

were exposed to, will provide a very important piece of information that will help us understand how toxic exposures have affected our veterans.

Mr. Speaker, I urge my colleagues to join me in passing H.R. 1381, 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. 1381.

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. TAKANO. 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.

□ 1700

VETERANS-SPECIFIC EDUCATION FOR TOMORROW'S HEALTH PROFESSIONALS ACT

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 H.R. 1271.

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

There was no objection.

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1271) to establish in the Department of Veterans Affairs a pilot program instituting a clinical observation program for pre-med students preparing to attend medical school.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1271

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-Specific Education for Tomorrow's Health Professionals Act" or the "Vet HP Act".

SEC. 2. SENSE OF CONGRESS REGARDING DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM FOR CLINICAL OBSERVATION BY UNDERGRADUATE STUDENTS.

It is the sense of Congress that the pilot program described in section 3(a) should be designed to—

- (1) increase the awareness, knowledge, and empathy of future health professionals toward the health conditions common to veterans;
- (2) increase the diversity of the recruitment pool of future physicians of the Department; and
- (3) expand clinical observation opportunities for all students by encouraging students of all backgrounds to consider a career in the health professions.

SEC. 3. DEPARTMENT OF VETERANS AFFAIRS PILOT PROGRAM FOR CLINICAL OBSERVATION BY UNDERGRADUATE STUDENTS.

(a) ESTABLISHMENT.—The Secretary of Veterans Affairs shall carry out a pilot program

for a one-year period, beginning not later than August 15, 2021, to provide certain students described in subsection (d) a clinical observation experience at medical centers of the Department of Veterans Affairs.

(b) MEDICAL CENTER SELECTION.—The Secretary shall carry out the pilot program under this section at not fewer than five medical centers of the Department. In selecting such medical centers, the Secretary shall ensure regional diversity among such selected medical centers.

(c) CLINICAL OBSERVATION SESSIONS.—

(1) FREQUENCY AND DURATION.—In carrying out the pilot program, the Secretary shall—

(A) provide at least one and not more than three clinical observation sessions at each medical center selected during each calendar year;

(B) ensure that each clinical observation session—

- (i) lasts between four and six months; and
- (ii) to the extent practicable, begins and ends concurrently with one or more academic terms of an institution of higher education (as defined in section 101 of the Higher Education Act of 1965 (20 U.S.C. 1001)); and

(C) ensure that the clinical observation sessions provided at a medical center have minimal overlap.

(2) SESSIONS.—The Secretary shall ensure that the pilot program consists of clinical observation sessions as follows:

(A) Each session shall allow for not fewer than five students nor greater than 15 students to participate in the session.

(B) Each session shall consist of not fewer than 20 observational hours nor greater than 40 observational hours.

(C) A majority of the observational hours shall be spent observing a health professional. The other observational hours shall be spent in a manner that ensures a robust, well rounded experience that exposes the students to a variety of aspects of medical care and health care administration.

(D) Each session shall provide a diverse clinical observation experience.

(d) STUDENTS.—

(1) SELECTION.—The Secretary shall select to participate in the pilot program under subsection (a) students who are—

- (A) nationals of the United States;
- (B) enrolled in an accredited program of study at an institution of higher education; and

(C) referred by their institution of higher education following an internal application process.

(2) PRIORITY.—In making such selection, the Secretary shall give priority to each of the following five categories of students:

(A) Students who, at the time of the completion of their secondary education, resided in a health professional shortage area (as defined in section 332 of the Public Health Service Act (42 U.S.C. 254e)).

(B) First generation college students (as defined in section 402A(h)(3) of the Higher Education Act of 1965 (20 U.S.C. 1067q(a))).

(C) Students who have been referred by minority-serving institutions (as defined in section 371(a) of the Higher Education Act of 1965 (20 U.S.C. 1067q(a))).

(D) Veterans (as defined in section 101 of title 38, United States Code).

(E) Students who indicate an intention to specialize in a health professional occupation identified by the Inspector General of the Department under section 7412 of title 38, United States Code, as having a staffing shortage.

(3) ASSIGNMENT TO MEDICAL CENTERS.—The Secretary shall assign students selected under paragraph (1) to medical centers selected under subsection (b) without regard for whether such medical centers have staffing shortages in any health professional oc-

cupation pursuant to section 7412 of title 38, United States Code.

