

to be renewed for at least 7 years because, Mr. Speaker, it is going to take many more years to clean this site up.

Giving this site 7 years of that additional certainty is the only right thing to do in order to have these folks who are doing the hard work be given the indications from Congress that we stand with them as they engage in this effort.

As I close, Mr. Speaker, I want to thank the entire Energy and Commerce Committee and Mr. SHIMKUS for his tireless work on the issue of nuclear waste cleanup and standing with us on this piece of legislation.

In particular, Mr. Speaker, I would like to thank the local officials: the town of Ashford supervisor, Charles Davis; the West Valley deputy general manager, Scott Anderson; and the other local leaders who have stood in a community effort in order to bring this West Valley demonstration site to a complete closure, hopefully, in the near future with the legislation that we have before us.

So I ask my colleagues to join in support of this legislation, and I truly appreciate their efforts to join us today.

Mr. SHIMKUS. Mr. Speaker, I urge my colleagues to join me in supporting H.R. 1138, and I yield back the balance of my time.

Mr. TONKO. Mr. Speaker, West Valley, as an issue, has been there for a long time. It is good to know that we are moving the ball forward.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New York (Mr. TONKO) that the House suspend the rules and pass the bill, H.R. 1138.

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

A motion to reconsider was laid on the table.

BURN PIT REGISTRY ENHANCEMENT ACT

GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 1381.

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

There was no objection.

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1381) to direct the Secretary of Veterans Affairs to take actions necessary to ensure that certain individuals may update the burn pit registry with a registered individual's cause of death, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1381

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Burn Pit Registry Enhancement Act”.

SEC. 2. BURN PIT REGISTRY UPDATES.

(a) INDIVIDUALS ELIGIBLE TO UPDATE.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall take actions necessary to ensure that the burn pit registry may be updated with the cause of death of a deceased registered individual by—

(A) an individual designated by such deceased registered individual; or

(B) if no such individual is designated, an immediate family member of such deceased registered individual.

(2) DESIGNATION.—The Secretary shall provide, with respect to the burn pit registry, a process by which a registered individual may make a designation for purposes of paragraph (1)(A).

(b) DEFINITIONS.—In this section:

(1) The term “burn pit registry” means the registry established under section 201 of the Dignified Burial and Other Veterans’ Benefits Improvement Act of 2012 (Public Law 112–260; 38 U.S.C. 527 note).

(2) The term “immediate family member”, with respect to a deceased individual, means—

(A) the spouse, parent, brother, sister, or adult child of the individual;

(B) an adult person to whom the individual stands in loco parentis; or

(C) any other adult person—

(i) living in the household of the individual at the time of the death of the individual; and

(ii) related to the individual by blood or marriage.

(3) The term “registered individual” means an individual registered with the burn pit registry.

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

The Chair recognizes the gentleman from California.

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

Mr. Speaker, I, too, in celebration of today say “laissez les bons temps rouler.”

Mr. Speaker, I rise in strong support of H.R. 1381.

During Operations Enduring Freedom and Iraqi Freedom and in other parts of the world where American servicemembers were deployed, the Department of Defense exposed brave Americans to toxic fumes and dangerous chemicals by burning waste in open-air burn pits. Some of the waste burned in these open-air pits were human waste, Styrofoam, lithium batteries, tires, medical waste, and other toxic substances. Servicemembers had no way to avoid inhaling the smoke from these burn pits that were located on their bases, sometimes right next to their barracks.

When this committee held a hearing last year on burn pits, we heard from Leroy Torres, the founder of Burn Pits

360, who breathed in burn pit smoke while stationed in Balad Air Base in Iraq in 2007. When he returned home in 2008, he needed immediate hospitalization for lung disease.

Mr. Torres and other veterans suffering from medical conditions believed to be caused by exposure to burn pits are still fighting to receive healthcare and benefits because illnesses potentially caused by burn pit exposure still aren’t recognized by the VA.

Research to understand the harmful effects these toxic substances may have had on military servicemembers is now underway. However, the totality of harmful health effects this dangerous practice may have had on servicemembers is yet to be fully known and understood, and it may take years for clinicians and scientists to understand the health effects or discover effective treatments for those who were exposed.

