

115TH CONGRESS
1ST SESSION

S. 788

To direct the Secretary of Veterans Affairs to conduct an independent review of the deaths of certain veterans by suicide, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MARCH 30, 2017

Mr. MCCAIN introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To direct the Secretary of Veterans Affairs to conduct an independent review of the deaths of certain veterans by suicide, 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.**

4 This Act may be cited as the “Veteran Overmedica-
5 tion Prevention Act of 2017”.

6 **SEC. 2. DEPARTMENT OF VETERANS AFFAIRS INDE-**
7 **PENDENT REVIEW OF CERTAIN DEATHS OF**
8 **VETERANS BY SUICIDE.**

9 (a) REVIEW REQUIRED.—

1 (1) IN GENERAL.—Not later than 90 days after
2 the date of the enactment of this Act, the Secretary
3 of Veterans Affairs shall seek to enter into an agree-
4 ment with the National Academies of Sciences, En-
5 gineering, and Medicine under which the National
6 Academies shall conduct a review of the deaths of all
7 covered veterans who died by suicide during the five-
8 year period ending on the date of the enactment of
9 this Act.

10 (2) ALTERNATE ORGANIZATION.—

11 (A) IN GENERAL.—If the Secretary is un-
12 able to enter into an agreement described in
13 paragraph (1) with the National Academies of
14 Sciences, Engineering, and Medicine on terms
15 acceptable to the Secretary, the Secretary shall
16 seek to enter into such an agreement with an-
17 other appropriate organization that—

18 (i) is not part of the Federal Govern-
19 ment;

20 (ii) operates as a not-for-profit entity;

21 and

22 (iii) has expertise and objectivity com-
23 parable to that of the National Academies
24 of Sciences, Engineering, and Medicine.

1 (B) TREATMENT.—If the Secretary enters
2 into an agreement with another organization as
3 described in paragraph (1), any reference in
4 this section to the National Academies of
5 Sciences, Engineering, and Medicine shall be
6 treated as a reference to the other organization.

7 (3) ELEMENTS.—The review required by para-
8 graph (1) shall include the following:

9 (A) The total number of covered veterans
10 who died by suicide during the five-year period
11 ending on the date of the enactment of this Act.

12 (B) The total number of covered veterans
13 who died by a violent death during such five-
14 year period.

15 (C) The total number of covered veterans
16 who died by an accidental death during such
17 five-year period.

18 (D) A description of each covered veteran
19 described in subparagraphs (A) through (C), in-
20 cluding age, gender, race, and ethnicity.

21 (E) A comprehensive list of prescribed
22 medications and legal or illegal substances as
23 annotated on toxicology reports of covered vet-
24 erans described in subparagraphs (A) through
25 (C), specifically listing any medications that

1 carried a black box warning, were prescribed for
2 off-label use, were psychotropic, or carried
3 warnings that included suicidal ideation.

4 (F) A summary of medical diagnoses by
5 physicians of the Department of Veterans Af-
6 fairs or physicians providing services to covered
7 veterans through programs of the Department
8 that led to the prescribing of medications re-
9 ferred to in subparagraph (E) in cases of post-
10 traumatic stress disorder, traumatic brain in-
11 jury, military sexual trauma, and other anxiety
12 and depressive disorders.

13 (G) The number of instances in which a
14 covered veteran described in subparagraph (A),
15 (B), or (C) was concurrently on multiple medi-
16 cations prescribed by physicians of the Depart-
17 ment or physicians providing services to vet-
18 erans through programs of the Department to
19 treat post-traumatic stress disorder, traumatic
20 brain injury, military sexual trauma, other anx-
21 iety and depressive disorders, or instances of
22 comorbidity.

23 (H) The number of covered veterans de-
24 scribed in subparagraphs (A) through (C) who
25 were not taking any medication prescribed by a

1 physician of the Department or a physician pro-
2 viding services to veterans through a program
3 of the Department.

4 (I) With respect to the treatment of post-
5 traumatic stress disorder, traumatic brain in-
6 jury, military sexual trauma, or other anxiety
7 and depressive disorders, the percentage of cov-
8 ered veterans described in subparagraphs (A)
9 through (C) who received a non-medication
10 first-line treatment compared to the percentage
11 of such veterans who received medication only.

12 (J) With respect to the treatment of cov-
13 ered veterans described in subparagraphs (A)
14 through (C) for post-traumatic stress disorder,
15 traumatic brain injury, military sexual trauma,
16 or other anxiety and depressive disorders, the
17 number of instances in which a non-medication
18 first-line treatment (such as cognitive behav-
19 ioral therapy) was attempted and determined to
20 be ineffective for such a veteran, which subse-
21 quently led to the prescribing of a medication
22 referred to in subparagraph (E).

23 (K) A description and example of how the
24 Department determines and continually updates

1 the clinical practice guidelines governing the
2 prescribing of medications.

