

(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”.

The Clerk read the title of the bill.
The text of the bill is as follows:

H.R. 3946

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. NAME OF DEPARTMENT OF VETERANS AFFAIRS COMMUNITY-BASED OUTPATIENT CLINIC, STATESBORO, GEORGIA.

The Department of Veterans Affairs community-based outpatient clinic in Statesboro, Georgia, shall after the date of the enactment of this Act be known and designated as the "Ray Hendrix Veterans Clinic". Any reference to such clinic in any law, regulation, map, document, record, or other paper of the United States shall be considered to be a reference to the Ray Hendrix Veterans Clinic.

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.

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

Mr. Speaker, I rise today in support of H.R. 3946, to name the Department of Veterans Affairs community-based outpatient clinic in Statesboro, Georgia, the Ray Hendrix Veterans Clinic.

This bill is sponsored by my friend and colleague, Congressman RICK ALLEN, and I am grateful to him for introducing this legislation in honor of an American hero.

Robert Ray Hendrix joined the Army National Guard in 1949. He was stationed in Europe during the Korean conflict and served honorably until his retirement in 1992. In his 42 years of service, Mr. Hendrix rose to the rank of command sergeant major.

Mr. Hendrix also served in the American Legion for over 60 years, holding many State and national posts. Along with many accomplishments for veterans, Mr. Hendrix was instrumental in obtaining 5,000 signatures throughout the community to demonstrate the need for a VA clinic in Statesboro. Four years later, Mr. Hendrix's effort paid off when a VA officially dedicated a new clinic.

In addition to his work with the American Legion, Mr. Hendrix served in a Governor-appointed position to the State Veterans Board through the VA Service Board for three 7-year terms. Mr. Hendrix's outstanding service to his country and his fellow veterans shall serve as an inspiration to us all, and it is my great pleasure to support H.R. 3946, which would name that very clinic he worked so hard to establish, the Ray Hendrix Veterans Clinic.

This legislation satisfies all the committee's naming criteria and is cosponsored by the entire Georgia congressional delegation and supported by many VSOs. Once again, I thank Congressman RICK ALLEN for introducing this bill, and I urge all my colleagues to join me in supporting it.

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 to add my voice to those supporting H.R. 3946, which does name the VA community-based outpatient clinic in Statesboro, Georgia, the Ray Hendrix Veterans Clinic.

I would like to say at this time, I often hear from people, and they talk about things going on here. And they say: Oh, yeah, they are naming another post office, or VA clinic.

That is right, we are. Today, we are naming a VA clinic after someone who gave their life serving this Nation, coming back doing the things that build our community, and I think, when people think is this just an exercise we go through, I would encourage, Mr. Speaker, for everyone, when they go by one of these buildings and they see a name on the side of it and wonder what it is after—we can now google those things pretty easy.

I will guarantee you, every time you google that name, you will come away amazed at what your fellow citizens did, what they gave to this country, and in this case, you heard it from the gentleman, about Ray Hendrix's service, 42 years in uniform, back in that, and I will guarantee you that Statesboro, Georgia, is a better place because of what Sergeant Major Ray Hendrix did.

So I don't think these are things to fill time. I think these are things that we honor what is right about the country. We honor people that put country first, and it is very obvious to me, having never met Ray Hendrix, or until this bill was brought forward, I sure wished I had known him, and I would have loved to have been in a unit where Sergeant Major Hendrix served because it is obvious that he cared. With that, I strongly support this piece of legislation.

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

Mr. DUNN. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. ALLEN), the sponsor of this bill.

□ 1530

Mr. ALLEN. Mr. Speaker, I thank my colleagues for their support of this important bill that I am providing here to the House today.

Mr. Speaker, I rise today to speak about a great gentleman, one who fought for his community and who is so deserving to have the Statesboro VA clinic named after him, as was stated, Sergeant Major Ray Hendrix.

For those of you who are not aware of the life and legacy of Ray Hendrix, I would like to take some time here today to recognize the impact he had on so many lives in the State of Georgia and nationwide.

Ray Hendrix spent his entire life serving this great country. After 42 years of putting his life on the line in the U.S. Army, where he fought in the Korean war, his service was long from over.

