National Guard. Any veteran injured during their time in service should have access to care for lingering disabilities and compensation for loss of earning power.

Since September 11, members of the Reserve component and National Guard have increasingly answered the call to service to meet our Nation's national security needs. Yet, despite greater demands and commitments, Reserve and National Guard veterans and their families do not always have easy access to benefits.

We have heard from our VSO partners that Guard and Reservists, like those who served in special missions, often have difficulty documenting injuries. Their medical records tend to be scattered and are often incomplete. This lack of in-service documentation of injury disproportionately affects Guard and Reservists.

The additional burden of obtaining a line-of-duty determination, which provides clear documentation of injury, rests on their shoulders. This can prevent receipt of compensation from VA down the road.

The study requested by this bill will compare Reserve and National Guard veterans and special operators, such as pilots and divers, to Active-Duty veterans and provide Congress with a report on the barriers they face when receiving their benefits through VA. The findings in the report will best inform Congress on next steps toward providing Reserve and National Guard veterans the compensation and benefits that they have earned.

I urge all Members to support H.R. 4183, as amended, and take the first steps to removing barriers to benefits for Guard, Reserve, and special operators.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, I rise today in support of H.R. 4183, the Identifying Barriers and Best Practices Study Act.

H.R. 4183, as amended, would require the Government Accountability Office to complete a study that compares the utilization of disability and pension benefits between veterans of the National Guard, Reserve, and Active-Duty components.

Some National Guard and Reserve veterans believe that it is more challenging for them to successfully apply for VA benefits compared to veterans of regular components. According to a Statement for the RECORD provided by The American Legion during the Disability Assistance and Memorial Affairs Subcommittee hearing on H.R. 4183: ''Guard and Reserve veterans have historically been at a disadvantage when seeking VA compensation and disability benefits due to poor reporting and documentation of injuries which occur during a period of Reserve or Active Duty for training.''

We must ensure that all of our veterans who have been injured as a result of their service receive the benefits they have earned. This legislation would shed additional insight into the barriers our National Guard and Reserve veterans could face when seeking VA benefits. This may, in turn, inform how VA could improve its claims process for National Guard and Reserve veterans.

I encourage all Members to support H.R. 4183, as amended.

Madam Speaker, I reserve the balance of my time.

Mr. TAKANO. Madam Speaker, I have no further speakers. I am prepared to close.

I reserve the balance of my time.

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

Madam Speaker, as mentioned here, this is a problem we have been dealing with concerning our Reserve and National Guard. We want to make sure that they are provided with these benefits. I want to encourage all of our Members to support this legislation.

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

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

I just want to take this moment to just reflect on how much our reservists and National Guard have contributed to our national defense in these past 18 years.

Some of us may recall the role of the Guard and Reserve during the Vietnam war era, where that was often a refuge for servicemembers who were not expecting to be called into Active Duty or called into service.

But gone are those days. The National Guard and Reserve are called up frequently, often on multiple deployments, and they have served our country with vigor, with tremendous patriotism.

So I have to say that I am very pleased that we are moving forward with this study. I think it is a travesty if our reservists and guardsmen cannot document their service-connected injuries and not be able to collect the benefits that they deserve down the road.

I urge all of my colleagues to join me in passing H.R. 4183, 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 California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 4183, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. TAKANO. Madam 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 motion will be postponed.

IMPROVING CONFIDENCE IN VETERANS' CARE ACT

Mr. TAKANO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3530) to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to enforce the licensure requirement for medical providers of 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. 3530

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 ''Improving Confidence in Veterans' Care Act''.

SEC. 2. COMPLIANCE WITH REQUIREMENTS FOR EXAMINING QUALIFICATIONS AND CLINICAL ABILITIES OF DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROFESSIONALS.

