

Union Calendar No. 422

114TH CONGRESS
2^D SESSION

H. R. 4063

[Report No. 114-546, Part I]

To improve the use by the Secretary of Veterans Affairs of opioids in treating veterans, to improve patient advocacy by the Secretary, and to expand the availability of complementary and integrative health, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

NOVEMBER 18, 2015

Mr. BILIRAKIS (for himself, Mr. KIND, Miss RICE of New York, Mrs. WALORSKI, Mr. MCKINLEY, Mr. BOST, Mr. COFFMAN, Mr. ROSS, Mr. RYAN of Ohio, Mrs. RADEWAGEN, Mr. CRAWFORD, Mr. MICA, Ms. FRANKEL of Florida, Ms. KUSTER, Mr. MCCAUL, and Mr. WALZ) introduced the following bill; which was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

MAY 10, 2016

Additional sponsors: Mr. POCAN, Mr. RIBBLE, Mr. SENSENBRENNER, Mr. ASHFORD, Mr. CARNEY, Mr. JONES, Ms. DUCKWORTH, Ms. MCSALLY, Mrs. BLACK, Mr. YOUNG of Iowa, Ms. LOFGREN, Mrs. NAPOLITANO, Mr. BUCSHON, Mr. BLUMENAUER, Mrs. HARTZLER, Mr. MOULTON, Mr. GUINTA, Mr. KILMER, Mr. CICILLINE, and Mr. TIPTON

MAY 10, 2016

Reported from the Committee on Veterans' Affairs with an amendment

[Strike out all after the enacting clause and insert the part printed in *italie*]

MAY 10, 2016

The Committee on Armed Services discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed

[For text of introduced bill, see copy of bill as introduced on November 18, 2015]

A BILL

To improve the use by the Secretary of Veterans Affairs of opioids in treating veterans, to improve patient advocacy by the Secretary, and to expand the availability of complementary and integrative health, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
 2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) *SHORT TITLE.*—*This Act may be cited as the “Pro-*
 5 *moting Responsible Opioid Management and Incorporating*
 6 *Scientific Expertise Act” or the “Jason Simcakoski PROM-*
 7 *ISE Act”.*

8 (b) *TABLE OF CONTENTS.*—*The table of contents for*
 9 *this Act is as follows:*

Sec. 1. Short title; table of contents.

TITLE I—OPIOID THERAPY AND PAIN MANAGEMENT

Sec. 101. Establishment of Advisory Committee to review guidelines on manage-
ment of opioid therapy by Department of Veterans Affairs and
Department of Defense.

Sec. 102. Improvement of opioid safety measures by Department of Veterans Af-
airs.

Sec. 103. Strengthening of joint working group on pain management of the De-
partment of Veterans Affairs and the Department of Defense.

Sec. 104. Review, investigation, and report on use of opioids in treatment by De-
partment of Veterans Affairs.

Sec. 105. Mandatory disclosure of certain veteran information to State controlled
substance monitoring programs.

TITLE II—PATIENT ADVOCACY

Sec. 201. Community meetings on improving care furnished by Department of
Veterans Affairs.

Sec. 202. Improvement of awareness of patient advocacy program and patient bill
of rights of Department of Veterans Affairs.

Sec. 203. Comptroller general report on patient advocacy program of Department
of Veterans Affairs.

TITLE III—COMPLEMENTARY AND INTEGRATIVE HEALTH

Sec. 301. Expansion of research and education on and delivery of complementary
and integrative health to veterans.

Sec. 302. Pilot program on integration of complementary alternative medicines
and related issues for veterans and family members of veterans.

TITLE IV—FITNESS OF HEALTH CARE PROVIDERS

Sec. 401. Additional requirements for hiring of health care providers by Depart-
ment of Veterans Affairs.

Sec. 402. Provision of information on health care providers of Department of Veterans Affairs to State Medical Boards.

Sec. 403. Report on compliance by Department of Veterans Affairs with reviews of health care providers leaving the Department or transferring to other facilities.

TITLE V—OTHER VETERANS MATTERS

Sec. 501. Audit of Veterans Health Administration programs of Department of Veterans Affairs.

1 **TITLE I—OPIOID THERAPY AND**
 2 **PAIN MANAGEMENT**

3 **SEC. 101. ESTABLISHMENT OF ADVISORY COMMITTEE TO**
 4 **REVIEW GUIDELINES ON MANAGEMENT OF**
 5 **OPIOID THERAPY BY DEPARTMENT OF VET-**
 6 **ERANS AFFAIRS AND DEPARTMENT OF DE-**
 7 **FENSE.**

8 *(a) ADVISORY COMMITTEE.—Not later than 120 days*
 9 *after the date of the enactment of this Act, the Secretary*
 10 *of Veterans Affairs and the Secretary of Defense shall joint-*
 11 *ly convene an advisory committee to—*

12 *(1) conduct a thorough review of the most recent*
 13 *VA/DOD Clinical Practice Guideline for Management*
 14 *of Opioid Therapy for Chronic Pain; and*

15 *(2) make recommendations to the Secretaries*
 16 *with respect to updating the Clinical Practice Guide-*
 17 *line.*

18 *(b) MATTERS INCLUDED.—In conducting the review*
 19 *under subsection (a)(1), the Advisory Committee shall ex-*
 20 *amine whether the Clinical Practical Guideline should in-*
 21 *clude the following:*

1 (1) *Enhanced guidance with respect to—*

2 (A) *the coadministration of an opioid and*
3 *other drugs, including benzodiazepines, that may*
4 *result in life-limiting drug interactions;*

5 (B) *the treatment of patients with current*
6 *acute psychiatric instability or substance use*
7 *disorder or patients at risk of suicide; and*

8 (C) *the use of opioid therapy to treat men-*
9 *tal health disorders other than opioid use dis-*
10 *order.*

11 (2) *Enhanced guidance with respect to the treat-*
12 *ment of patients with behaviors or comorbidities, such*
13 *as post-traumatic stress disorder or other psychiatric*
14 *disorders, or a history of substance abuse or addic-*
15 *tion, that requires a consultation or comanagement of*
16 *opioid therapy with one or more specialists in pain*
17 *management, mental health, or addictions.*

18 (3) *Enhanced guidance with respect to health*
19 *care providers—*

20 (A) *conducting an effective assessment for*
21 *patients beginning or continuing opioid therapy,*
22 *including understanding and setting realistic*
23 *goals with respect to achieving and maintaining*
24 *an expected level of pain relief, improved func-*

1 *tion, or a clinically appropriate combination of*
2 *both; and*

3 *(B) effectively assessing whether opioid ther-*
4 *apy is achieving or maintaining the established*
5 *treatment goals of the patient or whether the pa-*
6 *tient and health care provider should discuss ad-*
7 *justing, augmenting , or discontinuing the opioid*
8 *therapy.*

9 *(4) Guidance that each health care provider of*
10 *the Department of Veterans Affairs and the Depart-*
11 *ment of Defense, before initiating opioid therapy to*
12 *treat a patient as part of the comprehensive assess-*
13 *ment conducted by the health care provider, use the*
14 *Opioid Therapy Risk Report tool of the Department*
15 *of Veterans Affairs (or similar monitoring tool),*
16 *which shall include information from the prescription*
17 *drug monitoring program of each State that includes*
18 *the most recent information to date relating to the*
19 *patient that accessed such program to assess the risk*
20 *for adverse outcomes of opioid therapy for the patient,*
21 *including the concurrent use of controlled substances*
22 *such as benzodiazepines, as part of the comprehensive*
23 *assessment conducted by the health care provider.*

24 *(5) Guidelines to govern the methodologies used*
25 *by health care providers of the Department of Vet-*

1 *erans Affairs and the Department of Defense to taper*
2 *opioid therapy when adjusting or discontinuing the*
3 *use of opioid therapy.*

4 *(6) Guidelines with respect to appropriate case*
5 *management for patients receiving opioid therapy*
6 *who transition between inpatient and outpatient*
7 *health care settings, which may include the use of*
8 *care transition plans.*

9 *(7) Guidelines with respect to appropriate case*
10 *management for patients receiving opioid therapy*
11 *who transition from receiving care during active duty*
12 *to post-military health care networks.*

