

Mr. TAKANO. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted “nay” on rollcall No. 218.

# AMENDING THE VETERANS ACCESS, CHOICE, AND ACCOUNTABILITY ACT OF 2014

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (S. 544) to amend the Veterans Access, Choice, and Accountability Act of 2014 to modify the termination date for the Veterans Choice Program, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 544

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

## SECTION 1. MODIFICATION OF TERMINATION DATE FOR VETERANS CHOICE PROGRAM.

Section 101(p)(2) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note) is amended by striking “, or the date that is 3 years after the date of the enactment of this Act, whichever occurs first”.

## SEC. 2. ELIMINATION OF REQUIREMENT TO ACT AS SECONDARY PAYER FOR CARE RELATING TO NON-SERVICE-CONNECTED DISABILITIES AND RECOVERY OF COSTS FOR CERTAIN CARE UNDER CHOICE PROGRAM.

(a) IN GENERAL.—Section 101(e) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note) is amended—

(1) in the subsection heading, by striking “OTHER HEALTH-CARE PLAN” and inserting “RESPONSIBILITY FOR COSTS OF CERTAIN CARE”;

(2) in paragraph (1), in the paragraph heading, by striking “TO SECRETARY” and inserting “ON HEALTH-CARE PLANS”;

(3) by striking paragraphs (2) and (3);

(4) by redesignating paragraph (4) as paragraph (2); and

(5) by adding at the end the following new paragraph:

“(3) RECOVERY OF COSTS FOR CERTAIN CARE.—

“(A) IN GENERAL.—In any case in which an eligible veteran is furnished hospital care or medical services under this section for a non-service-connected disability described in subsection (a)(2) of section 1729 of title 38, United States Code, or for a condition for which recovery is authorized or with respect to which the United States is deemed to be a third party beneficiary under Public Law 87-693, commonly known as the ‘Federal Medical Care Recovery Act’ (42 U.S.C. 2651 et seq.), the Secretary shall recover or collect from a third party (as defined in subsection (i) of such section 1729) reasonable charges for such care or services to the extent that the veteran (or the provider of the care or services) would be eligible to receive payment for such care or services from such third party if the care or services had not been furnished by a department or agency of the United States.

“(B) USE OF AMOUNTS.—Amounts collected by the Secretary under subparagraph (A) shall be deposited in the Medical Community Care account of the Department. Amounts so deposited shall remain available until expended.”.

(b) CONFORMING AMENDMENT.—Paragraph (1) of such section is amended by striking “paragraph (4)” and inserting “paragraph (2)”.

## SEC. 3. AUTHORITY TO DISCLOSE CERTAIN MEDICAL RECORDS OF VETERANS WHO RECEIVE NON-DEPARTMENT OF VETERANS AFFAIRS HEALTH CARE.

Section 7332(b)(2) of title 38, United States Code, is amended by adding at the end the following new subparagraph:

“(H)(i) To a non-Department entity (including private entities and other Federal agencies) that provides hospital care or medical services to veterans as authorized by the Secretary.

“(ii) An entity to which a record is disclosed under this subparagraph may not re-disclose or use such record for a purpose other than that for which the disclosure was made.”.

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

The Chair recognizes the gentleman from Tennessee.

### GENERAL LEAVE

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and add extraneous material into the RECORD.

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

There was no objection.

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

I rise today in support of S. 544. Congress created the Choice Program in 2014 to ensure that veterans waiting in line at the Department of Veterans Affairs medical facilities across the country had an option of seeking care in their communities. Though Choice is far from perfect, 3 years later, more than a million veterans have used it to get care they needed faster and closer to home.

Choice has also led to a nationwide conversation about the importance of the VA healthcare system, the need for VA to be a better partner to community providers and hospitals everywhere, and the actions we must take to ensure that VA is well positioned to provide high-quality care to veterans for generations to come. As chairman, I am wholeheartedly committed to seeing that conversation through to a solution.

We are currently refining legislation that will provide a long-term path to make the VA healthcare system and VA's care in the community programs, including Choice, work better for veterans, for VA, for community providers, and for taxpayers alike. Our goal is to have that solution on the President's desk later this year.

