

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

Whole Veteran Act. This bill would require the Department of Veterans Affairs to submit a report to Congress on the implementation of the whole health initiative and include information in the report about the availability of a number of complementary and alternative treatments like meditation, acupuncture, yoga, and equine therapy.

VA's whole health initiative is a component of Secretary Wilkie's plan to transform the Veterans Health Administration into a more innovative, holistic, and veteran-centric healthcare system that puts veteran patients in the driver's seat.

I support the Secretary in that effort wholeheartedly, and I look forward to seeing how it will yield improved outcomes and satisfaction among veterans across the country.

The dissemination of best practices and complementary and alternative approaches to pain management is particularly important, given the ongoing opioid crisis that continues to plague our Nation.

I thank Congressman CONOR LAMB from Pennsylvania for sponsoring this bill and Congressman BARR from Kentucky for improving it with his tireless advocacy for equine therapy. I encourage all Members to join me in supporting it.

Madam Speaker, I reserve the balance of my time.

Mr. TAKANO. Madam Speaker, I yield 5 minutes to the gentleman from Pennsylvania (Mr. LAMB), my good friend, the vice chairman of the House Committee on Veterans' Affairs, and the author of H.R. 2359.

Mr. LAMB. Madam Speaker, I rise today in support of the Whole Veteran Act. I thank the chairman of the Veterans Affairs' Committee, Mr. TAKANO, and the ranking member, Dr. ROE, for their support for this act, along with all members of our committee.

This is a bipartisan bill with a bipartisan goal, which simply is to reform and continue to improve VA healthcare. Our bill will do that in two very important ways.

First, we aim to make the VA a leader in the future of healthcare. Many doctors have looked at how America's healthcare system is too expensive and too reliant on prescription drugs. It turns out that not all doctors think that the best way to deal with chronic pain, PTSD, or depression is to simply hand out more pills.

□ 1530

In fact, we believe that the future of healthcare is going to involve a mix of old and new methods of treatment.

In the future, patients who are suffering will get access to yoga, acupuncture, or meditation before they are ever exposed to these addictive drugs. This is safer and it is also cheaper, and we believe that, in the long-run, it is going to be better.

The NIH, which is the government's gold standard when it comes to re-

search, has looked at these treatments and found that yoga is effective for back pain, that acupuncture is highly effective for chronic conditions like osteoarthritis, and study after study has documented the benefits of meditation and healthy eating when it comes to anxiety, when it comes to stress, when it comes to chronic pain and all of the drivers of the suicide crisis that we are seeing today. In the right combination, these treatments will allow us all to spend less on healthcare and to feel better in the future.

But perhaps, Madam Speaker, the most important part of our bill is that it gives veterans more real choices and greater power to manage their own healthcare.

I visited a Whole Health Clinic here in Washington, D.C., and the veterans who were partaking in that clinic, they like it because they get to pick which treatments work well for them based on how it makes them feel. They pick the teachers they like and they go to the classes, where they meet other veterans who they get to know and spend time with, and it keeps them coming back.

One of the greatest challenges is how we keep people coming back to the VA for treatment once they have got it.

To stop veteran suicide once and for all, one of the most important things we have to do is go out and get all the veterans who are living in isolation and not using the VA for care.

Thirteen of the 20 veterans who are committing suicide every day are outside of the VA's reach. We have got to find them, and we have got to give them a reason to come back. This is what the whole health program does. It gives our veterans a reason to come back and stay in the VA that they didn't have before.

We don't know right now which parts of the whole health program work the best and which ones still need more work. Our bill will start to answer that question. But we do know one thing, which is that there is no time to lose.

Veterans serve this country because they want to prevent the suffering of others, and now too many of them are suffering themselves. We owe it to them to try anything that will work.

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

Mr. TAKANO. Madam Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. RYAN), my good friend and cosponsor of H.R. 2359.

