

Mr. ROE of Tennessee. Mr. Speaker, I have no further speakers.

Mr. WALZ. Mr. Speaker, I yield myself such time as I may consume, and I am prepared to close.

Mr. Speaker, I would like to note, on this, there are other issues at hand here. There are certainly some of these cases where people are just blatantly misusing them. That is a small percentage. The vast majority is of leadership not implementing policies. Especially we were talking about the medical-surgical supply formulary, and people are taking the shortcut to getting things instead of getting—we had this conversation on contracts and the way it should be done.

The part about this is it isn't somebody going out and buying themselves a new phone or something; it is them going out and buying things that are actually going to be used, but it is a stupid way to do it because we end up paying more money. We don't have certain contracts. It is just is not the way to budget.

So I think this has a lot of really good things that it can do. One of them that it should continue to do is force VA leadership to have a better plan in place. We see it right here in the D.C. VA, not having this supply management piece down right.

Mr. Speaker, I encourage support of this piece of legislation, and I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I urge my colleagues to support H.R. 5215, and 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. 5215.

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 AFFAIRS MEDICAL-SURGICAL PURCHASING STABILIZATION ACT

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5418) to direct the Secretary of Veterans Affairs to carry out the Medical Surgical Prime Vendor program using multiple prime vendors, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5418

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 Affairs Medical-Surgical Purchasing Stabilization Act".

SEC. 2. MEDICAL SURGICAL PRIME VENDOR PROGRAM.

(a) VENDORS.—In procuring certain medical, surgical, and dental supplies or labora-

tory supplies for medical centers of the Department of Veterans Affairs, the Secretary of Veterans Affairs shall carry out the Medical Surgical Prime Vendor program, or successor program, in a manner that—

(1) requires the Secretary to award contracts to multiple regional prime vendors instead of a single nationwide prime vendor; and

(2) prohibits a prime vendor from solely designing the formulary of such supplies.

(b) CLINICALLY DRIVEN SOURCING.—

(1) EXPERTISE.—In carrying out the formulary of supplies under the Medical Surgical Prime Vendor program, or successor program, the Secretary shall ensure that each employee of the Department of Veterans Affairs who conducts formulary analyses or makes decisions with respect to including items on the formulary has medical expertise relevant to the items for which the employee conducts such analyses or makes such decisions.

(2) LISTS.—Not later than 30 days after the date of the enactment of this Act, and quarterly thereafter with respect to any updates, the Secretary shall submit to the Committees on Veterans' Affairs of the House of Representatives and the Senate a list of each employee described in paragraph (1) and the relevant medical expertise of the employee, listed by the categories of items in the formulary described in such paragraph.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. ROE) and the gentleman from Minnesota (Mr. WALZ) 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 and insert extraneous material into the RECORD on H.R. 5418, as amended.

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 as much time as I may consume.

Mr. Speaker, I rise today in support of H.R. 5418, as amended, the Veterans Affairs Medical-Surgical Purchasing Stabilization Act. This legislation was introduced by General Bergman and is cosponsored by Representatives PETERS, BANKS, DUNN, and KUSTER.

VA's medical-surgical prime vendor program is an ambitious effort to save money by establishing a medical-surgical formulary in leveraging the Department's massive buying power. Unfortunately, the results have fallen far short of expectations.

I held a hearing on this subject last December and continue to monitor it closely.

The formulary was originally created with little clinical input, and it does not contain what clinicians need.

□ 1600

Over the past year, physicians, surgeons, and nurses have been organized into teams to reevaluate the formulary. At one point, a group of clinicians was essentially put in a room for

a week to concentrate on the task, but the formulary remains troubled.

Now, VA is restructuring the program to put the prime vendors in charge of negotiating the supplier contracts, but it remains crucial that VA get the formulary right. This is a matter of safety as well as finances.

H.R. 5418, as amended, would put clinicians with appropriate expertise back in charge of the formulary, which is the first step toward stabilizing the Medical-Surgical Prime Vendor Program.

