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Statement of Space Subcommittee Chairman Brian Babin (R-Texas)

H.R. 6076, the TREAT Astronauts Act

**Chairman Babin**: Thank you Chairman Smith. For over fifty years, the United States of America has asked its bravest to travel to space in service to their country. From the dynamic launch environment, to the unforgiving vacuum of space, to the energetic reentry to earth, human spaceflight places astronauts in challenging environments. Even training for spaceflight carries significant risks.

I am proud to say that I represent a great number of these astronauts who call the Houston area home. As a Nation we have obligations to those we put in harm's way. As a Congress, we have a responsibility to provide for the treatment of conditions caused by federal service. As a health care professional and as their representative, you could say it is my duty to make sure these folks are taken care of properly.

This is why I have sponsored H.R. 6076, the TREAT Act, a common sense, fiscally responsible, bipartisan bill that makes sure our brave men and women that venture into space receive support for medical issues associated with their service. I'm very glad that my colleague, Mrs. Edwards, is a sponsor of this bill and hope for broad bipartisan support.

In developing this bill, my staff and I had extensive discussions with former astronauts, NASA, and a number of other federal agencies. The TREAT Act is also informed by a hearing the Space Subcommittee held back in June at which a number of former astronauts testified, including Capt. Scott Kelly.

Under existing statutes, NASA has the authority to collect voluntary astronaut medical data for research, and exercises that authority through the Lifetime Surveillance of Astronaut Health (LSAH) program. However, there are limitations on the usefulness of the LSAH program. Former astronaut participation is only 61 percent and the existing LSAH program only affords NASA access to yearly check-up data, not the entirety of the former astronaut's medical records. Furthermore, NASA is unable to provide for appropriate diagnosis and treatment under the existing authority to conduct research. The "TREAT Act" solves this problem.

The "TREAT Act" establishes an occupational healthcare Program for former American astronauts, ensuring they receive support for medical issues associated with their service, and to further the scientific understanding of human spaceflight.

In discussions with former astronauts, the need to have access to local service providers was identified as a concern. Former astronauts may not be able to or may not be willing to travel to a NASA center, such as Johnson Space Center, to receive Program services. In order to facilitate broader participation in the Program, the bill provides for local medical practitioners to administrate monitoring, diagnosis, and treatment.

NASA has a legitimate scientific need for psychological or medical data associated with an astronaut's human space flight service. The additional data acquired under the Program established by this bill will enable NASA to better understand the medical risks of spaceflight, minimize these risks, and enable future long duration missions to Mars and beyond.

It would be irresponsible for Congress not to ensure the TREAT Act is fiscally responsible. In order to prevent unknown cost risks associated with the Program, the bill qualifies that the Program is not authorized until a number of reports and an independent cost estimate is delivered to Congress. Authorization is revoked in the event NASA fails to deliver annual reports on the status of the program. Furthermore, the bill only provides for funding to the extent provided in advance by appropriations. While the bill sunsets the program after 10 years, it also allows for astronauts currently in the program to continue receiving treatment. It is our intent that this program be reauthorized after 10 years. The sunset simply allows Congress the opportunity to revisit, potentially update, and refine the program, if necessary.

The bill establishes NASA as a secondary payer to existing obligations of the United States or third parties, ensuring that the cost to NASA is minimized. Establishing NASA as a secondary payer is not unprecedented. For example, the Department of Defense is a secondary payer to certain types of veteran and civilian healthcare programs.

Participation in the Program is voluntary. No astronaut should be forced or coerced to participate in the Program. In the event an astronaut chooses not to participate in the Program, there are still other occupational healthcare options available to them.

Existing NASA authorities provide active-duty astronauts with comprehensive occupational healthcare and there is not a need to include them in the Program. Existing authorities also allow NASA to incorporate and use existing data and data collected from flight assignable astronauts with any data collected under the Program.

In conclusion, I strongly support the TREAT Act and urge my colleagues to support this common sense, fiscally responsible, bipartisan bill that makes sure our brave men and woman that venture into space receive support for medical issues associated with their service.