

NAYS—1

Amash

NOT VOTING—17

Allred	Johnson (LA)	Meadows
Cleaver	Johnson (SD)	Nadler
Cummings	Jones	Sires
Davis (CA)	LaMalfa	Steube
Dingell	Marchant	Wilson (FL)
Hastings	McCarthy	

□ 1459

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. ALLRED. Mr. Speaker, I am back home in Dallas, Texas, on paternity leave with my family, I submit the following vote explanation.

Had I been present, I would have voted “yea” on rollcall No. 68, “yea” on rollcall No. 69, “yea” on rollcall No. 70, and “yea” on rollcall No. 71.

PERSONAL EXPLANATION

Mr. STEUBE. Mr. Speaker, I missed this vote series due to a death in the family. Had I been present, I would have voted “nay” on rollcall No. 68, “nay” on rollcall No. 69, “yea” on rollcall No. 70, and “yea” on rollcall No. 71.

PROVIDING AMOUNTS FOR THE EXPENSES OF THE SELECT COMMITTEE ON THE CLIMATE CRISIS AND THE SELECT COMMITTEE ON THE MODERNIZATION OF CONGRESS

The SPEAKER pro tempore. Pursuant to House Resolution 105, House Resolution 86 is considered as adopted.

The text of the resolution is as follows:

H. RES. 86

Resolved,

SECTION 1. AMOUNTS FOR EXPENSES OF SELECT COMMITTEES.

(a) SELECT COMMITTEE ON THE CLIMATE CRISIS.—

(1) PAYMENT OF EXPENSES.—There shall be paid out of the applicable accounts of the House of Representatives not more than \$70,000 for the expenses of the Select Committee on the Climate Crisis established under section 104(f) of House Resolution 6, as agreed to January 9, 2019, to be available during the period beginning at noon on January 1, 2019, and ending on March 31, 2019.

(2) VOUCHERS.—Payments under this subsection shall be made on vouchers authorized by the Select Committee on the Climate Crisis, signed by the chair of the Select Committee, and approved in the manner directed by the Committee on House Administration.

(b) SELECT COMMITTEE ON THE MODERNIZATION OF CONGRESS.—

(1) PAYMENT OF EXPENSES.—There shall be paid out of the applicable accounts of the House of Representatives not more than \$50,000 for the expenses of the Select Committee on the Modernization of Congress established under title II of House Resolution 6, as agreed to January 9, 2019, to be available during the period beginning at noon on January 1, 2019, and ending on March 31, 2019.

(2) VOUCHERS.—Payments under this subsection shall be made on vouchers authorized by the Select Committee on the Modernization of Congress, signed by the chair of the Select Committee, and approved in the man-

ner directed by the Committee on House Administration.

(c) REGULATIONS.—Amounts made available under this resolution shall be expended in accordance with regulations prescribed by the Committee on House Administration.

REQUEST TO CONSIDER H.R. 962, BORN-ALIVE ABORTION SURVIVORS PROTECTION ACT

Mr. SCALISE. Mr. Speaker, I ask unanimous consent that the Committee on the Judiciary be discharged from further consideration of H.R. 962, the Born-Alive Survivors Protection Act, and I ask for its immediate consideration in the House.

The SPEAKER pro tempore. Under guidelines consistently issued by successive Speakers, as recorded in section 956 of the House Rules and Manual, the Chair is constrained not to entertain the request unless it has been cleared by the bipartisan floor and committee leaderships.

PARLIAMENTARY INQUIRIES

Mr. SCALISE. A parliamentary inquiry, Mr. Speaker.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. SCALISE. I understand the guidelines the Chair decided, Mr. Speaker, but seeing no objection from either side of the House, would that constitute clearance and allow the Chair to entertain my motion under the rules of the House?

The SPEAKER pro tempore. A unanimous-consent request for the consideration of that measure would have to receive clearance by the majority and the minority floor and committee leaderships.

The Chair is unaware of such clearance; therefore, the Chair cannot entertain that request at this time.

Mr. SCALISE. Further parliamentary inquiry, Mr. Speaker.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. SCALISE. Again, seeing no objection on either side of the aisle, Mr. Speaker, can the Chair advise what is required pursuant to section 956 of the House rules to allow my motion to be considered?

The SPEAKER pro tempore. The Chair will have to be made aware of clearance.

Mr. SCALISE. So, Mr. Speaker, is there any guidance under section 956 of the House rules to have that motion be in order?

The SPEAKER pro tempore. Again, the Chair has not been made aware of the requisite clearance.

Mr. SCALISE. Mr. Speaker, can the ruling of the Chair be challenged?

The SPEAKER pro tempore. The gentleman has sought unanimous consent. The Chair has not ruled.

Mr. SCALISE. Mr. Speaker, I ask the Chair to rule on the motion of unanimous consent.

The SPEAKER pro tempore. The gentleman was not recognized for his

unanimous consent request. Under the guidelines, the request cannot be entertained.

Mr. SCALISE. So, Mr. Speaker, is there a motion that can be made under the rules that have been cited to allow for the immediate consideration of H.R. 962?

The SPEAKER pro tempore. The Chair does not issue advisory opinions.

Mr. SCALISE. Mr. Speaker, if this unanimous consent request can't be entertained, I would urge the Speaker and the majority leader to schedule the born-alive bill immediately so we can stand up and protect the sanctity of human life, and I would ask all others to join in that request.

The SPEAKER pro tempore. The gentleman has not been recognized for debate.

VETERANS' ACCESS TO CHILD CARE ACT

GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 840.

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

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 105 and Rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 840.

The Chair appoints the gentlewoman from the Virgin Islands (Ms. PLASKETT) to preside over the Committee of the Whole.

□ 1507

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 840) to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide child care assistance to veterans receiving certain medical services provided by the Department of Veterans Affairs, with Ms. PLASKETT in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

General debate shall not exceed 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Veterans' Affairs.

The gentleman from California (Mr. TAKANO) and the gentleman from Tennessee (Mr. DAVID P. ROE) each will control 30 minutes.

The Chair recognizes the gentleman from California.

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

Madam Chair, I rise in strong support of H.R. 840, the Veterans' Access to Child Care Act.

We ask our servicemembers to risk their lives in service of our country, and in return, we promise to provide healthcare and benefits so they can live happy, healthy, and successful lives, and provide for their families.

As our veteran population becomes increasingly diverse, as the number of LGBTQ and minority and women veterans goes up, we must ensure every veteran has the opportunity to access their healthcare and benefits. Addressing underserved veterans is a pillar of my VA 2030 vision, which will drive our work on the Committee on Veterans' Affairs in the 116th Congress.

I proudly chose Congresswoman BROWNLEY's Veterans' Access to Child Care Act as the very first bill our committee would bring to the House floor because it addresses a sometimes overlooked group of veterans: veterans who are parents and caregivers to young children.

Providing cost-free, safe, and convenient healthcare so that veterans can see a mental health provider for treatment of post-traumatic stress, military sexual trauma, cancer resulting from exposure to Agent Orange, spinal cord injury, or even treatment for drug or substance abuse is the least we can do to make their lives easier so they, in turn, can be loving parents and caregivers to the children who depend on them.

Under my leadership of the most diverse and talented Committee on Veterans' Affairs in the history of this Chamber, underserved veterans, especially women veterans, minorities, LGBTQ veterans, and veterans from our tribal communities, homeless veterans, and even deported veterans will be a top priority.

We will work together to shatter the barriers and structural challenges underserved veterans face in this country they selflessly served by first attending to their most basic and essential needs: healthcare.

Ms. BROWNLEY, the chair of the Veterans' Affairs Subcommittee on Health and the head of the Task Force on Women Veterans, has been a tireless advocate for veterans since being elected to Congress. Her bill makes an already successful and popular pilot program permanent, a program that helps mothers, fathers, grandparents, and caregivers who need their VA healthcare, but struggle to find safe and convenient childcare or struggle to afford the high cost of childcare for their children.

A veteran should never be made to choose between caring for their children and their health. This bill will make sure veterans will no longer have to make this terrible choice.

The Caregivers and Veterans Omnibus Health Services Act first authorized the pilot program we are making permanent today. Under the pilot, VA could provide childcare services to eligible veterans seeking mental healthcare, intensive mental healthcare services, and other intensive

healthcare services that require veterans to travel to VA hospitals, clinics, or vet centers for regular or frequent appointments.

The first childcare program started at the VA Medical Center in Buffalo, New York, in October of 2011. Within 2 years, VA expanded the program to Northport, New York, and American Lake, Washington, and later brought childcare to Dallas, Texas.

The 2-year pilot program was meant to end in September 2013, but Congress has reauthorized the program for the past 6 years due to its success and popularity.

Since the beginning, over 10,000 children have used the childcare pilot program, and as more veterans and their children use the program, the cost decreased.

Last Congress, the legislation authorizing this program passed unanimously, and now we will have an opportunity to improve this already great bill with amendments we will be considering today and tomorrow. I am optimistic this bill will pass with the same bipartisan, unanimous support.

So I am very excited to work with Dr. ROE, the ranking member of our committee, on this bill and on future bipartisan legislation.

Before I give him a chance to share his thoughts on this bill, I would like to share one of the anecdotes we received from a social worker who helps homeless veterans under the Department of Housing and Urban Development-Veterans Affairs Supportive Housing Program, otherwise known as the HUD-VASH program: "Just this week a female veteran with a 3-year-old son discussed childcare with me. She was so relieved it was still open, because she scheduled a gynecological appointment that she was going to cancel because she had no one to care for her son.

"This is a veteran who came to us homeless with a newborn and unmanaged diabetes. She is now diligently following her medical regimen and consistently makes appointments. She is stably housed in the community, enjoying being a mother, attending college, and working part-time.

"I do not think we would have been able to stabilize her life without the support of childcare to allow her to get to her appointments and receive the treatment, medication, recommendations, and care that have helped her succeed."

□ 1515

Now, as chairman of this committee, I look forward to sharing more stories of veterans throughout this country whose lives have been improved because of access to VA healthcare.

Madam Chair, I reserve the balance of my time.

Mr. DAVID P. ROE of Tennessee. Madam Chair, I yield myself as much time as I may consume.

Madam Chair, I rise today in support of H.R. 840, the Veterans' Access to

Child Care Act, and I acknowledge the gentlewoman from California (Ms. BROWNLEY), the chairwoman and sponsor of this legislation, for her hard work and leadership on this issue.

As a father of three and a grandfather of three more, I know firsthand how important affordable, accessible, and safe childcare is and how difficult it can be for busy parents to find.

I never want a veteran, particularly one struggling with a mental health condition that requires regular ongoing treatment to manage, to be unable to get the care they need because of a lack of childcare.

