that they deserve and that—thanks to this committee and its leadership—they are finally beginning to get. Those who are charged with ensuring that we coordinate care between the VA and private providers say that this is the most critical thing for us to do if we are to effectively share patient record information.

It is estimated that today only about 3 percent of veterans proactively opt into this records sharing. That means that most of them are not getting the fully informed care that they would otherwise get.

Mr. Speaker, I ask my colleagues to join me in support of this bill, which would go a long way to ensuring that we do everything we can with the capacity both within the VA and outside the VA to deliver critical care to our veterans who are most in need.

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

Mr. TAKANO. Mr. Speaker, I ask my colleagues to join me in passing this legislation, H.R. 5162. I, once again, thank my colleague, the gentleman from Texas (Mr. O'ROURKE) for his passionate advocacy for veterans.

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

Mr. MILLER of Florida. Mr. Speaker, again, I urge all of my colleagues to support this important piece of legislation.

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. 5162.

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.

NO VETERANS CRISIS LINE CALL SHOULD GO UNANSWERED ACT

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5392) to direct the Secretary of Veterans Affairs to improve the Veterans Crisis Line.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5392

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 Veterans Crisis Line Call Should Go Unanswered Act''.

SEC. 2. IMPROVEMENTS TO VETERANS CRISIS LINE.

(a) QUALITY ASSURANCE DOCUMENT.—The Secretary of Veterans Affairs shall develop a quality assurance document to use in carrying out the Veterans Crisis Line. Such document shall—

(1) outline clearly defined and measurable performance indicators and objectives to improve the responsiveness and performance of the Veterans Crisis Line, including at backup call centers;

(2) include quantifiable timeframes to meet designated objectives to assist the Secretary in tracking the progress of the Veterans Crisis Line and such backup call centers in meeting the performance indicators and objectives specified in paragraph (1); and

(3) with respect to such timeframes and objectives, be consistent with guidance issued by the Office of Management and Budget.

(b) PLAN.—The Secretary shall develop a plan to ensure that each telephone call, text message, and other communications received by the Veterans Crisis Line, including at backup call centers, is answered in a timely manner by a person, consistent with the guidance established by the American Association of Suicidology. Such plan shall include guidelines to carry out periodic testing of the Veterans Crisis Line, including such backup centers, during each fiscal year to identify and correct any problems in a timely manner.

(c) SUBMISSION.—Not later than 180 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 containing the document developed under subsection (a) and the plan developed under subsection (b).

(d) VETERANS CRISIS LINE DEFINED.—In this section, the term ''Veterans Crisis Line'' means the toll-free hotline for veterans established under section 1720F(h) of title 38, United States Code.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. MILLER) and the gentleman from California (Mr. TAKANO) 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 may have 5 legislative days in which to revise and extend their remarks and to add extraneous material.

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.

Mr. Speaker, I rise today in support of H.R. 5392, the No Veterans Crisis Line Should Go Unanswered Act. The Department of Veterans Affairs established the Veterans Crisis Line to ensure that any veteran that was contemplating suicide would be able to call for help no matter the time and no matter the circumstance. Over time, VCL's mission has expanded to include veterans facing all manners of personal emergencies, and the Veterans Crisis Line services have expanded to include a chat service and a texting operation. Yet the crisis line purpose has remained the same: to provide a place where veterans facing crisis would be able to get the help that they need any time of day or night.

However, earlier this year, the VA Inspector General found that some calls to the crisis line were routed to backup crisis centers and ultimately sent to voice mail and that other line callers did not receive the immediate assistance that they desperately needed.

The IG also noted that VA failed to provide a directive or handbook detailing the guidance necessary for the proper Veterans Crisis Line processes and procedures, and it failed to provide adequate orientation and training to crisis line staff, it failed to monitor contracted backup call centers, and experienced a number of quality assurance gaps.

Though VA has assured us that these issues have been addressed and will never happen again, the risk of leaving a veteran in the midst of a crisis alone and without help is unacceptable to any Member of this body.

H.R. 5392 would require that VA develops a quality assurance document that includes clearly defined and measurable performance standards with appropriate timelines and benchmarks to improve responsiveness and outcomes for the crisis line mainline and contracted backup call centers. It would also require VA to develop a plan to ensure that each telephone call, each text message, or other communications received by the crisis line mainline or at a contracted backup call center is answered in a timely manner by an appropriate, qualified live person, consistent with the guidance established by the American Association of Suicidology.

