TAKANO) that the House suspend the rules and pass the bill, H.R. 1424.

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.

DEBORAH SAMPSON ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3224) to amend title 38, United States Code, to provide for increased access to Department of Veterans Affairs medical care for women veterans, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3224

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Deborah Sampson Act''.

(b) TABLE OF CONTENTS.—The table of contents for this Act is as follows:

TITLE I—VETERANS HEALTH ADMINISTRATION

SEC. 101. OFFICE OF WOMEN'S HEALTH IN THE DEPARTMENT OF VETERANS AFFAIRS.

(a) DIRECTOR OF WOMEN'S HEALTH.—Subsection (a) of section 7306 of title 38, United States Code, is amended—

(1) by redesignating paragraph (10) as paragraph (11); and

(2) by inserting after paragraph (9) the following new paragraph:

''(10) The Director of Women's Health.''.

(b) ORGANIZATION OF OFFICE.—

(1) IN GENERAL.—Subchapter I of chapter 73 of title 38, United States Code, is amended by adding at the end of the following new sections:

''§ 7310. Office of Women's Health

''(a) ESTABLISHMENT.—(1) The Under Secretary for Health shall establish and operate in the Veterans Health Administration the Office of Women's Health (hereinafter in this section referred to as the 'Office'). The Office shall be located at the Central Office of the Department of Veterans Affairs.

''(2) The head of the Office is the Director of Women's Health (hereinafter in this section referred to as the 'Director'). The Director shall report to the Under Secretary for Health.

''(3) The Under Secretary for Health shall provide the Office with such staff and other support as may be necessary for the Office to carry out effectively its functions under this section.

''(4) The Under Secretary for Health may reorganize existing offices within the Veterans Health Administration as of the date of the enactment of this section in order to avoid duplication with the functions of the Office.

''(b) PURPOSE.—The functions of the Office include the following:

''(1) To provide a central office for monitoring and encouraging the activities of the Veterans Health Administration with respect to the provision, evaluation, and improvement of women veterans' health care services in the Department.

''(2) To develop and implement standards of care for the provision of health care for women veterans in the Department.

''(3) To monitor and identify deficiencies in standards of care for the provision of health care for women veterans in the Department, to provide technical assistance to medical facilities of the Department to address and remedy deficiencies, and to perform oversight of implementation of standards of care for women veterans' health care in the Department.

''(4) To monitor and identify deficiencies in standards of care for the provision of health care for women veterans provided through the community pursuant to this title, and to provide recommendations to the appropriate office to address and remedy any deficiencies.

''(5) To oversee distribution of resources and information related to women veterans' health programming under this title.

''(6) To promote the expansion and improvement of clinical, research, and educational activities of the Veterans Health Administration with respect the health care of women veterans.

''(7) To provide, as part of the annual budgeting process, recommendations with respect to the amount of funds to be requested for furnishing hospital care and medical services to women veterans pursuant to chapter 17 of this title, including, at a minimum, recommendations that ensure that such amount of funds either reflect or exceed the proportion of veterans enrolled in the patient enrollment system under section 1705 of this title who are women.

''(8) To provide recommendations to the Under Secretary for Health with respect to modifying the Veterans Equitable Resource Allocation system to ensure that resource allocations under such system reflect the health care needs of women veterans.

''(9) To carry out such other duties as the Under Secretary for Health may require.

''(c) RECOMMENDATIONS.—If the Under Secretary for Health determines not to implement any recommendation made by the Director with respect to the allocation of resources to address the health care needs of women veterans, the Secretary shall notify the appropriate congressional committees of such determination by not later than 30 days after the date on which the Under Secretary for Health receives the recommendation. Each such notification shall include the following:

''(1) The reasoning of the Under Secretary for Health in making such determination.

''(2) An alternative, if one is selected, to such recommendation that the Under Secretary for Health will carry out to fulfill the health care needs of women veterans.

''(d) STANDARDS OF CARE.—In this section, the standards of care for the provision of health care for women veterans in the Department shall include, at a minimum, the following:

''(1) Requirement for—

''(A) at least one designated women's health primary care provider at each medical center whose duties include, to the extent practicable, providing training to other health care providers of the Department with respect to the needs of women veterans; and

''(B) at least one designated women's health primary care provider at each community-based outpatient clinic of the Department who may serve female patients as a percentage of the total duties of the provider.

''(2) Other requirements as determined by the Under Secretary for Health.

''(e) OUTREACH.—The Director shall ensure that—

''(1) not less frequently than biannually, each medical facility of the Department holds a public forum for women veterans that occurs outside of regular business hours; and

''(2) not less frequently than quarterly, each medical facility of the Department convenes a focus group of women veterans that includes a discussion of harassment occurring at such facility.

''(f) DEFINITIONS.—In this section:

''(1) The term 'appropriate congressional committees' has the meaning given that term in section 7310A of this title.

''(2) The term 'facility of the Department' has the meaning given the term in section 1701(3).

''(3) The term 'Veterans Equitable Resource Allocation system' means the resource allocation system established pursuant to section 429 of the Departments of Veterans Affairs and Housing and Urban Development, and Independent Agencies Appropriations Act, 1997 (Public Law 104–204; 110 Stat. 2929).

''§ 7310A. Annual reports on women's Health

''(a) ANNUAL REPORTS.—Not later than December 1 of each year, the Director of Women's Health shall submit to the appropriate congressional committees a report containing the matters under subsections (b) through (g).

''(b) OFFICE OF WOMEN'S HEALTH.—Each report under subsection (a) shall include a description of—

''(1) actions taken by the Office of Women's Health in the preceding fiscal year to improve the Department's provision of health care to women veterans;

''(2) any identified deficiencies related to the Department's provision of health care to women veterans and the standards of care established in section 7310 of this title, and the Department's plan to address such deficiencies;

''(3) the funding and personnel provided to the Office and whether additional funding or personnel are needed to meet the requirements of such section; and

''(4) other information that would be of interest to the appropriate congressional committees with respect to oversight of the Department's provision of health care to women veterans.

''(c) ACCESS TO GENDER-SPECIFIC SERVICES.—Each report under subsection (a) shall include an analysis of the access of women veterans to gender-specific services under contracts, agreements, or other arrangements with non-Department medical providers entered into by the Secretary for the provision of hospital care or medical services to veterans. Such analysis shall include data and performance measures for the availability of gender specific services, including—

''(1) the average wait time between the veteran's preferred appointment date and the date on which the appointment is completed;

''(2) the average driving time required for veterans to attend appointments; and

''(3) reasons why appointments could not be scheduled with non-Department medical providers.

''(d) LOCATIONS WHERE WOMEN VETERANS ARE USING HEALTH CARE.—Each report under subsection (a) shall include an analysis of the use by women veterans of health care from the Department, including the following information:

''(1) The number of women veterans who reside in each State.

''(2) The number of women veterans in each State who are enrolled in the system of patient enrollment of the Department established and operated under section 1705(a) this title.

''(3) Of the women veterans who are so enrolled, the number who have received health care under the laws administered by the Secretary at least one time during the one-year period preceding the submittal of the report.

''(4) The number of women veterans who have been seen at each medical facility of the Department during such year.

''(5) The number of appointments that women veterans have had at each such facility during such year.

''(6) If known, an identification of the medical facility of the Department in each Veterans Integrated Service Network with the largest rate of increase in patient population of women veterans as measured by the increase in unique women veteran patient use.

''(7) If known, an identification of the medical facility of the Department in each Veterans Integrated Service Network with the largest rate of decrease in patient population of women veterans as measured by the decrease in unique women veterans patient use.

''(e) MODELS OF CARE.—Each report under subsection (a) shall include an analysis of the use by the Department of general primary care clinics, separate but shared spaces, and women's health centers as models of providing health care to women veterans. Such analysis shall include the following:

''(1) The number of facilities of the Department that fall into each such model, disaggregated by Veterans Integrated Service Network and State.

''(2) A description of the criteria used by the Department to determine which such model is most appropriate for each facility of the Department.

''(3) An assessment of how the Department decides to make investments to modify facilities to a different model.

''(4) A description of what, if any, plans the Department has to modify facilities from general primary care clinics to another model.

''(5) An assessment of whether any facilities could be modified to a separate but shared space for a women's health center within planned investments under the strategic capital investment planning process of the Department.

''(6) An assessment of whether any facilities could be modified to a separate or shared space, or women's health center with minor modifications to existing plans under the strategic capital investment planning process of the Department.

''(7) An assessment of whether the Department has a goal for how many facilities should fall into each such model.

''(f) STAFFING.—Each report under subsection (a) shall include an analysis of the staffing of the Department relating to the treatment of women, including the following, disaggregated by Veterans Integrated Service Network and State (except with respect to paragraph (4)):

''(1) The number of women's health centers.

''(2) The number of patient aligned care teams of the Department relating to women's health.

''(3) The number of full- and part-time gynecologists of the Department.

''(4) The number of designated women's health care providers of the Department, disaggregated by facility of the Department.

