

Wounded Warrior Project, and The American Legion have voiced robust support for this legislation.

We cannot wait any longer to pass this critical piece of legislation. The MAMMO Act is essential for VA to provide high-quality, lifesaving care that veterans have not only earned but deserve.

Mr. Speaker, I urge the passage of this important piece of legislation, and I reserve the balance of my time.

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

Mr. Speaker, I rise in support of S. 2533, the MAMMO for Veterans Act. This bill requires VA to develop a plan to improve breast imaging services. It also establishes a breast imaging telehealth pilot program to better serve women veterans in areas where VA does not have significant capacity, including rural areas.

It also requires VA to upgrade breast imaging services at the VA facilities by using three-dimensional imaging and provide updated guidelines and genetic counseling for veterans diagnosed with breast cancer. Early detection is the key to fighting all forms of cancer, to include breast cancer.

VA should make every effort to ensure veterans with breast cancer receive cutting-edge care, both in screening and treatment.

I appreciate Senator TESTER and my friend and fellow veteran, Congresswoman MILLER-MEEKS, for their work on this important bill. It has my full support.

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

Mr. TAKANO. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. BOST. Mr. Speaker, I yield 3 minutes to the gentlewoman from Iowa (Mrs. MILLER-MEEKS), my good friend.

□ 1330

Mrs. MILLER-MEEKS. Mr. Speaker, I thank Ranking Member BOST for yielding me time to speak.

I rise today to express my support for S. 2533, the Making Advances in Mammography and Medical Options for Veterans Act. I am proud to co-lead the House companion of this important legislation with Congresswoman BROWNLEY. I also thank Senators TESTER and BOOZMAN for their work in passing this bill.

As a doctor and as a 24-year female veteran, I understand just how significant access to mammogram screenings can be. The VA has estimated that among the women enrolled in VA healthcare, about 700 female veterans are diagnosed with breast cancer each year, and the percentage of female veterans is only going to increase.

This bill will ensure that female veterans have the best access to high-quality care, especially for female veterans that live in rural areas who are disabled and who are paralyzed. This bill will also create a 3-year pilot program to provide telemammography

screenings to female veterans and will upgrade the VA mammography imaging to three-dimensional breast imaging for VA hospitals. In addition, this bill will expand partnerships for care, research, and clinical trials with the NIH National Cancer Institute and the DOD.

Today, as a doctor and a former director of public health, I am proudly voting in support of the bipartisan and bicameral MAMMO for Veterans Act. This bill will enhance mammography and telemammography screenings, and I urge all of my colleagues to vote in favor of S. 2533, Making Advances in Mammography and Medical Options for Veterans Act. I look forward to a strong bipartisan vote today and sending this bill to the President to become law.

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

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

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

Mr. TAKANO. Mr. Speaker, I ask all my colleagues to join me in passing S. 2533. In the last vote, the gentleman from Montana went out of my line of sight, and I thought we were going to pass this on suspension. I plead with him, let MAMMO go, let MAMMO pass on voice. By allowing us to pass it on voice, everybody says "yes."

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, S. 2533.

The question was taken.

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

Mr. ROSENDALE. Mr. Speaker, on that I demand the yeas and nays.

PARLIAMENTARY INQUIRY

Mr. COHEN. Mr. Speaker, parliamentary inquiry.

The SPEAKER pro tempore. The gentleman will state his parliamentary inquiry.

Mr. COHEN. Mr. Speaker, what is the rule for having a vote not be done by voice vote but have to go to the floor for a recorded vote? Is it not a majority of the group necessary to have a hearing? The majority of a quorum, it is 20 percent of the quorum, I believe.

The SPEAKER pro tempore. Once again, the gentleman will please state his parliamentary inquiry.

Mr. COHEN. Mr. Speaker, my understanding is the rules require 20 percent of a quorum to be present to request and have a vote be done by the yeas and nays. Is that not accurate?

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are considered as ordered upon any demand for the yeas and nays.

Mr. COHEN. Mr. Speaker, on demand?

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

#### DR. KATE HENDRICKS THOMAS SUPPORTING EXPANDED REVIEW FOR VETERANS IN COMBAT ENVIRONMENTS ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2102) to amend title 38, United States Code, to direct the Under Secretary for Health of the Department of Veterans Affairs to provide mammography screening for veterans who served in locations associated with toxic exposure.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2102

*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 "Dr. Kate Hendricks Thomas Supporting Expanded Review for Veterans In Combat Environments Act" or the "Dr. Kate Hendricks Thomas SERVICE ACT".

#### SEC. 2. REVISION OF BREAST CANCER MAMMOGRAPHY POLICY OF DEPARTMENT OF VETERANS AFFAIRS TO PROVIDE MAMMOGRAPHY SCREENING FOR VETERANS WHO SERVED IN LOCATIONS ASSOCIATED WITH TOXIC EXPOSURE.

(a) IN GENERAL.—Section 7322 of title 38, United States Code, is amended—

(1) in subsection (a), by striking "The" and inserting "IN GENERAL.—The";

(2) in subsection (b)—

(A) by striking "The" and inserting "STANDARDS FOR SCREENING.—The"; and

(B) in paragraph (2)(B), by inserting "a record of service in a location and during a period specified in subsection (d)," after "risk factors,"; and

(3) by adding at the end the following new subsections:

"(C) ELIGIBILITY FOR SCREENING FOR VETERANS EXPOSED TO TOXIC SUBSTANCES.—The Under Secretary for Health shall ensure that, under the policy developed under subsection (a), any veteran who, during active military, naval, or air service, was deployed in support of a contingency operation in a location and during a period specified in subsection (d), is eligible for a mammography screening by a health care provider of the Department.

"(d) LOCATIONS AND PERIODS SPECIFIED.—(1) The locations and periods specified in this subsection are the following:

"(A) Iraq during following periods:

"(i) The period beginning on August 2, 1990, and ending on February 28, 1991.

"(ii) The period beginning on March 19, 2003, and ending on such date as the Secretary determines burn pits are no longer used in Iraq.

"(B) The Southwest Asia theater of operations, other than Iraq, during the period beginning on August 2, 1990, and ending on such date as the Secretary determines burn pits are no longer used in such location, including the following locations:

"(i) Kuwait.

"(ii) Saudi Arabia.

"(iii) Oman.

"(iv) Qatar.

"(C) Afghanistan during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Afghanistan.

“(D) Djibouti during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Djibouti.

“(E) Syria during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Syria.

“(F) Jordan during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Jordan.

“(G) Egypt during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Egypt.

“(H) Lebanon during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Lebanon.

“(I) Yemen during the period beginning on September 11, 2001, and ending on such date as the Secretary determines burn pits are no longer used in Yemen.

“(J) Such other locations and corresponding periods as set forth by the Airborne Hazards and Open Burn Pit Registry established under section 201 of the Dignified Burial and Other Veterans' Benefits Improvement Act of 2012 (Public Law 112-260; 38 U.S.C. 527 note).

“(K) Such other locations and corresponding periods as the Secretary, in collaboration with the Secretary of Defense, may determine appropriate in a report submitted under paragraph (2).

“(2) Not later than two years after the date of the enactment of the Dr. Kate Hendricks Thomas Supporting Expanded Review for Veterans In Combat Environments Act, and not less frequently than once every two years thereafter, the Secretary of Veterans Affairs, in collaboration with the Secretary of Defense, shall submit to Congress a report specifying other locations and corresponding periods for purposes of paragraph (1)(K).

“(3) A location under this subsection shall not include any body of water around or any airspace above such location.

“(4) In this subsection, the term ‘burn pit’ means an area of land that—

“(A) is used for disposal of solid waste by burning in the outdoor air; and

“(B) does not contain a commercially manufactured incinerator or other equipment specifically designed and manufactured for the burning of solid waste.”.

(b) REPORT ON BREAST CANCER RATES FOR VETERANS DEPLOYED TO CERTAIN AREAS.—Not later than two years 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 that compares the rates of breast cancer among members of the Armed Forces deployed to the locations and during the periods specified in section 7322(d) of title 38, United States Code, as added by subsection (a), as compared to members of the Armed Forces who were not deployed to those locations during those periods and to the civilian population.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Illinois (Mr. BOST) 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 S. 2102.

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 strong support of S. 2102, the Dr. Kate Hendricks Thomas Supporting Expanded Review for Veterans in Combat Environments Act, or SERVICE Act, introduced by Senator BOOZMAN.

I applaud Dr. MILLER-MEEKS and Chairwoman BROWNLEY for their initiative on this urgent issue and for introducing the House companion.

The purpose of this bill is to ensure that any veteran who was deployed in support of a contingency operation in specified locations during defined periods is eligible for a mammography screening by a VA healthcare provider. The specified locations are theaters of operations where burn pits are currently—or were previously—being used.

This bill also requires inclusion of other locations and time periods as determined by the Airborne Hazards and Open Burn Pit Registry.

Additionally, the SERVICE Act requires a report that compares breast cancer rates for veterans deployed to the specified locations, comparing data to other members of the Armed Forces who were not deployed during that period, and to the civilian population.

Many of us here today were lucky enough to have had the honor of meeting Dr. Kate Hendricks Thomas; a fierce advocate, loving wife and mother, and an exemplary Marine Corps veteran, who served near a burn pit in Fallujah. Kate passed away last month after battling stage IV breast cancer.

She gave her last days to her fellow veterans, fighting for the passage of comprehensive toxic exposure legislation that would provide potentially lifesaving care crucial for similarly exposed veterans.

While I support this important and timely legislation, I also stress the urgency of passing the Honoring our PACT Act. It is time for our country to make good on its promise to toxic-exposed veterans.

It is up to us, Members of Congress, to fight for our Nation's veterans as they have fought for us. Our Nation's veterans do not have time to wait.

I support S. 2102, and I ask my colleagues to do the same. Mr. Speaker, I reserve the balance of my time.

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

Mr. Speaker, I rise in support of S. 2102, the Dr. Kate Hendricks Thomas Supporting Expanded Review for Veterans in Combat Environment, or SERVICE Act.

Dr. Thomas was a marine—oorah—veteran and a public health professional, who was diagnosed with stage IV breast cancer following her deployment to Iraq.

She was just 38 years old when she was diagnosed. She was just 42 years old when she died of breast cancer on April 5 of this year.

My thoughts and prayers are with her family and loved ones.

Dr. Thomas' passing is a tragic reminder of how high the stakes are when it comes to better serving veterans suffering from toxic exposure.

Both VA and DOD have conducted studies that indicate that women who have served in the military have an elevated risk for breast cancer.

The bill that bears Dr. Thomas' name would help more toxic-exposed veterans like her have access to breast imaging services from the VA, regardless of their enrollment status.

The bill is sponsored by Senator BOOZMAN of Arkansas, and I thank him for his work on this legislation. I also thank Congresswoman MILLER-MEEKS, the House sponsor, who has been a strong champion for it as well. Dr. MILLER-MEEKS is a veteran herself, and women veterans have no better advocate than she.

I am proud to support the bill today, and I hope that all of my colleagues will join me.

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

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

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

Mr. BOST. Mr. Speaker, I yield 3 minutes to the gentlewoman from Iowa (Mrs. MILLER-MEEKS).

Mrs. MILLER-MEEKS. Mr. Speaker, I thank Ranking Member BOST for yielding me time to speak.

I rise today to express my support for S. 2102, the Dr. Kate Hendricks Thomas SERVICE Act. I was proud to introduce the House companion of this important bipartisan piece of legislation with Congresswoman BROWNLEY. I thank Senators BOOZMAN and WYDEN for their work in passing this bill.

The importance of this bill is that the United States Preventive Health Service indicates mammography at an annual level after age 40, and our veterans who have risked their lives and their health in service to our country are exposed to toxins and burn pits and need treatment and screening to prevent long-term health issues and at an earlier time period. Female veterans are especially at risk for several types of cancer, especially breast cancer. Female veterans are at a 20 to 40 percent higher risk of breast cancer, and female veterans who have been exposed to toxic exposure are at an even higher risk.

As a doctor, I understand just how lifesaving early mammogram screenings can be. I have always told my patients that early detection is the key to successfully treating all types of cancer. This bill will allow for an earlier mammography screening for female veterans who served in locations with toxic exposure.

This bill is in honor of Dr. and Marine Corps veteran Kate Hendricks Thomas, who unfortunately passed away in April due to stage IV breast

cancer. Dr. Thomas advocated for earlier mammography screenings for female veterans that were exposed to toxic exposure.

The bipartisan and bicameral SERVICE Act will give female veterans access to more screenings to stay ahead of this terrible disease. Today, as a 24-year Army veteran, I am proudly voting in support of this bill to protect and save the lives of our female veterans.

I urge all of my colleagues to join me in voting in favor of S. 2102, the Dr. Kate Hendricks Thomas SERVICE Act. I look forward to a strong bipartisan vote today and sending this bill to the President to become law.

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

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

Mr. BOST. Mr. Speaker, as we have noticed today, this bill and other bills deal specifically with the promise we have made, I have made, and I know that Chairman TAKANO as well has made, to try to make things better for our women veterans. We also had the bills that dealt with the sexual trauma. These are issues that are vitally important. I appreciate what we have worked on today. We want to make sure that we provide for those needs.

Mr. Speaker, I encourage my colleagues to support this piece of legislation along with all the others that we have moved today, and I yield back the balance of my time.

Mr. TAKANO. Mr. Speaker, I ask my colleagues to join me in passing this important piece of legislation, the Dr. Kate Hendricks Thomas SERVICE Act.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 2102.

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. ROSENDALE. Mr. Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

□ 1345

# TRAUMATIC BRAIN INJURY AND POST-TRAUMATIC STRESS DISORDER LAW ENFORCEMENT TRAINING ACT

Mr. COHEN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2992), to direct the Attorney General to develop crisis intervention training tools for use by first responders related to interacting with persons

who have a traumatic brain injury, another form of acquired brain injury, or post-traumatic stress disorder, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2992

*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 “Traumatic Brain Injury and Post-Traumatic Stress Disorder Law Enforcement Training Act” or the “TBI and PTSD Law Enforcement Training Act”.

## SEC. 2. FINDINGS.

Congress finds the following:

(1) According to the Centers for Disease Control and Prevention, there were approximately 2.9 million traumatic brain injury-related emergency department visits, hospitalizations, and deaths in the United States in 2014.

(2) Effects of traumatic brain injury (TBI) can be short-term or long-term, and include impaired thinking or memory, movement, vision or hearing, or emotional functioning, such as personality changes or depression.

(3) Currently, between 3.2 million and 5.3 million persons are living with a TBI-related disability in the United States.

(4) About 7 or 8 percent of Americans will experience post-traumatic stress disorder (PTSD) at some point in their lives, and about 8 million adults have PTSD during the course of a given year.

(5) TBI and PTSD have been recognized as the signature injuries of the Wars in Iraq and Afghanistan.

(6) According to the Department of Defense, 383,000 men and women deployed to Iraq and Afghanistan sustained a brain injury while in the line of duty between 2000 and 2018.

(7) Approximately 13.5 percent of Operations Iraqi Freedom and Enduring Freedom veterans screen positive for PTSD, according to the Department of Veteran Affairs.

(8) About 12 percent of Gulf War Veterans have PTSD in a given year while about 30 percent of Vietnam Veterans have had PTSD in their lifetime.

(9) Physical signs of TBI can include motor impairment, dizziness or poor balance, slurred speech, impaired depth perception, or impaired verbal memory, while physical signs of PTSD can include agitation, irritability, hostility, hypervigilance, self-destructive behavior, fear, severe anxiety, or mistrust.

(10) Physical signs of TBI and PTSD often overlap with physical signs of alcohol or drug impairment, which complicate a first responder's ability to quickly and effectively identify an individual's condition.

## SEC. 3. CREATION OF A TBI AND PTSD TRAINING FOR FIRST RESPONDERS.

Part HH of title I of the Omnibus Crime Control and Safe Streets Act of 1968 (34 U.S.C. 10651 et seq.) is amended—

(1) in section 2991—

(A) in subsection (h)(1)(A), by inserting before the period at the end the following: “, including the training developed under section 2993”; and

(B) in subsection (o), by amending paragraph (1) to read as follows:

“(1) IN GENERAL.—There is authorized to be appropriated to the Department of Justice to carry out this section \$54,000,000 for each of fiscal years 2023 through 2027.”; and

(2) by inserting after section 2992 the following new section:

## “SEC. 2993. CREATION OF A TBI AND PTSD TRAINING FOR FIRST RESPONDERS.

“(a) IN GENERAL.—Not later than one year after the date of the enactment of this section, the Attorney General, acting through the Director of the Bureau of Justice Assistance, in consultation with the Director of the Centers for Disease Control and Prevention and the Assistant Secretary for Mental Health and Substance Use, shall solicit best practices regarding techniques to interact with persons who have a traumatic brain injury, an acquired brain injury, or post-traumatic stress disorder from first responder, brain injury, veteran, and mental health organizations, health care and mental health providers, hospital emergency departments, and other relevant stakeholders, and shall develop crisis intervention training tools for use by first responders (as such term is defined in section 3025) that provide—

“(1) information on the conditions and symptoms of a traumatic brain injury, an acquired brain injury, and post-traumatic stress disorder;

“(2) techniques to interact with persons who have a traumatic brain injury, an acquired brain injury, or post-traumatic stress disorder; and

“(3) information on how to recognize persons who have a traumatic brain injury, an acquired brain injury, or post-traumatic stress disorder.

“(b) USE OF TRAINING TOOLS AT LAW ENFORCEMENT MENTAL HEALTH LEARNING SITES.—The Attorney General shall ensure that not less than one Law Enforcement Mental Health Learning Site designated by the Director of the Bureau of Justice Assistance uses the training tools developed under subsection (a).

“(c) POLICE MENTAL HEALTH COLLABORATION TOOLKIT.—The Attorney General shall make the training tools developed under subsection (a) available as part of the Police-Mental Health Collaboration Toolkit provided by the Bureau of Justice Assistance.”.

## SEC. 4. STUDY ON FIRST RESPONDERS WITH TBI.

Not later than 24 months after the date of the enactment of this Act, the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention and the Director of the National Institutes of Health and in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall conduct a study and submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor and Pensions of the Senate a report on the prevalence and incidence of concussion among first responders (as such term is defined in section 3025 of the Omnibus Crime Control and Safe Street Act of 1968 (34 U.S.C. 10705)). The report shall include data on the incidence of concussion among first responders and recommendations for resources for first responders who have experienced traumatic brain injury.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. COHEN) and the gentleman from Oregon (Mr. BENTZ) each will control 20 minutes.

The Chair recognizes the gentleman from Tennessee.

## GENERAL LEAVE

Mr. COHEN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2992.

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