This bill is sponsored by my friend and colleague, Congressman DAVID YOUNG from Iowa. I want to thank him for his efforts and his leadership on sponsoring this very important and, to some, very simple fix to something that needs to be taken care of.

Nothing could be more important than guaranteed timely access to the veterans' services and support that they need in an emergency situation.

Mr. Speaker, I urge all of my colleagues to support this commonsense piece of legislation.

I reserve the balance of my time.

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

Mr. Speaker, I rise today regarding H.R. 5392, the No Veterans Crisis Line Call Should Go Unanswered Act.

The Veterans Crisis Line actually provides three ways veterans can access help when they are in crisis. Veterans, servicemembers, and their loved ones can call the 1–800 number, send a text message, or chat online to receive free, confidential support 24 hours a day, 7 days a week, 365 days a year, even if they are not registered with VA or enrolled in VA health care.

The responders at the Veterans Crisis Line are especially trained and experienced in helping veterans of all ages and circumstances, from those coping with mental health issues that were never addressed to recent veterans dealing with relationships or the transition back to civilian life.

Since its launch in 2007 through May 2016, the Veterans Crisis Line has answered over 2.3 million calls and initiated the dispatch of emergency services to callers in imminent crisis nearly 61,000 times.

This bill requires improvements to the Veterans Crisis Line by having the

VA create quality assurance guidelines that will include clearly defined and measurable performance indicators and objectives to improve the responsiveness and performance of the Veterans Crisis Line.

The bill also requires the VA to develop a plan to ensure that each telephone call, text message, and other communications received by the Veterans Crisis Line is answered in a timely manner by a person, consistent with the guidance established by the American Association of Suicidology.

As Suicide Prevention Awareness Month comes to a close, Congress must take these necessary steps to improve the Veterans Crisis Line for all veterans who depend on it. I support this legislation, and I urge its passage.

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

Mr. MILLER of Florida. I am proud to introduce the sponsor of this important piece of legislation. The gentleman is from the Third District of Iowa, from the small town of Van Meter, Iowa, home to Bob ''The Heater From Van Meter.''

Mr. Speaker, I yield 3 minutes to the gentleman from Iowa (Mr. YOUNG).

Mr. YOUNG of Iowa. Mr. Speaker, earlier this year, I introduced the No Veterans Crisis Line Call Should Go Unanswered Act, H.R. 5392, a bipartisan piece of legislation, doing this after hearing from a constituent who called the Veterans Crisis Line for help but never was connected to a live person. Though I have spoken on the floor about this issue before, as well as others, I remain deeply concerned with the many struggles and challenges our veterans face as they transition from Active Duty to civilian life and beyond.

These are brave women and men who have sacrificed much in service to their country. Now, our servicemembers have given up holidays, missed birthdays, weddings, and other important life events of their family members, communities, and friends. They have been mobilized or deployed to some of the most volatile regions of the world for months on end, and the list goes on. They are our friends, family, and neighbors, and they make significant sacrifices because they believe in this great Nation and strive to protect the freedoms we have guaranteed.

Now, unfortunately, more and more veterans carry deep scars—emotional war wounds—ones we cannot see. These men and women deserve our support. Now, our country has a responsibility to ensure our brave veterans not only have the benefits that they have earned, but have access to services and resources intended to help them through the storms of life.

Mr. Speaker, it is hard for anyone to ask for help sometimes, and the sad fact is today and every day this week, 20 veterans will take their lives. So it is unacceptable for any veteran who is reaching out for help and a listening ear to be turned away unanswered, especially when help may mean the difference between life and death. That is why I introduced, with bipartisan support from my colleagues, legislation to make critical improvements to the Veterans Crisis Line.

This bipartisan bill requires the VA to create and implement documented plans to improve responsiveness and performance of the crisis line—an important step to ensure our veterans have unimpeded access to the mental health resources that they need.

Even the VA has acknowledged these problems, which were also documented in two separate investigations conducted by the VA Office of Inspector General and the Government Accountability Office. This bill drives accountability within the Veterans Crisis Line, ensuring any call or text or messages are answered, and ensuring the quality processes, including those guiding staff training, are addressed and provided to Congress.

