

While I certainly appreciate the effort, I am of the belief that this study could misallocate VA's limited resources to define a problem to which the RAND Corporation and the National Academy of Sciences have already offered potential solutions.

□ 1515

I am supporting today's amendment in the nature of a substitute but warning against future efforts to erode the high quality of care that VA is providing.

In order to better reflect VA's position on improving access to military sexual trauma, I am excited to work with our VSO partners on legislation that would implement some of the recommendations made in previous assessments and increase access to high-quality care.

Mr. Speaker, I urge my colleagues across the aisle to join us in drafting legislation that continues to heal military sexual trauma victims.

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

Mr. DUNN. Mr. Speaker, I yield 3 minutes to the gentleman from Kentucky (Mr. BARR), who is the sponsor of this bill.

Mr. BARR. Mr. Speaker, I rise today to urge my colleagues to support this legislation, H.R. 3642, the Military Sexual Assault Victims Empowerment Act, also known as the Military SAVE Act, which would help the Department of Veterans Affairs identify deficiencies and vulnerabilities in their care for survivors of military sexual trauma and take corrective actions to improve those services.

According to the findings of the Department of Veterans Affairs' National Screening Program, 1 in 4 women and 1 in 100 men reported that they have been victims of military sexual assault during their time serving in the military. This problem was made personal to me by a group of women in the Sixth Congressional District of Kentucky, led by MST survivor Karen Tufts. Sadly, due in part to this emotional stress, two of these women have since committed suicide.

To the ranking member's concern about quality of care, the problem with some of these women was that they were revictimized at the VA. In fact, according to an independent nationwide study, research has found that female victims of MST are 14 times more likely to commit suicide than women who have never been assaulted, so we are all about improving the care of these women.

And while Congress has recently taken several actions to better protect survivors of MST within the military justice system, many survivors have expressed concern that services available within the VA healthcare system are insufficient to address their specific post-MST needs. That is exactly why we have been working closely with the House Committee on Veterans' Affairs, veteran service organizations, as

well, and my VA Pilot Program Development Task Force to improve medical care for survivors of MST in order to help those survivors get the care that best fits their unique physical and psychological needs.

Specifically, this legislation would allow survivors the ability to seek treatment, specifically tailored to their MST injuries, by a community care provider of their choice during a 3-year pilot program. This pilot program would study the results that direct access care provides that the VA does not and would help the VA take the necessary corrective actions to improve its care for survivors of MST.

In fact, our experience is that just the introduction of this legislation has focused the mind at the VA to improve the care that the VA provides. As I mentioned before, I did not create this legislation alone. It has been through the dedicated support and trusted advice of MST survivors who are members of our Pilot Program Development Task Force, and I thank them for their contributions, including former commissioner of the Kentucky Department of Veterans Affairs, Heather French Henry.

In conclusion, I would like to especially thank Chairman ROE and his staff for their hard work in support of this legislation and for his longstanding leadership on veterans issue. Chairman ROE truly cares about improving the lives of veterans, and this legislation is a testament to that devotion.

Mr. WALZ. Mr. Speaker, I thank the gentleman's commitment to this issue. I appreciate the work that has been spent to continue to evolve to get this right, because I do think there is, obviously, no disagreement in the scourge and the horrific crimes committed against servicemembers that we must deal with and the treatment of those victims afterwards. With that, I encourage my colleagues to support this piece of legislation.

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

Mr. DUNN. Mr. Speaker, I thank the ranking member, Mr. WALZ. Once again, I encourage all Members to support H.R. 3642, as amended, and 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. DUNN) that the House suspend the rules and pass the bill, H.R. 3642, 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 OPIOID ABUSE PREVENTION ACT

Mr. DUNN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3832) to direct the Secretary of Veterans Affairs to enter into a memo-

randum of understanding with the executive director of a national network of State-based prescription monitoring programs under which Department of Veterans Affairs health care providers shall query such network, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3832

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 Opioid Abuse Prevention Act".