However, Choice is expected to sunset just four short months from now on August 7, 2017. And when it does, the VA expects to have anywhere from \$800 million to \$1.2 billion left in the Choice fund.

Absent enactment of this bill or legislation like it, on August 8, those funds will no longer be available to help veterans get the care they need, with potentially tragic consequences.

During a full committee hearing last month, Secretary Shulkin testified:

“Without congressional action, veterans will have to face longer wait times for care.”

He went on to say that allowing Choice to sunset would be “a disaster for American veterans.”

With the passage of this bill today, we can get one step closer to avoiding that disaster.

In anticipation of the program's expiration, VA has already started halting referrals to Choice for services, like maternity care and oncology care that typically require lengthy episodes of care. That means that veterans with cancer or veterans who are pregnant can no longer choose to take advantage of Choice care if they live far away from a VA medical facility or have to wait more than 30 days for the next VA appointment.

As if that wasn't bad enough, if Choice is not extended by the end of April, VA will have to stop sending referrals to Choice for many other services that veterans are relying on.

To prevent this, S. 544 would remove the August 7, 2017, sunset date from the Choice program. This will allow the program to continue working for veteran patients until all the money remaining in the veterans Choice fund—the money that Congress provided 3 years ago for this exact purpose—is fully expended.

It would also ensure that, as we move forward with ongoing efforts to create an enduring solution to the problems VA is facing, veterans are not cut off from potentially lifesaving or life-preserving care.

The bill would also eliminate the requirement for VA to act as the secondary payor for non-service-connected care provided under Choice. This would bring Choice in line with VA's other care in the community programs and remove a pain point that, while well-intentioned, has impeded the provision of care for certain patients and challenged VA's ability to issue reimbursements to community providers in a timely consistent manner.

In addition, the bill would authorize VA to share medical record information with community providers who are jointly treating veteran patients. This would ensure that the clinicians caring for veterans, both in VA and community medical facilities, have all the information that they need to make well-informed treatment plans and provide the highest quality care.

Subsequent redisclosure of medical records information would be prohibited, meaning that personal patient information would be safeguarded from inappropriate disclosures.

As chairman, as a veteran, and as a doctor, I cannot think of anything more important that we can do today to help our Nation's veterans and pass this legislation out of the House of Representatives and swiftly deliver it to the President's desk for his signature.

I urge all of my colleagues to join me in doing that by supporting this bill today.

I reserve the balance of my time.

□ 1415

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

Mr. Speaker, I, too, rise in strong support of S. 544 to eliminate the sunset on the Veterans Choice Program.

This bill will basically allow the Department of Veterans Affairs to continue spending previously appropriated resources in the Veterans Choice Program to provide direct and timely patient care to veterans. It allows the VA to charge a veteran's healthcare insurer for nonservice-connected care so that veterans aren't sent expensive medical bills, wasting time trying to figure out how to get them paid. Finally, it allows the VA to share medical information with community care providers so patient care is better coordinated.

This legislation is identical to H.R. 369, which passed unanimously in our Committee on Veterans' Affairs. It includes amendments offered by members of that committee.

I would like to take a moment, Mr. Speaker, to congratulate and thank the chairman of the committee for the bipartisan way that he approached this. The issue of veterans care is a passionate issue for all of us.

The issue of the Choice Program arose out of the crisis in Phoenix and other places in 2014, and a sunset that needed to be addressed was handled in a professional manner. It brought all parties together. I think the chairman is going to get a unanimous vote. They have got one in the Senate.

I can see that, under less steady hands, where this may have bogged down, and I appreciate the chairman's sense of urgency in getting it to this point. It puts us in a good place. So thank you for that.

It also gives us the time we need to come to a bipartisan fix for the Choice Program. We know, under the Choice Program, veterans are still waiting too long to receive care. As we said, in 2014, we all supported the Choice Act because of the crisis. Throughout the country, veterans were waiting, and in some cases dying, because they were waiting for care. If we recall right, an honorable and decent man, the VA Secretary, resigned over this crisis. So this was an important issue that needed to be addressed. We passed the Choice Act so that veterans could get that care.

