

SEC. 2. PLANS FOR ADDRESSING MATERIAL WEAKNESSES AND PROVIDING SUFFICIENT AUTHORITY TO CHIEF FINANCIAL OFFICER OF DEPARTMENT OF VETERANS AFFAIRS.

Not later than 180 days after the date of the enactment of this Act, and annually thereafter for each of the three subsequent years, the Secretary of Veterans Affairs, acting through the Chief Financial Officer of the Department of Veterans Affairs, shall submit to the appropriate congressional committees—

(1) an action plan, including steps, related timelines, costs, progress, status of implementation, and any updates for fully addressing the material weaknesses of the Department discussed in the Management's Discussion and Analysis section of the financial statements of the Department submitted to Congress under section 3515 of title 31, United States Code for the year preceding the year during which the report is submitted; and

(2) a plan outlining the steps the Secretary plans to take to address the recommendations of auditors related to entity-level internal controls and to provide sufficient authority to the Chief Financial Officer of the Department to carry out the requirements of section 902 of title 31, United States Code.

SEC. 3. CHIEF FINANCIAL OFFICER ATTESTATION.

Concurrent with the submittal to Congress of the President's budget request under section 1105 of title 31, United States Code, for fiscal year 2022 and each of the next three subsequent fiscal years, the Chief Financial Officer of the Department of Veterans Affairs shall submit to the appropriate congressional committees each of the following:

(1) A certification of the responsibility of the Chief Financial Officer for internal financial controls of the Department.

(2) An attestation that the Chief Financial Officer has collaborated sufficiently with the subordinate chief financial officers of the Department to be confident in the financial projections included the budget request and supporting materials.

SEC. 4. CHIEF FINANCIAL OFFICER RESPONSIBILITY FOR SUBORDINATE CHIEF FINANCIAL OFFICERS.

(a) *IN GENERAL.*—In accordance with the responsibilities of the Chief Financial Officer of the Department of Veterans Affairs for the recruitment, selection, and training of personnel to carry out agency financial management functions pursuant to section 902(a)(5)(C) of title 31, United States Code, the Chief Financial Officer or the designee of the Chief Financial Officer within the Office of Management of the Department shall—

(1) participate in the interview and selection panels of all subordinate chief financial officers; and

(2) give input into the performance plans and performance evaluations of all subordinate chief financial officers.

(b) *TERMINATION.*—The requirements under subsection (a) shall terminate on the date that is five years after the date of the enactment of this Act.

SEC. 5. DEFINITIONS.

In this Act:

(1) The term “appropriate congressional committees” means the Committees on Veterans' Affairs of the Senate and the House of Representatives and the Committees on Appropriations of the Senate and the House of Representatives.

(2) The term “subordinate chief financial officer”—

(A) includes—

(i) the chief financial officer of the Veterans Health Administration, the chief financial officer of the Office of Community Care within the Veterans Health Administration, and all chief financial officers of Veterans Integrated Service Networks within the Veterans Health Administration;

(ii) the chief financial officer of the Veterans Benefits Administration and all chief financial

officers of organizational subdivisions representing business lines within the Veterans Benefits Administration;

(iii) the chief financial officer of the National Cemetery Administration; and

(iv) the chief financial officer of the Office of Information and Technology; and

(B) does not include the Inspector General.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Tennessee (Mr. DAVID P. ROE) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Madam Speaker, I ask unanimous consent that the comments that I made on my previous motion that I withdrew be inserted in the RECORD in conjunction with my motion to pass H.R. 6589, as amended.

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

There was no objection.

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

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

Madam Speaker, I rise today in support of H.R. 6589, the VA Chief Financial Officer Authority and Collaboration Act.

Each year, the Department of Veterans Affairs manages to pass its financial statement audit despite a number of persistent material weaknesses in what appears to be a stalemate. VA never quite loses its unqualified audit opinion but never materially improves either. We should expect more, especially with VA's budget approaching \$250 billion and its total liabilities reaching near \$3.3 trillion.

Madam Speaker, I thank Congresswoman SUSIE LEE from Nevada and General JACK BERGMAN from Michigan for sponsoring this bill to address the root cause of the problem, the VA's Chief Financial Officer's lack of operational authority over the dozens of lower level chief financial officers throughout VA.

This bill would direct VA to develop a detailed action plan to resolve material weaknesses and require VA's Chief Financial Officer to attest to the Department's financial projections and internal controls in VA's annual budget submission.

It would also strengthen VA's Chief Financial Officer's operational authority by involving them or their designee in the hiring and performance evaluations of subordinate chief financial officers.

All of these reforms are consistent with the Chief Financial Officer Act of 1990.

I support this legislation because it is a carefully crafted solution to an old problem with escalating consequences.