''(5) The number of health care providers of the Department who have completed a mini-residency for women's health care through Women Veterans Health Care Mini-Residency Program of the Department during the one-year period preceding the submittal of the report, and the number that plan to participate in such a mini-residency during the one-year period following such date.

''(6) The number of designated women's health care providers of the Department who have sufficient female patients to retain their competencies and proficiencies.

''(g) ACCESSIBILITY AND TREATMENT OPTIONS.—Each report under subsection (a) shall include an analysis of the accessibility and treatment options for women veterans, including the following:

''(1) An assessment of wheelchair accessibility of women's health centers of the Department, including, with respect to each such facility, an assessment of such accessibility for each kind of treatment provided at the center, including with respect to radiology and mammography, that addresses all relevant factors, including door sizes, hoists, and equipment.

''(2) The options for women veterans to access female mental health providers and primary care providers.

''(3) The options for women veterans at medical facilities of the Department with respect to clothing sizes, including for gowns, drawstring pants, and pajamas.

''(h) DEFINITIONS.—In this section:

''(1) The term 'appropriate congressional committees' means—

''(A) the Committees on Veterans' Affairs of the House of Representatives and the Senate; and

''(B) the Committees on Appropriations of the House of Representatives and the Senate.

''(2) The term 'gender-specific services' means mammography, obstetric care, gynecological care, and such other services as the Secretary determines appropriate.''.

(2) CLERICAL AMENDMENT.—The table of sections for such chapter is amended by inserting after the item relating to section 7309A the following new items:

''7310. Office of Women's Health.

''7310A. Annual reports on women's Health.''.

(c) INITIAL REPORT.—The Secretary of Veterans Affairs shall submit the initial report under section 7310A of title 38, United States Code, as added by subsection (b), by not later than 180 days after the date of the enactment of this Act.

SEC. 102. EXPANSION OF CAPABILITIES OF WOMEN VETERANS CALL CENTER TO INCLUDE TEXT MESSAGING.

The Secretary of Veterans Affairs shall expand the capabilities of the Women Veterans Call Center of the Department of Veterans Affairs to include a text messaging capability.

SEC. 103. REQUIREMENT FOR DEPARTMENT OF VETERANS AFFAIRS INTERNET WEBSITE TO PROVIDE INFORMATION ON SERVICES AVAILABLE TO WOMEN VETERANS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall survey the internet websites and information resources of the Department of Veterans Affairs in effect on the day before the date of the enactment of this Act and publish an internet website that serves as a centralized source for the provision to women veterans of information about the benefits and services available to them under laws administered by the Secretary.

(b) ELEMENTS.—The internet website published under subsection (a) shall provide to women veterans information regarding all of the services available in the district in which the veteran is seeking such services, including, with respect to each medical center and community-based outpatient clinic in the applicable Veterans Integrated Service Network—

(1) the name and contact information of each women veterans program manager;

(2) a list of appropriate staff for other benefits available from the Veterans Benefits Administration, the National Cemetery Administration, and such other entities as the Secretary considers appropriate; and

(3) such other information as the Secretary considers appropriate.

(c) UPDATED INFORMATION.—The Secretary shall ensure that the information described in subsection (b) that is published on the internet website required by subsection (a) is updated not less frequently than once every 90 days.

(d) OUTREACH.—In carrying out this section, the Secretary shall ensure that the outreach conducted under section 1720F(i) of title 38, United States Code, includes information regarding the internet website required by subsection (a).

(e) DERIVATION OF FUNDS.—Amounts used by the Secretary to carry out this section shall be derived from amounts made available to the Secretary to publish internet websites of the Department.

SEC. 104. REPORT ON WOMEN VETERANS RETROFIT INITIATIVE.

(a) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs and the Committees on Appropriations of the Senate and the House of Representatives a report on requirements to retrofit existing medical facilities of the Department of Veterans Affairs with fixtures, materials, and other outfitting measures to support the provision of care to women veterans at such facilities.

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

(1) An assessment of how the Secretary prioritizes retrofitting existing medical facilities to support provision of care to women veterans in comparison to other requirements.

(2) A five-year plan for retrofitting medical facilities of the Department to support the provision of care to women veterans.

SEC. 105. ESTABLISHMENT OF ENVIRONMENT OF CARE STANDARDS AND INSPECTIONS AT DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTERS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall establish a policy under which the environment of care standards and inspections at medical centers of the Department of Veterans Affairs include—

(1) an alignment of the requirements for such standards and inspections with the women's health handbook of the Veterans Health Administration;

(2) a requirement for the frequency of such inspections;

(3) delineation of the roles and responsibilities of staff at the medical center who are responsible for compliance;

(4) the requirement that each medical center submit to the Secretary and make publicly available a report on the compliance of the medical center with the standards; and

(5) a remediation plan.

(b) REPORT.—Not later than 180 days 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 certification in writing that the policy required by subsection (a) has been finalized and disseminated to Department all medical centers.

SEC. 106. ADDITIONAL FUNDING FOR PRIMARY CARE AND EMERGENCY CARE CLINICIANS IN WOMEN VETERANS HEALTH CARE MINI-RESIDENCY PROGRAM.

(a) IN GENERAL.—There is authorized to be appropriated to the Secretary of Veterans Affairs $1,000,000 for each fiscal year for the Women Veterans Health Care Mini-Residency Program of the Department of Veterans Affairs to provide opportunities for participation in such program for primary care and emergency care clinicians.

(b) TREATMENT OF AMOUNTS.—The amounts authorized to be appropriated under subsection (a) shall be in addition to amounts otherwise made available to the Secretary for the purposes set forth in such subsection.

SEC. 107. ESTABLISHMENT OF WOMEN VETERAN TRAINING MODULE FOR NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE PROVIDERS.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish and make available to community providers a training module that is specific to women veterans.

(b) COMMUNITY PROVIDER DEFINED.—In this section, the term ''community provider'' means a non-Department of Veterans Affairs health care provider who provides health care to veterans under the laws administered by the Secretary of Veterans Affairs.

TITLE II—MEDICAL CARE

SEC. 201. IMPROVED ACCESS TO DEPARTMENT OF VETERANS AFFAIRS MEDICAL CARE FOR WOMEN VETERANS.

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

''§ 1720J. Medical services for women veterans

''(a) ACCESS TO CARE.—The Secretary shall ensure that women's health primary care services are available during regular business hours at every medical center and community based outpatient clinic of the Department.

''(b) STUDY ON EXTENDED HOURS OF CARE.—The Secretary shall conduct a study to assess—

''(1) the use of extended hours as a means of reducing barriers to care;

''(2) the need for extended hours based on interviews with women veterans and employees; and

''(3) the best practices and resources required to implement use of extended hours.

''(c) ANNUAL REPORT TO CONGRESS.—Not later than September 30 of each year, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on compliance with subsection (a).''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1720I the following new item:

''1720J. Medical services for women veterans.''.

SEC. 202. COUNSELING AND TREATMENT FOR SEXUAL TRAUMA.

Section 1720D of title 38, United States Code, is amended—

(1) in subsection (a)—

(A) in paragraph (1), by striking ''active duty, active duty for training, or inactive duty training'' and inserting ''duty, regardless of duty status or line of duty determination (as that term is used in section 12323 of title 10)''; and

(B) in paragraph (2)(A), by striking ''active duty, active duty for training, or inactive duty training'' and inserting ''duty, regardless of duty status or line of duty determination (as that term is used in section 12323 of title 10)'';

(2) by striking ''veteran'' each place it appears and inserting ''former member of the Armed Forces'';

(3) by striking ''veterans'' each place it appears and inserting ''former members of the Armed Forces''; and

(4) by adding at the end the following new subsection:

''(g) In this section, the term 'former member of the Armed Forces' includes the following:

''(1) A veteran described in section 101(2) of this title.

''(2) An individual not described in paragraph (1) who was discharged or released from the Armed Forces under a condition that is not honorable but not—

''(A) a dishonorable discharge; or

''(B) a discharge by court-martial.''.

SEC. 203. COUNSELING IN RETREAT SETTINGS FOR WOMEN VETERANS AND OTHER INDIVIDUALS.

(a) IN GENERAL.—Chapter 17 of title 38, United States Code, is amended by inserting after section 1712C the following new section:

''§ 1712D. Counseling in retreat settings for women veterans and other individuals

''(a) PROGRAM.—(1) Commencing not later than January 1, 2021, the Secretary shall carry out, through the Readjustment Counseling Service of the Veterans Health Administration, a program to provide reintegration and readjustment services described in subsection (b) in group retreat settings to covered individuals, including cohorts of women veterans who are eligible for readjustment counseling services under section 1712A of this title.

''(2) The participation of a covered individual in the program under paragraph (1) shall be at the election of the individual.

''(b) COVERED SERVICES.—The services provided to a covered individual under the program under subsection (a)(1) shall include the following:

''(1) Information on reintegration into the family, employment, and community of the individual.

''(2) Financial counseling.

''(3) Occupational counseling.

''(4) Information and counseling on stress reduction.

''(5) Information and counseling on conflict resolution.

