Mr. DUNN. Mr. Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. SMUCKER), my friend and classmate. He is also the gentleman who introduced this bill.

Mr. SMUCKER. Mr. Speaker, I thank the gentleman for his tireless work on behalf of our veterans to improve their lives and the lives of their families.

I rise today in support of my bipartisan legislation to relieve veterans of financial burdens caused by delays at the Department of Veterans Affairs.

Over the past decade, Federal oversight of the VA has uncovered cases where the VA delivered delayed or inaccurate bills to our Nation's veterans, causing financial stress and debt for military families—some bills going back as far as 5 years. In fact, last August, the VA Inspector General published a report that said the VA issued 1.7 million improper bills to veterans in 2015.

What exactly does that mean?

It means that the VA collected nearly $14 million from improper bills sent to veterans for their service-related care. That is simply unacceptable. Our servicemen and -women should not have to pay for errors or delays caused by the VA. Many veterans live on fixed incomes and may not have the resources to cover unexpected costs caused by mistakes of Washington bureaucrats.

That is why I introduced the VA Billing Accountability Act with my colleagues from Minnesota, Mr. EMMER and Mr. PETERSON.

My district is home to more than 38,000 veterans. Each one of them, and all those across the country, deserve the highest quality medical care and assurances that they will be billed in a timely and appropriate manner.

This bipartisan legislation gives the VA the authority to waive a veteran's copayment if the veteran received a bill more than 180 days after they received their care at the VA or 18 months after they received care at a non-VA facility.

This bill is supported by AMVETS, Disabled American Veterans, Paralyzed Veterans of American, American Legion, Veterans of Foreign War, and the Association of the United States Navy.

Our Nation's veterans and their families have sacrificed so much in defense of our Nation. We should be doing all that we can to make their transition to civilian life as easy as possible, and that starts with making sure the VA not only delivers high-quality care, but also issues timely bills that our veterans and their families can count on. Ultimately, this bill will help bring more stability and financial security to their post-military lives.

I am proud to have introduced this legislation on behalf of the veterans and military families that I represent, and I look forward to continuing to work with my colleagues on both sides of the aisle to get it signed into law.

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

Mr. DUNN. Mr. Speaker, I yield 2 minutes to the gentleman from Minnesota (Mr. EMMER), who has been working very hard on this bill.

Mr. EMMER. Mr. Speaker, I want to thank the ranking member for his leadership, as well. There seems to be a lot of Minnesotans very concerned about this issue.

I rise today in support of H.R. 1972, the VA Billing Accountability Act, authored by my colleague from Pennsylvania, Representative LLOYD SMUCKER. I am proud to cosponsor this important legislation.

During my time in Congress, I have been privileged to meet with many of our Nation's veterans. Far too often, our Nation's heroes do not get the treatment and care they deserve.

During my early days in Congress, nearly 1,500 instances of the delayed payment of veterans' medical bills were uncovered at a local VA in my home State of Minnesota. Without notification or explanation, veterans were seeing their monthly statement increase by hundreds of dollars, understandably causing panic and worry.

After Congress got involved, the VA helped our veterans by outlining explanations for the charges, repayment options, and above all, offering them reassurance and relief from the stress and anxiety they were experiencing. This story is one of the many illustrating the need for the VA Billing Accountability Act.

This issue is not unique to Minnesota. In 2015, 1.7 million improper bills were issued by the VA, leading to $13.9 erroneously collected from our Nation's heroes.

Veterans and their loved ones have sacrificed so much in defense of our Nation. Unacceptable delays in payment and billing errors intensify the care disparity veterans already face. The VA must be held accountable, and H.R. 1972 is the first step in creating a more transparent Veterans Administration.

Specifically, the bill will authorize the VA to waive payment for delayed bills that veterans receive due to VA error.

Minnesota is home to 337,362 veterans, each of whom deserves quality care without the stress and anxiety caused by unexpected or incorrect billings. Our Nation's servicemembers should not have to pay for errors or delays caused by the Department of Veterans Affairs.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. DUNN. Mr. Speaker, I yield the gentleman an additional 1 minute.

Mr. EMMER. Mr. Speaker, again, I want to thank Representative SMUCKER for his leadership on this issue; as well as Chairman ROE; my colleague, the ranking member from Minnesota's Seventh District, and the entire staff of the Veterans' Affairs Committee for their hard work on this bill.

Mr. Speaker, I urge all my colleagues to support H.R. 1972.

