seemingly intractable behavioral health conditions through their development of MeRT technology. The data from both open label and double-blind studies of MeRT technology are compelling. This protocol, offered as a first line treatment of the physical brain through neuromodulation, can improve the behavioral health outcomes for all of us who subsequently provide evidence-based therapies 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 this work into their practice of medicine. 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 without it 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.

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 up and walked 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, too, encourage all 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, H.R. 1162.

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.

VA PRESCRIPTION DATA ACCOUNTABILITY ACT 2017

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 State 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(l) 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 medication prescribed by an employee 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.

GENERAL LEAVE

Mr. ROE of Tennessee. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials.

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 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 nonveterans—10 percent of the VA's patient population, which translates to more than 700,000 veterans this fiscal year—is not being shared with Prescription Drug Monitoring Programs today.

In light of ongoing concerns about the potential for misuse or diversion of prescription medication, particularly opioid medications, it is imperative that the VA share information about all VA patients, veteran and nonveteran, to State Prescription Drug Monitoring Programs. It is a matter of public safety.

H.R. 1545 is supported by the American Legion, the Paralyzed Veterans of America, the Veterans of Foreign Wars of the United States, and by the VA, who testified before the Subcommittee on Health earlier this year that this authority would ''ensure that VA is able to fulfill its public health role in sharing vital clinical information to help guide treatment decisions.''

Mr. Speaker, this bill is sponsored by the gentlewoman of New Hampshire (Ms. KUSTER), the ranking member of the Subcommittee on Oversight and Investigations, who is joined by the gentleman from Ohio (Mr. WENSTRUP), the chairman of the Subcommittee on Health; the gentleman from Michigan (Mr. BERGMAN), the chairman of the Subcommittee on Oversight and Investigations; and the gentlewoman from California (Ms. BROWNLEY), the ranking member on the Subcommittee on Health. I am grateful to all of them for sponsoring this legislation. It has my full support, and I urge all of our colleagues to join me in supporting it.

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 strong support of H.R. 1545 offered by the gentlewoman from New Hampshire (Ms. KUSTER), who is the ranking member of our Oversight and Investigations Subcommittee, and, as importantly, a champion of policies that make sure the scourge of opioid addiction is addressed in this Congress, and is a leading expert on it.

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 dependent can receive a prescription for a controlled substance from a provider in the community, and then they receive the same prescription for the same controlled substance from a VA provider without either provider's knowledge of what happened.

Congress, in the past, has attempted to remedy this problem but, due to confusion within the VA, was unsuccessful. I believe that Congresswoman KUSTER's legislation would clear up this confusion and allow the VA to better serve both veterans and their dependents by allowing the VA and community providers to recognize and treat substance abuse disorders instead of contributing to them by unintentionally overprescribing.

Mr. Speaker, I fully support this legislation. I would encourage all of my colleagues to do the same.

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

Mr. ROE of Tennessee. Mr. Speaker, at this time I yield 1 minute to the gentleman from Pennsylvania (Mr. COSTELLO).

Mr. COSTELLO of Pennsylvania. Mr. Speaker, I rise today in support of the VA Prescription Data Accountability Act. We face a serious opioid epidemic in our communities across the Nation. As we work to put forth solutions to this crisis, it is critical that we incorporate the Veterans Health Administration into existing, effective controlled substance monitoring programs.

To ensure effective, accurate oversight of who is being prescribed controlled substances, this legislation would require the VA to disclose information about all individuals, veteran or dependent, who receive such prescriptions from the VHA.

In my home State of Pennsylvania, we have an established comprehensive and effective Prescription Drug Monitoring Program. Incorporating additional data from the VA is an appropriate step to utilize proven existing networks to fight back against the opioid epidemic.

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

Mr. WALZ. Mr. Speaker, I yield 3 minutes to the gentlewoman 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.

I thank the gentleman from Ohio (Mr. WENSTRUP) for his willingness to co-lead this bill with me, and also the gentleman from Michigan (Mr. BERGMAN) and the gentlewoman from California (Ms. BROWNLEY) for cosponsoring this commonsense legislation.

