

years. He didn't achieve that goal, but it was a worthy goal. That number now is under 40,000, less than that. And, hopefully, with this bill that has help for families and children in it, that we can get these veterans off the street, and into productive lives.

You can see in part of the bill that Congressman LEVIN, myself, and leader MCCARTHY supported, it takes veterans who have lost their jobs and gets them skills that they can transition into this new economy post-pandemic, and has money to take care of their families.

I know the transition assistance program that was mentioned. I know when I got out of the military, the only thing I was worried about was the gate of the fort I was in hitting me on the backside on the way out. That is how much help I got at the end of Vietnam. Nobody really said: What are you going to do next?

They just said: You are out of here.

We had this little helmet, I remember, when I was in service, with two feet coming out from under it. And that meant you were short. You had less than 100 days left in-country.

Well, today, we are doing a much better job with our transitioning, and we are starting to think, when these young people go into the military to serve our country and our Nation and protect us, what are you going to do when you transition out?

In other words, when you go in, start thinking about what you are going to do when your military career is over. This bill will help us get to that. I am very proud to encourage all of my colleagues to support this bill, and I yield back the balance of my time.

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

Madam Speaker, I just want to say that this is a tremendously comprehensive bill. It represents the tremendous work of Members from both sides of the aisle.

I have to say that I am recalling at this very moment a woman veteran who drove all the way from Los Angeles into my district to a townhall meeting where she first made me aware of the issue of veterans with children not having enough money, not enough benefits to be able to get into homeless housing, and I am so pleased that the bill by Ms. BROWNLEY to address that issue is in this piece of legislation.

I just urge all of my colleagues to pass H.R. 7105, as amended, and I yield back the balance of my time.

Mr. MCCARTHY. Madam Speaker, I rise today in support of the DELIVER Act, a bipartisan veterans legislative package that includes two bills that I have introduced this Congress, the VET TEC Expansion Act and the Reducing Veteran Homelessness Act of 2020.

I believe that a nation's character can be judged by how well it treats its veterans when they complete their service and return home. Providing veterans with flexible education benefits to meet current workforce needs and protecting our most vulnerable veterans from

homelessness is the least that we can do as a country to repay our debt of gratitude.

The VET TEC Expansion Act, which I introduced with my colleague from California, Ro Khanna, builds upon the success of the existing VET TEC pilot program, which was created by the original VET TEC Act that I introduced and which President Trump signed into law in 2017 as part of a broader bipartisan veterans bill. Upon realizing the potential that non-traditional, "nanodegree" educational programs have for our veterans after visiting such a program in 2017, I discovered that GI Bill benefits did not cover the cost of enrolling in these types of programs, which is why I introduced the VET TEC Act.

The VET TEC pilot program began accepting veteran applications in May 2019, and in seeking to keep the program aligned with its mission to provide veterans with access to technology-oriented and industry-responsive educational courses, I introduced the VET TEC Expansion Act just under one year after the pilot's official launch. This bill would allow the VA to accept more course providers into the VET TEC pilot program, expand VET TEC pilot program eligibility to include certain servicemembers who are starting the transition to civilian life—so they may get a jumpstart on obtaining new skills that can help them secure a job—and would allow the VA to accept education providers that offer part-time courses, such as night classes, into the pilot program.

All of these provisions were developed in consultation with feedback from veteran organizations and I am confident that these changes will allow the VA to provide even more veterans with access to the most up-to-date, non-traditional educational courses possible. The VET TEC pilot program is incredibly popular, so I am pleased that the DELIVER Act also authorizes \$30 million in additional annual funding for this pilot program until its expiration in Fiscal Year 2023. This funding increase appropriately responds to the current overwhelming demand from veterans who are seeking to participate in non-traditional educational courses that prepare them for employment in our dynamic, technology-centric economy. An August 2020 VA report to Congress recently found that thousands of veterans who applied to participate in a VET TEC-approved course received a "Certificate of Eligibility" to participate beginning on October 1, 2020, the start of the 2021 Fiscal Year, as VET TEC's popularity caused it to run out of funding in its first pilot year. To me, this is a strong testament to the demand for flexible educational benefits from our nation's student veterans.

The Reducing Veteran Homelessness Act of 2020, which I introduced with my colleague from California, MIKE LEVIN, just last week, provides solutions to address issues that homeless providers have raised with me in recent years. The successful HUD-VA Supportive Housing Program (or HUD-VASH Program) has long been plagued by understaffing of case managers, which prevents supportive housing vouchers allocated through the program from reaching veterans in need.

My legislation requires the VA to contract out HUD-VASH case manager services to community experts when these VA case manager positions remain unfilled for a long period of time and HUD-VASH housing vouchers in the region remain unutilized. It also modernizes the VA's Grant and Per Diem program so that homeless providers that participate in this

program receive pay that is based on local or regional conditions rather than a standard across-the-board rate, in order to prevent providers operating in parts of the country with higher living costs from having to reduce services.

I would like to thank Subcommittee Chairman LEVIN, Committee Ranking Member PHIL ROE and the members of the House Veterans Affairs Committee for ensuring that our nation's veterans receive the supportive services that they deserve by including these two pieces of legislation in the DELIVER Act. Accordingly, I ask my colleagues on both sides of the aisle to join me in supporting this bill so that we may better serve the veterans who have so valiantly served our country.

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. 7105, as amended.

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

The title of the bill was amended so as to read: "A bill to provide flexibility for the Secretary of Veterans Affairs in caring for homeless veterans during a covered public health emergency, to direct the Secretary of Veterans Affairs to carry out a retraining assistance program for unemployed veterans, and for other purposes."

A motion to reconsider was laid on the table.

VETERANS COMPREHENSIVE PREVENTION, ACCESS TO CARE, AND TREATMENT ACT OF 2020

Mr. TAKANO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 8247) to make certain improvements relating to the transition of individuals to services from the Department of Veterans Affairs, suicide prevention for veterans, and care and services for women veterans, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 8247

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 "Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020" or the "Veterans COMPACT Act of 2020".

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

Sec. 1. Short title; table of contents.

TITLE I—IMPROVEMENT OF TRANSITION OF INDIVIDUALS TO SERVICES FROM DEPARTMENT OF VETERANS AFFAIRS

Sec. 101. Pilot program on information sharing between Department of Veterans Affairs and designated relatives and friends of veterans regarding assistance and benefits available to the veterans.

Sec. 102. Annual report on Solid Start program of Department of Veterans Affairs.

TITLE II—SUICIDE PREVENTION

- Sec. 201. Department of Veterans Affairs provision of emergent suicide care.
- Sec. 202. Education program for family members and caregivers of veterans with mental health disorders.
- Sec. 203. Interagency Task Force on Outdoor Recreation for Veterans.
- Sec. 204. Contact of certain veterans to encourage receipt of comprehensive medical examinations.
- Sec. 205. Police crisis intervention training of Department of Veterans Affairs.

