

growth. Currently, each State has its own licensing requirements for healthcare providers to practice medicine within its borders. For example, if a doctor practices in Pennsylvania and Ohio, they must hold a license from each State.

VA-provider licensing requirements are different. As long as a doctor is licensed and in good standing with a single State, they can practice in-person care within the VA system in any State. This reciprocity, however, is not afforded to the practice of telehealth. VA providers seeking to provide telehealthcare to patients must also be licensed in the State where the patient is located. These outdated regulations are hurting our Nation's veterans.

The Department of Veterans Affairs has successfully been using telemedicine for quite some time. Since 2002, more than 2 million veterans have received telehealthcare through the VA. In 2016 alone, more than 12 percent of veterans receiving VA care utilized telehealth in some aspect. Forty-five percent of these veterans live in rural areas.

Veterans who have accessed telehealth are overwhelmingly pleased with the quality of care and access they received. Those receiving at-home care, for example, through telehealth cite an 88 percent satisfaction rate.

While the VA has done a great job of expanding telehealth access to veterans across the country, more needs to be done. Our veterans deserve the best care available to them, and this starts with the passage of the VETS Act.

I thank Representative BROWNLEY, Committee Chairman Dr. PHIL ROE, Ranking Member TIM WALZ, and Chairman BILIRAKIS for bringing this bill to the floor today.

I urge my colleagues to vote in favor of the bill to give our Nation's veterans access to quality, proven healthcare.

Mr. WALZ. Mr. Speaker, I have no further speakers, and I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield 1 minute to the gentleman from Colorado (Mr. COFFMAN).

Mr. COFFMAN. Mr. Speaker, I rise today in support of H.R. 2123, the Veterans E-Health and Telemedicine Support Act of 2017.

Under current law, VA healthcare providers must possess a current, unrestricted license issued by a State to practice medicine at a VA facility. However, VA providers are restricted from practicing telemedicine across State lines. This limits the VA's continued expansion of telemedicine and, as a result, reduces the accessibility of healthcare for so many veterans.

As technology continues to evolve and Congress considers what the VA of the 21st century should look like, there is no doubt that methods like telemedicine, coupled with more regulatory flexibility, are long overdue.

Geographical location in our country is no longer a challenge thanks to mod-

ern technology. VA healthcare providers should have the opportunity to practice telemedicine across State lines to provide medical advice to our veterans that is more timely and responsive to the patient's needs.

Mr. Speaker, I encourage my colleagues to support the passage of H.R. 2123.

Mr. WALZ. Mr. Speaker, I have no further speakers, and I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield 1 minute to the gentleman from the great State of Michigan (Mr. BERGMAN).

Mr. BERGMAN. Mr. Speaker, I rise today in support of H.R. 2123, the Veterans E-Health and Telemedicine Support Act.

For veterans in my district, the challenge of receiving timely, quality care from the VA is, at times, impossible. In fact, winter has already arrived in northern and upper Michigan. Travel is complex and sometimes hazardous.

With some of the most rural geography in the country, veterans in Michigan's First District are forced to travel long distances, often hours, into Wisconsin or hundreds of miles down into mid- and southeast Michigan just to keep simple doctors' appointments.

Innovative healthcare solutions like telemedicine are long overdue. Veterans in my district will help validate the requirements for and the quality of such innovations.

H.R. 2123 will allow VA-licensed healthcare providers to practice telemedicine at any location, in any State, regardless of where the provider or patient is located. This bill will make it easier for veterans in my district and all across the country to access healthcare services in a convenient setting that fits their schedule, ultimately, putting the veteran first. I have long said that if a program or policy can work in Michigan's First District, it can work anywhere.

Mr. Speaker, I urge support of H.R. 2123.

Mr. WALZ. Mr. Speaker, again, it makes sense. Removing some of these paper barriers, as the gentleman from Michigan said, geography, weather, other things, it makes sense to use the technology to improve the care.

I urge my colleagues to support H.R. 2123, and I yield back the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, this puts the veterans first, as the gentleman said; and, again, the veteran has a choice as to whether to use telemedicine or go to see the doctor, because it doesn't work for everyone.

But, in any case, this is a great bill. It puts the veteran first. I urge my colleagues to pass this particular bill.

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

Ms. BROWNLEY of California. Mr. Speaker, I rise in support of H.R. 2123, the Veterans E-Health and Telemedicine Support Act, or VETS Act.