''(6) Such other information and counseling as the Secretary considers appropriate to assist the individual in reintegration into the family, employment, and community of the veteran.

''(c) BIENNIAL REPORTS.—Not later than December 31, 2022, and each even-numbered year thereafter, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the program under subsection (a)(1).

''(d) COVERED INDIVIDUAL DEFINED.—In this section, the term 'covered individual' means—

''(1) Any veteran who is enrolled in the system of annual patient enrollment under section 1705 of this title.

''(2) Any survivor or dependent of a veteran who is eligible for medical care under section 1781 of this title.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 1712C the following new item:

''1712D. Counseling in retreat settings for women veterans and other individuals.''.

SEC. 204. IMPROVEMENT OF HEALTH CARE SERVICES PROVIDED TO NEWBORN CHILDREN BY DEPARTMENT OF VETERANS AFFAIRS.

(a) EXPANSION.—Section 1786 of title 38, United States Code, is amended—

(1) in subsection (a), in the matter preceding paragraph (1), by striking ''seven days'' and inserting ''14 days''; and

(2) by adding at the end the following new subsection:

''(f) ANNUAL REPORT.—Not later than 60 days after the end of each fiscal year, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the health care services provided under subsection (a) during

such fiscal year, including the number of newborn children who received such services during such fiscal year.''.

(b) AUTHORITY TO FURNISH MEDICALLY NECESSARY TRANSPORTATION FOR NEWBORN CHILDREN OF CERTAIN WOMEN VETERANS.—Such section is further amended—

(1) in subsection (a)—

(A) in the matter before paragraph (1)—

(i) by inserting ''and transportation necessary to receive such services'' after ''described in subsection (b)''; and

(ii) by inserting '', except as provided in subsection (e),'' after ''14 days'';

(B) in paragraph (1), by striking ''or'';

(C) in paragraph (2), by striking the period at the end and inserting ''; or''; and

(D) by adding at the end the following new paragraph:

''(3) another location, including a health care facility, if the veteran delivers the child before arriving at a facility described in paragraph (1) or (2).'';

(2) in subsection (b), by inserting before the period at the end the following: '', including necessary health care services provided by a facility other than the facility where the newborn child was delivered (including a specialty pediatric hospital) that accepts transfer of the newborn child and responsibility for treatment of the newborn child''; and

(3) by inserting before subsection (f), as added by subsection (a), the following new subsections:

''(c) TRANSPORTATION.—(1) Transportation furnished under subsection (a) to, from, or between care settings to meet the needs of a newborn child includes costs for either or both the newborn child and parents.

''(2) Transportation furnished under subsection (a) is transportation by ambulance, including air ambulance, or other appropriate medically staffed modes of transportation—

''(A) to another health care facility (including a specialty pediatric hospital) that accepts transfer of the newborn child or otherwise provides post-delivery care services when the treating facility is not capable of furnishing the care or services required; or

''(B) to a health care facility in a medical emergency of such nature that a prudent layperson reasonably expects that delay in seeking immediate medical attention would be hazardous to life or health.

''(3) Amounts paid by the Department for transportation under this section shall be derived from the Medical Services appropriations account of the Department.

''(d) REIMBURSEMENT OR PAYMENT FOR HEALTH CARE SERVICES OR TRANSPORTATION.—(1) Pursuant to regulations the Secretary shall prescribe to establish rates of reimbursement and any limitations thereto under this section, the Secretary shall directly reimburse a covered entity for health care services or transportation services provided under this section, unless the cost of the services or transportation is covered by an established agreement or contract. If such an agreement or contract exists, its negotiated payment terms shall apply.

''(2)(A) Reimbursement or payment by the Secretary under this section on behalf of an individual to a covered entity shall, unless rejected and refunded by the covered entity within 30 days of receipt, extinguish any liability on the part of the individual for the health care services or transportation covered by such payment.

''(B) Neither the absence of a contract or agreement between the Secretary and a covered entity nor any provision of a contract, agreement, or assignment to the contrary shall operate to modify, limit, or negate the requirements of subparagraph (A).

''(3) In this subsection, the term 'covered entity' means any individual, transportation carrier, organization, or other entity that furnished or paid for health care services or transportation under this section.

''(e) EXCEPTION.—Pursuant to such regulations as the Secretary shall prescribe to carry out this section, the Secretary may furnish more than 14 days of health care services described in subsection (b), and transportation necessary to receive such services, to a newborn child based on medical necessity if the child is in need of additional care, including a case in which the newborn child has been discharged or released from a hospital and requires readmittance to ensure the health and welfare of the newborn child.''.

(c) TREATMENT OF CERTAIN EXPENSES ALREADY INCURRED.—Pursuant to such regulations as the Secretary of Veterans Affairs shall prescribe, the Secretary may provide reimbursement under section 1786 of title 38, United States Code, as amended by subsection (a), health care services or transportation services furnished to a newborn child during the period beginning on May 5, 2010, and ending on the date of the enactment of this Act, if the Secretary determines that, under the circumstances applicable with respect to the newborn, such reimbursement appropriate.

TITLE III—REPORTS AND OTHER MATTERS

Subtitle A—Reports

SEC. 301. ASSESSMENT OF EFFECTS OF INTIMATE PARTNER VIOLENCE ON WOMEN VETERANS BY ADVISORY COMMITTEE ON WOMEN VETERANS.

Section 542(c)(1) of title 38, United States Code, is amended—

(1) in subparagraph (B), by striking ''and'' at the end;

(2) by redesignating subparagraph (C) as subparagraph (D); and

(3) by inserting after subparagraph (B) the following new subparagraph (C):

''(C) an assessment of the effects of intimate partner violence on women veterans; and''.

SEC. 302. STUDY ON STAFFING OF WOMEN VETERAN PROGRAM MANAGER PROGRAM AT MEDICAL CENTERS OF THE DEPARTMENT OF VETERANS AFFAIRS AND TRAINING OF STAFF.

(a) STUDY.—The Secretary of Veterans Affairs shall conduct a study on the use of the Women Veteran Program Manager program of the Department of Veterans Affairs to determine—

(1) if the program is appropriately staffed at each medical center of the Department;

(2) whether each medical center of the Department is staffed with a Women Veteran Program Manager; and

(3) whether it would be feasible and advisable to have a Women Veteran Program Ombudsman at each medical center of the Department.

(b) REPORT.—Not later than 270 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the study conducted under subsection (a).

(c) TRAINING.—The Secretary shall ensure that all Women Veteran Program Managers and Women Veteran Program Ombudsmen receive the proper training to carry out their duties.

SEC. 303. REPORT ON AVAILABILITY OF PROSTHETIC ITEMS FOR WOMEN VETERANS FROM THE DEPARTMENT OF VETERANS AFFAIRS.

Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the availability from the Department of Veterans Affairs of prosthetic items made for women veterans, including an assessment of the availability of such prosthetic items at each medical facility of the Department. The report shall—

(1) address efforts on research, development, and employment of additive manufacture technology (commonly referred to as ''3D printing'') to provide prosthetic items for women veterans; and

(2) include a survey with a representative sample of 50,000 veterans (of which women shall be overrrepresented) in amputee care program on satisfaction with prosthetics furnished or procured by the Department that replace appendages or their function.

SEC. 304. STUDY OF BARRIERS FOR WOMEN VETERANS TO HEALTH CARE FROM THE DEPARTMENT OF VETERANS AFFAIRS.

(a) STUDY REQUIRED.—The Secretary of Veterans Affairs shall conduct a comprehensive study of the barriers to the provision of comprehensive health care by the Department of Veterans Affairs encountered by women who are veterans. In conducting the study, the Secretary shall—

(1) survey women veterans who seek or receive hospital care or medical services provided by the Department of Veterans Affairs as well as women veterans who do not seek or receive such care or services;

(2) administer the survey to a representative sample of women veterans from each Veterans Integrated Service Network; and

(3) ensure that the sample of women veterans surveyed is of sufficient size for the study results to be statistically significant and is a larger sample than that of the study referred to in subsection (b)(1).

(b) USE OF PREVIOUS STUDIES.—In conducting the study required by subsection (a), the Secretary shall build on the work of the studies of the Department of Veterans Affairs titled—

(1) ''National Survey of Women Veterans in Fiscal Year 2007–2008''; and

(2) ''Study of Barriers for Women Veterans to VA Health Care 2015''.

(c) ELEMENTS OF STUDY.—In conducting the study required by subsection (a), the Secretary shall conduct research on the effects of the following on the women veterans surveyed in the study:

(1) The barriers associated with seeking mental health care services, including with respect to provider availability, telehealth access, and family, work, and school obligations.

(2) The effect of driving distance or availability of other forms of transportation to the nearest medical facility on access to care.

(3) The effect of access to care in the community.

(4) The availability of child care.

(5) The acceptability of integrated primary care, women's health clinics, or both.

(6) The comprehension of eligibility requirements for, and the scope of services available under, hospital care and medical services.

(7) The perception of personal safety and comfort in inpatient, outpatient, and behavioral health facilities.