TITLE III—IMPROVEMENT OF CARE AND SERVICES FOR WOMEN VETERANS

- Sec. 301. Gap analysis of Department of Veterans Affairs programs that provide assistance to women veterans who are homeless.
- Sec. 302. Report on locations where women veterans are using health care from Department of Veterans Affairs.

TITLE I—IMPROVEMENT OF TRANSITION OF INDIVIDUALS TO SERVICES FROM DEPARTMENT OF VETERANS AFFAIRS

SEC. 101. PILOT PROGRAM ON INFORMATION SHARING BETWEEN DEPARTMENT OF VETERANS AFFAIRS AND DESIGNATED RELATIVES AND FRIENDS OF VETERANS REGARDING ASSISTANCE AND BENEFITS AVAILABLE TO THE VETERANS.

(a) PILOT PROGRAM REQUIRED.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall commence carrying out a pilot program—

(A) to encourage members of the Armed Forces who are transitioning from service in the Armed Forces to civilian life, before separating from such service, to designate up to 10 persons to whom information regarding the assistance and benefits available to the veterans under laws administered by the Secretary shall be disseminated using the contact information obtained under paragraph (7); and

(B) provides such persons, within 30 days after the date on which such persons are designated under subparagraph (A), the option to elect to receive such information.

(2) DURATION.—The Secretary shall carry out the pilot program during a period beginning on the date of the commencement of the pilot program that is not less than two years.

(3) DISSEMINATION.—The Secretary shall disseminate information described in paragraph (1)(A) under the pilot program no less than quarterly.

(4) TYPES OF INFORMATION.—The types of information to be disseminated under the pilot program to persons who elect to receive such information shall include information regarding the following:

(A) Services and benefits offered to veterans and their family members by the Department of Veterans Affairs.

(B) Challenges and stresses that might accompany transitioning from service in the Armed Forces to civilian life.

(C) Services available to veterans and their family members to cope with the experiences and challenges of service in the Armed Forces and transition from such service to civilian life.

(D) Services available through community partner organizations to support veterans and their family members.

(E) Services available through Federal, State, and local government agencies to support veterans and their family members.

(F) The environmental health registry program, health and wellness programs, and re-

sources for preventing and managing diseases and illnesses.

(G) A toll-free telephone number through which such persons who elect to receive information under the pilot program may request information regarding the program.

(H) Such other matters as the Secretary, in consultation with members of the Armed Forces and such persons who elect to receive information under the pilot program, determines to be appropriate.

(5) PRIVACY OF INFORMATION.—In carrying out the pilot program, the Secretary may not disseminate information under paragraph (4) in violation of laws and regulations pertaining to the privacy of members of the Armed Forces, including requirements pursuant to—

(A) section 552a of title 5, United States Code; and

(B) the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

(6) NOTICE AND MODIFICATIONS.—In carrying out the pilot program, the Secretary shall, with respect to a veteran—

(A) ensure that such veteran is notified of the ability to modify designations made by such veteran under paragraph (1)(A); and

(B) upon the request of a veteran, authorize such veteran to modify such designations at any time.

(7) CONTACT INFORMATION.—In making a designation under the pilot program, a veteran shall provide necessary contact information, specifically including an email address, to facilitate the dissemination of information regarding the assistance and benefits available to the veteran under laws administered by the Secretary.

(8) OPT-IN AND OPT-OUT OF PILOT PROGRAM.—

(A) OPT-IN BY MEMBERS.—A veteran may participate in the pilot program only if the veteran voluntarily elects to participate in the program. A veteran seeking to make such an election shall make such election in a manner, and by including such information, as the Secretary shall specify for purposes of the pilot program.

(B) OPT-IN BY DESIGNATED RECIPIENTS.—A person designated pursuant to paragraph (1)(A) may receive information under the pilot program only if the person makes the election described in paragraph (1)(B).

(C) OPT-OUT.—In carrying out the pilot program, the Secretary shall, with respect to a person who has elected to receive information under such pilot program, cease disseminating such information to that person upon request of such person.

(b) SURVEY AND REPORT ON PILOT PROGRAM.—

(1) SURVEY.—

(A) IN GENERAL.—Not later than one year after the date of the commencement of the pilot program and not less frequently than once each year thereafter for the duration of the pilot program, the Secretary shall administer a survey to persons who ever elected to receive information under the pilot program for the purpose of receiving feedback regarding the quality of information disseminated under this section.

(B) ELEMENTS.—Each survey conducted under subparagraph (a) shall include solicitation of the following:

(i) Feedback on the following:

(I) The nature of information disseminated under the pilot program.

(II) Satisfaction with the pilot program.

(III) The utility of the pilot program.

(IV) Overall pilot program successes and challenges.

(ii) Recommendations for improving the pilot program.

(iii) Reasons for opting in or out of the pilot program.

(iv) Such other feedback or matters as the Secretary considers appropriate.

(2) REPORT.—

(A) IN GENERAL.—Not later than three years after the date on which the pilot program commences, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a final report on the pilot program.

(B) CONTENTS.—The report submitted under subparagraph (A) shall include the following:

(i) The results of the survey administered under paragraph (1).

(ii) The number of participants enrolled in the pilot program who are veterans.

(iii) The number of persons designated under subsection (a)(1)(A).

(iv) The number of such persons who opted in or out of the pilot program under subsection (a)(8).

(v) The average period such persons remained in the pilot program.

(vi) An assessment of the feasibility and advisability of making the pilot program permanent.

(vii) Identification of legislative or administrative action that may be necessary if the pilot program is made permanent.

(viii) A plan to expand the pilot program if the pilot program is made permanent.

(ix) If the Secretary finds under clause (vi) that making the pilot program permanent is not feasible or advisable, a justification for such finding.

SEC. 102. ANNUAL REPORT ON SOLID START PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) REPORTS REQUIRED.—Not later than 180 days after the date of the enactment of this Act, and annually thereafter for a period of five years, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the Senate and House of Representatives a report on the Solid Start program of the Department of Veterans Affairs.

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

(1) With respect to each veteran called or emailed under the Solid Start program:

(A) The Armed Force in which the veteran served.

(B) Age.

(C) Gender.

(D) Whether the veteran responded to the call or email.

(E) Whether the call or email resulted in a call to the Veterans Crisis Line established pursuant to section 1720F(h) of title 38, United States Code.

(F) Whether the call or email resulted in a referral to—

(i) compensation and pension determination;

(ii) enrollment in the patient enrollment system of the Department; or

(iii) any other program or benefit under the laws administered by the Secretary.

(2) Any change to the Solid Start program implemented by the Secretary since the date of the previous such report.

(c) PROHIBITION ON PERSONALLY IDENTIFIABLE INFORMATION.—No report under subsection (a) may contain any personally identifiable information regarding a veteran.