In an effort to better track the health effects these exposures had on deployed troops, Congress required the VA to create the open burn pit registry in 2012 to compile self-reported data on veterans who believed they were exposed to open-air burn pits while serving in Iraq and Afghanistan.

This registry allows VA to easily communicate with this population of veterans, as well as track trends within the population that may indicate a need for further research into certain health concerns. However, the registry failed to provide, in it, the ability to report cause of death for veterans who are registered and then subsequently pass away.

Congressman RUIZ’s bill, the Burn Pit Registry Enhancement Act, would allow an individual designated by the veteran during the registry process or an immediate family member to update the veteran’s file on the registry with a cause of death.

These additional data will allow researchers and the VA to identify trends, similarities, and correlations in this population that will better inform our research efforts on the impact these open-air burn pits have on the servicemembers who served in combat zones.

With the addition of more data to the burn pits registry, we hope this will help VA conduct groundbreaking research that will lead to prevention and treatments for toxic exposures, including exposure to toxic substances inescapably connected to military service.

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

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

Mr. Speaker, I rise today in support of H.R. 1381, the Burn Pit Registry Enhancement Act.

This bill is sponsored by Dr. RAUL RUIZ of California and Dr. BRAD WENSTRUP of Ohio. Dr. RUIZ and Dr. WENSTRUP are medical professionals, former members of the Committee on Veterans’ Affairs, and co-chairs of the

House Burn Pits Caucus. I am grateful to them both for their efforts with respect to this legislation and for their continued dedication to serving our Nation's veterans on a bipartisan basis.

In response to growing fears about the long-term health effects of burn pit exposure, Congress required the Department of Veterans Affairs, VA, to create the Airborne Hazards and Open Burn Pit Registry, the registry, in 2013.

The registry was intended to provide a forum for servicemembers and veterans to document the toxic exposures they experienced in service to our country and report health issues they believe may be connected to those exposures to VA to assist in research regarding toxic exposure impacts and treatments.

While the registry continues to be an important tool for those worried about burn pits and other toxic environmental exposures, advocates have expressed concern over the years that the registry is not being used to its greatest potential.

During a hearing before the Subcommittee on Health last June, two important stakeholder groups, Burn Pit 360 and the Veterans of Foreign Wars of the United States, or VFW, recommended that the registry be improved by allowing family members to update the registry in the event of a death of a servicemember or veteran listed on it.

Accordingly, the Burn Pit Registry Enhancement Act would, on the death of a servicemember or a veteran listed in the registry, allow an immediate family member or other designated individual to report that servicemember's or veteran's death to the registry and list his or her cause of death in the registry.

According to Burn Pits 360, without tracking the mortality rate through methods such as allowing a surviving family member to report deaths and the cause of death, the registry's ability to establish mortality rates related to conditions and diseases associated with toxic exposure will be precluded.

Mr. Speaker, I agree, which is why I am pleased to support this bill today. That said, I do regret that it did not move through regular order. Had it been subject to a committee hearing and markup, it surely would have benefited from a robust debate and discussion by committee members, by VA, and by veteran service organizations and other interested parties and perhaps made even stronger. I look forward to continued committee work on this important subject.

Mr. Speaker, I urge all of my colleagues to join me in supporting this bill, and I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I appreciate the comments from my colleague, the ranking member, about regular order. I can assure you we will discuss this subject further, and I appreciate and take to heart his comments.

At this time, I yield 5 minutes to the gentleman from California (Mr. RUIZ),

my good friend and the author of this bill.

Mr. RUIZ. Mr. Speaker, I thank Chairman TAKANO and his staff for all their work on this. They have done a great job. I thank them for fighting for this bill and for their tireless work in support of our veterans.

Mr. Speaker, I also thank the ranking member, Dr. Phil Roe, for his support of veterans who have been exposed to burn pits, and a special shout-out to my good friend Congressman Dr. BRAD WENSTRUP, who is the colead on this bill. We have worked together on this and numerous bills, and we are also leading the efforts in the bipartisan Burn Pits Caucus to really give answers to our veterans who have been exposed.

My bill, the Burn Pit Registry Enhancement Act, will help our government better understand the health effects of toxic burn pits on our men and women in uniform.