(a) IN GENERAL.—Subchapter I of chapter 74 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 7414. Compliance with requirements for examining qualifications and clinical abilities of health care professionals

''(a) COMPLIANCE WITH CREDENTIALING REQUIREMENTS.—The Secretary shall ensure that each medical center of the Department, in a consistent manner—

''(1) compiles, verifies, and reviews documentation for each health care professional of the Department at such medical center regarding, at a minimum—

''(A) the professional licensure, certification, or registration of the health care professional;

''(B) whether the health care professional holds a Drug Enforcement Administration registration; and

''(C) the education, training, experience, malpractice history, and clinical competence of the health care professional; and

''(2) continuously monitors any changes to the matters under paragraph (1), including with respect to suspensions, restrictions, limitations, probations, denials, revocations, and other changes, relating to the failure of a health care professional to meet generally accepted standards of clinical practice in a manner that presents reasonable concern for the safety of patients.

''(b) REGISTRATION REGARDING CONTROLLED SUBSTANCES.—(1) Except as provided by paragraph (2), the Secretary shall ensure that each covered health care professional holds an active Drug Enforcement Administration registration.

''(2) The Secretary shall—

''(A) determine the circumstances in which a medical center of the Department must obtain a waiver under section 303 of the Controlled Substances Act (21 U.S.C. 823) with respect to covered health care professionals; and

''(B) establish a process for medical centers to request such waivers.

''(3) In carrying out paragraph (1), the Secretary shall ensure that each medical center of the Department monitors the Drug Enforcement Administration registrations of covered health care professionals at such medical center in a manner that ensures the medical center is made aware of any change in status in the registration by not later than seven days after such change in status.

''(4) If a covered health care professional does not hold an active Drug Enforcement Administration registration, the Secretary shall carry out any of the following actions, as the Secretary determines appropriate:

''(A) Obtain a waiver pursuant to paragraph (2).

''(B) Transfer the health care professional to a position that does not require prescribing, dispensing, administering, or conducting research with controlled substances.

''(C) Take adverse actions under subchapter V of this chapter, with respect to an employee of

the Department, or terminate the services of a contractor, with respect to a contractor of the Department.

''(c) REVIEWS OF CONCERNS RELATING TO QUALITY OF CLINICAL CARE.—(1) The Secretary shall ensure that each medical center of the Department, in a consistent manner, carries out—

''(A) ongoing, retrospective, and comprehensive monitoring of the performance and quality of the health care delivered by each health care professional of the Department located at the medical center, including with respect to the safety of such care; and

''(B) timely and documented reviews of such care if an individual notifies the Secretary of any potential concerns relating to a failure of the health care professional to meet generally accepted standards of clinical practice in a manner that presents reasonable concern for the safety of patients.

''(2) The Secretary shall establish a policy to carry out paragraph (1), including with respect to—

''(A) determining the period by which a medical center of the Department must initiate the review of a concern described in subparagraph (B) of such paragraph following the date on which the concern is received; and

''(B) ensuring the compliance of each medical center with such policy.

''(d) COMPLIANCE WITH REQUIREMENTS FOR REPORTING QUALITY OF CARE CONCERNS.—When the Secretary substantiates a concern relating to the clinical competency of, or quality of care delivered by, a health care professional of the Department (including a former such health care professional), the Secretary shall ensure that the appropriate medical center of the Department timely notifies the following entities of such concern, as appropriate:

''(1) The appropriate licensing, registration, or certification body in each State in which the health care professional is licensed, registered, or certified.

''(2) The Drug Enforcement Administration.

''(3) The National Practitioner Data Bank established pursuant to the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11101 et seq.).

''(4) Any other relevant entity.

''(e) PROHIBITION ON CERTAIN SETTLEMENT AGREEMENT TERMS.—(1) Except as provided by paragraph (2), the Secretary may not enter into a settlement agreement relating to an adverse action against a health care professional of the Department if such agreement includes terms that require the Secretary to conceal from the personnel file of the employee a serious medical error or lapse in clinical practice that constitutes a substantial failure to meet generally accepted standards of clinical practice as to raise reasonable concern for the safety of patients.

''(2) Paragraph (1) does not apply to adverse actions that the Special Counsel under section 1211 of title 5 determines constitutes a prohibited personnel practice.

''(f) TRAINING.—Not less frequently than biannually, the Secretary shall provide mandatory training to employees of each medical center of the Department who are responsible for any of the following activities:

''(1) Compiling, validating, or reviewing the credentials of health care professionals of the Department.