(e) OTHER MATTERS.—In carrying out the pilot program under this section, the Secretary shall—

(1) establish a formal status to facilitate the access to medical centers of the Department by student observers participating in the pilot program;

(2) establish standardized legal, privacy, and ethical requirements for the student observers, including with respect to—

(A) ensuring that no student observer provides any care to patients while participating as an observer; and

(B) ensuring the suitability of a student to participate in the pilot program to ensure that the student poses no risk to patients;

(3) develop and implement a partnership strategy with minority-serving institutions to encourage referrals;

(4) create standardized procedures for student observers;

(5) create an online information page about the pilot program on the internet website of the Department;

(6) publish on the online information page created under paragraph (5) the locations of such centers, and other information on the pilot program, not later than 180 days before the date on which applications are required to be submitted by potential student observers;

(7) identify medical centers and specific health professionals participating in the pilot program; and

(8) notify the Committees on Veterans' Affairs of the House of Representatives and the Senate of the medical centers selected under subsection (c) within 30 days of selection, to facilitate program awareness.

(f) REPORT.—Not later than 180 days after the completion of the pilot program under subsection (a), the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the results of the pilot program, including—

(1) the number and demographics of all applicants, those accepted to participate in the pilot program, and those who completed the pilot program; and

(2) if participating institutions of higher education choose to administer satisfaction surveys that assess the experience of those who completed the pilot program, the results of any such satisfaction surveys, provided at the discretion of the institution of higher education.

SEC. 4. NO ADDITIONAL FUNDS AUTHORIZED.

No additional funds are authorized to be appropriated to carry out the requirements of this Act. Such requirements shall be carried out using amounts otherwise authorized to be appropriated.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Tennessee (Mr. DAVID P. ROE) each will control 20 minutes.

The Chair recognizes the gentleman from California.

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

Mr. Speaker, I rise in strong support of H.R. 1271, the Vet HP Act. The Department of Veterans Affairs reported last month that it has 48,985 vacancies. That means about 10 percent of the positions at VA are unfilled.

Sadly, a majority of these vacancies are Veterans Health Administration vacancies. VA does not have enough doctors, nurses, nurse practitioners, physician assistants, and other medical

providers and support staff to make sure veterans have timely access to the high quality healthcare delivered by VA. With shortages in areas like mental health and primary care, it can become increasingly difficult to maintain a facility's efficiency and quality. That is why it is so important that VA does everything it can to fill every last vacancy.

The committee is not blind to the challenge of meeting this laudable goal. Hospital systems throughout the country also face health provider shortages. Rural areas and some urban areas are often the most in need of providers. However, that should not be an excuse for inaction, and relying solely on community providers who also face shortages and lack the expertise and cultural competency to provide for veterans' specific healthcare needs is an incomplete, problematic, and high-cost solution.

The VA must work to recruit and retain talented and mission-driven clinicians and employees who are guided by one goal: to provide the best possible care to veterans when they need it.

The bill offered by Congresswoman KAPTUR from Ohio is a creative and necessary step towards ensuring VA is able to fill each vacant position. The Vet HP Act seeks to expose undergraduate students considering careers in medicine to experience the VA healthcare environment directly. By allowing undergraduates to observe the work of staff at VA medical centers firsthand, the department can begin recruiting early—by sowing interest in students about the VA's mission and the healthcare, research, academic, and professional opportunities available to clinicians at VA medical centers. As an educator of 70 percent of the Nation's healthcare providers, VA can create an early familiarity with VA among students thinking about or preparing for careers in medicine.

Our Nation's future healthcare providers may be more likely to choose residencies at academic affiliates of VA medical centers and careers at VA if they are more familiar with VA's mission and are able to observe the improvements VA clinicians are able to make in the lives of those who have served our Nation.

Moreover, as the veteran population becomes increasingly more diverse, VA should strive to recruit students from backgrounds as diverse as the military and veteran population so that VA staff and clinicians reflect that growing diversity and are better equipped and able to understand the needs of the veterans they serve.

In an effort to create a pipeline of diverse, mission-focused students, this bill focuses specifically on students who graduated from high schools in health professional shortage areas, students who attend Historically Black Colleges and Universities and other institutions of higher education that serve minorities, and first-generation college students.

Giving students this exposure to VA's mission will help address the VA's 48,985 vacancies so that it can continue to provide the healthcare veterans need.

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

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 1271, the Veterans-Specific Education for Tomorrow's Health Professionals—or Vet HP—Act. The bill would create a pilot program to provide undergraduate students with a clinical observation experience at Department of Veterans Affairs' medical centers.

This bill is sponsored by Congresswoman MARCY KAPTUR of Ohio. I appreciate her efforts to support aspiring medical students by giving them a window into the healthcare profession. This bill would further VA's mission to educate the Nation's future clinicians by giving those who have expressed interest in the medical field an early introduction to the VA healthcare system.

It is my sincere hope that, if enacted, this pilot program would inspire the students it serves to pursue careers serving veteran patients. While this bill did not move through regular order in the committee this Congress, it did move through regular order last Congress where it was supported by various veteran service organizations.