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

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

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

Mr. Speaker, I encourage all of my colleagues to support this bill, and I yield back the balance of my time.

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

Mr. Speaker, I thank Mrs. LEE and Dr. ROE for helping me bring this legislation to the floor. I ask all of my colleagues to join me in passing this very important piece of legislation, H.R. 6589.

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

The SPEAKER pro tempore (Mr. CLEAVER). The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 6589, 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.

VA MISSION TELEHEALTH CLARIFICATION ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3228) to amend title 38, United States Code, to authorize health professional trainees to provide treatment via telemedicine, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3228

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 Mission Telehealth Clarification Act”.

SEC. 2. LICENSURE OF HEALTH CARE PROFESSIONALS PROVIDING TREATMENT VIA TELEMEDICINE.

Section 1730C(b) of title 38, United States Code, is amended to read as follows:

“(b) COVERED HEALTH CARE PROFESSIONALS.—For purposes of this section, a covered health care professional is any of the following individuals:

“(1) A health care professional who—

“(A) is an employee of the Department appointed under section 7306, 7401, 7405, 7406, or 7408 of this title, or under title 5;

“(B) is authorized by the Secretary to provide health care under this chapter;

“(C) is required to adhere to all standards for quality relating to the provision of health care in accordance with applicable policies of the Department; and

“(D) has—

“(i) an active, current, full, and unrestricted license, registration, or certification in a State to practice the health care profession of the health care professional;

“(ii) qualifications prescribed by the Secretary under section 7402(b) of this title for an appointment to a position in the Veterans Health Administration; or

“(iii) other authorization from the Secretary to provide health care.

“(2) A health professions trainee who—

“(A) is appointed under section 7405 or 7406 of this title; and

“(B) is under the clinical supervision of a health care professional described in paragraph (1).

“(3) A health care professional who—
“(A) is appointed to a position described in paragraph (1) or (3) of section 7401 of this title under—

- “(i) section 7401 of this title;
- “(ii) section 7405 of this title; or
- “(iii) title 5;

“(B) is in the process of obtaining, within a timeframe prescribed by the Secretary—

“(i) a license, registration, or certification described in paragraph (1)(D)(i);

“(ii) qualifications described in paragraph (1)(D)(ii); or

“(iii) authorization described in subparagraph (B) or (D)(iii) of paragraph (1); and

“(C) is under the clinical supervision of a health care professional described in paragraph (1).”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Tennessee (Mr. DAVID P. ROE) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Mr. Speaker, I ask that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on H.R. 3228, as amended.

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

There was no objection.

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

Mr. Speaker, I rise in support of H.R. 3228, as amended, the VA Mission Telehealth Clarification Act.

The John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018, or the VA MISSION Act, as it is more commonly known, expanded VA's ability to provide telehealth to veterans across State lines.

The legislation before us builds on those enhancements by allowing healthcare professionals in training to provide telehealthcare to veterans with clinical supervision.

As we have seen over the course of this pandemic, telehealthcare is becoming more and more a staple of Americans' healthcare experience. As this virus will be with us for some time to come, the value and reliance on telehealth will continue. It is critical that during this time, VA has the authorities necessary to keep veterans healthy and safe in their homes.

This is particularly important for our rural and aging veterans whose access to in-person care was already a challenge. We need to do everything possible to ensure veterans' access to safe distant care whenever it is appropriate.

Mr. Speaker, I thank Congressman CARTER for his dogged work to see veterans have what they need during this time. I encourage all of my colleagues to support H.R. 3228, as amended.

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

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

Mr. Speaker, I rise today in support of H.R. 3228, the Department of Veterans Affairs Mission Telehealth Clarification Act.

The VA healthcare system is our country's largest integrated healthcare system, with responsibility for delivering care to approximately 7 million veteran patients. The VA healthcare system is also the country's largest provider of healthcare education, with responsibility for supporting the training of approximately 45,000 medical and dental residents and thousands more healthcare professional trainees every year. I happened to be one of them many years ago.

The VA Mission Telehealth Clarification Act would authorize VA residents and trainees to provide care to veteran patients virtually using telehealth, regardless of that resident or trainee's State licensure, so long as they are working under the clinical supervision of a VA healthcare professional.

While face-to-face visits between patients and providers are irreplaceable in many respects, telehealth is an increasingly important tool in the delivery of modern healthcare. That was true even before the COVID-19 pandemic created a skyrocketing demand for telehealth services.

In the MISSION Act passed last Congress, we authorized VA providers to provide telehealth across State lines in an effort to increase access to telehealth to veteran patients, particularly those in rural or remote areas or for those whose travel to a medical facility is otherwise difficult. However, the law inadvertently exempted VA residents, trainees, and certain others from that authority. This bill would fix that oversight.