The Choice Program was created as a temporary fix, designed to end this summer or when the VA spent the \$10 billion. As the chairman said, there is about \$1 billion left in Choice. With veterans still in need of care, we cannot possibly allow that to go back without addressing where it needs to go. It would be a waste of money, a waste of time, and it would make veterans' wait times even higher.

The bill gives us time to rewrite the Choice Program. The bill will give us time to address all of the problems with Choice so that veterans' care is managed and coordinated with VA and community care providers and so that veterans do not have wait times. It will also make sure the money will continue to be spent on veterans' health care.

I look forward to working with the chairman. As I said earlier, his steady hand and visionary leadership has gotten us to this point. It will ensure that we can figure out what the next iteration of community-based care looks like, and we can come together, bring that to the floor, and get it passed.

For this reason, I would urge my colleagues to support this legislation so veterans can receive their care now while Congress continues to work to improve upon that.

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

Mr. ROE of Tennessee. Mr. Speaker, I thank my friend, Ranking Member WALZ, for his kind words and his hard work on this legislation also.

I yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS), the vice chair of the Veterans' Affairs Committee.

Mr. BILIRAKIS. Mr. Speaker, while the Veterans Choice Program is by no means perfect—the chairman said this, as well as the ranking member—many of our men and women who wore our Nation's uniform rely on it for increased access to quality health care.

I strongly support S. 544 because veterans should have certainty that their care will continue, and I am optimistic that our efforts to reform and build upon the Choice Program will yield positive results going forward. The intentions and goals of the Choice Program are good, giving our true American heroes more choices and more focused care; but, clearly, some areas of the program need improvement. I hear that from my veterans.

We have already taken some solid steps to make the program work better for veterans, but not enough. We will have the opportunity to fix this in a bipartisan fashion; for example, one positive step: The eligibility rules initially stated that a veteran had to live 40 miles as the crow flies from the nearest VA facility. We changed it to 40 miles driving distance. That is just common sense; isn't it? I think it is. We have also made reforms to increase the number of non-VA providers who are allowed to participate in the program and expand eligibility to all enrolled veterans.

There is much work to be done, there is no question. The only way we can continue improving the Veterans Choice Program and ensure that veterans see no interruption to their health care is to eliminate the sunset date.

Mr. Speaker, I urge passage of S. 544.

Mr. WALZ. Mr. Speaker, I yield 2 minutes to the gentlewoman from New

Hampshire (Ms. KUSTER), my good friend and a friend of all veterans, our ranking member on the Oversight and Investigations Subcommittee.

Ms. KUSTER of New Hampshire. Mr. Speaker, I, too, want to commend our chairman, Mr. ROE, and ranking member, Mr. WALZ, for their bipartisan efforts.

I rise to speak on S. 544, the bill that will eliminate the sunset on the Veterans Choice Program.

The Veterans Choice Program was a bipartisan effort to quickly help our veterans in need by ensuring they had access to quality health care after the crisis in Phoenix. However, it was a temporary program. It was not intended to last longer than a few years until Congress could have developed the future of VA community care. As many of my colleagues note, the Choice Program needs an update. This bill represents the first step of that process.

It is expected that the Veterans Choice fund will still have funding by August 2017, as noted, when the Choice Program is scheduled to sunset. This bill will ensure that our veterans will be able to use those resources, and it will ensure those who have long-term care through the Choice Program will not suddenly find themselves without care.

But, as we design a new program to replace the Choice Program, we must ensure that it is an effective and efficient system of care that follows the very best practices of American health care. Part of that is ensuring that these healthcare practitioners do not discriminate on the basis of race, sex, gender, or sexual orientation.

The current Choice Program eliminated those protections to facilitate faster implementation, and while I am concerned of the regulatory burden these antidiscrimination measures could provide, I am committed to working with my colleagues across the aisle on a commonsense and reasonable compromise. We can make a program that not only provides effective and accessible care for our veterans, but also prevents discrimination in the workplace and upholds the finest ideals of the United States of America.