The Veterans' Access to Child Care Act would prevent that by authorizing the Department of Veterans Affairs to provide childcare assistance to veterans who are receiving mental health or certain other intensive healthcare services.

Since 2011, VA has been providing childcare assistance to eligible veterans in select sites through a pilot program that has been extended by Congress on a consistent basis. This bill would permanently authorize that program and expand it across the VA healthcare system.

I was proud to support this bill last Congress as it passed the House with unanimous bipartisan support, and I am proud to support it today. However, my support is not without some reservations.

When we passed this bill last Congress, it had been reported out of the committee fully offset with a mandatory pay-for that, again, passed the House with unanimous bipartisan support.

An amendment offered by Congressman GUS BILIRAKIS of Florida that would use the same pay-for to offset the cost of this bill, which has increased from \$96 million 2 years ago to an estimated \$120 million today, was ruled not in order by the Rules Committee yesterday. That is a shame.

As chairman of the Veterans' Affairs Committee in the previous Congress, I entertained frequent objections to other good policies from my friends on the other side of the aisle due to concerns about how improvements to the VA healthcare system would be accounted for under discretionary caps. It appears those concerns have suddenly disappeared.

Yesterday afternoon, Chairman TAKANO noted that no offset was provided for this bill because the House Democrats have no requirement for discretionary costs to be offset, and it would be up to the appropriators to provide the funding VA needs to implement this program.

The Democrats' lack of a rule promoting fiscal discipline does not mean that we should not aspire to be good stewards of taxpayer money. The American taxpayer should expect and certainly deserve more from their elected officials than literally passing of the buck.

I also have reservations about this bill because it failed to move through

regular order, which it most certainly would have benefited from.

I commend my colleagues from both sides of the aisle for offering a number of thoughtful amendments to this legislation. I look forward to considering a number of those later today.

That said, we do not know what the Department thinks of them. We do not know what veterans service organizations think of them. We are blind to the second and third order implications they will undoubtedly have on this program and its cost. What is more, not all of the thoughtful amendments that were offered to this bill were ruled in order or will be up for debate.

I offered an amendment that would have provided the Asset and Infrastructure Review Commission greater flexibility by removing a prohibition against the Commission meeting in any calendar year except 2022 and 2023.

The AIR Commission is an objective, data-driven, transparent process that will consider VA's real property portfolio as a whole and determine how it will be realigned and brought into the 21st century to continue providing the high-quality care that our veterans require in future years.

The bill we are considering today could result in the repurposing of existing space or creation of new space to be used to provide childcare services. Decisions about how limited VA medical facility space will be used must not be made in a vacuum, especially when Congress has already established a process for how those decisions should be made. I fail to see how my amendment doesn't apply here, and it is a shame that we didn't have an opportunity to have a robust debate on that in committee or on the floor.

Another good government amendment that was, unfortunately, ruled out of order was offered by Congressman JODEY ARRINGTON of Texas. Congressman ARRINGTON's amendment would have prohibited any employee who is hired by VA to provide childcare pursuant to this bill from spending their time on taxpayer-funded union activities rather than performing the childcare duties they were hired to perform.

I agree that government employees should be doing the job for which they are hired and receive a taxpayer-funded paycheck to do, and do nothing else.

Again, it is a shame we won't be able to discuss or debate that amendment. Despite these issues, I do find the underlying bill to be a worthy one, and I will be supporting it today.

I thank Congresswoman BROWNLEY, again, and Chairman TAKANO for bringing this bill to the floor today, and I look forward to working with them in the next 2 years on these and other important issues of our Nation's veterans.

Madam Chair, I reserve the balance of my time.

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

Madam Chair, I thank the gentleman for his support of the bill. I would say,

with regard to the amendments, we would have entertained more amendments. I would have been happy to do so had they been germane, and we would have been glad to entertain them, but they were not.

Before I yield to Ms. BROWNLEY, the sponsor of this legislation, I include in the RECORD a letter of support from the Easterseals.

EASTERSEALS,
February 6, 2019.

Hon. JULIA BROWNLEY,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE BROWNLEY: Easterseals is pleased to again support your Veterans' Access to Child Care Act legislation to increase the availability of child care for veterans who are receiving services or treatment at a U.S. Department of Veterans Affairs (VA) medical center.

Easterseals is a national network of more than 70 nonprofit organizations who deliver local services to help children and adults with disabilities, veterans, older adults and others to live independently and to fully participate in their communities. Easterseals is a leading provider of inclusive child care and early education and development in the United States, providing thousands of young children with and without disabilities with high-quality child care.

Easterseals understands how important access to high-quality child care is to allow parents, including veterans, to go to work and to meet their own health care needs. That is why we supported the establishment of a pilot program at the VA to provide child care at select VA medical centers around the country that qualified veterans could use while at a medical appointment or while receiving medical services. The program has been particularly helpful for female veterans, nearly 30 percent of whom have children living at home. A recent VA report found that 42 percent of female veterans who use the VA reported that finding child care to attend a medical appointment was hard or very hard. When asked about solutions, more than three of out five female veterans surveyed said on-site childcare would be "very helpful."

The Veterans' Access to Child Care Act would expand and make permanent the VA Child Care Pilot Program. The legislation would make available a stipend, to cover the full cost of child care provided by a licensed, on-site or private child care center while the veteran receives services, including travel time back and forth to the facility. The legislation is a common-sense next step toward improving access to VA health care to veterans.

Easterseals is pleased to support the Veterans' Access to Child Care Act. In addition, Easterseals stands ready to partner with the VA to provide child care assistance while they attend to their well-being and medical care. Thank you for your leadership on this important issue.

Sincerely,

MAYNARD FRIESZ,
*Assistant Vice President,
Government Relations, Easterseals*.

Mr. TAKANO. This bill is also supported by the American Legion, the Veterans of Foreign Wars, the Vietnam Veterans of America, and other veterans service organizations. So I am pleased to say that we have heard the VSOs weigh in on Ms. BROWNLEY's legislation.

Madam Chair, I yield 5 minutes to the gentlewoman from California (Ms. BROWNLEY), the author of the bill.

Ms. BROWNLEY of California. Madam Chair, I thank the chairman for yielding time and for bringing my bill, the Veterans' Access to Child Care Act, to the floor for consideration; and I thank Ranking Member ROE for his support of the bill.

As a member of the House Veterans' Affairs Committee, I believe that it is critical that veterans have the support they need to ensure they are able to access needed healthcare services at the VA.

For many veterans, the lack of access to childcare is a barrier to receiving healthcare, especially mental healthcare and intensive care services. Research has shown that women veterans more commonly face this barrier, as they are more often responsible for caring for young children. That said, we know that the problem is not unique to women veterans, as male veterans have also reported lack of available childcare as a barrier to making their healthcare appointments as well.

In 2010, Congress passed legislation directing the VA to start a pilot program to provide free childcare at a small number of VA medical centers and clinics throughout the country. Since then, this pilot program has been successfully implemented and hugely popular at several locations across the country.

In 2015, the VA reported that the pilot program had provided childcare assistance to more than 10,000 children, and since then, many more veterans have benefited.

The pilot program has been popular among the veteran community, and there has been strong support for its continuation from veterans service organizations. That is because we all believe that veterans should not be forced to choose between getting necessary healthcare and caring for a child.

My bill, which we are debating today, would make the VA childcare pilot program permanent and expand the program to VA facilities all across the Nation.

Like the original pilot program, my bill is narrowly tailored for veterans who are full-time caretakers of children and who need intensive medical care or mental health treatments and for those veterans who might otherwise miss their appointments because of lack of available short-term childcare during their appointments.

For instance, a veteran who is undergoing cancer treatment cannot afford to miss these critical and intense medical appointments, and they need a safe place to leave their young child while they receive chemotherapy or radiation therapy.

Likewise, veterans who have regular mental health appointments would need a place to leave their young children, because it would be inappropriate for young children to be present for tough conversations with a therapist about military sexual trauma or other battlefield trauma.

Like the pilot program, my bill also gives VA flexible authority to determine how to provide childcare assistance during veterans' medical appointments. Options include:

Providing the benefit through stipend payments directly to veterans to pay for their childcare expenses;

Direct provision of childcare at VA facilities;

Direct payment to childcare providers;

Collaboration with other Federal departments and agencies; or

Other appropriate forms of assistance that the Secretary determines are appropriate.

Passage of this legislation will benefit veterans of all areas who are primary caretakers. In fact, many of the caretakers who have used the pilot program have been women and older veterans, including grandparents who take care of a child during the day and would otherwise be unable to make their appointments.

This bill will guarantee these veterans receive the healthcare they need, while ensuring a safe, reliable, and cost-free option for childcare during those appointments.

For our colleagues who are new to this body, I would note that similar legislation passed the House in the 115th Congress by voice vote. I urge my colleagues to again support this legislation.

I especially want to thank my colleague Mr. HIGGINS from New York, who has been a tireless advocate for expanding and making permanent the childcare pilot program. His partnership has been invaluable in moving our bill forward.

I also want to thank Senator PATTY MURRAY from Washington, who has introduced similar legislation in the Senate.

Mr. DAVID P. ROE of Tennessee. Madam Chair, I have no further speakers. I reserve the balance of my time.

Mr. TAKANO. Madam Chair, I yield 2 minutes to the gentleman from New York (Mr. HIGGINS).

Mr. HIGGINS of New York. Madam Chair, I rise in strong support on passage of H.R. 840, the Veterans' Access to Child Care Act, to provide childcare assistance to our military families.

Nearly a decade ago, the Veterans Administration survey found that over 1 in 10 veterans have had to cancel their VA medical appointments due to the lack of childcare. In response, Congress created the VA childcare pilot program. The first in the Nation opened in my hometown of Buffalo, New York.

The program has been a tremendous success. Since its inception, it has served countless military families. Last year, more than 1,000 children visited the Kids Korner, located at the Buffalo VA Center, while their parents received much-needed care.

America's veterans placed their lives on the front lines for our freedoms. Many veterans returned to their fami-

lies from combat with injuries and post-traumatic stress disorder that requires regular treatment at their VA.

Madam Chair, we need to remove barriers to care and give our veterans certainty. By passing this legislation, Congress will make childcare available to veterans who need it, while being cost effective in improving health outcomes.

In closing, I thank Congresswoman BROWNLEY for her tireless work on behalf of our Nation's veterans, and I strongly urge my colleagues to vote on passage of this important legislation.

□ 1530

Mr. DAVID P. ROE of Tennessee. Madam Chair, I reserve the balance of my time.

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

We have the data to show how access to healthcare services improves and saves lives, but I think it is important that we also hear from the veterans and the providers whose lives have been improved by this program.

I would like to share another story from a childcare staffer in Buffalo, New York.

