

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

managing health, and it is not just a database. As Dr. DUNN knows well, these are important diagnostic tools and they have to be right.

But the thing that every veteran for 20 years was saying was: Why do we have one medical record in the Department of Defense, so when we leave the Army, the Navy, the Marines, or the Air Force, we drop off a cliff—we all carry around a paper file they print out to us—and then we try to get back into the VA and it is an entirely different system that doesn't talk to one another?

It seems pretty self-evident that from the time you raise your hand until the time you are buried with honors, it would make sense that we had a joint electronic medical record. That was the genesis of this.

I am proud to say that it was a long road, but we had the signing of the Cerner contract.

What this piece of legislation does is—and I want to be very careful about—we do this many times here, we pass a piece of legislation, pat ourselves on the back, and send it away, only to watch it die a horrible death in the executive branch, not be implemented correctly, or not provide our oversight.

This simply says—and Dr. DUNN was exactly right—this is a \$16 billion 10-year project. I want to be clear, though: that is our current projection.

Everyone in here knows that if we get a 10 percent delay and a 10 percent cost overrun, we will probably be relatively happy with that. That is over a year, and it will be a nearly \$2 billion addition. That money will have to come from somewhere. It will slow down implementation. We saw reports early last week that there were serious concerns in the pilot program that are out there.

So what this does—and I, once again, thank the chairman and the majority staff for recognizing this is our responsibility. We will not shirk that here—it asks them to report to us. It let's us stay on top of this before it becomes a crisis. Because every single one of us here knows that it is coming some day—that we are going to hear about misinformation, something dropping through, a cost overrun—and this just gives us that added security.

This is a project that cannot fail. I have witnessed in my time in Congress too many IT failures, specifically at the VA: a contract is signed, it is going to happen, and it is a good thing. It has the potential to, as again the gentleman said, revolutionize how we deliver care. But it has the potential to go in the wrong direction if we are not doing our constitutional right of oversight.

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

Mr. Speaker, I think this is, once again, the legislative branch, as it was meant to be, taking back its oversight responsibility. We are going to authorize this and we are going to appropriate

the funds. I think it is only prudent that we have another layer of oversight to make sure that this huge, huge project, nearly unprecedented, upgrade in integration of electronic health records of anywhere in the world, happens correctly.

Mr. Speaker, I encourage a “yes” vote on this, and I yield back the balance of my time.

Mr. DUNN. Mr. Speaker, once again, I encourage all Members to support H.R. 4245, and I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise in strong support of H.R. 4245, the Veterans' Electronic Health Record Modernization Oversight Act of 2017.

Mr. Speaker, one way the nation can express its deepest appreciation for our service men and women is to ensure that their health records are handled appropriately.

H.R. 4245 directs the Secretary of Veterans Affairs to submit certain documents to Congress relating to the Electronic Health Record Modernization Program of the Department of Veterans Affairs.

More than 20 million brave Americans are veterans of our nation's armed services including more than 1.5 million women, 2.4 million African American men and women, 1.4 million Hispanic men and women, 320,000 Asian Americans, and 145,000 American Indians.

Of these veterans, more than 1.4 million reside in my home state of Texas.

Harris County, the county which contains my home district, has over 187,000 veterans which is the largest veteran population of any county in Texas.

More than 9 million veterans and their families are enrolled in the VA health care system, making it the largest health care system in the nation.

This system employs more than 306,000 full time health care professionals and support staff at 1,240 health care facilities, including 170 VA Medical Centers and 1,061 outpatient sites.

Mr. Speaker, our veterans bravely put their lives on the line to defend our freedoms and to keep our nation safe.

By passing H.R. 4245, the modernization of veterans' health records will receive the attention it deserves in order to enhance their rehabilitation and quality of life.

The Veterans' Electronic Health Record Modernization Oversight Act of 2017 requires the Secretary of Veterans Affairs to submit documentation to Congress regarding the agency's efforts to modernize its health record system.

This will serve as a vital resource to enable us to assist our veterans as they overcome burdensome health problems.

I urge my colleagues to join me in supporting H.R. 4245 to show their support and gratitude for the sacrifices made by our service men and women, and to ensure that veterans 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. 4245.

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.

SERVICEMEMBERS IMPROVED TRANSITION THROUGH REFORMS FOR ENSURING PROGRESS ACT

Mr. DUNN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4830) to amend title 38, United States Code, to provide for the disapproval of any course of education for purposes of the educational assistance programs of the Department of Veterans Affairs unless the educational institution providing the course permits individuals to attend or participate in courses pending payment by Department, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4830

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 “Servicemembers Improved Transition through Reforms for Ensuring Progress Act” or the “SIT-REP Act”.

SEC. 2. DISAPPROVAL FOR PURPOSES OF EDUCATIONAL ASSISTANCE PROGRAMS OF DEPARTMENT OF VETERANS AFFAIRS OF CERTAIN COURSES OF EDUCATION THAT DO NOT PERMIT INDIVIDUALS TO ATTEND OR PARTICIPATE IN COURSES PENDING PAYMENT.

Section 3679 of title 38, United States Code, is amended by adding at the end the following new subsection:

“(e)(1) Notwithstanding any other provision of this chapter, beginning on August 1, 2018, a State approving agency, or the Secretary when acting in the role of the State approving agency, shall disapprove a course of education provided by an educational institution unless the educational institution has adopted the following policies:

“(A) A policy that permits any covered individual to attend or participate in the course of education during the period beginning on the date on which the individual provides to the educational institution a certificate of eligibility for entitlement to educational assistance under chapter 31 or 33 of this title and ending on the earlier of the following dates:

“(i) The date on which the Secretary provides payment for such course of education to such institution.

“(ii) The date that is 90 days after the date on which the individual provides to the educational institution such certificate of eligibility.

“(B) A policy that ensures that the educational institution will not impose any penalty, including the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities, or the requirement that a covered individual borrow additional funds, on any covered individual because of the individual's inability to meet his or her financial obligations to the institution as a result of the delayed disbursement of any payment to be provided by the Secretary.

“(2) For purposes of this subsection, a covered individual is any individual who is entitled to educational assistance under chapter 31 or 33 of this title.

“(3) The Secretary may waive such requirements of paragraph (1) as the Secretary considers appropriate.”.