

**STATEMENT OF**  
**REPRESENTATIVE BETO O'ROURKE (TX-16)**  
**FOR THE**  
**SUBCOMMITTEE ON HEALTH**  
**OF THE**  
**HOUSE COMMITTEE ON VETERANS' AFFAIRS**  
**CONCERNING**  
**H.R. 1063, THE VETERAN PRESCRIPTION CONTINUITY ACT**

**SEPTEMBER 26, 2017**

Thank you Chairman Wenstrup, Ranking Member Brownley, and members of the Subcommittee. I appreciate the opportunity to join you today to discuss how we can improve care for our veterans as they transition out of the military.

Our nation asks much of its service members. We ask them to uproot their families, put themselves in harm's way, and endure pain and suffering. As members of the Veterans' Affairs Committee, we have an obligation to ensure that our service members and their families receive the best care possible when they leave the service. With as many as 20 veterans committing suicide a day, we are failing to fulfill that obligation.

We may not be able to solve all of the Department of Veteran Affairs' problems today, but we can take meaningful steps towards improving the care our veterans receive. One common sense measure to achieve this is my legislation before the Committee today, the Veterans Prescription Continuity Act. In the past, the pharmaceutical agent formularies used by the Department of Defense (DoD) and Veterans

Health Administration (VHA) had numerous differences. This meant that a service member may not have been able to receive the same DoD prescribed medication when he or she enters the VHA system.

Section 715 of the FY2016 National Defense Authorization Act (NDAA; Public Law 114-92) included a provision that attempted to improve prescription medication continuity when service members left the DoD health care system and entered the VHA system. This section required the Secretary of Defense and Secretary of Veterans Affairs to establish a joint formulary for prescription medications, with the intended goal to ensure veterans would receive the same medication under the VHA as they were prescribed during their service.

Unfortunately, this section has shortcomings. It only accounts for certain medications. It did not cover some common, widely used drugs available to the DoD but not the VA as well as new or emergent medications for pain control, sleep disorders, and psychiatric conditions (including post-traumatic stress). Additionally, it did not require the DoD and VHA to regularly update their formularies to ensure they matched in the future.

My legislation, the Veteran Prescription Continuity Act, will fix these shortcomings. It will allow transitioning service members the ability to retain their current regimen of pharmaceutical agents under their VA health care provider, even if it is not on the VA's formulary. It will require regular updates between the DoD and VA formularies and allow the VA to prescribe medications not on their formulary between these updates.

Transitioning out of the military is a challenging task. Doing so while being forced to change medications increases the stress and burden on our service members and does not represent the best possible care we can give them. I thank my colleague, Mr. Coffman of Colorado, for his partnership with me to enact this

common sense legislation. Together, we are taking steps towards improving our nation's care for its veterans.

It is also important to note that the Veterans Prescription Continuity Act is supported by fourteen veteran service organizations that are a part of the National Military and Veterans Alliance.<sup>1</sup> We have worked hand in hand with these organizations to create this common sense legislation.

I appreciate the opportunity to speak before you today and look forward to continuing this committee's work in improving the care for our veterans.

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