13 *(8) Enhanced standards with respect to the use*
14 *of routine and random urine drug tests for all pa-*
15 *tients before and during opioid therapy to help pre-*
16 *vent substance abuse, dependence, and diversion, in-*
17 *cluding—*

18 *(A) that such tests occur not less frequently*
19 *than once each year; and*

20 *(B) that health care providers appropriately*
21 *order, interpret and respond to the results from*
22 *such tests to tailor pain therapy, safeguards, and*
23 *risk management strategies to each patient.*

24 *(9) Guidance that health care providers discuss*
25 *with patients, before initiating opioid therapy, op-*

1 *tions for pain management therapies without the use*
2 *of opioids and options to augment opioid therapy*
3 *with other clinical and complementary and integra-*
4 *tive health services to minimize opioid dependence.*

5 *(10) Guidance for health care providers with re-*
6 *spect to evidence-based non-opioid treatments within*
7 *the Department of Veterans Affairs and the Depart-*
8 *ment of Defense, including medical devices and other*
9 *therapies approved or cleared by the Food and Drug*
10 *Administration for the treatment of chronic pain as*
11 *an alternative to or to augment opioid therapy.*

12 *(c) CONSULTATION.—In carrying out the review under*
13 *paragraph (1) of subsection (a), and before making the rec-*
14 *ommendations under paragraph (2) of such subsection, the*
15 *Advisory Committee shall consult with the VA/DOD Man-*
16 *agement of Opioid Therapy for Chronic Pain Working*
17 *Group.*

18 *(d) SUBMISSION.—Not later than one year after the*
19 *date of the enactment of this Act, the Advisory Committee*
20 *shall submit to the Secretaries the review and recommenda-*
21 *tions described in subsection (a)(1).*

22 *(e) APPLICATION OF FEDERAL ADVISORY COMMITTEE*
23 *ACT.—The provisions of the Federal Advisory Committee*
24 *Act (5 U.S.C. App.) shall apply to the Advisory Committee.*

25 *(f) DEFINITIONS.—In this section:*

1 (1) *The term “Advisory Committee” means the*
2 *advisory committee established under subsection (a).*

3 (2) *The term “Clinical Practice Guideline”*
4 *means the VA/DOD Clinical Practice Guideline for*
5 *Management of Opioid Therapy for Chronic Pain.*

6 (3) *The term “controlled substance” has the*
7 *meaning given that term in section 102 of the Con-*
8 *trolled Substances Act (21 U.S.C. 802).*

9 (4) *The term “State” means each of the several*
10 *States, territories, and possessions of the United*
11 *States, the District of Columbia, and the Common-*
12 *wealth of Puerto Rico.*

13 **SEC. 102. IMPROVEMENT OF OPIOID SAFETY MEASURES BY**
14 **DEPARTMENT OF VETERANS AFFAIRS.**

15 (a) *EXPANSION OF OPIOID SAFETY INITIATIVE.—Not*
16 *later than 180 days after the date of the enactment of this*
17 *Act, the Secretary of Veterans Affairs shall expand the*
18 *Opioid Safety Initiative of the Department of Veterans Af-*
19 *airs to include all medical facilities of the Department.*

20 (b) *PAIN MANAGEMENT EDUCATION AND TRAINING.—*

21 (1) *IN GENERAL.—In carrying out the Opioid*
22 *Safety Initiative of the Department, the Secretary*
23 *shall require all employees of the Department respon-*
24 *sible for prescribing opioids to receive education and*
25 *training described in paragraph (2).*

1 (2) *EDUCATION AND TRAINING.*—*Education and*
2 *training described in this paragraph is education and*
3 *training on pain management and safe opioid pre-*
4 *scribing practices for purposes of safely and effectively*
5 *managing patients with chronic pain, including edu-*
6 *cation and training on the following:*

7 (A) *The implementation of and full compli-*
8 *ance with the VA/DOD Clinical Practice Guide-*
9 *line for Management of Opioid Therapy for*
10 *Chronic Pain, including any update to such*
11 *guideline.*

12 (B) *The use of evidence-based pain manage-*
13 *ment therapies, including cognitive-behavioral*
14 *therapy, non-opioid alternatives, and non-drug*
15 *methods and procedures to managing pain and*
16 *related health conditions including medical de-*
17 *VICES approved or cleared by the Food and Drug*
18 *Administration for the treatment of patients*
19 *with chronic pain and complementary alter-*
20 *native medicines.*

21 (C) *Screening and identification of patients*
22 *with substance use disorder, including drug-seek-*
23 *ing behavior, before prescribing opioids, assess-*
24 *ment of risk potential for patients developing an*
25 *addiction, and referral of patients to appropriate*

1 *addiction treatment professionals if addiction is*
2 *identified or strongly suspected.*

3 *(D) Communication with patients on the*
4 *potential harm associated with the use of opioids*
5 *and other controlled substances, including the*
6 *need to safely store and dispose of supplies relat-*
7 *ing to the use of opioids and other controlled*
8 *substances.*

9 *(E) Such other education and training as*
10 *the Secretary considers appropriate to ensure*
11 *that veterans receive safe and high-quality pain*
12 *management care from the Department.*

13 *(3) USE OF EXISTING PROGRAM.—In providing*
14 *education and training described in paragraph (2),*
15 *the Secretary shall use the Interdisciplinary Chronic*
16 *Pain Management Training Team Program of the*
17 *Department (or success program).*

18 *(c) PAIN MANAGEMENT TEAMS.—*

19 *(1) IN GENERAL.—In carrying out the Opioid*
20 *Safety Initiative of the Department, the director of*
21 *each medical facility of the Department shall identify*
22 *and designate a pain management team of health*
23 *care professionals, which may include board certified*
24 *pain medicine specialists, responsible for coordinating*
25 *and overseeing pain management therapy at such fa-*

1 *ility for patients experiencing acute and chronic*
2 *pain that is non-cancer related.*

3 (2) *ESTABLISHMENT OF PROTOCOLS.—*

4 (A) *IN GENERAL.—In consultation with the*
5 *Directors of each Veterans Integrated Service*
6 *Network, the Secretary shall establish standard*
7 *protocols for the designation of pain manage-*
8 *ment teams at each medical facility within the*
9 *Department.*

10 (B) *CONSULTATION ON PRESCRIPTION OF*
11 *OPIOIDS.—Each protocol established under sub-*
12 *paragraph (A) shall ensure that any health care*
13 *provider without expertise in prescribing analge-*
14 *sics or who has not completed the education and*
15 *training under subsection (b), including a men-*
16 *tal health care provider, does not prescribe*
17 *opioids to a patient unless that health care pro-*
18 *vider—*

19 (i) *consults with a health care provider*
20 *with pain management expertise or who is*
21 *on the pain management team of the med-*
22 *ical facility; and*

23 (ii) *refers the patient to the pain man-*
24 *agement team for any subsequent prescrip-*
25 *tions and related therapy.*

1 (3) *REPORT.*—

2 (A) *IN GENERAL.*—*Not later than one year*
3 *after the date of enactment of this Act, the direc-*
4 *tor of each medical facility of the Department*
5 *shall submit to the Under Secretary for Health*
6 *and the director of the Veterans Integrated Serv-*
7 *ice Network in which the medical facility is lo-*
8 *cated a report identifying the health care profes-*
9 *sionals that have been designated as members of*
10 *the pain management team at the medical facil-*
11 *ity pursuant to paragraph (1).*

12 (B) *ELEMENTS.*—*Each report submitted*
13 *under subparagraph (A) with respect to a med-*
14 *ical facility of the Department shall include—*

15 (i) *a certification as to whether all*
16 *members of the pain management team at*
17 *the medical facility have completed the edu-*
18 *cation and training required under sub-*
19 *section (b);*

20 (ii) *a plan for the management and re-*
21 *ferral of patients to such pain management*
22 *team if health care providers without exper-*
23 *tise in prescribing analgesics prescribe*
24 *opioid medications to treat acute and*
25 *chronic pain that is non-cancer related; and*

1 (iii) a certification as to whether the
2 medical facility—

3 (I) fully complies with the
4 stepped-care model of pain manage-
5 ment and other pain management poli-
6 cies contained in Directive 2009-053 of
7 the Veterans Health Administration, or
8 successor directive; or

9 (II) does not fully comply with
10 such stepped-care model of pain man-
11 agement and other pain management
12 policies but is carrying out a corrective
13 plan of action to ensure such full com-
14 pliance.