□ 1615

Our men and women in uniform have answered our Nation's call, and we must work to do better and ensure their calls do not go unanswered.

Mr. Speaker, I want to especially thank Chairman MILLER and his staff for working so closely with me on this bill. It is a pleasure serving with him, and his leadership on these issues will be missed in his retirement.

September is National Suicide Prevention Awareness Month. It is only fitting that we pass this bill today to help our veterans.

I urge my colleagues to support this bill.

Mr. TAKANO. Mr. Speaker, I yield 5 minutes to the gentleman from Minnesota (Mr. WALZ), my colleague and friend, the highest ranking noncommissioned officer to serve in Congress.

Mr. WALZ. Mr. Speaker, I thank the gentleman from California (Mr. TAKANO) for his unwavering work for the care of our veterans. And to the chairman, as has been noted so often, at a time when partisanship seems to win the day or be on the news, I can assure him that the care of our Nation's veterans knows no political boundaries, and the work that has been done should be noted.

I also want to thank the gentleman from Iowa (Mr. YOUNG) for bringing this bill forward. Like everything in life, there is a symmetry to things, and I think the story of how we got to this point might be well spoken or told. The gentleman represents the Third District of Iowa, the new one.

Back in 2006, there was a young Army Reservist named Joshua Omvig, who grew up in a small community in Iowa, literally down the road from where they filmed ''Field of Dreams.'' He returned from Iraq a week before Thanksgiving in 2006 and joined his family at that most American of all holidays to be back together. That evening of Thanksgiving, Joshua took his own life in front of his mother.

The crushing loss of a son, the crushing loss of a son of the Midwest was overwhelming. But the Omvigs did something that Americans do and something that this Nation always does. They turned their grief into action. They went to their Congressman at that time in the old Third District, Lieutenant Colonel Leonard Boswell, himself a decorated Vietnam veteran and helicopter pilot. They put together what then became the Joshua Omvig Veterans Suicide Prevention Act. This was back in 2007, when nobody was talking about 20 veterans a day and no one was talking about mental health and no one was talking much about transition. We were in the heart of the Iraq war. We were in Afghanistan. Our veterans were coming back, and, rightfully noted, we were unprepared for them.

In this piece of legislation, there are a couple of sections in here that are very clear on what Mr. YOUNG's legislation does—exactly what it should do and what this Congress should do—provide oversight and improve on legislation.

Section 1720F said that the VA would establish 24-hour mental health care. In carrying out the comprehensive program, the Secretary shall provide for mental health care availability to veterans on a 24-hour basis. It would establish a hotline to carry this out, and the Secretary would provide a toll-free hotline for veterans to be staffed by appropriately trained mental health professionals.

And for those who don't think that that was needed, since that time, 2.5 million calls have been made to that hotline, 300,000 online chats, and 55,000 texts. When someone calls that line, they are at a breaking point. One of our warriors is at a point where they had nowhere else to turn.

The intent of this Congress and this Nation—not Democrat, not Republican—was to provide them the resources and the trained personnel necessary. What was noted in a GAO report, what Mr. YOUNG has noted, and what this committee has noted is that the VA was not fulfilling fully what they should have. If one veteran falls through the cracks, we have failed. I don't care if 2.5 million were picked up. If 2.5 million plus one, and that last one was not picked up, we have failed.

Mr. YOUNG's piece of legislation is simple, eloquent, asks the VA to do what they are supposed to do, and then do what should expected: report back to Congress so that we can provide our oversight ability.

I want to thank the chairman, the ranking member, and this committee for doing exactly what we are supposed to do. We are supposed to make sure that the VA fulfills the commitment that the United States and its citizens want to care for every single veteran that is out there. This was a smart piece of legislation. It was championed by the parents of a warrior who took his own life.

And keep in mind, when this was championed, we did not even bury our veterans who took their own lives with military honors because it was still something we didn't talk about. It was believed that they weren't casualties of war. In the 10 years since that time, we have made strides, we have made progress, and we understand that the cost of war continues on.

I want to thank Mr. YOUNG for continuing the legacy that comes out of Iowa, the deep care for those that serve in our heartland, continuing the bipartisan legacy of the Third District of Iowa to improve on a really smart, needed piece of legislation.