(8) The gender sensitivity of health care providers and staff to issues that particularly affect women.

(9) The effectiveness of outreach for health care services available to women veterans.

(10) The location and operating hours of health care facilities that provide services to women veterans.

(11) The perception of women veterans regarding the motto of the Department of Veterans Affairs.

(12) Such other significant barriers as the Secretary considers appropriate.

(d) DISCHARGE BY CONTRACT.—The Secretary shall enter into a contract with a qualified independent entity or organization to carry out the study and research required under this section.

(e) MANDATORY REVIEW OF DATA BY CERTAIN DEPARTMENT DIVISIONS.—

(1) IN GENERAL.—The Secretary shall ensure that the head of each division of the Department of Veterans Affairs specified in paragraph (2) reviews the results of the study conducted under this section. The head of each such division shall submit findings with respect to the study to the Under Secretary for responsibilities relating to health care services for women veterans.

(2) SPECIFIED DIVISIONS.—The divisions of the Department of Veterans Affairs specified in this paragraph are the following:

(A) The Under Secretary for Health.

(B) The Office of Women's Health.

(C) The Center for Women Veterans established under section 318 of title 38, United States Code.

(D) The Advisory Committee on Women Veterans established under section 542 of such title.

(f) REPORT.—Not later than 30 months after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the study required under this section. The report shall include recommendations for such administrative and legislative action as the Secretary considers appropriate. The report shall also include the findings of the head of each division of the Department specified under subsection (e)(2) and of the Under Secretary for Health.

SEC. 305. REPORT REGARDING VETERANS WHO RECEIVE BENEFITS UNDER LAWS ADMINISTERED BY THE SECRETARY OF VETERANS AFFAIRS.

(a) REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall publish a report regarding veterans who receive benefits under laws administered by the Secretary, including the Transition Assistance Program under sections 1142 and 1144 of title 10, United States Code.

(b) DATA.—The data regarding veterans published in the report under subsection (a)—

(1) shall be disaggregated by—

(A) sex;

(B) minority group member status; and

(C) minority group member status listed by sex.

(2) may not include any personally identifiable information.

(c) MATTERS INCLUDED.—The report under subsection (a) shall include—

(1) identification of any disparities in the use of benefits under laws administered by the Secretary; and

(2) an analysis of the cause of such disparities and recommendations to address such disparities.

(d) MINORITY GROUP MEMBER DEFINED.—In this section, the term ''minority group member'' has the meaning given that term in section 544 of title 38, United States Code.

SEC. 306. STUDY ON WOMEN VETERAN COORDINATOR PROGRAM.

Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing a study on the Women Veteran Coordinator program of the Veterans Benefits Administration of the Department of Veterans Affairs. Such study shall identify the following:

(1) If the program is appropriately staffed at each regional benefits office of the Department.

(2) Whether each regional benefits office of the Department is staffed with a Women Veteran Coordinator.

(3) The position description of the Women Veteran Coordinator.

(4) Whether an individual serving in the Women Veteran Coordinator position concurrently serves in any other position, and if so, the allocation of time the individual spends in each such position.

(5) A description of the metrics the Secretary uses to determine the success and performance of the Women Veteran Coordinator.

Subtitle B—Other Matters

SEC. 321. ANTI-HARASSMENT AND ANTI-SEXUAL ASSAULT POLICY OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Subchapter II of chapter 5 of title 38, United States Code, is amended by adding at the end the following new section:

''§ 533. Anti-harassment and anti-sexual assault policy

''(a) ESTABLISHMENT.—The Secretary of Veterans Affairs shall establish a comprehensive policy to end harassment and sexual assault, including sexual harassment and gender-based harassment, throughout the Department of Veterans Affairs. This policy shall include the following:

''(1) A process for employees and contractors of the Department to respond to reported incidents of harassment and sexual assault committed by any non-Department individual within a facility of the Department, including with respect to accountability or disciplinary measures.

''(2) A process for employees and contractors of the Department to respond to reported incidents of harassment and sexual assault of any non-Department individual within a facility of the Department.

''(3) A process for any non-Department individual to report harassment and sexual assault described in paragraph (1), including an option for confidential reporting, and for the Secretary to respond to and address such reports.

''(4) Clear mechanisms for non-Department individuals to readily identify to whom and how to report incidents of harassment and sexual assault committed by another non-Department individual.

''(5) Clear mechanisms for employees and contractors of the Department to readily identify to whom and how to report incidents of harassment and sexual assault and how to refer non-Department individuals with respect to reporting an incident of harassment or sexual assault.

''(6) A process for, and mandatory reporting requirement applicable to, any employee or contractor of the Department who witnesses harassment or sexual assault described in paragraph (1) or (2) within a facility of the Department, regardless of whether the individual affected by such harassment or sexual assault wants to report such harassment or sexual assault.

''(7) The actions possible, including disciplinary actions, for employees or contractors of the Department who fail to report incidents of harassment and sexual assault described in paragraph (1) or (2) that the employees or contractors witness.

''(8) On an annual or more frequent basis, mandatory training for employees and contractors of the Department regarding how to report and address harassment and sexual assault described in paragraphs (1) and (2), including bystander intervention training.

''(9) On an annual or more frequent basis, the distribution of the policy under this subsection and anti-harassment and anti-sexual assault educational materials by mail or email to each individual receiving a benefit under a law administered by the Secretary.

''(10) The prominent display of anti-harassment and anti-sexual assault messages in each facility of the Department, including how non-Department individuals may report harassment and sexual assault described in paragraphs (1) and (2) at such facility and the points of contact under subsection (b).

''(11) The posting on internet websites of the Department, including the main internet website regarding benefits of the Department and the main internet website regarding health care of the Department, of anti-harassment and anti-sexual assault banners specifically addressing harassment and sexual assault described in paragraphs (1) and (2).

''(b) POINTS OF CONTACT.—The Secretary shall designate, as a point of contact to receive reports of harassment and sexual assault described in paragraphs (1) and (2) of subsection (a)—

''(1) at least one individual, in addition to law enforcement, at each facility of the Department (including Vet Centers under section 1712A of this title), with regard to that facility;

''(2) at least one individual employed in each Veterans Integrated Service Network, with regards to facilities in that Veterans Integrated Service Network;

''(3) at least one individual employed in each regional benefits office;

''(4) at least one individual employed at each location of the National Cemetery Administration; and

''(5) at least one individual employed at the Central Office of the Department to track reports of such harassment and sexual assault across the Department, disaggregated by facility.

''(c) ACCOUNTABILITY.—The Secretary shall establish a policy to ensure that each facility of the Department and each director of a Veterans Integrated Service Network is responsible for addressing harassment and sexual assault at the facility and the Network. Such policy shall include—

''(1) a remediation plan for facilities that experience five or more incidents of sexual harassment, sexual assault, or combination thereof, during any single fiscal year; and

''(2) taking appropriate actions under chapter 7 or subchapter V of chapter 74 of this title.

''(d) DATA.—The Secretary shall ensure that the in-take process for veterans at medical facilities of the Department includes a survey to collect the following information:

''(1) Whether the veteran feels safe at the facility and whether any events occurred at the facility that affect such feeling.

''(2) Whether the veteran wants to be contacted later by the Department with respect to such safety issues.

''(e) WORKING GROUP.—(1) The Secretary shall establish a working group to assist the Secretary in implementing policies to carry out this section.

''(2) The working group established under paragraph (1) shall consist of representatives from—

''(A) veterans service organizations;

''(B) State, local, and Tribal veterans agencies; and

''(C) other persons the Secretary determines appropriate.

''(3) The working group established under paragraph (1) shall develop, and the Secretary shall carry out—

''(A) an action plan for addressing changes at the local level to reduce instances of harassment and sexual assault;

''(B) standardized media for veterans service organizations and other persons to use in print and on the internet with respect to reducing harassment and sexual assault; and

''(C) bystander intervention training for veterans.

''(f) REPORTS.—The Secretary shall submit to the Committees on Veterans' Affairs of

the Senate and the House of Representatives an annual report on harassment and sexual assault described in paragraphs (1) and (2) of subsection (a) in facilities of the Department. Each such report shall include the following:

''(1) Results of harassment and sexual assault programming, including the End Harassment program.

''(2) Results of studies from the Women's Health Practice-Based Research Network of the Department relating to harassment and sexual assault.

''(3) Data collected on incidents of sexual harassment and sexual assault.

''(4) A description of any actions taken by the Secretary during the year preceding the date of the report to stop harassment and sexual assault at facilities of the Department.

''(5) An assessment of the implementation of the training required in subsection (a)(7).

''(6) A list of resources the Secretary determines necessary to prevent harassment and sexual assault at facilities of the Department.

''(g) DEFINITIONS.—In this section:

''(1) The term 'non-Department individual' means any individual present at a facility of the Department who is not an employee or contractor of the Department.

''(2) The term 'sexual harassment' has the meaning given that term in section 1720D of this title.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding after the item relating to section 532 the following new item:

''533. Anti-harassment and anti-sexual assault policy.''.