As an active member of the American Legion, Ray continued to find ways to help his country and community, serving in several leadership posts at local, State, and national levels.

While working with the American Legion, Ray handed out wheelchairs, walkers, crutches, and flags to public schools in his community. He also organized an efficient bus system in Augusta and Dublin, both located in Georgia's 12th District, that would transport veterans to the Charlie Norwood VA and Carl Vinson VA to receive needed treatment.

Continuing his work, Ray saw a need for a VA clinic right in his hometown of Statesboro. He worked diligently to collect 5,000 signatures from folks in his community to demonstrate the need for a VA clinic close to home.

Ray then took his actions a step further by advocating for this cause to the U.S. Department of Veterans Affairs right here in Washington, D.C. He was also appointed to the Veterans Service Board by three consecutive Georgia Governors: Governor Roy Barnes in 2001, Governor Sonny Perdue in 2008, and Governor Nathan Deal in 2015. He served three terms as the board chairman and is survived by his wife, Mary, three children, 10 grandchildren, and 9 great-grandchildren.

As a veteran, public servant, and Bulloch County native for over 75 years, it is my hope that my colleagues will join me in supporting the effort to rename the VA clinic in Statesboro, Georgia, after a man who is truly deserving.

With the support of Georgia Senators and Representatives, as well as the Georgia Southern Student Veterans Association, and many others, I cannot think of a better or more worthy man to have his service to our Nation and his community honored at the top of the VA clinic in Statesboro, Georgia.

Mr. Speaker, I urge all of my colleagues to join me in passing my bill, H.R. 3946, to rename the Statesboro VA the Ray Hendrix Veterans Clinic.

GENERAL LEAVE

Mr. DUNN. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material in the RECORD on H.R. 3946.

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

There was no objection.

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

Mr. Speaker, I thank the gentleman from Georgia for taking the time to tell us about Sergeant Major Hendrix.

This is exactly the point I'm making: If you want to exemplify what this Nation is about, we are a Nation of people, we are a Nation of patriots; and when they rise above it, like Ray Hendrix did, I think it is appropriate. Of all of the things that we do on this floor, I make a case that these namings are a pretty important piece of what

we do. So I thank the gentleman for this, and encourage my colleagues to enthusiastically support this piece of legislation.

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

Mr. DUNN. Mr. Speaker, I thank Sergeant Major Walz for his comments.

Mr. Speaker, once again, I encourage all Members to support this legislation, 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. 3946.

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.

VETERANS' ELECTRONIC HEALTH RECORD MODERNIZATION OVERSIGHT ACT OF 2017

Mr. DUNN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4245) to direct the Secretary of Veterans Affairs to submit to Congress certain documents relating to the Electronic Health Record Modernization Program of the Department of Veterans Affairs.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4245

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’ Electronic Health Record Modernization Oversight Act of 2017”.

SEC. 2. OVERSIGHT OF ELECTRONIC HEALTH RECORD MODERNIZATION PROGRAM.

(a) PROGRAM DOCUMENTS.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the appropriate congressional committees the following documents concerning the Electronic Health Record Modernization Program:

- (1) Integrated Master Plan.
- (2) Integrated Master Schedule.
- (3) Program Management Plan.
- (4) Annual and lifecycle cost estimates, including, at a minimum, cost elements relating to—
 - (A) Federal Government labor;
 - (B) contractor labor;
 - (C) hardware;
 - (D) software; and
 - (E) testing and evaluation.
- (5) Cost baseline.
- (6) Risk Management Plan.
- (7) Health IT Strategic Architecture Plan.
- (8) Transition Plan for implementing updated architecture.
- (9) Data Migration Plan.
- (10) System and Data Security Plan.
- (11) Application Implementation Plan.
- (12) System Design Documents.
- (13) Legacy Veterans Information Systems and Technology Architecture Standardization, Security Enhancement, and Consolidation Project Plan.
- (14) Health Data Interoperability Management Plan.

(15) Community Care Vision and Implementation Plan, including milestones and a detailed description of how complete interoperability with non-Department health care providers will be achieved.

