(c) ELEMENTS.—The report required by subsection (b) shall include the following:

(1) A list of each website described in subsection (a) that is not accessible to individuals with disabilities in accordance with section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d).

(2) For each website identified in the list under paragraph (1)—

(A) the plan of the Secretary to bring the website into compliance with the requirements of section 508 of the Rehabilitation Act of 1973 (29 U.S.C. 794d); and

(B) a description of the barriers to bringing the website into compliance with the requirements of such section, including any barriers relating to vacant positions at the Department of Veterans Affairs.

(d) WEBSITE DEFINED.—In this section, the term ''website'' includes the following:

(1) A file attached to a website.

(2) A web-based application.

(3) A kiosk at a medical facility of the Department of Veterans Affairs, the use of which is required to check in for scheduled appointments.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Virginia (Mrs. LURIA) and the gentleman from Florida (Mr. BILIRAKIS) each will control 20 minutes.

The Chair recognizes the gentlewoman from Virginia.

GENERAL LEAVE

Mrs. LURIA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials to S. 3587.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Virginia?

There was no objection.

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

Mr. Speaker, S. 3587 will require the Secretary of Veterans Affairs to conduct a study on the accessibility of VA websites to our veterans and VA employees with disabilities and to ensure that these websites comply with the accessibility standards established by section 508 of the Rehabilitation Act of 1973.

Section 508 ensures that disabled Americans have equal access to electronic and information technology. As it stands today, the VA has not brought all of its online services into compliance with this existing law. This bill forces the VA to take a closer look at all of its websites and electronic services, identify the ones that are not legally compliant, and develop a correctional plan to make those services functional for the disabled. This will be particularly helpful to our blind veterans.

According to a 2018 study conducted by the Veterans Health Administration, our country has an estimated 131,500 legally blind veterans, though that number is projected to grow in the coming decades. Because these individuals depend on screen readers and magnification software when using websites, apps, kiosks, and telehealth tools, it is imperative that all VA programs be compatible with accessible communications technologies. That way, every veteran has equal access to the essential information and services that the Department provides.

□ 1700

Mr. Speaker, not only will this legislation better assist veterans seeking care and benefits from the VA, it will also assist the Department's own disabled employees. Far too often, the VA utilizes inaccessible PDF formats when conducting internal operations, hindering its own employees who rely on screen readers in their work and in their service to our veterans. This legislation will identify and improve these barriers for services to the public.

Last year, I met with a group of blinded veterans, and they explained the structure of the VA websites and how it makes it difficult for them to learn about treatments and schedule doctor appointments. To remedy this problem, I introduced the House companion to this bill, H.R. 1199, the VA Website Accessibility Act.

Blinded veterans deserve equal access to all VA services, and I am honored to champion their cause. Our heroes should not have to wait a day longer. Today, we can help thousands of veterans receive better access to healthcare resources. I urge support of the VA Website Accessibility Act.

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

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

Mr. Speaker, I rise today in support of S. 3587, the Department of Veterans Affairs Website Accessibility Act of 2019. This bill will require the Department of Veterans Affairs to conduct a study of all VA websites, apps, and electronic forms; determine which are inaccessible to veterans with disabilities; and develop a plan to make each of them accessible and compliant with section 508 of the Rehabilitation Act of 1973.

Although the VA has taken steps to improve the accessibility of its website, the committee has heard concerns from Blinded Veterans of America that ''a web page that was easily accessed one day cannot be read or even located during the next visit to the site.'' Of course that is unacceptable as far as I am concerned.

Moreover, visually impaired veterans, in particular, often face barriers to accessing information from VA because they are directed to forms or pages that are incompatible with screen readers.

Given that over 4.9 million veterans have at least one service-connected disability, it is unacceptable that the VA's delivery of information falls short of disabled veterans' needs. This bill will require the VA to take systematic action to address these issues.

I applaud Senator BOB CASEY and Congresswoman ELAINE LURIA, who does an outstanding job on the Committee on Veterans' Affairs, for their leadership on this particular bill and their efforts to ensure that all veterans are able to access the information they need from the VA.

I will be supporting this bill today, and I urge my colleagues to join me.