As we approach Veterans Day, a time when we honor the service and sacrifice

of those who fought bravely on behalf of our nation, we must rededicate ourselves to ensuring that the VA has the tools it needs to be the 21st century, world-class healthcare system that our veterans deserve. One way the VA can modernize is by embracing telehealth and using new technologies to provide more timely and convenient care for our veterans.

The VA has seen tremendous growth and interest in telehealth over the past few years, and we should continue to find innovative ways to connect veterans with the providers that they need, no matter their physical location. This will particularly help rural veterans, and will help us expand access to specialty care from the medical centers to the community clinics, and even into veterans' homes. I have seen this firsthand at the Oxnard community clinic in my district, which is able to connect veterans to retinal specialists and audiology specialists using telehealth technology, making it easier for veterans to get better care closer to home.

The House Veterans' Affairs Committee has also heard from many veterans who have used telemedicine services. For instance, at a field hearing in my district, Zachary Walker, a Navy veteran, testified about the fast and efficient service that telemedicine can deliver to our veterans, getting him in the door to his local clinic faster than a traditional appointment.

Our bill is a commonsense solution that will allow us to further expand on these telehealth services by permitting VA providers to conduct telehealth treatment across state lines no matter their location, connecting more health professionals with the veterans who need their care.

It has been my pleasure to work with Congressman GLENN 'GT' THOMPSON, and Senators JONI ERNST and MAZIE HIRONO, to advance this bipartisan, bicameral bill, which has received widespread support from the Veterans Service Organizations and the VA. I urge my colleagues to support this commonsense legislation.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 2123.

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 INCREASED CHOICE FOR TRANSPLANTED ORGANS AND RECOVERY ACT OF 2017

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2601) to amend the Veterans Access, Choice, and Accountability Act of 2014 to improve the access of veterans to organ transplants, and for other purposes, as amended.

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

H.R. 2601

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 Increased Choice for Transplanted Organs and Recovery Act of 2017” or the “VICTOR Act of 2017”.

SEC. 2. ORGAN TRANSPLANTS UNDER THE VETERANS CHOICE PROGRAM.

Section 101(b)(2) of the Veterans Access, Choice, and Accountability Act of 2014 (Public Law 113-146; 38 U.S.C. 1701 note) is amended—

(1) in subparagraph (C)(ii), by striking “or”;
(2) in subparagraph (D)(ii)(II)(dd), by striking the period and inserting “; or”; and

(3) by adding at the end the following new subparagraph:

“(E)(i) requires an organ or bone marrow transplant; and

“(ii)(I) has, in the opinion of the primary health care provider of the veteran, a medically compelling reason to travel outside the region of the Organ Procurement and Transplantation Network, established under section 372 of the National Organ Transplantation Act (Public Law 98-507; 42 U.S.C. 274), in which the veteran resides to receive such transplant at a medical facility of the Department; or

“(II) faces an unusual or excessive burden in receiving such transplant at a medical facility of the Department, including—

“(aa) geographical challenges;

“(bb) environmental factors, including roads that are not accessible to the general public, traffic, or hazardous weather;

“(cc) a medical condition of the veteran that affects the ability to travel; or

“(dd) other factors the Secretary determines appropriate, including the preference of the veteran to receive such transplant at a non-Department facility.”.

SEC. 3. EFFECTIVE DATE.

The amendments made by this Act shall take effect on the later of—

(1) October 1, 2018; and

(2) the date of the enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Minnesota (Mr. WALZ) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that at all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 2601, as amended.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 2601, as amended, the Veterans Increased Choice for Transplanted Organs and Recovery, or VICTOR, Act of 2017, which is sponsored by my good friend and fellow committee member, Dr. NEAL DUNN from the great State of Florida.

The VA healthcare system has offered solid organ transplant services since 1962 and bone marrow transplant services since 1982 through the VA

Transplant Program, which manages 13 transplant centers across the country.

However, since Congress created the Choice Program in 2014 to address access to care concerns at VA medical facilities, the committee has heard an increasing number of complaints about the VA Transplant Program from veterans who are concerned about the lengthy travel required for many veterans to reach a VA transplant center and bureaucratic barriers to receiving transplant care closer to home.

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According to the Journal of the American Medical Association, a greater distance from a VA transplant center was associated with a lower likelihood of receiving a transplant and a greater likelihood of death among veteran transplant patients.

That can't happen. This is unacceptable, in my opinion. H.R. 2601, as amended, represents a commonsense solution. That is what we are all about today: commonsense solutions for our true heroes. It would require the VA to consider whether there is a medically compelling reason to require a veteran to travel outside the organ procurement and transplantation network region that the veteran resides in to receive a transplant from a VA transplant center, or whether the veteran faces an unusual or excessive burden in receiving a transplant from a VA transplant center before referring a veteran to a VA transplant center, rather than to a community transplant center.

