

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

□ 1515

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

Mr. Speaker, former Federal Reserve Governor and now-Vice Chair for Supervision Michelle Bowman, who talked about the procompetition benefits of healthy mergers, said: "Reducing the efficiency of bank M&A can be a deterrent to healthy bank transactions. It can reduce the effectiveness of M&A activity that preserves the presence of community banks in underserved areas, prevent institutions from pursuing prudent growth strategies, and actually undermine competition by preventing firms from growing to a larger scale, effectively creating a 'protected class' of larger institutions."

Mr. Speaker, we had a hearing that was called when the ranking member was the chair. She called in all the CEOs of the biggest banks in the country. In this particular hearing, the gentlewoman from California also hauled in some of the CEOs of the regional banks, the big regional banks, in addition to the G-SIB Wall Street banks.

I noticed that the CEO of a successor institution that was formed by the merger of two regional banks was sitting right next to the CEO of one of the largest banks on planet Earth, so I said to the CEO of one of the largest banks on planet Earth: This gentleman who is now the CEO of a big regional bank is sitting next to you. Can you tell me what a more formidable competitor to your big Wall Street bank is? Is it the original small regional bank, the other small regional bank, or is it the combination of those two regional banks that made a bigger regional bank?

He said: Undoubtedly, it is the bigger regional bank that poses a bigger competitive threat to me, the big Wall Street bank.

Not all mergers are bad. There are a lot of mergers that help create more competition. That is what we want.

More importantly, Mr. Speaker, it provides better financial services and products and access to the American Dream for the American people.

That is why we want to disapprove this bad regulation. That is why we want to make sure that mergers are allowed to allow for distressed banks to sell themselves instead of failing, thereby insulating the Deposit Insurance Fund from losses.

This is to help financial stability, Mr. Speaker. I urge all of my colleagues, for the reasons that we have outlined today, to help us invalidate this bad regulation and to make sure that no regulator in the future can pass another bad regulation like this that would prevent healthy mergers.

For goodness' sake, if you want dynamism and competition in a diverse banking system, support our agenda that not only allows for healthy mergers but also provides for regulatory tailoring so that we provide relief to

small community banks so that they can compete, relief to the regional banks so that they can compete, and, for goodness sake, clear the way for de novo charters, new banks, to come into the system.

I don't know, for the life of me, why my friends on the other side of the aisle who complain about big banks won't allow for healthy mergers to compete with them, won't allow for new banks to come into the system by overregulating the heck out of the sector, and won't allow there to be a dynamic, diverse banking system.

Mr. Speaker, for these reasons and others, as I explained earlier, I urge my colleagues to support this resolution, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. FINE). All time for debate has expired.

Pursuant to the rule, the previous question is ordered on the joint resolution.

The question is on the third reading of the joint resolution.

The joint resolution was ordered to be read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on passage of the joint resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or votes objected to under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

NO WRONG DOOR FOR VETERANS ACT

Mr. BOST. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1969) to amend and reauthorize the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program of the Department of Veterans Affairs, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1969

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 "No Wrong Door for Veterans Act".

SEC. 2. REAUTHORIZATION AND IMPROVEMENT OF STAFF SERGEANT PARKER GORDON FOX SUICIDE PREVENTION GRANT PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) DURATION.—Section 201 of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019 (Public Law 116–171; 38 U.S.C. 1720F note) is amended, in subsection (j), by striking "the date that is three years after the date on which the first grant is awarded under this section" and inserting "September 30, 2026".

(b) EMERGENT SUICIDE CARE.—Such section is further amended—

(1) in subsection (m)—

(A) by redesignating paragraph (3) as paragraph (4);

(B) by inserting after paragraph (2) the following new paragraph (3):

"(3) EMERGENT SUICIDE CARE.—In the case of an eligible individual who receives suicide prevention services provided or coordinated by an eligible entity in receipt of a grant under this section, the eligible entity shall notify—

"(A) the eligible individual that the individual may be eligible for emergent suicide care under section 1720J of title 38, United States Code; and

"(B) the Secretary, if an eligible individual notified under subparagraph (A) elects to receive such emergent suicide care."; and

(C) in paragraph (4), as so redesignated, by striking "(1) or (2)" and inserting "(1), (2), or (3)"; and

(2) in subsection (n)—

(A) by inserting "(1) IN GENERAL.—" before "When" and adjusting the margins accordingly; and

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

"(2) TIME FRAME.—If the Secretary does not provide services under paragraph (1) to an eligible individual during the 72-hour period following a referral under subsection (m), such eligible individual shall be treated as eligible for emergent suicide care under section 1720J of title 38, United States Code."