''(2) Reviewing the quality of clinical care delivered by health care professionals of the Department.

''(3) Taking adverse privileging actions or making determinations relating to other disciplinary actions or employment actions against health care professionals of the Department for reasons relating to the failure of a health care professional to meet generally accepted standards of clinical practice in a manner that presents reasonable concern for the safety of patients.

''(4) Making notifications under subsection (d).

''(g) DEFINITIONS.—In this section:

''(1) The term 'controlled substance' has the meaning given that term in section 102 of the Controlled Substances Act (21 U.S.C. 802).

''(2) The term 'covered health care professional' means a person employed in a position as a health care professional of the Department, or a contractor of the Department, that requires the person to be authorized to prescribe, dispense, administer, or conduct research with, controlled substances.

''(3) The term 'Drug Enforcement Administration registration' means registration with the Drug Enforcement Administration under section 303 of the Controlled Substances Act (21 U.S.C. 823) by health care practitioners authorized to dispense, prescribe, administer, or conduct research with, controlled substances.

''(4) The term 'health care professional of the Department' means the professionals described in section 1730C(b) of this title, and includes a contractor of the Department serving as such a professional.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7413 the following new item:

''7414. Compliance with requirements for examining qualifications and clinical abilities of health care professionals.''.

(c) DEADLINE FOR IMPLEMENTATION.—The Secretary of Veterans Affairs shall commence the implementation of section 7414 of title 38, United States Code, as added by subsection (a), by the following dates:

(1) With respect to subsections (a), (c)(2), (d), and (f), not later than 180 days after the date of the enactment of this Act.

(2) With respect to subsection (c)(1), not later than one year after the date of the enactment of this Act.

(3) With respect to subsection (b)(2), not later than 18 months after the date of the enactment of this Act.

(d) AUDITS AND REPORTS.—

(1) AUDITS.—The Secretary of Veterans Affairs shall carry out annual audits of the compliance of medical centers of the Department of Veterans Affairs with the matters required by section 7414 of title 38, United States Code, as added by subsection (a). In carrying out such audits, the Secretary—

(A) may not authorize the medical center being audited to conduct the audit; and

(B) may enter into an agreement with another department or agency of the Federal Government or a nongovernmental entity to conduct such audits.

(2) REPORTS.—Not later than one year after the date of the enactment of this Act, and annually thereafter for five years, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the audits conducted under paragraph (1). Each such report shall include a summary of the compliance by each medical center with the matters required by such section 7414.

(3) INITIAL REPORT.—The Secretary shall include in the first report submitted under paragraph (2) the following:

(A) A description of the progress made by the Secretary in implementing such section 7414, including any matters under such section that the Secretary has not fully implemented.

(B) An analysis of the feasibility, advisability, and cost of requiring credentialing employees of the Department to be trained by an outside entity and to maintain a credentialing certification.

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

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Madam Speaker, I request unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 3530, as amended.

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

There was no objection.

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

Madam Speaker, I rise in support of H.R. 3530, as amended, the Improving Confidence in Veterans' Care Act, introduced by Representative CLOUD of Texas.

This legislation requires the Department of Veterans Affairs to conduct better oversight of its hospitals' compliance with existing policies on patient safety and quality of care. Specifically, the bill directs VA to conduct annual audits and to report to Congress on its ability to uphold or failure to follow standards for reviewing the clinical competency of its healthcare professionals.

This bill mandates that VA examine whether its hospitals are appropriately assessing the qualifications and clinical abilities of VA healthcare professionals, both before they are hired and while they are caring for veterans. It also requires VA to ensure employees and contractors hold active Drug Enforcement Administration registrations if they are required to prescribe, dispense, administer, or conduct research with controlled substances.

If concerns arise related to the clinical competence of VA healthcare professionals, this bill requires VA to ensure its officials conduct prompt reviews. And when quality of care or patient safety concerns are substantiated, it requires VA to ensure its hospital leaders promptly report those concerns to the National Practitioner Data Bank and State licensing boards.

In addition, this measure requires VA to provide mandatory biannual training for hospital employees charged with reviewing VA clinician credentials and monitoring their clinical practice.