Mr. Speaker, I urge my colleagues to support H.R. 5418, as amended, 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 H.R. 5418, as amended. The Veterans Affairs Medical-Surgical Purchasing Stabilization Act ties into what we were just discussing.

For many years, we have heard complaints that the VA formulary did not meet the needs of VA healthcare providers, thus making the delivery of healthcare to our Nation's heroes even more challenging.

As VA worked toward a solution, the Government Accountability Office recommended that clinicians who treat veterans should be at the center of the decision making.

Involving clinicians at every step of building a medical supply formulary is the same best practice employed by other private sector and nonprofit hospitals.

We have got wonderful physicians on this committee. It makes sense that they should be there. I have heard it time and time again over the years that we get better results when we do that.

That is why this committee was concerned when VA proposed that it would outsource the development of its medical-surgical supply formulary to vendors who had no experience treating patients. This proposal goes against best practices in the private and nonprofit healthcare industry.

This legislation would prevent VA from outsourcing formulary development. It would also ensure VA follows best practices and sticks to a timeline so that VA facilities and vendors have a predictable, functional medical supply.

Now VA must demonstrate it is willing to put the right leadership and resources in place to appropriately manage the project and ensure the actual end users of the formulary, the clinicians treating veterans, have the supplies as needed.

Mr. Speaker, again, another good piece of legislation, and I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. BERGMAN), the Oversight and Investigation Subcommittee chairman.

Mr. BERGMAN. Mr. Speaker, the Medical-Surgical Prime Vendor Program is VA's system of contracts to

purchase and distribute medical and surgical supplies.

VA attempted to create a centralized MSPV formulary to standardize the products its clinicians can buy as an idea to concentrate VA's buying power to extract savings from fewer suppliers.

But the formulary was developed with inadequate input from experienced clinicians, and as a result, it contains unwanted supplies while omitting necessary products.

Because of these problems, usage of MSPV has failed to meet its objectives, putting some of the prime vendors and suppliers under financial strain, and threatening the stability of the program.

H.R. 5418 preserves the MSPV's current structure, consisting of multiple regional prime vendors, and it prohibits a move to a single nationwide prime vendor.

The bill also requires that each VA employee making decisions related to the structure have medical expertise relevant to those items.

H.R. 5418 ensures medical professionals have the tools and resources they need to deliver world-class care to our veterans.

Mr. Speaker, I urge support of this bill.

Mr. WALZ. Mr. Speaker, this is a good piece of legislation, I support its passage, and I yield back the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, it is hard for me to believe we are going to pass a piece of legislation that has this much common sense in it.

Mr. Speaker, I urge my colleagues to support H.R. 5418, as amended, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. REED). 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. 5418, 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' COMPENSATION COST-OF-LIVING ADJUSTMENT ACT OF 2018

Mr. ROE of Tennessee. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4958) to increase, effective as of December 1, 2018, the rates of compensation for veterans with service-connected disabilities and the rates of dependency and indemnity compensation for the survivors of certain disabled veterans, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 4958

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' Compensation Cost-of-Living Adjustment Act of 2018".

SEC. 2. INCREASE IN RATES OF DISABILITY COMPENSATION AND DEPENDENCY AND INDEMNITY COMPENSATION.

(a) RATE ADJUSTMENT.—Effective on December 1, 2018, the Secretary of Veterans Affairs shall increase, in accordance with subsection (c), the dollar amounts in effect on November 30, 2018, for the payment of disability compensation and dependency and indemnity compensation under the provisions specified in subsection (b).

(b) AMOUNTS TO BE INCREASED.—The dollar amounts to be increased pursuant to subsection (a) are the following:

(1) WARTIME DISABILITY COMPENSATION.—Each of the dollar amounts under section 1114 of title 38, United States Code.

(2) ADDITIONAL COMPENSATION FOR DEPENDENTS.—Each of the dollar amounts under section 1115(1) of such title.