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

Mrs. LURIA. Mr. Speaker, I have no further speakers, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Virginia (Mrs. LURIA) that the House suspend the rules and pass the bill, S. 3587.

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.

TRAVIS W. ATKINS DEPARTMENT OF VETERANS AFFAIRS CLINIC

Mrs. LURIA. Mr. Speaker, I move to suspend the rules and pass the bill (S. 900) to designate the community-based outpatient clinic of the Department of Veterans Affairs in Bozeman, Montana, as the ''Travis W. Atkins Department of Veterans Affairs Clinic'', as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 900

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

SECTION 1. DESIGNATION OF TRAVIS W. ATKINS DEPARTMENT OF VETERANS AFFAIRS CLINIC IN BOZEMAN, MONTANA.

(a) DESIGNATION.—The community-based outpatient clinic of the Department of Veterans Affairs located in Bozeman, Montana, shall after the date of the enactment of this Act be known and designated as the ''Travis W. Atkins Department of Veterans Affairs Clinic'' or the ''Travis W. Atkins VA Clinic''.

(b) REFERENCE.—Any reference in any law, regulation, map, document, paper, or other record of the United States to the community-based outpatient clinic referred to in subsection (a) shall be considered to be a reference to the Travis W. Atkins Department of Veterans Affairs Clinic.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Virginia (Mrs. LURIA) and the gentleman from Florida (Mr. BILIRAKIS) each will control 20 minutes.

The Chair recognizes the gentlewoman from Virginia.

GENERAL LEAVE

Mrs. LURIA. 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 materials on S. 900, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Virginia?

There was no objection.

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

Mr. Speaker, I rise to remember the life of Army Staff Sergeant Travis Atkins, who was killed in Iraq on June 1,

2007. I thank my colleague, Mr. GIANFORTE from Montana, for bringing this bill before us so we may all pay tribute to a selfless public servant.

Travis was born on December 9, 1975, to parents Jack and Elaine. Growing up in Bozeman, Montana, he was an active outdoorsman, spending most of his time fishing, hunting, and snowmobiling. After high school, he worked as a painting and concrete contractor but soon felt called to serve.

On November 9, 2000, 24-year-old Travis joined the Army. He deployed to Kuwait with the 101st Airborne Division in March of 2003 and was an infantry team leader during the invasion of Iraq later that month.

After that deployment, he decided to pursue college and was honorably discharged in December of 2003. But as his father put it, the civilian life just didn't do it for him, and he rejoined the Army in December of 2005 as part of the 10th Mountain Division and was again deployed to Iraq.

Mr. Speaker, on June 1, 2007, during a route clearance in a town outside of Baghdad, Atkins' unit noticed two men trying to cross a road that they were securing. Atkins asked the men to stop. When trying to search one of the men, a fight broke out. Realizing the man was wearing a suicide vest, he fought to keep him from finding the trigger. Eventually, he did. Without hesitating, Staff Sergeant Atkins bear-hugged the insurgent, threw him to the ground and pinned him there, shielding his fellow soldiers only a few feet away. Staff Sergeant Atkins saved three men that day.

In every account of his character from his battle buddies, the word most used to describe him was a ''leader,'' and a fine leader he was, right up until his final moments.

Surviving Sergeant Atkins are his parents and his son, Trevor. Trevor said that he wants his father to be remembered as the best dad and the best soldier that anyone could ask for. At the White House, on March 27, 2019, Trevor accepted his father's Medal of Honor.

The legacy of Staff Sergeant Atkins—of loyalty, of dedication, of leadership—must never be forgotten. As the citizens he protected, we honor him by trying to live by his example to care deeply and lead well.

While we will never be able to fully convey the depth of our gratitude to the Atkins family, I hope that this bill, the naming of the clinic in his hometown, will offer some fraction of that comfort.

Mr. Speaker, I wholeheartedly support this bill and I urge my colleagues to do the same.

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

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

Mr. Speaker, I rise today in support of S. 900, as amended, a bill to name the Department of Veterans Affairs community-based outpatient clinic in Bozeman, Montana, the Travis W. Atkins Department of Veterans Affairs Clinic.