"Buffalo also has a World War II veteran, now 97 years old, who cares for his great-granddaughter. He heard of the service, stopped in to see the facility and ask questions to verify he felt 'safe' in leaving her in their care. As primary caretaker for this child, he is so pleased to be able to attend his appointments at his 'elderly age' and keep his family close."

Let me also add, I want to address the reservation, although the ranking member has stated his general support for the bill, but this reservation about the legislation, H.R. 840, lacking a pay-for that was included in last session's legislation, and the pay-for that they said was necessary this time around.

I want to state that H.R. 840 simply makes permanent a program that we, as a Congress, have reauthorized six times since 2013. For none of those six times was the issue of a pay-for really germane. In fact, the CBO has never required that we do it.

The pay-for that the gentleman keeps speaking of will not pay for this program. It will simply take money from veterans and send it to the Treasury, and the VA, still under discretionary funds, will still have to find the money to pay for it.

Each of the six times we authorized this program, not once did my colleagues insist on a pay-for. Only when we are introducing legislation to make it a permanent program does this suddenly pop up as a concern.

In reality, even if we included the pay-for, the Treasury wouldn't see the funds for nearly a decade.

Madam Chair, I reserve the balance of my time.

Mr. DAVID P. ROE of Tennessee. Madam Chair, just to, I guess, retort to my friend, the chairman, if a program costs money, the money has to come

from somewhere. We have programs right now, and the appropriators are going to have to decide, if this program costs a lot of money, to take it away from some other VA program, whereas, we had the extra revenue to pay for this program. That is all we are talking about.

Every single one of us in this Chamber last Congress agreed to pay for it. So now something has changed. I have no further speakers on the bill, and I am prepared to close. I reserve the balance of my time.

Mr. TAKANO. Madam Chair, just in response, the pay-for to which the gentleman from Tennessee is referring is under mandatory spending, which would not actually pay for the program. It would be returned to the Treasury, and the discretionary funds simply—there is no pay-for out of the discretionary funds. It is coming out of the mandatory side. It is a very illusory device.

So I want to reiterate that each time this pilot program was reauthorized under the majority, never was there a demand on their part that there be a pay-for.

Madam Chair, I have no further speakers. I am prepared to close, and I reserve the balance of my time.

Mr. DAVID P. ROE of Tennessee. Madam Chair, I yield myself such time as I may consume.

First of all, I thank Ms. BROWNLEY for her leadership on this. I, too, have been, at one point in my life, a single parent. I am a veteran, and I certainly understand the difficulty in child-bearing and child-rearing from my previous life as an OB/GYN doctor. I delivered a lot of babies and took care of a lot of parents who were single parents, who struggled to not only make ends meet, but to get the healthcare they need.

I think this is a great bill. I think it should be supported unanimously in this Congress.

Our American heroes who have served this country can come get the care they need. We know that, in this country, 20 veterans commit suicide each day, and 14 of them have never gotten into VA care. We don't know what the reason for some of those are, but, hopefully, it is not a barrier of childcare.

Madam Chair, I encourage all my colleagues on both sides of the aisle to support unanimously H.R. 840, and I yield back the balance of my time.

Mr. TAKANO. Madam Chair, I wholly support Ms. BROWNLEY's bill, H.R. 840. I urge my colleagues to join me in its passage, and I yield back the balance of my time.

The CHAIR. All time for general debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

It shall be in order to consider as an original bill for the purpose of amendment under the 5-minute rule the amendment in the nature of a substitute consisting of the text of the

Rules Committee Print 116-3. The amendment in the nature of a substitute shall be considered as read.

The text of the amendment in the nature of a substitute is as follows:

H.R. 840

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Veterans’ Access to Child Care Act”.

SEC. 2. CHILD CARE ASSISTANCE FOR VETERANS RECEIVING MENTAL HEALTH CARE AND OTHER INTENSIVE HEALTH CARE SERVICES PROVIDED BY THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Subchapter III of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:

“§1730D. Child care assistance for veterans receiving mental health care and other intensive health care services

“(a) IN GENERAL.—The Secretary shall provide child care assistance to an eligible veteran for any period that the veteran—

“(1) receives covered health care services at a facility of the Department; and

“(2) is required to travel to and return from such facility for the receipt of such health care services.

“(b) CHILD CARE ASSISTANCE.—(1) Child care assistance provided under this section may include any of the following:

“(A) A stipend for the payment of child care offered by a licensed child care center (either directly or through a voucher program) which shall be, to the extent practicable, modeled after the Department of Veterans Affairs Child Care Subsidy Program established pursuant to section 590 of title 40.

“(B) Direct provision of child care at an on-site facility of the Department.

“(C) A payment made directly to a private child care agency.

“(D) A collaboration with a facility or program of another Federal department or agency.

“(E) Such other form of assistance as the Secretary considers appropriate.

“(2) In the case that child care assistance under this section is provided as a stipend under paragraph (1)(A), such stipend shall cover the full cost of such child care.

“(c) DEFINITIONS.—In this section:

“(1) The term ‘eligible veteran’ means a veteran who—

“(A) is the primary caretaker of a child or children; and

“(B) is—

“(i) receiving covered health care services from the Department; or

“(ii) in need of covered health care services, and for lack of child care services, would receive such covered health care services from the Department.

“(2) The term ‘covered health care services’ means—

“(A) regular mental health care services;

“(B) intensive mental health care services; or

“(C) such other intensive health care services that the Secretary determines that provision of assistance to the veteran to obtain child care would improve access to such health care services by the veteran.”.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1730C the following new item:

“1730D. Child care assistance for veterans receiving mental health care and other intensive health care services.”.

The CHAIR. No amendment to the amendment in the nature of a sub-

stitute shall be in order except those printed in House Report 116-6. Each such amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MR. BRINDISI

The CHAIR. It is now in order to consider amendment No. 1 printed in House Report 116-6.

Mr. BRINDISI. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 2, line 2, insert “, such as a community-based outpatient clinic” after ‘Department’.

The CHAIR. Pursuant to House Resolution 105, the gentleman from New York (Mr. BRINDISI) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New York.

Mr. BRINDISI. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I thank the gentlewoman from California, chairwoman of the Veterans’ Affairs Committee’s Health Subcommittee, for introducing this important bill, as well as the chairman of the Veterans’ Affairs Committee, the gentleman from California.

Veterans should never have to miss a doctor’s appointment or medical treatment because they don’t have access to affordable childcare. This bill is a commonsense solution that removes this roadblock and ensures our Nation’s veterans have access to the care they have earned. I am glad to see the House take up this issue.

My amendment would clarify that community-based outpatient clinics are included under the bill’s definition of facilities of the Department and ensure that veterans who receive their care from CBOCs are able to access VA childcare assistance.

Many veterans who live in rural areas in my district and across the country do not have a full-service hospital nearby, and they rely on CBOCs to receive primary and mental healthcare. It is important to make clear that this childcare benefit would include them, no matter how small or large their VA facility is.

As a new Member of the House Committee on Veterans’ Affairs, I will continue working to improve access to VA healthcare and benefits for veterans, including veterans living in rural communities.

I urge adoption of my amendment and again thank the gentlewoman from California for introducing this bill, and I urge our colleagues on both sides of the aisle to pass the underlying legislation.

Madam Chair, I reserve the balance of my time.

Mr. DAVID P. ROE of Tennessee. Madam Chair, I ask unanimous consent to claim the time in opposition, though I am not opposed to it.

The CHAIR. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

The CHAIR. The gentleman is recognized for 5 minutes.

Mr. DAVID P. ROE of Tennessee. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I rise in support of Congressman BRINDISI and former member of the committee Congresswoman KUSTER’s amendment that would clarify that veterans receiving intensive mental health or other qualifying treatment from community-based outpatient clinics, CBOCs, are also eligible for childcare assistance from the VA.

CBOCs are an important access point for many veterans, and healthcare continues to transition away from inpatient hospitals and will form the basis of future care. Madam Chair, we have over 800 of these CBOCs in the country, so it makes care much more available to our veterans in their home communities.

Childcare burdens are no less a factor for veterans who receive care in a CBOC than it is for veterans who seek care in a VA medical center. This amendment rightly recognizes that fact and ensures that we don’t inadvertently create a disparity for veterans with the same conditions seeking the same treatments who happen to use different VA medical facilities.

Madam Chair, I urge all my colleagues to join me in supporting this amendment, and I thank Congressman BRINDISI and Congresswoman KUSTER for submitting that, and I reserve the balance of my time.

Mr. BRINDISI. Madam Chair, I yield 1 minute to the gentleman from California (Mr. TAKANO), the chair of the committee.

Mr. TAKANO. Madam Chair, I thank the gentleman for yielding, and I support this amendment because, by clarifying that community-based outpatient clinics are covered under the bill, we are ensuring that veterans seeking healthcare services at any VA facility are able to receive no-cost childcare.

Mr. DAVID P. ROE of Tennessee. Madam Chair, I have no further speakers, and I am prepared to close. I reserve the balance of my time.

Mr. BRINDISI. Madam Chair, I urge adoption of the amendment, and I yield back the balance of my time.

Mr. DAVID P. ROE of Tennessee. Madam Chair, I strongly support this amendment, and I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from New York (Mr. BRINDISI).

The amendment was agreed to.

AMENDMENT NO. 2 OFFERED BY MRS. RADEWAGEN

The CHAIR. It is now in order to consider amendment No. 2 printed in House Report 116-6.

Mrs. RADEWAGEN. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 3, line 4, strike “The Secretary” and insert “Subject to subsection (c), the Secretary”.

Page 3, after line 24, insert the following:

“(c) CONDITION ON RECEIPT OF ASSISTANCE.—(1) The Secretary may not provide any child care assistance under this section to an eligible veteran who is receiving covered health care services from the Department unless that eligible veteran actively participates in such services.

“(2) For purposes of this subsection, the term ‘actively participates’ means, with respect to covered health care services—

“(A) engaging in transit to and from appointments for such services;

“(B) attending appointments for such services; and

“(C) such other activities as the Secretary determines appropriate.”.

Page 3, line 25, strike “(c)” and insert “(d)”.

The CHAIR. Pursuant to House Resolution 105, the gentlewoman from American Samoa (Mrs. RADEWAGEN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from American Samoa.

Mrs. RADEWAGEN. Madam Chair, I thank Representative BROWNLEY for introducing this legislation to help our veterans and their families.

Madam Chair, I am offering this amendment to clarify that the childcare benefit be made available for veterans while they are actively participating in VA healthcare services, i.e., when they are traveling to or attending VA appointments, and not at any other time.

This small clarification will ensure that the childcare assistance is reserved for veterans who need it most and that it does not accidentally replace more long-term childcare programs.

If there is a need for an expanded childcare program, I believe it should be created separately, and I would be happy to work with my colleagues on that.

Madam Chair, I ask my colleagues to support this amendment, and I reserve the balance of my time.

