

Mr. COSTELLO of Pennsylvania. Not a veteran, but I appreciate the kind words.

Mr. Speaker, I rise today in support of legislation that will bring critical improvements to the way our country serves its veterans.

In my district, Pennsylvania's Sixth Congressional District, thousands of veterans are served by the Department of Veterans Affairs on a range of issues critical to their lives, including disability benefits, education, and healthcare services.

H.R. 6416, the JEFF MILLER and RICHARD BLUMENTHAL Veterans Health Care and Benefits Improvement Act, would make improvements to these services by increasing the amount of time widows have to utilize education benefits, allowing veterans to have screenings and treatment at VA emergency rooms, and tracking staffing abilities so the VA is better suited to accommodate its workload.

I would also like to thank my colleagues on the committee, and our committee staff, for working to include provisions to strengthen the U.S. Court of Appeals for Veterans Claims. Since the start of the term, we have been working to find a way to ensure the Court is able to meet the needs of our veterans, and I am pleased to see that efforts to do this are included as part of the bill.

I also want to thank Chairman MILLER for his dedication and service to our committee and to our Nation's veterans. His leadership has been exemplary.

I also would like to recognize and thank our committee staff for all of their hard work over the course of this Congress and my legislative aide for this session, Katharine Bruce, for her hard work.

Finally, I want to just point out that the Veterans' Affairs Committee, in large measure, has accomplished and improved a great deal in a bipartisan way. So I want to thank not only my Republican colleagues on the committee but the Democratic members of the committee as well. We should all be proud of the work that we have done. There is a lot more yet to do, but we have accomplished a lot, I believe, because we have focused on what needs to be done, left politics at the door, and worked in good faith on behalf of our Nation's veterans.

Mr. TAKANO. Mr. Speaker, I yield 2 minutes to the gentlewoman from Maine (Ms. PINGREE).

Ms. PINGREE. Mr. Speaker, I thank my friend, Mr. TAKANO, for yielding.

I want to thank Chairman MILLER, and thank him on his retirement and his service to our Congress, and also thank Ranking Member TAKANO and Representative ROE for their work on this bill.

I am grateful that the language from the Ruth Moore Act was included in this bill. It is an important step in making sure that the VA follows through on its promises to fairly treat our veterans.

Mr. Speaker, almost every day I hear from another veteran who is the survivor of military sexual trauma, or MST. These are men and women of all ages, from every branch of the service. They include veterans from World War II to the war in Afghanistan and every era in between.

Those assaults leave indelible marks on their lives in the form of PTSD, anxiety, depression, and so many other conditions. But despite some progress at the VA on their claims, too many are denied the disability benefits they have earned.

I am glad the Defense Department and the VA increased training and prevention efforts around rape and harassment, but, let me be clear, the problem is not yet fixed.

Survivors of sexual assault have been shamed and suffer continued harassment and recrimination. Far too many have been involuntarily discharged in retaliation for reporting sexual assault and harassment, meaning the survivor, not the perpetrator, has paid the price for this criminal behavior.

Before I close, I would like to recognize a very brave woman, Ruth Moore, a Maine veteran, and my bill's namesake. Ruth fought for 23 years before she was finally given the benefits we owed her.

There are thousands and thousands of Ruth Moores out there who have been fighting for their benefits for years, or even decades. We can and must do better. This issue is too important to ignore, and this provision ensures that the VA and survivors know that Congress is watching.

I am so glad the language from my bill was included in the legislation. I thank the committee again.

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

Mr. TAKANO. Mr. Speaker, I would like to encourage all my colleagues to support this legislation and join me in passing H.R. 6416.

I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I would like to thank both staffs of the committee, both the minority and majority staff, and on the hard work that both sides of the aisle did. As Mr. COSTELLO said, this has been a bipartisan effort, and I want to thank everyone, Mr. TAKANO, your leadership, and others on the minority side. I encourage all Members to support this legislation.

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. 6416.