15 (d) TRACKING AND MONITORING OF OPIOID USE.—

16 (1) PRESCRIPTION DRUG MONITORING PROGRAMS
17 OF STATES.—In carrying out the Opioid Safety Ini-
18 tiative and the Opioid Therapy Risk Report tool of
19 the Department, the Secretary shall—

20 (A) ensure access by health care providers of
21 the Department to information on controlled sub-
22 stances, including opioids and benzodiazepines,
23 prescribed to veterans who receive care outside
24 the Department through the prescription drug
25 monitoring program of each State with such a

1 *program, including by seeking to enter into*
2 *memoranda of understanding with States to*
3 *allow shared access of such information between*
4 *States and the Department;*

5 *(B) include such information in the Opioid*
6 *Therapy Risk Report; and*

7 *(C) require health care providers of the De-*
8 *partment to submit to the prescription drug*
9 *monitoring program of each State information*
10 *on prescriptions of controlled substances received*
11 *by veterans in that State under the laws admin-*
12 *istered by the Secretary.*

13 *(2) REPORT ON TRACKING OF DATA ON OPIOID*
14 *USE.—Not later than 18 months after the date of the*
15 *enactment of this Act, the Secretary shall submit to*
16 *the Committee on Veterans' Affairs of the Senate and*
17 *the Committee on Veterans' Affairs of the House of*
18 *Representatives a report on the feasibility and advis-*
19 *ability of improving the Opioid Therapy Risk Report*
20 *tool of the Department to allow for more advanced*
21 *real-time tracking of and access to data on—*

22 *(A) the key clinical indicators with respect*
23 *to the totality of opioid use by veterans;*

24 *(B) concurrent prescribing by health care*
25 *providers of the Department of opioids in dif-*

1 *ferent health care settings, including data on*
2 *concurrent prescribing of opioids to treat mental*
3 *health disorders other than opioid use disorder;*
4 *and*

5 *(C) mail-order prescriptions of opioid pre-*
6 *scribed to veterans under the laws administered*
7 *by the Secretary.*

8 *(e) AVAILABILITY OF OPIOID RECEPTOR ANTAGO-*
9 *NISTS.—*

10 *(1) INCREASED AVAILABILITY AND USE.—*

11 *(A) IN GENERAL.—The Secretary shall*
12 *maximize the availability of opioid receptor an-*
13 *tagonists approved by the Food and Drug Ad-*
14 *ministration, including naloxone, to veterans.*

15 *(B) AVAILABILITY, TRAINING, AND DISTRIB-*
16 *UTING.—In carrying out subparagraph (A), not*
17 *later than 90 days after the date of the enact-*
18 *ment of this Act, the Secretary shall—*

19 *(i) equip each pharmacy of the Depart-*
20 *ment with opioid receptor antagonists ap-*
21 *proved by the Food and Drug Administra-*
22 *tion to be dispensed to outpatients as need-*
23 *ed; and*

24 *(ii) expand the Overdose Education*
25 *and Naloxone Distribution program of the*

1 *Department to ensure that all veterans in*
2 *receipt of health care under laws adminis-*
3 *tered by the Secretary who are at risk of*
4 *opioid overdose may access such opioid re-*
5 *ceptor antagonists and training on the*
6 *proper administration of such opioid recep-*
7 *tor antagonists.*

8 *(C) VETERANS WHO ARE AT RISK.—For*
9 *purposes of subparagraph (B), veterans who are*
10 *at risk of opioid overdose include—*

11 *(i) veterans receiving long-term opioid*
12 *therapy;*

13 *(ii) veterans receiving opioid therapy*
14 *who have a history of substance use disorder*
15 *or prior instances of overdose; and*

16 *(iii) veterans who are at risk as deter-*
17 *mined by a health care provider who is*
18 *treating the veteran.*

19 *(2) REPORT.—Not later than 120 days after the*
20 *date of the enactment of this Act, the Secretary shall*
21 *submit to the Committee on Veterans' Affairs of the*
22 *Senate and the Committee on Veterans' Affairs of the*
23 *House of Representatives a report on carrying out*
24 *paragraph (1), including an assessment of any re-*

1 *maintaining steps to be carried out by the Secretary to*
2 *carry out such paragraph.*

3 *(f) INCLUSION OF CERTAIN INFORMATION AND CAPA-*
4 *BILITIES IN OPIOID THERAPY RISK REPORT TOOL OF THE*
5 *DEPARTMENT.—*

6 *(1) INFORMATION.—The Secretary shall include*
7 *in the Opioid Therapy Risk Report tool of the De-*
8 *partment—*

9 *(A) information on the most recent time the*
10 *tool was accessed by a health care provider of the*
11 *Department with respect to each veteran; and*

12 *(B) information on the results of the most*
13 *recent urine drug test for each veteran.*

14 *(2) CAPABILITIES.—The Secretary shall include*
15 *in the Opioid Therapy Risk Report tool the ability of*
16 *the health care providers of the Department to deter-*
17 *mine whether a health care provider of the Depart-*
18 *ment prescribed opioids to a veteran without checking*
19 *the information in the tool with respect to the vet-*
20 *eran.*

21 *(g) NOTIFICATIONS OF RISK IN COMPUTERIZED*
22 *HEALTH RECORD.—The Secretary shall modify the com-*
23 *puterized patient record system of the Department to ensure*
24 *that any health care provider that accesses the record of*
25 *a veteran, regardless of the reason the veteran seeks care*

1 *from the health care provider, will be immediately notified*
2 *whether the veteran—*

3 (1) *is receiving opioid therapy and has a history*
4 *of substance use disorder or prior instances of over-*
5 *dose;*

6 (2) *has a history of opioid abuse; or*

7 (3) *is at risk of becoming an opioid abuser as de-*
8 *termined by a health care provider who is treating*
9 *the veteran.*

10 *(h) DEFINITIONS.—In this section:*

11 (1) *The term “controlled substance” has the*
12 *meaning given that term in section 102 of the Con-*
13 *trolled Substances Act (21 U.S.C. 802).*

14 (2) *The term “State” means each of the several*
15 *States, territories, and possessions of the United*
16 *States, the District of Columbia, and the Common-*
17 *wealth of Puerto Rico.*

18 **SEC. 103. STRENGTHENING OF JOINT WORKING GROUP ON**
19 **PAIN MANAGEMENT OF THE DEPARTMENT OF**
20 **VETERANS AFFAIRS AND THE DEPARTMENT**
21 **OF DEFENSE.**

22 (a) *IN GENERAL.—Not later than 90 days after the*
23 *date of enactment of this Act, the Secretary of Veterans Af-*
24 *airs and the Secretary of Defense shall ensure that the Pain*
25 *Management Working Group of the Health Executive Com-*

1 *mittee of the Department of Veterans Affairs–Department*
2 *of Defense Joint Executive Committee established under sec-*
3 *tion 320 of title 38, United States Code, includes a focus*
4 *on the following:*

5 (1) *The opioid prescribing practices of health*
6 *care providers of each Department.*

7 (2) *The ability of each Department to manage*
8 *acute and chronic pain among individuals receiving*
9 *health care from the Department, including training*
10 *health care providers with respect to pain manage-*
11 *ment.*

12 (3) *The use by each Department of complemen-*
13 *tary and integrative health and complementary alter-*
14 *native medicines in treating such individuals.*

15 (4) *The concurrent use by health care providers*
16 *of each Department of opioids and prescription drugs*
17 *to treat mental health disorders, including*
18 *benzodiazepines.*

19 (5) *The practice by health care providers of each*
20 *Department of prescribing opioids to treat mental*
21 *health disorders.*

22 (6) *The coordination in coverage of and con-*
23 *sistent access to medications prescribed for patients*
24 *transitioning from receiving health care from the De-*

1 *partment of Defense to receiving health care from the*
2 *Department of Veterans Affairs.*

3 *(7) The ability of each Department to identify*
4 *and treat substance use disorders among individuals*
5 *receiving health care from that Department.*