Mr. Speaker, I encourage my colleagues to support this, and I encourage this body to continue to find ways to solve problems, work together, and show that, when it comes to unity around our veterans, there is not an inch of daylight between the two sides of this body.

Mr. MILLER of Florida. Mr. Speaker, I yield 2 minutes to the gentleman from the Second District of Maine (Mr. POLIQUIN). He is from the metropolis of Oakland, Maine.

Mr. POLIQUIN. Mr. Speaker, I thank the chairman for recognizing that Oakland, Maine, is a central Maine metropolis, and I thank the chairman for quickly bringing this very important bipartisan bill to the floor. I want to salute the gentleman from Iowa (Mr. YOUNG), the Congressman who has been in the lead with respect to this issue.

Mr. Speaker, when I was a boy growing up in central Maine, our brave men and women in uniform who were returning from the battlefield in Vietnam were not treated well. I remember those days, and a lot of us also do. I believe our country, Mr. Speaker, has learned a lesson that that shall never happen again.

Sadly, Mr. Speaker, today, 22 veterans commit suicide in our country every day, and the majority of those veterans have served in Vietnam. When one of our veterans, any veteran, is in trouble and they call the crisis hotline, we need to make sure that those phones are answered and the individuals on the other end, our heroes, are not hung up on, inadvertently or otherwise.

We need to make sure we take care of our veterans. Mr. Speaker, in the State of Maine, we love our veterans. The character of our country is measured in great part by how we treat our veterans. I am thrilled to cosponsor this bill because it will help correct this issue.

I would like to close, Mr. Speaker, with a quote from George Washington: ''The willingness with which our young people are likely to serve in any war, no matter how justified, shall be directly proportional to how they perceive how the veterans of earlier wars were treated and appreciated by their nation.''

Mr. Speaker, I thank Mr. YOUNG for bringing this important legislation to the floor.

I encourage everybody in this Chamber, Republicans and Democrats, to get behind this terrific bipartisan piece of legislation.

Mr. TAKANO. Mr. Speaker, I yield 4 minutes to the gentlewoman from Hawaii (Ms. GABBARD), who is also a member of the Hawaiian National Guard and an Iraq war veteran.

Ms. GABBARD. Mr. Speaker, not too long ago, I was woken up abruptly one morning by a text message from a friend of mine that I had both served and trained with in the Army. His message was alarming because it came after many months of struggle in his life: nightmares, posttraumatic stress, many late nights staying up self-medicating with alcohol, troubles with his family, and a constant desire coming from him that the only way he knew how to deal with the challenges that he had was to deploy again and again and again.

Finally, he was home and he got to a point where he felt comfortable asking for help. He summoned up the courage one day—he was at his civilian job during the day—finally to call his local VA hotline, and he got a voice-mail.

This strong, battle-worn, courageous infantryman broke down in tears and ran out of the office building where he worked. His frustration and disappointment and even heartbreak was palpable that, even as he had spent so many years of his life answering the call to duty again and again and again, sacrificing so much, at that one moment that he made that very difficult decision to finally ask for help, no one was there. No one answered the phone.

He detailed this in a text message to me. I immediately called him and spent a couple of hours on the phone with him talking things through. I thanked him—he said: Sorry for bothering you about this—but I thanked him for making that call and letting me know what happened to him, giving me the opportunity to not only see how I could help him as my friend, but to see how we collectively can take action to help all of our brothers and sisters, unfortunately, many of whom are going through challenges that are not so different from his.

Just a few days ago, a veteran in my district called the Veterans Crisis Line for the first time. Her psychologist had encouraged her to place a test call to the crisis line so she could feel comfortable with how it worked, she could see how it worked, and she would feel comfortable making that phone call in the future if she got to a point where she needed it at a point of emergency. So she called that number with her psychologist and they waited on hold for 24 minutes. It took 24 minutes before someone finally answered the phone.

Now, I can tell you, when I call the airlines to change a reservation or when I call the bank to deal with an issue, I get frustrated when I get placed on hold for 5 minutes or 10 minutes. I feel like this is a waste of my time and I am going to hang up the phone.

