

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.

Mr. WILLIAMS. Madam Speaker, if this unanimous consent request cannot be entertained, I urge the Speaker and the majority leader to immediately schedule the Born-Alive bill.

The SPEAKER pro tempore. The gentleman is not recognized for debate.

□ 1515

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or votes objected to under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

WHOLE VETERAN ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2359) to direct the Secretary of Veterans Affairs to submit to Congress a report on the Department of Veterans Affairs advancing of whole health transformation, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2359

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 “Whole Veteran Act”.

SEC. 2. REPORT ON DEPARTMENT OF VETERANS AFFAIRS ADVANCING OF WHOLE HEALTH TRANSFORMATION.

(a) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to Congress a report on the implementation of the Department of Veterans Affairs memorandum dated February 12, 2019, on the subject of Advancing Whole Health Transformation Across Veterans Health Administration.

(b) MATTERS INCLUDED.—The report under subsection (a) shall include the following:

(1) An analysis of the accessibility and availability of each of the following services at medical facilities of the Department of Veterans Affairs (including community based outpatient clinics, vet centers, and community living centers):

- (A) Massage.
- (B) Chiropractic services.
- (C) Whole health clinician services.
- (D) Whole health coaching.
- (E) Acupuncture.
- (F) Healing touch.
- (G) Whole health group services.
- (H) Guided imagery.
- (I) Meditation.
- (J) Hypnosis.
- (K) Yoga.
- (L) Tai chi or Qi gong.
- (M) Equine assisted therapy.
- (N) Any other service the Secretary determines appropriate.

(2) An assessment of the health outcomes derived from the services specified in paragraph (1).

(3) An assessment of the resources required to expand such services to the entire Veterans Health Administration.

(4) A plan to provide the services referred to in paragraph (1) to veterans who reside in a geographic area where no community-based outpatient clinic, medical center, Vet Center, or community living center is located.

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.

GENERAL LEAVE

Mr. TAKANO. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 2359.

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

There was no objection.

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

Madam Speaker, before I begin my comments on H.R. 2359, let me acknowledge the centennial year of women’s suffrage and the wonderful yellow roses we are wearing in acknowledgement of that centennial year. Happy 100th year to women’s suffrage in America.

Madam Speaker, American healthcare systems are grappling with the need to redesign the delivery of care model to better meet the needs of veterans struggling with mental health conditions.

Two decades of increased social isolation, economic inequality, and prohibitive healthcare costs have seen an increased use of complementary and alternative medicine such as health coaching, chiropractic services, acupuncture, yoga, meditation, and equine therapy.

The Veterans Health Administration is one of the first healthcare systems to redesign care with a focus on maintaining patient well-being and early intervention, rather than a system designed to treat conditions and diseases only after they have occurred.

This redesign, VA’s whole health transformation, will accommodate the veteran population and their unique needs while empowering veterans to control their health and well-being.

By improving well-being, veterans build resiliency that assists in the early intervention and identification of mental healthcare symptoms that, left untreated, can advance to the point of crisis. In 2017, VA launched the whole health transformation program at 18 flagship sites, with positive early outcomes.

According to a February 2019 memo on VA’s whole health transformation, VA plans to expand the full program to an additional 18 sites by summer 2019,

and 140 medical centers have elements of this program.

The pace, efficacy, and reach of the whole health program are not known to Congress. H.R. 2359, as amended, offered by Congressman LAMB, requires the delivery of a report on VA’s whole health transformation. It will contain an analysis of the accessibility of critical services so that Congress can better inform its efforts to ensure veterans are treated as whole people and not just episodes of care. This is particularly true for socially isolated veterans and veterans living far away from a VA facility.

A two-pronged strategy is needed to effectively address the veteran suicide public health crisis. The second prong is treating those veterans in crisis and making treatment more accessible. The first prong must address the complex set of social determinants that can lead to a crisis.

Early interventions in mental healthcare can prevent veterans from falling into crisis and having suicidal ideations. This legislation falls under the first prong of the strategy, which will support creating opportunities for early, pre-crisis intervention.

Congress must understand how VA has rolled out the initial expansion outcomes and the resources needed to continue the whole health program. This body must do everything in its power to reduce the number of veteran suicides in this country because this is a sustained, prolonged, and frustrating national public health crisis.

Sadly, over the weekend, yet another veteran died by suicide at a VA Hospital.

This bill is the first of five measures we will consider today to address mental healthcare and suicide prevention efforts at VA. Our work, however, does not end today. We will write more legislation. We will hold more bipartisan hearings.

In fact, a hearing right this very moment, this afternoon, with the Armed Services Subcommittee on Military Personnel and our Health Subcommittee brought VA and DOD to the same table to help end this crisis. It is a joint hearing through this joint subcommittee between the Veterans’ Affairs Committee and the Armed Services Committee.

We will do whatever it takes to end these tragic incidents of suicide. I am fully committed to this effort. Losing 20 veterans a day is unacceptable.

I will be voting “yes” on this critical piece of legislation, and I call on every Member of this body to do the same and help reduce veteran suicide.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, I would like to associate my comments with the chairman’s comments about women’s suffrage 100th anniversary today.

Madam Speaker, I rise today in support of H.R. 2359, as amended, the