

This is a piece of legislation, again, as the previous legislation did, that demonstrates that we do have the capability of solving a problem and coming together on specific issues when we can.

In this case, we have legislation that, I think, strikes that important balance in maintaining important regulations and standards in place that prevent the kind of catastrophes that we have seen in the past, but also, in this case, anticipates that there is a legitimate problem that needs to be solved, particularly in this case, in ensuring that development can occur in those places where it is often very difficult to see development take place. This is something that is absolutely critical and makes sense. This legislation strikes a good balance between those competing interests.

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

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

Mr. Speaker, I encourage all of my colleagues to support H.R. 2148. I commend my good friend, Mr. PITTENGER, for his great work on this. Again, I point out that this bill came out of the Financial Services Committee on a bipartisan vote of 59-1. We think that this is a commonsense, reasonable accommodation for a problem that has been created by Dodd-Frank, and we are glad that, on a bipartisan basis, we can be addressing that.

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

The SPEAKER pro tempore (Mr. SIMPSON). The question is on the motion offered by the gentleman from Michigan (Mr. HUIZENGA) that the House suspend the rules and pass the bill, H.R. 2148, 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.

□ 1445

VETERAN URGENT ACCESS TO MENTAL HEALTHCARE ACT

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 918) to amend title 38, United States Code, to direct the Secretary of Veterans Affairs to furnish mental health care to certain former members of the Armed Forces who are not otherwise eligible to receive such care, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 918

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 "Veteran Urgent Access to Mental Healthcare Act".

SEC. 2. EXPANSION OF MENTAL HEALTH CARE FOR CERTAIN FORMER MEMBERS OF THE ARMED FORCES.

(a) IN GENERAL.—Chapter 17 of title 38, United States Code, is amended by inserting after section 1720H the following new section:

"§ 1720I. Expansion of mental health care for certain former members of the Armed Forces

"(a) IN GENERAL.—The Secretary shall furnish to former members of the Armed Forces described in subsection (b)—

"(1) an initial mental health assessment; and

"(2) the mental health care services authorized under this chapter that the Secretary determines are required to treat the mental health care needs of the former member, including risk of suicide or harming others.

"(b) FORMER MEMBERS OF THE ARMED FORCES DESCRIBED.—A former member of the Armed Forces described in this subsection is an individual who meets the following criteria:

"(1) The individual is a former member of the Armed Forces, including the reserve components, who—

"(A) served in the active military, naval, or air service, and was discharged or released therefrom under a condition that is not honorable except—

"(i) dishonorable; or

"(ii) bad conduct discharge;

"(B) has applied for a character of service determination and such determination has not been made; and

"(C) is not otherwise eligible to enroll in the health care system established by section 1705 of this title by reason of such discharge or release not meeting the requirements of section 101(2) of this title.

"(2) While serving in the Armed Forces—

"(A) the former member was deployed in a theater of combat operations or an area at a time during which hostilities occurred in that area;

"(B) participated in or experienced such combat operations or hostilities, including by controlling an unmanned aerial vehicle from a location other than such theater or area; or

"(C) was the victim of a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment (as defined in section 1720D(f) of this title).

"(c) NON-DEPARTMENT CARE.—(1) In furnishing mental health care services to an individual under this section, the Secretary may provide such mental health care services at a non-Department facility if—

"(A) in the judgment of a mental health professional employed by the Department, the receipt of mental health care services by that individual in facilities of the Department would be clinically inadvisable; or

"(B) facilities of the Department are not capable of furnishing such mental health care services to that individual economically because of geographical inaccessibility.

"(2) The Secretary shall carry out paragraph (1) pursuant to section 1703 of this title or any other provision of law authorizing the Secretary to enter into contracts or agreements to furnish hospital care and medical services to veterans at non-Department facilities.

"(d) SETTING AND REFERRALS.—In furnishing mental health care services to an individual under this section, the Secretary shall—

"(1) seek to ensure that such mental health care services are furnished in a setting that is therapeutically appropriate, taking into account the circumstances that resulted in the need for such mental health care services; and

"(2) provide referral services to assist former members who are not eligible for services under this chapter to obtain services from sources outside the Department.