Mr. TAKANO. Madam Chair, I claim the time in opposition to the amendment, even though I am not opposed to the amendment.

The CHAIR. Without objection, the gentleman from California is recognized for 5 minutes.

There was no objection.

Mr. TAKANO. Madam Chair, I rise in support of this amendment to ensure that our taxpayer dollars are spent according to Congress’ intent.

I agree that childcare should only be provided to veterans when they are

using the childcare to attend their healthcare appointments.

I thank the gentlewoman for working with me to make this amendment bipartisan and ensure it is clear to the VA that they cannot revoke this benefit from veterans for missing an appointment.

The intent of this amendment is not to be an incentive to access care. It is simply to make it easier for veterans to make it to their appointments. It will be up to us as lawmakers to keep close oversight over this program and many others at the Department of Veterans Affairs.

This committee will keep close watch over the resources we provide and the programs we authorize at the VA. We will hold VA leaders accountable when these programs are not carried out according to congressional intent, or made in a haphazard and uninformed manner, or without the purpose of doing what is best for veterans.

I look forward to working with the gentlewoman and my colleagues on this committee to oversee the successful execution of this childcare program so any eligible veterans who need childcare can get it.

Madam Chair, I reserve the balance of my time.

Mrs. RADEWAGEN. Madam Chair, I yield 2 minutes to the gentleman from Tennessee (Mr. DAVID P. ROE).

Mr. DAVID P. ROE of Tennessee. Madam Chair, I thank Mrs. RADEWAGEN, who is a tireless advocate for veterans issues, for bringing this up. She travels, I guess, about as far as anybody, 24 hours in the air to get here, so she is a tireless advocate for our Nation’s heroes, and I thank her for that.

□ 1545

Madam Chair, I rise in strong support of this amendment that would clarify that childcare assistance is intended for veterans while they are attending a VA appointment or traveling to and from a VA appointment, but not at any other time.

This amendment is in line with the intent of the underlying bill, which is to provide access to childcare services so that veterans who would otherwise be burdened with childcare responsibilities can have easier access to the care that they need.

By clarifying when VA-provided childcare assistance will be provided, this amendment will help ensure that this program is sustainable, is not unintentionally abused, and will help the greatest number of veterans in need.

Congresswoman RADEWAGEN is a valuable member, as I have stated, of the Committee on Veterans’ Affairs, and I thank her for bringing this common-sense, good-government amendment forward today.

Madam Chair, I urge my colleagues to join me in supporting it.

Mrs. RADEWAGEN. Madam Chair, I yield back the balance of my time.

Mr. TAKANO. Madam Chair, I yield 2 minutes to the gentleman from the

Northern Mariana Islands (Mr. SABLAM).

Mr. SABLAM. Madam Chair, I rise to enter into a short colloquy with the distinguished gentlewoman from American Samoa.

As it is in your district, it is in my district. Sometimes we have to leave our home and travel by airplane to a place where we can receive the medical attention we need for VA services for our veterans.

I would like to discover, which I think I may already know the answer, but just for the record, a veteran who lives, say, in Saipan going to Tripler or Spark M. Matsunaga VA Medical Center in Hawaii, that childcare is provided for that time, including the travel time and the time when the veteran is receiving medical attention in Hawaii and until that veteran returns home.

Is that an appropriate or correct interpretation of this legislation?

Mrs. RADEWAGEN. Will the gentleman yield?

Mr. SABLAM. I yield to the gentlewoman from American Samoa.

Mrs. RADEWAGEN. That is a good question, and that is something we are going to have to work on.

Mr. SABLAM. It happens many times that a veteran, again, has to leave. For example, in my district, they would have to leave the island of Tinian or the island of Rota, fly to Saipan even to have a teleconference, a telemedicine video, with their licensed social worker, their psychologist, or their psychiatrist, and it takes time. Flights are just once a day, for example, or a flight to Guam requires an overnight stay.

So for the time that the veteran leaves home, goes to Guam, for example, gets the care and comes back, I was hoping that that restriction is appropriate.

The CHAIR. The time of the gentleman has expired.

Mr. TAKANO. Madam Chair, I yield the gentleman an additional 30 seconds.

Mr. SABLAM. Madam Chair, I would like to engage the gentleman from Tennessee in a colloquy.

Mr. DAVID P. ROE of Tennessee. Will the gentleman yield?

Mr. SABLAM. I yield to the gentleman.

Mr. DAVID P. ROE of Tennessee. Madam Chair, Mr. SABLAM and I have worked together on these unique issues about where he is in American Samoa. That is one of the reasons I wish we had regular order. We could have brought this up, because the gentleman does have unique circumstances because of long travel distances, and I think that is something else we need to look at in the committee.

I will pledge myself to work with you on this issue as ranking member.

Mr. SABLAM. I thank the ranking member of the committee and my distinguished colleague from American Samoa.

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

Let me say for the record that I believe, if a veteran is receiving care at a facility, in this case in Hawaii on travel from Saipan, that the intent of the legislation would provide that childcare for the time necessary for that veteran, and it would be at a VA facility. It would be childcare at a VA facility in Hawaii, in this particular case.

Madam Chair, in closing, I do urge that my colleagues support the amendment by Mrs. RADEWAGEN, and I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from American Samoa (Mrs. RADEWAGEN).

The amendment was agreed to.

AMENDMENT NO. 3 OFFERED BY MR. ROSE OF NEW YORK.

The CHAIR. It is now in order to consider amendment No. 3 printed in House Report 116-6.

Mr. ROSE of New York. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 3, line 16, strike “or”;

Page 3, after line 16, insert the following:

“(C) health care services related to substance or drug abuse counseling; or”.

Page 3, line 17, strike “(C)” and insert “(D)”.

The CHAIR. Pursuant to House Resolution 105, the gentleman from New York (Mr. ROSE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New York.

Mr. ROSE of New York. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I rise to offer an amendment that would make clear that healthcare related to substance and drug abuse counseling is included in the covered health services in this bill.

In addition, Madam Chair, the opioid epidemic has not only affected my home district of Staten Island and south Brooklyn—and to be clear, it very much has—but this has touched constituents in district after district, State after State, and has disproportionately affected our Nation’s greatest heroes.

As the fathers, wives, husbands, and children of the veterans fighting this disease can attest, combating this addiction is daunting and heartbreakingly difficult. Imagine how excruciating it can be when a mother has to make the choice between receiving the treatment that she so desperately needs and making sure that her own children are cared for.

That is the choice veteran parents need to make time and again. It is a disgrace, and on both sides of the aisle, we have not done enough.

Make no mistake here, if Congress does not act, these barriers to treat-

ment will absolutely persist. Whether you are a Republican or a Democrat, it is our constituents who are suffering, and we need to act now. If we do not address this, this epidemic will continue to wreak havoc on our districts, our communities, and our families.

A national survey from the Substance Abuse and Mental Health Services Administration showed that 1 in 15 veterans suffer from a substance abuse disorder, but for vets who left Active Duty post-9/11, it was nearly one in eight. These veterans are twice as likely to die from an accidental overdose as a nonveteran.

As one of the few post-9/11 combat veterans who is serving right now in this body, I have seen the courage of my fellow former soldiers who seek the help that they so desperately need. I have seen that substance abuse counseling at our VA facilities can really save lives and save families. And I have seen what happens when my brothers and sisters who serve do not get the treatment they need. I am here to tell my colleagues that I refuse to watch that happen again.

That is why I offer this amendment here today, so that the veteran mother who I mentioned, and the fathers who are full-time caregivers of their children, are no longer trapped in an impossible choice. They can receive treatment for PTSD, for cancer, and for counseling to combat life-threatening addiction with the peace of mind that their children are safe and cared for.

That is the very reason Congress directed this pilot program to start in the first place. When we put party politics aside and put our constituents first, this country really succeeds.

We can all agree that this country is battling an opioid epidemic. Let’s show our constituents that we are more than just talk and more than just thanking vets for their service and are actually doing something about it. We have to stop treating addiction as anything but the disease and the public health crisis that it actually is. We need to encourage, not punish, those who are taking this fight head on and seeking the care that they so desperately need and deserve.

Madam Chair, I thank Ms. BROWNLEY for sponsoring this legislation and commend my colleague, Mr. NORCROSS from New Jersey, for cosponsoring this amendment. I applaud my colleagues, Ms. SHERRILL, Mr. GOLDEN, Ms. STEFANIK, and Mr. DELGADO, for offering amendments to strengthen this bill.

Madam Chair, I urge adoption of this amendment, and I reserve the balance of my time.

Mr. DAVID P. ROE of Tennessee. Madam Chair, I claim the time in opposition, although I am not opposed to the amendment.

The CHAIR. Without objection, the gentleman is recognized for 5 minutes.

There was no objection.

Mr. DAVID P. ROE of Tennessee. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I rise in support of Congressman ROSE’s amendment to include substance abuse or drug abuse counseling under the definition of a covered health service, and I thank him for his service to our great country.

Unfortunately, our veterans are not immune to the scourge of addiction that has tragically impacted far too many of our communities for far too long, particularly in the last few years of the opioid crisis. Veterans seeking substance abuse treatment from VA should certainly have access to childcare assistance if they require it, and I am grateful to Congressman ROSE for sponsoring this amendment to make sure that they are specifically included in this bill. I hope that I am joined by all my colleagues in supporting this needed amendment today.

Madam Chair, I reserve the balance of my time.

Mr. ROSE of New York. Madam Chair, I yield 1 minute to the gentleman from California (Mr. TAKANO).

Mr. TAKANO. Madam Chair, I thank the gentleman for yielding.

I support this amendment because veterans are not immune from the opioid epidemic. They are not immune to alcoholism or substance abuse. When a veteran is also suffering from post-traumatic stress or other serious health conditions that may have caused dependency on a substance, we should do everything we can to make sure that veteran can receive care.

I thank the gentleman for offering this very important amendment, and I urge all my colleagues to support it.

Mr. DAVID P. ROE of Tennessee. Madam Chair, I urge support of Congressman ROSE’s amendment, and I yield back the balance of my time.

Mr. ROSE of New York. Madam Chair, in closing, I urge support of this amendment, and I yield back the balance of my time.

The CHAIR. The question is on the amendment offered by the gentleman from New York (Mr. ROSE).

The amendment was agreed to.

□ 1600

AMENDMENT NO. 4 OFFERED BY MR. BERGMAN

The CHAIR. It is now in order to consider amendment No. 4 printed in House Report 116-6.

Mr. BERGMAN. Madam Chair, I have an amendment at the desk.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end, add the following section:
SEC. 3. PROHIBITION ON USE OF FUNDS FOR CHILD CARE ASSISTANCE TO CONSTRUCT NEW CHILD CARE FACILITIES.