6 *(b) COORDINATION AND CONSULTATION.—The Sec-*
7 *retary of Veterans Affairs and the Secretary of Defense shall*
8 *ensure that the working group described in subsection (a)—*

9 *(1) coordinates the activities of the working*
10 *group with other relevant working groups established*
11 *under section 320 of title 38, United States Code, in-*
12 *cluding the working groups on evidence-based prac-*
13 *tice, patient safety, pharmacy, psychological health,*
14 *and psychological health;*

15 *(2) consults with other relevant Federal agencies,*
16 *including the Centers for Disease Control and Preven-*
17 *tion, with respect to the activities of the working*
18 *group; and*

19 *(3) consults with the Department of Veterans Af-*
20 *fairs and the Department of Defense with respect to,*
21 *reviews, and comments on the VA/DOD Clinical*
22 *Practice Guideline for Management of Opioid Ther-*
23 *apy for Chronic Pain, or any successor guideline, be-*
24 *fore any update to the guideline is released.*

1 (c) *CONSULTATIONS.*—*The Secretary of Veterans Af-*
2 *fairs and the Secretary of Defense shall ensure that the*
3 *working group described in subsection (a) is able to mean-*
4 *ingfully consult with respect to the updated guideline re-*
5 *quired under subsection (a) of section 101, as required by*
6 *subsection (b) of such section, not later than 1 year after*
7 *the date of enactment of this Act.*

8 **SEC. 104. REVIEW, INVESTIGATION, AND REPORT ON USE**
9 **OF OPIOIDS IN TREATMENT BY DEPARTMENT**
10 **OF VETERANS AFFAIRS.**

11 (a) *COMPTROLLER GENERAL REPORT.*—

12 (1) *IN GENERAL.*—*Not later than two years after*
13 *the date of the enactment of this Act, the Comptroller*
14 *General of the United States shall submit to the Com-*
15 *mittee on Veterans' Affairs of the Senate and the*
16 *Committee on Veterans' Affairs of the House of Rep-*
17 *resentatives a report on the Opioid Safety Initiative*
18 *of the Department of Veterans Affairs and the opioid*
19 *prescribing practices of health care providers of the*
20 *Department.*

21 (2) *ELEMENTS.*—*The report submitted under*
22 *paragraph (1) shall include the following:*

23 (A) *Recommendations on such improve-*
24 *ments to the Opioid Safety Initiative of the De-*

1 *partment as the Comptroller General considers*
2 *appropriate.*

3 *(B) Information with respect to—*

4 *(i) deaths resulting from sentinel*
5 *events involving veterans prescribed opioids*
6 *by a health care provider of the Depart-*
7 *ment;*

8 *(ii) overall prescription rates and pre-*
9 *scriptions indications of opioids to treat*
10 *non-cancer, non-palliative, and non-hospice*
11 *care patients;*

12 *(iii) the prescription rates and pre-*
13 *scriptions indications of benzodiazepines*
14 *and opioids concomitantly by health care*
15 *providers of the Department;*

16 *(iv) the practice by health care pro-*
17 *viders of the Department of prescribing*
18 *opioids to treat patients without any pain,*
19 *including to treat patients with mental*
20 *health disorders other than opioid use dis-*
21 *order; and*

22 *(v) the effectiveness of opioid therapy*
23 *for patients receiving such therapy, includ-*
24 *ing the effectiveness of long-term opioid*
25 *therapy.*

1 (C) *An evaluation of processes of the De-*
2 *partment in place to oversee opioid use among*
3 *veterans, including procedures to identify and*
4 *remedy potential over-prescribing of opioids by*
5 *health care providers of the Department.*

6 (D) *An assessment of the implementation by*
7 *the Secretary of the VA/DOD Clinical Practice*
8 *Guideline for Management of Opioid Therapy*
9 *for Chronic Pain.*

10 (b) *QUARTERLY PROGRESS REPORT ON IMPLEMENTA-*
11 *TION OF COMPTROLLER GENERAL RECOMMENDATIONS.—*
12 *Not later than two years after the date of the enactment*
13 *of this Act, and not later than 30 days after the end of*
14 *each quarter thereafter, the Secretary of Veterans Affairs*
15 *shall submit to the Committee on Veterans' Affairs of the*
16 *Senate and the Committee on Veterans' Affairs of the House*
17 *of Representatives a progress report detailing the actions*
18 *by the Secretary during the period covered by the report*
19 *to address any outstanding findings and recommendations*
20 *by the Comptroller General of the United States under sub-*
21 *section (a) with respect to the Veterans Health Administra-*
22 *tion.*

23 (c) *ANNUAL REVIEW OF PRESCRIPTION RATES.—Not*
24 *later than one year after the date of the enactment of this*
25 *Act, and not less frequently than annually for the following*

1 *five years, the Secretary shall submit to the Committee on*
2 *Veterans' Affairs of the Senate and the Committee on Vet-*
3 *erans' Affairs of the House of Representatives a report, with*
4 *respect to each medical facility of the Department of Vet-*
5 *erans Affairs, to collect and review information on opioids*
6 *prescribed by health care providers at the facility to treat*
7 *non-cancer, non-palliative, and non-hospice care patients*
8 *that contains, for the one-year period preceding the submis-*
9 *sion of the report, the following:*

10 (1) *The number of patients and the percentage of*
11 *the patient population of the Department who were*
12 *prescribed benzodiazepines and opioids concurrently*
13 *by a health care provider of the Department.*

14 (2) *The number of patients and the percentage of*
15 *the patient population of the Department without any*
16 *pain who were prescribed opioids by a health care*
17 *provider of the Department, including those who were*
18 *prescribed benzodiazepines and opioids concurrently.*

19 (3) *The number of non-cancer, non-palliative,*
20 *and non-hospice care patients and the percentage of*
21 *such patients who were treated with opioids by a*
22 *health care provider of the Department on an inpa-*
23 *tient-basis and who also received prescription opioids*
24 *by mail from the Department while being treated on*
25 *an inpatient-basis.*

1 (4) *The number of non-cancer, non-palliative,*
2 *and non-hospice care patients and the percentage of*
3 *such patients who were prescribed opioids concu-*
4 *rently by a health care provider of the Department*
5 *and a health care provider that is not health care*
6 *provider of the Department.*

7 (5) *With respect to each medical facility of the*
8 *Department, information on opioids prescribed by*
9 *health care providers at the facility to treat non-can-*
10 *cer, non-palliative, and non-hospice care patients, in-*
11 *cluding information on—*

12 (A) *the prescription rate at which each*
13 *health care provider at the facility prescribed*
14 *benzodiazepines and opioids concurrently to such*
15 *patients and the aggregate such prescription rate*
16 *for all health care providers at the facility;*

17 (B) *the prescription rate at which each*
18 *health care provider at the facility prescribed*
19 *benzodiazepines or opioids to such patients to*
20 *treat conditions for which benzodiazepines or*
21 *opioids are not approved treatment and the ag-*
22 *gregate such prescription rate for all health care*
23 *providers at the facility;*

24 (C) *the prescription rate at which each*
25 *health care provider at the facility prescribed or*

1 *dispensed mail-order prescriptions of opioids to*
2 *such patients while such patients were being*
3 *treated with opioids on an inpatient-basis and*
4 *the aggregate of such prescription rate for all*
5 *health care providers at the facility; and*

6 *(D) the prescription rate at which each*
7 *health care provider at the facility prescribed*
8 *opioids to such patients who were also concu-*
9 *rently prescribed opioids by a health care pro-*
10 *vider that is not a health care provider of the*
11 *Department and the aggregate of such prescrip-*
12 *tion rates for all health care providers at the fa-*
13 *cility.*

14 *(6) With respect to each medical facility of the*
15 *Department, the number of times a pharmacist at the*
16 *facility overrode a critical drug interaction warning*
17 *with respect to an interaction between opioids and*
18 *another medication before dispensing such medication*
19 *to a veteran.*

20 *(d) INVESTIGATION OF PRESCRIPTION RATES.—If the*
21 *Secretary determines that a prescription rate with respect*
22 *to a health care provider or medical facility of the Depart-*
23 *ment conflicts with or is otherwise inconsistent with the*
24 *standards of appropriate and safe care, the Secretary*
25 *shall—*