(c) DEFINITION OF SEXUAL HARASSMENT.—Section 1720D(f) of such title is amended by striking ''repeated,''.

(d) DEADLINE.—The Secretary shall commence carrying out section 533 of such title, as added by subsection (a), not later than 180 days after the date of enactment of this Act.

SEC. 322. SUPPORT FOR ORGANIZATIONS THAT HAVE A FOCUS ON PROVIDING ASSISTANCE TO WOMEN VETERANS AND THEIR FAMILIES.

Section 2044(e) of title 38, United States Code, is amended by adding at the end the following new paragraph:

''(4) There is authorized to be appropriated $20,000,000 for fiscal year 2020 to provide, under subsection (a), financial assistance to organizations that have a focus on providing assistance to women veterans and their families.''.

SEC. 323. GAP ANALYSIS OF DEPARTMENT OF VETERANS AFFAIRS PROGRAMS THAT PROVIDE ASSISTANCE TO WOMEN VETERANS WHO ARE HOMELESS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall complete an analysis of programs of the Department of Veterans Affairs that provide assistance to women veterans who are homeless or precariously housed to identify the areas in which such programs are failing to meet the needs of such women.

(b) REPORT.—Not later than 270 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the analysis completed under subsection (a).

SEC. 324. DEPARTMENT OF VETERANS AFFAIRS PUBLIC-PRIVATE PARTNERSHIP ON LEGAL SERVICES FOR WOMEN VETERANS.

(a) PARTNERSHIP REQUIRED.—The Secretary of Veterans Affairs shall establish a partnership with at least one nongovernmental organization to provide legal services to women veterans.

(b) FOCUS.—The focus of the partnership established under subsection (a) shall be on the 10 highest unmet needs of women veterans as set forth in the most recently completed Community Homelessness Assessment, Local Education and Networking Groups for Veterans (CHALENG for Veterans) survey.

SEC. 325. PROGRAM TO ASSIST VETERANS WHO EXPERIENCE INTIMATE PARTNER VIOLENCE OR SEXUAL ASSAULT.

(a) PROGRAM REQUIRED.—The Secretary of Veterans Affairs shall carry out a program to assist former members of the armed forces who have experienced or are experiencing intimate partner violence or sexual assault in accessing benefits from the Department of Veterans Affairs, including coordinating access to medical treatment centers, housing assistance, and other benefits from the Department.

(b) COLLABORATION.—The Secretary shall carry out the program under subsection (a) in collaboration with—

(1) intimate partner violence shelters and programs;

(2) rape crisis centers;

(3) State intimate partner violence and sexual assault coalitions; and

(4) such other health care or other service providers that serve intimate partner violence or sexual assault victims as determined by the Secretary, particularly those providing emergency services or housing assistance.

(c) AUTHORIZED ACTIVITIES.—In carrying out the program under subsection (a), the Secretary may conduct the following activities:

(1) Training for community-based intimate partner violence or sexual assault service providers on—

(A) identifying former members of the Armed Forces who have been victims of intimate partner violence or sexual assault;

(B) coordinating with local service providers of the Department; and

(C) connecting former members of the Armed Forces with appropriate housing, mental health, medical, and other financial assistance or benefits from the Department.

(2) Assistance to service providers to ensure access of veterans to intimate partner violence and sexual assault emergency services, particularly in underserved areas, including services for Native American veterans (as defined in section 3765 of title 38, United States Code).

(3) Such other outreach and assistance as the Secretary determines necessary for the provision of assistance under subsection (a).

(d) INTIMATE PARTNER VIOLENCE AND SEXUAL ASSAULT OUTREACH COORDINATORS.—

(1) IN GENERAL.—In order to effectively assist veterans who have experienced intimate partner violence or sexual assault, the Secretary may establish local coordinators to provide outreach under the program required by subsection (a).

(2) LOCAL COORDINATOR KNOWLEDGE.—The Secretary shall ensure that each coordinator established under paragraph (1) is knowledgeable about—

(A) the dynamics of intimate partner violence and sexual assault, including safety concerns, legal protections, and the need for the provision of confidential services;

(B) the eligibility of veterans for services and benefits from the Department that are relevant to recovery from intimate partner violence and sexual assault, particularly emergency housing assistance, mental health care, other health care, and disability benefits; and

(C) local community resources addressing intimate partner violence and sexual assault.

(3) LOCAL COORDINATOR ASSISTANCE.—Each coordinator established under paragraph (1) shall assist intimate partner violence shelters and rape crisis centers in providing services to veterans.

SEC. 326. STUDY AND TASK FORCE ON VETERANS EXPERIENCING INTIMATE PARTNER VIOLENCE OR SEXUAL ASSAULT.

(a) NATIONAL BASELINE STUDY.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Attorney General, shall conduct a national baseline study to examine the scope of the problem of intimate partner violence and sexual assault among veterans and spouses and intimate partners of veterans.

(2) MATTERS INCLUDED.—The study under paragraph (1) shall—

(A) include a literature review of all relevant research on intimate partner violence and sexual assault among veterans and spouses and intimate partners of veterans;

(B) examine the prevalence of the experience of intimate partner violence among—

(i) women veterans;

(ii) veterans who are minority group members (as defined in section 544 of title 38, United States Code, and including other minority populations as the Secretary determines appropriate);

(iii) urban and rural veterans;

(iv) veterans who are enrolled in a program under section 1720G of title 38, United States Code;

(v) veterans who are in intimate relationships with other veterans; and

(vi) veterans who are described in more than one clause of this subparagraph;

(C) examine the prevalence of the perpetration of intimate partner violence by veterans; and

(D) include recommendations to address the findings of the study.

(3) REPORT.—Not later than 30 days after the date on which the Secretary completes the study under paragraph (1), the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on such study.

(b) TASK FORCE.—Not later than 90 days after the date on which the Secretary completes the study under subsection (a), the Secretary, in consultation with the Attorney General and the Secretary of Health and Human Services, shall establish a national task force (in this section referred to as the ''Task Force'') to develop a comprehensive national program, including by integrating facilities, services, and benefits of the Department of Veterans Affairs into existing networks of community-based intimate partner violence and sexual assault services, to address intimate partner violence and sexual assault among veterans.

(c) CONSULTATION WITH STAKEHOLDERS.—In carrying out this section, the Task Force shall consult with—

(1) representatives from veteran service organizations and military service organizations;

(2) representatives from not fewer than three national organizations or State coalitions with demonstrated expertise in intimate partner violence prevention, response, or advocacy; and

(3) representatives from not fewer than three national organizations or State coalitions, particularly those representing underserved and ethnic minority communities, with demonstrated expertise in sexual assault prevention, response, or advocacy.

(d) DUTIES.—The duties of the Task Force shall include the following:

(1) To review existing services and policies of the Department and develop a comprehensive national program to address intimate partner violence and sexual assault prevention, response, and treatment.

(2) To review the feasibility and advisability of establishing an expedited process to secure emergency, temporary benefits, including housing or other benefits, for veterans who are experiencing intimate partner violence or sexual assault.

(3) To review and make recommendations regarding the feasibility and advisability of establishing dedicated, temporary housing assistance for veterans experiencing intimate partner violence or sexual assault.

(4) To identify any requirements regarding intimate partner violence assistance or sexual assault response and services that are not being met by the Department and make recommendations on how the Department can meet such requirements.

(5) To review and make recommendations regarding the feasibility and advisability of providing direct services or contracting for community-based services for veterans in response to a sexual assault, including through the use of sexual assault nurse examiners, particularly in underserved or remote areas, including services for Native American veterans.

(6) To review the availability of counseling services provided by the Department and through peer network support, and to provide recommendations for the enhancement of such services, to address—

(A) the perpetration of intimate partner violence and sexual assault; and

(B) the recovery of veterans, particularly women veterans, from intimate partner violence and sexual assault.

(7) To review and make recommendations to expand services available for veterans at risk of perpetrating intimate partner violence.

(e) REPORT.—Not later than one year after the date of the enactment of this Act, and not less frequently than annually thereafter by October 1 of each year, the Task Force shall submit to the Secretary of Veterans Affairs and Congress a report on the activities of the Task Force, including any recommendations for legislative or administrative action.

(f) DEFINITIONS.—In this section:

(1) The term ''Native American veteran'' has the meaning given that term in section 3765 of title 38, United States Code.

(2) The term ''State'' has the meaning given that term in section 101 of title 38, United States Code.

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. 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. 3224, as amended.

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 3224, the Deborah Sampson Act, introduced by Representative JULIA BROWNLEY, the chairwoman of the Veterans Affairs' Health Subcommittee.

This bill comprises 15 bipartisan bills that transform and improve comprehensive access to healthcare, benefits, and other resources for America's 2 million women veterans.

This bill is named after Deborah Sampson, a Revolutionary War veteran from Massachusetts who served in the Continental Army for 17 months and was wounded in battle more than once.

Deborah Sampson was neither the first nor the only woman to serve in the Continental Army, nor was she the first woman to be granted a pension by Congress, but she was the most persistent.