"(e) INFORMATION.—The Secretary shall provide information on the mental health care services available under this section. Efforts by the Secretary to provide such information—

"(1) shall include availability of a toll-free telephone number (commonly referred to as an 800 number);

"(2) shall ensure that information about the mental health care services available under this section—

"(A) is revised and updated as appropriate;

"(B) is made available and visibly posted at appropriate facilities of the Department; and

"(C) is made available to State veteran agencies and through appropriate public information services; and

"(3) shall include coordination with the Secretary of Defense seeking to ensure that members of the Armed Forces and individuals who are being separated from active military, naval, or air service are provided appropriate information about programs, requirements, and procedures for applying for mental health care services under this section.

"(f) ANNUAL REPORTS.—Each year, the Secretary shall submit to Congress an annual report on the mental health care services provided pursuant to this section. Each report shall include data for the year covered by the report with respect to each of the following:

"(1) The number of individuals who received mental health care services under subsection (a), disaggregated by the number of men who received such services and the number of women who received such services.

"(2) Such other information as the Secretary considers appropriate."

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 of title 38, United States Code, is amended by inserting after the item relating to section 1720H the following new item:

"1720I. Expansion of mental health care for certain former members of the Armed Forces."

SEC. 3. CHARACTER OF SERVICE DETERMINATIONS.

(a) IN GENERAL.—Chapter 53 of title 38, United States Code, is amended by inserting after section 5303A the following new section:

"§ 5303B. Character of service determinations

"(a) DETERMINATION.—The Secretary shall establish a process by which an individual who served in the Armed Forces and was discharged or dismissed therefrom may seek a determination from the Secretary with respect to whether such discharge or release was under a condition that bars the right of such individual to a benefit under the laws administered by the Secretary based upon the period of service from which discharged or dismissed.

"(b) PROVISION OF INFORMATION.—If the Secretary determines under subsection (a) that an individual is barred to a benefit under the laws administered by the Secretary, the Secretary shall provide to such individual information regarding the ability of the individual to address such condition, including pursuant to section 5303 of this title and chapter 79 of title 10."

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 5303A the following new item:

"5303B. Character of service determinations."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Minnesota (Mr. WALZ) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and to include extraneous material on H.R. 918, as amended.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 918, as amended, which was introduced by my friend and longtime committee member, the gentleman from Colorado (Mr. COFFMAN).

Mr. Speaker, there have been a number of different names for stress-related military health conditions throughout our Nation's history: battle fatigue, combat stress reaction, shell shock, post-traumatic stress disorder.

Too often we see military personnel returning home with difficulties adjusting to civilian life. For many returning servicemembers, these stressors affect one's postdeployment, especially those receiving other than honorable discharges.

Under current law, military personnel who separate under this status are not eligible for healthcare benefits or general services typically offered to honorable or generally discharged veterans through the Department of Veterans Affairs.

Mr. Speaker, I want to be clear, I firmly believe that discharge status is an important tool for military leadership, a tool which helps preserve order and discipline among the ranks. Removing the proverbial bad apples from the bushel is key to maintaining a cohesive unit structure.

However, there also seems to be an evolving trend of soldiers who receive other than honorable discharges as a result of their military experience, rather than simply being a bad or ineffective soldier.

In fact, according to the Medal of Honor Society, there are no fewer than eight Medal of Honor recipients who have received other than honorable discharges. H.R. 918, as amended, would provide that those combat veterans who receive other than honorable discharge statuses would be eligible to receive critical mental health assessments and services from the Department of Veterans Affairs. It is only right, Mr. Speaker.

Again, I appreciate the hard work and forward thinking of my friend from Colorado, who is also a veteran, Mr. COFFMAN. I urge my colleagues to support this measure.