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. ROE of Tennessee. 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 pro-

ceedings on this motion will be postponed.

ETHICAL PATIENT CARE FOR VETERANS ACT OF 2016

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5399) to amend title 38, United States Code, to ensure that physicians of the Department of Veterans Affairs fulfill the ethical duty to report to State licensing authorities impaired, incompetent, and unethical health care activities.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5399

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 "Ethical Patient Care for Veterans Act of 2016".

SEC. 2. DUTY TO REPORT IMPAIRED, INCOMPETENT, AND UNETHICAL HEALTH CARE ACTIVITIES.

(a) IN GENERAL.—Subchapter II of chapter 74 of title 38, United States Code, is amended by adding at the end the following new section:

"§ 7330B. Duty to report impaired, incompetent, and unethical health care activities

"(a) REPORTING TO STATE LICENSING AUTHORITY.—In addition to confidential reporting under the quality-assurance program pursuant to section 7311(b)(4) of this title and any other reporting authorized or required by the Secretary, the Secretary shall ensure that each physician of the Department is informed of the duty of the physician to report directly any covered activity committed by another physician that the physician witnesses or otherwise directly discovers to the applicable licensing authority of each State in which the physician who is the subject of the report is licensed to practice medicine.

"(b) TIMING OF REPORTING.—Each physician of the Department shall make a direct report to the State licensing authority of a covered activity under subsection (a) not later than five days after the date on which the physician witnesses or otherwise directly discovers the covered activity.

"(c) DEFINITIONS.—In this section:

"(1) The term 'covered activity' means any activity occurring in a medical facility of the Department that consists of or causes the provision of impaired, incompetent, or unethical health care that requires direct reporting under opinion number 9.031 of the Code of Medical Ethics of the American Medical Association.

"(2) The term 'physician of the Department' includes any contractor who is a physician at a medical facility of the Department."

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of such chapter is amended by inserting after the item relating to section 7330A the following new item:

"7330B. Duty to report impaired, incompetent, and unethical health care activities."

(c) CONFORMING AMENDMENT.—Section 7462(a)(1)(A) of such title is amended by inserting before the semicolon the following: "including pursuant to section 7330B(c) of this title".

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. ROE) and the gentleman from California (Mr. TAKANO) 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 have 5 legislative days in which to revise and extend their remarks.

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.

Mr. Speaker, I rise today in support of H.R. 5399, the Ethical Patient Care for Veterans Act of 2016, which I am proud to sponsor. There is no higher priority than ensuring that our Nation's veterans receive safe, high-quality care from the Department of Veterans Affairs.

The vast majority of VA employees are outstanding, well-qualified, and want nothing more than to do right by the veterans in their care. However, in the last several years, we have heard far too many instances where VA employees have failed to live up to the standards of care that our veterans deserve. In many of those cases, a culture of silence or fear of retaliation by supervisors has prevented other employees from reporting those transgressions in a timely manner.

To protect our veterans from poor-performing VA medical professionals, H.R. 5399 would require VA to ensure that every VA physician is informed of his or her duty to report impaired, incompetent, or unethical behavior that the physician witnesses or otherwise discovers directly to the applicable State licensing authorities within 5 days.

This is consistent with the longstanding practice of the American Medical Association and existing VA policy and would improve the quality of care VA provides by making sure that the poor performers, those who put the lives and well-being of veteran patients at risk, are reported to relevant authorities within a reasonable time frame so that the appropriate action can be taken to safeguard the patients in their care.

Mr. Speaker, this is commonsense legislation. More importantly, it is the right thing to do for veterans. I urge all of my colleagues to join me in supporting this legislation.

I reserve the balance of my time.

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

I rise today in support of H.R. 5399, introduced by the gentleman from Tennessee, Dr. ROE. This bill would ensure that physicians of the Department of Veterans Affairs fulfill the ethical duty to report impaired, incompetent, and unethical healthcare activities of their colleagues.

