

allowing this honor to, hopefully, be bestowed upon that courthouse.

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 Illinois (Mr. RODNEY DAVIS) that the House suspend the rules and pass the bill, H.R. 5873.

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.

VET CONNECT ACT OF 2016

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5162) to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to disclose to non-Department of Veterans Affairs health care providers certain medical records of veterans who receive health care from such providers.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5162

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 “Vet Connect Act of 2016”.

SEC. 2. 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) To a non-Department entity (including private entities and other departments or agencies of the Federal Government) that provides hospital care or medical treatment to veterans.”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. MILLER) and the gentleman from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. MILLER of Florida. Mr. Speaker, I ask unanimous consent that all Members would have 5 legislative days within which to revise and extend their remarks or add any extraneous material.

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

There was no objection.

Mr. MILLER of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 5162, the Vet Connect Act.

Ensuring that veterans receive high-quality care has been a top priority of mine and our committee, and as the access and accountability crisis of 2014 so clearly demonstrated, the Department of Veterans Affairs alone cannot provide the timely access to care that our veterans deserve.

While the passage of the Veterans Access, Choice, and Accountability Act

2 years ago has led to an increase in VA's use of community providers to treat veteran patients and linked many veterans to care they would otherwise be waiting for, the Department's struggle to adequately and consistently communicate with community partners about the veterans they are jointly caring for now has presented unnecessary challenges to VA's care in the communities' efforts.

H.R. 5162 would correct this deficiency by requiring VA to share medical record information with community providers in order to provide care or treatment to a shared patient. Mr. Speaker, this would ensure that any provider caring for a VA patient, whether in a VA medical facility or in a private sector doctor's office, has the information that they need to provide safe and quality care.

H.R. 5162 is sponsored by my friend and colleague and fellow committee member, Congressman BETO O'ROURKE from Texas. I am grateful to him for his efforts and his leadership in sponsoring this important legislation.

This bill is supported by the American Legion, the Veterans of Foreign Wars of the United States, and the Vietnam Veterans of America, and I urge all of my colleagues to join me in supporting it as well.

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

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

Mr. Speaker, I rise today in strong support of H.R. 5162, the Vet Connect Act of 2016. The bill is sponsored by my friend and classmate, Congressman BETO O'ROURKE.

In 2014, when Congress passed the Veterans Access, Choice, and Accountability Act, we created a program called Choice, to make access to care easier for veterans who were unable to get an appointment at their local VA medical center. These veterans have now been able to get care closer to their home with the provider of their choice.

However, current law prevented the community providers from getting records from the VA regarding the previous care veterans had received. This bill gives the VA authority to disclose certain medical records of veterans who receive non-VA care to community providers.

Essentially, this would allow the VA to share health information with the veteran's non-VA doctor without having HIPAA implications. Current treatments are already covered under HIPAA, and this bill would allow previous treatments to be disclosed, thereby improving the continuity of care.

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I commend my colleague from Texas for being a leader in ensuring safe, quality health care for veterans. He has been a champion for veterans in El Paso and has turned the concerns that he has heard from his constituents into thoughtful legislation that helps veterans across our country.

Mr. Speaker, I strongly support this legislation and urge my colleagues to support this bill as well.

Mr. Speaker, I yield 5 minutes to the gentleman from Texas (Mr. O'ROURKE), the author of this bill.

Mr. O'ROURKE. Mr. Speaker, I would also like to thank my colleague, the ranking member, Mr. TAKANO from California, for his support and his work on the committee and not just promoting commonsense bills like these, but working across the aisle with colleagues on both sides to ensure that we move the concerns and the cares of veterans in this country forward. His leadership at this critical time is so important, and I am grateful for it.

I would also like to thank the chairman of our committee, Mr. MILLER from Florida, for his leadership in really ensuring that the House Veterans' Affairs Committee remains one of the most important and perhaps one of the last refuges for bipartisanship in Congress. It is really through his leadership—and I have been lucky enough to serve with him now almost 4 years—that we have been able to do some really outstanding things for veterans in this country. I know that he would be the first to agree that we are not there yet. There is no “mission accomplished” banner that hangs behind us, but we have made extraordinary progress under his guidance and his willingness to work with Members from both sides of the aisle—all Members of the committee—and I am truly grateful for his support of this bill.

I should also note, Mr. Speaker, that this bill is cosponsored by Dr. BENISHEK from Michigan, a stout defender of veterans and, from his medical background, someone who is uniquely capable of informing important legislation like this one.

As both of the previous speakers have stated, this ensures that we connect veterans in our communities, the places that we represent, with the care that they have earned and that they deserve. In the VA today, we have an acknowledged shortage of 43,000 clinical positions. We have to acknowledge that we will not be able to see every single veteran in the instances when they most need care with current capacity within the VA. Therefore, it is incumbent upon us to ensure that we leverage the capacity of the doctors, nurses, and providers in the communities that we represent to the best of our ability. Critical to that is health information exchange records sharing so that the doctors in the community know what they need to know about the veteran they are about to see so they deliver the best, most informed care that they can possibly deliver, and that we get the best outcomes for these veterans.

This bill ensures that we share medical information effectively, privately, conforming to HIPAA, maintaining the veteran's privacy, and yet effectively ensure that that veteran gets the care that they have earned, that they need,

that they deserve and that—thanks to this committee and its leadership—they are finally beginning to get. Those who are charged with ensuring that we coordinate care between the VA and private providers say that this is the most critical thing for us to do if we are to effectively share patient record information.