(b) QUARTERLY UPDATES.—Not later than 30 days after the end of each fiscal quarter during the period beginning with the fiscal quarter in which this Act is enacted and ending on the date on which the Electronic Health Record Modernization Program is completed, the Secretary shall submit to the appropriate congressional committees the most recent updated versions, if any exist, of the following documents:

- (1) Integrated Master Schedule.
- (2) Program Management Plan, including any written Program Management Review material developed for the Program Management Plan during the fiscal quarter covered by the submission.
- (3) Each document described in subsection (a)(4).
- (4) Performance Baseline Report for the fiscal quarter covered by the submission or for the fiscal quarter ending the fiscal year prior to the submission.
- (5) Budget Reconciliation Report.
- (6) Risk Management Plan and Risk Register.
- (c) CONTRACTS.—Not later than five days after awarding a contract, order, or agreement, including any modifications thereto, under the Electronic Health Record Modernization Program, the Secretary shall submit to the appropriate congressional committees a copy of the entire such contract, order, agreement, or modification.
- (d) NOTIFICATION.—
- (1) REQUIREMENT.—Not later than 10 days after an event described in paragraph (2) occurs, the Secretary shall notify the appropriate congressional committees of such occurrence, including a description of the event and an explanation for why such event occurred.
- (2) EVENT DESCRIBED.—An event described in this paragraph is any of the following events regarding the Electronic Health Record Modernization Program:

- (A) The delay of any milestone or deliverable by 30 or more days.
- (B) A request for equitable adjustment, equitable adjustment, or change order exceeding \$1,000,000 (as such terms are defined in the Federal Acquisition Regulation).
- (C) The submission of any protest, claim, or dispute, and the resolution of any protest, claim, or dispute (as such terms are defined in the Federal Acquisition Regulation).
- (D) A loss of clinical or other data.
- (E) A breach of patient privacy, including any—
 - (i) disclosure of protected health information that is not permitted under regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191; 42 U.S.C. 1320d-2 note); and
 - (ii) breach of sensitive personal information (as defined in section 5727 of title 38, United States Code).
- (e) DEFINITIONS.—In this section:

- (1) The term “appropriate congressional committees” means—
 - (A) the Committees on Veterans’ Affairs of the House of Representatives and the Senate; and
 - (B) the Committees on Appropriations of the House of Representatives and the Senate.
- (2) The term “Electronic Health Record Modernization Program” means—
 - (A) any activities by the Department of Veterans Affairs to procure or implement an electronic health or medical record system to replace any or all of the Veterans Information Systems and Technology Architecture, the Computerized Patient Record Sys-

tem, the Joint Legacy Viewer, or the Enterprise Health Management Platform; and

(B) any contracts or agreements entered into by the Secretary of Veterans Affairs to carry out, support, or analyze the activities under subparagraph (A).

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 in which to revise and extend their remarks and insert extraneous material in the RECORD on H.R. 4245.

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. 4245, the Veterans’ Electronic Health Record Modernization Oversight Act of 2017.

This is not just a transition to a commercial EHR. If successful, it will be a transformation of how the VA delivers and manages healthcare to 9 million veterans. But the path to achieving a seamless, interoperable health record is far from clear.

Much has already been said about the program’s price tag: nearly \$16 billion over 10 years. It is a gigantic management exercise, involving thousands of people. It is also an immense challenge to document clinical processes, maybe for the first time, that doctors and nurses have been performing for years, and reengineer them.

H.R. 4245 would ensure that the committee gets access to this program’s key performance reports and contractual documents. It would also require the VA to notify us when significant negative events occur.

The time to enact legislation is now. The VA awarded its primary contract to the Cerner Corporation at the end of last week.

Mr. Speaker, I thank Ranking Member WALZ for spearheading this effort. I also appreciate JACK BERGMAN and ANN KUSTER, the chairman and ranking member of the Oversight and Investigations Subcommittee, for their work on H.R. 4245, and the oversight spade work that they do every day.

Mr. Speaker, I urge my colleagues to support H.R. 4245, and I reserve the balance of my time.

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

I rise in support of H.R. 4245, the Veterans’ Electronic Health Record Modernization Oversight Act of 2017.

When I first came to Congress back in 2007, as a veteran myself, one of the questions we asked was—Electronic medical records had been out there for quite some time. The VA was a pioneer in their VistA System, on VistA, on