TITLE II—SUICIDE PREVENTION

SEC. 201. DEPARTMENT OF VETERANS AFFAIRS PROVISION OF EMERGENT SUICIDE CARE.

(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. Emergent suicide care

“(a) EMERGENT SUICIDE CARE.—Pursuant to this section, the Secretary shall—

“(1) furnish emergent suicide care to an eligible individual at a medical facility of the Department;

“(2) pay for emergent suicide care provided to an eligible individual at a non-Department facility; and

“(3) reimburse an eligible individual for emergent suicide care provided to the eligible individual at a non-Department facility.

“(b) **ELIGIBILITY.**—An individual is eligible for emergent suicide care under subsection (a) if the individual is in an acute suicidal crisis and is either of the following:

“(1) A veteran (as defined in section 101).

“(2) An individual described in section 1720I(b) of this title.

“(c) **PERIOD OF CARE.**—(1) Emergent suicide care provided under subsection (a) shall be furnished to an eligible individual—

“(A) through inpatient or crisis residential care, for a period not to exceed 30 days; or

“(B) if care under subparagraph (A) is unavailable, or if such care is not clinically appropriate, as outpatient care for a period not to exceed 90 days.

“(2) If, upon the expiration of a period under paragraph (1), the Secretary determines that the eligible individual remains in an acute suicidal crisis, the Secretary may extend such period as the Secretary determines appropriate.

“(d) **NOTIFICATION.**—An eligible individual who receives emergent suicide care under subsection (a) at a non-Department facility (or a person acting on behalf of the individual) shall notify the Secretary of such care within seven days of admission to such facility.

“(e) **OUTREACH.**—During any period when an eligible individual is receiving emergent suicide care under subsection (a), the Secretary shall—

“(1) ensure that—

“(A) in the case of an eligible individual whom the Veterans Crisis Line recommends to seek emergent suicide care at a medical facility of the Department, the Veterans Crisis Line notifies the Suicide Prevention Coordinator of such medical facility;

“(B) in the case of an eligible individual who presents at a medical facility of the Department in an acute suicidal crisis without a recommendation by the Veterans Crisis Line, the Secretary notifies the Suicide Prevention Coordinator;

“(C) in the case of an eligible individual whom the Veterans Crisis Line recommends to seek treatment at a non-Department facility, the Veterans Crisis Line notifies the Suicide Prevention Coordinator and the Office of Community Care at the medical facility of the Department located nearest to the eligible individual; and

“(D) in the case of an eligible individual who presents at a non-Department facility in an acute suicidal crisis without a recommendation by the Veterans Crisis Line and for whom the Secretary receives a notification under subsection (d), the Secretary notifies the Suicide Prevention Coordinator and the Office of Community Care at the medical facility of the Department located nearest to the eligible individual;

“(2) determine the eligibility of the eligible individual for other programs and benefits under the laws administered by the Secretary (or shall make such determination as soon as practicable following the period of such emergent suicide care); and

“(3) make referrals for care following the period of such emergent suicide care, as the Secretary determines appropriate.

“(f) **PROHIBITION ON CHARGE.**—(1) If the Secretary provides emergent suicide care to an eligible individual under subsection (a), the Secretary—

“(A) may not charge the eligible individual for any cost of such emergent suicide care; and

“(B) shall pay for any costs of emergency transportation to a facility for such emergent suicide care (as such costs are determined pursuant to section 1725 of this title, to the extent practicable).

“(2)(A) In addition to the requirements of paragraph (1), if the Secretary pays for emergent suicide care provided under subsection (a) to an eligible individual at a non-Department facility, the Secretary shall reimburse the facility for the reasonable value of such emergent suicide care.

“(B)(i) In carrying out subparagraph (A), the Secretary may determine the amount to reimburse a non-Department facility in a similar manner to the manner in which the Secretary determines reimbursement amounts for that non-Department facility for medical care and services provided under another provision of this chapter.

“(ii) The requirements of section 1725(c)(3) of this title shall apply with respect to payments made under subparagraph (A) of this paragraph.

“(3) In the case of an eligible individual who receives emergent suicide care under this section and who is entitled to emergent suicide care (or payment for emergent suicide care) under a health-plan contract, the Secretary may recover the costs of such emergent suicide care provided under this section, other than for such care for a service-connected disability.

“(4) In carrying out subsection (d), the Secretary may not charge an eligible individual for any cost of emergent suicide care provided under subsection (a) solely by reason of the Secretary not having been notified of such care pursuant to such subsection.

“(g) **ANNUAL REPORT.**—Not less than once each year, the Secretary shall submit to the Committees on Veterans' Affairs of the Senate and the House of Representatives a report on emergent suicide care provided under subsection (a). Each such report shall include, for the year covered by the report—

“(1) the number of eligible individuals who received emergent suicide care under subsection (a);

“(2) demographic information regarding eligible individuals described in paragraph (1);

“(3) the types of care furnished or paid for this section; and

“(4) the total cost of providing care under subsection (a).

“(h) **DEFINITIONS.**—In this section:

“(1) The term ‘acute suicidal crisis’ means that an individual was determined to be at imminent risk of self-harm by a trained crisis responder or health care provider.

“(2) The term ‘crisis residential care’ means crisis stabilization care provided—

“(A) in a residential setting; and

“(B) in a facility other than a hospital.

“(3) The term ‘crisis stabilization care’ includes, with respect to an individual in acute suicidal crisis, care that ensures, to the extent practicable, immediate safety and reduces—

“(A) the severity of distress;

“(B) the need for urgent care; or

“(C) the likelihood that the distress under subparagraph (A) or need under subparagraph (B) will increase during the transfer of that individual from a facility at which the individual has received care for that acute suicidal crisis.

“(4) The term ‘emergent suicide care’ means crisis stabilization care provided to an eligible individual—

“(A) pursuant to a recommendation of the eligible individual from the Veterans Crisis Line; or

“(B) who presents at a medical facility in an acute suicidal crisis.

“(5) The term ‘health-plan contract’ has the meaning given such term in section 1725 of this title.

“(6) The term ‘Veterans Crisis Line’ means the hotline under section 1720F(h) of this title.”

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

“1720J. Emergent suicide care.”

(c) **EFFECTIVE DATE.**—The Secretary shall furnish or pay for emergent suicide care under section 1720J of title 38, United States Code, as added by subsection (a), beginning on the date that is 270 days after the date of the enactment of this Act.

SEC. 202. EDUCATION PROGRAM FOR FAMILY MEMBERS AND CAREGIVERS OF VETERANS WITH MENTAL HEALTH DISORDERS.

(a) **ESTABLISHMENT.**—Not later than 270 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish an education program (in this section referred to as the “education program”) for the education and training of caregivers and family members of eligible veterans with mental health disorders.

