

I am honored to represent the First Congressional District of New York, which is located on the east end of Long Island. My district is in the County of Suffolk, which has the largest veterans population of any county in New York and the second highest in the entire country. With so many veterans in my home county, I am extremely proud to serve on the House Veterans' Affairs Committee.

With the passage of H.R. 675, the Veterans' Compensation Cost-of-Living Adjustment Act of 2015, which has been amended to include my bill, H.R. 1569, veterans are securing a big victory here in the Halls of Congress.

The VETS Act is a commonsense reform to the VA benefit payouts that will help veterans and their families on Long Island and across the country as my legislation would require the Department of Veterans Affairs to pay certain benefits that were earned by a veteran to the veteran's estate.

Under current law, if a veteran passes away while the VA is still reviewing a claim, the VA no longer has to award the earned benefits. Currently, only a veteran's spouse, minor child, or dependent parent is eligible to collect the accrued benefits. By adding the estate to the current list of beneficiaries, adult children can now also receive the benefits earned should there be no other qualifying family members.

My bill ensures our veteran families, who rightfully earned and deserve their benefits, actually receive their benefits even after the veteran passes away. I encourage all of my colleagues to support H.R. 675.

Ms. TITUS. Mr. Speaker, I have no further requests for time. I simply urge my colleagues to support the passage of H.R. 675, as amended.

I yield back the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, I also urge the passage of H.R. 675, as amended.

I yield back the balance of my time.

Mr. LYNCH. Mr. Speaker, I rise today in support of H.R. 675, the Veterans' Compensation Cost of Living Adjustment Act and urge my colleagues to vote in favor of it.

This is an important bill that provides a critical cost-of-living increase for the service-connected disability compensation that our disabled veterans need and deserve. In addition, it makes other needed changes to a number of programs administered by the VA to ensure that they better meet the needs of our veterans and their families.

I am pleased that H.R. 675, as amended by the Veterans Affairs Committee, includes the text of my bill, H.R. 995, the "Veterans Day Moment of Silence Act." This bipartisan legislation calls for two minutes of silence every Veterans Day. Its set time of 2:11 p.m., Eastern Standard Time, allows all Americans from coast to coast and Puerto Rico to come together to reflect on the service of our veterans, past and present. Generations of brave men and women have served our nation with honor: risking their lives to keep us safe and free. They deserve our support and, most of all our gratitude.

Mr. Speaker, there are few words that can do justice to the magnitude of what our servicemembers have done throughout our history, and continue to do for us every day. They leave their families and loved ones behind, and go to some of the world's most dangerous places. They risk their health and their lives to serve and defend the nation we all love. I have had the honor and pleasure of meeting with some of them in my travels abroad and I am always moved by their dedication, their professionalism, and their courage.

I would like to thank Veterans Affairs Committee Chairman MILLER and Ranking Member BROWN for including the language of "The Veterans Day Moment of Silence Act" to this bill. I also wish to recognize and thank the Bendetson family who first approached me with the concept of this tribute. Daniel and Michael Bendetson, along with their father, Dr. Peter Bendetson, have worked tirelessly for years to bring this proposal to fruition. Finally, I would most like to thank all the veterans in my district and across America, in whose honor I am proud to have introduced this legislation.

Once again, I urge my colleagues to support and pass H.R. 675.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. MILLER) that the House suspend the rules and pass the bill, H.R. 675, as amended. 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. MILLER of Florida. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

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

RUTH MOORE ACT OF 2015

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1607) to amend title 38, United States Code, to improve the disability compensation evaluation procedure of the Secretary of Veterans Affairs for veterans with mental health conditions related to military sexual trauma, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1607

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 "Ruth Moore Act of 2015".

SEC. 2. REPORTS ON CLAIMS FOR DISABILITIES INCURRED OR AGGRAVATED BY MILITARY SEXUAL TRAUMA.

(a) ANNUAL REPORTS.—

(1) IN GENERAL.—Subchapter VI of chapter 11 of title 38, United States Code, is amended by adding at the end the following new section:

"§1164. Reports on claims for disabilities incurred or aggravated by military sexual trauma

"(a) REPORTS.—Not later than December 1, 2015, and each year thereafter through 2019, the

Secretary shall submit to Congress a report on covered claims submitted during the previous fiscal year.

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

"(1) The number of covered claims submitted to or considered by the Secretary during the fiscal year covered by the report.

"(2) Of the covered claims listed under paragraph (1), the number and percentage of such claims—

"(A) submitted by each sex;

"(B) that were approved, including the number and percentage of such approved claims submitted by each sex; and

"(C) that were denied, including the number and percentage of such denied claims submitted by each sex.

"(3) Of the covered claims listed under paragraph (1) that were approved, the number and percentage, listed by each sex, of claims assigned to each rating percentage.