In doing so, it would further expand veteran access to telehealth, which has been critical to ensuring continuity of care throughout the last several months. It would also ensure that the medical education VA provides to the next generation of healthcare professionals includes valuable training and needed experience in the delivery of care via telephone, video, and other virtual modalities.

This bill is sponsored by my good friend, Congressman BUDDY CARTER from Georgia. I am grateful to him for recognizing early on the benefits that a well-rounded medical education will have on access and quality of care for veterans and all Americans and working so hard to give aspiring providers and others working within the VA the ability to practice telehealth across State lines, within appropriate parameters.

Mr. Speaker, I urge all of my colleagues to join me in supporting this bill, and I reserve the balance of my time.

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

Mr. DAVID P. ROE of Tennessee. Mr. Speaker, I yield 4 minutes to the gentleman from Georgia (Mr. CARTER), my good friend.

I have had the privilege of visiting his beautiful district, and I really appreciate his work on this extremely important issue.

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in support of the VA Mission Telehealth Clarification Act, which I am proud to have introduced.

H.R. 3228, the VA Mission Telehealth Clarification Act, is a simple bill that builds on the VA MISSION Act's historic expansion of the veterans health system.

One of the most significant parts of the VA MISSION Act was the authorization for the VA to use telehealth and provide care across State lines. The bill began as the result of a visit I had to a VA facility before the current pandemic, as they laid out some of the issues they were trying to overcome. But now with the COVID-19 pandemic, we are seeing how extremely beneficial these technologies can be for our veterans.

In fact, the VA Medical Center in Charleston, South Carolina, which serves part of my district along Georgia's coast, had an over 200 percent increase in telehealth medical services during the pandemic when we spoke in May.

Even more incredibly, the VA announced it had a 1,000 percent increase in telehealth video appointments using its VA Video Connect Program during the first months of the pandemic. This is an extremely important ability for the VA to have. However, the law did not authorize trainees within the VA to use telehealth technologies, only practitioners with a full license.

As telehealth medicine grows in prevalence, we need for interns, residents, and fellows to gain experience using these services, especially considering that many of these trainees later go on to work as doctors at the VA, bringing with them a wealth of experience.

Rather than depending on doctors to learn while on the job, which could delay the rollout of care, this bill would allow trainees to gain experience on telehealth systems while properly supervised by credentialed VA staff.

Mr. Speaker, I am pleased to say that the bill was further improved through the committee process after input from my colleagues in the VA. The bill will not only allow for trainees to participate in telehealth, but it will also expand the ability to practice telemedicine to all appropriately qualified healthcare professionals at the VA, fixing the issue once and for all.

While Congress intended for trainees and others to be included from the beginning, the VA's reading of the law did not include them, although they have expressed their desire to include them in telehealth services.

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The VA Mission Telehealth Clarification Act will give VA the certainty to provide essential telehealth programs

to our veterans, improving the quality and timeliness of their care.

Again, this is a commonsense bill with bipartisan support and has received the support from the American Legion, Veterans of Foreign Wars, AMVETS, and Paralyzed Veterans of America, among others.

Mr. TAKANO. Mr. Speaker, I have no further speakers. I am prepared to close, and I reserve the balance of my time.

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

Mr. Speaker, I want to thank the gentleman from Georgia (Mr. CARTER), my good friend who serves on the Doctors Caucus with me, for bringing this important piece of legislation up.

Mr. Speaker, this pandemic actually has done one good thing, and that is to advance telehealth. Just to give you some scope of this, the VA went from tens of thousands of mental health visits—and we know that people have been isolated. Certainly, many of our elderly have been confined; they can't visit people. They have gone from tens of thousands of mental health visits per month to hundreds of thousands of visits. So we are able to stay in touch with patients in need.

I know in my own medical practice in Tennessee, it has been extremely helpful for patients to access their physicians through telehealth. I think we are going to continue this, and I think the next Congress is going to have to address how Medicare and Medicaid funds these telehealth visits outside the VA, it is that important for care.

If you live in a rural area in rural Appalachia like I do, the only way we are going to get specialty care for our patients in need—and in many cases, in our cities—is via telehealth, because these specialists are so hard to find and there are so few of them. And especially in cases like neurology and pediatrics, these are very difficult people to see.

So I really am appreciative of this. I appreciate Dr. Carter bringing it up, and I certainly thank the chairman for putting this on the agenda.

Mr. Speaker, I encourage all of my colleagues to support this, and I yield back the balance of my time.

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

Mr. Speaker, I want to thank the ranking member for his comments about the VA really being a pioneer in this moment, that the expansion of tele-mental health, especially, has seen a logarithmic increase, and it has implications for Medicare and Medicaid. I am hearing from the civilian medical sector about the need to follow the VA's example.