This would greatly increase access to transplant care in the community for veteran transplant patients living far from VA transplant centers.

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 support of H.R. 2601, the VICTOR Act. This legislation will again eliminate barriers to high-quality organ transplant centers for certain veterans seeking their services by allowing veterans access to a transplant center, regardless of its location, when a provider determines there is a medically compelling reason to do so, or when the veteran would face unusual or excessive burden in receiving the transplant at a VA facility.

That is smart. That is common sense. It makes the case that the transplant facilities at the VA are good, but, as Dr. DUNN pointed out, a diverse society, a diverse geographic spread of veterans, certain cases come up that make it medically wrong to try and transport someone to a further facility. And for all of those reasons, this is, again, one of those things that is just smart, all in the interest of the best care for our veterans.

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

Mr. BILIRAKIS. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. DUNN), the sponsor of the bill and my good friend.

Mr. DUNN. Mr. Speaker, let me start by saying thank you to Vice Chairman BILIRAKIS; and to our chairman, Dr. ROE; and also to the ranking member, Sergeant Major WALZ from Minnesota. It has been great to work with them. They have been very helpful with this bill.

I am honored to speak in support of my legislation, H.R. 2601, the Veterans Increased Choice for Transplanted Organs and Recovery, or VICTOR, Act.

America owes our veterans every advantage when it comes to receiving an organ or bone marrow transplant, yet the current VA transplant policy often runs counter to the medical interest of the patient. There are only 14 facilities in the Nation where a veteran may receive a transplant in the VA healthcare system, and none of these facilities perform all types of transplants.

Timely organ transplants often represent the difference between life and death. Unfortunately, due to government bureaucracy, our veterans are often forced to travel hundreds or thousands of miles repeatedly in order to get the chance to receive a new liver, heart, or kidney. That travel alone can prove fatal.

Traveling to get a transplant isn't the only obstacle these patients face. Oftentimes, it is the program itself. The limited size and scope of the VA transplant program means veterans have a lower chance of getting a transplant and a greater chance of dying while on the waiting list.

The VICTOR Act allows veterans who need an organ or bone marrow transplant through the VA system the ability to access a federally certified transplant center close to their home if the veteran and their doctor agree that that is medically safer. It will make it easier for veterans to access lifesaving medical care by allowing them a number of ways to qualify for care closer to home.

As a surgeon and as a veteran, I believe this is good medicine and good public policy. The status quo puts roadblocks in front of veterans who need lifesaving transplant care, and the VICTOR Act eliminates these roadblocks and increases access to care our veterans have earned.

Mr. WALZ. Mr. Speaker, I have no further speakers, and I reserve the balance of my time.

Mr. BILIRAKIS. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. BOST).

Mr. BOST. Mr. Speaker, I thank my friend for yielding as well. The VA currently requires veterans in need of organ transplants to travel to VA transplant centers to receive their transplant. Waiting times at these centers average 32 percent longer than those non-VA transplant centers.

In addition, we have reports that show that the further the veteran is from a VA transplant center, the less likely the veteran is to receive the organ transplant. This can ultimately prove fatal. We owe it to our Nation's

heroes to provide them the best possible care, regardless of where they live.

Mr. Speaker, I support the legislation offered by my friend and colleague from Florida, Dr. DUNN, to solve this problem. I am just amazed that we have waited this long to realize we had one.

The VICTOR Act allows veterans who live more than 100 miles from one of the VA's 13 transplant centers to seek care at a federally certified, non-VA facility. I am proud to cosponsor the VICTOR Act because our veterans shouldn't be punished just because of where they live.

Mr. WALZ. Mr. Speaker, again, it makes great sense. We are in full support of the bill. I urge my colleagues to join me in support of H.R. 2601.

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

Mr. BILIRAKIS. Mr. Speaker, I encourage all the Members to support this great piece of legislation.

Mr. Speaker, 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. BILIRAKIS) that the House suspend the rules and pass the bill, H.R. 2601, 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.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2201, MICRO OFFERING SAFE HARBOR ACT

Mr. SESSIONS, from the Committee on Rules, submitted a privileged report (Rept. No. 115-401) on the resolution (H. Res. 609) providing for consideration of the bill (H.R. 2201) to amend the Securities Act of 1933 to exempt certain micro-offerings from the registration requirements of such Act, and for other purposes, which was referred to the House Calendar and ordered to be printed.