It is virtually impossible for most people to understand that, when someone has a bottle of prescription drugs in their hand or a gun or they are on the verge of taking their own life and they are sitting on hold for 24 minutes, what do we think the outcome will be? Sometimes we are seeing that the shortcomings and gaps of the VA and these help lines have been filled by phone call networks that have been slapped together by troops, whether they are soldiers or marines or airmen or sailors, who are looking out for their buddy, doing what they can to make sure that everyone has got each other's phone numbers so that, if you get to that point where you need help, you have got someone to call who is going to answer the phone, who is going to talk you down from the edge, helping to make sure that, after they have survived the rigors and horrors of war and combat, they have a chance to live in peace when they come home.

With the average of 22 veterans who go through all of that and who do come home yet are still taking their lives every single day, we cannot afford to give up. We cannot afford 24 minutes on hold.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. TAKANO. Mr. Speaker, I yield the gentlewoman from Hawaii an additional 30 seconds.

Ms. GABBARD. This is why I strongly support and have cosponsored this critical piece of legislation, and I commend my colleague from Iowa for introducing it, H.R. 5392, the No Veterans Crisis Line Call Should Go Unanswered Act. This bill establishes quality standards and metrics to make sure that every call to the Veterans Crisis Line is answered quickly and by a live trained person.

I urge all of my colleagues to join me in passing this legislation today because the lives of our veterans depend on it.

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

Mr. TAKANO. Mr. Speaker, I ask all of my colleagues to vote in favor of this legislation. I thank my colleagues who came to the floor to speak in support of H.R. 5392.

I yield back the balance of my time.

Mr. MILLER of Florida. Mr. Speaker, I, too, urge all of my colleagues on my side of the aisle to please join me in supporting this particular piece of legislation.

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. 5392.

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. YOUNG of Iowa. 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.

VETERANS EMERGENCY TREATMENT ACT

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3216) to amend title 38, United States Code, to clarify the emergency hospital care furnished by the Secretary of Veterans Affairs to certain veterans.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3216

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 ''Veterans Emergency Treatment Act'' or the ''VET Act''.

SEC. 2. CLARIFICATION OF EMERGENCY HOSPITAL CARE FURNISHED BY THE SECRETARY OF VETERANS AFFAIRS TO CERTAIN VETERANS.

(a) IN GENERAL.—Chapter 17 of title 38, United States Code, is amended by inserting after section 1730A the following new section:

''§ 1730B. Examination and treatment for emergency medical conditions and women in labor

''(a) MEDICAL SCREENING EXAMINATIONS.—In carrying out this chapter, if any enrolled veteran requests, or a request is made on behalf of the veteran, for examination or treatment for a medical condition, regardless of whether such condition is service-connected, at a hospital emergency department of a medical facility of the Department, the Secretary shall ensure that the veteran is provided an appropriate medical screening examination within the capability of the emergency department, including ancillary services routinely available to the emergency department, to determine whether an emergency medical condition exists.

''(b) NECESSARY STABILIZING TREATMENT FOR EMERGENCY MEDICAL CONDITIONS AND LABOR.—(1) If an enrolled veteran comes to a medical facility of the Department and the Secretary determines that the veteran has an emergency medical condition, the Secretary shall provide either—

''(A) such further medical examination and such treatment as may be required to stabilize the medical condition; or

''(B) for the transfer of the veteran to another medical facility of the Department or a non-Department facility in accordance with subsection (c).

''(2) The Secretary is deemed to meet the requirement of paragraph (1)(A) with respect to an enrolled veteran if the Secretary offers the veteran the further medical examination and treatment described in such paragraph and informs the veteran (or an individual acting on behalf of the veteran) of the risks and benefits to the veteran of such examination and treatment, but the veteran (or individual) refuses to consent to the examination and treatment. The Secretary shall take all reasonable steps to secure the written informed consent of such veteran (or individual) to refuse such examination and treatment.

''(3) The Secretary is deemed to meet the requirement of paragraph (1) with respect to an enrolled veteran if the Secretary offers to transfer the individual to another medical facility in accordance with subsection (c) of this section and informs the veteran (or an individual acting on behalf of the veteran) of the risks and benefits to the veteran of such transfer, but the veteran (or individual) refuses to consent to the transfer. The hospital shall take all reasonable steps to secure the written informed consent of such veteran (or individual) to refuse such transfer.