Mr. WALZ. Mr. Speaker, again, I too, would like to thank the gentleman from Pennsylvania, Representative SMUCKER, and Representative EMMER for their tireless work for care of veterans not just in Minnesota, but across the country. I also thank the gentleman from Florida.

Mr. Speaker, I ask my colleagues to please join me in passing H.R. 1972, and I yield back the balance of my time.

Mr. DUNN. Mr. Speaker, I would like to thank Ranking Member WALZ. I once again encourage all Members to support H.R. 1972, 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. 1972, 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.

MILITARY SEXUAL ASSAULT VICTIMS EMPOWERMENT ACT

Mr. DUNN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3642) to direct the Secretary of Veterans Affairs to carry out a pilot program to improve the access to private health care for veterans who are survivors of military sexual trauma, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3642

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 ''Military Sexual Assault Victims Empowerment Act'' or the ''Military SAVE Act''.

SEC. 2. PILOT PROGRAM FOR PRIVATE HEALTH CARE FOR VETERANS WHO ARE SURVIVORS OF MILITARY SEXUAL TRAUMA.

(a) ESTABLISHMENT.—The Secretary of Veterans Affairs shall carry out a pilot program to furnish hospital care and medical services to eligible veterans through non-Department health care providers to treat injuries or illnesses which, in the judgment of a professional employed by the Department, resulted from a physical assault of a sexual nature, battery of a sexual nature, or sexual harassment which occurred while the veteran was serving on active duty, active duty for training, or inactive duty training.

(b) DURATION.—The Secretary shall carry out the pilot program under subsection (a) for a three-year period. If at the completion of the pilot program an eligible veteran is receiving hospital care and medical services from a non-Department health care provider under the pilot program, the Secretary may approve, on a case-by-case basis, the continuation of such hospital care and medical services from that non-Department health care provider until the completion of the episode of care.

(c) ELIGIBLE VETERANS.—A veteran is eligible to participate in the pilot program under subsection (a) if the veteran—

(1) is eligible to receive counseling and appropriate care and services under section 1720D of title 38, United States Code; and

(2) resides in a site selected under subsection (d).

(d) SITES.—

(1) SELECTION.—The Secretary shall select not more than five sites in which to carry out the pilot program under subsection (a). Each site shall meet each of the following criteria:

(A) Except as provided by paragraph (2), the site consists of a city with a population between 200,000 and 500,000, as determined by the Bureau of the Census as of the first day of the pilot program.

(B) The site is in a State in which the National Violence Against Women Prevention Research Center or the Centers for Disease Control and Prevention, or both, has determined the rate of sexual assault to be a substantial problem.

(C) The site is in a State that, as of the first day of the pilot program, has a weighted percentage of reported rape of not less than 20 percent but not more than 30 percent of sexual assault cases, in accordance with the finding of the Centers for Disease Control and Prevention contained in the ''Lifetime Prevalence of Sexual Violence by any Perpetrator'' (NISVS 2010).

(2) RURAL SITE.—Not fewer than one site selected under paragraph (1) shall be rural, as determined by the Secretary.

(e) PARTICIPATION.—

(1) ELECTION.—Subject to paragraph (2), an eligible veteran may elect to participate in the pilot program under subsection (a). Such election shall not affect the ability of the veteran to receive health care furnished by Department providers.

(2) NUMBER.—Not more than 75 veterans may participate in the pilot program under subsection (a) at each site selected under subsection (d).

(3) CHOICE OF NON-DEPARTMENT HEALTH CARE PROVIDERS.—An eligible veteran who participates in the pilot program under subsection (a) may freely choose from which non-Department health care provider the veteran receives hospital care or medical services under the pilot program, except that the Secretary shall—

(A) ensure that each such non-Department health care provider maintains at least the same or similar credentials and licenses as those credentials and licenses that are required of health care providers of the Department, as determined by the Secretary for the purposes of this section; and

(B) make a reasonable effort to ensure that such non-Department health care provider is familiar with the conditions and concerns that affect members of the Armed Forces and veterans and is trained in evidence-based psychotherapy

(4) PROVISION OF INFORMATION.—The Secretary shall—

(A) notify eligible veterans of the ability to make an election under paragraph (1); and

(B) provide to such veterans educational referral materials, including through pamphlets and internet websites, on the non-Department providers in the sites selected under subsection (d).