SECURING ELECTRONIC RECORDS FOR VETERANS' EASE ACT OF 2017

Mr. BILIRAKIS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3634) to amend title 38, United States Code, to ensure that individuals may access documentation verifying the monthly housing stipend paid to the individual under the Post-9/11 Educational Assistance 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. 3634

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 "Securing Electronic Records for Veterans' Ease Act of 2017" or the "SERVE Act of 2017".

SEC. 2. PROVISION OF MONTHLY HOUSING STIPEND INFORMATION UNDER POST-9/11 EDUCATIONAL ASSISTANCE PROGRAM OF THE DEPARTMENT OF VETERANS AFFAIRS.

Section 3313 of title 38, United States Code, is amended by adding at the end the following new subsection:

"(j) PROVISION OF HOUSING STIPEND PAYMENT INFORMATION.—The Secretary shall furnish to individuals receiving educational assistance under this chapter documentation that verifies the amount of the monthly housing stipend the individual receives under this section. The Secretary shall make such documentation available to the individual using an internet website in the same manner the Secretary provides documentation verifying compensation and other benefits furnished by the Secretary to individuals."

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Minnesota (Mr. WALZ) each will control 20 minutes.

The Chair recognizes the gentleman from Florida.

GENERAL LEAVE

Mr. BILIRAKIS. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks, and include extraneous material on H.R. 3634.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 3634, the Securing Electronic Records for Veterans' Ease Act of 2017, or SERVE Act.

Under the post-9/11 GI Bill, eligible servicemembers, veterans, and their dependents are provided a monthly allowance that is based on the cost of living where they are taking the majority of their classes at the E-5 with dependents rate.

For many students, this living stipend payment can be their only source of income, and proving that they will receive this payment while in school is important for them to show income for the purposes of renting an apartment or home while they are in school. It makes sense.

The SERVE Act would help address this problem and would require the Secretary to electronically provide documentation that verifies the amount of the monthly housing stipend an individual receives under the GI Bill. This would allow beneficiaries to use this documentation as proof of income when applying for housing.

Mr. Speaker, this is a commonsense, bipartisan bill that will help student veterans secure housing and would eliminate roadblocks to a student veteran's academic success. I thank Mr. JIM HIMES of Connecticut for introducing this particular bill. It has my support.

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 H.R. 3634, requiring the VA to provide electronic documentation of the GI Bill beneficiary housing stipend. Once again, I want to thank Mr. HIMES, whom we are going to hear from in just a moment, for responding to constituents, responding to a need, and crafting a piece of legislation that makes sure—as currently the VA does not provide sufficient information about the exact amount of housing stipend that a beneficiary receives under GI Bill benefits.

Many veterans rely on their housing stipend to pay for their housing while they are attending school; and, therefore, it can be necessary for them to show proof of their housing allowance as proof of income. Without this proof of income, veterans are often finding themselves unable to secure housing before the start of a school term.

This is—once again, it is being used a lot today, but this is a case that I would concur—a commonsense piece of legislation that asks for documentation that the VA can electronically provide to allow all of our veterans to more easily use their earned benefits.

Mr. Speaker, I urge support, and I reserve the balance of my time.

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

Mr. WALZ. Mr. Speaker, I yield 4 minutes to the gentleman from Connecticut (Mr. HIMES), the author of this piece of legislation and a staunch supporter of our Nation's veterans.

Mr. HIMES. Mr. Speaker, I thank the gentleman from Minnesota for yielding.

Mr. Speaker, I rise in strong support of the Securing Electronic Records for Veterans' Ease Act, the SERVE Act, because we all know and feel that veterans and their families face very real challenges when they transition to civilian life. We all know that we have an important responsibility to do what we can to help. Finding housing or a roof over their heads should not be an ordeal, especially if it is caused by difficulties in showing the stipend that student veterans get from Uncle Sam.

In conversations with student veterans throughout my district, proof of income for housing kept coming up as a big challenge. In fact, Nick Quinzi, a marine and founder of the Veteran's Student Association at Sacred Heart University in Fairfield, Connecticut, told my office that if he had a wish list of things to make his veteran experience better, the number one item would be fixing the lack of verification for the monthly housing stipend and, therefore, giving him better access to housing.

The fact that Nick and many veterans like him have no proof of income that a property manager or landlord could consider when weighing creditworthiness and income qualifications is the definition of an unnecessary burden.

Mr. Speaker, this bipartisan legislation would help veterans obtain proof of income for the housing allowance