SEC. 2. DEPARTMENT OF VETERANS AFFAIRS PARTICIPATION IN NATIONAL NETWORK OF STATE-BASED PRESCRIPTION DRUG MONITORING PROGRAMS.

(a) IN GENERAL.—Chapter 17 of title 38, United States Code, is amended by inserting after section 1730A the following new section:

"§1730B. Access to State prescription drug monitoring programs

"(a) ACCESS TO PROGRAMS.—(1) Any licensed health care provider or delegate of such a provider shall be considered an authorized recipient or user for the purpose of querying and receiving data from the national network of State-based prescription drug monitoring programs to support the safe and effective prescribing of controlled substances to covered patients.

"(2) Under the authority granted by paragraph (1)—

"(A) licensed health care providers or delegates of such providers shall query such network in accordance with applicable regulations and policies of the Veterans Health Administration; and

"(B) notwithstanding any general or specific provision of law, rule, or regulation of a State, no State may restrict the access of licensed health care providers or delegates of such providers from accessing that State's prescription drug monitoring programs.

"(3) No State shall deny or revoke the license, registration, or certification of a licensed health care provider or delegate who otherwise meets that State's qualifications for holding the license, registration, or certification on the basis that the licensed health care provider or delegate has queried or received data, or attempt to query or receive data, from the national network of State-based prescription drug monitoring programs under this section.

"(b) COVERED PATIENTS.—For purposes of this section, a covered patient is a patient who—

"(1) receives a prescription for a controlled substance; and

"(2) is not receiving palliative care or enrolled in hospice care.

"(c) DEFINITIONS.—In this section:

"(1) The term 'controlled substance' has the meaning given such term in section 102(6) of the Controlled Substances Act (21 U.S.C. 802(6)).

"(2) The term 'delegate' means a person or automated system accessing the national network of State-based prescription monitoring programs at the direction or under the supervision of a licensed health care provider.

"(3) The term 'licensed health care provider' means a health care provider employed by the Department who is licensed, certified, or registered within any State to fill or prescribe medications within the scope of his or her practice as a Department employee.

"(4) The term 'national network of State-based prescription monitoring programs' means an interconnected nation-wide system that facilitates the transfer to State prescription drug monitoring program data across State lines.

"(5) The term 'State' means a State, as defined in section 101(20) of this title, or a political subdivision of a State."

(b) CLERICAL AMENDMENT.—*The table of sections at the beginning of chapter 17 of such title is amended by inserting after the item relating to section 1730A the following new item:*

“1730B. Access to State prescription drug monitoring programs.”.

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

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. DUNN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and insert extraneous material into the RECORD on H.R. 3832, as amended.

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

There was no objection.

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

Mr. Speaker, I rise today in support of my legislation, H.R. 3832, as amended, the Veterans Opioid Abuse Prevention Act. More than 140 individuals every day are dying from opioid abuse in the United States, and opioids have resulted in the deaths of more Americans than the Iraq, Afghanistan, and Vietnam wars put together over the same period of time.

Unfortunately, the news is even worse for our veterans. Former VA Secretary McDonald stated: Veterans are 10 times more likely to abuse opioids than the average American, and that is among the leading cause of homelessness among veterans.

In 2016 alone, the VA treated 66,000 veterans for opioid addiction. Mr. Speaker, it is clear that we are failing our Nation's heroes, and, frankly, that is unacceptable.

That is why I introduced the Veterans Opioid Prevention Act, to ensure that no veteran slips through the cracks. My bill increases opioid prescribing transparency at the VA and allows Veterans Administration doctors to do what most private sector doctors are already doing. They access State databases listing all opioid prescriptions from all providers. This allows physicians to easily identify patterns of opioid use that puts patients at risk for addiction. Once physicians are able to accurately identify patterns of use and abuse, we can curb this epidemic and ensure our veterans are getting the best possible care.

Mr. Speaker, as a veteran and a doctor, I take my responsibility to serve those who fought for our freedoms very seriously. We can do more for our veterans, and we must do more to support them and to protect them.