Mr. Speaker, I was proud to work with my Democratic colleagues to get this bill passed through the House last year, and I am pleased to do so again here today. I urge all of my colleagues to join me in supporting this bill, and I reserve the balance of my time.

Mr. TAKANO. Mr. Speaker, I yield 5 minutes to the gentlewoman from Ohio (Ms. KAPTUR), who is my good friend and the author of this bill.

Ms. KAPTUR. Mr. Speaker, I want to thank Chairman TAKANO for his staunch leadership for veterans in so many arenas and for moving this bill through his committee. I also want to thank Ranking Member PHIL ROE for his continued bipartisan support and encouragement.

H.R. 1271, the Vet Health Professionals Act, Vet HP Act for short, also called the Veterans-Specific Education for Tomorrow's Health Professionals Act; I am honored to speak on its behalf this evening.

By expanding opportunities for future physicians interested in serving our Nation's veterans, this legislation will lay the groundwork to help fill, as was mentioned earlier, the Department of Veterans Affairs' nearly 50,000 medical vacancies by creating a viable pipeline for future physicians.

The Vet HP Act creates a 3-year pilot program that will operate in at least five VA medical centers for premed students to gain clinical observation experience, allowing them to gain a deeper understanding of veterans' spe-

cific health needs and experiences. We have heard about some of those this evening.

Several years ago, three premed students—and I will put their names into the RECORD—Andrew Frank, Seamus Caragher, and Michael McNamara—highlighted to my team that included Andrea Kaman, Nora Sarsour, Carrie Swope, and more recently Margaret McGuinness, our legislative assistants, the struggles that disadvantaged minority and other young people who lack personal connections face as they apply for medical school.

Health schools recommend or require clinical observation hours, but there is no formal process to apply for these hours. Let me tell you, Mr. Speaker, in the field of neuropsychiatry it is particularly difficult. Opportunities to shadow are limited and are often based on where you go to school or whom you know.

Students who attend schools outside major cities as well as those whose families lack connections to the medical community find it harder to shadow and are disadvantaged in medical school admissions. This places an unfair burden on otherwise qualified students who come from less affluent communities or even rural areas.

Through their own struggle to access clinical observation experience, the students realized an immense opportunity. This bill prioritizes students in medically underserved areas, first-generation college students, students referred by minority-serving institutions, and veterans themselves.

It also prioritizes training for students who specialize in health professions where there is an identified staffing shortage. This important bill will help narrow the professional gap and ensure we are training premed students in careers that are in demand and necessary. For example, the three VA medical centers that service our constituents in Ohio are located in Cleveland, Ohio; Ann Arbor, Michigan; and the city of Detroit. They currently have—this is an amazing number—542 medical and dental staff vacancies.

How are we to serve veterans when we don't have enough doctors and medical professionals to do it?

This bill creates an important shadowing opportunity for health students and will help strengthen the workforce with a pathway going into the Department of Veterans Affairs.

Importantly, premed students in this pilot program will gain a deeper understanding of veterans' specific health needs and experiences, which is critical for health professionals who treat veterans.

One of our top responsibilities as a Congress is to ensure that America's veterans receive top quality and timely healthcare from highly trained professionals. This bill furthers that effort, and I am pleased it will get a vote this evening.

I would like to thank, again, Chairman TAKANO and Ranking Member ROE for bringing this bill to the floor.

I urge my colleagues on both sides of the aisle to support the bill's passage to strengthen medical care inside our veterans' healthcare system and help the future be built through our work here tonight.

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, in closing, I strongly support this bill. I have spent much of my time over the years mentoring students both in high school, college, and in medical school. I have taught on the clinical faculty at East Tennessee State University College of Medicine.

I tell the students: Look, you really need to think about going into medicine if you like to work nights, weekends, and holidays.

That is not usually how I start the conversation. But I look back as a young man when I started, and I ask myself, having now been serving in the U.S. Congress, what would I do if I had those choices all over again?

Unequivocally, I would go back to the examining room and back to the operating room and take care of patients. It is a phenomenal way to help people. I think we have to share that.

I am a first-generation college graduate in my family, as many of us are who serve in this body, and I want to thank both the chairman for his tremendous support for medical education in the Choice bill that we passed—it is hard to believe—5 years ago, Mr. Speaker, when the scandal in Phoenix occurred. We put in that bill 1,500 residency slots at VAs in primary care so that we would encourage those young doctors to stay where they are training. Many of us will do that; we will stay where we have done our training.

So I want to thank Congresswoman KAPTUR for her interest in this. I thank the students she brought up. Those are the future doctors who are going to be caring for all of us.

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

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

Mr. Speaker, I appreciate the comments of my colleague, the ranking member, about our effort to insert 1,500 medical residencies into the Choice bill. That was one of the great accomplishments of that particular Congress.