As a nation, we have a responsibility to provide our veterans with the benefits that they have earned and deserve and to keep them safe to the best of our ability when they are in the field.

We bear that responsibility even more heavily when the actions of our own government—in this case, its use of toxic burn pits—are causing veterans to develop severe pulmonary illnesses, cancers, autoimmune diseases, and chronic conditions that are making young, otherwise very healthy veterans, extremely ill, permanently oxygen-dependent, and totally disabled—and, in some cases, leading to their death.

This is what happened to Jennifer Kepner, a constituent of mine, a mother of two young children, and a veteran of the United States Air Force. Despite being only 39 years of age, living an active lifestyle, very healthy, not having any other risk factors, Jennifer developed a very aggressive pancreatic cancer that ultimately took her life.

□ 1645

Jennifer's oncologist conducted an extensive genetic and environmental risk assessment and found that the only probable and most probable cause of her cancer was her exposure to burn pits. These are acres, sometimes 10 acres big, of open burn pits where they burn everything and anything, like that garbage open burn pit with jet fuel, that exposes our servicemembers to hundreds of toxic chemicals and carcinogens, with huge clouds of black smoke that traverse long distances.

So while Jennifer was fighting bravely against her cancer, she also had to fight tooth and nail to get the healthcare and benefits that she had earned. Even then, the VA did not recognize her cancer's connection to burn pit exposures.

I was there in her final days, and she wanted us to do something. She called it our generation's Agent Orange. She wanted us to do something to prevent this and to help other veterans.

There is a principle I use as a doctor and a public health expert, and that is, when there is a high enough suspicion of an agent that can cause a severe enough health consequence, then we have to act on that suspicion. In this case, we do have enough suspicion, given the information that is out there, that burn pits are essentially toxic and causing health problems and even death, so it is definitely severe enough.

We need to do something. There are four prongs that we need to pursue, four pillars of a framework.

One is stop the use of burn pits.

Two is outreach to veterans and providers to educate them about their risks.

Three is to make sure that we take care of our veterans by providing healthcare and some of the benefits that they have earned.

Also, do more research so that we can fully understand the full health effects of being exposed to these burn pits.

This bill and the burn pit registry will help with two of those prongs. One is that it is a vehicle for the VA, DOD, and our government to communicate with veterans who have been exposed to burn pits, and their family members, about any recent health topics, research, or policy change that they may be interested in.

It also helps them grab samples of veterans for future research so that we can better understand with more robust scientific research the full effects of burn pits in their lives, which could lead to a better understanding, better healthcare, better outreach, and more benefits for our permanently disabled veterans.

It is very important that veterans who have been exposed to burn pits register in the Airborne Hazards and Open Burn Pit Registry and build this communication vehicle with the VA, our government, and those of us who are strong advocates for our veterans.

My bill will allow an entry with the cause of death in the Airborne Hazards and Open Burn Pit Registry after a veteran passes away. For example, right now, if a veteran passes away, there is no way to update this burn pit registry with their cause of death. This allows a spouse or a designee to enter that cause of death.

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

Mr. TAKANO. Mr. Speaker, I yield an additional 30 seconds to the gentleman from California.

Mr. RUIZ. Mr. Speaker, those causes of death could be brain cancer, esophageal cancer, pancreatic cancer, autoimmune diseases, lymphomas, leukemias, constricted bronchiolitis, COPD, and others.

Mr. Speaker, I urge each Member of this Chamber to support this bipartisan bill, which will help our Nation uphold its commitment to serving our veterans. Together, we are taking a crucial first step toward honoring Jennifer Kepner and improving and saving

the lives of countless veterans. I thank the chairman for his support.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. BOST), a very active member and Marine Corps veteran on the committee.

Mr. BOST. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of H.R. 1381, the Burn Pit Registry Enhancement Act. As the ranking member said, I am a marine. As member of the Veterans' Affairs Committee, caring for those veterans who have served our Nation, and protecting them, is a top priority for me. They should have the peace of mind in knowing that they will be cared for by a grateful Nation after having that time that they served.

I have had veterans come into my office with health problems, health problems that they shouldn't be having. They are young, and they don't have a family history. Sometimes, they just can't pinpoint the cause.

