

114TH CONGRESS
1ST SESSION

S. 1641

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

IN THE SENATE OF THE UNITED STATES

JUNE 22, 2015

Ms. BALDWIN (for herself, Mrs. CAPITO, Mr. BLUMENTHAL, Mr. BROWN, Ms. HIRONO, Mr. JOHNSON, Mr. KAINE, Mr. MANCHIN, Mr. MARKEY, Mr. MORAN, Mrs. MURRAY, Mr. SANDERS, and Mr. TESTER) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To improve the use by the Department of Veterans Affairs of opioids in treating veterans, to improve patient advocacy by the Department, and to expand 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
5 “Jason Simeakoski Memorial Opioid Safety Act”.

- 1 (b) TABLE OF CONTENTS.—The table of contents for
 2 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—OPIOID THERAPY AND PAIN MANAGEMENT

- Sec. 101. Guidelines on management of opioid therapy by Department of Veterans Affairs and Department of Defense and implementation of such guidelines by Department of Veterans Affairs.
- Sec. 102. Improvement of opioid safety measures by Department of Veterans Affairs.
- Sec. 103. Establishment of working group on pain management and opioid therapy within the Department of Veterans Affairs-Department of Defense Joint Executive Committee.
- Sec. 104. Establishment of pain management boards of Department of Veterans Affairs.
- Sec. 105. Study on feasibility and advisability of carrying out pharmacy lock-in program by Department of Veterans Affairs.
- Sec. 106. Reports and investigation on use of opioids in treatment by Department of Veterans Affairs.

TITLE II—PATIENT ADVOCACY

- Sec. 201. Establishment of Office of Patient Advocacy of the Department of Veterans Affairs.
- Sec. 202. Community meetings on improving care from Department of Veterans Affairs.
- Sec. 203. Improvement of awareness of patient advocacy program and patient bill of rights of Department of Veterans Affairs.
- Sec. 204. Comptroller General Report on Patient Advocacy Program of Department of Veterans Affairs.
- Sec. 205. Report on transition by veterans between different health care settings.

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. Program on integration of complementary and integrative health within Department of Veterans Affairs medical centers.
- Sec. 303. Program on use of wellness programs as complementary approach to pain management and related issues for veterans and family members of veterans.

TITLE IV—OTHER VETERANS HEALTH CARE MATTERS

- Sec. 401. Additional requirements for hiring of health care providers by Department 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. Department of Veterans Affairs program of internal audits.

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

3 **SEC. 101. GUIDELINES ON MANAGEMENT OF OPIOID THER-**
4 **APY BY DEPARTMENT OF VETERANS AFFAIRS**
5 **AND DEPARTMENT OF DEFENSE AND IMPLE-**
6 **MENTATION OF SUCH GUIDELINES BY DE-**
7 **PARTMENT OF VETERANS AFFAIRS.**

8 (a) IN GENERAL.—Not later than one year after the
9 date of the enactment of this Act, the Secretary of Vet-
10 erans Affairs and the Secretary of Defense shall jointly
11 update the VA/DOD Clinical Practice Guideline for Man-
12 agement of Opioid Therapy for Chronic Pain to include
13 the following:

14 (1) Guidelines for safely prescribing opioids for
15 the treatment of chronic, non-cancer pain in out-
16 patient settings as developed and released by the
17 Centers for Disease Control and Prevention.

18 (2) Enhanced guidance with respect to absolute
19 contraindications for opioid therapy, including guid-
20 ance with respect to the following:

21 (A) The coadministration of drugs that are
22 capable of inducing a life-limiting drug-drug
23 interaction, including benzodiazepines.

1 (B) The treatment of patients with current
2 acute psychiatric instability or substance use
3 disorder or patients at risk of suicide.

4 (C) The use of opioid therapy to treat pa-
5 tients without any pain, including to treat men-
6 tal health disorders other than opioid use dis-
7 order.

8 (3) Enhanced guidance with respect to the
9 treatment of patients with behaviors or
10 comorbidities, such as post-traumatic stress dis-
11 order, psychiatric disorders, or a history of sub-
12 stance abuse or addiction, that require consultation
13 or comanagement of opioid therapy with one or more
14 specialists in pain management, mental health, or
15 addictions.

16 (4) Enhanced guidance with respect to the con-
17 duct by health care providers of an effectiveness as-
18 sessment for patients receiving opioid therapy, in-
19 cluding patients on long-term opioid therapy, to de-
20 termine—

21 (A) whether opioid therapy is meeting the
22 expected goals of the patient and health care
23 provider of relieving pain, improving function,
24 and providing patient satisfaction; and

1 (B) whether opioid therapy should be con-
2 tinued.

3 (5) Requirements that each health care provider
4 of the Department of Veterans Affairs and the De-
5 partment of Defense, before initiating opioid therapy
6 to treat a patient, use the Opioid Therapy Risk Re-
7 port tool of the Department of Veterans Affairs, in-
8 cluding information from the prescription drug mon-
9 itoring program of each State that includes the most
10 recent date information relating to the patient was
11 accessed through such program, as required to be in-
12 cluded in such tool under section 102(d)(2), to as-
13 sess the risk for adverse outcomes of opioid therapy
14 for the patient, including the concurrent use of con-
15 trolled substances such as benzodiazepines, as part
16 of the comprehensive assessment conducted by the
17 health care provider.

18 (6) Guidelines to govern the methodologies used
19 by health care providers of the Department of Vet-
20 erans Affairs and the Department of Defense to
21 taper opioid therapy when adjusting or discontinuing
22 the use of opioid therapy.

23 (7) Guidelines with respect to appropriate case
24 management for patients receiving opioid therapy
25 who transition between inpatient and outpatient

1 health care settings, which may include the use of
2 care transition plans.

3 (8) Enhanced recommendations with respect to
4 the use of routine and random urine drug tests for
5 all patients before and during opioid therapy to help
6 prevent substance abuse, dependence, and diversion,
7 including requirements—

8 (A) that such tests occur not less fre-
9 quently than once each year; and

10 (B) that health care providers appro-
11 priately interpret and respond to the results
12 from such tests to tailor pain therapy, safe-
13 guards, and risk management strategies to each
14 patient.

15 (9) Guidance that health care providers discuss
16 with patients, before initiating opioid therapy, op-
17 tions for pain management therapies without the use
18 of opioids and options to augment opioid therapy
19 with other clinical and complementary and integra-
20 tive health services to minimize opioid dependence.

21 (b) CONSULTATION BEFORE UPDATE.—Before up-
22 dating the guideline under subsection (a), the Secretary
23 of Veterans Affairs and the Secretary of Defense shall
24 jointly consult with the working group on pain manage-
25 ment and opioid therapy established in section 103.

1 (c) COMPTROLLER GENERAL REPORT ON IMPLE-
 2 MENTATION BY DEPARTMENT OF VETERANS AFFAIRS.—
 3 Not later than one year after the Secretary of Veterans
 4 Affairs updates the guideline under subsection (a), and
 5 not less frequently than annually thereafter, the Comp-
 6 troller General of the United States shall submit to the
 7 Committee on Veterans’ Affairs of the Senate and the
 8 Committee on Veterans’ Affairs of the House of Rep-
 9 resentatives a report on—

10 (1) the implementation by each medical facility
 11 of the Department of Veterans Affairs of such
 12 guideline; and

13 (2) the compliance by each such medical facility
 14 with such guideline.

15 (d) CONTROLLED SUBSTANCE DEFINED.—In this
 16 section, the term “controlled substance” has the meaning
 17 given that term in section 102 of the Controlled Sub-
 18 stances Act (21 U.S.C. 802).

19 **SEC. 102. IMPROVEMENT OF OPIOID SAFETY MEASURES BY**
 20 **DEPARTMENT OF VETERANS AFFAIRS.**

21 (a) EXPANSION OF OPIOID SAFETY INITIATIVE.—
 22 Not later than 180 days after the date of the enactment
 23 of this Act, the Secretary of Veterans Affairs shall expand
 24 the Opioid Safety Initiative of the Department of Veterans
 25 Affairs to include all medical facilities of the Department.

1 (b) PAIN MANAGEMENT EDUCATION AND TRAIN-
2 ING.—

3 (1) IN GENERAL.—In carrying out the Opioid
4 Safety Initiative of the Department, the Secretary
5 shall require all employees of the Department re-
6 sponsible for prescribing opioids to receive education
7 and training described in paragraph (2) in order to
8 appropriately implement and comply with the VA/
9 DOD Clinical Practice Guideline for Management of
10 Opioid Therapy for Chronic Pain, including any up-
11 dates to such guideline.

12 (2) EDUCATION AND TRAINING.—Education
13 and training described in this paragraph is edu-
14 cation and training on pain management and safe
15 opioid prescribing practices for purposes of safely
16 and effectively managing patients with chronic pain
17 and includes education and training on the fol-
18 lowing:

19 (A) The safe and effective use of opioid
20 therapy to treat chronic pain that is non-cancer
21 related.