''(c) RESTRICTION OF TRANSFERS UNTIL VETERAN STABILIZED.—(1) If an enrolled veteran at a medical facility of the Department has an emergency medical condition that has not been stabilized, the Secretary may not transfer the veteran to another medical facility of the Department or a non-Department facility unless—

''(A)(i) the veteran (or a legally responsible individual acting on behalf of the veteran), after being informed of the obligation of the Secretary under this section and of the risk of transfer, requests in writing a transfer to another medical facility;

''(ii) a physician has signed a certification (including a summary of the risks and benefits) that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the veteran and, in the case of labor, to the unborn child from effecting the transfer; or

''(iii) if a physician is not physically present in the emergency department at the time a veteran is transferred, a qualified medical person (as defined by the Secretary in regulations) has signed a certification described in clause (ii) after a physician, in consultation with the person, has made the determination described in such clause, and subsequently countersigns the certification; and

''(B) the transfer is an appropriate transfer as described in paragraph (2).

''(2) An appropriate transfer to a medical facility is a transfer—

''(A) in which the transferring medical facility provides the medical treatment within the capacity of the facility that minimizes the risks to the health of the enrolled veteran and, in the case of a woman in labor, the health of the unborn child;

''(B) in which the receiving facility—

''(i) has available space and qualified personnel for the treatment of the veteran; and

''(ii) has agreed to accept transfer of the veteran and to provide appropriate medical treatment;

''(C) in which the transferring facility sends to the receiving facility all medical records (or copies thereof), related to the emergency condition for which the veteran has presented, available at the time of the transfer, including records related to the emergency medical condition of the veteran, observations of signs or symptoms, preliminary diagnosis, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) provided under paragraph (1)(A), and the name and address of any on-call physician (described in subsection (d)(1)(C) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment;

''(D) in which the transfer is effected through qualified personnel and transportation equipment, as required including the use of necessary and medically appropriate life support measures during the transfer; and

''(E) that meets such other requirements as the Secretary may find necessary in the interest of the health and safety of veterans transferred.

''(d) CHARGES.—(1) Nothing in this section may be construed to affect any charges that the Secretary may collect from a veteran or third party.

''(2) The Secretary shall treat any care provided by a non-Department facility pursuant to this section as care otherwise provided by a non-Department facility pursuant to this chapter for purposes of paying such non-Department facility for such care.

''(e) NONDISCRIMINATION.—A medical facility of the Department or a non-Department facility, as the case may be, that has specialized capabilities or facilities (such as burn units, shock-trauma units, neonatal intensive care units, or (with respect to rural areas) regional referral centers as identified by the Secretary in regulation) shall not refuse to accept an appropriate transfer of an enrolled veteran who requires such specialized capabilities or facilities if the facility has the capacity to treat the veteran.

''(f) NO DELAY IN EXAMINATION OR TREATMENT.—A medical facility of the Department or a non-Department facility, as the case may be, may not delay provision of an appropriate medical screening examination required under subsection (a) or further medical examination and treatment required under subsection (b) of this section in order to inquire about the method of payment or insurance status of an enrolled veteran.

''(g) WHISTLEBLOWER PROTECTIONS.—The Secretary may not take adverse action against an employee of the Department because the employee refuses to authorize the transfer of an enrolled veteran with an emergency medical condition that has not been stabilized or because the employee reports a violation of a requirement of this section.

''(h) DEFINITIONS.—In this section:

''(1) The term 'emergency medical condition' means—

''(A) a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in—

''(i) placing the health of the enrolled veteran (or, with respect to an enrolled veteran who is a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;

''(ii) serious impairment to bodily functions; or

''(iii) serious dysfunction of any bodily organ or part; or

''(B) with respect to an enrolled veteran who is a pregnant woman having contractions—

''(i) that there is inadequate time to effect a safe transfer to another hospital before delivery; or

''(ii) that transfer may pose a threat to the health or safety of the woman or the unborn child.

''(2) The term 'enrolled veteran' means a veteran who is enrolled in the health care system established under section 1705(a) of this title.

''(3) The term 'to stabilize' means, with respect to an emergency medical condition described in paragraph (1)(A), to provide such medical treatment of the condition as may be necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during the transfer of the enrolled veteran from a facility, or, with respect to an emergency medical condition described in paragraph (1)(B), to deliver (including the placenta).

''(4) The term 'stabilized' means, with respect to an emergency medical condition described in paragraph (1)(A), that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility, or, with respect to an emergency medical condition described in