1 (1) *immediately notify the Committee on Vet-*
2 *erans' Affairs of the Senate and the Committee on*
3 *Veterans' Affairs of the House of Representatives of*
4 *such determination, including information relating to*
5 *such determination, prescription rate, and health care*
6 *provider or medical facility, as the case may be; and*

7 (2) *through the Office of the Medical Inspector of*
8 *the Veterans Health Administration, conduct a full*
9 *investigation of the health care provider or medical*
10 *facility, as the case may be.*

11 (e) *PRESCRIPTION RATE DEFINED.—In this section,*
12 *the term “prescription rate” means, with respect to a health*
13 *care provider or medical facility of the Department, each*
14 *of the following:*

15 (1) *The number of patients treated with opioids*
16 *by the health care provider or at the medical facility,*
17 *as the case may be, divided by the total number of*
18 *pharmacy users of that health care provider or med-*
19 *ical facility.*

20 (2) *The average number of morphine equivalents*
21 *per day prescribed by the health care provider or at*
22 *the medical facility, as the case may be, to patients*
23 *being treated with opioids.*

24 (3) *Of the patients being treated with opioids by*
25 *the health care provider or at the medical facility, as*

1 *the case may be, the average number of prescriptions*
2 *of opioids per patient.*

3 **SEC. 105. MANDATORY DISCLOSURE OF CERTAIN VETERAN**
4 **INFORMATION TO STATE CONTROLLED SUB-**
5 **STANCE MONITORING PROGRAMS.**

6 *Section 5701(l) of title 38, United States Code, is*
7 *amended by striking “may” and inserting “shall”.*

8 **TITLE II—PATIENT ADVOCACY**

9 **SEC. 201. COMMUNITY MEETINGS ON IMPROVING CARE**
10 **FURNISHED BY DEPARTMENT OF VETERANS**
11 **AFFAIRS.**

12 *(a) COMMUNITY MEETINGS.—*

13 *(1) MEDICAL CENTERS.—Not later than 90 days*
14 *after the date of the enactment of this Act, and not*
15 *less frequently than once every 90 days thereafter, the*
16 *Secretary shall ensure that each medical facility of*
17 *the Department of Veterans Affairs hosts a commu-*
18 *nity meeting open to the public on improving health*
19 *care furnished by the Secretary.*

20 *(2) COMMUNITY BASED OUTPATIENT CLINICS.—*
21 *Not later than one year after the date of the enact-*
22 *ment of this Act, and not less frequently than annu-*
23 *ally thereafter, the Secretary shall ensure that each*
24 *community based outpatient clinic of the Department*

1 *hosts a community meeting open to the public on im-*
2 *proving health care furnished by the Secretary.*

3 *(b) ATTENDANCE BY DIRECTOR OF VETERANS INTE-*
4 *GRATED SERVICE NETWORK OR DESIGNEE.—*

5 *(1) IN GENERAL.—Each community meeting*
6 *hosted by a medical facility or community based out-*
7 *patient clinic under subsection (a) shall be attended*
8 *by the Director of the Veterans Integrated Service*
9 *Network in which the medical facility or community*
10 *based outpatient clinic, as the case may be, is located.*
11 *Subject to paragraph (2), the Director may delegate*
12 *such attendance only to an employee who works in the*
13 *Office of the Director.*

14 *(2) ATTENDANCE BY DIRECTOR.—Each Director*
15 *of a Veterans Integrated Service Network shall person-*
16 *ally attend not less than one community meeting*
17 *under subsection (a) hosted by each medical facility*
18 *located in the Veterans Integrated Service Network*
19 *each year.*

20 *(c) NOTICE.—The Secretary shall notify the Committee*
21 *on Veterans' Affairs of the Senate, the Committee on Vet-*
22 *erans' Affairs of the House of Representatives, and each*
23 *Member of Congress (as defined in section 104) who rep-*
24 *resents the area in which the medical facility is located of*

1 *a community meeting under subsection (a) by not later*
2 *than 10 days before such community meeting occurs.*

3 **SEC. 202. IMPROVEMENT OF AWARENESS OF PATIENT AD-**
4 **VOCACY PROGRAM AND PATIENT BILL OF**
5 **RIGHTS OF DEPARTMENT OF VETERANS AF-**
6 **FAIRS.**

7 *Not later than 90 days after the date of the enactment*
8 *of this Act, the Secretary of Veterans Affairs shall, in as*
9 *many prominent locations as the Secretary determines ap-*
10 *propriate to be seen by the largest percentage of patients*
11 *and family members of patients at each medical facility*
12 *of the Department of Veterans Affairs—*

13 *(1) display the purposes of the Patient Advocacy*
14 *Program of the Department and the contact informa-*
15 *tion for the patient advocate at such medical facility;*
16 *and*

17 *(2) display the rights and responsibilities of—*

18 *(A) patients and family members and pa-*
19 *tients at such medical facility; and*

20 *(B) with respect to community living cen-*
21 *ters and other residential facilities of the Depart-*
22 *ment, residents and family members of residents*
23 *at such medical facility.*

1 **SEC. 203. COMPTROLLER GENERAL REPORT ON PATIENT**
2 **ADVOCACY PROGRAM OF DEPARTMENT OF**
3 **VETERANS AFFAIRS.**

4 (a) *IN GENERAL.*—Not later than two years after the
5 date of the enactment of this Act, the Comptroller General
6 of the United States shall submit to the Committee on Vet-
7 erans' Affairs of the Senate and the Committee on Veterans'
8 Affairs of the House of Representatives a report on the Pa-
9 tient Advocacy Program of the Department of Veterans Af-
10 fairs (in this section referred to as the "Program").

11 (b) *ELEMENTS.*—The report required by subsection (a)
12 shall include the following:

13 (1) *A description of the Program, including—*

14 (A) *the purpose of the Program;*

15 (B) *the activities carried out under the Pro-*
16 *gram; and*

17 (C) *the sufficiency of the Program in*
18 *achieving the purpose of the Program.*

19 (2) *An assessment of the sufficiency of staffing of*
20 *employees of the Department responsible for carrying*
21 *out the Program.*

22 (3) *An assessment of the sufficiency of the train-*
23 *ing of such employees.*

24 (4) *An assessment of—*

25 (A) *the awareness of the Program among*
26 *veterans and family members of veterans; and*

1 (B) the use of the Program by veterans and
2 family members of veterans.

3 (5) Such recommendations and proposals for im-
4 proving or modifying the Program as the Comptroller
5 General considers appropriate.

6 (6) Such other information with respect to the
7 Program as the Comptroller General considers appro-
8 priate.

9 **TITLE III—COMPLEMENTARY**
10 **AND INTEGRATIVE HEALTH**

11 **SEC. 301. EXPANSION OF RESEARCH AND EDUCATION ON**
12 **AND DELIVERY OF COMPLEMENTARY AND IN-**
13 **TEGRATIVE HEALTH TO VETERANS.**

14 (a) *ESTABLISHMENT.*—There is established a commis-
15 sion to be known as the “Creating Options for Veterans’
16 Expedited Recovery” or the “COVER Commission” (in this
17 Act referred to as the “Commission”). The Commission shall
18 examine the evidence-based therapy treatment model used
19 by the Secretary of Veterans Affairs for treating mental
20 health conditions of veterans and the potential benefits of
21 incorporating complementary alternative treatments avail-
22 able in non-Department facilities (as defined in section
23 1701 of title 38, United States Code).