Mr. ROE of Tennessee. Mr. Speaker, I yield 2 minutes to the gentleman from Colorado (Mr. COFFMAN), my good friend, a veteran of both the Marine Corps and the Army, twice deployed to Iraq, and a very active member of the committee.

Mr. COFFMAN. Mr. Speaker, I stand today in support of legislation to remove the sunset date on the Veterans Choice Program and, in turn, bring continuity to our Nation's veterans currently receiving their health care in the community through the Choice Program. Although the program is not perfect, it did provide our Nation's veterans with an unprecedented choice in where they seek their health care and assisted the VA in reducing the appointment wait times backlog.

While my colleagues and I on the House Veterans' Affairs Committee work to streamline and reform the VA's in-community care programs, it is critical that we pass S. 544 to extend the Veterans Choice Program beyond the August 7 sunset date. This will provide help to veterans seeking long-term care through the Choice Program and help meet our Nation's obligations to our veterans who have sacrificed so much in defense of our freedom.

Mr. Speaker, I thank Chairman ROE for his leadership on this matter.

Mr. WALZ. Mr. Speaker, at this time it is my privilege to yield 3 minutes to the gentleman from California (Mr. TAKANO), my good friend and also a good friend of veterans, the vice ranking member of the full Committee on Veterans' Affairs.

Mr. TAKANO. Mr. Speaker, I thank the ranking member, the gentleman from Minnesota, for yielding.

Mr. Speaker, I rise today in support of S. 544. This legislation ensures that the approximately \$1 billion left in Choice funding is spent on the critical mission of providing veterans timely access to care.

It would be an abdication of our responsibility to veterans if we allowed this money to go back to the Treasury instead of going to those who need and deserve our support.

I appreciate the efforts from my colleagues on both sides of the aisle for advancing this legislation.

The Choice Act was designed as a rapid response to the veteran wait time crisis, but its framework and implementation has been deeply flawed. Objective analyses found that it is not meaningfully reducing veterans' wait times, and its arbitrary standards have added a layer of confusion for both patients and providers.

There is bipartisan consensus that these concerns must be addressed when the Choice Act sunsets and the funding expires. We can and must do a better job of prioritizing and streamlining veterans' access to care in the community. We can and must do better than the existing Choice Act.

Now, the Choice Act was a temporary emergency measure to address an unacceptable crisis. Unfortunately, it contained language that undermined protections against workplace discrimination for Federal contractors. The next iteration of this law cannot subvert the rights of those who treat and serve our veterans.

The Office of Federal Contract Compliance Programs continues to be a vital tool for ensuring fairness and equality in the workplace. It should apply to everyone that does business with the Federal Government because the Federal Government cannot endorse discrimination of any kind.

I will fight to ensure that this committee and this Congress restores their commitment to equality and fairness as we develop a more streamlined and thoughtful method for connecting veterans with community care.

Mr. Speaker, I include in the RECORD a letter echoing these concerns from the Human Rights Campaign, the National Women's Law Center, The Leadership Conference on Civil and Human Rights, and the National Partnership for Women & Families.

APRIL 5, 2017.

DEAR REPRESENTATIVE: We write to express our serious concerns about H.R. 369/S. 544, which would eliminate the sunset of the Veterans Choice Program. The Veterans Choice Program currently includes a provision exempting it from oversight by the Office of Federal Contract Compliance Programs (OFCCP). This has diminished civil rights protections when the Department of Veterans Affairs (VA) enters into federal contracts for veterans' health care services. The Veterans Choice Program was always intended to be a temporary solution to ease the health care access crisis faced by the veterans receiving care through the VA. We fear that removing the sunset will open the door to extension of the program, including extending the provision that strips critical equal employment opportunity protections from the men and women serving our nation's veterans. OFCCP must have full jurisdiction to protect against employment discrimination and promote equal employment opportunities.