Over 38 years, Congress granted her a pension, backpay, and ultimately her husband was granted a survivor's pension after her death.

Mr. Speaker, it is because of the similar persistence of women warriors who followed in Deborah Sampson's footsteps that we are now considering this bill today.

The Deborah Sampson Act creates an Office of Women's Health that reports directly to the Undersecretary of Health. This office will be responsible for internal oversight and resource allocation, including inputs to the annual budgeting process.

Currently, 10 percent of VA facilities do not have gender-specific care for women. H.R. 3224, as amended, also increases staffing and training for women's health primary care providers so that every single woman veteran has access to gender-specific care at her nearest VA facility.

Mr. Speaker, 75 percent of women veterans do not use VA care, often because they don't realize that they are eligible. This legislation seeks to expand communication outreach capabilities of the department to connect more women to VA benefits and healthcare.

Mr. Speaker, the Deborah Sampson Act also authorizes counseling in retreat settings, expands counseling at vet centers for members of the Reserve and National Guard who are survivors of military sexual trauma, and improves resources for veterans experiencing intimate-partner violence and women veterans facing homelessness.

Throughout this Congress we have addressed the issue of widespread sexual harassment and assault at VA facilities. At least one in four women veterans experience sexual and gender harassment at VA facilities, and that must end.

No veteran, caregiver, employee, contractor, or other public visitor should experience sexual harassment or assault at VA.

H.R. 3224, as amended, requires that VA develop a comprehensive policy that includes bystander intervention, mandatory reporting mechanisms for employees, confidential reporting mechanisms for veterans, and holds leadership accountable for addressing sexual harassment and assault at VA facilities.

Today, nearly one in four new recruits joining the military is a woman. Women veterans are the fastest growing demographic in the veterans' community, and VA must be prepared to welcome them.

Mr. Speaker, I urge all Members to support H.R. 3224, and 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, I rise today in support of H.R. 3224, as amended, the Deborah Sampson Act.

For as long as the United States has been a reality, brave women have been stepping up to serve on behalf of her and defending her from her enemies.

This bill is named after one of those amazing women, Deborah Sampson, who so believed in the ideals of the American Revolution that she disguised herself as a man so that she could join in the fight for freedom and independence.

Deborah Sampson's spirit of bravery, patriotism, and commitment to service are still very much alive in the approximately 2 million women veterans in the United States today and the almost 400,000 women serving on Active Duty or in the Guard and Reserves.

Those women have fought in defense of the American Dream—on the frontlines, in the Pentagon, and everywhere in between, in every branch of the armed services. And, once they leave the military, they are, increasingly, seeking care from the Department of Veterans Affairs. In fact, the number of women using the VA healthcare system has more than tripled since 2001 and is expected to continue rising significantly in the years ahead.

VA leaders have been working to make the department more welcoming to women veterans, but the fact remains that the VA healthcare system was designed for men.

That is, perhaps, most upsettingly evidenced by the VA study published last December that found that a full quarter of the women veterans who seek care from the VA are subjected to inappropriate or unwanted comments from male veterans on VA grounds.

That is tragic and unacceptable, just like it is anytime the VA falls short of providing the high-quality care, benefits, and services that women veterans have earned and certainly deserve, which still, sadly, happens all too often.

The Deborah Sampson Act is legislation introduced by Congresswoman JULIA BROWNLEY from California—and she is to be applauded for that—the chairwoman of the Subcommittee on Health and the bipartisan Women Veterans Task Force that would help put an end to this.

The bill would create an Office of Women's Health within the VA, require VA to establish an environment of care standards for women veterans and ensure that VA medical facilities are retrofitted to meet those standards, require and fund VA programs to train providers in VA medical facilities and in the community on women's health,

and improve access to care for women veterans and their newborn children.

It also includes provisions that would help all veterans, women and men alike, who experience military sexual trauma, intimate-partner violence, sexual assault, or sexual harassment to get the support and care that they need.

Mr. Speaker, there have been a lot of allegations made by Chairman TAKANO, and I make the following remarks with a heavy heart.

There have been a lot of allegations made by Chairman TAKANO and others in the 2 weeks since the Deborah Sampson Act was marked up in the committee about how I and my Republican colleagues feel about this legislation and about the women that it is intended to serve.

So let me be crystal clear. I stand here in strong support of the Deborah Sampson Act and all the good it would do for the millions of women veterans that it would serve.

I intend to call for a recorded vote on this bill, and I fully expect the vote to prove that there is overwhelming bipartisan support for this legislation.

Mr. Speaker, when I left the Army in 1974, I returned home to Tennessee to finish my residency in obstetrics and gynecology and spend the better part of my life caring for women in private practice.

My dedication to ensuring that women, whether they be civilian or veteran, have the care that they need is personal, deeply felt, and informed by three decades of direct action on behalf of the women who are my patients, my friends, my family, my neighbors, my colleagues, and my fellow veterans.

That is why it is so disappointing that, when my Republican colleagues and I walked out of the committee markup where this bill was being considered in protest to the chairman's actions surrounding it, he decided to launch a baseless, identity-politics fueled attack on me and other Republican members of the committee by alleging that we were walking out on women veterans.

Nothing can be further from the truth. The chairman knows full well that our decision to leave that markup had nothing to do with our support for the Deborah Sampson Act, much less our support for women veterans, and everything to do with the unprecedented partisanship that he displayed when this bill was being considered by our committee.

So I would like to take this opportunity this afternoon to correct the record.

Chairman TAKANO has called this bill historic and monumental, yet, during the committee's consideration of it, he allowed one Democrat member, Congresswoman BROWNLEY, exactly 4 minutes to talk about it before cutting off all debate for every other member in the room by invoking a procedural tactic that hadn't been used by our committee in more than a decade.

And I will say this: I never used this when I was chairman, nor did Chairman MILLER.

He did that to avoid debate on certain Republican amendments that he erroneously characterized as toxic and partisan. They were offered in good faith to address barriers to care for veteran women and men across the country that we have been requesting the chairman to act on for the better part of a year.

One of the amendments that the chairman refused to debate or vote on was offered by Congressman ANDY BARR from Kentucky to prevent those charged with a serious crime, including violent or sexual crimes against children, from caring for children while their veteran parent is receiving care from VA until their case has been favorably resolved.

The lack of childcare services is a serious barrier to care for veterans, including many women veterans, as the chairman himself has mentioned many times.

Our committee rightly acted on a bill, H.R. 840, which passed the House in February, to break down that barrier by authorizing VA to provide childcare for veterans who are engaged in VA treatment. But if the veterans cannot rest assured that their children are safe in the VA childcare program, they won't use it—they won't use the care—and the lack of childcare services will continue to prevent veterans from getting the care that they need.

Congressman BARR's amendment would close a loophole in that bill that would allow an individual charged with a serious offense—like child molestation—but who is awaiting his or her day in court to be responsible for caring for a veteran's child in a VA childcare program while their case is pending before the courts.

Mr. Speaker, I know that there are a lot of things that we cannot agree on, but protecting vulnerable children should never be one of those things. Yet Chairman TAKANO has repeatedly refused to address this issue and employed a rarely used procedural tactic in our committee to disallow debate and votes on it twice in recent months.

He has also failed to even respond to 11 committee members who wrote him in July asking for a legislative hearing on Congressman BARR's legislation. It defies understanding.

Another amendment that the chairman has repeatedly refused to allow our committee to debate was offered by Congressman CHIP ROY from Texas to prohibit VA from sending the name of a veteran or other beneficiary to the Federal Bureau of Investigation's National Instant Criminal Background Check System, NICS, solely because VA has determined that a person has a service-connected disability or solely because a fiduciary has been appointed on their behalf, without the order or finding of a judge, a magistrate, or other judicial authority that the person is a danger to themselves or others.

Infringing on a law-abiding American citizen's constitutionally protected rights should never occur in a free society unless a very high bar has been met. For example, criminals must be convicted in a court of law before their names are provided to the NICS list; but, under current practice, VA sends veterans' names to the NICS list if they have been appointed a fiduciary to help manage their compensation benefits.

This is because, once VA decides that an individual needs help with their finances, even though there may be no evidence the individual is a danger to themselves or anyone else, a VA bureaucrat sends that person's name to the FBI to be added to the NICS list and the veteran loses their second amendment right to own a firearm. And these are the very people who gave us those rights, protected those rights.

Legislation that the House passed on a party-line vote earlier this year, H.R. 1112, would compound this injustice by requiring VA to also report a veteran or beneficiary to the NICS if they have been adjudicated by VA as having a mental illness when the veteran files for a disability claim—for example, PTSD or depression.

I have personally heard from veterans across the country—and I mean from Long Island to Los Angeles—who tell me that they don't seek VA care and benefits that they have earned through their hard-fought service for our country because they fear they will lose their Second Amendment rights if they do so.

This is unacceptable at any time and is particularly unacceptable during a national suicide crisis when we know that 14 of the 20 veteran and servicemember suicide deaths per day already occur among those who are not engaged in VA care prior to their deaths.