24 (b) *DUTIES.*—The Commission shall perform the fol-
25 lowing duties:

1 (1) *Examine the efficacy of the evidence-based*
2 *therapy model used by the Secretary for treating men-*
3 *tal health illnesses of veterans and identify areas to*
4 *improve wellness-based outcomes.*

5 (2) *Conduct a patient-centered survey within*
6 *each of the Veterans Integrated Service Networks to*
7 *examine—*

8 (A) *the experience of veterans with the De-*
9 *partment of Veterans Affairs when seeking med-*
10 *ical assistance for mental health issues through*
11 *the health care system of the Department;*

12 (B) *the experience of veterans with non-De-*
13 *partment facilities and health professionals for*
14 *treating mental health issues;*

15 (C) *the preference of veterans regarding*
16 *available treatment for mental health issues and*
17 *which methods the veterans believe to be most ef-*
18 *fective;*

19 (D) *the experience, if any, of veterans with*
20 *respect to the complementary alternative treat-*
21 *ment therapies described in paragraph (3);*

22 (E) *the prevalence of prescribing prescrip-*
23 *tion medication among veterans seeking treat-*
24 *ment through the health care system of the De-*

1 *partment as remedies for addressing mental*
2 *health issues; and*

3 *(F) the outreach efforts of the Secretary re-*
4 *garding the availability of benefits and treat-*
5 *ments for veterans for addressing mental health*
6 *issues, including by identifying ways to reduce*
7 *barriers to gaps in such benefits and treatments.*

8 *(3) Examine available research on complemen-*
9 *tary alternative treatment therapies for mental health*
10 *issues and identify what benefits could be made with*
11 *the inclusion of such treatments for veterans, includ-*
12 *ing with respect to—*

13 *(A) music therapy;*

14 *(B) equine therapy;*

15 *(C) training and caring for service dogs;*

16 *(D) yoga therapy;*

17 *(E) acupuncture therapy;*

18 *(F) meditation therapy;*

19 *(G) outdoor sports therapy;*

20 *(H) hyperbaric oxygen therapy;*

21 *(I) accelerated resolution therapy;*

22 *(J) art therapy;*

23 *(K) magnetic resonance therapy; and*

24 *(L) other therapies the Commission deter-*
25 *mines appropriate.*

1 (4) *Study the sufficiency of the resources of the*
2 *Department to ensure the delivery of quality health*
3 *care for mental health issues among veterans seeking*
4 *treatment within the Department.*

5 (5) *Study the current treatments and resources*
6 *available within the Department and assess—*

7 (A) *the effectiveness of such treatments and*
8 *resources in decreasing the number of suicides*
9 *per day by veterans;*

10 (B) *the number of veterans who have been*
11 *diagnosed with mental health issues;*

12 (C) *the percentage of veterans using the re-*
13 *sources of the Department who have been diag-*
14 *nosed with mental health issues;*

15 (D) *the percentage of veterans who have*
16 *completed counseling sessions offered by the De-*
17 *partment; and*

18 (E) *the efforts of the Department to expand*
19 *complementary alternative treatments viable to*
20 *the recovery of veterans with mental health issues*
21 *as determined by the Secretary to improve the ef-*
22 *fectiveness of treatments offered with the Depart-*
23 *ment.*

24 (c) *MEMBERSHIP.—*

1 (1) *IN GENERAL.*—*The Commission shall be com-*
2 *posed of 10 members, appointed as follows:*

3 (A) *Two members appointed by the Speaker*
4 *of the House of Representatives, at least one of*
5 *whom shall be a veteran.*

6 (B) *Two members appointed by the Minor-*
7 *ity Leader of the House of Representatives, at*
8 *least one of whom shall be a veteran.*

9 (C) *Two members appointed by the Major-*
10 *ity Leader of the Senate, at least one of whom*
11 *shall be a veteran.*

12 (D) *Two members appointed by the Minor-*
13 *ity Leader of the Senate, at least one of whom*
14 *shall be a veteran.*

15 (E) *Two members appointed by the Presi-*
16 *dent, at least one of whom shall be a veteran.*

17 (2) *QUALIFICATIONS.*—*Members of the Commis-*
18 *sion shall be—*

19 (A) *individuals who are of recognized*
20 *standing and distinction within the medical*
21 *community with a background in treating men-*
22 *tal health;*

23 (B) *individuals with experience working*
24 *with the military and veteran population; and*

1 (C) *individuals who do not have a financial*
2 *interest in any of the complementary alternative*
3 *treatments reviewed by the Commission.*

4 (3) *CHAIRMAN.—The President shall designate a*
5 *member of the Commission to be the Chairman.*

6 (4) *PERIOD OF APPOINTMENT.—Members of the*
7 *Commission shall be appointed for the life of the*
8 *Commission.*

9 (5) *VACANCY.—A vacancy in the Commission*
10 *shall be filled in the manner in which the original*
11 *appointment was made.*

12 (6) *APPOINTMENT DEADLINE.—The appointment*
13 *of members of the Commission in this section shall be*
14 *made not later than 90 days after the date of the en-*
15 *actment of this Act.*

16 (d) *POWERS OF COMMISSION.—*

17 (1) *MEETINGS.—*

18 (A) *INITIAL MEETING.—The Commission*
19 *shall hold its first meeting not later than 30*
20 *days after a majority of members are appointed*
21 *to the Commission.*

22 (B) *MEETING.—The Commission shall regu-*
23 *larly meet at the call of the Chairman. Such*
24 *meetings may be carried out through the use of*
25 *telephonic or other appropriate telecommuni-*

1 *cation technology if the Commission determines*
2 *that such technology will allow the members to*
3 *communicate simultaneously.*

4 (2) *HEARINGS.*—*The Commission may hold such*
5 *hearings, sit and act at such times and places, take*
6 *such testimony, and receive evidence as the Commis-*
7 *sion considers advisable to carry out the responsibil-*
8 *ities of the Commission.*

9 (3) *INFORMATION FROM FEDERAL AGENCIES.*—
10 *The Commission may secure directly from any de-*
11 *partment or agency of the Federal Government such*
12 *information as the Commission considers necessary to*
13 *carry out the duties of the Commission.*

14 (4) *INFORMATION FROM NONGOVERNMENTAL OR-*
15 *GANIZATIONS.*—*In carrying out its duties, the Com-*
16 *mission may seek guidance through consultation with*
17 *foundations, veteran service organizations, nonprofit*
18 *groups, faith-based organizations, private and public*
19 *institutions of higher education, and other organiza-*
20 *tions as the Commission determines appropriate.*

21 (5) *COMMISSION RECORDS.*—*The Commission*
22 *shall keep an accurate and complete record of the ac-*
23 *tions and meeting of the Commission. Such record*
24 *shall be made available for public inspection and the*

1 *Comptroller General of the United States may audit*
2 *and examine such record.*

3 (6) *PERSONNEL RECORDS.—The Commission*
4 *shall keep an accurate and complete record of the ac-*
5 *tions and meetings of the Commission. Such record*
6 *shall be made available for public inspection and the*
7 *Comptroller General of the United States may audit*
8 *and examine such records.*

9 (7) *COMPENSATION OF MEMBERS; TRAVEL EX-*
10 *PENSES.—Each member shall serve without pay but*
11 *shall receive travel expenses to perform the duties of*
12 *the Commission, including per diem in lieu of sub-*
13 *stances, at rates authorized under subchapter I of*
14 *chapter 57 of title 5, United States Code.*

15 (8) *STAFF.—The Chairman, in accordance with*
16 *rules agreed upon the Commission, may appoint fix*
17 *the compensation of a staff director and such other*
18 *personnel as may be necessary to enable the Commis-*
19 *sion to carry out its functions, without regard to the*
20 *provisions of title 5, United States Code, governing*
21 *appointments in the competitive service, without re-*
22 *gard to the provision of chapter 51 and subchapter*
23 *III of chapter 53 of such title relating to classification*
24 *and General Schedule pay rates, except that no rate*
25 *of pay fixed under this paragraph may exceed the*

1 *equivalent of that payable for a position at a level IV*
2 *of the Executive Schedule under section 5316 of title*
3 *5, United States Code.*

4 (9) *PERSONNEL AS FEDERAL EMPLOYEES.—*

5 (A) *IN GENERAL.—The executive director*
6 *and any personnel of the Commission are em-*
7 *ployees under section 2105 of title 5, United*
8 *States Code, for purpose of chapters 63, 81, 83,*
9 *84, 85, 87, 89, and 90 of such title.*

10 (B) *MEMBERS OF THE COMMISSION.—Sub-*
11 *paragraph (A) shall not be construed to apply to*
12 *members of the Commission.*

13 (10) *CONTRACTING.—The Commission may, to*
14 *such extent and in such amounts as are provided in*
15 *appropriations Acts, enter into contracts to enable the*
16 *Commission to discharge the duties of the Commission*
17 *under this Act.*