(c) REAUTHORIZATION.—Such section is further amended, in subsection (p)—

(1) by striking "section a total of \$174,000,000 for fiscal years 2021 through 2025." and inserting "section—"; and

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

"(1) a total of \$174,000,000 for fiscal years 2021 through 2025; and

"(2) \$52,500,000 for fiscal year 2026."

(d) REQUIREMENTS FOR ELIGIBLE ENTITIES.—Such section is further amended, in subsection (q)(3)—

(1) by inserting "an entity that has continuously provided mental health care or support services in the United States during the two-year period before the date on which the entity applies for a grant under this section and that is" after "means";

(2) in subparagraph (A), by striking "or foundation" and inserting "foundation, or health care provider"; and

(3) in subparagraph (E), by striking "A" and inserting "a".

(e) TECHNICAL CORRECTION TO DEFINITIONS.—Such section is further amended, in subsection (q)(5), by striking "Medical services" and inserting "The term 'emergency treatment' means medical services".

(f) REQUIRED USE OF CERTAIN SCREENING PROTOCOL.—Such section is further amended, in subsection (q)(11)(A)(ii), by inserting after "risk" the following: "which in the case of a grant made on or after the date of the enactment of the No Wrong Door for Veterans Act, shall be the Columbia Protocol (also known as the Columbia-Suicide Severity Rating Scale)".

SEC. 3. INCLUSION OF ADAPTIVE PROSTHESES AND TERMINAL DEVICES FOR SPORTS AND OTHER RECREATIONAL ACTIVITIES IN MEDICAL SERVICES FURNISHED TO ELIGIBLE VETERANS BY THE SECRETARY OF VETERANS AFFAIRS.

Section 1701 of title 38, United States Code, is amended, in paragraph (6)(F)(i), by inserting "(including adaptive prostheses and terminal devices for sports and other recreational activities)" after "artificial limbs".

SEC. 4. EXTENSION OF CERTAIN LIMITS ON PAYMENTS OF PENSION.

Section 5503(d)(7) of title 38, United States Code, is amended by striking "November 30, 2031" and inserting "January 30, 2033".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. BOST) and the gentleman from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. BOST. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on H.R. 1969, as amended.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 1969, as amended. This bill was introduced by the gentlewoman from Iowa (Mrs. MILLER-MEEKS), my friend and colleague.

The bill is a powerful reminder that mental health and physical health go hand in hand. This bill extends authorization for the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program.

House Republicans created the Fox grant program to expand the reach of VA's mental health services through community-based organizations where veterans and their families live. The organizations that have qualified for the Fox grant program provide traditional and nontraditional mental health and therapy support services to veterans in need. This ensures VA services are reaching everyone who needs them. We should, without question, continue the Fox grant program.

This bill also recognizes that being in the military is a physical task. If our country wants to make veterans whole after their service, it only makes sense that VA should provide the means for physical activity.

Representative MILLER-MEEKS' bill would make adaptive prosthetics a necessary medical service. This would help our veterans to return to the activities they were accustomed to or even explore new opportunities.

We must not let our veterans' time in service be what holds them back from living the rest of their lives.

Mr. Speaker, I thank our Health Subcommittee chairwoman for her leadership on both issues. This bill is a fantastic idea that will save veterans' lives, and I urge all of my colleagues to support H.R. 1969, as amended.

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

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

Mr. Speaker, I rise to speak in hesitant support of H.R. 1969, the No Wrong Door Act, as amended.

This bill would reauthorize the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, or Fox grants, for fiscal year 2026.

As the ranking member of the Veterans' Affairs Committee, one of my top priorities has been and will continue to be veteran suicide prevention. The Fox grant program is an important tool in our arsenal for this work.

Community-based programs are a crucial part of a public health approach to suicide prevention. However, I do have significant concerns with this legislation's approach to reauthorizing this program.

We must ensure that we reauthorize this program in a way that ensures it is as effective and robust as possible. I would like to take this time to highlight some of those concerns.

