements and Numerous General Safety Enhancements Act, otherwise known as the VA COST SAVINGS Enhancements Act.

Mr. Speaker, the current funding issues currently surrounding VA are evidence of the need for creative cost savings measures. I must thank Representative DENHAM in identifying and championing one such creative solution.

The VA COST SAVINGS Enhancements Act simply asks VHA to review its current medical waste disposal system and determine whether hosting this disposal onsite would result in cost savings over the next 5 years. If so, then the facility is required to implement onsite disposal.

Onsite medical waste disposal is safer and far more efficient in most cases, and this bill would simply require VHA to ensure they are achieving the safest and most cost-effective method of medical waste disposal.

Again, I thank Representative DENHAM for his work on the bill, and I

urge my colleagues to vote in favor of the measure.

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

Mr. ROE of Tennessee. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. DENHAM), who is my friend and a fellow veteran.

Mr. DENHAM. Mr. Speaker, I thank the chairman and ranking member for their support of H.R. 5974, the VA COST SAVINGS Enhancements Act.

This bipartisan bill improves care for our veterans. It also ensures that the VA is using the latest cost-saving technology. It directs the VA to install on-site medical waste treatment systems in facilities where this will result in a cost savings within 5 years. System-wide, this will save the VA millions of dollars each year and directly improve safety and healthcare for our veterans.

In addition to the significant cost savings, this technology is safer and increases crisis readiness. Safety is paramount when caring for our vets, and treating waste onsite prevents the spread of dangerous infections. Both the CDC and the World Health Organization recommend this technology, and this policy brings the VA in line with recommended practices for private medicine.

Likewise, in the event of an earthquake or a wildfire, which we saw in California, transportation infrastructure can be compromised and prevent hazardous waste from being trucked to a disposal site or through a city. We need to make sure that this is handled onsite. In a disaster scenario like this, treating waste is critical to preventing an outbreak and keeping the facility actually up and running without huge backloads of the waste.

Our veterans deserve the highest quality of care. This technology improves crisis-readiness and is safer, more efficient, more cost effective, and more environmentally friendly than traditional medical waste disposal. Installing these machines will immediately begin saving the VA millions of dollars per year and directly improve care for our veterans.

Mr. Speaker, I urge my colleagues to support H.R. 5974.

Mr. TAKANO. Mr. Speaker, I have no further speakers. I ask my colleagues to join me in passing H.R. 5974, 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.

Mr. Speaker, I have no further speakers.

At this time, I want to thank both minority and majority staffs for the hard work they have done on these eight bills. We once again have shown that we can work in a bipartisan way and close many loopholes that no one ever attempted in previous law or just common sense, like when a spouse has lost their loved one to be free to move along with a cable bill or a lease and other issues that we have dealt with here today.

I want to thank Mr. TAKANO, Mr. WALZ, the staff on the minority side, and the staff on the majority side for the hard work that they have done on all of these bills. The committee will continue to move forward with other bills later in the year.

Mr. Speaker, I once again encourage all Members to support H.R. 5974, as amended, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, H.R. 5974, 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.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will recognize Members for Special Order speeches without prejudice to the possible resumption of legislative business.

A BETTER DEAL

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the minority leader.

Mr. GARAMENDI. Mr. Speaker, I thank you very much for the opportunity to address the House.

As I often do in these evenings in the Special Order hour, I try to first lay out what it is: what is the purpose, what is the goal, and what is the value in what we are trying to accomplish.

I find myself always harkening back to a quote that I saw many years ago, and then more recently found etched into the marble at the FDR Memorial here in Washington, D.C. It comes from Franklin Delano Roosevelt, and he talked about what he was trying to accomplish and what he thought America ought to accomplish during the Great Depression. His words are equally important during the Great Recession and the years thereafter.

He said: "The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little."

It is kind of what we are all about as Democrats, and that is why we found the tax cut, the Republican tax cut which no Democrat voted for last December, so profoundly troubling. That tax cut, on top of the 2001 and the 2003 Republican tax cuts, added \$2 trillion to the wealth of the top 1 percent of Americans.

Let me say that once again. FDR was quite clear in his test of policy. He said: "The test of our progress is not

whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little."

The 2001 and the 2003 Republican tax cuts, together with the December 2017 Republican tax cuts, which no Democrat in the House of Representatives voted for, added \$2 trillion to the wealth of the top 1 percent of Americans.

I suppose that would be okay if the 99 percent had somehow seen their wealth grow. It didn't happen. In fact, what we have seen in the last decade since the Great Recession is that the great middle class of America and the poor have seen no real income growth.

In the last couple of years, yes, there has been a wage increase, about 2 percent, totally consumed by inflation, which was slightly more than 2 percent—no real income growth.

So what is happening here is that we Democrats are proposing a better deal for Americans. Yes, those words are similar to what FDR used. But we are proposing a better deal for Americans, not one that makes the rich richer, although that would be fine if the rest of America could also become richer.

But that is going to take a change in public policy, and that is what we are proposing to do, because our public policy going forward is going to be about a better deal for the American people.

We are proposing, as we go into this election year, that we push aside the Republican proposal, which is essentially a better deal for the super-rich, and we want to bring about a better deal for the people.

Here are the three major elements of that deal:

We want to lower our healthcare costs and prescription drugs for the American people. We can do this. Unfortunately, our colleagues on the Republican side of the aisle are going in exactly the other direction. As they have ripped the guts out of the Affordable Care Act, we have seen the cost of healthcare in America skyrocket.

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We have seen the cost of drugs skyrocket. We want to end that. One of the things we most definitely want to end is what the Republicans are now proposing and that is that we go back in America to the bad old days when, if you had a preexisting condition, you could not get healthcare; or, you would have to pay a small fortune just to get an insurance policy.

No, we don't want that, but that is what our Republican colleagues are trying to give us all across this Nation—a return to the insurance discrimination where, if you have a preexisting condition, you cannot get healthcare at an affordable price and quite probably couldn't get it at all.

Issue one, the cost of drugs. The 2003 improvement to Medicare part D provided prescription drugs at a reduced cost for seniors. All good. A clause was written into that which prohibited the