I would point out that we still face shortages nationally of physicians and specialists, and we face a great challenge with our medical workforce and our healthcare workforce, and that impacts the VA's ability to fill these positions.

I particularly want to highlight the gentlewoman from Ohio's comments about young people who do not have the connections to medical professionals, or they are not necessarily connected to the professional segments of our society where they might be exposed to what it means to be a medical professional and what it means to serve the VA's mission. I think that her in-

sights and her experience and what she brings to this bill is a tremendous understanding of the need for those of our young people who come from lower incomes or who come from segments of society that could be left behind. We have Americans of great ability whom we need to recruit and expose to the opportunities that await them in organizations like the VA.

Let me just say that filling these vacancies is going to be a high priority of the committee and to poke, prod, cajole, and urge the VA to do what it needs to do to reform itself in order to make sure that these positions are filled. Let me emphasize that these positions are funded, that these are funded positions. They are empty, and that, to me, also indicates that we have a workforce training challenge before us.

□ 1715

H.R. 1271, offered by my colleague, Ms. KAPTUR, is one of the necessary steps that we need to take in order to fill those vacancies.

Mr. Speaker, I urge my colleagues to join me in passing H.R. 1271, the Vet HP Act, 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. 1271.

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.

MAJOR BRENT TAYLOR VET CENTER OUTSTATION

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. 49.

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

There was no objection.

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (S. 49) to designate the outstation of the Department of Veterans Affairs in North Ogden, Utah, as the Major Brent Taylor Vet Center Outstation.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 49

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

SECTION 1. FINDINGS.

Congress finds the following:

(1) Major Brent Taylor began his military service following the attacks of September 11, 2001. He joined the Army National Guard in 2003, three days after his engagement to his wife, Jennie. Five of his brothers would eventually serve in the Armed Forces following the deadly attacks.

(2) During his time in the Army National Guard, Major Taylor distinguished himself in

service to the United States and the State of Utah. He received a commission as a second lieutenant from the Brigham Young University Reserve Officer Training Corps in 2006, while graduating as a member of the National Society of Collegiate Scholars.

(3) During his impressive career with the Utah National Guard, Major Taylor distinguished himself in multiple specialties, including Intelligence and Military Police. One of his earliest assignments included analyzing foreign language documents in support of the Defense Intelligence Agency. He also led document exploitation efforts in multiple European and South American languages for a variety of intelligence community customers. Major Taylor also managed a team that assessed security vulnerabilities at high-profile facilities across the United States, all while maintaining a successful private sector career in Utah.

(4) Major Taylor was continuously ready to take up a call to arms from the United States and deployed four times in support of operations in Iraq and Afghanistan. His deployed duties varied from Platoon Leader and Combat Advisor to Chief of Staff to the Special Operations Advisory Group, responsible for leading a joint task force advising and assisting an elite Afghan special operations unit.

(5) Throughout his deployments, Major Taylor distinguished himself on several occasions, earning a multitude of awards including the Bronze Star. The citation credits the ability of Major Taylor to think calmly and decisively to keep his subordinates safe while traversing 600,000 miles of roads in Iraq, laden with improvised explosive devices (commonly referred to as "IED") and ripe for ambush.

(6) During one particularly harrowing mission, Major Taylor's vehicle was struck by an IED. Although he survived the attack, the wounds he received earned him the Purple Heart.

(7) Major Taylor's amazing record of service was not limited to the battlefield. In 2010, he served as a member of the North Ogden City Council and, in 2013, Major Taylor was elected mayor. His steadfast leadership led to the city being recognized as "Business Friendly" by the Governor of Utah, and as one of the safest, freest cities in the United States by several organizations. His initiatives included improvements to public works and infrastructure, attracting businesses to the area, developing a local community center, and increasing transparency. His action led his constituents to reelect Major Taylor in 2017.

(8) In 2018, Major Taylor placed himself on a leave of absence from his mayoral duties in order to deploy to Afghanistan, explaining to his constituents, "Service is what leadership is all about."

(9) While serving in Afghanistan, a dear colleague, Afghani Lieutenant Kefayatullah, was killed shortly before the Afghan elections. Major Taylor wrote, "The strong turnout at that election, despite the attacks and challenges, was a success for the long-suffering people of Afghanistan, and for the cause of human freedom. I am proud of the brave Afghan and U.S. soldiers I serve with. Many American, NATO and Afghan troops have died to make moments like this election possible." He also extolled the American public to embrace its civic duty, stating, "I hope everyone back home exercises their precious right to vote. And that whether the Republicans or Democrats win, that we all remember that we have far more as Americans that unites us than divides us."

(10) Tragically, on Saturday, November 3, 2018, Major Taylor was killed in an attack in Afghanistan. He was survived by his wife,