The antidiscrimination rules enforced by OFCCP ensure that federal contract dollars further equal employment opportunity and are not used to subsidize unlawful discrimination. OFCCP plays a unique and vital role in combating unlawful employment discrimination by federal contractors on the basis of sex, race, national origin, religion, color, sexual orientation, gender identity, and disability. It also enforces the Vietnam Era Veterans Readjustment Assistance Act, or VEVRAA, which requires nondiscrimination and affirmative action for special and disabled veterans of any war, campaign, or expedition in which a campaign badge has been authorized. In addition, OFCCP guides contractors and subcontractors on affirmatively promoting equal opportunity in the workplace and promotes fair and nondiscriminatory federal contractor workplaces. Many of its regulations require contractors to take affirmative steps to expand the pool of individuals from which it recruits, and evaluate their own practices to identify and address conduct that limits equal employment opportunities for protected classes of workers. By conducting compliance audits and systemic investigations, through its data collection and investigative authority, OFCCP can aid contractors in identifying and resolving practices that limit equal employment opportunities, without relying solely on individuals who are willing to risk retaliation to challenge unfair employment practices. OFCCP's historic and current role in ensuring artificial barriers do not restrict employment based on sex, race, color, national origin, religion, sexual orientation, gender identity, disability, or veteran status has improved opportunities for a wide range of workers across the country and has ensured that federal tax dollars do not subsidize discrimination.

Carving out the VA provider agreements from these antidiscrimination protections, affirmative action rules, and data reporting requirements has the effect of narrowing employment opportunities for women, people of color, people with disabilities, veterans, and LGBT individuals and removes critical tools for ending employment discrimination and harassment. Extending the provision that weakens these protections ultimately threatens harm not only to workers, but to those who depend on them for care.

There is no appreciable administrative burden that justifies continuing to suspend these protections and requirements. Federal contractors and subcontractors with less than 50 employees and \$50,000 in contracts or subcontracts are not covered by OFCCP's affirmative action requirements. More than 94 percent of health care and social assistance firms had fewer than 50 employees in 2009. The larger providers, those with 50 or more employees and \$50,000 or more in federal contracts, should be well-equipped to meet the minimal administrative obligations associated with maintaining an affirmative action plan.

The carve-out of VA contractors from the employment discrimination rules applicable to federal contractors not only has a detrimental impact on the workforces affected, but sends a disturbing message that ensuring fair treatment for women, people of color, LGBT people, veterans, and people with disabilities is unnecessary and inconsequential. It sets a precedent for future carve-outs and represents a step backward from equal opportunity. Any continuation of the Veterans Choice Program must ensure OFCCP jurisdiction to enforce the antidiscrimination rules and other equal employment opportunity protections for these providers.

For further information, please contact the Human Rights Campaign, the National Women's Law Center, the Leadership Conference on Civil and Human Rights, or the National Partnership for Women and Families.

Sincerely,

NATIONAL WOMEN'S LAW  
CENTER.  
LEADERSHIP CONFERENCE  
ON CIVIL AND HUMAN  
RIGHTS.  
NATIONAL PARTNERSHIP  
FOR WOMEN & FAMILIES.  
HUMAN RIGHTS CAMPAIGN.

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

I look forward to working with Ranking Member WALZ and our fellow committee members to strike the appropriate balance between ensuring protections that are in place to provide provider agreement authority from being unfairly utilized and reducing administrative burdens on small providers.

However, absent passage of this legislation today, veterans with serious need will not be able to get the care they need. Already, veterans who are pregnant or who have been diagnosed with cancer have been unable to take advantage of the increased access to care that the Choice Program provides.

I would also note that, since Choice granted VA provider agreement authority in the Choice Act 3 years ago, the committee has not heard a single instance where that authority has been improperly utilized or resulted in unfair labor practices.

Furthermore, the exclusion afforded in the Choice Act is no more generous than providers under Medicare or in TRICARE currently enjoy, and there is no reason why providers accepting veteran patients should have to deal with more administrative burdens than providers under Medicare and TRICARE. I can assure you, as a Medicare provider and a TRICARE provider, that is enough burden.

Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. LANCE), my good friend and fellow classmate.

Mr. LANCE. Mr. Speaker, I certainly commend the chairman of the committee, Dr. ROE, for his leadership on this issue, as well as the ranking member for his leadership.