I am very proud of the work the VA has done to respond to this pandemic moment by making sure that our veterans, no matter where they live, have access to medical care through telehealth and tele-mental health, especially.

I want to thank, again, the sponsor of this legislation, and I want to urge all of my colleagues to join me in passing this important legislation, H.R. 3228, as amended.

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 California (Mr. TAKANO) that the House suspend the rules and pass the bill, H.R. 3228, 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.

VETERAN'S PROSTATE CANCER TREATMENT AND RESEARCH ACT

Mr. TAKANO. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6092) to direct the Secretary of Veterans Affairs to establish a national clinical pathway for prostate cancer, access to life-saving extending precision clinical trials and research, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6092

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 "Veteran's Prostate Cancer Treatment and Research Act".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Prostate cancer is the number one cancer diagnosed in the Veterans Health Administration.

(2) A 1996 report published by the National Academy of Sciences, Engineering, and Medicine established a link between prostate cancer and exposure to herbicides, such as Agent Orange.

(3) It is essential to acknowledge that due to these circumstances, certain veterans are made aware that they are high-risk individuals when it comes to the potential to develop prostate cancer.

(4) In being designated as "high risk", it is essential that veterans are proactive in seeking earlier preventative clinical services for the early detection and successful treatment of prostate cancer, whether that be through the Veterans Health Administration or through a community provider.

(5) Clinical preventative services and initial detection are some of the most important components in the early detection of prostate cancer for veterans at high risk of prostate cancer.

(6) For veterans with prostate cancer, including prostate cancer that has metastasized, precision oncology, including biomarker-driven clinical trials and innovations underway through the Prostate Cancer Foundation and Department of Veterans Affairs partnership, represents one of the most promising areas of interventions, treatments, and cures for such veterans and their families.

SEC. 3. DEPARTMENT OF VETERANS AFFAIRS TREATMENT AND RESEARCH OF PROSTATE CANCER.

(a) ESTABLISHMENT OF CLINICAL PATHWAY.—

(1) IN GENERAL.—Not later than 365 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish in the National Surgery Office of the Department of Veterans Affairs a national clinical pathway for all stages of prostate cancer, from early detection to end-of-life care including recommendations regarding the use of transformative innovations, research, and uniform clinical data.

(2) ELEMENTS.—The national clinical pathway established under this subsection shall include the following elements:

(A) A multi-disciplinary plan for the early detection, diagnosis, and treatment of prostate cancer that includes, as appropriate, both Department medical facilities and community-based partners and providers and research centers specializing in prostate cancer, especially such centers that have entered into partnerships with the Department.

(B) A suggested, but not mandatory, protocol for screening, diagnosis, and treatment or care for subpopulations with evidence-based risk factors (including race, ethnicity, socioeconomic status, geographic location, exposure risks, and genetic risks, including family history).

(C) A suggested treatment protocol timeframe for each point of care based on severity and stage of cancer.

(3) PUBLIC COMMENT PERIOD.—Upon the establishment of a proposed clinical pathway as required under this subsection, the Secretary shall publish the proposed clinical pathway in the Federal Register and provide for a 45-day period for public comments. The Secretary—

(A) may make any such public comments publicly available; and

(B) make changes to the proposed clinical pathway in response to any such comments received using the same process and criteria used to establish the proposed clinical pathway.

(4) COLLABORATION AND COORDINATION.—In establishing the clinical pathway required under this section, the Secretary shall—

(A) provide for consideration of other clinical pathways and research findings of other departments and agencies, including guidelines that are widely recognized and guidelines that are used as the standard for clinical policy in oncology care, such as National Comprehensive Cancer Network guidelines; and

(B) collaborate and coordinate with—

- (i) the National Institutes of Health;
- (ii) the National Cancer Institute;
- (iii) the National Institute on Minority Health and Health Disparities;
- (iv) other Institutes and Centers as the Secretary determines necessary;
- (v) the Centers for Disease Control and Prevention;
- (vi) the Department of Defense;
- (vii) the Centers for Medicare and Medicaid Services;
- (viii) the Patient-Centered Outcomes Research Institute; and
- (ix) the Food and Drug Administration.

(5) PUBLICATION.—The Secretary shall—

(A) publish the clinical pathway established under this subsection on a publicly available Department website; and

(B) regularly update the clinical pathway as needed by review of the medical literature and available evidence-based guidelines at least annually, in accordance with the criteria under paragraph (2).

(b) DEVELOPMENT OF NATIONAL CANCER OF THE PROSTATE CLINICAL CARE IMPLEMENTATION PROGRAM.—

(1) ESTABLISHMENT.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall submit to Congress a