Mr. RYAN. Madam Speaker, I thank the chair for yielding. I thank Congressman LAMB for his leadership on this bill. I thank Congressman ROE for his leadership on this. I want to also thank Chairwoman DEBBIE WASSERMAN SCHULTZ on our appropriations bill. We continue to invest into the whole veteran.

I think it has been articulated here that we want the VA system to be the most innovative system that we have,

and I believe that the Whole Veteran Act is a step in that direction.

I have been researching and writing about some of these integrative health techniques around meditation, around yoga, around nutrition, around having health coaches, and to watch these vets transform after years and years and years of suffering is the most touching, the most inspirational thing we can do.

I have been in yoga classes where the teacher is a vet who, just years before, was kicking down doors in Iraq. Double amputee, and he is teaching yoga to veterans, and they are healing from post-traumatic stress.

This, to me, is what the government is all about. How do we get these government programs, these government facilities on the cutting edge, not just in healthcare, but all across the board? That is what this act is doing. It is going to save us money.

The default position for vets should not be how many prescription drugs can we get them on.

This is going to save us money. This is getting these vets their lives back. This is reconnecting them to their families, to their kids, to their spouses, to their communities. This is the most inspirational thing happening in government today.

Madam Speaker, I want to thank Tracy Gaudet, who is leading patient-centered care in the VA. She has been plugging away at this for years. This is a step in the right direction.

Madam Speaker, I can't thank the chairman enough. I hope we continue to go down this road.

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

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

Mr. RYAN. Madam Speaker, I know the Secretary of the VA. We have disagreements with him, but he, himself, has testified before our committee talking about these programs and about the importance of these programs.

If you want to be inspired, go sit in a meditation class with a Vietnam vet who has been traumatized for years and listen to them tell you about how these practices have healed them and have fixed their problems and reconnected them back to their families.

Madam Speaker, I want to thank everybody for their leadership on this, and we will continue to try to support it from the appropriations side.

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

Madam Speaker, I, too, want to encourage all Members to support this.

We, in 2003, spent about \$2 billion on mental health and PTSD treatment at the VA; in this year's budget, it is \$8.5 billion. And we have not moved the needle at all on the number of veterans committing suicide.

So I think this is a great idea to see if we can use an alternative treatment to help lower this way-too-high rate and help.

When you think about 20 people a day dying of suicide, by their own hands, it is heartbreaking. So I encourage all Members to vote for this.

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

Mr. TAKANO. Madam Speaker, I also would like to take this moment to ask my colleagues to join me in passing H.R. 2359, as amended.

Madam Speaker, 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. 2359, as amended.

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

A motion to reconsider was laid on the table.

VET CENTER ELIGIBILITY EXPANSION ACT

Mr. TAKANO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1812) to amend title 38, United States Code, to furnish Vet Center readjustment counseling and related mental health services to certain individuals, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1812

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 “Vet Center Eligibility Expansion Act”.

SEC. 2. EXPANSION OF VET CENTER SERVICES.

Section 1712A of title 38, United States Code, is amended—

(1) by striking “clauses (i) through (iv)” both places it appears and inserting “clauses (i) through (vi)”; (2) by striking “in clause (v)” both places it appears and inserting “in clause (vii)”; (3) in subsection (a)(1)(C)—

(A) by redesignating clauses (iv) and (v) as clauses (vi) and (vii), respectively; and (B) by inserting after clause (iii) the following new clauses:

“(iv) Any individual who is a veteran or member of the Armed Forces, including a member of a reserve component of the Armed Forces, who served—

“(I) on active service in response to a national emergency or major disaster declared by the President; or

“(II) in the National Guard of a State under orders of the chief executive of that State in response to a disaster or civil disorder in such State.

“(v) Any individual who participated in a drug interdiction operation as a member of the Coast Guard, regardless of the location of that operation.”; and

(4) in subsection (h), by adding at the end the following new paragraphs:

“(4) The term ‘active service’ has the meaning given that term in section 101 of title 10.

“(5) The term ‘civil disorder’ has the meaning given that term in section 232 of title 18.”.