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

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

Mr. Speaker, I would like to thank the gentleman from Florida for his long service to this Nation's veterans, as well as his family's service to our veterans. It is appropriate we are here the week of Veterans Day bringing important legislation to the floor once again, a committee that understands our responsibility, is not political or partisan, it is to this Nation's veterans in keeping the promise.

Mr. Speaker, I do rise in strong support of H.R. 918, as amended, the Veteran Urgent Access to Mental Healthcare Act offered by Mr. COFFMAN.

I would also like to take note of the work that Mr. COFFMAN has done on many issues. This one, in particular, is near and dear to my heart. His leadership has helped get us to the point where we are making progress on this.

As you heard the gentleman from Florida say, the issues that come with service in this Nation's military can be physical injury or they can be the mental injuries of war. We also understand that with that comes changes in behavior, and there are reasons that people are removed from service, and I am incredibly proud that this committee has taken this issue head-on. Of those who are removed because of issues that they started to acquire from their service in uniform, this legislation is going to ensure that those people with less than honorable discharges get the care; specifically, focusing on military sexual trauma, the idea that we have warriors in uniform who are assaulted, in many cases, by fellow servicemembers, and because of the inability to reintegrate in that unit, they are discharged with less than honorable paper, precluding them from getting the services that they have earned.

With more than 20 veterans a day—and I think those numbers are probably low—taking their own lives, this issue of making sure that all servicemembers and all veterans have access to mental healthcare, removing those barriers, is of prime importance.

Secretary Shulkin has made the first step in this. Mr. COFFMAN has continued to make sure that this committee stays focused on this, continuing to add more and more access. For that, this legislation ensures the initiative becomes permanent. It puts it into law and it takes us the next step forward. For that, I am grateful.

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

Mr. BILIRAKIS. Mr. Speaker, I agree with the ranking member 100 percent. This needs to be done. It is long overdue, and thanks to my good friend, Mr. COFFMAN, it is going to get done.

Mr. Speaker, I yield 5 minutes to the gentleman from Colorado (Mr. COFFMAN).

Mr. COFFMAN. Mr. Speaker, as we approach Veterans Day, our Nation is still faced with the epidemic of veteran suicide. And while the VA has made it

a priority to address this problem, there are still many combat veterans left without access to VA mental healthcare services.

Here is what we know. An average of 20 veterans commit suicide daily. VA evidence suggests a decrease in suicide risk among those who have received VA healthcare services. In May 2017, the Government Accountability Office found that 62 percent of the over 91,000 servicemembers who were separated for misconduct from 2011 to 2015 had been diagnosed with PTSD, TBI, or other conditions that would be associated with misconduct.

Of those veterans, 23 percent, or 13,282, received an other than honorable discharge, leaving them without access to VA's critical mental healthcare services.

As a Marine Corps combat veteran, I like to live by the rule that we never leave anyone behind. Unfortunately, the military routinely used the other than honorable discharge to rid itself of combat veterans who were designated as having disciplinary problems and who often had documented medical histories of PTSD, rather than providing them with the treatment and rehabilitation they so desperately needed.

While the correlation between their mental health condition and minor misconduct could be linked, this fact made no difference to their character of discharge.

Mr. Speaker, my legislation, H.R. 918, the Veteran Urgent Access to Mental Healthcare Act, seeks to correct this. Historically, a veteran with an other than honorable discharge has been able to seek VA care for a service-connected disability. However, due to the way these combat veterans were discharged and because of a failure to connect the dots between their minor misconduct and their mental health condition, the Department of Defense has failed to recognize this as a problem.

H.R. 918 will stay with tradition and correct this disconnect by authorizing mental healthcare services for these other than honorably discharged combat veterans. This bill also requires an initial mental health assessment and directs the VA Secretary to establish a formal character of service determination process to trigger reviews of their discharges for potential eligibility for VA benefits.

Mr. Speaker, before the rate of veteran suicides increases any more, it is time to right this wrong and permanently authorize mental healthcare services for some of our Nation's most vulnerable veterans. When someone puts on the uniform, they take an oath to defend our freedoms. We, in turn, as a nation, promise to make sure they receive the care and the services they need after returning from the battlefield.