The Secretary of Veterans Affairs may not use funds made available for child care assistance provided under section 1730D of title 38, United States Code, as added by section 2, to construct any new child care facility.

The CHAIR. Pursuant to House Resolution 105, the gentleman from Michigan (Mr. BERGMAN) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Michigan.

Mr. BERGMAN. Madam Chair, I rise today to offer an amendment to H.R. 840, the Veterans' Access to Child Care Act.

My amendment is simple. It prohibits VA from constructing new childcare facilities using funds made available by this bill. It does not prohibit the VA from using existing facilities.

While I support the underlying bill and believe something as simple as childcare services can greatly improve veterans' access to care, I also understand how bloated VA's infrastructure portfolio has become.

Just last year, Congress passed the VA MISSION Act, which included language to establish the Asset and Infrastructure Review Commission. This commission is designed to assess areas in which the VA can modernize and realign its existing infrastructure portfolio to save valuable money and refocus on its core mission of caring for our veterans.

Madam Chair, offering childcare services has the potential to make VA benefits more accessible and convenient for all families. H.R. 840 allows VA to provide childcare services via private centers and through collaboration with other Federal agencies, thus utilizing already existing facilities.

Until the asset and infrastructure review is complete, it would be irresponsible to allow VA to invest more limited resources in new construction when positive, viable alternatives are available.

I appreciate the work our committee has done to help improve access to care, and I look forward to our continued efforts to realign VA's priorities and its unused or underutilized assets.

Mr. Chair, I urge support of this amendment, and I reserve the balance of my time.

Mr. TAKANO. Mr. Chair, I rise in opposition to the amendment.

The Acting CHAIR (Mr. JOHNSON of Georgia). The gentleman from California is recognized for 5 minutes.

Mr. TAKANO. Mr. Chairman, I rise in opposition to the amendment, which would prevent additional VA hospitals and clinics from providing onsite childcare to veterans receiving care at VA hospitals and clinics.

VA only has four childcare sites throughout the VA system, and this amendment would prevent further expansion of the program by preventing a VA hospital or clinic from even doing basic things to provide convenient childcare, things like covering electrical sockets to make a facility safe for young children or putting up fencing around the playground so children can play safely.

As our colleague, Ms. SHALALA, reminded us during the Rules Committee meeting yesterday, and as many parents of young children quickly learn, most private childcare facilities do not allow children to be temporarily dropped off for just a few hours.

Childcare facilities need to know whether children are up to date on their vaccinations, have food allergies or other medical conditions to provide safe care.

This means VA must have the flexibility to determine how best to execute this program at each of its facilities throughout the country. If this means that it makes sense to build an onsite childcare center, VA should not be barred from doing so.

I think this amendment was written without considering its effects, which would limit further the expansion of the program and prevent veterans from being able to access childcare and their healthcare when they need it.

Any of us who have been on this committee long enough know that VA has had trouble managing major construction projects. Admittedly, this is what we know on the committee. And I am just as outraged as my colleagues across the aisle when VA construction projects are mismanaged and money is wasted. However, we are talking about minor construction that, in many cases, will be necessary to expand this program to all eligible veterans who need it.

There are other ways in which we can ensure the money for this program is not mismanaged, and it doesn't need to be something as drastic as preventing construction which will, in effect, prevent the program's expansion.

Now, I hope to work with General Bergman and my other colleagues on this committee to prevent mismanagement of construction projects, procurement of the \$16 billion electronic health record, and other contracts and programs at the VA; and I pledge to work with the general to ensure funds for construction of childcare facilities are not wasted.

Mr. Chair, I must say that I have to urge my colleagues to oppose this amendment, and I reserve the balance of my time.

Mr. BERGMAN. Mr. Chairman, I yield 1 minute to the gentleman from Tennessee (Mr. DAVID P. ROE).

Mr. DAVID P. ROE of Tennessee. Mr. Chair, I rise in strong support of this amendment to prohibit VA from constructing new structures to be used as childcare centers.

Mr. Chair, the VA has over 6,000 pieces of property, and 1,100 of them are either not utilized or underutilized. We on the committee, including the chairman, have just witnessed a \$600 million hospital in Denver, Colorado, explode into a \$2 billion—I didn't say that wrong, two thousand million dollars—project.

Both General Bergman's amendment and mine, which would have provided greater flexibility to the Asset and Infrastructure Review Commission, recognized that VA's vast and, in most cases, outdated, misaligned, and prohibitively-expensive-to-maintain infrastructure must be dealt with holistically.

I regret that my amendment was not made in order today, but I am glad

that General Bergman's was. Where VA has existing space that is not needed for veteran patients, VA could and should consider repurposing that space to provide childcare assistance, and where existing space is not available, VA should use the authorities provided in this bill to provide childcare assistance.

The Acting CHAIR. The time of the gentleman has expired.

Mr. BERGMAN. Mr. Chair, I yield an additional 2 minutes to the gentleman.

Mr. DAVID P. ROE of Tennessee. Where existing space is not available, VA should use the authorities provided in this bill to provide childcare assistance off VA property—either through leases, sharing agreements, and other means—rather than investing in costly new buildings.

Mr. Chair, what happens? If we build a childcare facility and the demographics change and it is no longer needed, we have got an empty building. If we lease that building, which this gives us the authority to do, we can let the lease expire, and the VA can go on and use their moneys for something else.

General BERGMAN is the ranking member of the Subcommittee on Oversight and Investigations, and I thank him today, as always, for his leadership and vision on behalf of his fellow veterans.

Mr. Chair, I am pleased to support this amendment today, and I urge all of my colleagues to join me in support.

Mr. BERGMAN. Mr. Chair, I yield back the balance of my time.

Mr. TAKANO. Mr. Chair, I would just wish to point out to the ranking member of the Oversight and Investigations Subcommittee of the Veterans' Affairs Committee, General BERGMAN, that his amendment would not even allow for the repurposing of existing facility space that may exist at a VA.

It is so rigid that it would be difficult to even put protective electrical sockets in to prevent young children from electrocuting themselves. Even minor construction would be prohibited by this amendment.

I am pleased to know that the general is serving on the Oversight and Investigations Subcommittee, and I do plan to work with the chairman, Mr. PAPPAS of New Hampshire, and him to make sure that VA money is well spent.

As I said, this amendment would simply prevent reasonable expansion of this program, and that is something that members of this committee and Members of this House would not want to see happen.

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

The Acting CHAIR. The question is on the amendment offered by the gentleman from Michigan (Mr. BERGMAN).

The question was taken; and the Acting Chair announced that the ayes appeared to have it.

Mr. BERGMAN. Mr. Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Michigan will be postponed.

AMENDMENT NO. 5 OFFERED BY MRS. LEE OF NEVADA

The Acting CHAIR. It is now in order to consider amendment No. 5 printed in House Report 116-6.

Mrs. LEE of Nevada. Mr. Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 3, after line 21, insert the following:
“(3) The term ‘facility of the Department’ includes any Vet Center.

“(4) The term ‘Vet Center’ has the meaning given that term in section 1712A of this title.”

The Acting CHAIR. Pursuant to House Resolution 105, the gentlewoman from Nevada (Mrs. LEE) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Nevada.

Mrs. LEE of Nevada. Mr. Chairman, my amendment clarifies that every veteran is able to access childcare services guaranteed by the underlying bill, regardless of whether they are using the services at a VA center, medical center, or a vet center that is not on the campus of a VA facility.

I am pleased to be joined in offering this bipartisan amendment by my Republican colleague Congresswoman LESKO from Arizona. I would also like to thank Congresswoman BROWNLEY for leading this bill, as well as Chairman TAKANO and Ranking Member ROE for their assistance and leadership on this vital issue.

No veteran should be forced to choose between caring for their children or caring for themselves. In several States, including my home State of Nevada, veterans use both the VA medical centers and the community-based vet centers to access the care they need.

Vet centers provide a wide array of social and psychological services to help veterans readjust to civilian life, and I am very proud of the work they do to serve those who served all of us.

For many of those who do not have access to a local VA medical center, vet centers are the only VA facilities they can use. To ensure that all veterans and, in particular, women veterans are able to receive the care they need, our amendment would clarify that any veteran receiving care, whether at a VA facility or an off-VA-campus vet center, would be eligible for the childcare authorized under this legislation.

We never want any veteran to choose between receiving the care and support they need or caring for their child. Our amendment would guarantee that all veterans would be able to access care regardless of where and how they seek treatment.

Mr. Chair, I urge my colleagues to support this amendment, and I reserve the balance of my time.

Mr. DAVID P. ROE of Tennessee. Mr. Chair, I claim the time in opposition to the amendment, although I am not opposed to the amendment.

The Acting CHAIR. Without objection, the gentleman is recognized for 5 minutes.

There was no objection.

Mr. DAVID P. ROE of Tennessee. Mr. Chair, I rise in support of the amendment sponsored by Congresswoman LEE and Congresswoman LESKO to provide for childcare assistance to veterans receiving readjustment counseling in a vet center.

The work done in vet centers is critical to veterans who are struggling to readjust to civilian life following their military service. I am glad that this amendment will make it easier for veterans who lack childcare to seek the support they need in vet centers, and I will be supporting this amendment.

That being said, expanding childcare assistance to include the hundreds of vet centers across the country is a costly prospect. Unfortunately, because the bill did not go through regular order, we do not know just how costly this project will be.

I wish that we could have received reviews and cost estimates on this proposal prior to voting on it and hope that, moving forward, bills will have the benefit of work in committee before being moved onto the floor.

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

Mrs. LEE of Nevada. Mr. Chairman, I yield 1 minute to the gentleman from California (Mr. TAKANO).

Mr. TAKANO. Mr. Chair, I thank the gentlewoman for yielding.

I support this amendment because, by clarifying that vet centers are covered under the bill, we are ensuring that veterans seeking healthcare at any VA facility are allowed access-at-no-cost childcare.

Vet centers are particularly attractive to veterans who are uncomfortable in a more clinical setting, and they should be able to seek childcare while they receive their mental health care at a VA vet center.

Mr. DAVID P. ROE of Tennessee. Mr. Chairman, I yield 2 minutes to the gentlewoman from Arizona (Mrs. LESKO).

□ 1615

Mrs. LESKO. Mr. Chair, I am proud to come to the floor today to discuss an amendment to H.R. 840, the Veterans’ Access to Child Care Act, that I have cosponsored with my colleague, Representative SUSIE LEE from Nevada.

The Veterans’ Access to Child Care Act will provide veterans who need to attend regular or intensive mental healthcare appointments with no-cost childcare during their appointments. Our amendment will make sure these childcare services are covered at our local VA clinics, such as the one in my district in Peoria, Arizona, along with the main VA facilities.

