Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1545) to amend title 38, United States Code, to clarify the authority of the Secretary of Veterans Affairs to disclose certain patient information to controlled substance monitoring programs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1545

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 “VA Prescription Data Accountability Act 2017”.

SEC. 2. SECRETARY OF VETERANS AFFAIRS DISCLOSURE OF PATIENT INFORMATION TO STATE CONTROLLED SUBSTANCE MONITORING PROGRAMS.

Section 5701(1) of title 38, United States Code, is amended—

(1) by inserting “(1)” before “Under”;

(2) by striking “a veteran or the dependent of a veteran” and inserting “a covered individual”;

and

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

“(2) In this subsection, a ‘covered individual’ is an individual who is dispensed a prescription medication prescribed by an employer of the Department or by a non-Department provider authorized to prescribe such medication by the Department.”;

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.

Mr. KNIGHT. Mr. Speaker, in a time when the Defense Department maintains technological superiority over our adversaries in combat, our Veterans Affairs Department must continue to push the technological limit to treating our selfless servicemembers once their duty is done. I am optimistic that this pilot program for our veteran population will be the first of many that improves our ability to heal wounded veterans.

Mr. Speaker, I will leave my colleagues with one last quote. As the AMVETS’ executive director stated in his letter of support for this bill: “It is imperative that we, as a nation, look at new ways to help those who have stood in defense of the walk, and suffer the consequences day after day.”

Mr. Speaker, I urge my colleagues to vote “yes.”

Mr. WALZ. Mr. Speaker, I thank the gentleman from California (Mr. KNIGHT) for his innovative approach in trying to get services to our veterans.

Mr. Speaker, I encourage my colleagues to join us in passing H.R. 1162.

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

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

Mr. Speaker, I rise today in support of H.R. 1545, the VA Prescription Data Accountability Act of 2017. H.R. 1545 would require the Department of Veterans Affairs to disclose information about any individual prescribed medication by a VA employee or a provider authorized by the VA to a State Prescription Drug Monitoring Program to the extent necessary to prevent misuse and diversion of prescription medication.

Prescription Drug Monitoring Programs are Statewide electronic databases that collect and distribute information on prescription medication to certain authorized individuals or entities. They are used to identify and address prescription drug abuse, addiction, and diversion.

While 90 percent of the VA’s patient population are veterans, the VA treats certain nonveterans, including Active-Duty servicemembers who receive VA care through sharing agreements with the Department of Defense, dependents, caregivers of veterans, and VA staff, to name a few.

Current law authorizes the VA to disclose information to Prescription Drug Monitoring Programs for veterans and dependents of veterans only. The VA is not authorized to disclose information for other patients.

Moreover, technological barriers prevent the VA from transmitting dependent data to Prescription Drug Monitoring Programs. That means that prescription drug information for non-veterans—10 percent of the VA’s patient population, which translates to more than 700,000 veterans this fiscal year—is not being used in Pre-

scription Drug Monitoring Programs today.

In light of ongoing concerns about the potential for misuse or diversion of prescription medication, particularly opioid medication, I am especially interested in seeing the VA implement changes that will further benefit Veteran patients and clients as, together, we create a more effective comprehensive continuum of care.

As a Veteran of the Vietnam War, myself, I am especially interested in seeing the VA bring their practice of medicine in line with new technologies. For over forty years later, we continue to see the negative life impact of war on our men and women who served without the advent of practice and protocols sufficient for their full recovery. MeRT technology is producing results that are saving lives and increasing the potential for follow-on therapies to change the future trajectory of the lives of our Veterans and their families as well.

We owe our warriors the very best treatment available in America. MeRT technology is clearly making a difference. I commend you for offering this important legislation and urge its passage as soon as possible! Every day can be measured in loss of life, in loss of positive contribution to our communities from our American heroes, and in loss of our fathers and mothers, sons and daughters, friends and neighbors.

Sincerely,

RICHARD STEINBERG, President/CEO.

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RICHARD STEINBERG, President/CEO.
This legislation would make significant progress towards curbing substance abuse disorders and diversion of prescription medication in our veteran population. As you heard, currently, a veteran’s dependence on opioids is one of the leading causes of morbidity and mortality among our veterans. That is why this legislation is so important.

In my home State of Pennsylvania, we have an established comprehensive and effective Prescription Drug Monitoring Program. Incorporating additional data from the VA is a proper step to utilize proven existing networks to fight against the opioid epidemic. Mr. Speaker, I urge my colleagues to support this legislation.

Mr. Speaker, I urge my colleagues to support this legislation. Mr. WALZ. Mr. Speaker, I yield 3 minutes to the gentleman from New Hampshire (Ms. KUSTER), my good friend and the ranking member of the Oversight and Investigations Subcommittee, and a critical partner in serving our veterans.

Ms. KUSTER of New Hampshire. Mr. Speaker, I thank the gentleman from Minnesota (Mr. WALZ) and the gentleman from Tennessee (Mr. ROE) for their support of this bill. Mr. Speaker, today I rise to speak on my bill, H.R. 1545, the VA Prescription Accountability Act. This bill demonstrates the power of bipartisanship in this Congress, especially on the House VA Committee.
the gentleman from Tennessee (Mr. Roe) that the House suspend the rules and pass the bill, H.R. 1545.

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.

IMPROVING THE TREATMENT OF MEDICAL EVIDENCE PROVIDED BY NON-DEPARTMENT OF VETERANS AFFAIRS MEDICAL PROFESSIONALS

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1725) to amend title 38, United States Code, to improve the treatment of veterans in reducing the necessity for non-Degartment of Veterans Affairs medical professionals in support of claims for disability compensation under the laws administered by the Secretary of Veterans Affairs, and for other purposes, as amended.