"(4) Of the covered claims listed under paragraph (1) that were denied—

"(A) the three most common reasons given by the Secretary under section 5104(b)(1) of this title for such denials; and

"(B) the number of denials that were based on the failure of a veteran to report for a medical examination.

"(5) The number of covered claims that, as of the end of the fiscal year covered by the report, are pending and, separately, the number of such claims on appeal.

"(6) For the fiscal year covered by the report, the average number of days that covered claims take to complete beginning on the date on which the claim is submitted.

"(7) A description of the training that the Secretary provides to employees of the Veterans Benefits Administration specifically with respect to covered claims, including the frequency, length, and content of such training.

"(c) DEFINITIONS.—In this section:

"(1) The term 'covered claims' means claims for disability compensation submitted to the Secretary based on a covered mental health condition alleged to have been incurred or aggravated by military sexual trauma.

"(2) The term 'covered mental health condition' means post-traumatic stress disorder, anxiety, depression, or other mental health diagnosis described in the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association that the Secretary determines to be related to military sexual trauma.

"(3) The term 'military sexual trauma' means, with respect to a veteran, psychological trauma, which in the judgment of a mental health professional, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred during active military, naval, or air service."

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by adding at the end the following new item:

"1164. Reports on claims for disabilities incurred or aggravated by military sexual trauma."

(3) INITIAL REPORT.—The Secretary of Veterans Affairs shall submit to Congress an initial report described in section 1164 of title 38, United States Code, as added by paragraph (1), by not later than 90 days after the date of the enactment of this Act. Such initial report shall be in addition to the annual reports required under such section beginning in December 2015.

(b) SENSE OF CONGRESS.—It is the sense of Congress that the Secretary of Veterans Affairs should update and improve the regulations of the Department of Veterans Affairs with respect to military sexual trauma by—

(1) ensuring that military sexual trauma is specified as an in-service stressor in determining the service-connection of post-traumatic stress disorder by including military sexual trauma as

a stressor described in section 3.304(f)(3) of title 38, Code of Federal Regulations; and

(2) recognizing the full range of physical and mental disabilities (including depression, anxiety, and other disabilities as indicated in the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association) that can result from military sexual trauma.

(c) **PROVISION OF INFORMATION.**—During the period beginning on the date that is 15 months after the date of the enactment of this Act and ending on the date on which the Secretary updates and improves regulations as described in subsection (b), the Secretary shall—

(1) provide to each veteran who has submitted a covered claim or been treated for military sexual trauma at a medical facility of the Department with a copy of the report under subsection (a)(3) or section 1164 of title 38, United States Code, as added by subsection (a)(1), that has most recently been submitted to Congress;

(2) provide on a monthly basis to each veteran who has submitted any claim for disability compensation or been treated at a medical facility of the Department information that includes—

(A) the date that the Secretary plans to complete such updates and improvements to such regulations;

(B) the number of covered claims that have been granted or denied during the month covered by such information;

(C) a comparison to such rate of grants and denials with the rate for other claims regarding post-traumatic stress disorder;

(D) the three most common reasons for such denials;

(E) the average time for completion of covered claims;

(F) the average time for processing covered claims at each regional office; and

(G) any information the Secretary determines relevant with respect to submitting a covered claim;

(3) in addition to providing to veterans the information described in paragraph (2), the Secretary shall make available on a monthly basis such information on a conspicuous location of the Internet website of the Department; and

(4) submit to Congress on a monthly basis a report that includes—

(A) a list of all adjudicated covered claims, including ancillary claims, during the month covered by the report;

(B) the outcome with respect to each medical condition included in the claim; and

(C) the reason given for any denial of such a claim.

(d) **MILITARY SEXUAL TRAUMA DEFINED.**—In this section:

(1) The term “covered claim” has the meaning given that term in section 1164(c)(1) of title 38, United States Code, as added by subsection (a)(1).

(2) The term “military sexual trauma” has the meaning given that term in section 1164(c)(3) of title 38, United States Code, as added by subsection (a)(1).

SEC. 3. LIMITATION ON AWARDS AND BONUSES PAID TO SENIOR EXECUTIVE EMPLOYEES OF DEPARTMENT OF VETERANS AFFAIRS.

Section 705 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 703 note) is amended by striking the period at the end and inserting the following: “, of which, during fiscal years 2016 through 2018, not more than an aggregate amount of \$2,000,000 in each such fiscal year may be paid to employees of the Department of Veterans Affairs who are members of the Senior Executive Service.”

The SPEAKER pro tempore (Mr. COSTELLO of Pennsylvania). Pursuant to the rule, the gentleman from Florida (Mr. MILLER) and the gentlewoman from Nevada (Ms. TITUS) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. MILLER of Florida. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days within which to revise and extend their remarks and to add any extraneous material that they may have on H.R. 1607, as amended.