All too often, it can be from the use of burn pits in Iraq and Afghanistan. It is equally frustrating that the VA doesn't have enough data to fully understand the effects of burn pits.

We have seen this movie before. We saw it with people who were exposed to Agent Orange, people who were serving offshore, and the problems we have dealing with blue water Navy Vietnam veterans. They, too, faced the consequences of unknown exposure risks.

We must do better. This bill seeks to do that. This is a step forward. It is not a fix all, but at least we are trying to move in the direction that we need to move and not be trapped in the same situation we were with Agent Orange. Today's legislation is a bipartisan effort, and it puts our veterans first.

Mr. TAKANO. Mr. Speaker, I yield 3 minutes to the gentleman from South Carolina (Mr. CUNNINGHAM), my good friend and a member of the House Veterans' Affairs Committee.

Mr. CUNNINGHAM. Mr. Speaker, today, I rise in support of H.R. 1381, the Burn Pit Registry Enhancement Act.

Mr. Speaker, I thank my colleagues, Representative RAUL RUIZ and Representative BRAD WENSTRUP, for all their hard work on this bill and for their leadership as co-chairs of the Bipartisan Congressional Burn Pits Caucus.

As the Members of this body are aware, one of the many perils our men and women in uniform face overseas is the threat of toxic exposure from burn pits. To dispose of their waste, servicemembers in Iraq and Afghanistan tossed every variety of waste into massive pits to be set on fire, not knowing the harmful chemicals they were likely breathing in as a result.

Even today, we still do not fully understand all the risks associated with exposure to burn pits. That is why Congress established a voluntary registry for veterans who served in the vicinity of burn pits to document their experi-

ence and to learn more about ongoing studies.

The data from this registry further enables doctors and the VA to better study the health impacts of burn pit exposure and to develop lifesaving treatments.

H.R. 1381 would strengthen this registry by allowing the families of deceased veterans to update the registry with the veterans' causes of death. This added data will give medical researchers a more complete picture of the effects of toxic burn pit exposures and bring us closer to giving veterans the answers and the treatment that they deserve.

As a member of the House Committee on Veterans' Affairs, I am pleased to support H.R. 1381, and I urge my colleagues on both sides of the aisle to pass this commonsense and pragmatic bipartisan bill.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I yield 4 minutes to the gentleman from Ohio (Mr. WENSTRUP), a Congressman, colonel, doctor, former member of the committee, and incredible veterans advocate.

Mr. WENSTRUP. Mr. Speaker, I thank the former chairman for yielding to me.

Mr. Speaker, I rise in support of this bipartisan legislation that I sponsored with Dr. RUIZ, the Burn Pit Registry Enhancement Act. I am pleased to have Dr. RUIZ' medical expertise engaged on this issue.

Our Nation's servicemembers experience a variety of threats to their health and well-being, many of which extend well beyond combat. The theater of war can present many health challenges that do not show up until later in life. We are learning that burn pit exposure can be one such condition.

I occasionally smelled that type of smoke that can arise from burn pits when I served in Iraq. I support increased research into the range of health impacts that can arise from burn pit exposure. In order to effectively help our Nation's veterans, we need an accurate registry of servicemembers and veterans who were exposed to burn pits, as well as detailed records of health impacts from that exposure.

Currently, the Airborne Hazards and Open Burn Pit Registry monitors the health records of veterans exposed to burn pits. This registry helps the VA identify health conditions possibly related to burn pit exposure or other airborne hazards that can arise during military service.

It also keeps exposed veterans informed about studies and treatments, and it helps improve programs to help veterans who are concerned that they may have been exposed to toxic chemicals while they were deployed.

The Burn Pit Registry Enhancement Act will allow a veteran's family member or other selected individual to update the burn pits registry with the veteran's cause of death. This will improve the reported data available for

studies related to burn pits and help researchers examine the full range of diseases, health conditions, and outcomes that may result from exposure to burn pits.

Dr. RUIZ did an excellent job when he spoke to many of those types of things that we need to be concerned about.

We still have a lot to understand about the impacts of burn pit exposure, no doubt about it. This is one small, but important, step toward that full understanding.