(f) AUTHORIZATION AND MONITORING OF CARE.—In accordance with subsection (e), the Secretary shall ensure that the Department of Veterans Affairs authorizes and monitors the hospital care and medical services furnished under the pilot program for appropriateness and necessity. In authorizing and monitoring such care, the Secretary shall—

(1) treat a non-Department health care provider that furnishes to such a veteran hospital care or medical services under the pilot program as an authorized recipient of records of such veteran for purposes of section 7332(b) of title 38, United States Code; and

(2) ensure that such non-Department health care provider transmits to the Department such records as the Secretary determines appropriate.

(g) PAYMENTS.—

(1) CURRENT PROVIDERS.—If a non-Department health care provider has entered into a contract, agreement, or other arrangement with the Secretary pursuant to another provision of law to furnish hospital care or medical services to veterans, the Secretary shall pay the health care provider for hospital care or medical services furnished under this section using the same rates and payment schedules as provided for in such contract, agreement, or other arrangement.

(2) NEW PROVIDERS.—If a non-Department health care provider has not entered into a contract, agreement, or other arrangement with the Secretary pursuant to another provision of law to furnish hospital care or medical services to veterans, the Secretary shall pay the health care provider for hospital care or medical services furnished under this section using the same rates and payment schedule as if such care and services was furnished pursuant to section 1703 of title 38, United States Code.

(3) NEW CONTRACTS AND AGREEMENTS.—The Secretary shall take reasonable efforts to enter into a contract, agreement, or other arrangement with a non-Department health care provider described in subsection (a) to ensure that future care and services authorized by the Secretary and furnished by the provider are subject to such a contract, agreement, or other arrangement

(h) SURVEYS.—The Secretary shall conduct a survey of a sample of eligible veterans to assess the hospital care and medical services furnished to such veterans either pursuant to this section or section 1720D of title 38, United States Code, as the case may be.

(i) REPORT.—Not later than 60 days before the completion of the pilot program under subsection (a), the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a report on the pilot program. The report shall include the following:

(1) The results of the pilot program, including, to the extent possible, an assessment of the health outcomes of veterans who participated in the pilot program.

(2) The recommendation of the Secretary with respect to extending or making permanent the pilot program.

(j) DEFINITIONS.—In this section:

(1) The term ''non-Department health care provider'' means an entity specified in section 101(a)(1)(B) of section 101 of the Veterans Access, Choice, and Accountability Act of 2015 (Public Law 113–146; 38 U.S.C. 1701) or any other health care provider that has entered into a contract, agreement, or other arrangement with the Secretary pursuant to another provision of law to furnish hospital care or medical services to veterans.

(2) The term ''sexual harassment'' has the meaning given that term in section 1720D of title 38, United States Code.

(3) The term ''State'' has the meaning given that term in section 101(20) of title 38, United States Code.

SEC. 3. NO ADDITIONAL FUNDS AUTHORIZED.

No additional funds are authorized to be appropriated to carry out the requirements of this Act. Such requirements shall be carried out using amounts otherwise authorized to be appropriated.

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 may have 5 legislative days in which to revise and extend their remarks and insert extraneous material into the RECORD on H.R. 3642, 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 H.R. 3642, as amended, the Military Sexual Assault Victims Empowerment Act.

It is a tragic fact that there are an increasing number of veterans who report experiencing sexual harassment or assault while serving on Active Duty in our Armed Forces. These veterans deserve the very best care and treatment that we can offer them for the psychological trauma that they may be feeling as a result of that experience.

This bill would require the Department of Veterans Affairs to carry out a pilot program to furnish care in the community to veterans who have experienced military sexual trauma. This would ensure the veterans in pilot locations are able to choose a provider that best meets their specific needs and that they are most comfortable with.

This bill is sponsored by Representative ANDY BARR from Kentucky, and I thank him for his tireless advocacy to ensure access to care for veterans who have experienced this trauma.

Mr. Speaker, I urge my colleagues to support this bill, and 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 high-quality, accessible treatment options for survivors of military sexual trauma. I want to thank the gentleman. His concern is exactly in the right place. It is focusing our attention on this issue.

There are some things in the bill, though, that I would like to point out, and these concerns have been shared by some of the veterans service organizations. I do this in the spirit of the gentleman is exactly right on what needs to be done.

This is about a process of trying to improve upon a piece of language. The VA was unable to submit views on this bill because of timing on how it was brought up. For this reason, I would like to read just a few quotes from a statement the VA submitted on this bill to reflect the concerns shared by our staff and the VSO community.

These are VA quotes:

''Aspects of the bill could jeopardize patient safety and well-being and create the ethically problematic situation of VA condoning and supporting a substandard level of care for program participants.''

''It is possible some veterans would even choose to leave VA care entirely to avoid the study.''

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.

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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 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 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.''.