The Veterans Affairs' Subcommittee on Oversight and Investigations held a hearing related to these issues on October 16. At the hearing, my colleagues and I discussed several concerning cases of clinical incompetency and misconduct among VA clinicians that were widely reported in the media in recent months. We also explored the very real risks of patient harm that arise from VA medical centers' noncompliance with departmental policies and a lack of oversight on the part of leaders who are higher up in VA's chain of command.

For example, in August 2019, a former VA pathologist in Arkansas was charged with involuntary manslaughter, fraud, and making false statements in an attempt to conceal

years of substance abuse. Over his 11-year tenure with VA, he is believed to have botched diagnoses for an estimated 3,000 veterans, some of whom died.

The VA facility that employed this physician either did not catch or ignored his previous DUI convictions when they hired him. Despite numerous complaints from colleagues, it took years for leadership at the facility to investigate allegations that the doctor was showing up drunk at work.

In addition, in September 2019, the VA OIG reported that multiple leadership failures and poor oversight of clinical competency at a VA facility in the Midwest allowed an ophthalmologist to perform substandard surgery and clinic laser procedures for 2 years. This doctor regularly took hours to complete cataract surgeries that should have taken less than 30 minutes.

The facility director and chief of staff repeatedly dismissed concerns that were raised by other staff, and facility leaders never called on experts to directly observe this doctor's surgeries until long after concerns were raised. VA's regional leaders also failed to carry out related oversight responsibilities.

Both the VA Office of Inspector General and the U.S. Government Accountability Office have identified longstanding concerns with whether VA is doing enough to ensure its medical facilities only employ and contract with highly qualified, highly competent healthcare professionals.

H.R. 3530, as amended, will require VA to implement a number of GAO recommendations that were discussed at the October 16 hearing. Both the Federation of State Medical Boards and the National Council of State Boards of Nursing support this legislation. I urge all Members to join me in approving this important bill.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, I rise today in support of H.R. 3530, as amended, the Improving Confidence in Veterans' Care Act.

This bill is sponsored by Congressman MICHAEL CLOUD from Texas. I thank him for his leadership in introducing this bill to improve the safety and quality of the care that is provided to our Nation's veterans throughout the Department of Veterans Affairs' healthcare system.

This bill would make several changes to current VA processes and procedures to improve the credentialing and privileging of the healthcare providers who are treating our veterans. For example, it would require VA to ensure that each VA medical center complies, verifies, reviews, and continuously monitors certain documentation, including licensure and certifications, related to the qualifications and clinical abilities of the VA healthcare professionals.

□ 1515

It would also require VA to ensure that each VA medical center reviews concerns relating to quality of care delivered by VA healthcare professionals and, when a concern is verified, that entities like State licensing boards, the Drug Enforcement Administration, and the National Practitioner Data Bank are notified in a timely manner so that corrective actions can be taken to ensure patient safety and accountability.

In general, VA provides an excellent level of care to the veterans who are enrolled in the VA healthcare system. However, several recent patient safety incidents across this country have called into question the way the VA oversees provider credentialing, monitors the quality of the care that veterans receive, and responds to patient safety concerns. Many of the provisions in this bill are based on recommendations made by the VA inspector general and the Government Accountability Office for improving VA's standard operating procedures in each of these areas.

The brave men and women who have served in the Armed Forces deserve to know that the care they are receiving from the VA meets the highest quality and patient safety standards. This bill will help give them that assurance, and I urge all of my colleagues to join me in supporting this bill.

Madam Speaker, I yield 4 minutes to the gentleman from Texas (Mr. CLOUD), who has taken the lead on this.

Mr. CLOUD. Madam Speaker, I rise today in support of my bill, H.R. 3530, the Improving Confidence in Veterans' Care Act.

This bill is presented in the spirit of those who have come before us, from George Washington, one of our Nation's first veterans advocates, to those who have worked through generations to ensure the men and women who serve in uniform are not forgotten.

A report released in February outlines several cases of doctors and healthcare workers who were treating veterans at VA facilities despite having had their medical licenses suspended or completely terminated. These cases ranged from those needing to complete educational courses to very serious instances of malpractice and patient neglect.