The Clerk reads the title of the bill.

The text of the bill is as follows:

H.R. 1725

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

SECTION 1. REPORT ON PROGRESS OF DEPARTMENT OF VETERANS AFFAIRS ACCEPTABLE CLINICAL EVIDENCE INITIATIVE.

(a) In General—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on the progress of the Acceptable Clinical Evidence Initiative of the Department of Veterans Affairs in reducing the necessity for in-person disability examinations and other efforts to comply with the provisions of section 5125 of title 38, United States Code.

(b) Contents of Report.—The report required by subsection (a) shall include the following:

(1) The number of claims eligible for the Acceptable Clinical Evidence Initiative during the period beginning on the date of the commence- ment of the initiative and ending on the date of the submittal of the report, disaggregated by fiscal year.

(2) The total number of claims eligible for the Acceptable Clinical Evidence Initiative that required a medical examiner of the Department to supplement the evidence with information obtained during a telephone interview with a claimant.

(3) Information on any other initiatives or efforts of the Department to further encourage the use of private medical evidence and reliance upon reports of a medical examination administered by a private physician if the report is suf- ficiently complete to be adequate for the pur- poses of adjudicating a claim.

(4) The anticipated impact on the timeline and accuracy of a decision on a claim for benefits under chapter 11 or 15 of title 38, United States Code, if the Secretary were prohibited from requesting a medical examination in the case of a claim in support of which a claimant submits medical evidence and a medical opinion provided by a private physician that is competent, credible, probative, and otherwise adequate for the purpose of making a decision on that claim.

(5) Information on how the Department can measure, track, and prevent the ordering of unnecessary medical examinations when the provision by a claimant of a medical examination administered by a private physician in support of a claim for benefits under chapter 11 or 15 of title 38, United States Code, is adequate for the purpose of making a decision on that claim.

SEC. 2. ANNUAL REPORT ON SUBMITTAL OF PRIVATE MEDICAL EVIDENCE IN SUPPORT OF CLAIMS FOR DEPARTMENT OF VETERANS AFFAIRS BENEFITS.

Not later than March 1 of fiscal years 2018 through 2024, the Secretary of Veterans Affairs shall submit to the Committee on Veterans’ Affairs a report that includes, for the calendar year preceding the year in which the report is submitted, the following for each regional office of the Department of Veterans Affairs:

(1) The number of times a veteran who submitted private medical evidence in support of a claim for compensation or pension under the laws administered by the Secretary was scheduled for an examination performed by Department personnel because the private medical evidence submitted was determined to be unacceptable.

(2) The most common reasons why private medical evidence submitted in support of claims for benefits under the laws administered by the Secretary were mostly commonly denied when private medical evidence was submitted.

(3) The types of disabilities for which claims for benefits under the laws administered by the Secretary were mostly commonly denied when private medical evidence was submitted.

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 may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material in the Record on H.R. 1725, as amended.

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.

H.R. 1725, as amended, was introduced by my good friend Mr. Walz, the ranking member of the Committee on Veterans’ Affairs.

This bill addresses a very serious issue. When a veteran files a claim for disability benefits, VA may need a medical opinion regarding whether the injury or illness is service connected and, if it is, the extent of the veteran’s disability. However, the VA often schedules a medical disability examination when one might not be needed.

Many times, a veteran will submit medical evidence from a private doctor with enough information for VA to decide the claim, but we hear about cases where VA still requires a VA examination. Ordering unnecessary disability examinations is a waste of time and resources. It takes doctors away from taking care of their patients and conducting other necessary functions.

H.R. 1725, as amended, would require VA to provide reports to Congress about its use of private medical evidence. This information will be used to help us find ways to make the disability examination more efficient for veterans.

I urge my colleagues to support H.R. 1725, as amended.

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 rise in support of this piece of legislation.

I want to thank the chairman personally for bringing this forward and for being very eloquent in his words on what this does. It is appropriate that it is part of this block of legislation dealing with appeals reform also.

I thank the folks who have worked on this for years: Mr. Denham, Mr. Langevin, Ms. McSally, Mr. Johnson, Mr. Costello, Ms. Kuster, Mr. Higgins of New York, and Ms. Shear-Porter.

As originally introduced, this bill sought to change a current requirement stipulating that initial physical examinations of those seeking to file disability claims must be conducted by the VA. It was to allow veterans to see a local doctor.

Again, as the chairman so clearly pointed out, it was to relieve some of the pressure on the VA, while recognizing we have quality, ethically trustworthy physicians in the private sector who can deliver these services.

The idea was that requiring the VA to accept private medical evidence from a qualified physician would ease the benefit process in rural communities, expedite diagnosis of disabilities, and reduce the wait times and the backlogs.

This is a problem that we have been working on for many years. We introduced similar language in 2013, 2014, and 2015.

I would like to thank all my fellow members, both on and off the committee, and those who are no longer in Congress for working toward this. I am especially thankful to Chairman Bost and Ms. Esley for having worked with me to tighten the scope of this bill to address the cost that the Congressional Budget Office scored it to.

As it is now, the bill requires an annual report on how veterans obtain private medical evidence in support of their claim, how often it is rejected, and why. It is my hope that this data will help build our case for mandating that the VA accept all credible private medical evidence. We cannot let the perfect be the enemy of the good and need to get started gathering this data as soon as possible.

As we also work to improve the appeals process today, making it more convenient for veterans to get and submit medical evidence, this component will be important. By continuing our work on this issue, veterans will be able to complete their claims faster; delivering the benefits they have earned faster; and make sure that the stress you heard about with 20 years of waiting, much of that time