I believe my Veterans Opioid Prevention Act does exactly that. I urge all of my colleagues to support this important legislation.

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 the gentleman's Veterans Opioid Abuse Prevention Act. It was about 10 years ago to the day that we stood on this floor when I had a piece of legislation, one of the first ones I authored as a Member of Congress, the stepped-care pain management for the prescription of opioids in the VA, and I remember delivering a speech right here that if we don't do something about what is happening with the overprescription, we are going to be in a situation of crisis, I think, were the terms that I used.

At that time, we started talking about multiple approaches to pain management. At the time we brought it up, the VA did not even want to consider things like acupuncture and yoga, and now we are at a situation where the gentleman is exactly right. Even with that, moving forward, according to the Center for Ethics and the Rule of Law, between 2010 and 2015, the number of veterans addicted to opioids rose 55 percent to a total of roughly 68,000. This represents about 13 percent of all veterans currently prescribed opioids.

Various published studies have found that there is a significant increased risk of suicide among our veterans and the general U.S. population when opioid use disorders are apparent.

H.R. 3832, as amended, will require VA to enter into a memorandum of understanding with a State-based prescription drug monitoring program in order to further reduce opioid misuse and dependency.

By requiring VA to partner with the prescription drug program, the VA can better ensure veterans are receiving the most appropriate treatment available while significantly reducing the likelihood of abuse.

We have an ethical responsibility to do everything we can in this country to reduce the opioid epidemic, certainly amongst our veterans. It is a step in the right direction to prevent the overprescription of opioids to veterans so that we can start preventing those veterans becoming addicted in the first place. I stand in strong support of this.

Mr. Speaker, as stated, this is a good piece of legislation, smart move forward, and I encourage my colleagues to vote for it.

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

Mr. DUNN. Mr. Speaker, once again, I encourage all Members to support H.R. 3832, as amended.

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

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 3832, the Veterans Opioid Abuse Prevention Act.

Mr. Speaker, it is undeniable that our military veterans deserve our deepest gratitude for the courage and valor they demonstrate while defending the United States of America.

H.R. 3832 directs the Secretary of Veterans Affairs to enter into a memorandum of understanding with the executive director of a national network of State-based prescription monitoring

programs under which Department of Veterans Affairs health care providers shall query the network in order to prevent opioid abuse.

Veterans are truly heroes walking among us and they deserve our utmost respect as well as assistance in any recovery or treatment they require.

Mr. Speaker, our veterans bravely put their lives on the line to defend our freedoms and to keep our nation safe.

There are over 20 million veterans in the United States, with a large number residing in my home state of Texas.

Texas has more than 1.4 million veterans, making it the state with the second largest veteran population.

Harris County, the county which contains my district, is home to over 187,000 veterans, the most of any county in the state.

There is no doubt that these fearless men and women suffering from burdensome health problems deserve not only our gratitude, but also our support throughout recovery and treatment.

By passing H.R. 3832, health care providers will receive additional information so they may provide veterans with assistance which will enhance their rehabilitation.

This bill would enable the VA to monitor drug prescriptions in order to ensure that veterans' risk of addiction is minimized.

The Veterans Opioid Abuse Prevention Act would allow VA providers to better track and prevent excess opioid prescribing.

The provisions of this bill will serve as a vital resource to our veterans and their health care providers as they overcome burdensome health problems.

These provisions would help prevent opioid abuse by allowing for greater information sharing between VA and state-based prescription drug monitoring programs.

I urge my colleagues to join me in supporting H.R. 3832 to show their support and gratitude for the sacrifices made by our service men and women, and to ensure that veterans battling health problems receive the care and rehabilitation they deserve.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. DUNN) that the House suspend the rules and pass the bill, H.R. 3832, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. DUNN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

RAY HENDRIX VETERANS CLINIC

Mr. DUNN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3946) to name the Department of Veterans Affairs community-based outpatient clinic in Statesboro, Georgia, the Ray Hendrix Veterans Clinic’.