22 (B) The use of evidence-based pain man-
23 agement therapies, including cognitive-behav-
24 ioral therapy, non-opioid alternatives, and non-
25 drug approaches to managing pain and related

1 health conditions including complementary and
2 integrative health services.

3 (C) Screening and identification of patients
4 with substance use disorder, including drug-
5 seeking behavior, before prescribing opioids, as-
6 sessment of the risk potential for patients devel-
7 oping an addiction, and referral of patients to
8 appropriate addiction treatment professionals if
9 addiction is identified or strongly suspected.

10 (D) The safe and effective use of urine
11 drug tests.

12 (E) Prescription of the lowest effective
13 dose of opioids based on patient need, use of
14 opioids only for a limited period of time, and
15 augmentation of opioid therapy with other pain
16 management therapies and modalities.

17 (F) The use of safe and effective tapering
18 programs for patients taking opioids and other
19 controlled substances, such as benzodiazepines,
20 concurrently and patients taking high-risk
21 opioids.

22 (G) Communication with patients on the
23 potential harm associated with the use of
24 opioids and other controlled substances, includ-
25 ing the need to safely store and dispose of sup-

1 plies relating to the use of opioids and other
2 controlled substances.

3 (H) Such other education and training as
4 the Secretary considers appropriate to ensure
5 that veterans receive safe, high-quality pain
6 management care from the Department.

7 (3) USE OF EXISTING PROGRAM.—In providing
8 education and training described in paragraph (2),
9 the Secretary shall use the Interdisciplinary Chronic
10 Pain Management Training Team Program of the
11 Department.

12 (c) PAIN MANAGEMENT TEAMS.—

13 (1) IN GENERAL.—In carrying out the Opioid
14 Safety Initiative of the Department, each medical fa-
15 cility of the Department shall identify and designate
16 a pain management team of health care profes-
17 sionals responsible for coordinating and overseeing
18 therapy at such facility for patients experiencing
19 acute and chronic pain that is non-cancer related.

20 (2) ESTABLISHMENT OF PROTOCOLS.—

21 (A) IN GENERAL.—The director of each
22 Veterans Integrated Service Network shall es-
23 tablish protocols for the designation of pain
24 management teams at each medical facility

1 within that Veterans Integrated Service Net-
2 work.

3 (B) CONSULTATION ON PRESCRIPTION OF
4 OPIOIDS.—Each protocol established for a med-
5 ical facility under subparagraph (A) shall en-
6 sure that any health care provider without ex-
7 pertise in prescribing analgesics or who has not
8 completed the education and training under
9 subsection (b), such as a mental health care
10 provider, does not prescribe opioids to a patient
11 unless that health care provider—

12 (i) consults with a health care pro-
13 vider with pain management expertise or
14 who is on the pain management team of
15 the medical facility; and

16 (ii) refers the patient to that pain
17 management team for any subsequent pre-
18 scriptions and related therapy.

19 (3) REPORT.—

20 (A) IN GENERAL.—Not later than one year
21 after the date of the enactment of this Act, the
22 head of each medical facility of the Department
23 shall submit to the director of the Veterans In-
24 tegrated Service Network in which the medical
25 facility is located a report identifying the health

1 care professionals that have been designated as
2 members of the pain management team at the
3 medical facility.

4 (B) ELEMENTS.—Each report submitted
5 under subparagraph (A) with respect to a med-
6 ical facility of the Department shall include—

7 (i) a certification as to whether all
8 members of the pain management team at
9 the medical facility have completed the
10 education and training required under sub-
11 section (b); and

12 (ii) a plan for the management and
13 referral of patients to such pain manage-
14 ment team if health care providers without
15 expertise in prescribing analgesics pre-
16 scribe opioid medications to treat acute
17 and chronic pain that is non-cancer re-
18 lated.

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

20 (1) TRACKING OF DATA ON OPIOID USE.—Not
21 later than 18 months after the date of the enact-
22 ment of this Act, in carrying out the Opioid Safety
23 Initiative and the Opioid Therapy Risk Report tool
24 of the Department, the Secretary shall, through the
25 Computerized Patient Record System of the Depart-

1 ment, allow for real-time tracking of and access to
2 data on—

3 (A) the key clinical indicators with respect
4 to the totality of opioid use by veterans;

5 (B) concurrent prescribing by health care
6 providers of the Department of opioids in dif-
7 ferent health care settings, include data on con-
8 current prescribing of opioids to treat mental
9 health disorders other than opioid use disorder;
10 and

11 (C) mail-order prescriptions of opioids pre-
12 scribed to veterans under the laws administered
13 by the Secretary.

14 (2) PRESCRIPTION DRUG MONITORING PRO-
15 GRAMS OF STATES.—In carrying out the Opioid
16 Safety Initiative and the Opioid Therapy Risk Re-
17 port tool of the Department, the Secretary shall—

18 (A) ensure access by health care providers
19 of the Department to information on controlled
20 substances, including opioids and
21 benzodiazepines, prescribed to veterans who re-
22 ceive care outside the Department through the
23 prescription drug monitoring program of each
24 State, including by seeking to enter into memo-

1 randa of understanding with States to allow
2 such access;

3 (B) include such information in the Opioid
4 Therapy Risk Report; and

5 (C) require health care providers of the
6 Department to submit to the prescription drug
7 monitoring program of each State information
8 on prescriptions of controlled substances re-
9 ceived by veterans in that State under the laws
10 administered by the Secretary.

11 (3) REPORT ON IMPLEMENTATION.—Not later
12 than 180 days after the date of the enactment of
13 this Act, the Secretary shall submit to Congress a
14 report on the progress of the Department in imple-
15 menting the improvements to the Opioid Therapy
16 Risk Report tool of the Department required under
17 paragraphs (1) and (2).

18 (e) AVAILABILITY OF OPIOID RECEPTOR ANTAGO-
19 NISTS.—

20 (1) INCREASED AVAILABILITY AND USE.—

21 (A) IN GENERAL.—The Secretary shall in-
22 crease the availability of opioid receptor antago-
23 nists approved by the Food and Drug Adminis-
24 tration, such as naloxone, to veterans and in-
25 crease the availability of opioid receptor antago-

1 nists for use by health care providers of the De-
2 partment in treating veterans.

3 (B) AVAILABILITY, TRAINING, AND DIS-
4 TRIBUTION.—In carrying out subparagraph
5 (A), the Secretary shall, not later than 90 days
6 after the date of the enactment of this Act—

7 (i) equip each medical facility of the
8 Department with opioid receptor antago-
9 nists approved by the Food and Drug Ad-
10 ministration;

11 (ii) enhance training for health care
12 providers of the Department on distrib-
13 uting such opioid receptor antagonists; and

14 (iii) expand the Overdose Education
15 and Naloxone Distribution program of the
16 Department to ensure that all veterans in
17 receipt of health care under the laws ad-
18 ministered by the Secretary who are at
19 risk of opioid overdose have access to such
20 opioid receptor antagonists and training on
21 the proper administration of such opioid
22 receptor antagonists.

23 (C) VETERANS WHO ARE AT RISK.—For
24 purposes of subparagraph (B), veterans who are
25 at risk of opioid overdose include—

- 1 (i) veterans receiving long-term opioid
2 therapy;
- 3 (ii) veterans receiving opioid therapy
4 who have a history of substance use dis-
5 order or prior instances of overdose; and
- 6 (iii) veterans who are at risk as deter-
7 mined by a health care provider who is
8 treating the veteran.

9 (2) REPORT.—Not later than 120 days after
10 the date of the enactment of this Act, the Secretary
11 shall submit to the Committee on Veterans' Affairs
12 of the Senate and the Committee on Veterans' Af-
13 fairs of the House of Representatives a report on
14 compliance with paragraph (1) that includes an as-
15 sessment of the following:

16 (A) Whether all medical facilities of the
17 Department are equipped with opioid receptor
18 antagonists approved by the Food and Drug
19 Administration.

20 (B) The progress of the Department in en-
21 suring that any such facilities that are not
22 equipped with such opioid receptor antagonists
23 obtain such opioid receptor antagonists.

24 (C) Whether all veterans at risk of opioid
25 overdose have access to such opioid receptor an-

1 tagonists and training on the proper adminis-
2 tration of such opioid receptor antagonists.

3 (D) The progress of the Department in en-
4 suring that all veterans at risk of opioid over-
5 dose have access to such opioid receptor antago-
6 nists and training on the proper administration
7 of such opioid receptor antagonists.

8 (f) INCLUSION OF CERTAIN INFORMATION AND CA-
9 PABILITIES IN OPIOID THERAPY RISK REPORT TOOL.—

10 (1) INFORMATION.—The Secretary shall include
11 in the Opioid Therapy Risk Report tool of the De-
12 partment—

13 (A) information on the most recent time
14 the tool was accessed by a health care provider
15 of the Department with respect to each veteran;
16 and

17 (B) information on the results of the most
18 recent urine drug test for each veteran.

19 (2) CAPABILITIES.—The Secretary shall include
20 in the Opioid Therapy Risk Report tool the ability
21 of health care providers of the Department to deter-
22 mine whether a health care provider of the Depart-
23 ment prescribed opioids to a veteran without check-
24 ing the information in the tool with respect to the
25 veteran.