As we approach Veterans Day, I encourage my colleagues to keep that promise for these combat veterans with other than honorable discharges and to

support the passage of H.R. 918. I thank Chairman ROE and Ranking Member WALZ for their support of this legislation.

Mr. WALZ. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. O'ROURKE), the ranking member of the Subcommittee on Economic Opportunity, but, more importantly, probably the most effective voice in this Congress on veterans' mental health and suicide.

Mr. O'ROURKE. Mr. Speaker, I thank the gentleman from Minnesota, our ranking member on the committee, for yielding.

Mr. Speaker, we have a crisis in suicide among veterans today in this country. The official estimate, which I agree with the ranking member, is probably an estimate that is too low: 20. I think the real number is much higher than that, but 20 a day, we know for sure, are taking their own lives in this country after they have put those same lives on the line for this country.

Amidst that crisis, we know that those veterans who have an other than honorable discharge are taking their lives at twice the rate of those veterans who have an honorable discharge.

Thanks to Mr. COFFMAN, my colleague from across the aisle, thanks to the bipartisan support of the House Veterans' Affairs Committee, and the leadership from the chairman and the ranking member, we are beginning to address that, in ensuring that the 22,000 veterans who have an other than honorable discharge since 2009, who incurred post-traumatic stress disorder or military sexual trauma while in service to this country will now be able to see mental healthcare providers. Before this, they were precluded from that.

I want to thank the Trump administration and especially Secretary Shulkin for doing the most that they could administratively to see these veterans in crisis in emergency rooms, but we need to take the next step and ensure that they have preventative care, continuous care, and continuity in that care going forward so that we save more of these lives.

Given what these veterans have laid down for this country, what they have done for the United States, making us stronger and better, serving at less than 1 percent since 9/11 so that so many others do not have to serve, the least we can do is to make sure that they have access to the care that they have earned.

I want to thank Mr. COFFMAN and his team, the minority and the majority staffs for incorporating the best ideas from both sides of the aisle to make sure that we have a bill that will become law that ensures that we do our best for our veterans.

Mr. Speaker, I also want to thank our colleagues on the other side of the Capitol, in the Senate, especially Senator MURPHY, who worked on the companion legislation of this, to make sure that we have something to bring to the President's desk.

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

Mr. WALZ. Mr. Speaker, I have two more speakers.

Mr. Speaker, I yield 3 minutes to the gentlewoman from Hawaii (Ms. GABBARD), a veteran herself, a veteran of the conflicts in Iraq, and a strong voice for our veterans and specifically for our veterans with mental health issues.

Ms. GABBARD. Mr. Speaker, I would like to thank my fellow veteran and friend and colleague from Minnesota for being such a strong advocate on this issue. I also thank our friends on the other side of the aisle who have been pushing this issue forward constantly year after year, as we will continue to do so until this issue is resolved.

So many of our servicemembers have selflessly put their lives on the line to protect and defend our country. Our country owes them a debt of gratitude, something we are often reminded of every year around this time as we head into Veterans Day.

Unfortunately, too often, our fellow servicemembers are coming home and they are being prevented from receiving the care that they have earned through their service. They bear the brunt of the human cost of war with an average of 20 veterans committing suicide every single day. Their families carry this sacrifice and this cost throughout their lives.

The rate of mental health and substance use disorders has been steadily rising since 2001. This legislation is bipartisan and would require the VA to provide urgent mental healthcare services, including an initial mental health assessment to veterans who have participated in combat operations or who have survived sexual assault or harassment.

It would also expand those services to those who received a discharge under certain other than honorable conditions who haven't received the character of service or discharge determination yet.

We have heard already about the high numbers of veterans who fall into this category and about how negatively this discharge has affected their lives. When they come home, they are working on their transition to a successful civilian life. This discharge takes away their access to healthcare. It takes away their access to services and benefits that they have earned through, many times, multiple deployments, services that are in place to help set our veterans up for success upon their return home.