I rise in strong support of S. 544, which will extend the Veterans Access, Choice, Accountability and Transparency Act. This is an important bill. I have heard from constituents in the congressional district I serve that the Choice Program is working and Congress should extend its authorization and its funding.

The Choice Program was the first step in a long road to true transformation of the Veterans Administration. Veterans should get to choose the care and the facility serving them best. No veteran should ever be forced into waiting lines and other limitations.

Many Veterans Administration healthcare facilities do tremendous work, like the Lyons VA Hospital in Bernards Township, Somerset County, New Jersey, in the district I serve. But care through the VA should not be limited to VA facilities.

The extension of the Choice Program should be a down payment on other reforms. We should be expanding choice and eliminating geographic limitations, and I hope to work with Chairman ROE and his committee to do so.

Too many of our Nation's heroes have lost confidence in a desperately broken bureaucracy, and we have begun to reform that in 2014, and we continue today. Legislation like this bill is another step in restoring that trust and faith.

The brave men and women who have stepped forward to serve our Nation deserve our continued dedication to fixing the VA and ensuring they receive the services they have earned in our defense.

□ 1430

Mr. WALZ. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. BROWNLEY), the ranking member of our Health Subcommittee.

Ms. BROWNLEY of California. Mr. Speaker, I thank the gentleman from Minnesota, our ranking member, for yielding me time and for his tireless advocacy on behalf of our Nation's veterans.

As the ranking member of the House Veterans' Affairs Subcommittee on Health, it has been my privilege to work with the ranking member and my fellow committee members to establish and conduct rigorous oversight of the Choice Program.

We enacted the Choice Act in a time of crisis. Those of us who served on the committee during that time remember all too well the horrific stories that came to light that moved Congress to enact this law.

Congress passed the Choice Act to ensure that all veterans receive timely

access to quality care. It is clear, however, that, in the rush to set up the Choice Program, many veterans were still forced to wait too long and bureaucratic headaches continue to delay needed care.

We need to get Choice 2.0 right and balance the obvious need for care in the community while protecting the top quality care that the VA provides. We must also make sure that Choice 2.0 protects the civil rights of veterans as well as VA employees, contractors, and community providers caring for our veterans.

Today's bill will allow the VA to continue spending the remaining funds in the Veterans Choice Program fund. It will also allow the VA to reimburse community providers faster and improve the sharing of medical records. It gives us time to continue our bipartisan work to fix the Choice Program.

Each Member of this body, on both sides of the aisle, agrees that our veterans have earned the very best care available. Mr. Speaker, I urge my colleagues to support this legislation so that veterans can receive care now while Congress uses this opportunity to get this right.

Mr. ROE of Tennessee. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. COSTELLO), a former member and a very active member of our committee.

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I thank the chairman for his leadership.

Mr. Speaker, I rise today in support of the Veterans Choice Program Improvement Act.

This legislation protects access to health care for our Nation's veterans by maintaining the VA Choice Program and ensuring that funds already allocated for veterans health care remain dedicated to that purpose.

Veterans across my district have utilized the program to access treatment from community healthcare providers. And while they appreciate the flexibility this program provides, I often hear of a need to make improvements and remove hurdles that prevent this program from realizing its full potential.

I am pleased this legislation takes several steps to reduce red tape. Now, what do I mean by that?

First, we are going to speed up reimbursements to community providers. We are going to strengthen medical record sharing between the VA and community providers and reduce out-of-pocket costs for veterans—all very important steps to improving the VA Choice Program. These are common-sense, bipartisan improvements.

I want to thank Chairman ROE for his leadership.

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

Mr. WALZ. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. O'ROURKE), my good friend, the ranking member of our Economic Opportunity Subcommittee.

Mr. O'ROURKE. Mr. Speaker, I would like to begin by thanking the chairman of the full committee, and I join the ranking member of the full committee in honoring the work of Chairman ROE, his staff, and his ensuring that we do the right thing for every single one of the veterans in this country that we are here to serve.