1 (g) NOTIFICATION OF RISK IN COMPUTERIZED
 2 HEALTH RECORD.—The Secretary shall modify the Com-
 3 puterized Patient Record System of the Department to en-
 4 sure that any health care provider that accesses the record
 5 of a veteran, regardless of the reason the veteran seeks
 6 care from the health care provider, will be immediately no-
 7 tified whether the veteran—

8 (1) is receiving opioid therapy and has a history
 9 of substance use disorder or prior instances of over-
 10 dose;

11 (2) has a history of opioid abuse; or

12 (3) is at risk of becoming an opioid abuser as
 13 determined by a health care provider who is treating
 14 the veteran.

15 (h) CONTROLLED SUBSTANCE DEFINED.—In this
 16 section, the term “controlled substance” has the meaning
 17 given that term in section 102 of the Controlled Sub-
 18 stances Act (21 U.S.C. 802).

19 **SEC. 103. ESTABLISHMENT OF WORKING GROUP ON PAIN**
 20 **MANAGEMENT AND OPIOID THERAPY WITHIN**
 21 **THE DEPARTMENT OF VETERANS AFFAIRS-**
 22 **DEPARTMENT OF DEFENSE JOINT EXECU-**
 23 **TIVE COMMITTEE.**

24 (a) WORKING GROUP ON PAIN MANAGEMENT AND
 25 OPIOID THERAPY.—There is established within the

1 Health Executive Committee of the Department of Vet-
2 erans Affairs-Department of Defense Joint Executive
3 Committee established under section 320 of title 38,
4 United States Code, a working group on pain management
5 and opioid therapy for individuals receiving health care
6 from either the Department of Veterans Affairs or the De-
7 partment of Defense that shall cover, at a minimum, the
8 following:

9 (1) The opioid prescribing practices of health
10 care providers of each Department.

11 (2) The ability of each Department to manage
12 acute and chronic pain among individuals receiving
13 health care from that Department, including train-
14 ing health care providers with respect to pain man-
15 agement.

16 (3) The use by each Department of complemen-
17 tary and integrative health in treating such individ-
18 uals.

19 (4) The concurrent use by health care providers
20 of each Department of opioids and prescription
21 drugs to treat mental health disorders, including
22 benzodiazepines.

23 (5) The practice by health care providers of
24 each Department of prescribing opioids to treat
25 mental health disorders.

1 (6) The coordination in coverage of and con-
2 sistent access to medications prescribed for patients
3 transitioning from receiving health care from the
4 Department of Defense to receiving health care from
5 the Department of Veterans Affairs.

6 (7) The ability of each Department to identify
7 and treat substance use disorders among individuals
8 receiving health care from that Department.

9 (b) COORDINATION AND CONSULTATION.—The work-
10 ing group established under subsection (a) shall—

11 (1) coordinate the activities of the working
12 group with other relevant working groups estab-
13 lished under section 320 of title 38, United States
14 Code, including the working groups on evidence
15 based practice, patient safety, pharmacy, psycho-
16 logical health, and pain management;

17 (2) consult with other relevant Federal agen-
18 cies, including the Centers for Disease Control and
19 Prevention, with respect to the activities of the
20 working group; and

21 (3) consult with the Department of Veterans
22 Affairs and the Department of Defense with respect
23 to, review, and comment on the VA/DOD Clinical
24 Practice Guideline for Management of Opioid Ther-

1 apy for Chronic Pain, or any successor guideline, be-
 2 fore any update to the guideline is released.

3 (c) CONSULTATION.—The Secretary of Veterans Af-
 4 fairs and the Secretary of Defense shall jointly ensure that
 5 the working group established under subsection (a) is able
 6 to meaningfully consult with respect to the updated guide-
 7 line required under subsection (a) of section 101, as re-
 8 quired by subsection (b) of such section, not later than
 9 one year after the date of the enactment of this Act.

10 **SEC. 104. ESTABLISHMENT OF PAIN MANAGEMENT BOARDS**
 11 **OF DEPARTMENT OF VETERANS AFFAIRS.**

12 (a) IN GENERAL.—Subchapter I of chapter 73 of title
 13 38, United States Code, is amended by adding at the end
 14 the following new section:

15 **“§ 7309A. Pain management boards**

16 “(a) ESTABLISHMENT.—The Secretary shall estab-
 17 lish in each Veterans Integrated Service Network a Pain
 18 Management Board (in this section referred to as a
 19 ‘Board’).

20 “(b) DUTIES.—(1) Each Board shall—

21 “(A) consult with health care professionals and
 22 other employees of the Department located in the
 23 Veterans Integrated Service Network covered by the
 24 Board, patients who are being treated at medical fa-
 25 cilities of the Department located in such Veterans

1 Integrated Service Network, and family members of
2 such patients with respect to the pain management
3 resources and best practices of the Department;

4 “(B) oversee compliance by the health care pro-
5 fessionals and other employees of the Department
6 with the best practices of the Department, including
7 by issuing such recommendations to improve compli-
8 ance with such best practices as the Board considers
9 appropriate;

10 “(C) provide oversight of the pain management
11 practices of the pain management committees of
12 each medical facility of the Department and the
13 health care professionals and other employees of the
14 Department that are located in the Veterans Inte-
15 grated Service Network covered by the Board;

16 “(D) carry out educational forums, as the
17 Board considers appropriate, for individuals speci-
18 fied in subparagraph (A) on pain management and
19 treatment that may include the sharing of updated
20 research and best practices from medical experts,
21 other health care systems, and such other Federal
22 agencies as the Board considers necessary to carry
23 out this subparagraph; and

24 “(E) carry out public hearings, symposiums, or
25 other events, as the Board considers appropriate,

1 during which health care professionals discuss and
2 share best practices on pain management and com-
3plementary and integrative health.

4 “(2)(A) Each Board may provide treatment rec-
5ommendations for patients with complex clinical pain who
6are being treated at a medical facility of the Department
7located in the Veterans Integrated Service Network cov-
8ered by the Board, and assist in facilitating communica-
9tion between such patients and their health care providers,
10regardless of whether such treatment is on an in-patient
11or out-patient basis, and for whom a request for such rec-
12ommendations, subject to subparagraph (C), has been
13made by an individual described in subparagraph (B).

14 “(B) An individual described in this subparagraph is
15one of the following individuals:

16 “(i) The patient.

17 “(ii) The spouse of the patient.

18 “(iii) A family member of the patient or an-
19other individual if such family member or individual
20has been designated by the patient to make health
21care decisions for the patient or to receive health
22care information with respect to the patient.

23 “(iv) A physician of the patient.

24 “(v) An employee of the medical facility of the
25Department described in subparagraph (A).

1 “(C) An individual described in subparagraph (B)
2 may not request treatment recommendations under sub-
3 paragraph (A) unless the individual—

4 “(i) has requested treatment recommendations
5 from the pain management committee of the medical
6 facility of the Department at which the patient is re-
7 ceiving treatment; and

8 “(ii) has received treatment recommendations
9 from such committee and is not satisfied with those
10 treatment recommendations.

11 “(3) Based on treatment recommendations developed
12 under paragraph (2)(A), consultations conducted under
13 paragraph (1)(A), and educational forums and public
14 events carried out under subparagraphs (C) and (D) of
15 paragraph (1), each Board shall provide to health care
16 professionals of the Department located in the Veterans
17 Integrated Service Network covered by the Board rec-
18 ommendations on the best practices regarding pain man-
19 agement in cases of complex clinical pain.

20 “(4)(A) Each Board shall annually submit to the Sec-
21 retary and the Under Secretary for Health a report (with
22 all personally identifiable information of patients re-
23 dacted) on pain management practices carried out in the
24 Veterans Integrated Service Network covered by the

1 Board. Each such report shall include, for the year cov-
2 ered by the report, the following:

3 “(i) The treatment recommendations provided
4 under paragraph (2)(A), including—

5 “(I) a summary of such recommendations;
6 and

7 “(II) an explanation of the merits of each
8 such recommendation.

9 “(ii) The recommendations for best practices
10 provided under paragraph (3), including—

11 “(I) a summary of such recommendations;
12 and

13 “(II) an explanation of the merits of each
14 such recommendation.

15 “(iii) Such other information as the Board con-
16 siders appropriate.

17 “(B) Not later than January 31 of each year, the
18 Secretary shall submit to the Committee on Veterans’ Af-
19 fairs of the Senate and the Committee on Veterans’ Af-
20 fairs of the House of Representatives a report that con-
21 tains comprehensive information from each report sub-
22 mitted to the Secretary under subparagraph (A) during
23 the year preceding the submittal of the report by the Sec-
24 retary, disaggregated by Board.

1 “(5) The Federal Advisory Committee Act (5 U.S.C.
2 App.) shall not apply to any Board.

3 “(c) MEMBERSHIP.—(1) Each Board shall include
4 the following individuals appointed by the Secretary:

5 “(A) A board certified pain medicine specialist.

6 “(B) A trained and qualified member of the pri-
7 mary care team of a medical facility of the Depart-
8 ment with experience in pain care, such as a nurse
9 practitioner.