(b) **EDUCATION PROGRAM.**—

(1) **IN GENERAL.**—Under the education program, the Secretary shall provide a course of education to caregivers and family members of eligible veterans on matters relating to coping with mental health disorders in veterans.

(2) **DURATION.**—The Secretary shall carry out the education program during the four-year period beginning on the date of the commencement of the education program.

(3) **SCOPE.**—

(A) **CAREGIVERS.**—The Secretary, with respect to the component of the education program that relates to the education and training of caregivers, shall—

(i) include such component in the training provided pursuant to the program of comprehensive assistance for family caregivers of the Department of Veterans Affairs established under section 1720G(a) of title 38, United States Code; and

(ii) make such component available on the Internet website of the Department that relates to caregiver training.

(B) **FAMILY MEMBERS.**—The Secretary shall carry out the component of the education program that relates to the education and training of non-caregiver family members at facilities of the Department as follows:

(i) Not less than five medical centers of the Department.

(ii) Not less than five clinics of the Department.

(iii) Not less than five Vet Centers (as defined in section 1712A(h) of title 38, United States Code).

(C) **SOLICITATION OF APPLICATIONS.**—In selecting locations pursuant to subparagraph (B), the Secretary shall solicit applications from eligible facilities of the Department that are interested in carrying out the education program.

(D) **CONSIDERATIONS.**—In selecting locations pursuant to subparagraph (B), the Secretary shall consider the feasibility and advisability of selecting locations in the following areas:

(i) Rural areas.

(ii) Areas that are not in close proximity to an active duty installation.

(iii) Areas in different geographic locations.

(4) **CONTRACTS.**—

(A) **IN GENERAL.**—In carrying out the education program, the Secretary shall enter into contracts with qualified entities described in subparagraph (B) to offer the course of education described in paragraph (5) to family members and caregivers of eligible veterans and covered veterans.

(B) **QUALIFIED ENTITY DESCRIBED.**—A qualified entity described in this subparagraph is a non-profit entity with experience in mental health education and outreach, including work with children, teens, and young adults, that—

(i) uses high quality, relevant, and age-appropriate information in educational programming, materials, and coursework, including such programming, materials, and coursework for children, teens, and young adults; and

(ii) works with agencies, departments, non-profit mental health organizations, early childhood educators, and mental health providers to develop educational programming, materials, and coursework.

(C) **PRIORITY.**—In entering into contracts under this paragraph, the Secretary shall give priority to qualified entities that have demonstrated cultural competence in serving military and veteran populations, and, to the extent practicable, use internet technology for the delivery of course content in an effort to expand the availability of support services, especially in rural areas.

(5) **COURSE OF EDUCATION DESCRIBED.**—The course of education described in this paragraph shall consist of curriculum that includes the following:

(A) General education on different mental health disorders, including information to improve understanding of the experiences of individuals suffering from such disorders.

(B) Techniques for handling crisis situations and administering mental health first aid to individuals suffering from a mental health disorder.

(C) Techniques for coping with the stress of living with an individual suffering from a mental health disorder.

(D) Information on additional services available for family members and caregivers through the Department or community organizations and providers related to mental health disorders.

(E) Such other matters as the Secretary considers appropriate.

(c) **SURVEYS.**—

(1) **IN GENERAL.**—The Secretary shall conduct a comprehensive survey of the satisfaction of individuals that have participated in the course of education described in subsection (b)(5). Such survey shall include a solicitation of feedback on the following:

(A) The general satisfaction of those individuals with the education and assistance provided under the education program.

(B) The perceived effectiveness of the education program in providing education and assistance that is useful for those individuals.

(C) The applicability of the education program to the issues faced by those individuals.

(D) Such other matters as the Secretary considers appropriate.

(2) **COMPILATION OF INFORMATION.**—The information compiled as a result of the surveys conducted under paragraph (1) shall be—

(A) disaggregated by facility type at which the education program was carried out; and

(B) included in the annual reports under subsection (d)(1).

(d) **REPORTS.**—

(1) **ANNUAL REPORTS.**—

(A) **IN GENERAL.**—Not later than one year after the date of the commencement of the education program and not later than September 30 each year thereafter until 2024, 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—

(i) the education program; and

(ii) the feasibility and advisability of expanding the education program to include the establishment of a peer support program

composed of individuals who complete the education program (in this section referred to as a “peer support program”).

(B) **ELEMENTS.**—Each report submitted under subparagraph (A) shall include the following:

(i) The number of individuals that participated in the course of education described in subsection (b)(5) during the year preceding the submission of the report.

(ii) A detailed analysis of the surveys conducted under subsection (c) with respect to the individuals described in clause (i).

(iii) Any plans for expansion of the education program.

(iv) An analysis of the feasibility and advisability of establishing a peer support program.

(v) The interim findings and conclusions of the Secretary with respect to the success of the education program and the feasibility and advisability of establishing a peer support program.

(2) **FINAL REPORT.**—

(A) **IN GENERAL.**—Not later than one year after the completion of the education program, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a final report on the feasibility and advisability of continuing the education program.

(B) **ELEMENTS.**—The final report under subparagraph (A) shall include the following:

(i) A detailed analysis of the surveys conducted under subsection (c).

(ii) An analysis of the feasibility and advisability of continuing the education program without entering into contracts for the course of education described in subsection (b)(5).

(iii) An analysis of the feasibility and advisability of expanding the education program.

(iv) An analysis of the feasibility and advisability of establishing a peer support program.

(e) **MONITORING OF PROGRAM.**—The Secretary shall select mental health care providers of the Department to monitor the progress of the instruction provided under the education program.

(f) **DEFINITIONS.**—In this section:

(1) The term “eligible veteran” means a veteran who is enrolled in the health care system established under section 1705(a) of title 38, United States Code.

(2) The terms “caregiver” and “family member” have the meaning given those terms in section 1720G(d) of title 38, United States Code.

SEC. 203. INTERAGENCY TASK FORCE ON OUTDOOR RECREATION FOR VETERANS.

(a) **ESTABLISHMENT.**—Not later than 18 months after the date on which the national emergency declared by the President pursuant to the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the Coronavirus Disease 2019 (COVID-19) expires, the Secretary of Veterans Affairs shall establish a task force to be known as the “Task Force on Outdoor Recreation for Veterans” (in this section referred to as the “Task Force”).

(b) **COMPOSITION.**—The Task Force shall be composed of the following members or their designees:

(1) The Secretary of Veterans Affairs.

(2) The Secretary of the Interior.

(3) The Secretary of Health and Human Services.

(4) The Secretary of Agriculture.

(5) The Secretary of Defense.

(6) The Secretary of Homeland Security.

(7) The Chief of the Army Corps of Engineers.

(8) At least two representatives from veterans service organizations.

(9) Any other member that the Secretary of Veterans Affairs determines to be appropriate.