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

There was no objection.

Mr. MILLER of Florida. Mr. Speaker, I yield myself such time as I may consume.

I urge all Members to support H.R. 1607, as amended, which would help veterans who are seeking benefits for conditions that arose as a result of military sexual trauma, or MST.

Tragically, MST has been a serious problem in the U.S. military; although, in recent years, the DOD has been taking steps to reduce these assaults. We owe it to our veterans who are subject to personal assaults during their military service to ensure that the VA expeditiously and accurately processes mental health claims for conditions related to MST, such as depression, anxiety, or PTSD.

Several factors complicate the process for veterans who seek disability compensation for mental health conditions that might arise from MST. The vast majority of sexual assaults in the military are not reported, and even fewer cases are actually prosecuted. As a result, many veterans find it hard to prove that the assaults actually occurred; therefore, service connection is often difficult to establish.

H.R. 1607, as amended, which was introduced by Representative PINGREE, would also express the sense of Congress that the VA should update and improve its regulations with respect to MST.

Although current VA regulations purport to reduce the burden of proof for veterans who file claims for PTSD, in practice, the VA claims processors do not use the broader standard of evidence when adjudicating claims related to MST. Moreover, these regulations do not address mental health conditions, with the exception of PTSD, that might arise as a result of military sexual trauma.

To help Congress conduct better oversight of the VA’s processing of MST claims, H.R. 1607, as amended, would require the VA to submit annual reports through 2019. These reports would provide certain data, including the number of military sexual trauma claims approved. The VA would also be required to provide the three most common reasons the Department denies such claims.

Until the VA updates and improves its regulations with respect to MST claims, the Department would be required to provide each veteran who has submitted an MST claim or has been treated for MST with a copy of the re-

port most recently submitted to Congress. The VA would have to provide monthly updates on the status of the changes to the regulations to both Congress and the veterans who are affected.

Finally, H.R. 1607, as amended, would limit awards and bonuses paid to the VA employees who are members of the Senior Executive Service to not more than an aggregate of \$2 million for each of the next 3 years.

I reserve the balance of my time.

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

I rise in support of H.R. 1607, as amended, the Ruth Moore Act of 2015.

This very important legislation, which was introduced by my friend, Representative CHELLIE PINGREE of Maine, seeks to improve services for the men and women who have been the victims of military sexual trauma. In particular, this legislation sends a loud and clear message to the VA by requiring the Department to update its regulations to better serve veterans affected by MST.

Current VA regulations related to MST are outdated and do not reflect the needs of those who have lived through such awful experiences. The VA’s existing policy is to update regulations periodically as they see fit. However, information we have received indicates that the VA needs to do more for these veterans.

Recently, the VA revised their regulations in order to do the right thing for veterans exposed to Agent Orange on aircraft, which will result in better health care and benefits for those veterans who are suffering from exposure to the toxin. We now expect the VA to do the same thing for the men and women affected by military sexual trauma. They, too, deserve the proper health care and adequate benefits. They deserve them today, not tomorrow.

As we provide for the victims of MST, however, we must also work on ways to both eliminate it from our armed services and change the culture of the military.

I reserve the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, I have no further requests for time, and I reserve the balance of my time.

Ms. TITUS. Mr. Speaker, I yield 3 minutes to the gentlewoman from Maine (Ms. PINGREE).

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Ms. PINGREE. Mr. Speaker, I thank the gentlewoman for yielding and for her great work on this issue.

I also want to thank Chairman MILLER, Chairman ABRAHAM, Ranking Member BROWN, and my good friend, Ranking Member TITUS, for all their work on this piece of bipartisan legislation. I think it is clear this committee is truly working for our Nation’s veterans.

Mr. Speaker, almost every day I hear from another veteran who is the survivor of sexual assault in the military,

men and women of all ages and from every branch of the service.

I have heard from survivors of sexual assault from World War II, the war in Afghanistan, and every conflict in every era in between. There are veterans who are suffering from PTSD because they were sexually assaulted, and they are not being treated fairly.

With this bill, we are fighting to hold the VA accountable and making sure that they are following through on their promises.

The VA has acknowledged that PTSD from combat is a real injury and needs to be treated that way, and it should be the same for those who suffer from PTSD from sexual assault.

A Pentagon report showed 19,000 women and men were sexually assaulted in the military just last year, but only about a quarter of those assaults were reported and even fewer ended up with a prosecution.

I am glad the Defense Department and the VA has increased training and prevention efforts around rape and harassment, but let me be clear. As you have already heard, the problem is not fixed.

Survivors of sexual assault have been blamed and harassed, crimes have been covered up, and survivors themselves have been the subject of further harassment and recrimination. In the latest Pentagon report, 62 percent of the individuals who reported sexual assault have also reported retaliation.