A similar problem was found with the Drug Enforcement Administration's registrations. Some doctors were prescribing drugs without being legally registered by the DEA to do so.

One of the reasons the VA seemingly overlooked this problem was because they did not know about the resources available to check the status of these licenses. Had the VA checked with State licensing boards or online records, they could have discovered that these doctors were unqualified, before allowing them to treat our veterans.

This legislation ensures that the VA hires only licensed doctors to provide care for our veterans and that the VA regularly checks licenses to make sure care providers do not fall out of compliance. Regular audits are common practice in medical facilities across this country, and our veterans deserve nothing less.

Finally, to ensure accountability, this legislation would require the VA to report their progress to Congress.

In the last few years, we turned a corner in improving care for our veterans, but there is still so much work to be done.

The liberty we enjoy in the United States is not without cost. Our Nation's servicemembers paid for it, many with their lives and many more with the scars brought back from war. Our Nation owes it to our veterans to deliver on the promises we have made to them.

I thank Chairman TAKANO, Ranking Member ROE, and their staffs for their work to strengthen this bill and ensure that veterans receive a high standard of care from qualified workers.

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

As given witness here today, this is simply making sure that our veterans receive the quality care that they expect and should expect and that we should be giving them. There has been a failure in the keeping of records and making sure by our VA that the doctors remain qualified and that the specialists remain qualified in their specialties.

What this bill does is it makes sure that our veterans continue to receive quality care and that records are kept. That is why we are joining in a bipartisan manner to move this bill forward.

Madam Speaker, I encourage all Members to vote in support of this bill, and I yield back the balance of my time.

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

Let me say that it was with bipartisan shock and horror that we heard of the revelations in Arkansas. Certainly, our bipartisan hearts go out to the families of those veterans in Arkansas. Rest assured, this committee, on a bipartisan basis, will do everything that we can to make sure that these sorts of hiring mistakes do not happen again and that the tragedy we saw in the facilities in Arkansas do not happen again.

I urge all of my colleagues to support H.R. 3530, 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 California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 3530, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BOST. Madam 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 motion will be postponed.

BANNING SMOKING ON AMTRAK ACT OF 2019

Ms. NORTON. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 2726) to amend title 49, United States Code, to prohibit smoking on Amtrak trains.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2726

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 ''Banning Smoking on Amtrak Act of 2019''.

SEC. 2. PROHIBITION ON SMOKING ON AMTRAK TRAINS.

(a) IN GENERAL.—Chapter 243 of title 49, United States Code, is amended by adding at the end the following:

''§ 24323. Prohibition on smoking on Amtrak trains

''(a) PROHIBITION.—Beginning on the date of enactment of the Banning Smoking on Amtrak Act of 2019, Amtrak shall prohibit smoking on board Amtrak trains.

''(b) ELECTRONIC CIGARETTES.—

''(1) INCLUSION.—The use of an electronic cigarette shall be treated as smoking for purposes of this section.

''(2) ELECTRONIC CIGARETTE DEFINED.—In this section, the term 'electronic cigarette' means a device that delivers nicotine or other substances to a user of the device in the form of a vapor that is inhaled to simulate the experience of smoking.''.

(b) CONFORMING AMENDMENT.—The table of sections for chapter 243 of title 49, United States Code, is amended by adding at the end the following:

''24323. Prohibition on smoking on Amtrak trains.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from the District of Columbia (Ms. NORTON) and the gentleman from Illinois (Mr. BOST) each will control 20 minutes.

The Chair recognizes the gentlewoman from the District of Columbia.

GENERAL LEAVE

Ms. NORTON. Madam 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 H.R. 2726.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from the District of Columbia?

There was no objection.

Ms. NORTON. Madam Speaker, I yield myself such time as I may consume.

Today, I rise to ask that the House pass my bill, the Banning Smoking on Amtrak Act of 2019. I thank my friends, Transportation and Infrastructure Committee Chair PETER DEFAZIO and Railroads, Pipelines, and Hazardous Materials Subcommittee Chair DANIEL LIPINSKI, for marking up my bill in committee and allowing it to move forward to the full House.