18 (11) *EXPERT AND CONSULTANT SERVICE.—The*
19 *Commission may procure the services of experts and*
20 *consultants in accordance with section 3109 or title*
21 *5, United States Code, at rates not to exceed the daily*
22 *rate paid to a person occupying a position at level IV*
23 *of the Executive Schedule under section 3109 of title*
24 *5, United States Code.*

1 (12) *POSTAL SERVICE.*—*The Commission may*
2 *use the United States mails in the same manner and*
3 *under the same conditions as departments and agen-*
4 *cies of the United States.*

5 (13) *PHYSICAL FACILITIES AND EQUIPMENT.*—
6 *Upon the request of the Commission, the Adminis-*
7 *trator of General Services shall provide to the Com-*
8 *mission, on a reimbursable basis, the administrative*
9 *support services necessary for the Commission to*
10 *carry out its responsibilities under this Act. These ad-*
11 *ministrative services may include human resource*
12 *management, budget, leasing accounting, and payroll*
13 *services.*

14 (e) *REPORT.*—

15 (1) *INTERIM REPORTS.*—

16 (A) *IN GENERAL.*—*Not later than 60 days*
17 *after the date on which the Commission first*
18 *meets, and each 30-day period thereafter ending*
19 *on the date on which the Commission submits*
20 *the final report under paragraph (2), the Com-*
21 *mission shall submit to the Committees on Vet-*
22 *erans' Affairs of the House of Representatives*
23 *and the Senate and the President a report detail-*
24 *ing the level of cooperation the Secretary of Vet-*
25 *erans Affairs (and the heads of other depart-*

1 ments or agencies of the Federal Government)
2 has provided to the Commission.

3 (B) *OTHER REPORTS.*—In carrying out its
4 duties, at times that the Commission determines
5 appropriate, the Commission shall submit to the
6 Committee on Veterans' Affairs of the House of
7 Representatives and the Senate and any other
8 appropriate entities an interim report with re-
9 spect to the findings identified by the Commis-
10 sion.

11 (2) *FINAL REPORT.*—Not later than 18 months
12 after the first meeting of the Commission, the Com-
13 mission shall submit to the Committee on Veterans'
14 Affairs of the House of Representatives and the Sen-
15 ate, the President, and the Secretary of Veterans Af-
16 fairs a final report on the findings of the Commis-
17 sion. Such report shall include the following:

18 (A) *Recommendations to implement in a*
19 *feasible, timely, and cost efficient manner the so-*
20 *lutions and remedies identified within the find-*
21 *ings of the Commission pursuant to subsection*
22 *(b).*

23 (B) *An analysis of the evidence-based ther-*
24 *apy model used by the Secretary of Veterans Af-*
25 *fairs for treating veterans with mental health*

1 *care issues, and an examination of the preva-*
2 *lence and efficacy of prescription drugs as a*
3 *means for treatment.*

4 *(C) The findings of the patient-centered sur-*
5 *vey conducted within each of the Veterans Inte-*
6 *grated Service Networks pursuant to subsection*
7 *(b)(2).*

8 *(D) An examination of complementary al-*
9 *ternative treatments described in subsection*
10 *(b)(3) and the potential benefits of incorporating*
11 *such treatments in the therapy models used by*
12 *the Secretary for treating veterans with mental*
13 *health issues.*

14 *(3) PLAN.—Not later than 90 days after the date*
15 *on which the Commission submits the final report*
16 *under paragraph (2), the Secretary of Veterans Af-*
17 *airs shall submit to the Committee on Veterans' Af-*
18 *airs of the House of Representatives and the Senate*
19 *a report on the following:*

20 *(A) An action plan for implementing the*
21 *recommendations established by the Commission*
22 *on such solutions and remedies for improving*
23 *wellness-based outcomes for veterans with mental*
24 *health care issues.*

1 (B) *A feasible timeframe on when the com-*
2 *plementary alternative treatments described in*
3 *subsection (b)(3) can be implemented Depart-*
4 *ment-wide.*

5 (C) *With respect to each recommendation*
6 *established by the Commission, including any*
7 *complementary alternative treatment, that the*
8 *Secretary determines is not appropriate or fea-*
9 *sible to implement, a justification for such deter-*
10 *mination and an alternative solution to improve*
11 *the efficacy of the therapy models used by the*
12 *Secretary for treating veterans with mental*
13 *health issues.*

14 (f) *TERMINATION OF COMMISSION.—The Commission*
15 *shall terminate 30 days after the Commission submits the*
16 *final report under subsection (e)(2).*

17 **SEC. 302. PILOT PROGRAM ON INTEGRATION OF COM-**
18 **PLEMENTARY ALTERNATIVE MEDICINES AND**
19 **RELATED ISSUES FOR VETERANS AND FAM-**
20 **ILY MEMBERS OF VETERANS.**

21 (a) *PILOT PROGRAM.—*

22 (1) *IN GENERAL.—Not later than 180 days after*
23 *the date on which the Secretary of Veterans Affairs*
24 *receives the final report under section 301(e), the Sec-*
25 *retary shall commence a pilot program to assess the*

1 *feasibility and advisability of using wellness-based*
2 *programs (as defined by the Secretary) to complement*
3 *the provision of pain management and related health*
4 *care services, including mental health care services, to*
5 *veterans.*

6 (2) *MATTERS ADDRESSED.—In carrying out the*
7 *pilot program, the Secretary shall assess the fol-*
8 *lowing:*

9 (A) *Means of improving coordination be-*
10 *tween Federal, State, local, and community pro-*
11 *viders of health care in the provision of pain*
12 *management and related health care services to*
13 *veterans.*

14 (B) *Means of enhancing outreach, and co-*
15 *ordination of outreach, by and among providers*
16 *of health care referred to in subparagraph (A) on*
17 *the pain management and related health care*
18 *services available to veterans.*

19 (C) *Means of using wellness-based programs*
20 *of providers of health care referred to in sub-*
21 *paragraph (A) as complements to the provision*
22 *by the Department of pain management and re-*
23 *lated health care services to veterans.*

24 (D) *Whether wellness-based programs de-*
25 *scribed in subparagraph (C)—*

1 (i) are effective in enhancing the qual-
2 ity of life and well-being of veterans;

3 (ii) are effective in increasing the ad-
4 herence of veterans to the primary pain
5 management and related health care serv-
6 ices provided such veterans by the Depart-
7 ment;

8 (iii) have an effect on the sense of well-
9 being of veterans who receive primary pain
10 management and related health care serv-
11 ices from the Department; and

12 (iv) are effective in encouraging vet-
13 erans receiving health care from the Depart-
14 ment to adopt a more healthy lifestyle.

15 (b) *DURATION.*—The Secretary shall carry out the
16 pilot program under subsection (a)(1) for a period of three
17 years.

18 (c) *LOCATIONS.*—

19 (1) *FACILITIES.*—The Secretary shall carry out
20 the pilot program under subsection (a)(1) at facilities
21 of the Department providing pain management and
22 related health care services, including mental health
23 care services, to veterans. In selecting such facilities
24 to carry out the pilot program, the Secretary shall se-
25 lect not fewer than 15 medical centers of the Depart-

1 *ment, of which not fewer than two shall be*
2 *polytrauma rehabilitation centers of the Department.*

3 (2) *MEDICAL CENTERS WITH PRESCRIPTION*
4 *RATES OF OPIOIDS THAT CONFLICT WITH CARE*
5 *STANDARDS.—In selecting the medical centers under*
6 *paragraph (1), the Secretary shall give priority to*
7 *medical centers of the Department at which there is*
8 *a prescription rate of opioids that conflicts with or is*
9 *otherwise inconsistent with the standards of appro-*
10 *priate and safe care.*

11 (d) *PROVISION OF SERVICES.—Under the pilot pro-*
12 *gram under subsection (a)(1), the Secretary shall provide*
13 *covered services to covered veterans by integrating com-*
14 *plementary and alternative medicines and integrative*
15 *health services with other services provided by the Depart-*
16 *ment at the medical centers selected under subsection (c).*

17 (e) *COVERED VETERANS.—For purposes of the pilot*
18 *program under subsection (a)(1), a covered veteran is any*
19 *veteran who—*

20 (1) *has a mental health condition diagnosed by*
21 *a clinician of the Department;*

22 (2) *experiences chronic pain;*

23 (3) *has a chronic condition being treated by a*
24 *clinician of the Department; or*