10 “(C) A pain psychologist.

11 “(D) A pain social worker.

12 “(E) A clinical pharmacist.

13 “(F) A pain point of contact for a Veterans In-
14 tegrated Service Network.

15 “(G) A physician with addiction and
16 psychopharmacology expertise and experience.

17 “(H) An allied health care professional.

18 “(I) A clinician with expertise in complemen-
19 tary and integrative health.

20 “(J) A clinical behavioral therapist.

21 “(K) A patient advocate.

22 “(L) A representative of the labor interests of
23 employees of the Department who are responsible
24 for prescribing drugs.

25 “(M) A current or former clinical patient.

1 “(N) A family member of a current or former
2 clinical patient.

3 “(2) Of the members appointed under paragraph (1),
4 not less than three shall be representative of the demo-
5 graphic of patients served by the Veterans Integrated
6 Service Network covered by the Board, including—

7 “(A) not less than two current or former pa-
8 tients treated at a medical facility of the Depart-
9 ment for complex clinical pain; and

10 “(B) not less than one family member of such
11 a current or former patient.

12 “(3) The Secretary shall determine the terms of serv-
13 ice of the members of each Board.

14 “(4)(A) Members of each Board shall serve without
15 pay and, except as provided in subparagraph (B), mem-
16 bers who are full-time officers or employees of the United
17 States may not receive additional pay, allowances, or bene-
18 fits by reason of their service on the Board.

19 “(B) Members may receive travel expenses, including
20 per diem in lieu of subsistence, for travel in connection
21 with their duties as members of the Board.

22 “(C) Any member who has clinical duties as an offi-
23 cer or employee of the United States shall be relieved of
24 such duties during periods in which such relief is nec-

1 essary for the member to carry out the duties of the
2 Board.

3 “(d) AVAILABILITY OF INFORMATION.—In carrying
4 out the duties of a Board under subsection (b), specific
5 information identifying a patient and other confidential in-
6 formation relating to a patient may not be made available
7 to any member appointed under subsection (c)(1) solely
8 based on qualifications under subparagraph (M) or (N)
9 of such subsection.

10 “(e) EMPLOYMENT PROTECTIONS.—No adverse per-
11 sonnel action may be made against an employee of the
12 Department in connection with a communication by the
13 employee with a member of a Board relating to the duties
14 of the Board under subsection (b) and any such commu-
15 nication shall be covered by the employment and whistle-
16 blower protections otherwise applicable to communications
17 by employees of the Department.

18 “(f) RESOURCES OF DEPARTMENT.—The Secretary
19 shall make available to each Board the resources and per-
20 sonnel of the Department necessary for the Board to carry
21 out the duties of the Board under subsection (b), including
22 resources and personnel of the General Counsel of the De-
23 partment.

24 “(g) POWERS.—(1) Each Board may, for the purpose
25 of carrying out this section, hold hearings, sit and act at

1 times and places, take testimony, and receive evidence as
 2 the Board determines appropriate.

3 “(2) Each Board may conduct site visits of medical
 4 facilities of the Department to collect information that the
 5 Board considers necessary to carry out this section.

6 “(3) The Secretary shall provide to each Board such
 7 administrative support services as the Secretary considers
 8 necessary for the Board to carry out this section.”.

9 (b) CLERICAL AMENDMENT.—The table of sections
 10 at the beginning of chapter 73 of such title is amended
 11 by inserting after the item relating to section 7309 the
 12 following new item:

“7309A. Pain management boards.”.

13 **SEC. 105. STUDY ON FEASIBILITY AND ADVISABILITY OF**
 14 **CARRYING OUT PHARMACY LOCK-IN PRO-**
 15 **GRAM BY DEPARTMENT OF VETERANS AF-**
 16 **FAIRS.**

17 (a) IN GENERAL.—The Secretary of Veterans Affairs
 18 shall conduct a study on the feasibility and advisability
 19 of carrying out a pharmacy lock-in program under which
 20 veterans at risk for abuse of prescription drugs are per-
 21 mitted to receive prescription drugs only from certain
 22 specified pharmacies of the Department of Veterans Af-
 23 fairs.

24 (b) REPORT.—Not later than one year after the date
 25 of the enactment of this Act, the Secretary shall submit

1 to the Committee on Veterans' Affairs of the Senate and
 2 the Committee on Veterans' Affairs of the House of Rep-
 3 resentatives a report on the study conducted under sub-
 4 section (a).

5 **SEC. 106. REPORTS AND INVESTIGATION ON USE OF**
 6 **OPIOIDS IN TREATMENT BY DEPARTMENT OF**
 7 **VETERANS AFFAIRS.**

8 (a) COMPTROLLER GENERAL REPORT.—

9 (1) IN GENERAL.—Not later than two years
 10 after the date of the enactment of this Act, the
 11 Comptroller General of the United States shall sub-
 12 mit to the Committee on Veterans' Affairs of the
 13 Senate and the Committee on Veterans' Affairs of
 14 the House of Representatives a report on the Opioid
 15 Safety Initiative of the Department of Veterans Af-
 16 fairs and the opioid prescribing practices of health
 17 care providers of the Department.

18 (2) ELEMENTS.—The report submitted under
 19 paragraph (1) shall include the following:

20 (A) Recommendations on such improve-
 21 ments to the Opioid Safety Initiative of the De-
 22 partment as the Comptroller General considers
 23 appropriate.

24 (B) Information with respect to—

1 (i) deaths resulting from sentinel
2 events involving veterans prescribed opioids
3 by a health care provider of the Depart-
4 ment;

5 (ii) overall prescription rates and pre-
6 scriptions indications of opioids at all med-
7 ical facilities of the Department to treat
8 non-cancer, non-palliative, and non-hospice
9 care patients, including whether each med-
10 ical facility or health care provider of the
11 Department is among the top ten percent
12 of medical facilities or health care pro-
13 viders of the Department with respect to
14 such prescription rates;

15 (iii) the prescription rates and pre-
16 scriptions indications of benzodiazepines
17 and opioids concomitantly by health care
18 providers of the Department, including
19 whether each medical facility or health
20 care provider of the Department is among
21 the top ten percent of medical facilities or
22 health care providers of the Department
23 with respect to such prescription rates;

24 (iv) the practice by health care pro-
25 viders of the Department of prescribing

opioids to treat patients without any pain,
 including to treat patients with mental
 health disorders other than opioid use dis-
 order; and

(v) the effectiveness of opioid therapy
 for patients receiving such therapy, includ-
 ing the effectiveness of long-term opioid
 therapy.

(C) Recommendations with respect to
 whether sanctions are needed, such as written
 warnings or performance improvement plans,
 for health care providers of the Department
 that are—

(i) not practicing at a level meeting or
 exceeding the minimum level standard of
 care established by the Department; and

(ii) not following the enhanced guid-
 ance with respect to absolute contraindica-
 tions for opioid therapy set forth in the
 VA/DOD Clinical Practice Guideline for
 Management of Opioid Therapy for Chron-
 ic Pain, as updated under section 101.

(b) QUARTERLY PROGRESS REPORT ON IMPLEMEN-
 TATION OF COMPTROLLER GENERAL RECOMMENDA-
 TIONS.—Not later than 180 days after the date of the en-

1 actment of this Act, and not later than 30 days after the
2 end of each quarter thereafter, the Secretary of Veterans
3 Affairs shall submit to the Committee on Veterans Affairs'
4 of the Senate and the Committee on Veterans Affairs' of
5 the House of Representatives a progress report detailing
6 the actions by the Department of Veterans Affairs during
7 the period covered by the report to address any out-
8 standing findings and recommendations by the Comp-
9 troller General of the United States with respect to the
10 Veterans Health Administration.

11 (c) ANNUAL REPORT AND INVESTIGATION ON OPIOID
12 THERAPY.—

13 (1) REPORT.—Not later than one year after the
14 date of the enactment of this Act, and not less fre-
15 quently than annually thereafter, the Secretary of
16 Veterans Affairs shall submit to the Committee on
17 Veterans' Affairs of the Senate and the Committee
18 on Veterans' Affairs of the House of Representatives
19 a report that contains, for the one year period pre-
20 ceding the submittal of the report, the following:

21 (A) The number of patients and the per-
22 centage of the patient population of the Depart-
23 ment of Veterans Affairs who were prescribed
24 benzodiazepines and opioids concurrently by a
25 health care provider of the Department.

1 (B) The number of patients and the per-
2 centage of the patient population of the Depart-
3 ment without any pain who were prescribed
4 opioids by a health care provider of the Depart-
5 ment, including those who were prescribed
6 benzodiazepines and opioids concurrently.

7 (C) The number of non-cancer, non-pallia-
8 tive, and non-hospice care patients and the per-
9 centage of such patients who were treated with
10 opioids by a health care provider of the Depart-
11 ment on an inpatient-basis and who also re-
12 ceived prescription opioids by mail from the De-
13 partment while being treated on an inpatient-
14 basis.