My bill would codify Amtrak's internal policy prohibiting smoking, including smoking electronic cigarettes, on trains, which, in light of all the evidence of harm, should be codified.

This bill is modeled on a bill I got enacted while in the minority as part of the FAA Reauthorization Act of 2018 that clarified that the smoking ban on airplanes includes electronic cigarettes. This bill is not only an outgrowth of my desire to ensure healthy environments on all the Nation's transportation modes, which I strive to carry out as chair of the Highways and Transit Subcommittee, but importantly, it is also the result of the advocacy of an 11-year old child who was concerned to see electronic cigarette smoking on an Amtrak train.

Although Amtrak should be commended for implementing its own internal policy banning smoking on trains in 1993, that policy could always be repealed. My bill would make the ban a matter of federal law and put Congress on record in support of protecting passengers from secondhand smoke, as it has done in banning e-cigarettes on airplanes.

Smoking bans have been a critical tool in protecting people from the effects of secondhand smoke because it is known to increase the risk of serious cardiovascular and respiratory diseases, such as coronary heart disease, lung cancer, and emphysema, among others.

The World Health Organization considers the tobacco epidemic to be one of the largest public health threats in the world, killing more than 7 million people a year. While more than 6 million of those deaths are the result of direct tobacco use, around 890,000, close to a million, nonsmokers exposed to secondhand smoke die as a result every year.

Under my bill, smoking would be banned on Amtrak trains in the same manner as airline travel. According to the WHO—this is important to note—there is no safe level of exposure to secondhand smoke. Even short-term exposure can potentially increase the risk of heart attacks. All the more reason to ask the House to support my bill.

I strongly urge my colleagues to support the bill before them.

Madam Speaker, I reserve the balance of my time.

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

Mr. Speaker, H.R. 2726, the Banning Smoking on Amtrak Act of 2019, is commonsense legislation. I thank the gentlewoman from the District of Columbia (Ms. NORTON) for her leadership on this bill.

Current Amtrak policy prohibits smoking on Amtrak trains, Thruway buses, and in stations. This prohibition includes smoking tobacco products and electronic smoking devices such as e-cigarettes.

H.R. 2726 seeks to codify Amtrak's internal policies prohibiting smoking, including electronic cigarettes, on its trains.

The bill is modeled after Congresswoman NORTON's prior bill enacted into law in 2018 as part of the FAA Reauthorization Act that clarified the smoking ban on airplanes includes electronic cigarettes.

The Committee on Transportation and Infrastructure passed this bill by voice vote, and I urge my colleagues to support the bill.

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

□ 1530

Ms. NORTON. Mr. Speaker, I yield 1 minute to the gentlewoman from Texas (Mrs. FLETCHER), my good friend.

Mrs. FLETCHER. Mr. Speaker, I rise in support of H.R. 2726, which simply codifies existing internal policy at Amtrak that prohibits smoking or use of electronic cigarettes on Amtrak's trains.

Amtrak instituted this policy in 1993 and has since updated it to address the use of electronic smoking devices. I think this is very important.

Last year, we addressed a similar gap in the code and included a provision in the FAA Reauthorization Act to prohibit the use of electronic cigarettes on airplanes.

This bill once again puts Congress on the record as supporting protections for the traveling public from the risk of secondhand smoke.

Mr. Speaker, I urge my colleagues to support this bill.

Mr. BOST. Mr. Speaker, obviously, from the conversations we have had here today, this is commonsense legislation.

You know, we have banned smoking and also know the problems we faced this last year with e-cigarettes, the reasons and concerns that are out there.

This is commonsense legislation that I believe a majority of our constituents are in agreement with. This just codifies into law the past practices of Amtrak.

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

Ms. NORTON. Mr. Speaker, I appreciate the remarks of my friend from the other side.

You can see that this is a bipartisan bill, and no wonder. When my friend was in the majority, a similar bill was supported banning smoking. This is as quintessentially a bipartisan bill as one could have in the House, and I very much appreciate the remarks of my friend.

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

The SPEAKER pro tempore (Mr. TAKANO). The question is on the motion offered by the gentlewoman from the District of Columbia (Ms. NORTON) that the House suspend the rules and pass the bill, H.R. 2726.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.