It would be easy just to criticize the Choice Program which has not worked fully as intended. Too many of the veterans that we represent are still getting bills when their provider in the community, the VA, and the third-party administrator can't resolve their differences.

Too many veterans are having too hard of a time in getting an appointment in a timely fashion. And as we learned recently, the VA still is not fully measuring the true wait time for the more than 3 million appointments that have been made through the Choice Program right now. We don't have the kind of accountability that we must have.

All the same, the Choice Program is bridging care for veterans who need it in millions of instances. To simply allow the sunset to take place without having the time necessary to work on some of the necessary fixes would be irresponsible. So thanks to the chairman and the ranking member, we are able to do that today.

We also ensure that the VA becomes the primary payer, which is going to reduce some of the billing headaches that veterans have unnecessarily been subjected to.

Mr. Speaker, I also want to point out that the bill contains the Vet Connect Act, which I was able to author with Congressman BENISHEK, a bipartisan bill, last session, re-introduced this session.

It is bicameral, as well, in the Senate. We have Senators TESTER, ISAKSON, and MANCHIN, who authored this bill that ensures that veterans' private medical information follows them from the VA to their provider in the community and then back to the VA, ensuring that every appointment, every provider, and every doctor can make informed medical decisions on behalf of those veterans. Right now, at the current rate of inclusion of veterans' personal medical information, it would take 60 years to get all the data into the hands of the doctors who need to make that care.

This brings the VA and the veterans under the VA's care into modern medical record keeping and sharing. It honors all of the HIPAA regulations; ensures privacy of veterans' medical records; but, most importantly, ensures that they are going to get better, more informed quality care, better outcomes, better treatment. It is what the veterans that we serve have earned and deserve.

I am very proud to join my colleagues in this to work for its passage. I hope that the other Members of this body will join us in supporting this unanimously.

Mr. ROE of Tennessee. Mr. Speaker, I have no further speakers, and I reserve the balance of my time.

Mr. WALZ. Mr. Speaker, may I inquire how much time I have remaining? I have two speakers to go.

The SPEAKER pro tempore (Mr. WOODALL). The gentleman from Minnesota has 7½ minutes remaining.

Mr. WALZ. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. CORREA), a good friend, a new member of the Veterans' Affairs Committee, someone who came to the House of Representatives and asked to serve veterans and be on the committee.

Mr. CORREA. Mr. Speaker, I thank Chairman ROE and our ranking member, Mr. WALZ, for all the good work for all of our veterans.

Mr. Speaker, I rise also in support of the Choice Act and urge my colleagues to also protect our veterans' access to health care.

Our veterans all gave some, and many, many made the ultimate sacrifice for our Nation. Providing our vets with the best health care our Nation can deliver on a timely basis is the least we can do for our veterans.

Sadly, as all of us know, in 2014, the average wait time at a VA medical center was 115 days. The Choice Program has provided vets with the opportunity of obtaining health care in their community on a timely basis.

The VA, of course, is an excellent institution that takes care of many, many of our veterans. Yet, when the VA is not available, the Choice Program can be the best option for our heroes.

No one—no one—should have to wait 3 months to see their doctor, especially our vets, our heroes. We must meet our commitment one way or another. I urge my colleagues to support this bill. Let's, all of us, keep the promise this country has made to every one of our veterans.

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

Mr. WALZ. Mr. Speaker, I yield 1 minute to the gentleman from Nevada (Mr. KIHUEN), who has taken a keen interest in veterans' issues. I am grateful that he is here today.

Mr. KIHUEN. Mr. Speaker, I thank Chairman ROE and Ranking Member WALZ for their bipartisan work on this issue on behalf of our veterans and our country. It is very refreshing to see bipartisanship here in this body.

Mr. Speaker, veterans have made the incredible sacrifice for our country. The Department of Veterans Affairs has the obligation to ensure that they have access to high-quality and affordable health care.

I support the aim of S. 544 to make key improvements to the Choice Program as Congress continues to work on longer term solutions.

While I am hopeful that this bill will help eliminate the problems and delays that veterans have experienced with the Choice Program, this program

should be the option of last resort for veterans.