15 (D) The number of non-cancer, non-pallia-
16 tive, and non-hospice care patients and the per-
17 centage of such patients who were prescribed
18 opioids concurrently by a health care provider
19 of the Department and a health care provider
20 that is not a health care provider of the Depart-
21 ment.

22 (E) With respect to each medical facility of
23 the Department, information on opioids pre-
24 scribed by health care providers at the facility

1 to treat non-cancer, non-palliative, and non-hos-
2 pice care patients, including information on—

3 (i) the prescription rate at which each
4 health care provider at the facility pre-
5 scribed benzodiazepines and opioids con-
6 currently to such patients and the aggre-
7 gate such prescription rate for all health
8 care providers at the facility;

9 (ii) the prescription rate at which
10 each health care provider at the facility
11 prescribed benzodiazepines or opioids to
12 such patients to treat conditions for which
13 opioids or benzodiazepines are not an ap-
14 proved treatment and the aggregate such
15 prescription rate for all health care pro-
16 viders at the facility;

17 (iii) the prescription rate at which
18 each health care provider at the facility
19 prescribed or dispensed mail-order pre-
20 scriptions of opioids to such patients while
21 such patients were being treated with
22 opioids on an inpatient-basis and the ag-
23 gregate such prescription rate for all
24 health care providers at the facility; and

1 (iv) the prescription rate at which
2 each health care provider at the facility
3 prescribed opioids to such patients who
4 were also concurrently prescribed opioids
5 by a health care provider that is not a
6 health care provider of the Department
7 and the aggregate such prescription rate
8 for all health care providers at the facility.

9 (F) With respect to each medical facility of
10 the Department, the number of times a phar-
11 macist at the facility overrode a critical drug
12 interaction warning with respect to an inter-
13 action between opioids and another medication
14 before dispensing a medication to a veteran.

15 (2) INVESTIGATION.—If a report submitted
16 under paragraph (1) indicates that a prescription
17 rate described in subparagraph (E) of such para-
18 graph at a medical facility of the Department is
19 among the top ten percent of medical facilities of the
20 Department with respect to such prescription rate,
21 the Secretary shall—

22 (A) through the Office of the Medical In-
23 spector of the Veterans Health Administration,
24 conduct a full investigation of the medical facil-
25 ity; and

1 (B) immediately notify the Committee on
2 Veterans Affairs' of the Senate, the Committee
3 on Veterans Affairs' of the House of Represent-
4 atives, and each Member of the Senate and the
5 House of Representatives who represents the
6 area in which the medical facility is located.

7 (d) PRESCRIPTION RATE DEFINED.—In this section,
8 the term “prescription rate” means, with respect to a
9 health care provider or medical facility of the Department,
10 each of the following:

11 (1) The number of patients treated with opioids
12 by the health care provider or at the medical facility,
13 as the case may be, divided by the total patient pop-
14 ulation of that health care provider or medical facil-
15 ity.

16 (2) The average number of morphine equiva-
17 lents per day prescribed by the health care provider
18 or at the medical facility, as the case may be, to pa-
19 tients being treated with opioids.

20 (3) Of the patients being treated with opioids
21 by the health care provider or at the medical facility,
22 as the case may be, the average number of prescrip-
23 tions of opioids per patient.

1 **TITLE II—PATIENT ADVOCACY**

2 **SEC. 201. ESTABLISHMENT OF OFFICE OF PATIENT ADVOCACY OF THE DEPARTMENT OF VETERANS AFFAIRS.**

3 (a) IN GENERAL.—Subchapter I of chapter 73 of title
4 38, United States Code, is amended by adding at the end
5 the following new section:

6 **“§ 7309A. Office of Patient Advocacy**

7 “(a) ESTABLISHMENT.—There is established in the
8 Department within the Office of the Under Secretary for
9 Health an office to be known as the ‘Office of Patient Ad-
10 vocacy’ (in this section referred to as the ‘Office’).

11 “(b) HEAD.—(1) The Director of the Office of Pa-
12 tient Advocacy shall be the head of the Office.

13 “(2) The Director of the Office of Patient Advocacy
14 shall be appointed by the Under Secretary for Health from
15 among individuals qualified to perform the duties of the
16 position and shall report directly to the Under Secretary
17 for Health.

18 “(c) FUNCTION.—(1) The function of the Office is
19 to carry out the Patient Advocacy Program of the Depart-
20 ment.

21 “(2) In carrying out the Patient Advocacy Program
22 of the Department, the Director shall ensure that patient
23 advocates of the Department—
24
25 advocates of the Department—

1 “(A) advocate on behalf of veterans with re-
2 spect to health care received and sought by veterans
3 under the laws administered by the Secretary;

4 “(B) carry out the responsibilities specified in
5 subsection (d); and

6 “(C) receive training in patient advocacy.

7 “(d) PATIENT ADVOCACY RESPONSIBILITIES.—The
8 responsibilities of each patient advocate at a medical facil-
9 ity of the Department are the following:

10 “(1) To resolve complaints by veterans with re-
11 spect to health care furnished under the laws admin-
12 istered by the Secretary that cannot be resolved at
13 the point of service or at a higher level easily acces-
14 sible to the veteran.

15 “(2) To present at various meetings and to var-
16 ious committees the issues experienced by veterans
17 in receiving such health care at such medical facility.

18 “(3) To express to veterans their rights and re-
19 sponsibilities as patients in receiving such health
20 care.

21 “(4) To manage the Patient Advocate Tracking
22 System of the Department at such medical facility.

23 “(5) To compile data at such medical facility of
24 complaints made by veterans with respect to the re-
25 ceipt of such health care at such medical facility and

1 the satisfaction of veterans with such health care at
2 such medical facility to determine whether there are
3 trends in such data.

4 “(6) To ensure that a process is in place for the
5 distribution of the data compiled under paragraph
6 (5) to appropriate leaders, committees, services, and
7 staff of the Department.

8 “(7) To identify, not less frequently than quar-
9 terly, opportunities for improvements in the fur-
10 nishing of such health care to veterans at such med-
11 ical facility based on complaints by veterans.

12 “(8) To ensure that any significant complaint
13 by a veteran with respect to such health care is
14 brought to the attention of appropriate staff of the
15 Department to trigger an assessment of whether
16 there needs to be a further analysis of the problem
17 at the facility-wide level.

18 “(9) To support any patient advocacy programs
19 carried out by the Department.

20 “(10) To ensure that all appeals and final deci-
21 sions with respect to the receipt of such health care
22 are entered into the Patient Advocate Tracking Sys-
23 tem of the Department.

24 “(11) To understand all laws, directives, and
25 other rules with respect to the rights and respon-

1 sibilities of veterans in receiving such health care,
2 including the appeals processes available to veterans.

3 “(12) To ensure that veterans receiving mental
4 health care, or the surrogate decisionmakers for
5 such veterans, are aware of the rights of veterans to
6 seek representation from systems established under
7 section 103 of the Protection and Advocacy for Men-
8 tally Ill Individuals Act of 1986 (42 U.S.C. 10803)
9 to protect and advocate the rights of individuals with
10 mental illness and to investigate incidents of abuse
11 and neglect of such individuals.

12 “(13) To fulfill requirements established by the
13 Secretary with respect to the inspection of controlled
14 substances.

15 “(14) To document potentially threatening be-
16 havior and report such behavior to appropriate au-
17 thorities.

18 “(e) TRAINING.—In providing training to patient ad-
19 vocates under subsection (c)(2)(C), the Director shall en-
20 sure that such training is consistent throughout the De-
21 partment.

22 “(f) ANNUAL REPORT.—Not later than two years
23 after the date of the enactment of the Jason Simcakoski
24 Memorial Opioid Safety Act, and not less frequently than
25 annually thereafter, the Secretary shall submit to the

1 Committee on Veterans' Affairs of the Senate and the
 2 Committee on Veterans' Affairs of the House of Rep-
 3 resentatives a report on the activities conducted by the Of-
 4 fice during the period covered by the report.

5 “(g) CONTROLLED SUBSTANCE DEFINED.—In this
 6 section, the term ‘controlled substance’ has the meaning
 7 given that term in section 102 of the Controlled Sub-
 8 stances Act (21 U.S.C. 802).”.

9 (b) CLERICAL AMENDMENT.—The table of sections
 10 at the beginning of chapter 73 of such title is amended
 11 by adding after the item relating to section 7309 the fol-
 12 lowing new item:

“7309A. Office of Patient Advocacy.”.

13 (c) DATE FULLY OPERATIONAL.—The Secretary of
 14 Veterans Affairs shall ensure that the Office of Patient
 15 Advocacy established in section 7309A of title 38, United
 16 States Code, as added by subsection (a), is fully oper-
 17 ational not later than the date that is one year after the
 18 date of the enactment of this Act.

19 **SEC. 202. COMMUNITY MEETINGS ON IMPROVING CARE**
 20 **FROM DEPARTMENT OF VETERANS AFFAIRS.**

21 (a) COMMUNITY MEETINGS.—

22 (1) MEDICAL CENTERS.—Not later than 90
 23 days after the date of the enactment of this Act, and
 24 not less frequently than once every 90 days there-
 25 after, each medical center of the Department of Vet-

1 erans Affairs shall host a community meeting open
 2 to the public on improving health care from the De-
 3 partment.

4 (2) COMMUNITY BASED OUTPATIENT CLIN-
 5 ICS.—Not later than one year after the date of the
 6 enactment of this Act, and not less frequently than
 7 annually thereafter, each community based out-
 8 patient clinic of the Department shall host a commu-
 9 nity meeting open to the public on improving health
 10 care from the Department.

11 (b) ATTENDANCE BY DIRECTOR OF VETERANS INTE-
 12 GRATED SERVICE NETWORK OR DESIGNEE.—

13 (1) IN GENERAL.—Subject to paragraph (2),
 14 each community meeting hosted by a medical center
 15 or community based outpatient clinic under sub-
 16 section (a) shall be attended by the Director of the
 17 Veterans Integrated Service Network in which the
 18 medical center or community based outpatient clinic,
 19 as the case may be, is located, or an employee des-
 20 ignated by the Director who works in the office of
 21 the Director.

22 (2) ATTENDANCE BY DIRECTOR.—Each Direc-
 23 tor of a Veterans Integrated Service Network shall
 24 attend not less than one community meeting under
 25 subsection (a) hosted by each medical center located

1 in the Veterans Integrated Service Network each
2 year.

3 (c) NOTICE.—Each medical center or community
4 based outpatient clinic hosting a community meeting shall
5 send timely notice of the community meeting to the Com-
6 mittee on Veterans Affairs’ of the Senate, the Committee
7 on Veterans Affairs’ of the House of Representatives, and
8 each Member of the Senate and the House of Representa-
9 tives who represents the area in which the medical facility
10 is located.

11 **SEC. 203. IMPROVEMENT OF AWARENESS OF PATIENT AD-**
12 **VOCACY PROGRAM AND PATIENT BILL OF**
13 **RIGHTS OF DEPARTMENT OF VETERANS AF-**
14 **FAIRS.**

15 Not later than 90 days after the date of the enact-
16 ment of this Act, the Secretary of Veterans Affairs shall,
17 in as many prominent locations as appropriate to be seen
18 by the largest percentage of patients and family members
19 of patients at each medical facility of the Department of
20 Veterans Affairs—

21 (1) display the purposes of the Patient Advo-
22 cacy Program of the Department and the contact in-
23 formation for the patient advocate at such medical
24 facility; and

25 (2) display the rights and responsibilities of—

1 (A) patients and family members of pa-
 2 tients at such medical facility; and

3 (B) with respect to community living cen-
 4 ters and other residential facilities of the De-
 5 partment, residents and family members of resi-
 6 dents at such medical facility.

7 **SEC. 204. COMPTROLLER GENERAL REPORT ON PATIENT**
 8 **ADVOCACY PROGRAM OF DEPARTMENT OF**
 9 **VETERANS AFFAIRS.**

10 (a) IN GENERAL.—Not later than three years after
 11 the date of the enactment of this Act, the Comptroller
 12 General of the United States shall submit to the Com-
 13 mittee on Veterans’ Affairs of the Senate and the Com-
 14 mittee on Veterans’ Affairs of the House of Representa-
 15 tives a report on the Patient Advocacy Program of the
 16 Department of Veterans Affairs (in this section referred
 17 to as the “Program”) as carried out under the Office of
 18 Patient Advocacy of the Department established in section
 19 7309A of title 38, United States Code, as added by section
 20 201(a).

21 (b) ELEMENTS.—The report required by subsection

22 (a)—

23 (1) shall include—

1 (A) such recommendations and proposals
2 for improving or modifying the Program as the
3 Comptroller General considers appropriate; and

4 (B) such other information with respect to
5 the Program as the Comptroller General con-
6 siderers appropriate; and

7 (2) may include—

8 (A) a description of the Program, includ-
9 ing—

10 (i) the purposes of the Program;

11 (ii) the activities carried out under the
12 Program; and

13 (iii) the sufficiency of the Program in
14 achieving the purposes of the Program;

15 (B) an assessment of the sufficiency of
16 staffing of employees of the Department re-
17 sponsible for carrying out the Program;

18 (C) an assessment of the sufficiency of the
19 training of such employees; and

20 (D) an assessment of—

21 (i) awareness of the Program among
22 veterans and their family members; and

23 (ii) the use of the Program by vet-
24 erans and their family members.

1 **SEC. 205. REPORT ON TRANSITION BY VETERANS BETWEEN**
2 **DIFFERENT HEALTH CARE SETTINGS.**

3 (a) IN GENERAL.—Not later than 180 days after the
4 date of the enactment of this Act, the Secretary of Vet-
5 erans Affairs shall submit to the Committee on Veterans’
6 Affairs of the Senate and the Committee on Veterans’ Af-
7 fairs of the House of Representatives a report on the tran-
8 sitions undergone by veterans in receiving health care in
9 different health care settings.

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

12 (1) An evaluation of the standards of the De-
13 partment for facilitating and managing the transi-
14 tions undergone by veterans in receiving health care
15 in different health care settings.

16 (2) An assessment of the case management
17 services of the Department that are available for vet-
18 erans who are undergoing a transition in health care
19 settings.

20 (3) An assessment of the coordination in cov-
21 erage of and consistent access to medications pre-
22 scribed for patients transitioning from receiving
23 health care from the Department of Defense to re-
24 ceiving health care from the Department of Veterans
25 Affairs.

1 (4) Such recommendations to improve transi-
 2 tions in health care settings among veterans as the
 3 Secretary considers appropriate, including the co-
 4 ordination of drug formularies between the Depart-
 5 ment of Defense and the Department of Veterans
 6 Affairs and the development of care transition plans
 7 for patients with complex medical issues.

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

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

13 (a) DEVELOPMENT OF PLAN TO EXPAND RE-
 14 SEARCH, EDUCATION, AND DELIVERY.—Not later than
 15 180 days after the date of the enactment of this Act, the
 16 Secretary of Veterans Affairs shall develop a plan to ex-
 17 pand materially and substantially the scope of the effec-
 18 tiveness of research and education on, and delivery and
 19 integration of, complementary and integrative health serv-
 20 ices into the health care services provided to veterans.

21 (b) ELEMENTS.—The plan required by subsection (a)
 22 shall provide for the following:

23 (1) Research on the following:

24 (A) The effectiveness of various com-
 25 plementary and integrative health services, in-

1 including the effectiveness of such services inte-
2 grated with clinical therapies.

3 (B) Approaches to integrating complemen-
4 tary and integrative health services into other
5 health care services provided by the Depart-
6 ment.

7 (2) Education and training for health care pro-
8 fessionals of the Department on the following:

9 (A) Complementary and integrative health
10 services selected by the Secretary for purposes
11 of the plan.

12 (B) Appropriate uses of such services.

13 (C) Integration of such services into the
14 delivery of health care to veterans.

15 (3) Research, education, and clinical activities
16 on complementary and integrative health at centers
17 of innovation at medical centers of the Department.

18 (4) Identification or development of metrics and
19 outcome measures to evaluate the effectiveness of
20 the provision and integration of complementary and
21 integrative health services into the delivery of health
22 care to veterans.

23 (5) Integration and delivery of complementary
24 and integrative health services with other health care
25 services provided by the Department.

1 (c) CONSULTATION.—

2 (1) IN GENERAL.—In carrying out subsection
3 (a), the Secretary shall consult with the following:

4 (A) The Director of the National Center
5 for Complementary and Integrative Health of
6 the National Institutes of Health.

7 (B) The Commissioner of Food and Drugs.

8 (C) Institutions of higher education, pri-
9 vate research institutes, and individual re-
10 searchers with extensive experience in com-
11plementary and integrative health and the inte-
12gration of complementary and integrative health
13practices into the delivery of health care.

14 (D) Nationally recognized providers of
15complementary and integrative health.

16 (E) Such other officials, entities, and indi-
17viduals with expertise on complementary and
18integrative health as the Secretary considers ap-
19propriate.

20 (2) SCOPE OF CONSULTATION.—The Secretary
21 shall undertake consultation under paragraph (1) in
22 carrying out subsection (a) with respect to the fol-
23lowing:

24 (A) To develop the plan.

1 (B) To identify specific complementary and
 2 integrative health practices that, on the basis of
 3 research findings or promising clinical interven-
 4 tions, are appropriate to include as services to
 5 veterans.

6 (C) To identify barriers to the effective
 7 provision and integration of complementary and
 8 integrative health services into the delivery of
 9 health care to veterans, and to identify mecha-
 10 nisms for overcoming such barriers.

11 (d) FUNDING.—There is authorized to be appro-
 12 priated to the Secretary such sums as may be necessary
 13 to carry out this section.

14 (e) COMPLEMENTARY AND INTEGRATIVE HEALTH
 15 DEFINED.—In this section, the term “complementary and
 16 integrative health” has the meaning given that term by
 17 the National Institutes of Health.

18 **SEC. 302. PROGRAM ON INTEGRATION OF COMPLEMEN-**
 19 **TARY AND INTEGRATIVE HEALTH WITHIN DE-**
 20 **PARTMENT OF VETERANS AFFAIRS MEDICAL**
 21 **CENTERS.**

22 (a) PROGRAM REQUIRED.—Not later than the com-
 23 pletion of the development of the plan under section 301,
 24 the Secretary of Veterans Affairs shall—

1 (1) carry out, through the Office of Patient
2 Centered Care and Cultural Transformation of the
3 Department of Veterans Affairs, a program to as-
4 sess the feasibility and advisability of integrating the
5 delivery of complementary and integrative health
6 services selected by the Secretary with other health
7 care services provided by the Department for vet-
8 erans with mental health conditions, chronic pain
9 conditions, other chronic conditions, and such other
10 conditions as the Secretary determines appropriate;
11 and

12 (2) in developing the program—

13 (A) use the plan developed under section
14 301; and

15 (B) identify and, to the extent practicable,
16 resolve barriers to the provision of complemen-
17 tary and integrative health services selected by
18 the Secretary and the integration of those serv-
19 ices with other health care services provided by
20 the Department.

21 (b) LOCATIONS.—

22 (1) IN GENERAL.—The Secretary shall carry
23 out the program at not fewer than 15 medical cen-
24 ters of the Department.

1 (2) POLYTRAUMA CENTERS.—Not less than two
 2 of the medical centers designated under paragraph
 3 (1) shall be located at polytrauma rehabilitation cen-
 4 ters of the Department.

5 (3) MEDICAL CENTERS WITH HIGH PRESCRIP-
 6 TION RATE OF OPIOIDS.—

7 (A) IN GENERAL.—In selecting medical
 8 centers under paragraph (1), the Secretary
 9 shall give priority to medical centers of the De-
 10 partment at which there is a prescription rate
 11 of opioids that is among the top ten percent of
 12 medical centers of the Department with respect
 13 to such prescription rate.

14 (B) PRESCRIPTION RATE DEFINED.—In
 15 this paragraph, the term “prescription rate”
 16 means, with respect to a medical center of the
 17 Department, each of the following:

18 (i) The number of patients treated
 19 with opioids at the medical center divided
 20 by the total patient population of that
 21 medical center.

22 (ii) The average number of morphine
 23 equivalents per day prescribed at the med-
 24 ical center to patients being treated with
 25 opioids.

1 (iii) Of the patients being treated with
2 opioids at the medical center, the average
3 number of prescriptions of opioids per pa-
4 tient.

5 (4) SELECTION OF LOCATIONS.—In carrying
6 out the program, the Secretary shall select locations
7 that include the following areas:

8 (A) Rural areas.

9 (B) Areas that are not in close proximity
10 to an active duty military installation.

11 (C) Areas representing different geo-
12 graphic locations, such as census tracts estab-
13 lished by the Bureau of the Census.

14 (c) PROVISION OF SERVICES.—Under the program,
15 the Secretary shall provide covered services to covered vet-
16 erans by integrating complementary and integrative health
17 services with other services provided by the Department
18 at the medical centers designated under subsection (b)(1).

19 (d) COVERED VETERANS.—For purposes of the pro-
20 gram, a covered veteran is any veteran who—

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

23 (2) experiences chronic pain;

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

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

5 (e) COVERED SERVICES.—

6 (1) IN GENERAL.—For purposes of the pro-
7 gram, covered services are services consisting of
8 complementary and integrative health services as se-
9 lected by the Secretary.

10 (2) ADMINISTRATION OF SERVICES.—Covered
11 services shall be administered under the program as
12 follows:

13 (A) Covered services shall be administered
14 by professionals or other instructors with ap-
15 propriate training and expertise in complemen-
16 tary and integrative health services who are em-
17 ployees of the Department or with whom the
18 Department enters into an agreement to pro-
19 vide such 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 Cul-
25 tural Transformation.

1 (C) Covered services shall be made avail-
2 able 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 in-
7 tegrative health services under the pro-
8 gram; and

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

12 (f) VOLUNTARY PARTICIPATION.—The participation
13 of a veteran in the program shall be at the election of
14 the veteran and in consultation with a clinician of the De-
15 partment.

16 (g) REPORTS TO CONGRESS.—

17 (1) QUARTERLY REPORTS.—Not later than 90
18 days after the date of the commencement of the pro-
19 gram and not less frequently than once every 90
20 days thereafter for the duration of the program, the
21 Secretary shall submit to the Committee on Vet-
22 erans' Affairs of the Senate and the Committee on
23 Veterans' Affairs of the House of Representatives a
24 report on the efforts of the Secretary to carry out
25 the program, including a description of the outreach

1 conducted by the Secretary to veterans and commu-
2 nity organizations to inform such organizations
3 about the program.

4 (2) FINAL REPORT.—

5 (A) IN GENERAL.—Not later than three
6 years after the date of the commencement of
7 the program, the Secretary shall submit to the
8 Committee on Veterans' Affairs of the Senate
9 and the Committee on Veterans' Affairs of the
10 House of Representatives a report on the pro-
11 gram.

12 (B) CONTENTS.—The report submitted
13 under subparagraph (A) shall include the fol-
14 lowing:

15 (i) The findings and conclusions of
16 the Secretary with respect to the program,
17 including with respect to—

18 (I) the use and efficacy of the
19 complementary and integrative health
20 services established under the pro-
21 gram; and

22 (II) an assessment of the benefit
23 of the program to covered veterans in
24 mental health diagnoses, pain man-

1 agement, and treatment of chronic ill-
2 ness.

3 (ii) Barriers identified under sub-
4 section (a)(2)(B) that were not resolved.

5 (iii) Such recommendations for the
6 continuation or expansion of the program
7 as the Secretary considers appropriate.

8 (h) COMPLEMENTARY AND INTEGRATIVE HEALTH
9 DEFINED.—In this section, the term “complementary and
10 integrative health” shall have the meaning given that term
11 in section 301(e).

12 **SEC. 303. PROGRAM ON USE OF WELLNESS PROGRAMS AS**
13 **COMPLEMENTARY APPROACH TO PAIN MAN-**
14 **AGEMENT AND RELATED ISSUES FOR VET-**
15 **ERANS AND FAMILY MEMBERS OF VETERANS.**

16 (a) PROGRAM REQUIRED.—

17 (1) IN GENERAL.—The Secretary of Veterans
18 Affairs shall carry out a program through the award
19 of grants to public or private nonprofit entities to
20 assess the feasibility and advisability of using
21 wellness programs to complement the provision of
22 pain management and related health care services,
23 such as mental health care services, to veterans and
24 family members of veterans.

1 (2) MATTERS TO BE ADDRESSED.—The pro-
2 gram shall be carried out so as to assess the fol-
3 lowing:

4 (A) Means of improving coordination be-
5 tween Federal, State, local, and community pro-
6 viders of health care in the provision of pain
7 management and related health care services to
8 veterans and family members of veterans.

9 (B) Means of enhancing outreach, and co-
10 ordination of outreach, by and among providers
11 of health care referred to in subparagraph (A)
12 on the pain management and related health
13 care services available to veterans and family
14 members of veterans.

15 (C) Means of using wellness programs of
16 providers of health care referred to in subpara-
17 graph (A) as complements to the provision by
18 the Department of Veterans Affairs of pain
19 management and related health care services to
20 veterans and family members of veterans.

21 (D) Whether wellness programs described
22 in subparagraph (C) are effective in enhancing
23 the quality of life and well-being of veterans
24 and family members of veterans.

1 (E) Whether wellness programs described
2 in subparagraph (C) are effective in increasing
3 the adherence of veterans to the primary pain
4 management and related health care services
5 provided such veterans by the Department.

6 (F) Whether wellness programs described
7 in subparagraph (C) have an impact on the
8 sense of well-being of veterans who receive pri-
9 mary pain management and related health care
10 services from the Department.

11 (G) Whether wellness programs described
12 in subparagraph (C) are effective in encour-
13 aging veterans receiving health care from the
14 Department to adopt a more healthy lifestyle.

15 (b) DURATION.—The Secretary shall carry out the
16 program for a period of three years beginning on the date
17 that is one year after the date of the enactment of this
18 Act.

19 (c) LOCATIONS.—The Secretary shall carry out the
20 program at facilities of the Department providing pain
21 management and related health care services, such as
22 mental health care services, to veterans and family mem-
23 bers of veterans.

24 (d) GRANT PROPOSALS.—

1 (1) IN GENERAL.—A public or private nonprofit
2 entity seeking the award of a grant under this sec-
3 tion shall submit an application therefor to the Sec-
4 retary in such form and in such manner as the Sec-
5 retary may require.

6 (2) APPLICATION CONTENTS.—Each application
7 submitted under paragraph (1) shall include the fol-
8 lowing:

9 (A) A plan to coordinate activities under
10 the program, to the extent possible, with the
11 Federal, State, and local providers of services
12 for veterans to enhance the following:

13 (i) Awareness by veterans of benefits
14 and health care services provided by the
15 Department.

16 (ii) Outreach efforts to increase the
17 use by veterans of services provided by the
18 Department.

19 (iii) Educational efforts to inform vet-
20 erans of the benefits of a healthy and ac-
21 tive lifestyle.

22 (B) A statement of understanding from
23 the entity submitting the application that, if se-
24 lected, such entity will be required to report to
25 the Secretary periodically on standardized data

1 and other performance data necessary to evalu-
2 ate individual outcomes and to facilitate evalua-
3 tions among entities participating in the pro-
4 gram.

5 (C) Such other requirements as the Sec-
6 retary may prescribe.

7 (e) GRANT USES.—

8 (1) IN GENERAL.—A public or private nonprofit
9 entity awarded a grant under this section shall use
10 the award for purposes prescribed by the Secretary.

11 (2) ELIGIBLE INDIVIDUALS.—In carrying out
12 the purposes prescribed by the Secretary in para-
13 graph (1), a public or private nonprofit entity
14 awarded a grant under this section shall use the
15 award to furnish services only to veterans and family
16 members of veterans.

17 (f) REPORTS.—

18 (1) PERIODIC REPORTS.—

19 (A) IN GENERAL.—Not later than 180
20 days after the date of the commencement of the
21 program, and not less frequently than every
22 180 days thereafter, the Secretary shall submit
23 to Congress a report on the program.

1 (B) REPORT ELEMENTS.—Each report re-
2 quired by subparagraph (A) shall include the
3 following:

4 (i) The findings and conclusions of
5 the Secretary with respect to the program
6 during the 180-day period preceding the
7 report.

8 (ii) An assessment of the benefits of
9 the program to veterans and their family
10 members during the 180-day period pre-
11 ceding the report.

12 (2) FINAL REPORT.—Not later than 180 days
13 after the end of the program, the Secretary shall
14 submit to Congress a report detailing the rec-
15 ommendations of the Secretary as to the feasibility
16 and advisability of continuing or expanding the pro-
17 gram.

18 (g) WELLNESS DEFINED.—In this section, the term
19 “wellness” has the meaning given that term in regulations
20 prescribed by the Secretary for purposes of this section.

**TITLE IV—OTHER VETERANS
HEALTH CARE MATTERS**

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

The Secretary of Veterans Affairs shall, as part of the hiring process for each health care provider considered for a position at the Department of Veterans Affairs after the date of the enactment of this Act, request from the medical board of each State in which the health care provider has a medical license—

(1) information on any violation of the requirements of the medical license of the health care provider during the 20-year period preceding the consideration of the health care provider by the Department; and

(2) information on whether the health care provider has entered into any settlement agreement for a disciplinary charge relating to the practice of medicine by the health care provider.

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

Notwithstanding section 552a of title 5, United States Code, the Secretary of Veterans Affairs shall, with

1 respect to any health care provider of the Department of
2 Veterans Affairs that has violated a requirement of their
3 medical license, provide to the medical board of each State
4 in which the health care provider is licensed detailed infor-
5 mation with respect to such violation.

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

11 Not later than two years after the date of the enact-
12 ment of this Act, the Secretary of Veterans Affairs shall
13 submit to the Committee on Veterans' Affairs of the Sen-
14 ate and the Committee on Veterans' Affairs of the House
15 of Representatives a report on the compliance by the De-
16 partment of Veterans Affairs with the policy of the De-
17 partment—

18 (1) to conduct a review of each health care pro-
19 vider of the Department who transfers to another
20 medical facility of the Department or leaves the De-
21 partment to determine whether there are any con-
22 cerns, complaints, or allegations of violations relat-
23 ing to the medical practice of the health care pro-
24 vider; 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. DEPARTMENT OF VETERANS AFFAIRS PROGRAM**
 6 **OF INTERNAL AUDITS.**

7 (a) IN GENERAL.—Subchapter II of chapter 5 of title
 8 38, United States Code, is amended by inserting after sec-
 9 tion 527 the following new section:

10 **“§ 527A. Program of internal audits**

11 “(a) PROGRAM REQUIRED.—(1) The Secretary shall
 12 carry out a program of internal audits and self-analysis
 13 to improve the furnishing of benefits and health care to
 14 veterans and their families.

15 “(2) The Secretary shall carry out the program re-
 16 quired by paragraph (1) through an office the Secretary
 17 shall establish for purposes of the program within the of-
 18 fice of the Secretary that is interdisciplinary and inde-
 19 pendent of—

20 “(A) the other offices within the office of the
 21 Secretary; and

22 “(B) the covered administrations (or functions
 23 of such administrations), staff organizations, and
 24 staff offices identified under subsection (b)(1)(A).

1 “(b) PROGRAM REQUIREMENTS.—(1) In carrying out
2 the program required by subsection (a), the Secretary
3 shall—

4 “(A) conduct periodic risk assessments of the
5 Department to identify those covered administra-
6 tions (or functions of such administrations), staff or-
7 ganizations, and staff offices of the Department the
8 audit of which would lead towards the greatest im-
9 provement in the furnishing of benefits and health
10 care to veterans and their families;

11 “(B) develop plans that are informed by the
12 risk assessments conducted under paragraph (1) to
13 conduct internal audits of the covered administra-
14 tions (or functions of such administrations), staff or-
15 ganizations, and staff offices identified under sub-
16 paragraph (A); and

17 “(C) conduct internal audits in accordance with
18 the plans developed pursuant to subparagraph (B).

19 “(2) The Secretary shall carry out under the program
20 required by subsection (a) an audit of not fewer than five
21 covered administrations (or functions of such administra-
22 tions), staff organizations, or staff offices of the Depart-
23 ment each year.

24 “(3) In identifying covered administrations (or func-
25 tions of such administrations), staff organizations, and

1 staff offices of the Department under paragraph (1)(A),
 2 the Secretary shall accord priority to the covered adminis-
 3 trations and functions of such administrations.

4 “(4)(A) For purposes of this subsection, the covered
 5 administrations of the Department are the following:

6 “(i) The National Cemetery Administration.

7 “(ii) The Veterans Benefits Administration.

8 “(iii) The Veterans Health Administration.

9 “(B) For purposes this subsection, the covered staff
 10 organizations of the Department are the following:

11 “(i) The Office of Acquisition, Logistics, and
 12 Construction.

13 “(ii) The Advisory Committee Management Of-
 14 fice.

15 “(iii) The Board of Veterans’ Appeals.

16 “(iv) The Center for Faith-Based and Neigh-
 17 borhood Partnerships.

18 “(v) The Center for Minority Veterans.

19 “(vi) The Center for Women Veterans.

20 “(vii) The Office of General Counsel.

21 “(viii) The Office of Regulation Policy and
 22 Management.

23 “(ix) The Office of Employment Discrimination
 24 Complaint Adjudication.

1 “(x) The Office of Interagency Care and Bene-
2 fits Coordination.

3 “(xi) The Office of Small and Disadvantaged
4 Business Utilization.

5 “(xii) The Office of Survivors Assistance.

6 “(xiii) The Veterans’ Service Organizations Li-
7 aision.

8 “(C) For purposes of this subsection, the covered
9 staff offices of the Department are the following:

10 “(i) The office of the Assistant Secretary for
11 Congressional and Legislative Affairs.

12 “(ii) The office of the Assistant Secretary for
13 Human Resources and Administration.

14 “(iii) The office of the Assistant Secretary for
15 Information and Technology.

16 “(iv) The Office of Management.

17 “(v) The office of the Assistant Secretary for
18 Operations, Security, and Preparedness.

19 “(vi) The office of the Assistant Secretary for
20 Policy and Planning.

21 “(vii) The office of the Assistant Secretary for
22 Public and Intergovernmental Affairs.

23 “(c) REPORTS.—(1) Not later than 90 days after
24 completing an audit under the program required by sub-

1 section (a), the Secretary shall submit to the appropriate
2 committees of Congress a report on the audit.

3 “(2) Each report submitted under paragraph (1) with
4 respect to an audit shall include the following:

5 “(A) A summary of the audit.

6 “(B) The findings of the Secretary with respect
7 to the audit.

8 “(C) Such recommendations as the Secretary
9 may have for legislative or administrative action to
10 improve the furnishing of benefits and health care to
11 veterans and their families.

12 “(3) In this subsection, the term ‘appropriate com-
13 mittees of Congress’ includes—

14 “(A) the Committee on Veterans’ Affairs, the
15 Committee on Appropriations, and the Committee on
16 Homeland Security and Governmental Affairs of the
17 Senate; and

18 “(B) the Committee on Veterans’ Affairs, the
19 Committee on Appropriations, and the Committee on
20 Oversight and Government Reform of the House of
21 Representatives.”.

22 (b) FIRST RISK ASSESSMENT.—The Secretary of
23 Veterans Affairs shall complete the first risk assessment
24 required by section 527A(b)(1)(A) of such title, as added

1 by subsection (a), by not later than 180 days after the
2 date of the enactment of this Act.

3 (c) CLERICAL AMENDMENT.—The table of sections
4 at the beginning of chapter 5 of such title is amended by
5 inserting after the item relating to section 527 the fol-
6 lowing new item:

“527A. Program of internal audits.”.