SEC. 3. PLAN TO PROVIDE VET CENTER SERVICES TO VETERANS LIVING IN AREAS WHERE NO VET CENTER IS LOCATED.

The Secretary of Veterans Affairs shall submit to the Committees on Veterans’ Affairs of the

Senate and House of Representatives a plan to provide Vet Center services to veterans living in geographic areas where no Vet Center is located, including in the United States insular areas.

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. 1812.

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 as much time as I may consume.

Madam Speaker, the VA is authorized to provide counseling through Vet Centers to a broad group of veterans and servicemembers. These veterans and servicemembers include National Guard and Reserve members, those who have served on Active Duty in any combat theater or area of hostility, veterans and servicemembers who experienced military sexual trauma, those who provided direct emergent medical care or mortuary services to casualties of war, or servicemembers and veterans who deployed to combat zones or areas of hostility in a direct support role.

However, members of the National Guard, Reserve, or Coast Guard who participated in a drug interdiction or who served in a response to a national emergency, major disaster, or civil disorder are currently not eligible to receive Vet Center care. This is all despite the effects such experiences can have on mental health.

H.R. 1812, as amended, the Vet Center Eligibility Expansion Act, introduced by Ranking Member ROE, would correct this oversight by extending eligibility for Vet Center care to these individuals.

It would also require the VA to submit a plan to Congress for providing Vet Center services to geographical areas in which no Vet Centers are located. These areas include territories of the United States, rural, and insular areas.

By assessing the steps necessary to provide access to Vet Centers for veterans living in these underserved areas, the Vet Center Eligibility Expansion Act is ensuring veterans, servicemembers, reservists, and members of the Coast Guard and National Guard are allowed access to the lifesaving services Vet Centers provide.

This legislation increases access to services that provide early intervention for mental healthcare issues, which can reduce the risks associated with suicide.

The sad statistics show that, of the 20 veterans and military servicemembers

who die by suicide, 14 of those 20 have not received VA healthcare. This bill is one step towards changing this tragic number.

Madam Speaker, I want to thank my colleague, Dr. ROE, for his work on this important measure, and I call upon all of our colleagues to join us in voting “yes” on this life-changing piece of legislation.

Madam Speaker, I reserve the balance of my time.

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

Madam Speaker, I rise today in support of my bill, H.R. 1812, as amended, the Vet Center Eligibility Expansion Act.

Every day, 20 of those who have worn our Nation’s uniform die by suicide. Of those 20 deaths, each one is a tragedy.

There are approximately four deaths among Active-Duty servicemembers and nonactivated members of the National Guard and Reserve.

The number of suicides among never federally activated members of the National Guard and Reserve, in particular, has increased from 2005 to 2016, according to the Department of Veterans Affairs’ most recent suicide data.

Many of these men and women have stepped up to serve their communities and our country honorably in dangerous and unpredictable situations. That service can have an understandable impact on mental health, but because they may not meet the legal definition of a veteran due to the nature of their service, these individuals may not be eligible for care from the VA.

This bill would address that issue by expanding eligibility for counseling and care at VA Vet Centers to those in the Reserve, National Guard, or Coast Guard who served in response to emergency situations in the wake of a disaster or civil disorder or support of drug interdiction operations who never deployed.

VA’s 300 Vet Centers are community-based facilities that provide readjustment counseling services to Active-Duty servicemembers, veterans, and their families.

Vet Center employees, many of whom are veterans themselves, are on the forefront of the fight to prevent suicide among servicemembers and veterans, to assure their successful transition following the military, and to assist them in recovering from whatever trauma or challenges they may be facing.

I am proud to sponsor this bill and grateful to Congressman MIKE LEVIN from California for joining me as an original cosponsor.

I am also grateful to the Enlisted Association of the National Guard of the United States and the Iraq and Afghanistan Veterans of America for their support of this legislation.

It is my sincere hope that this bill will allow all of those who served in the National Guard, the Coast Guard, or the Reserve component to get the