It is estimated that today only about 3 percent of veterans proactively opt into this records sharing. That means that most of them are not getting the fully informed care that they would otherwise get.

Mr. Speaker, I ask my colleagues to join me in support of this bill, which would go a long way to ensuring that we do everything we can with the capacity both within the VA and outside the VA to deliver critical care to our veterans who are most in need.

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

Mr. TAKANO. Mr. Speaker, I ask my colleagues to join me in passing this legislation, H.R. 5162. I, once again, thank my colleague, the gentleman from Texas (Mr. O'ROURKE) for his passionate advocacy for veterans.

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

Mr. MILLER of Florida. Mr. Speaker, again, I urge all of my colleagues to support this important piece of legislation.

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. MILLER) that the House suspend the rules and pass the bill, H.R. 5162.

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.

NO VETERANS CRISIS LINE CALL SHOULD GO UNANSWERED ACT

Mr. MILLER of Florida. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5392) to direct the Secretary of Veterans Affairs to improve the Veterans Crisis Line.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5392

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 “No Veterans Crisis Line Call Should Go Unanswered Act”.

SEC. 2. IMPROVEMENTS TO VETERANS CRISIS LINE.

(a) **QUALITY ASSURANCE DOCUMENT.**—The Secretary of Veterans Affairs shall develop a quality assurance document to use in carrying out the Veterans Crisis Line. Such document shall—

(1) outline clearly defined and measurable performance indicators and objectives to improve the responsiveness and performance of the Veterans Crisis Line, including at backup call centers;

(2) include quantifiable timeframes to meet designated objectives to assist the Sec-

retary in tracking the progress of the Veterans Crisis Line and such backup call centers in meeting the performance indicators and objectives specified in paragraph (1); and

(3) with respect to such timeframes and objectives, be consistent with guidance issued by the Office of Management and Budget.

(b) **PLAN.**—The Secretary shall develop a plan to ensure that each telephone call, text message, and other communications received by the Veterans Crisis Line, including at backup call centers, is answered in a timely manner by a person, consistent with the guidance established by the American Association of Suicidology. Such plan shall include guidelines to carry out periodic testing of the Veterans Crisis Line, including such backup centers, during each fiscal year to identify and correct any problems in a timely manner.

(c) **SUBMISSION.**—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report containing the document developed under subsection (a) and the plan developed under subsection (b).

(d) **VETERANS CRISIS LINE DEFINED.**—In this section, the term “Veterans Crisis Line” means the toll-free hotline for veterans established under section 1720F(h) of title 38, United States Code.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. MILLER) and the gentleman from California (Mr. TAKANO) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. MILLER of Florida. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to add extraneous material.

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

There was no objection.

Mr. MILLER of Florida. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 5392, the No Veterans Crisis Line Should Go Unanswered Act. The Department of Veterans Affairs established the Veterans Crisis Line to ensure that any veteran that was contemplating suicide would be able to call for help no matter the time and no matter the circumstance. Over time, VCL's mission has expanded to include veterans facing all manners of personal emergencies, and the Veterans Crisis Line services have expanded to include a chat service and a texting operation. Yet the crisis line purpose has remained the same: to provide a place where veterans facing crisis would be able to get the help that they need any time of day or night.

However, earlier this year, the VA Inspector General found that some calls to the crisis line were routed to backup crisis centers and ultimately sent to voice mail and that other line callers did not receive the immediate assistance that they desperately needed.

The IG also noted that VA failed to provide a directive or handbook detail-

ing the guidance necessary for the proper Veterans Crisis Line processes and procedures, and it failed to provide adequate orientation and training to crisis line staff, it failed to monitor contracted backup call centers, and experienced a number of quality assurance gaps.

Though VA has assured us that these issues have been addressed and will never happen again, the risk of leaving a veteran in the midst of a crisis alone and without help is unacceptable to any Member of this body.

H.R. 5392 would require that VA develops a quality assurance document that includes clearly defined and measurable performance standards with appropriate timelines and benchmarks to improve responsiveness and outcomes for the crisis line mainline and contracted backup call centers. It would also require VA to develop a plan to ensure that each telephone call, each text message, or other communications received by the crisis line mainline or at a contracted backup call center is answered in a timely manner by an appropriate, qualified live person, consistent with the guidance established by the American Association of Suicidology.

This bill is sponsored by my friend and colleague, Congressman DAVID YOUNG from Iowa. I want to thank him for his efforts and his leadership on sponsoring this very important and, to some, very simple fix to something that needs to be taken care of.

Nothing could be more important than guaranteed timely access to the veterans' services and support that they need in an emergency situation.

Mr. Speaker, I urge all of my colleagues to support this commonsense piece of legislation.

I reserve the balance of my time.

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

Mr. Speaker, I rise today regarding H.R. 5392, the No Veterans Crisis Line Call Should Go Unanswered Act.

The Veterans Crisis Line actually provides three ways veterans can access help when they are in crisis. Veterans, servicemembers, and their loved ones can call the 1-800 number, send a text message, or chat online to receive free, confidential support 24 hours a day, 7 days a week, 365 days a year, even if they are not registered with VA or enrolled in VA health care.

The responders at the Veterans Crisis Line are especially trained and experienced in helping veterans of all ages and circumstances, from those coping with mental health issues that were never addressed to recent veterans dealing with relationships or the transition back to civilian life.

Since its launch in 2007 through May 2016, the Veterans Crisis Line has answered over 2.3 million calls and initiated the dispatch of emergency services to callers in imminent crisis nearly 61,000 times.

This bill requires improvements to the Veterans Crisis Line by having the