(c) **CHAIRPERSONS.**—The Secretary of Veterans Affairs and the Secretary of the Interior shall serve as co-chairpersons of the Task Force (in this section referred to as the “Chairpersons”).

(d) **DUTIES.**—

(1) **TASK FORCE.**—The duties of the Task Force shall be—

(A) to identify opportunities to formalize coordination between the Department of Veterans Affairs, public land agencies, and partner organizations regarding the use of public lands and other outdoor spaces for facilitating health and wellness for veterans;

(B) to identify barriers that exist to providing veterans with opportunities to augment the delivery of services for health and wellness through the use of outdoor recreation on public lands and other outdoor spaces; and

(C) to develop recommendations to better facilitate the use of public lands and other outdoor spaces for promoting wellness and facilitating the delivery of health care and therapeutic interventions for veterans.

(2) **CONSULTATION.**—The Task Force shall carry out the duties under paragraph (1) in consultation with appropriate veterans outdoor recreation groups.

(e) **REPORTS.**—

(1) **PRELIMINARY REPORT.**—Not later than one year after the date on which the Task Force is established, the Chairpersons shall submit to Congress a report on the preliminary findings of the Task Force.

(2) **FINAL REPORT.**—Not later than one year after the date of the submission of the preliminary report under paragraph (1), the Chairpersons shall submit to Congress a report on the findings of the Task Force, which shall include the recommendations developed under subsection (d)(1)(C).

(f) **DURATION.**—The Task Force shall terminate on the date that is one year after the date of the submission of the final report in subsection (e)(2).

(g) **NONAPPLICABILITY OF FEDERAL ADVISORY COMMITTEE ACT.**—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Task Force.

(h) **PUBLIC LANDS DEFINED.**—In this section, the term “public lands” means any recreational lands under the jurisdiction of the Federal Government or a State or local government.

SEC. 204. CONTACT OF CERTAIN VETERANS TO ENCOURAGE RECEIPT OF COMPREHENSIVE MEDICAL EXAMINATIONS.

(a) **NOTICE.**—Not later than 90 days after the date of the enactment of this Act, the Under Secretary of Health of the Department of Veterans Affairs shall seek to contact each covered veteran by mail, telephone, or email to encourage each covered veteran to receive medical examinations including the following:

(1) A comprehensive physical examination.

(2) A comprehensive mental health examination.

(3) A comprehensive eye examination if the covered veteran has not received such an examination in the year immediately preceding the date of such examination.

(4) A comprehensive audiological examination if the covered veteran has not received such an examination in the year immediately preceding the date of such examination.

(b) **EXAMINATIONS.**—

(1) **VA HEALTH CARE FACILITIES.**—If a covered veteran elects to receive more than one examination described in subsection (a) at a health care facility of the Department of Veterans Affairs, the Under Secretary of

Health shall seek to furnish all such scheduled examinations on the same day.

(2) **COMMUNITY CARE.**—Pursuant to subsection (d) or (e) of section 1703 of title 38, United States Code, a covered veteran may receive an examination described in subsection (a) from a health care provider described in subsection (c) of that section.

(c) **TRANSPORTATION.**—

(1) **BENEFICIARY TRAVEL PROGRAM.**—Pursuant to section 111 of title 38, United States Code, the Secretary of Veterans Affairs may pay for a rural covered veteran to travel to a health care facility to receive an examination described in subsection (a).

(2) **SHUTTLE SERVICE.**—The Under Secretary of Health shall seek to enter into agreements with non-profit organizations to provide shuttle service to rural covered veterans for examinations described in subsection (a).

(d) **REPORT REQUIRED.**—Not later than 18 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to Congress a report regarding how many covered veterans scheduled examinations described in subsection (a) after receiving a letter, telephone call, or email under that subsection.

(e) **DEFINITIONS.**—In this section:

(1) The term “covered veteran” means a veteran who—

(A) is enrolled in the patient enrollment system of the Department of Veterans Affairs under section 1705 of title 38, United States Code; and

(B) has not received health care furnished or paid for by the Secretary of Veterans Affairs during the two years immediately preceding the date in subsection (a)(1).

(2) The term “rural covered veteran” means a covered veteran—

(A) who lives in an area served by the Office of Rural Health of the Department of Veterans Affairs; and

(B) whom the Under Secretary of Health determines requires assistance to travel to a health care facility to receive an examination described in subsection (a).

(3) The term “veteran” has the meaning given that term in section 101 of title 38, United States Code.

SEC. 205. POLICE CRISIS INTERVENTION TRAINING OF DEPARTMENT OF VETERANS AFFAIRS.

(a) **TRAINING.**—The Secretary of Veterans Affairs shall provide to Department police officers an annual training on the prevention of suicide among the population served by the Department police officers.

(b) **CURRICULUM.**—In carrying out subsection (a), the Secretary shall update any similar training provided before the date of the enactment of this Act to ensure that the curriculum for the training addresses, at a minimum, the following:

(1) Effective behavioral science procedures for suicide prevention and risk mitigation.

(2) Crisis intervention and de-escalation skills, including through the use of interactive training.

(3) Information about mental health and substance abuse disorders.

(4) Information about local law enforcement crisis intervention teams and other resources for veterans experiencing mental health crises available by the Department of Veterans Affairs, other elements of the Federal Government, and the community in which the police officers serve.

(c) **CONSULTATION.**—The Secretary shall ensure that the annual training provided to Department police officers at a medical facility of the Department under subsection (a) is provided in consultation with law enforcement training accreditation organizations and the mental health experts at such facility.

(d) **PLAN ON COMMUNITY PARTNERSHIPS.**—The Secretary shall ensure that each police

force of a facility of the Department develops a plan to enter into partnerships with—

(1) local community mental health organizations and experts, local community veterans organizations, and local community criminal justice organizations and experts; and

(2) local police departments, including by facilitating the sharing of training resources with crisis intervention teams of the local police departments.

(e) **REPORT.**—Not later than one year after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the annual training under subsection (a), including—

(1) a description of the curriculum of such training;

(2) with respect to the year preceding the date of the report—

(A) the number of facilities of the Department that conducted such training;

(B) the number of Department police officers who received such training; and

(C) any barriers to ensuring that each Department police officer receives such training;

(3) any recommendations to address the barriers identified under paragraph (2)(C); and

(4) the number of facilities of the Department that have entered into partnerships pursuant to subsection (d).

(f) **DEPARTMENT POLICE OFFICER DEFINED.**—In this section, the term “Department police officer” means an employee of the Department of Veterans Affairs specified in section 902(a) of title 38, United States Code.

TITLE III—IMPROVEMENT OF CARE AND SERVICES FOR WOMEN VETERANS

SEC. 301. GAP ANALYSIS OF DEPARTMENT OF VETERANS AFFAIRS PROGRAMS THAT PROVIDE ASSISTANCE TO WOMEN VETERANS WHO ARE HOMELESS.