In addition, this bill would require the VA to provide services at non-VA facilities for veterans who live in rural or underserved communities.

□ 1500

I can't state enough how important this is because it affects those veterans in my district, and on different islands

in the State of Hawaii, who are separated literally by a body of water from the VA clinic.

The Veteran Urgent Access to Mental Healthcare Act would also mandate the VA to provide additional information for mental health services for veterans and to ensure that they provide annual reports to Congress on those services that they have been providing to our veterans.

This is such an important piece of legislation. I urge all of our colleagues to stand up and support its passage and see it through to its enactment. We cannot afford to leave our men and women in uniform behind.

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

Mr. WALZ. Mr. Speaker, I yield 2 minutes to the gentleman from Washington (Mr. KILMER), who, since coming to Congress, has focused on the issues of care for veterans, and for that I am grateful.

Mr. KILMER. Mr. Speaker, I thank the gentleman for yielding, and I thank my colleagues across the aisle for working on this issue.

I think it is particularly powerful when what happens in this marble building isn't some distant theoretical policy conversation. This actually affects people in each of our districts.

I first learned about this issue about a year and a half ago. I was at home talking to a group of veterans at the University of Washington Tacoma. We were discussing their service to our Nation and some of the challenges that they had experienced in coming home.

Then the conversation took an unexpected turn. One of the veterans talked about a servicemember, who is a friend, who had gone overseas, and, in his words: Had seen quite a lot. He said when that veteran came home, he wasn't quite the same person that he had been. Unfortunately, those challenges led to some substance issues, and then to an other than honorable discharge.

As a consequence, as he explained, that veteran was unable to get mental healthcare treatment through the Veterans Administration. Here was a veteran, someone who sacrificed for his country, who was unable to get the services he earned, due to a condition that he most likely developed through that service.

Coming back to this Washington, I was honored to cosponsor this bill, and I appreciate the work of Representative COFFMAN, and other colleagues, in advancing this important bill.

This bill is simple. It allows veterans discharged in an other than honorable status to be screened for urgent mental health conditions and are found to be eligible for treatment.

While I appreciate the fact that the VA has voluntarily adopted this policy on its own, we need to make sure that this becomes law to ensure that future administrations help the thousands of veterans who have served our Nation and might otherwise be denied needed treatment.

Mr. Speaker, I urge my colleagues to support this legislation.

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

Mr. Speaker, in closing, I want to thank all of the speakers here who laid out exactly what this bill does. It is the right thing to do. It is something that needs to move forward.

I would also suggest that, as we approach Veterans Day, one of the best ways we can honor those who gave service to this country is conduct our business in the House of Representatives the way it was done on this piece of legislation: in a bipartisan manner, with common goals, common values, smart thinking that was put into it to move this forward for the care of a fellow citizen, and doing the right thing.

So, for that, I thank everyone involved with this, and I urge my colleagues to support H.R. 918.

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

Mr. BILIRAKIS. Mr. Speaker, in closing, once again, I encourage all Members to support this legislation. Let's get it through the Senate, as well, and get it on the President's desk, as he supports it.

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 Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 918, 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.

VETERANS TRANSPLANT COVERAGE ACT OF 2017

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1133) to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to provide for an operation on a live donor for purposes of conducting a transplant procedure for a veteran, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1133

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 Transplant Coverage Act of 2017".

SEC. 2. AUTHORIZATION TO PROVIDE FOR OPERATIONS ON LIVE DONORS FOR PURPOSES OF CONDUCTING TRANSPLANT PROCEDURES FOR VETERANS.

Section 101 of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note) is amended by adding after subsection (t) the following new subsection:

"(u) TRANSPLANT PROCEDURES WITH LIVE DONORS AND RELATED SERVICES.—

"(1) IN GENERAL.—Subject to paragraphs (2) and (3), in a case in which a veteran is eligi-

ble for a transplant procedure from the Department, the Secretary may provide for an operation on a live donor to carry out such procedure for such veteran, notwithstanding that the live donor may not be eligible for health care from the Department.