3 (L) A description of the efforts of the De-
4 partment to maintain appropriate staffing levels
5 for mental health professionals, such as mental
6 health counselors, marriage and family thera-
7 pists, and other appropriate counselors, includ-
8 ing—

9 (i) a description of any impediments
10 to carry out the education, training, and
11 hiring of mental health counselors and
12 marriage and family therapists under sec-
13 tion 7302(a) of title 38, United States
14 Code;

15 (ii) with respect to mental health
16 counselors, marriage and family therapists,
17 and other appropriate counselors, an iden-
18 tification of resolutions for—

19 (I) any standardized
20 credentialing discrepancies; and

21 (II) any impediments to the de-
22 velopment of an internship training
23 program;

24 (iii) an assessment of the development
25 by the Department of hiring guidelines for

1 mental health counselors, marriage and
2 family therapists, and other appropriate
3 counselors; and

4 (iv) a description of how the Depart-
5 ment—

6 (I) identifies gaps in the supply
7 of mental health professionals; and

8 (II) determines successful staff-
9 ing ratios for mental health profes-
10 sionals of the Department.

11 (M) The percentage of covered veterans de-
12 scribed in subparagraphs (A) through (C) with
13 combat experience or trauma related to combat
14 experience (including military sexual trauma,
15 traumatic brain injury, and post-traumatic
16 stress).

17 (N) An identification of the medical facili-
18 ties of the Department with markedly high pre-
19 scription rates and suicide rates for veterans re-
20 ceiving treatment at those facilities.

21 (O) An analysis, by State, of programs of
22 the Department that collaborate with State
23 Medicaid agencies and the Centers for Medicare
24 and Medicaid Services, including the following:

1 (i) An analysis of the sharing of pre-
2 scription and behavioral health data for
3 veterans.

4 (ii) An analysis of whether Depart-
5 ment staff check with State prescription
6 drug monitoring programs before pre-
7 scribing medications to veterans.

8 (iii) A description of the procedures of
9 the Department for coordinating with pre-
10 scribers outside of the Department to en-
11 sure that veterans are not overprescribed.

12 (iv) A description of actions that the
13 Department takes when a veteran is deter-
14 mined to be overprescribed.

15 (P) An analysis of the collaboration of
16 medical centers of the Department with medical
17 examiners' offices or local jurisdictions to deter-
18 mine veteran mortality and cause of death.

19 (Q) An identification and determination of
20 a best practice model to collect and share vet-
21 eran death certificate data between the Depart-
22 ment of Veterans Affairs, the Department of
23 Defense, States, and tribal entities.

24 (R) An assessment of any patterns appar-
25 ent to the National Academies of Sciences, En-

1 gineering, and Medicine based on the review
2 conducted under paragraph (1).

3 (S) Such recommendations for further ac-
4 tion that would improve the safety and well-
5 being of veterans as the National Academies of
6 Sciences, Engineering, and Medicine determine
7 appropriate.

8 (4) COMPILATION OF DATA.—

9 (A) FORM OF COMPILATION.—The Sec-
10 retary of Veterans Affairs shall ensure that
11 data compiled under paragraph (3) is compiled
12 in a manner that allows it to be analyzed across
13 all data fields for purposes of informing and
14 updating clinical practice guidelines of the De-
15 partment of Veterans Affairs.

16 (B) COMPILATION OF DATA REGARDING
17 COVERED VETERANS.—In compiling data under
18 paragraph (3) regarding covered veterans de-
19 scribed in subparagraphs (A) through (C) of
20 such paragraph, data regarding veterans de-
21 scribed in each such subparagraph shall be
22 compiled separately.

23 (5) COMPLETION OF REVIEW AND REPORT.—

24 The agreement entered into under paragraph (1)
25 shall require that the National Academies of

1 Sciences, Engineering, and Medicine complete the
2 review under such paragraph and submit to the Sec-
3 retary of Veterans Affairs a report containing the
4 results of the review not later than 180 days after
5 entering into the agreement.

6 (b) REPORT.—Not later than 30 days after the com-
7 pletion by the National Academies of Sciences, Engineer-
8 ing, and Medicine of the review required under subsection
9 (a), the Secretary of Veterans Affairs shall—

10 (1) submit to the Committee on Veterans’ Af-
11 fairs of the Senate and the Committee on Veterans’
12 Affairs of the House of Representatives a report on
13 the results of the review; and

14 (2) make such report publicly available.

15 (c) DEFINITIONS.—In this section:

16 (1) The term “black box warning” means a
17 warning displayed on the label of a prescription drug
18 that is designed to call attention to the serious or
19 life-threatening risk of the prescription drug.

20 (2) The term “covered veteran” means a vet-
21 eran who received hospital care or medical services
22 furnished by the Department of Veterans Affairs
23 during the five-year period preceding the death of
24 the veteran.

1 (3) The term “first-line treatment” means a po-
2 tential intervention that has been evaluated and as-
3 signed a high score within clinical practice guide-
4 lines.

5 (4) The term “State” means each of the several
6 States, territories, and possessions of the United
7 States, the District of Columbia, and the Common-
8 wealth of Puerto Rico.

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