In Ely, Nevada, a rural community in my district, the VA is considering not renewing its contract with the Ely Community Clinic, forcing veterans to rely solely on the Choice Program for access to care. Just this week, hundreds of veterans turned out at a forum in Ely to voice their opposition to using the Choice Program.

Closing the VA clinic in Ely will be burdensome for many veterans in northern Nevada and central Nevada and could force them to travel hundreds of miles to get healthcare services that they rely on. These veterans have already fought for their country. They shouldn't have to fight to keep their VA clinic in Ely open.

Mr. Speaker, I support this bill, but it is not enough. We owe it to our veterans not to use the Choice Program as a crutch, but to make the proper investments in the health care our veterans deserve.

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

Mr. WALZ. Mr. Speaker, once again, I would like to thank the chairman, the staff, and everyone who has been here.

I think, of all the committees that are modeling the behavior of democracy, bipartisanship, and what our government stands for, the Veterans' Affairs Committee is one that takes that responsibility seriously. The chairman always models it. I think this is a case of that.

You heard the speakers come here. This is a big issue. There may be some differences in how the delivery, long term, looks, but there is no division on getting the best and most timely care to our veterans.

With that, I encourage my colleagues to support S. 544.

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

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

I want to thank the majority and the minority staff that worked on this bill, and certainly the Senate, Senators TESTER and ISAKSON, and the committee on the Senate side for getting this over here in a timely way. We needed to do this now so that we could continue care for patients that would go past August 7. We have people right now who are getting care that is going to be long term, and they would be cut off or couldn't use the Choice program.

We have heard a lot of the problems with Choice here, but it has also helped a lot of veterans. What we feel like we want the opportunity to do now is be given a little bit of time, in a bipartisan way, to work out the problems with this.

I think this goes for everyone on our committee: At the end of the day, our purpose, our goal is to provide access and the best quality of care for veterans that this country can deliver. That is the goal of our committee in a bipartisan way.

With that, once again, I encourage all of my Members to support this legislation.

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 Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, S. 544.

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.

## SELF-INSURANCE PROTECTION ACT

Ms. FOXX. Mr. Speaker, pursuant to House Resolution 241, I call up the bill (H.R. 1304) to amend the Employee Retirement Income Security Act of 1974, the Public Health Service Act, and the Internal Revenue Code of 1986 to exclude from the definition of health insurance coverage certain medical stop-loss insurance obtained by certain plan sponsors of group health plans, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. RICE of South Carolina). Pursuant to House Resolution 241, the amendment in the nature of a substitute recommended by the Committee on Education and the Workforce, printed in the bill, shall be considered as adopted, and the bill, as amended, shall be considered read.

The text of the bill, as amended, is as follows:

### H.R. 1304

*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 "Self-Insurance Protection Act".*

#### SEC. 2. CERTAIN MEDICAL STOP-LOSS INSURANCE OBTAINED BY CERTAIN PLAN SPONSORS OF GROUP HEALTH PLANS NOT INCLUDED UNDER THE DEFINITION OF HEALTH INSURANCE COVERAGE.

(a) *ERISA.*—Section 733(b)(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191b(b)(1)) is amended by adding at the end the following sentence: "Such term shall not include a stop-loss policy obtained by a self-insured health plan or a plan sponsor of a group health plan that self-insures the health risks of its plan participants to reimburse the plan or sponsor for losses that the plan or sponsor incurs in providing health or medical benefits to such plan participants in excess of a predetermined level set forth in the stop-loss policy obtained by such plan or sponsor."

(b) *PHSA.*—Section 2791(b)(1) of the Public Health Service Act (42 U.S.C. 300gg-91(b)(1)) is amended by adding at the end the following new sentence: "Such term shall not include a stop-loss policy obtained by a self-insured health plan or a plan sponsor of a group health plan that self-insures the health risks of its plan participants to reimburse the plan or sponsor for losses that the plan or sponsor incurs in providing health or medical benefits to such plan participants in excess of a predetermined level set forth in the stop-loss policy obtained by such plan or sponsor."