(a) **ANALYSIS.**—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 Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the analysis completed under subsection (a).

SEC. 302. REPORT ON LOCATIONS WHERE WOMEN VETERANS ARE USING HEALTH CARE FROM DEPARTMENT OF VETERANS AFFAIRS.

(a) **REPORT.**—Not later than 90 days after the date of the enactment of this Act, and annually thereafter, the Secretary of Veterans Affairs shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the use by women veterans of health care from the Department of Veterans Affairs.

(b) **ELEMENTS.**—Each report required by subsection (a) shall include 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 patient enrollment system of the Department under section 1705(a) of title 38, United States Code.

(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 submission of the report.

(4) The number of women veterans who have been seen at each medical facility of

the Department during such year, disaggregated by facility.

(5) The number of appointments that women veterans have had at a medical facility of the Department during such year, disaggregated by—

(A) facility; and

(B) appointments for—

(i) primary care;

(ii) specialty care; and

(iii) mental health care.

(6) For each appointment type specified in paragraph (5)(B), the number of appointments completed in-person and the number of appointments completed through the use of telehealth.

(7) 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.

(8) 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.

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

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 8247, as amended.

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

There was no objection.

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

Madam Speaker, I rise in support of H.R. 8247, the Veterans Comprehensive Prevention, Access to Care, and Treatment Act, or Veterans COMPACT Act.

While passing S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act can be viewed as a great success, no single piece of legislation can comprehensively prevent the tragedy of veteran suicide.

We must continually find and work to address gaps in prevention and care for veterans, especially those at heightened risk for suicide, including women veterans, veterans who have recently separated from the military service, veterans who haven't used VA healthcare recently, and veterans in acute crisis.

The COMPACT Act contains nine provisions to further enhance veteran's mental health and well-being and prevent deaths by suicide.

Madam Speaker, the House Committee on Veterans' Affairs approaches suicide prevention legislation within the CDC's public health framework, emphasizing upstream prevention, targeted interventions for those veterans at higher risk, and emergency care for those in suicidal crisis.

The COMPACT Act includes my provision to remove financial barriers and ensure that veterans in acute suicidal crisis or at imminent risk of self-harm will receive emergency stabilization care and never see a bill for it.

COMPACT also offers two provisions designed to better understand the particular needs of women veterans by directing the VA to report on women veterans' healthcare usage and the specific program needs of women veterans experiencing homelessness and housing insecurity.

It also includes two provisions aimed at including veterans' family members with veterans' permission in education programs to better support their veterans. When we take care of families, we also take care of veterans.

Madam Speaker, this bill also mandates that VA report back to Congress on the details of Solid Start, a relatively new VA approach to contacting and supporting veterans who have recently separated from the military. This is a known high-risk period for suicide among veterans.

COMPACT will ensure that veterans who haven't used VA healthcare recently get a reminder to come back in for VA services, so they don't inadvertently lose eligibility for some of those services.

Because we know that VA police play important roles in keeping everyone safe on VA campuses, this bill requires new annual trainings to make sure that all VA police officers are familiar with mental health challenges and competent in crisis deescalation techniques.

Madam Speaker, finally, the COMPACT Act sets up an interagency task force to look at increasing veterans' access to the outdoors and, in particular, use of our public lands for healing and recreation.

I want to emphasize that the House Committee on Veterans' Affairs is always willing to work in a bipartisan and bicameral way to advance policies to support veterans. And to that end, we sought and incorporated feedback from stakeholders and we worked hard to find consensus with our House and Senate colleagues.

Madam Speaker, even though the Department of Veterans Affairs declined to appear and testify before us in the House on this bill, we incorporated its last-minute technical suggestions in the spirit of collaboration. And because of their commitment to finding common ground and for working with the House to reach an agreed-upon bipartisan, bicameral piece of legislation, I want to thank Senators MORAN and TESTER, and Dr. ROE and their staffs for their tireless efforts in helping craft this bill. Because of their work, we are providing VA with additional tools and resources to reduce veteran suicide.

We should be clear that while we will pass two important pieces of legislation today to address the tragedy of veteran suicide, this certainly does not

mark the end of Congress' obligation. We can and we must do more.

Madam Speaker, we must implement key recommendations from the White House PREVENTS task force related to lethal means safety and community provider training. We must increase VA's outreach to and care for minority and underserved veterans.

We stand ready to move this negotiated bill forward and immediately get back to work. My hope is that the Senate stands ready as well. Politics must never come before the debt we owe our veterans.

Before I say my final words in this opening piece about this legislation, I want to just again reiterate to our veterans out there who may be experiencing a crisis or who know a veteran who may be experiencing a crisis, to please call the Veterans Crisis Line at 1-800-273-8255 and press 1. As Dr. ROE said earlier today, it is okay not to be okay.

Again, 1-800-273-8255 and press 1, or text 838255.

For deaf or hard of hearing, please call 1-800-799-4889.

Madam Speaker, I encourage my colleagues to join me in support of H.R. 8247, as amended, and I reserve the balance of my time.

□ 1345

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

Madam Speaker, I rise in support of H.R. 8247, as amended, the Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020. The Veterans COMPACT Act is sponsored by my friend and fellow leader of the Veterans' Affairs Committee, Chairman MARK TAKANO from California. I thank the chairman for introducing this bill, and I stand with him today in full support of it.

This bill is a result of bipartisan, bicameral negotiations with Senators JERRY MORAN from Kansas and JON TESTER from Montana, the chairman and ranking member of the Senate Committee on Veterans' Affairs, and I thank them for their efforts as well.

To increase access to care to veterans at imminent risk for suicide, the Veterans COMPACT Act would require VA to cover the cost of emergent suicide care for veterans, including those with other than honorable discharges who are in crisis.

To make VA campuses safer places of care and support for veterans in need, it will require the VA police officers to receive regular training in suicide prevention.

To ensure that veterans at risk of suicide receive appropriate help at home and their families are recognized and supported for the vital roles they play in the recovery process, it would expand training and support for family members and caregivers of veterans with mental health disorders.

To support veterans during the vulnerable period of time in which they

transition out of the military and into their civilian lives, the bill would create a pilot program to allow transitioning servicemembers to share information about the challenges and stresses of transition and the benefits and services available through VA and other governmental and private-sector entities with their loved ones.

To encourage veterans to engage in the VA healthcare system and take full advantage of the services VA provides, it would require VA to conduct outreach to veterans who have not been seen by VA within the prior 2 years. Remember, Madam Speaker, that over 60 percent of those veterans who commit suicide have not been in a VA healthcare facility in the last 2 years.

To improve care to the growing number of women who are serving in uniform and seeking care as veterans, it will require VA to produce an annual report on women veterans' use of VA care and a gap analysis of the programs that serve women veterans who are homeless or at risk.