Veterans risk their lives to protect our rights. The least we can do for them is to protect theirs. But Chairman TAKANO has once again refused to do that, despite making a public vow 8 months ago before the American Legion that he would act, as chairman, to protect the Second Amendment rights of our Nation's veterans.

He also, once again, failed to respond to 12 committee members who wrote him in July asking for a legislative hearing to discuss veterans' Second Amendment issues.

There are precious few avenues available to the minority party in Congress to influence the legislative agenda of the majority party.

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Since February, my Republican colleagues and I have been asking Chairman TAKANO, publicly and privately, to address these issues in our committee. Our requests have been ignored. Our letters have gone unanswered.

The only remaining option we have left is to attempt to amend bills being marked up by the committee so that we can have an open debate and an up-

or-down vote on these issues. If we win, we win. If we lose, we lose.

We attempted to amend the Deborah Sampson Act with these amendments 2 weeks ago, on the advice of the Parliamentarian about the appropriateness of these particular amendments, which address serious issues facing female and male veterans alike in each one of our States and districts, to this particular bill. But the chairman denied us even this opportunity.

That kind of partisanship has never been how this committee has operated as long as I have been there. Under the 8 previous years of Republican chairmen, debate was never cut off when Democratic members offered difficult amendments during committee markups. We allowed our Democratic colleagues the opportunity to have their say, and we took tough votes when we needed to.

Mr. Speaker, I wish that we could have had such a different conversation today, the day after Veterans Day, than this one. But I would be remiss in my duty as ranking member if I did not call out this behavior and ways in which it fails our Nation's veterans.

Chairman TAKANO has spoken movingly about how he wants us to use his chairmanship to stand up for the rights of minority veterans, and I commend him for that and have stood alongside him in doing that work, including in May, when we stood side-by-side to launch the bipartisan Women Veterans Task Force.

Yet, I urge him now, in carrying out that commitment, not to spurn the historical bipartisan traditions of the Veterans' Affairs Committee, not to trounce on the rights of the minority members of that committee, not to cut corners in favor of expediency over doing our due diligence, and not to cast aspersions against me or any other member of our committee when we could be debating the issues at hand like our constituents sent us here to do.

Despite our deep disagreements here, I consider Chairman TAKANO a friend, and I know him to be a good and fair man who is motivated by a sincere desire to do the right thing for the millions of veterans and their families who have sacrificed so much for this great Nation. That desire is shared by me and every member of our committee, Republican and Democrat alike. I do not doubt that for a second.

I also do not doubt our ability, under the chairman's leadership, to put this unfortunate recent chapter of the committee's history behind us and return to the productive bipartisan tradition that our committee has known and respected throughout the United States Congress and the Nation. In doing so, we will, once again, live up to the example that our Nation's veterans, including Deborah Sampson herself, have set.

I thank the chairman in advance for that. I stand ready to assist him however I can, as ranking member and as his friend.

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

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

I appreciate the final comments that the ranking member made, I believe in good faith and sincerity, and they were words of generosity. But I have to rebut some of the claims that he has made.

While I spent 6 years of my time in Congress in the minority, and in the minority on this committee, I can tell you that the minority staff and I, and other members of the minority, did offer amendments in good faith, but we never did so in order to derail or to obstruct passage of important and meaningful legislation. Therefore, the ranking member, while he was chairman, can point to many great pieces of legislation, including the Forever GI Bill and numerous other bills. It was a very productive Congress in the last Congress because the minority worked with him.

Look, bipartisan spirit means that the minority also works in good faith. Ms. BROWNLEY, in order to bring the Deborah Sampson Act to the floor under suspension, made some significant concessions, for which there was nothing offered in return.

Mr. BARR's amendment on crimes against children has been offered on the floor as a motion to recommit, interesting enough, to Ms. BROWNLEY's bill on childcare on the floor. That bill was voted down. It was voted down on the House floor, and I can only believe that this very same legislative language was offered as an amendment to the Deborah Sampson bill in defiance of the House already expressing its will on that bill.

I refute the contention that it was offered in good faith before we brought Ms. BROWNLEY's legislation on the Deborah Sampson Act in committee.

The ranking member fails to mention that three of the amendments related to antilabor legislation, which was hostile to labor. To say that this was offered in good faith when he knows that the legislation we were bringing forward was intended to be suspension legislation, normally, the majority and the minority come to an agreement for a very expeditious legislative hearing when it comes to suspension bills.

Finally, I will mention that I watched the ranking member try to subvert the landmark H.R. 8, the universal background checks bill, by raising this issue of the NICS list and trying to whip up opposition by our veterans service organizations, so I have seen him act in a different context against H.R. 8.

Why he sought in committee to attach legislation related to guns to a women's health bill and to expanding opportunities for women veterans to utilize fully the benefits they have earned, I cannot fully comprehend that attempt.

I can say, in many instances, I responded to the ranking member's requests to actually go outside of regular order for the minority's benefit.

Let me say that I want to use this time now to yield 3 minutes the gentlewoman from California (Ms. BROWNLEY), the author of this truly historic legislation, chairwoman of our Subcommittee on Health, and also the author of the legislation.

Ms. BROWNLEY of California. Mr. Speaker, I thank the chairman for bringing my bill, the Deborah Sampson Act, to the floor. And I thank the ranking member for his support as well.

In 1782, Deborah Sampson disguised herself as a man so she could serve in the Revolutionary War to protect and defend our democracy. She was wounded in that war. Her forehead had a gash from a sword, and she was shot in the leg. But serving as a man made her invisible.

Too many decades later, Congress finally granted her petitions for the benefits she deserved, and she became one of the first American women recognized for her military service.

Women have served on land, air, and sea in every conflict in our Nation's history, yet their remarkable and brave service is often overlooked.

Through my work as chair of the Women Veterans Task Force, I have met with countless women veterans across the country who, like Deborah Sampson, feel invisible. Their service often goes unnoticed, while veteran men around them are always thanked.

Sadly, women veterans are often harassed when they go to the VA for help. This denies them the equitable access to the benefits and care they have earned and deserve.

On a recent visit to VA's only women-centric residential substance abuse rehabilitation program, an Army veteran told me the program saved her life. When women-focused resources exist, women veterans use them, and they thrive.

That is why this bill is vital for America's 2 million women veterans. It will ensure that women have consistent access to comprehensive, gender-specific care and services. It will help stop harassment and ensure that women veterans are fully recognized for their service.

In 1836, John Quincy Adams stood on the House floor and called Debra Sampson's ''heroism, fidelity, and courage'' of the ''very highest and noblest order.'' Congress recognized Debra Sampson's service and, in doing so, ensured that she was no longer invisible.

To America's women veterans of today, I stand here to say: We see you, and you are invisible no longer.

I would like to thank Representatives Allred, Brindisi, Correa, Cunningham, Delgado, Levin, Lee, Pappas, Rose, Underwood, Velazquez, and Wild, who contributed to this legislation.

I urge my colleagues to support H.R. 3224 to fully recognize and honor women veterans' service.

Mr. TAKANO. Mr. Speaker, may I inquire as to how much time I have remaining.

The SPEAKER pro tempore. The gentleman from California has 9½ minutes remaining. The gentleman from Tennessee has 6½ minutes remaining.

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

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I yield 3 minutes to the gentleman from Lexington, Kentucky (Mr. BARR), my good friend who is a member of our Veterans' Affairs Committee. He has been a tireless supporter of veterans. I have been in his district on several occasions, and the veterans have no better friend than Congressman BARR.

Mr. BARR. Mr. Speaker, I thank my good friend, Dr. ROE. I wish the gentleman a happy belated Veterans Day, and I hope he had a good weekend. I certainly did back home in Lexington, Kentucky, at Veterans Park with the Veterans Park Elementary School choir singing to our great veterans back home.

Mr. Speaker, I rise today in strong support of H.R. 3224, as amended, the Deborah Sampson Act.

As my colleagues before me have already pointed out, women have served our country since the very earliest days of the American Revolution. But as the fastest growing segment of our veteran population, they are only now starting to get the recognition that they deserve.

I am proud to be here today to support this bill that will ensure that the Department of Veterans Affairs provides them the care and benefits that their service and their sacrifices have entitled them to.

And I commend the gentlewoman from New York for her leadership on this important legislation.

I do have to say, Mr. Speaker, however, that any characterization that my Republican colleagues on the Veterans' Affairs Committee and I feel anything less than pride in the many women who have served and the many women who continue to serve today, and a steadfast commitment to support them and to meet their needs, is simply untrue. Had my colleagues or I been allowed to speak on this bill in committee, that would have been very evident to any Member of this House.

What my colleagues and I do object to are the overly partisan tactics that were deployed by the majority when this important bill was being considered.

I am new to the Veterans' Affairs Committee in this Congress, but I know that the committee has a long tradition of bipartisanship, where Members check their party affiliations at the door and do not shy away from debates or disagreements in the spirit of living up to the very democratic ideals that our veterans fought to defend. Unfortunately, we seem to have lost sight of that great tradition this year.

As Dr. ROE referenced in his comments earlier, I have been trying since February to address an unintended consequence of a House-passed bill that could allow an accused child molester who is awaiting prosecution to care for a veteran's child in a VA childcare program.

I do not know any parent in any political party who would want one of their own children to be cared for by someone who has been charged with a serious crime, like a sexual assault against a minor, before they have been fully cleared. Yet, the majority has twice used parliamentary procedures rarely if ever seen in the Veterans' Affairs Committee to refuse to allow our committee to consider my legislation to prevent that from happening to the child of one of our Nation's veterans.

Most recently, the majority did that when this bill, the Deborah Sampson Act, was being considered. Their actions were so unexpected that my colleagues and I left the markup when it became clear that the chairman was not going to allow us, or any other Member, the opportunity to speak, much less offer amendments, and declared that we were done voting on the bill.

I resent the comment that this amendment was not offered in good faith.

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

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I yield the gentleman from Kentucky another 30 seconds.

Mr. BARR. Mr. Speaker, I can assure you, as the former president of Prevent Child Abuse Kentucky, this amendment was offered very much in good faith.

It is disappointing, and it is deeply ironic, given that lack of childcare, while certainly not solely a woman's issue, is a well-known barrier to care for many women veterans, as my Democratic colleagues have pointed out over this past year.

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Given that, it continues to astound me that the chairman would not allow us to even discuss my amendment—much less vote on it—and then immediately send a press release out after the markup accusing me and my fellow Republicans of walking out on the women veterans that my amendment would have helped to better serve.

Mr. TAKANO. Mr. Speaker, it is the essence of bad faith to stand on this floor and imply that Democrats do not want or care about the safety of our children.

Let's be clear that the gentleman from Tennessee offered this as a motion to recommit, this language, to Ms. BROWNLEY's bill and then, after fervently arguing why it was so necessary to be included in Ms. BROWNLEY's bill, turned around and voted with every other Member of this Chamber for Ms. BROWNLEY's bill. I cite that as evidence that there are some crocodile tears being cried here.

I now yield 2 minutes to the gentlewoman from Illinois (Ms. UNDERWOOD), my good friend and a member of the House Veterans Affairs' Subcommittee on Health.

Ms. UNDERWOOD. Mr. Speaker, I rise today in strong support of H.R. 3224, the Deborah Sampson Act.

This past Sunday, our office honored over 200 Vietnam war period veterans in my district in northern Illinois at a pinning ceremony to show our appreciation for their service to our country.

Today, the day after Veterans Day, I am so proud to be on the House floor to continue our work on behalf of veterans.

I would first like to thank Representative BROWNLEY and my other colleagues who have worked so hard to compile this important bill in the House.

In addition to providing better access to resources and benefits offered by the VA, the Deborah Sampson Act contains several provisions to ensure that women veterans have equitable access to high-quality, gender-specific healthcare.

I am proud that my bill, the Caring for Our Women Veterans Act, is included in the Deborah Sampson Act.

We know that the VA is committed to providing care to all veterans, but many VA facilities are not sufficiently equipped to provide comprehensive care to women veterans. The Caring for Our Women Veterans Act, now sections 305 to 307 of the Deborah Sampson Act, will empower the VA to fulfill its mission to honor all veterans.

The legislation requires VA to report locations where gender-specific services are used, how facilities can be improved, and where specialty staff is most needed to effectively care for women veterans.

This legislation will provide VA with the data it needs to effectively upgrade clinics and hospitals; to hire, train, and retain staff; and, most importantly, to provide earned healthcare to women veterans. These changes are long overdue, and it is now even more pressing that this legislation is passed.

Women have served honorably in the Armed Forces since the founding of these United States, and women veterans are the fastest growing group within the veteran population.

We have a collective responsibility to care for our veterans when they return home, and the Deborah Sampson Act helps achieve that by removing barriers that women veterans face on a daily basis. I urge my colleagues on both sides of the aisle to support my bill, the Caring for Our Women Veterans Act, and the underlying Deborah Sampson Act.

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

Mr. TAKANO. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. CORREA), my good friend.

Mr. CORREA. Mr. Speaker, I rise in support of H.R. 3224, the Deborah

Sampson Act, as amended. I am proud to join my colleague, Representative BROWNLEY of California, in support of this most important bill to improve the healthcare provided for America's more than 2 million women veterans.

I thank the chairwoman of the House Veterans' Affairs Subcommittee on Health for including my bipartisan bill, Improving Oversight of Women Veterans' Care Act.

In 2016, the Government Accountability Office reported that the Veterans Health Administration had limited information on the VA medical centers' compliance with certain health standards for women veterans and access to gender-specific care provided by non-VA doctors.

In response, this legislation requires an annual report on the access of gender-specific services provided under community care contracts, including the average wait and driving times.

This bill is also directing the VA to establish a report on facilities' compliance with environment of care standards.

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

Mr. TAKANO. Mr. Speaker, I yield an additional 20 seconds to the gentleman from California.

Mr. CORREA. Mr. Speaker, I urge my colleagues to pass H.R. 3224.

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

Mr. TAKANO. Mr. Speaker, I yield 1 minute to the gentlewoman from Pennsylvania (Ms. WILD), my good friend.

Ms. WILD. Mr. Speaker, I rise today in strong support of this bill.

Today, in my community and across our country, far too many Americans lack adequate access to fair housing, quality healthcare, and simple legal services, and too many of those Americans are veterans.

Today, women continue to take on new roles and responsibilities in every branch of our armed services. According to Iraq and Afghanistan Veterans of America, more than 345,000 women have deployed since 9/11.

When these women return home, they face different challenges than their male counterparts, and they are disproportionately affected by crises that affect veterans of both genders, like homelessness, with women veterans making up the fastest growing portion of the homeless vet population.

Last week, I had the privilege of speaking with women veterans in my district about these issues and other issues, and I heard how critical these problems are for them.

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

Mr. TAKANO. Mr. Speaker, I yield an additional 20 seconds to the gentlewoman from Pennsylvania.

Ms. WILD. That is why I am so proud to have introduced the Improving Legal Services for Female Veterans Act, which is included in the Deborah Sampson Act.

The very least that our men and women in uniform should be able to expect once they come home is that they won't have to fight for basic dignity, support, and opportunity after they put their lives on the line for our country.

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

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, certainly I think, on our side of the aisle, we are going to call for a recorded vote on this. This bill will pass overwhelmingly, and I congratulate Congresswoman BROWNLEY, who is a good friend, for bringing this legislation forward. She has worked tirelessly for this, and I think you are going to see great support. The VA has a long way to go in doing this.

I will say this. If I am privileged enough to get reelected to this body and to be placed on the Veterans' Affairs Committee again and to chair this committee, I will make this statement right here on the floor now: I will not treat the minority the same way we have been treated.

The only way we have been able to bring legislation up on this floor when we are shut out is the amendment process, and we can debate it and vote it up or down. That is what Americans do.

We should bring these bills up, and if they don't float on their merit in the majority, I am a big boy, I understand that. If you lose, you lose, and if you win, you win. But we should be allowed to be heard.

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

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

Mr. Speaker, I am very pleased to hear that the ranking member recommends to his colleagues and all Members of the House that they support this excellent legislation by Representative BROWNLEY.

The minority knew in committee that this was excellent legislation. I am sorry to see that they chose procedural games to play politics with an excellent piece of legislation that they now say they are supporting, and I am very pleased that they are going to support this legislation.

I urge my colleagues to pass this excellent bill. We worked hard to put this legislation in the form that would be acceptable to all Members of the House, and that is why we are moving this legislation under suspension of the rules.

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

Mr. SABLAN. Mr. Speaker, I rise in support of H.R. 3224, the Deborah Sampson Act, which removes barriers faced by women veterans accessing health care and benefits from the Department of Veterans Affairs.

Our country has more than 2 million women veterans who live in every Congressional district, including the Northern Mariana Islands.

And the number of women veterans seeking VA health care has doubled since 2000.

While the women veteran population continues to grow, the VA has not kept up in providing the care and services tailored to their unique health care needs.

The Deborah Sampson Act, which I cosponsored, improves women's care at the VA by requiring at least one designated women's health provider in each VA facility, retrofitting existing medical facilities to improve privacy and environmental care conditions, and expanding access to newborn care. The bill also increases funding for legal and support services to focus on unmet needs among women veterans, like prevention of eviction and foreclosure and child support issues.

Passage of H.R. 3224 is critical to ensuring the VA has the capacity and resources to meet the current and future needs of women veterans.

I thank the gentlelady from California, Ms. BROWNLEY, for her leadership on this legislation and urge my colleagues to support H.R. 3224.

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. 3224, as amended.

The question was taken.

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

Mr. ROE of Tennessee. 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 motion will be postponed.

CONTINUATION OF NATIONAL EMERGENCY WITH RESPECT TO IRAN—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 116–79)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, within 90 days before the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency with respect to Iran declared in Executive Order 12170 of November 14, 1979, is to continue in effect beyond November 14, 2019.

Our relations with Iran have not yet normalized, and the process of implementing the agreements with Iran,