No veteran seeking these types of mental health services should be left

behind. It is our responsibility to ensure that, under this legislation, all our eligible veterans who need mental health services are able to go to a facility operated by the VA Department, even if it is located separately from the VA’s general healthcare facility.

My home State of Arizona is blessed to be home to so many of our Nation’s veterans. In fact, I have 70,000 veterans in my district alone. However, it deeply troubles me that veteran suicide rates are 9 percentage points higher in Arizona than the national average.

Expensive childcare should not hinder Arizona’s returning veterans the ability to access needed mental healthcare or other prolonged service-connected disability care needs.

We need to do everything we can do to help our Nation’s greatest heroes. They risked it all for us. It is inexcusable for us, after our veterans have given so much to defend our freedoms, to permit policies that don’t give them the best resources to recover and heal. We relied on them to protect us; now we must step up and help them.

I thank Representatives BROWNLEY and ROE for their work on this legislation, and Representative LEE for her effort on this much-needed amendment.

I urge all of my colleagues to support this amendment to give eligible veterans choice and access.

Mrs. LEE of Nevada. Mr. Chairman, I have no other speakers, and I am prepared to close at this time, if my colleague is as well.

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

Mr. DAVID P. ROE of Tennessee. Mr. Chair, I am prepared to close and urge support of this bipartisan amendment, and I yield back the balance of my time.

Mrs. LEE of Nevada. Mr. Chair, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Nevada (Mrs. LEE).

The amendment was agreed to.

AMENDMENT NO. 6 OFFERED BY MR. BARR

The Acting CHAIR. It is now in order to consider amendment No. 6 printed in House Report 116-6.

Mr. BARR. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end, add the following:

SEC. 3. STUDY ON EFFECTS OF CHILD CARE ASSISTANCE.

(a) STUDY REQUIRED.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall conduct a study of the effects of the child care assistance provided under section 2 on access to covered health care services, as that term is defined in that section, and on compliance with treatment protocols.

(b) REPORT.—Not later than 18 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit a report to Congress regarding the study required under subsection (a).

The Acting CHAIR. Pursuant to House Resolution 105, the gentleman

from Kentucky (Mr. BARR) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Kentucky.

Mr. BARR. Mr. Chairman, I rise today in support of my amendment to H.R. 840, the Veterans' Access to Child Care Act.

Let me just first say to my good friend, the ranking member of the House Veterans' Affairs Committee, I appreciate the opportunity and the privilege and the responsibility to serve in this Congress on the House Veterans' Affairs Committee so we can continue to advocate for the veterans of the Sixth Congressional District of Kentucky and throughout the Nation.

This amendment would require the Secretary of Veterans Affairs to conduct a study on the effects of childcare assistance provided in the underlying bill on access to healthcare services and compliance with treatment protocols. While I certainly support the underlying bill, this amendment is a commonsense measure that would improve the legislation.

We should always be willing to evaluate and assess whether or not the policies we enact are actually producing their intended result; and this amendment, by requiring the Secretary to conduct a study after 1 year of the effects of the childcare assistance on the actual access to the covered healthcare services and the requirement to report the findings of that study after 18 months to Congress, will ensure that the policies we implement are actually successful in increasing veterans' access to care.

I urge my colleagues to support this amendment.

Mr. Chair, I yield 1 minute to the gentleman from Tennessee (Mr. DAVID P. ROE), the ranking member of the Veterans' Affairs Committee.

Mr. DAVID P. ROE of Tennessee. Mr. Chair, I thank the gentleman from Kentucky, my next-door neighbor, for doing this. We are really pleased to have him on the Veterans' Affairs Committee, Mr. Chair.

I rise in support of this amendment to require VA to study how the provision of childcare assistance impacts access to and compliance with care.

It is important that we closely monitor any taxpayer-funded program to ensure that it is meeting its intended objectives, and I am grateful for Congressman BARR's foresight in ensuring that we do this for this program as well.

Congressman BARR has long been a strong supporter of our Nation's veterans, and I am pleased to welcome him, as stated, to the Veterans' Affairs Committee this Congress. I thank him for his leadership on this amendment and hope that all of my colleagues will join me in supporting this amendment.

Mr. TAKANO. Mr. Chair, I claim the time in opposition to the amendment, even though I am not opposed to it.

The Acting CHAIR. Without objection, the gentleman from California is recognized for 5 minutes.

There was no objection.

Mr. TAKANO. Mr. Chairman, I rise in support of this amendment offered by the gentleman from Kentucky, a new member on the Committee on Veterans' Affairs, and I believe the co-chair of the Bourbon Caucus.

I agree that it is important to require that VA collect data on the effectiveness of its childcare program so we can determine whether veterans are better able to access their healthcare because of this benefit.

As the veterans population becomes increasingly diverse, the VA of the year 2030 that I envision must be prepared to provide healthcare to women veterans, fathers of young children, stepparents and grandparents, and to make sure veterans are able to access their healthcare while also caring for their children.

Congress and VA need reliable data to inform these decisions and determine whether other barriers to healthcare access exist for veterans who care for young children. If the data from this study demonstrates that veterans are less likely to miss appointments and have better healthcare outcomes, it could be used to inform further VA policy decisions to expand the program.

Mr. Chairman, I wholeheartedly support this bipartisan amendment, and I yield back the balance of my time.

Mr. BARR. Mr. Chair, I appreciate the chairman's kind words, and I appreciate the chairman's support of this amendment.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Kentucky (Mr. BARR).

The amendment was agreed to.

AMENDMENT NO. 7 OFFERED BY MR. CISNEROS

The Acting CHAIR. It is now in order to consider amendment No. 7 printed in House Report 116-6.

Mr. CISNEROS. Mr. Chair, I have an amendment, No. 7, at the desk made in order by the rule.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

At the end of the bill, insert the following:

(c) FEASIBILITY STUDY ON CHILD CARE FOR VETERANS RECEIVING CARE IN NON-DEPARTMENT FACILITIES.—

(1) STUDY REQUIRED.—The Secretary of Veterans Affairs shall conduct a feasibility study to determine how the Department of Veterans Affairs could provide child care assistance for veterans who receive covered health care services (as such term is defined in section 1730D(c)(2) of title 38, United States Code, as added by subsection (a) from the Department at non-Department facilities).

(2) SUBMISSION TO CONGRESS.—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans Affairs of the Senate and House of Representatives a report containing the results of the study required to be conducted under paragraph (1).

The Acting CHAIR. Pursuant to House Resolution 105, the gentleman from California (Mr. CISNEROS) and a

Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. CISNEROS. Mr. Chairman, I sincerely thank my colleague, Ms. BROWNLEY, for her steadfast leadership on this critical issue, and Mr. TAKANO for working with me to ensure consideration. Finally, I would like to thank the gentleman from Vermont (Mr. WELCH) for cosponsoring this amendment.

I rise to offer an amendment, which would require the Secretary of Veterans Affairs to study how the VA could provide childcare assistance for veterans who receive covered healthcare services furnished by the VA at non-Department facilities.

I am a strong supporter and cosponsor of H.R. 840 because I am committed to advancing policies that make it easier for all veterans to take advantage of their VA benefits they deserve.

As a veteran with two young twin boys, I know firsthand that rambunctious young kids can often derail the best of plans. Providing safe, affordable, and convenient childcare for veterans who are parents and grandparents eliminates just one of those many barriers to quality care our veterans can face when trying to make health and mental health appointments. I rise to offer this amendment to ensure that my constituents are not left behind in this noble effort.

Orange County, California, is home to the largest veteran population in the country, approximately 130,000 veterans, without its own VA hospital. This leaves many of my constituents without easy access to high-quality care our VA system provides.

My amendment would direct the VA to conduct a feasibility study to determine how the Department of Veterans Affairs could provide childcare assistance for veterans who receive healthcare services far from a VA medical center campus. This includes my constituents seeking care at the Anaheim community-based orthopedic clinic.

I urge my colleagues to join me in support of this amendment to ensure we do not overlook veterans who could benefit from childcare services.

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

Mr. DAVID P. ROE of Tennessee. Mr. Chair, I ask unanimous consent to rise in opposition, although I am not opposed to it.

The Acting CHAIR. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. DAVID P. ROE of Tennessee. Mr. Chair, I rise in support of Congressman CISNEROS' and Congressman WELCH's amendment to require VA to conduct a study to assess the feasibility of VA-provided childcare assistance for veterans receiving community care. This is a critically important amendment.

For decades, VA has had the authority to refer patients to community providers when veterans are unable to get the care they need in VA medical facilities for various reasons. Last year, almost 40 percent of appointments in the VA healthcare system occurred in the community.

Clearly, VA cannot meet every need of every veteran patient in every community across this country without the assistance of community partners. That is not the fault of the VA healthcare system. It is a strength.

Veterans in need of childcare assistance should not be denied such assistance when they are referred to a VA community partner rather than a VA provider.

I am disappointed that another amendment offered by Congressman CASE, that would have simply lifted this barrier to care for those veterans who must seek care through community partners, was not accepted. However, I am encouraged that the issue will be reexamined through this study. I urge my colleagues to join me in supporting this amendment today.

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

Mr. CISNEROS. Mr. Chairman, I yield 1 minute to the gentleman from California (Mr. TAKANO).

Mr. TAKANO. Mr. Chairman, I thank the gentleman for yielding.

I support this amendment because it will allow Congress to receive the critical data and information it needs to determine how to expand this program and the feasibility of expanding this program to community-based outpatient clinics and VA centers, VA facilities that are away from the main VA medical center campuses but critical for veterans in rural areas to access their care.

While this bill specifically provides the no-cost childcare benefit to veterans receiving care from the VA doctors, nurses, and VA providers, I would like to work with my colleagues on the committee at a future date on whether it may be feasible to provide no-cost childcare to veterans receiving treatment from community providers, or even look at ways we can provide incentives to community providers to offer no-cost childcare on-site when they contract with the VA to provide care to veterans.

I thank the gentleman for offering this important amendment. I support it wholeheartedly, and I urge all my colleagues to do so as well.

Mr. DAVID P. ROE of Tennessee. Mr. Chair, I strongly support Congressman CISNEROS' amendment, and I yield back the balance of my time.

Mr. CISNEROS. Mr. Chairman, I just want to reiterate that this is a simple amendment to require a study by the VA within 1 year.

I urge my colleagues to adopt this amendment, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from California (Mr. TAKANO).

The amendment was agreed to.

□ 1630

AMENDMENT NO. 8 OFFERED BY MR. CISNEROS

The Acting CHAIR. It is now in order to consider amendment No. 8 printed in House Report 116-6.

Mr. CISNEROS. Mr. Chairman, I have an amendment, No. 8, at the desk made in order by the rule.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 3, line 16, strike "or";

Page 3, after line 16, insert the following:

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"(C) intensive health care services related to physical therapy for a service-connected disability; or".