This bill is common sense because it improves upon the Prescription Drug Monitoring Programs, also known as PDMPs across this country. PDMPs are proven resources in combating our Nation's opioid epidemic. PDMPs improve the public health and our general well-being.

In 2012, the VA was finally authorized to connect its patient population to State PDMPs. But, unfortunately, an issue with the VA's antiquated computer systems meant that literally hundreds of thousands of nonveteran patients at the VA were left excluded from the data reported to PDMPs by the VA.

As the ranking member of the House Veterans' Oversight and Investigations Subcommittee, I am all too familiar with the continued issues with computer systems across the entirety of the VA. This issue underscores the need for the VA and this Congress to ensure effective and rapid reform to the VA's computer systems. When those systemic shortcomings potentially exacerbate the Nation's opioid epidemic, I saw the importance to take action.

Through my Bipartisan Heroin Task Force, we in Congress have learned the importance of ensuring prescription opioids are not misused. The consequences are truly dire. Over 30,000 Americans die in opioid-related overdoses every year. That number just continues to rise.

This bill represents a small but practical step forward in addressing this crisis.

Mr. Speaker, I urge all of my colleagues to vote in favor of this low-cost bill. It will help ensure these important programs work as intended by closing the gap in prescription information. I urge my Senate colleagues to quickly take up the bill and pass it in the Senate as well.

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

Mr. WALZ. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. TAKANO), our vice ranking member of the full Committee on Veterans' Affairs and a true champion of veterans.

□ 1545

Mr. TAKANO. Mr. Speaker, I rise in support of my colleague from New Hampshire (Ms. KUSTER) and her bill to improve information sharing between providers to ensure that they are able to follow safe prescribing practices.

The VA Prescription Data Accountability Act helps to close a loophole in statute that limits the data that the VA can share with Prescription Drug Monitoring Programs, or PDMPs. These databases track the prescribing and dispensing of controlled substances to help find suspected fraud and intervene with patients who are at high risk for prescription drug abuse. These databases are only as useful as the information they collect.

Since 2011, the VA has been able to share prescription data with PDMPs, but only for the veteran patients it sees. Statutory and technical challenges have prevented the Department from sharing data from nonveteran patients with PDMPs. Approximately 10 percent of the VA's patients are nonveterans. We are talking about 700,000 patients each year.

Now, Ms. KUSTER's bill expands the authority of the VA to share all patient data with PDMPs. This will allow us to better monitor the use of prescription drugs and help combat a growing opioid epidemic.

On average, 650,000 opioid prescriptions are dispensed daily in the United States, and 78 people die from opioid-related overdoses. Properly tracking prescription drugs is one of the first steps to turn the tide on this epidemic.

I urge my colleagues to support this legislation.

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

Mr. WALZ. Mr. Speaker, I urge my colleagues to join us in passing H.R. 1545.

I yield back the balance of my time.

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

In over 31 years of the practice of medicine, I have seen great changes, many of them to the good. One of the things that has disturbed me greatly is the opioid epidemic that we have in this great country at this time. I am an obstetrician. I have delivered a lot of babies in my career, and it was a rare event when we saw a baby that was addicted to opioids—as a matter of fact, almost never until, literally, about 20 years ago, and 10 years ago a full-fledged epidemic.

In our hospital at home, we have a neonatal intensive care unit that cares for nothing but opioid-addicted babies. In our State of Tennessee, Mr. Speaker, we have had more people who died of prescription drug overdose deaths than died in car wrecks. It now exceeds many cancer deaths in the country.

This bill has my 100 percent support, and I certainly want to thank Ms. KUSTER for her great work on this bill. We have shared a trip to Afghanistan together, as we did with Mr. TAKANO, and had a chance to talk about these things in great detail. I want to thank her and also the ranking member for their support in this.

I once again encourage all 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, 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 medical evidence provided by non-Department 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 read 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 commencement 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 sufficiently complete to be adequate for the purposes 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) Recommendations 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 Congress 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 was determined to be unacceptable.

(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. The problem is that 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 disability examinations.

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. SHEA-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 some of 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. ESTY 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; start receiving the benefits that they have earned faster; and make sure that the stress you heard about with 20 years of waiting, much of that time