Mr. TAKANO. Mr. Speaker, I am pleased to see that we have three doctors who are either now or were associated with the Veterans' Affairs Committee and that they have supported this legislation.

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

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

Mr. Speaker, first of all, I thank Dr. RUIZ, who was a very active member of the Veterans' Affairs Committee. I really hated to see him leave our committee. He was a tremendous asset to the committee and, as you can see, continues to be that asset.

I think one of the things, Mr. Speaker, that this registry does is it also shows us on the committee how important it is to get our electronic health records done, so that an Active Duty military recruit can go in at 18 years of age and have a virtual lifetime record so that we will have a treasure trove of data there 30 or 40 years later, as we are doing right now in trying to figure out what to do with Agent Orange.

If we do this correctly, we will be able to not make these mistakes in the future. We will be able to go ahead and rapidly make these claims, adjudicate these claims, so that veterans are treated properly and get the medical care they need.

I strongly support this bill, and I urge my colleagues to vote "yes" on this bill.

I yield back the balance of my time.

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

Mr. Speaker, I fully associate myself with the remarks of the minority member of the committee. Again, I want to express my gratitude to the professionally trained physicians who have weighed in on this legislation and further commented about the importance of the electronic health records and the important oversight that was begun in the last Congress, which will continue in this Congress under my leadership.

I agree it is really important that we get those records to work properly and that the communication between the Department of Defense and the VA is functional.

I also think it is very important to make sure that we get those legacy records from the DOD wrapped into this whole package, because the service history, where our military servicemembers have served and what they

were exposed to, will provide a very important piece of information that will help us understand how toxic exposures have affected our veterans.

Mr. Speaker, I urge my colleagues to join me in passing H.R. 1381, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 1381.

The question was taken.

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

Mr. TAKANO. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

□ 1700

VETERANS-SPECIFIC EDUCATION FOR TOMORROW'S HEALTH PROFESSIONALS ACT

GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 1271.

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

There was no objection.

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1271) to establish in the Department of Veterans Affairs a pilot program instituting a clinical observation program for pre-med students preparing to attend medical school.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1271

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

SECTION 1. SHORT TITLE.

This Act may be cited as the "Veterans-Specific Education for Tomorrow's Health Professionals Act" or the "Vet HP Act".

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

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

- (1) increase the awareness, knowledge, and empathy of future health professionals toward the health conditions common to veterans;
- (2) increase the diversity of the recruitment pool of future physicians of the Department; and
- (3) expand clinical observation opportunities for all students by encouraging students of all backgrounds to consider a career in the health professions.

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

(a) ESTABLISHMENT.—The Secretary of Veterans Affairs shall carry out a pilot program

for a one-year period, beginning not later than August 15, 2021, to provide certain students described in subsection (d) a clinical observation experience at medical centers of the Department of Veterans Affairs.

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

(c) CLINICAL OBSERVATION SESSIONS.—

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

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

(B) ensure that each clinical observation session—

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

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

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

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

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

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

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

(d) STUDENTS.—

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

- (A) nationals of the United States;
- (B) enrolled in an accredited program of study at an institution of higher education; and

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

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

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

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

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

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

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

(3) ASSIGNMENT TO MEDICAL CENTERS.—The Secretary shall assign students selected under paragraph (1) to medical centers selected under subsection (b) without regard for whether such medical centers have staffing shortages in any health professional oc-

cupation pursuant to section 7412 of title 38, United States Code.

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

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

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

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

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

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

(4) create standardized procedures for student observers;

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

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

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

(8) notify the Committees on Veterans' Affairs of the House of Representatives and the Senate of the medical centers selected under subsection (c) within 30 days of selection, to facilitate program awareness.

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

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

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

SEC. 4. NO ADDITIONAL FUNDS AUTHORIZED.

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

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

The Chair recognizes the gentleman from California.

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

Mr. Speaker, I rise in strong support of H.R. 1271, the Vet HP Act. The Department of Veterans Affairs reported last month that it has 48,985 vacancies. That means about 10 percent of the positions at VA are unfilled.

Sadly, a majority of these vacancies are Veterans Health Administration vacancies. VA does not have enough doctors, nurses, nurse practitioners, physician assistants, and other medical