Page 3, line 17, strike "(C)" and insert "(D)".

The Acting CHAIR. Pursuant to House Resolution 105, the gentleman from California (Mr. CISNEROS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California.

Mr. CISNEROS. Mr. Chairman, I want to quickly thank my colleague and chair of the House Committee on Veterans' Affairs, Mr. TAKANO, for urging, in his testimony before the House Committee on Rules, that this amendment be made in order.

I rise to offer an amendment which would include "intensive healthcare services related to physical therapy for a service-connected disability" in the definition of "covered healthcare service."

Physical therapy is an important aspect of any human process and is often necessary for veterans suffering from sustained pain or discomfort from a service-connected disability. This experience can often involve lengthy commitments and long commutes to achieve results.

For my constituents, accessing physical therapy services at VA health clinics, receiving regular physical therapy means making a regular commitment to be stuck in traffic on the 405 to drive to the Long Beach VA hospital.

My amendment will ensure that veterans in need of physical therapy for a service-connected disability are specifically afforded access to childcare services.

VA benefits are not truly benefits if the costs associated with childcare during regular appointments place too large a burden on veteran caretakers.

Veterans and their families face many obstacles when transitioning back to civilian life, but access to healthcare should not be one of them. I urge my colleagues to support this amendment.

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

Mr. DAVID P. ROE of Tennessee. Mr. Chairman, I ask unanimous consent to rise in opposition to the amendment, although I am not opposed.

The Acting CHAIR. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. DAVID P. ROE of Tennessee. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I share the gentleman's concern. I have been on the 405, and I certainly understand that trip.

Mr. Chairman, I rise in support of Congressman CISNEROS' amendment to include physical therapy for service-connected disabilities under the definition of "covered health service."

Caring for service-connected conditions is the reason the VA healthcare system exists. Service-connected conditions should always take priority. I thank Congressman CISNEROS for recognizing this with his amendment. I am proud to join him in supporting it.

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

Mr. CISNEROS. Mr. Chairman, I yield 1 minute to the gentleman from California (Mr. TAKANO).

Mr. TAKANO. Mr. Chair, I thank the gentleman for yielding.

I support this amendment because it provides an important clarification that veterans receiving physical therapy for a service-connected disability will be able to access no-cost childcare.

When 50 percent of the veterans treated in VA facilities suffer from chronic pain, physical therapy is a vital part of their treatment that will reduce their need for prescribing opioids. We are in the midst of an opioid epidemic in this country, and many of our veterans, sadly, suffer from opioid addiction because they were prescribed these powerful drugs to treat pain.

We should encourage other treatments like physical therapy, which can address the root cause of pain, and make it easier for them to access this care, which often requires multiple treatments over time.

I thank the gentleman for this important amendment, and I urge my colleagues to support it.

Mr. DAVID P. ROE of Tennessee. Mr. Chair, caring for service-connected conditions is the reason the VA healthcare system exists. I strongly support Congressman CISNEROS' amendment and encourage my colleagues to support it also.

I yield back the balance of my time.

Mr. CISNEROS. Mr. Chairman, I just want to reiterate that this is a simple, commonsense amendment. I urge my colleagues to adopt this amendment.

I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from California (Mr. CISNEROS).

The amendment was agreed to.

AMENDMENT NO. 9 OFFERED BY MR. RODNEY DAVIS OF ILLINOIS

The Acting CHAIR. It is now in order to consider amendment No. 9 printed in House Report 116-6.

Mr. RODNEY DAVIS of Illinois. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 3, line 3, strike “the” and insert “a”.

The Acting CHAIR. Pursuant to House Resolution 105, the gentleman from Illinois (Mr. RODNEY DAVIS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Illinois.

Mr. RODNEY DAVIS of Illinois. Mr. Chairman, I obviously rise in support of our amendment.

Mr. Chairman, I yield 2 minutes to the gentleman from Tennessee (Mr. DAVID P. ROE), the ranking member of the Committee on Veterans’ Affairs, before I offer my comments.

Mr. DAVID P. ROE of Tennessee. Mr. Chair, I want to thank Congressman RODNEY DAVIS, first of all, for his commitment to our Nation’s heroes.

I was able and privileged to be in his district last year. I saw his commitment to that and the respect that they have for him, and I want to thank him for bringing this up. He does a terrific job for our Nation’s heroes in his district, and it was a privilege to be there.

I rise in support of Congressman DAVIS’ and Congressman PANETTA’s commonsense amendment. The bill we are considering today defines a veteran who is eligible for childcare assistance as a veteran who is “the” primary caretaker of a child or children. However, this amendment rightly recognizes that most children have two parents and either of them could be considered “a” primary caretaker of that child.

I thank Congressman DAVIS and Congressman PANETTA for that clarification, and I am happy to support this amendment today.

Mr. TAKANO. Mr. Chairman, I rise in opposition, even though I am not opposed to the amendment.

The Acting CHAIR. Without objection, the gentleman from California is recognized for 5 minutes.

There was no objection.

Mr. TAKANO. Mr. Chairman, I rise in support of this amendment offered by the gentleman from Illinois, which would ensure either parent to a young child would be considered the primary caretaker for a child and, therefore, eligible to receive the childcare benefit.

This amendment is necessary, especially in instances when a veteran is receiving mental health services with a spouse. In instances like this, a veteran could not rely on the spouse to watch a child if it was important that a spouse participate in the treatment.

This will also relieve a significant administrative burden on VA and the veteran: As long as a veteran is a parent to a child and in need of childcare, that veteran would be eligible.

As lawmakers, we should strive to make sure that programs we authorize are not confusing to VA and conduct oversight to ensure our constituents are not confused when the VA rolls out

a program. This amendment will make it more clear to VA and veterans that, in families where one or both parents are veterans, they are eligible for this childcare benefit when receiving services from the VA.

I support this amendment, and I urge my colleagues to do the same.

I reserve the balance of my time.

Mr. RODNEY DAVIS of Illinois. Mr. Chairman, in my short time here in this institution, I have found that, when you offer an amendment to a bill that has jurisdiction of a committee that you don’t sit on, it is always good to have the chairman and ranking member be in support of your amendment. So I want to thank Chairman TAKANO and Ranking Member ROE for their help—and their team’s help—in helping us craft this commonsense solution.

And I really want to thank my good friend and colleague JIMMY PANETTA, who is a main cosponsor of this amendment. JIMMY and I have worked together on a wide variety of issues, but not many more important than making sure that our families, our heroes, get access to the childcare and the services that they need.

This Veterans’ Access to Child Care Act, also, Mr. Chairman, builds upon a successful pilot program and is finally going to provide some certainty and better access to mental and intensive healthcare services for our heroes, our veterans, through increased access to childcare while our veterans attend the appointments that they need to attend to.

The intention of this amendment, as you heard from the chairman and the ranking member, is to make sure that the VA does not determine that this bill is meant that there is only one primary caretaker in the family and then, arbitrarily, have a bureaucrat at the VA decide who that caretaker is.

Without this change, some veterans this bill is intended to help would not be able to access childcare over a technicality. Our amendment, as you heard, clarifies this language to help eliminate barriers to mental health services for our veterans with families.

When our veterans face a mental health crisis, I want to ensure that they are not alone, and that we are doing everything we can to properly support them and their families.

While we have been successful in passing legislation that prevents many veterans from having to drive long distances to access care, it is possible that, in some cases, a veteran in my district could have to drive 4 hours to the nearest VA hospital, and ensured access to childcare will encourage them to get the services that they need.

I don’t want a technicality to get in the way of our heroes. I want to make sure they get access to the services they need. That is why I urge my colleagues to support this bipartisan amendment.

I urge all Members to support our amendment to H.R. 840, and I yield back the balance of my time.

Mr. TAKANO. Mr. Chairman, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Illinois (Mr. RODNEY DAVIS).

The amendment was agreed to.

AMENDMENT NO. 10 OFFERED BY MR. SABLAR

The Acting CHAIR. It is now in order to consider amendment No. 10 printed in House Report 116-6.

Mr. SABLAR. Mr. Chairman, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 3, line 14, insert “, including telemental health services furnished by the Department” after “services”.

Page 3, line 15, insert “, including telemental health services furnished by the Department” after “services”.

The Acting CHAIR. Pursuant to House Resolution 105, the gentleman from the Northern Mariana Islands (Mr. SABLAR) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from the Northern Mariana Islands.

Mr. SABLAR. Mr. Chairman, I rise today to offer an amendment clarifying that telemental health services furnished by the VA are included in the list of covered healthcare services under H.R. 840.

Making it easier for veterans to get mental healthcare services by providing childcare while they are receiving treatment just makes sense. Most parents are not going to use the mental health services the VA provides if it means leaving their kids at home alone. Worrying about their children will only worsen the mental stress for veterans in need of care.

So I support H.R. 840, but I want to make sure the childcare the bill offers will be available to veterans in my district who can only receive mental health service by videoconference.

We do not have a VA psychologist in the Marianas. For that matter, we do not have a community-based outpatient clinic or a vet center or a VBA specialist, services that veterans in the rest of America can take for granted. So my vets must sit in front of a video monitor to get mental health counseling—not exactly the best arrangement, in my opinion.

So let us at least try and make sure that veterans in the Marianas—or anywhere else in the Nation—or anywhere else the VA only offers telemedicine instead of real person-to-person care, that those veterans do not have to worry about the safety and well-being of their children. Let us be sure there is no ambiguity in H.R. 840.

I ask my colleagues for their support of my amendment, backed by the Veterans of Foreign Wars, so we can be sure that even vets receiving mental health services by video can have the cost of childcare covered.

I reserve the balance of my time.

Mr. DAVID P. ROE of Tennessee. Mr. Chair, I ask unanimous consent to rise

in opposition, although I am not opposed.

The Acting CHAIR. Is there objection to the request of the gentleman from Tennessee?

There was no objection.

The Acting CHAIR. The gentleman is recognized for 5 minutes.

Mr. DAVID P. ROE of Tennessee. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, I rise in support of Congressman SABLAR's amendment to include mental healthcare provided via telemedicine under the definition of a "covered health service."

The VA healthcare system is an industry leader in telemedicine and should be commended in using it to increase access to care for veterans who would otherwise have to travel great distances on a regular basis to receive the care they need.

I want to thank my good friend, Congressman SABLAR, who is a tireless advocate in the Marianas. He has been an amazing supporter of the veterans there who really have very limited services. I thank him for introducing this amendment to make sure that veterans accessing tele-healthcare are also eligible for childcare assistance, if needed.

I am pleased to join him in supporting this.

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

□ 1645

Mr. SABLAR. Mr. Chair, I very much thank the chairman of the committee, the gentleman from California, and the ranking member, the gentleman from Tennessee, for their leadership on the House Veterans' Affairs Committee.