(3) CLOTHING ALLOWANCE.—The dollar amount under section 1162 of such title.

(4) DEPENDENCY AND INDEMNITY COMPENSATION TO SURVIVING SPOUSE.—Each of the dollar amounts under subsections (a) through (d) of section 1311 of such title.

(5) DEPENDENCY AND INDEMNITY COMPENSATION TO CHILDREN.—Each of the dollar amounts under sections 1313(a) and 1314 of such title.

(c) DETERMINATION OF INCREASE.—Each dollar amount described in subsection (b) shall be increased by the same percentage as the percentage by which benefit amounts payable under title II of the Social Security Act (42 U.S.C. 401 et seq.) are increased effective December 1, 2018, as a result of a determination under section 215(i) of such Act (42 U.S.C. 415(i)).

(d) SPECIAL RULE.—The Secretary of Veterans Affairs may adjust administratively, consistent with the increases made under subsection (a), the rates of disability compensation payable to persons under section 10 of Public Law 85-857 (72 Stat. 1263) who have not received compensation under chapter 11 of title 38, United States Code.

SEC. 3. PUBLICATION OF ADJUSTED RATES.

The Secretary of Veterans Affairs shall publish in the Federal Register the amounts specified in section 2(b), as increased under that section, not later than the date on which the matters specified in section 215(i)(2)(D) of the Social Security Act (42 U.S.C. 415(i)(2)(D)) are required to be published by reason of a determination made under section 215(i) of such Act during fiscal year 2019.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Tennessee (Mr. ROE) and the gentleman from Minnesota (Mr. WALZ) 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 may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 4958.

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 urge my colleagues to support H.R. 4958, the Veterans' Compensation Cost-of-Living Adjustment Act of 2018.

This bill was introduced by the subcommittee chairman, MIKE BOST of Il-

linois, and I appreciate his leadership on this issue.

VA provides compensation to help fulfill our obligation to take care of the brave men and women who have been injured during their service to our Nation.

This money can be a lifeline for veterans who have service-connected disabilities that may affect their earning ability.

These veterans often have families to support, and they should not be worried about how they are going to pay their bills when prices go up.

This bill will help ensure that the value of veterans' benefits are not eroded by inflation by giving veterans a cost-of-living increase if Social Security recipients receive one this year.

The amount of the increase will be determined by the consumer price index, which establishes the COLA for Social Security beneficiaries.

Mr. Speaker, I ask my colleagues to support this measure, 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 strong support of H.R. 4958, the Veterans Compensation Cost-of-Living Adjustment Act.

As the chairman said, it is our responsibility to make sure the guarantee of these benefits is not eroded by inflation. It provides for a simple cost-of-living adjustment at the same rate as set for Social Security benefits. It may seem like a small amount in any one year, but without the adjustment for inflation, the impact on veterans' finances is significant when compounded over time.

Mr. Speaker, I want to commend the subcommittee chairman, MIKE BOST, for his work, and ELIZABETH ESTY, both for cosponsoring the bill and bringing it to us today.

Mr. Speaker, I thank Chairman ROE and his staff for their work clearing this bill. It is an important one. Our veterans have been waiting for word on this. I think I am happy to report it looks like we have taken that step moving it forward. It will make a lot of folks happy.

I hear about this one a lot, so you know it is on their minds. It just makes sense, and doing it before Memorial Day sends a really strong message.

Mr. Speaker, I ask my colleagues to support H.R. 4958, and I reserve the balance of my time.

Mr. ROE of Tennessee. Mr. Speaker, I yield 3 minutes to the gentleman from Illinois (Mr. BOST), our Disability Assistance and Memorial Affairs Subcommittee chairman.

Mr. BOST. Mr. Speaker, this is a must-pass bill.

Many disabled veterans and their families depend on their veterans' benefits to pay for things like food and medicine.

For many of these veterans, these payments are a lifeline. In some cases, these benefits may even be the only income these veterans have. It is only