1 (4) *is not described in paragraph (1), (2), or (3)*
2 *and requests to participate in the pilot program or is*
3 *referred by a clinician of the Department who is*
4 *treating the veteran.*

5 (f) *COVERED SERVICES.—*

6 (1) *IN GENERAL.—For purposes of the pilot pro-*
7 *gram, covered services are services consisting of com-*
8 *plementary and integrative health services as selected*
9 *by the Secretary.*

10 (2) *ADMINISTRATION OF SERVICES.—Covered*
11 *services shall be administered under the pilot pro-*
12 *gram as follows:*

13 (A) *Covered services shall be administered*
14 *by professionals or other instructors with appro-*
15 *priate training and expertise in complementary*
16 *and integrative health services who are employ-*
17 *ees of the Department or with whom the Depart-*
18 *ment enters into an agreement to provide such*
19 *services.*

20 (B) *Covered services shall be included as*
21 *part of the Patient Aligned Care Teams initia-*
22 *tive of the Office of Patient Care Services, Pri-*
23 *mary Care Program Office, in coordination with*
24 *the Office of Patient Centered Care and Cultural*
25 *Transformation.*

1 (C) Covered services shall be made available
2 to—

3 (i) covered veterans who have received
4 conventional treatments from the Depart-
5 ment for the conditions for which the cov-
6 ered veteran seeks complementary and inte-
7 grative health services under the pilot pro-
8 gram; and

9 (ii) covered veterans who have not re-
10 ceived conventional treatments from the De-
11 partment for such conditions.

12 (g) REPORTS.—

13 (1) IN GENERAL.—Not later than 30 months
14 after the date on which the Secretary commences the
15 pilot program under subsection (a)(1), the Secretary
16 shall submit to the Committee on Veterans' Affairs of
17 the Senate and the Committee on Veterans' Affairs of
18 the House of Representatives a report on the pilot
19 program.

20 (2) ELEMENTS.—The report under paragraph
21 (1) shall include the following:

22 (A) The findings and conclusions of the Sec-
23 retary with respect to the pilot program under
24 subsection (a)(1), including with respect to—

1 (i) the use and efficacy of the com-
2 plementary and integrative health services
3 established under the pilot program;

4 (ii) the outreach conducted by the Sec-
5 retary to inform veterans and community
6 organizations about the pilot program; and

7 (iii) an assessment of the benefit of the
8 pilot program to covered veterans in mental
9 health diagnoses, pain management, and
10 treatment of chronic illness.

11 (B) Identification of any unresolved bar-
12 riers that impede the ability of the Secretary to
13 incorporate complementary and integrative
14 health services with other health care services
15 provided by the Department.

16 (C) Such recommendations for the continu-
17 ation or expansion of the pilot program as the
18 Secretary considers appropriate.

19 (h) *COMPLEMENTARY AND INTEGRATIVE HEALTH DE-*
20 *FINED.*—In this section, the term “complementary and inte-
21 grative health” shall have the meaning given that term by
22 the National Institutes of Health.

1 **TITLE IV—FITNESS OF HEALTH**
2 **CARE PROVIDERS**

3 **SEC. 401. ADDITIONAL REQUIREMENTS FOR HIRING OF**
4 **HEALTH CARE PROVIDERS BY DEPARTMENT**
5 **OF VETERANS AFFAIRS.**

6 *As part of the hiring process for each health care pro-*
7 *vider considered for a position at the Department of Vet-*
8 *erans Affairs after the date of the enactment of the Act, the*
9 *Secretary of Veterans Affairs shall require from the medical*
10 *board of each State in which the health care provider has*
11 *a medical license—*

12 *(1) information on any violation of the require-*
13 *ments of the medical license of the health care pro-*
14 *vider during the 20-year period preceding the consid-*
15 *eration of the health care provider by the Department;*
16 *and*

17 *(2) information on whether the health care pro-*
18 *vider has entered into any settlement agreement for*
19 *the disciplinary charge relating to the practice of*
20 *medicine by the health care provider.*

21 **SEC. 402. PROVISION OF INFORMATION ON HEALTH CARE**
22 **PROVIDERS OF DEPARTMENT OF VETERANS**
23 **AFFAIRS TO STATE MEDICAL BOARDS.**

24 *Notwithstanding section 552a of title 5, United States*
25 *Code, with respect to each health care provider of the De-*

1 *partment of Veterans Affairs who has violated a require-*
2 *ment of the medical license of the health care provider, the*
3 *Secretary of Veterans Affairs shall provide to the medical*
4 *board of each State in which the health care provider is*
5 *licensed detailed information with respect to such violation,*
6 *regardless of whether such board has formally requested such*
7 *information.*

8 **SEC. 403. REPORT ON COMPLIANCE BY DEPARTMENT OF**
9 **VETERANS AFFAIRS WITH REVIEWS OF**
10 **HEALTH CARE PROVIDERS LEAVING THE DE-**
11 **PARTMENT OR TRANSFERRING TO OTHER FA-**
12 **CILITIES.**

13 *Not later than 180 days after the date of the enactment*
14 *of this Act, the Secretary of Veterans Affairs shall submit*
15 *to the Committee on Veterans' Affairs of the Senate and*
16 *the Committee on Veterans' Affairs of the House of Rep-*
17 *resentatives a report on the compliance by the Department*
18 *of Veterans Affairs with the policy of the Department—*

19 *(1) to conduct a review of each health care pro-*
20 *vider of the Department who transfers to another*
21 *medical facility of the Department, retires, or is ter-*
22 *minated to determine whether there are any concerns,*
23 *complaints, or allegations of violations relating to the*
24 *medical practice of the health care provider; and*

1 (2) to take appropriate action with respect to
2 any such concern, complaint, or allegation.

3 **TITLE V—OTHER VETERANS**
4 **MATTERS**

5 **SEC. 501. AUDIT OF VETERANS HEALTH ADMINISTRATION**
6 **PROGRAMS OF DEPARTMENT OF VETERANS**
7 **AFFAIRS.**

8 (a) *AUDIT.*—The Secretary of Veterans Affairs shall
9 seek to enter into a contract with a nongovernmental entity
10 under which the entity shall conduct a audits of the pro-
11 grams of the Veterans Health Administration of the Depart-
12 ment of Veterans Affairs to identify ways to improve the
13 furnishing of benefits and health care administered by the
14 Veterans Health Administration to veterans and families
15 of veterans.

16 (b) *AUDIT REQUIREMENTS.*—In carrying out each
17 audit under subsection (a), the entity shall perform the fol-
18 lowing:

19 (1) *Five-year risk assessments to identify the*
20 *functions, staff organizations, and staff offices of the*
21 *Veterans Health Administration that would lead to-*
22 *wards the greatest improvement in furnishing of bene-*
23 *fits and health care to veterans and families of vet-*
24 *erans.*

1 (2) *Development of plans that are informed by*
2 *the risk assessment under paragraph (1) to conduct*
3 *audits of the functions, staff organizations, and staff*
4 *offices identified under paragraph (1).*

5 (3) *Conduct audits in accordance with the plans*
6 *developed pursuant to paragraph (2).*

7 (c) *REPORTS.*—*Not later than 90 days after the date*
8 *on which each audit is completed under subsection (a), the*
9 *Secretary shall submit to the Committees on Veterans' Af-*
10 *fairs of the House of Representatives and the Senate a re-*
11 *port that includes—*

12 (1) *a summary of the audit;*

13 (2) *the findings of the entity that conducted the*
14 *audit with respect to the audit; and*

15 (3) *such recommendations as the Secretary deter-*
16 *mines appropriate for legislative or administrative*
17 *action to improve the furnishing of benefits and*
18 *health care to veterans and families of veterans.*

Union Calendar No. 422

114TH CONGRESS
2^D SESSION

H. R. 4063

[Report No. 114-546, Part I]

A BILL

To improve the use by the Secretary of Veterans Affairs of opioids in treating veterans, to improve patient advocacy by the Secretary, and to expand the availability of complementary and integrative health, and for other purposes.

MAY 10, 2016

Reported from the Committee on Veterans' Affairs with
an amendment

MAY 10, 2016

The Committee on Armed Services discharged; committed to the Committee of the Whole House on the State of the Union and ordered to be printed