Mr. Chair, I would like to thank my colleague, Ms. BROWNLEY, for introducing this bill.

Mr. Chair, I yield as much time as he may consume to the gentleman from California (Mr. TAKANO), the chairman of the House Veterans' Affairs Committee.

Mr. TAKANO. Mr. Chair, I thank the gentleman for yielding.

Mr. Chairman, I want to make note that we just have gotten a release that the VA has exceeded 1 million tele-health visits in fiscal year 2018. That one-year achievement represents a 19 percent increase over the previous year. I congratulate the VA for that amazing achievement.

I want to make known my support for my good colleague from the Northern Mariana Islands, Mr. SABLAR's, amendment, because as VA expands its footprint—and we have just seen how it has expanded its footprint significantly—and that it remains at the forefront of providing treatment via telemental health services, we need to ensure that the VA has the ability to make those telehealth services as successful as their in-person services.

In districts like Mr. SABLAR's where veterans are separated from VA healthcare services by the Pacific

Ocean, telemental health is often the only manner in which veterans are able to receive mental healthcare from the VA.

Mr. Chair, I thank the gentleman for offering this very important amendment and I urge my colleagues to support it.

Mr. SABLAR. Mr. Chair, I have no further speakers. I ask for support for H.R. 840, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from the Northern Mariana Islands (Mr. SABLAR).

The amendment was agreed to.

AMENDMENT NO. 11 OFFERED BY MR. CLOUD

The Acting CHAIR. It is now in order to consider amendment No. 11 printed in House Report 116-6.

Mr. CLOUD. Mr. Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 2, after line 24, insert the following:

"(C) ANNUAL REPORT.—

"(1) IN GENERAL.—The Secretary shall submit to Congress an annual report on the provision of child care assistance under this section. Each such report shall include, for the year covered by the report, each of the following for each of the categories of child care assistance specified in paragraph (2):

"(A) The average amount of time required by the Department to provide a payment for child care assistance.

"(B) The average cost of child care assistance.

"(C) The extent to which the Department has a backlog of unprocessed claims for child care assistance.

"(D) The number of Department employees who worked on the processing of claims for child care assistance.

"(E) The average amount of time required by such an employee to process such a claim.

"(F) The number of improper or duplicative payments of child care assistance made.

"(G) The recommendations of the Secretary for improving the processing of claims for child care assistance.

"(2) CATEGORIES OF CHILD CARE ASSISTANCE.—The categories of child care assistance specified in this paragraph are each of the following:

"(A) Direct stipends.

"(B) Payments made directly to a child care agencies.

"(C) Stipends provided through a voucher program."

Page 2, line 25, strike "(c)" and insert "(d)".

The Acting CHAIR. Pursuant to House Resolution 105, the gentleman from Texas (Mr. CLOUD) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Texas.

Mr. CLOUD. Mr. Chair, I rise in support of my amendment to H.R. 840, the Veterans' Access to Child Care Act.

In 2017, the Congressional Budget Office estimated that under similar legislation to what we are considering today, the VA each year would need to process about 665,000 claims for reimbursement of childcare each year.

The VA has a history filled with delays and difficulty in processing claims for veterans.

As my staff and I have worked with veterans in our Texas 27th District, we too often hear from veterans about the trouble they have encountered with the VA. From delays in processing benefit claims, to wait times in scheduling appointments; veterans have often waited months, sometimes years from hearing back from the VA on their request or receiving reimbursement for payments due them.

Should this bill pass, the VA will have to process a considerable amount of childcare claims each year; therefore, we must ensure that there is oversight in the VA's progress in paying veterans and private care providers for childcare.

My amendment would inject accountability into this program by requiring the VA to submit an annual report to Congress on how the processing of claims is going.

Specifically, the report would include data on the number of childcare claims filed each year, the number of staffers required to process a claim, the average cost of each claim, and how long it takes the VA to process a claim.

If there is a backlog of unprocessed claims, the VA must report on the backlog and how it is working to resolve the needs of the affected veterans.

Finally, the VA must report on any improper or duplicative payments made for this program.

Ultimately, my amendment would close the gap in this legislation by giving the House Veterans' Affairs Committee and the VSOs important data they otherwise wouldn't have.

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

Mr. TAKANO. Mr. Chairman, I claim the time in opposition to the amendment, even though I am not opposed to the amendment.

The Acting CHAIR. Without objection, the gentleman from California is recognized for 5 minutes.

There was no objection.

Mr. TAKANO. Mr. Chairman, I rise in support of the amendment offered by the gentleman from Texas.

I think all of us can recount concerns raised by our constituents about VA payment processing and late payments to healthcare providers.

Although I am not aware of any issues with respect to VA stipend payments to childcare providers under VA's pilot program, I do think it is important that VA report to Congress on whether it has experienced problems with making timely payments and ask for the resources to address payment processing.

The more data we collect from VA, the better we are able to determine what solutions and resources are needed to improve VA programs and services.

Mr. Chair, I do thank the gentleman for offering this amendment, and I reserve the balance of my time.

Mr. CLOUD. Mr. Chair, I thank the chairman for his support.

Mr. Chair, I yield 1 minute to the gentleman from Tennessee (Mr. DAVID P. ROE), the ranking member.

Mr. DAVID P. ROE of Tennessee. Mr. Chair, I rise in support of this amendment to require an annual report on the processing of claims for childcare assistance.

VA has made improvements in recent years in the speed at which community providers are being reimbursed for the services they provide to veteran patients, however, claims processing remains an area where VA struggles; to be kind to them, struggles.

We must take steps to ensure that veterans and childcare providers who are awaiting reimbursement pursuant to this bill are not left waiting like many veterans and community providers have been previously.

Mr. Chair, I am grateful to Congressman CLOUD for his leadership and sponsoring this amendment and I look forward to joining him in its support.

Mr. CLOUD. Mr. Chair, I urge the passage of this amendment, and I yield back the balance of my time.

Mr. TAKANO. Mr. Chairman, I have no further speakers. I urge support for the gentleman's amendment, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from Texas (Mr. CLOUD).

The amendment was agreed to.

Mr. TAKANO. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. SEAN PATRICK MALONEY of New York) having assumed the chair. Mr. JOHNSON of Georgia, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 840) to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to provide child care assistance to veterans receiving certain medical services provided by the Department of Veterans Affairs, had come to no resolution thereon.

AUTHORIZING THE CLERK TO MAKE CORRECTIONS IN ENGROSSMENT OF H.R. 494, TIFFANY JOSLYN JUVENILE ACCOUNTABILITY BLOCK GRANT PROGRAM REAUTHORIZATION ACT OF 2019

Ms. JACKSON LEE. Mr. Speaker, I ask unanimous consent that the Clerk be directed to make the change in the engrossment of H.R. 494 that I placed at the desk.

The SPEAKER pro tempore. The Clerk will report the change.

The Clerk read as follows:

Strike section 1 and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Tiffany Joslyn Juvenile Accountability Block Grant Reauthorization and Bullying Prevention and Intervention Act of 2019".

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

There was no objection.

HONORING COAST GUARD CHIEF WARRANT OFFICER MICHAEL KOZLOSKI

(Mr. SEAN PATRICK MALONEY of New York asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SEAN PATRICK MALONEY of New York. Mr. Speaker, I rise to honor a young man from my district in New York's Hudson Valley who passed away last week while serving his country.

Coast Guard Chief Warrant Officer Michael Kozloski, originally from Mahopac, New York, was only 35 years old.

Michael died as a result of injuries sustained during a crane accident while serving in Alaska.

Mike leaves behind his wife of 13 years, Brie, and four young children.

He dedicated his entire adult life, 17 years, to protecting our country as a member of the Coast Guard.

We all owe Mike and his family an enormous debt of gratitude for his service and for making the ultimate sacrifice in defense of our country.

I spoke to Mike's wife earlier today, and she told me that the community of Homer, Alaska, has rallied to her side, even as a dozen family members have flown in.

At a time when we ask so much of our Coast Guard families, how fitting to be reminded that as Americans, we still rally to our heroes and their families at these difficult times.

Mr. Speaker, I ask all of us to join in prayer for Michael and his family.

We will be closely monitoring the ongoing investigation in this incident and offering our assistance as needed.

Our hearts go out to Michael's family, his friends at Mahopac, and the entire Coast Guard community. We thank them for their service. We remember Michael for his sacrifice, and we pledge that he will not be forgotten.

NEW YORK PARTIAL BIRTH ABORTION BILL

(Mrs. WALORSKI asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. WALORSKI. Mr. Speaker, I rise today to urge a vote on H.R. 962, the Born-Alive Abortion Survivors Protection Act.

This bill would require doctors to provide medical attention to children who survive an abortion attempt.

Unfortunately, H.R. 962 is needed more than ever with the passage of a radical law in New York State that essentially legalizes infanticide. That law allows abortions up to and even after birth and ends safeguards to protect babies born alive after failed abortions.

Similar bills are being debated right now in States like Virginia, where the Governor spoke of making newborns comfortable while doctors and patients decide if they should be left to die.

We have to stand up against this radical legislation to protect the rights of all infants.

This is not a partisan issue. It is simply what is right to do.

Congress must pass the Born-Alive Abortion Survivors Protection Act, and I urge this Speaker of this House to schedule a vote as soon as possible.

□ 1700

HONORING GUN VICTIMS IN AMERICA

(Ms. JACKSON LEE asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE. Mr. Speaker, I rise this afternoon to recognize and acknowledge gun victims in America.

This week in the Judiciary Committee, we held an important hearing on beginning the first steps toward real commonsense gun safety legislation.

In listening to witnesses from law enforcement, victims and near-victims, representatives from the health profession, and, yes, those who advocated for the Second Amendment, I would argue that, in this tribute to gun victims, recognizing the pain of their families and those lives lost, that no one is challenging the Second Amendment.

But with 100 persons a day dying by gun violence in the United States, it is without question that we must move quickly on universal background checks; we must move quickly on making bump stocks illegal; we must move quickly on the question of assault weapons; we must move quickly on closing loopholes and straw purchases; and we must work with the mental health community to ensure that we address that very sensitive question to help people who are disturbed and challenged.

Mr. Speaker, I honor those who have lost their lives, and I honor them by our action.

ATLANTIC CITY RAIL LINE

(Mr. VAN DREW asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. VAN DREW. Mr. Speaker, I rise today to express my disappointment at New Jersey Transit.

New Jersey Transit promised the public that the Atlantic City project will be finished by early 2019, but recently, it announced that the Atlantic City Rail Line would be closed up to more than 5 months. That is not an inconvenience; that is a disaster.

My constituents want service to be restored immediately, and they want, most importantly, the truth. That is why a majority of my New Jersey colleagues and I are sending a letter of admonishment to New Jersey Transit.