"(2) OTHER SERVICES.—Subject to the availability of appropriations for such purpose, the Secretary shall furnish to a live donor any care or services before and after conducting the transplant procedure under paragraph (1) that may be required in connection with such procedure.

"(3) USE OF NON-DEPARTMENT FACILITIES.—In carrying out this subsection, the Secretary may provide for the operation described in paragraph (1) on a live donor and furnish to the live donor the care and services described in paragraph (2) at a non-Department facility pursuant to an agreement entered into by the Secretary under this section. The live donor shall be deemed to be an individual eligible for hospital care and medical services at a non-Department facility pursuant to such an agreement solely for the purposes of receiving such operation, care, and services at the non-Department facility."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Minnesota (Mr. WALZ) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on the bill, H.R. 1133, as amended.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 1133, as amended, the Veterans Transplant Coverage Act of 2017.

This bill is meant to remove an unnecessary barrier to care for veterans in need of transplants involving a living donor.

Last year, Mr. Charles Nelson, a 100 percent service-connected veteran from Texas, sought a kidney transplant through the Department of Veterans Affairs with Mr. Nelson's nonveteran son, Austin, serving as Mr. Nelson's live donor.

Rather than travel from his home in Texas to VA transplant centers in either Nashville, Tennessee, or Portland, Oregon, Mr. Nelson requested to receive his transplant at the University Hospital in San Antonio using the Choice Program. However, his request was denied by VA because Austin was not a veteran, and, therefore, VA did not believe the Department had the authority to pay for this portion of the transplant procedure with Choice funds.

Mr. Nelson eventually received his transplant in San Antonio using his Medicare benefits, private donations, and personal savings to cover the cost of his and Austin's care.

To prevent any other veterans from being unable to access transplant care

in the community under Choice, H.R. 1133, as amended, would amend the Choice Program to allow VA to pay for any care or services a live donor may require to carry out a transplant procedure for an eligible veteran, notwithstanding that the live donor may not be eligible for VA healthcare.

I thank my friend from Texas, Congressman CARTER, for his dedication to solving this problem for his constituent, Mr. Nelson, and for veterans and families across the country. This is how Congress should work. He is a great representative, and I am really proud to serve with him.

Mr. Speaker, I urge all of my colleagues to join me in supporting H.R. 1133, as amended, and I reserve the balance of my time.

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

Mr. Speaker, I rise in strong support of H.R. 1133.

And, again, the gentleman was very clear: by allowing the VA to provide healthcare to non-VA eligible donors, veterans can more easily receive life-saving donations from their families and friends. Family members of veterans are often the best match for providing a veteran with a live organ donation and are typically more willing to be a live donor.

Under current law, a veteran can receive only a live organ donation from another veteran receiving the transplant at a VA hospital.

This is one of those pieces of legislation that, I think, when many of us saw it brought forward, makes great common sense. It is the right thing to do. I understand possibly why they put that in there. But all of us know that it is going to be that exact scenario that it is going to be a family member or someone near who is going to want to do the transplant. If the best place to do that for the veteran is at the VA hospital, and they can get them in, it makes great sense to do it.

So I do want to also thank Representative CARTER for bringing this forward.

This is, again, improving care, and making sure that we are focusing on the issues that we can make a difference on.

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

Mr. BILIRAKIS. Mr. Speaker, I yield 5 minutes to the gentleman from Texas (Mr. CARTER).

Mr. CARTER of Texas. Mr. Speaker, I thank the gentleman for yielding, and I thank Mr. BILIRAKIS and Mr. WALZ for rising in support of this.

When Mr. Nelson and his family came to me with this, the first thing I thought was: That is the dumbest thing I have ever heard.

You have a child, waiting to give you a live kidney in a transplant, and he is eliminated as a donor because he is not a veteran. It is hard enough to find live transplants as it is. And common sense by everybody who ever knew anybody who got one knows: the best source is