I appreciate the gentleman bringing this issue to our attention. It is another instance of the many ethical and legal imperatives that VA physicians are under while serving those who have

dedicated themselves to protect our freedoms.

All physicians have a duty to report impaired colleagues who continue to practice, despite reasonable offers of assistance. This obligation appears in professional guidelines and in laws and regulations governing the practice of medicine.

All physicians are accredited by the American Medical Association, and their policy states, and I quote: "Physicians have an ethical obligation to report impaired, incompetent, and unethical colleagues."

The Federation of State Medical Boards of the United States' policy on physician impairment states that physician health programs have "a primary commitment to help state medical boards . . . protect the public . . . These programs should demonstrate an ongoing track record of ensuring safety to the public and reveal deficiencies if they occur."

The physicians who care for our veterans take their duties and oaths to help their patients very seriously, and I am glad for this opportunity to reiterate the topnotch quality care that the VA provides each and every day.

I reserve the balance of my time.

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

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

In closing, this is one of the final opportunities that I will have to discuss veterans legislation on the floor with my colleague, Chairman MILLER, who appears to have stepped off the floor at the moment. I want to offer my sincere gratitude for his leadership on the committee.

I think it is fair to say that we have not always agreed on the best path forward, but I think this bill demonstrates our ability, the ability of this committee to put aside our differences and get things done for America's veterans. The Veterans' Committee has long been a model of bipartisanship at a time where cooperation can be hard to come by. I appreciate the chairman's commitment to continuing that tradition, and I wish him all the best in the next chapter of his career.

I have no further speakers, and I do encourage my colleagues to support this legislation and join me in passing H.R. 5399.

I yield back the balance of my time.

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

I encourage all Members to support this legislation. I have practiced medicine for almost 40 years under these same requirements right here, and we should expect no less for the care of our veterans. I encourage support.

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. 5399.

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.

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FASTER CARE FOR VETERANS
ACT OF 2016

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4352) to direct the Secretary of Veterans Affairs to carry out a pilot program establishing a patient self-scheduling appointment system, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4352

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 "Faster Care for Veterans Act of 2016".

SEC. 2. PILOT PROGRAM ESTABLISHING A PATIENT SELF-SCHEDULING APPOINTMENT SYSTEM.

(a) PILOT PROGRAM.—Not later than 120 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall commence a pilot program under which veterans use an Internet website or mobile application to schedule and confirm medical appointments at medical facilities of the Department of Veterans Affairs.

(b) SELECTION OF LOCATIONS.—The Secretary shall select not less than three Veterans Integrated Services Networks in which to carry out the pilot program under subsection (a).

(c) CONTRACTS.—

(1) AUTHORITY.—The Secretary shall seek to enter into a contract using competitive procedures with one or more contractors to provide the scheduling capability described in subsection (a).

(2) NOTICE OF COMPETITION.—Not later than 60 days after the date of the enactment of this Act, the Secretary shall issue a request for proposals for the contract described in paragraph (1). Such request shall be full and open to any contractor that has an existing commercially available, off-the-shelf online patient self-scheduling system that includes the capabilities specified in section 3(a).

(3) SELECTION.—Not later than 120 days after the date of the enactment of this Act, the Secretary shall award a contract to one or more contractors pursuant to the request for proposals under paragraph (2).

(d) DURATION OF PILOT PROGRAM.—

(1) IN GENERAL.—Except as provided by paragraph (2), the Secretary shall carry out the pilot program under subsection (a) for an 18-month period.

(2) EXTENSION.—The Secretary may extend the duration of the pilot program under subsection (a), and may expand the selection of Veterans Integrated Services Networks under subsection (b), if the Secretary determines that the pilot program is reducing the wait times of veterans seeking medical care and ensuring that more available appointment times are filled.

(e) MOBILE APPLICATION DEFINED.—In this section, the term "mobile application" means a software program that runs on the operating system of a cellular telephone, tablet computer, or similar portable computing device that transmits data over a wireless connection.