The bill also contains the text of H.R. 2435, the Accelerating Veterans Recovery Outdoors Act, which is sponsored by my friend, Congressman CHRIS SMITH from New Jersey, who is a senior Member here. Congressman SMITH is my friend, the former chairman of this committee, and a longtime champion of our Nation's veterans. His bill would create a task force to examine what opportunities may exist for veterans to use our country's bountiful national parks and other beautiful outdoor spaces to improve their health and wellness. As the saying goes, nature, time, and patience are the three great physicians.

As an avid outdoorsman myself, I know the healing benefits that nature offers, and I am grateful to Congressman SMITH for his work to increase outdoor recreation for our Nation's veterans.

Madam Speaker, I hope all of my colleagues will join me in supporting the Veterans COMPACT Act, and I reserve the balance of my time.

Mr. TAKANO. Madam Speaker, I yield 1 minute to the gentlewoman from Illinois (Ms. KELLY) to speak on H.R. 8247.

Ms. KELLY of Illinois. Madam Speaker, I rise to urge my colleagues to support H.R. 8247, the Veterans COMPACT Act. This important package will help veterans struggling with mental health and slow the alarming rate of veteran suicides in this country.

This package includes my bipartisan bill, H.R. 7747, which implements reporting requirements for the VA Solid Start program. The Solid Start program is a new transitional program designed to contact veterans three times during the first year after departing military service.

Veterans are often at their most vulnerable as they transition to civilian life. From waking up to a less structured day to having to navigate the

often-frustrating VA benefits system, veterans can feel alone or overwhelmed. But we can change that.

The proactive engagement from this program has already produced positive results. In its first year, VA representatives have helped more than 750 veterans apply for disability benefits, and several veterans in crisis were immediately connected to suicide prevention services.

We need to build on that success. Sometimes all it takes is a friendly voice on the other end of the line to make a difference.

I hope all of my colleagues will join me in supporting the Veterans COMPACT Act so we can give our veterans the support they deserve.

Mr. DAVID P. ROE of Tennessee. Madam Speaker, I yield 4 minutes to the gentleman from New Jersey (Mr. SMITH). My friend is the previous chairman of the Veterans' Affairs Committee and a great advocate of our Nation's heroes.

Mr. SMITH of New Jersey. First of all, Madam Speaker, I want to thank Chairman TAKANO. I give a special thanks to him and the ranking member, Dr. ROE, for including my bipartisan bill, H.R. 2435, the Accelerating Veterans Recovery Outdoors Act, into the COMPACT Act that is before the House today.

Madam Speaker, introduced 17 months ago, I am especially grateful for the work of my good friend and colleague, ADAM SMITH from Washington, the lead Democrat cosponsor, and all 135 cosponsors of this legislation.

I give special thanks to the veterans service organizations, outdoor groups, and a big, big shout-out to the Sierra Club for the groundbreaking work that they have done to advance outdoor recreation as an extraordinarily effective form of healing for veterans suffering from PTSD and other psychological consequences from their service.

The legislation requires the Secretary of Veterans Affairs to establish an interagency task force on the use of public lands to provide medical treatment and therapy to veterans through outdoor recreation. Specifically, the task force duties include, first, to identify opportunities to formalize coordination between the Department of Veterans Affairs, public lands agencies, and partner organizations regarding the use of public lands or other outdoor spaces for health and wellness for veterans; second, to identify barriers that exist to providing veterans with opportunities for health and wellness through the use of outdoor recreation on public lands or other outdoor spaces; and, third, to develop recommendations to better facilitate the use of public lands or other outdoor spaces for promoting wellness and facilitating the delivery of health care and therapy for veterans.

After an exhaustive—hopefully, an exhaustive—analysis, it will provide recommendations to Congress within a year.

Madam Speaker, research has increasingly shown that outdoor recreation can be an effective form of treatment and healing for veterans. While many nonprofit organizations, VSOs, and other private companies have used the outdoors to help heroes to heal, providing greater coordination among key Federal agencies will open up new opportunities for veterans on public lands and other outdoor spaces.

Blake, Madam Speaker, is a combat-wounded veteran who served in Iraq. By the time he was 20, Blake was suffering severe depression, anxiety, and post-traumatic stress disorder. He made three visits to the VA psychiatric wards and a substance abuse rehab. But it was a backpacking trip led by the Sierra Club Military Outdoors that changed his entire perspective.

With growing hope, Blake began participating in backpacking trips to Yosemite, Ansel Adams, and Big Bend. He says the shared experiences in the outdoors taught him purpose, self-reliance, and the healing powers of nature. Blake reports that "in every Texas sunrise in the desert or a sunset next to an alpine lake, I found more beauty and serenity than I thought existed. I found camaraderie with other veterans in sharing our stories on the trail. The darkness of what I had experienced couldn't compare to the light I saw in watching a trout swim in the Merced River with Half Dome looming nearby. And when the depression, anxiety, and everything else that comes with PTSD creeps back into my life, I know just what to do: Strap on a pack and get outside."

Madam Speaker, I urge support for the legislation, and I thank my friends for including it in this bill.

Mr. TAKANO. Madam Speaker, I have no further speakers, and I am prepared to close.

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

In closing, first of all, I want to thank the chairman for his persistence in getting this bill done and including Congressman SMITH. It is wonderful.

I was out at Walter Reed a number of years ago. They were talking about PTSD, and I asked them: Well, do they like to fish? Would that help?

Chris said: Sure.

I said: Well, I have got some of the best trout streams in the world in my district.

They said: Well, are they going to catch any fish?

I said: They also have a fish hatchery in my district, and I guarantee they are going to catch fish.

We had a wonderful event, and it does help. There is no question about it.

I was just thinking, when Congressman SMITH said that, almost every weekend, I am on the Appalachian Trail, which is very near my home, or other hiking trails with fellow vets out hiking. It is exactly as he described. It is therapeutic. I would encourage everyone to do it, especially now that we

can begin to get out in this pandemic. I know that has kept a lot of people in their homes where they can't get out and they feel trapped. Again, reach out.

Again, I thank the chairman for his work on making this an important issue of the committee this year, and I appreciate his leadership on that.

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

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

I thank the ranking member for his assistance and partnership in getting COMPACT to the finish line. I certainly thank Chairman SMITH for his contribution. I agree with the chairman that the great outdoors—the tremendous resources that we have in our country of our national parks—should be made more available and accessible to our veterans who are suffering the unseen wounds of war. So I thank the gentleman so much for his contribution.

Madam Speaker, I want to urge all of my colleagues to support H.R. 8247. I want to thank the staff; my own staff director, Ray Kelley; and the tremendous expertise that we brought on and just the tremendous focus that they were able to achieve during the past 18 months.

This is, indeed, a huge milestone today, to be standing here and to see H.R. 8247 be passed before the House today.

Madam Speaker, I urge all of my colleagues to vote "yes" on H.R. 8247, and I yield back the balance of my time.