Mr. Speaker, I want to talk for a minute about a very brave woman, Ruth Moore, a veteran from Maine and the person who we named this bill for.

Ruth fought for 23 years before she was finally given the benefits we owed her. When I met her in my office in Maine 4 years ago, she could barely tell her story.

Bit by bit, she has rebuilt her trust of people in positions of responsibility to the point where she is able to tell her story publicly. There are thousands and thousands of Ruth Moores out there who have been fighting for their benefits for years or even decades.

The Ruth Moore Act of 2015 is an important next step in ensuring that the VA treats these veterans fairly. To be clear, this bill does not create any new benefits for survivors of sexual assault or give special treatment to the survivors of sexual assault. This bill just tries to level the playing field, to hold the VA accountable, and ensure these veterans are treated fairly.

We were able to pass this bill in the last Congress, and I urge my colleagues to do so again this time around. This issue is too important. It cannot be ignored.

Mr. MILLER of Florida. I reserve the balance of my time.

Ms. TITUS. Mr. Speaker, I yield 3 minutes to the gentlewoman from Massachusetts (Ms. TSONGAS).

Ms. TSONGAS. Mr. Speaker, I rise in support of the Ruth Moore Act. In 2012, 1 in 5 female and 1 in 100 male veterans told the VA that they had experienced

sexual abuse while serving in the military.

Yet, despite egregious prevalence of sexual abuse in the military, it remains difficult for veterans to receive disability benefits as a result of their military sexual trauma.

In 2013, the Service Women's Action Network, the Yale Law School Veterans Legal Services Clinic, the ACLU, and the ACLU of Connecticut released a report that shows that veterans who experienced sexual assault have their benefits claims denied more often than veterans with other types of PTSD claims.

The report also found the rate of granting these claims varied greatly, depending upon the VA regional office.

The St. Paul, Minnesota, office granted only 26 percent of the MST claims they received, while the office in Los Angeles granted more than 88 percent of the claims they received.

Last year the U.S. Government Accountability Office backed up these findings. GAO found approval rates ranged from 14 percent to 88 percent at different regional offices.

The GAO also found that some medical examiners examining these claims required more evidence than others to establish these claims.

The Ruth Moore Act we are considering today would require that the VA report data on military sexual trauma claims to Congress.

While this reporting is a good step forward and could lead to more consistency and transparency in claims processing, I am disappointed that we are not considering Representative PINGREE's original bill, which would have also made it easier for survivors of military sexual trauma to make their case and made the claims process more uniform.

This bill is named after Ruth Moore, a Maine constituent of Representative PINGREE who spent more than 20 years fighting for her own benefits. Other survivors should not be made to repeat her battle.

I urge passage of this bill.

Mr. MILLER of Florida. I reserve the balance of my time.

Ms. TITUS. Mr. Speaker, I have no further speakers at this time. So I would just simply urge my colleagues to support passage of the Ruth Moore Act of 2015, H.R. 1607, as amended, and to provide support to the victims of MST who have so bravely served our Nation.

I yield back the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, I urge all Members to support H.R. 1607, as amended.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. MILLER) that the House suspend the rules and pass the bill, H.R. 1607, 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.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed without amendment a bill of the House of the following title:

H.R. 876. An act to amend title XVIII of the Social Security Act to require hospitals to provide certain notifications to individuals classified by such hospitals under observation status rather than admitted as inpatients of such hospitals.

AMERICANS WITH DISABILITIES ACT

(Mr. DOLD asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DOLD. Mr. Speaker, yesterday was the 25th anniversary of the Americans with Disability Act. I rise to thank the members of the Lake County Board for issuing a resolution designating July 26, 2015, as Americans with Disabilities Act Awareness Day.

The Americans with Disabilities Act was in response to an appalling problem, widespread discrimination against people with disabilities.

Over the past 25 years, the ADA has had a profound impact across our country, requiring accessibility and banning discrimination all across America.

In Lake County, we are fortunate to have many great organizations that provide resources to people with disabilities and their families.

I particularly want to recognize the Lake County Center for Independent Living, an organization that provides free life skills training, employment training, and advocacy services to disabled individuals in our community.

Mr. Speaker, I am pleased to join with the Lake County Board to celebrate the Americans with Disabilities Act, and I remain committed to working for policies that prohibit discrimination of all kinds.

MEDICARE'S FIFTIETH ANNIVERSARY

(Mr. TONKO asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TONKO. Mr. Speaker, access to affordable, quality health care is a fundamental value, and Medicare and Medicaid have helped millions of Americans live with economic security and dignity for 50 years.

President Lyndon Johnson signed Medicare and Medicaid into law in 1965 on the basic principles that access to health care is a right, not a privilege, and certainly no one should be forced into poverty because of healthcare costs.

Thirty-four percent of those in New York's capital region that I represent