Staff Sergeant Travis Atkins was a Montana native and Army veteran. He was killed in action in Iraq in 2007 during an encounter with two enemy insurgents when he put himself between a suicide bomber and his fellow soldiers.

Staff Sergeant Atkins' quick and selfless actions saved the lives of those three soldiers and led to him being posthumously awarded the Medal of Honor. By naming the VA clinic in Bozeman after him today, we will further ensure that his life and legacy is forever remembered.

This bill was sponsored in the Senate by Senator STEVE DAINES and in the House by my friend and colleague Congressman GREG GIANFORTE, who will be the Governor of Montana very soon. It is also strongly supported by the other member of Montana's congressional delegation, the ranking member of the Senate Veterans' Affairs Committee and another good friend of mine, Senator JON TESTER.

I am grateful to Senator DAINES, Congressman GIANFORTE, Ranking Member TESTER, and the many Montana veteran service organizations that sent in letters of support for this bill, for their efforts to honor Staff Sergeant Atkins' service and sacrifice through this legislation. These are the true heroes, Mr. Speaker. I know you know that.

Staff Sergeant Atkins was just 32 years old when he died. He left behind many loved ones, including his then 11-year-old son, Trevor. I send my prayers to Trevor and to all of Staff Sergeant Atkins' friends and family members who, I know, are still grieving his loss today.

I hope that it is a small comfort to them to know that, with the passage of this bill, Mr. Speaker, Staff Sergeant Atkins' memory will live on and serve as an inspiration to all the veterans who seek hope and healing in the clinic that will now bear his name.

I am proud to support this bill, Mr. Speaker, and I yield back the balance of my time.

Mrs. LURIA. Mr. Speaker, I ask my colleagues to join me in passing S. 900, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Virginia (Mrs. LURIA) that the House suspend the rules and pass the bill, S. 900, 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.

IMPROVING SAFETY AND SECURITY FOR VETERANS ACT OF 2019

Mrs. LURIA. Mr. Speaker, I move to suspend the rules and pass the bill (S. 3147) to require the Secretary of Veterans Affairs to submit to Congress reports on patient safety and quality of care at medical centers of the Department of Veterans Affairs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 3147

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 ''Improving Safety and Security for Veterans Act of 2019''.

SEC. 2. DEPARTMENT OF VETERANS AFFAIRS REPORTS ON PATIENT SAFETY AND QUALITY OF CARE.

(a) REPORT ON PATIENT SAFETY AND QUALITY OF CARE.—

(1) IN GENERAL.—Not later than 30 days 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 regarding the policies and procedures of the Department relating to patient safety and quality of care and the steps that the Department has taken to make improvements in patient safety and quality of care at medical centers of the Department.

(2) ELEMENTS.—The report required by paragraph (1) shall include the following:

(A) A description of the policies and procedures of the Department and improvements made by the Department with respect to the following:

(i) How often the Department reviews or inspects patient safety at medical centers of the Department.

(ii) What triggers the aggregated review process at medical centers of the Department.

(iii) What controls the Department has in place for controlled and other high-risk substances, including the following:

(I) Access to such substances by staff.

(II) What medications are dispensed via automation.

(III) What systems are in place to ensure proper matching of the correct medication to the correct patient.

(IV) Controls of items such as medication carts and pill bottles and vials.

(V) Monitoring of the dispensing of medication within medical centers of the Department, including monitoring of unauthorized dispensing.

(iv) How the Department monitors contact between patients and employees of the Department, including how employees are monitored and tracked at medical centers of the Department when entering and exiting the room of a patient.

(v) How comprehensively the Department uses video monitoring systems in medical centers of the Department to enhance patient safety, security, and quality of care.

(vi) How the Department tracks and reports deaths at medical centers of the Department at the local level, Veterans Integrated Service Network level, and national level.

(vii) The procedures of the Department to alert local, regional, and Department-wide leadership when there is a statistically abnormal number of deaths at a medical center of the Department, including—

(I) the manner and frequency in which such alerts are made; and

(II) what is included in such an alert, such as the nature of death and where within the medical center the death occurred.