Ms. JACKSON LEE. Madam Speaker, as a senior member of the Committees on the Judiciary and Homeland Security, I rise in strong support of H.R. 8247, the "Veterans Comprehensive Prevention, Access to Care, and Treatment Act of 2020", which makes numerous improvements relating to Department of Veterans Affairs services offered during the transition period for veterans, suicide prevention for veterans, in addition to care and services for women veterans.

First and foremost, I want to thank all of our armed servicemen and women for their selfless dedication to our protection every day.

This country owes you all a great debt for your sacrifice.

It is no secret that the transition from active duty to civilian life poses numerous challenges and potential triggers to veterans.

We have all heard the saying "it takes a village".

Providing support to veterans who have mental illnesses is no different.

That is why I appreciate this bill's hands-on approach to involve loved ones in providing care to veterans who are struggling with their mental health.

For example, this bill creates a pilot program on information sharing of the assistance and benefits available to veterans between the Department of Veterans Affairs (VA) and designated loved ones.

This legislation also stipulates that the VA to carry out an education program for family members and caregivers of veterans with mental health disorders.

It is well known that outreach continues to be a major obstacle for VA prevention efforts.

H.R. 8247 seeks to address this issue by requiring the VA to contact veterans by mail, telephone, or email to urge them to come in for a VA exam, so that they remain “actively enrolled” in the VA health care system.

These continuous check-ins are also key to addressing the startling suicide rates among veterans.

For instance, veterans are 1.5 times more likely to die by suicide than Americans who never served in the military.

For female veterans, the risk factor is 2.2 times more likely to die by suicide.

In 2017 alone, 6,100 veterans died by suicide.

H.R. 8247 improves upon the status quo of care for veterans with regards to mental health by promoting coordination between the VA and the Suicide Prevention Coordinator at the nearest VA facility.

This will help in determining if the individual in crisis is eligible for other VA benefits and make referrals for appropriate follow-on care.

Madam Speaker, I also applaud the bill's designation of the VA as the primary payer.

With this provision, we are not only removing the out-of-pocket costs for veterans with respect to emergent mental health, but we are also removing a barrier that prevents so many from seeking help.

Veterans are truly heroes walking among us.

Their sacrifices, and those of their families, allow civilians to enjoy the benefits of our freedom without a second thought.

Without the brave efforts of all the soldiers, sailors, airmen, marines and Coast Guardsmen and women and their families, our country would not live so freely.

I offer my deepest gratitude to our nation's troops and reservists, their families, and the 19.2 million veterans, including 28,227 in my own district.

Nine in ten military families believe the public does not understand or appreciate their sacrifices.

Today, Congress has the opportunity to show its appreciation for our military personnel by voting for H.R. 8247.

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. 8247, as amended.

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

A motion to reconsider was laid on the table.

□ 1400

EQUAL ACCESS TO CONTRACEPTION FOR VETERANS ACT

Mr. TAKANO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 3798) to amend title 38, United States Code, to provide for limitations on copayments for contraception furnished by the Department of Veterans Affairs, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3798

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

SECTION 1. SHORT TITLE.

This Act may be cited as the “Equal Access to Contraception for Veterans Act”.

SEC. 2. LIMITATION ON COPAYMENTS FOR CONTRACEPTION.

Section 1722A(a)(2) of title 38, United States Code, is amended—

(1) by striking “to pay” and all that follows through the period and inserting “to pay—”; and

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

“(A) an amount in excess of the cost to the Secretary for medication described in paragraph (1); or

“(B) an amount for any contraceptive item for which coverage under health insurance coverage is required without the imposition of any cost-sharing requirement pursuant to section 2713(a)(4) of the Public Health Service Act (42 USC 300gg–13(a)(4)).”

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

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and insert extraneous material on H.R. 3798, as amended.

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

There was no objection.

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

Madam Speaker, H.R. 3798, as amended, eliminates copayments on contraceptive items at the Department of Veterans Affairs, ensuring that no veterans, especially women veterans, face economic barriers to a critical component of preventative healthcare.

I thank Congresswoman BROWNLEY for introducing this bill and for her efforts as chair of the Subcommittee on Health and the Women's Veterans Task Force.

Contraception is an essential part of healthcare, and more than 99 percent of women have used birth control at some point in their lives. Women veterans represent the fastest growing population of veterans accessing care through VA, and many are of reproductive age.

Contraception is widely available at VA, and veterans enrolled at VA can obtain oral contraceptives, shots, skin patches, vaginal rings, and long-acting reversible contraceptives, such as implants or intrauterine devices or IUDs. In addition, the VA pharmacy dispenses over-the-counter contraceptives, including condoms and emergency contraception.

Requiring a copay for contraception creates an unnecessary economic barrier to preventative healthcare. Women

veterans are more likely to live in poverty than male veterans, and transgender veterans are more likely to live in poverty than cisgender veterans. Even a small copay can be insurmountable for someone trying to make ends meet.

Madam Speaker, passing this bill is especially critical during the pandemic. During times of crisis, such as natural disaster and pandemics, the rate of unplanned pregnancy increases. When so many Americans are experiencing economic hardship, their access to healthcare should be something that they do not have to worry about. This bill has wide VSO support and is also supported by the Department of Veterans Affairs.

I, again, thank Ms. BROWNLEY for her leadership on this issue. I thank Dr. ROE and the minority staff for working with us on this bill, and I look forward to working with our Senate counterparts to get it passed into law before the 116th Congress.

Madam Speaker, I reserve the balance of my time.

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

I rise today in support of H.R. 3798, as amended, the Equal Access to Contraception for Veterans Act.

This bill is sponsored by Congresswoman JULIA BROWNLEY from California. Congresswoman BROWNLEY is the chairwoman of the Subcommittee on Health and the bipartisan Women's Veterans Task Force, and I am grateful for her hard work and steadfast commitment to improving care for all the men and women who have served our Nation in uniform.

The Equal Access to Contraception Act would prevent the Department of Veterans Affairs from charging copayments for contraceptive items and services that veterans receive in the VA. This would create parity between the VA healthcare system and the rest of the healthcare industry, which already exempts prescriptions for contraception from cost-sharing requirements.

Prior to coming to Congress, I spent 30 years in private practice as a board-certified OB/GYN physician, so I know firsthand the importance of reproductive care and regular access to contraception. I am proud to sponsor this bill today to increase access to contraception for the growing number of women who are volunteering for the military and enrolling in the VA healthcare system following their brave service.

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

Mr. TAKANO. Mr. Speaker, I yield 5 minutes to the gentleman from California (Ms. BROWNLEY), my good friend, the chairwoman of the Subcommittee on Health, and also the author of this important piece of legislation.

Ms. BROWNLEY of California. Mr. Speaker, I rise today in support of H.R. 3798, the Equal Access to Contraception for Veterans Act, my bill to ensure