First, based on congressionally mandated reports that the committee has received, VA has not established enough metrics to allow Congress to monitor the success of the program. Additionally, in our view, grantees are not collecting or reporting complete data for all participants, which further limits Congress' ability to determine whether the program is meeting its intended purposes. It is clear that this bill, as drafted and amended, will not do enough to improve data collection and make clear what data grantees are responsible for collecting.

This bill would also compound this issue by requiring grantees to use the Columbia-Suicide Severity Rating Scale to screen participants for their baseline mental health when entering the program. While this scale is a widely accepted, clinically validated behavioral health screening instrument, its primary use is to measure a patient's suicidal ideation and the severity of suicidal risk at a given point in time.

VA already requires Fox grantees to screen their participants using a number of other validated screening tools, both at baseline and after connecting veterans to additional support. Each of these tools measures other upstream factors of mental health that contribute to veterans' suicide risks, such as levels of emotion, optimism, work satisfaction, and social support.

Limiting grantees to the use of a single screening instrument that measures suicide risk at a point in time will further limit our ability to evaluate the overall effectiveness of the Fox grant program on improving veterans' mental health.

Perhaps more importantly, Congress is not and should not be in the business of mandating the use of a particular clinical tool. Not only does it micromanage providers or grantees in terms of determining the most clinically appropriate tool, but it also arbitrarily

limits providers and grantees from using a different tool in the future if it is determined to be more effective.

Finally, I remain concerned about language that would dramatically alter the entities that would be eligible to receive grants. Specifically, we oppose language that would add "healthcare providers" as eligible grantees. The Fox grant program was designed to allow community-based organizations to help address upstream suicide risk factors and provide services to support veterans' needs. It was never intended to directly provide clinical care, particularly mental health care.

Combined with my existing concerns about the bill's lack of requirements to strengthen data collection and demonstration of effective outcomes, I remain extremely concerned that opening eligibility up to new types of grantees without establishing additional definitions, guardrails, or oversight will weaken the quality of care provided to veterans.

In its current form, H.R. 1969, as amended, does not reauthorize this grant program in a way that will meet the needs of our veterans.

Just 2 weeks ago, we held a markup where my Republican colleagues rejected several amendments to improve this version of the bill, including an amendment I offered that would have at least partially addressed my concerns. Thus, the bill that we are considering today is not one that considers any of the areas of improvement that I had hoped could be incorporated into the legislation at the community level.

□ 1530

Mr. Speaker, I believe that Senator WARNER's bill to reauthorize this program, S. 793, is a better starting place that will help ensure that we reauthorize the strongest possible version of this grant program.

I hope we will have an opportunity to engage in robust renegotiation and discussion with my Republican colleagues and our Senate counterparts to ensure we advance the strongest possible bill to prevent veteran suicide.

That said, while I have serious concerns about how this bill would reauthorize the program, I want to make clear that I understand that this grant program is a critical piece of VA's efforts in ensuring veterans receive the outreach, support, and services they need and deserve when it comes to their mental health.

Therefore, I hope that, moving forward, we can work together, along with our Senate counterparts, to reauthorize the Fox Grant Program in a responsible way and ensure it is as effective and robust as our Nation's veterans deserve.

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

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

Mr. Speaker, at the end of the fiscal year, the Fox Grant Program expires. This bill will keep the Fox Grant Program going. We have made important

improvements to the grant program, the bill that is before us today.

I look forward to continuing to work with stakeholders and veterans groups to find ways to make even more improvements to the Fox Grant Program, but I won't let perfect be the enemy of the good. We can't let this lifesaving program that veterans and their families rely on stop. That is what we are here to do.

When it comes to the screening tool, it is essential that all grantees use the same protocol to determine the effectiveness of services and programs.

The Columbia-Suicide Severity Rating Scale is currently a tool used by VA as one component of an eligibility screening and identifies individuals with suicidal thoughts and behavior.

If we simply allow grantees to use whatever protocol they choose, this could create differing approaches and confusion. The bill simply requires that grantee servers include this essential screening tool. The code says include, not exclude or only.

This bill, as amended, preserves VA's flexibility to ensure the best results for veterans who are seeking mental health services in their most desperate moments.

It is common sense to allow those who are already providing mental health services to receive grants for a suicide prevention program. Not only are these applicants subject to the same level of scrutiny as previous years' grantees but they also receive the same amount of funding.

The idea that this creates a loophole or expands community care is far from reality. Adding qualified providers to the list of grantees helps keep the door open for veterans seeking mental health services. The reality is this program is set to expire in September, and we cannot allow this to happen.

Delay jeopardizes this program. We have big problems to solve. Adding qualified mental health providers will only help.

I can appreciate the fact that the Senate has a different perspective. However, I find their approach to be business as usual for Congress and VA. Their bill would simply reauthorize the program for longer and with more money. It would also oblige VA to provide more vague reporting requirements and briefing, in other words, more money and more bureaucracy.

If this program had been perfect, maybe this would be a good idea. I think we can do better by ensuring the program continues longer, while giving Congress the opportunity to revisit these programs.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from Iowa (Mrs. MILLER-MEEKS).

Mrs. MILLER-MEEKS. Mr. Speaker, I thank Chairman BOST for yielding time.

Mr. Speaker, I rise in strong support of H.R. 1969, the No Wrong Door for Veterans Act. As an Army veteran of 24 years, a physician, and a Member of

Congress, I have seen the toll that service can take on our veterans, not just physically but mentally and emotionally. I have heard from too many who feel forgotten once they have taken off the uniform.

While I respect my colleague's comments from the other side of the aisle, to ask for data for metrics and for outcomes but not to provide a tool for these grantees seems to be the wrong path to take.

Mr. Speaker, 17 veterans die by suicide every single day. That number should shake this Chamber. It is a national tragedy and a moral call to action. This bill reauthorizes and strengthens the VA's Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, one of the most effective tools we have to get local, trusted organizations the funding they need to help struggling veterans.

In Iowa, I have seen incredible work being done by people like Shane Sawyer, an Air Force special operations combat veteran who helps lead the Quad Cities Veterans Network. He brings veterans together, not just to socialize but to survive, to reconnect with the tribe they lost, to rediscover their identity, and to talk to people who understand what they have been through.

His work saves lives. It is that simple. This bill helps him and thousands like him do even more. It also includes my Veterans SPORT Act, which ensures veterans can access adaptive prosthetics for sports and physical activity.

Recovery isn't just about prescriptions. It is about purpose. Whether it is walking a golf course or playing a team sport, these activities can be the difference between isolation and hope.

Mr. Speaker, we made a promise to our veterans. This bill is about keeping it. It ensures no veteran falls through the cracks. No door should be the wrong door when a veteran is in crisis. No door should be the wrong door when it comes to making our veterans whole.

Mr. Speaker, I urge all of my colleagues to vote "yes" on H.R. 1969. Let's do the right thing by those who put everything on the line for us.

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

Mr. Speaker, I appreciate the opportunity to share my position on H.R. 1969, the No Wrong Door for Veterans Act, as amended. I will always be supportive of efforts to prevent veteran suicide, but I remain concerned that this bill does not do enough to ensure the Fox Grant Program is working as intended.

Veterans deserve our best legislative efforts, not legislation that creates more problems than it solves and that does not take steps to improve suicide prevention efforts.

That being said, I will not stand in the way of forward progress on veteran suicide prevention efforts, but I strongly urge my House and Senate colleagues to work with us to ensure that

final reauthorization of this program is as robust as possible.

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

Mr. BOST. Mr. Speaker, once again, I encourage all Members to support this legislation.

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 Illinois (Mr. BOST) that the House suspend the rules and pass the bill, H.R. 1969, as amended.

The question was taken.

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

Mr. BOST. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 3 o'clock and 39 minutes p.m.), the House stood in recess.

□ 1700

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. McGUIRE) at 5 p.m.

PROVIDING FOR CONGRESSIONAL DISAPPROVAL OF THE RULE SUBMITTED BY THE OFFICE OF THE COMPTROLLER OF THE CURRENCY OF THE DEPARTMENT OF THE TREASURY RELATING TO THE REVIEW OF APPLICATIONS UNDER THE BANK MERGER ACT

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the vote on passage of the joint resolution (S.J. Res. 13) providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Office of the Comptroller of the Currency of the Department of the Treasury relating to the review of applications under the Bank Merger Act, on which the yeas and nays were ordered.

The Clerk read the title of the joint resolution.

The SPEAKER pro tempore. The question is on the passage of the joint resolution.

The vote was taken by electronic device, and there were—yeas 220, nays 207, not voting 6, as follows: