

119TH CONGRESS
2D SESSION

H. R. 10037

To direct the Secretary of Veterans Affairs to carry out a pilot program to expand access to virtual-based opioid treatment for covered veterans, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

AUGUST 3, 2026

Ms. ROSS (for herself, Mr. DAVIS of North Carolina, and Mrs. MILLER of West Virginia) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To direct the Secretary of Veterans Affairs to carry out a pilot program to expand access to virtual-based opioid treatment for covered veterans, 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 “Virtual-Based Opioid
5 Treatment for Veterans Act”.

1 **SEC. 2. DEPARTMENT OF VETERANS AFFAIRS PILOT PRO-**
2 **GRAM TO EXPAND ACCESS TO VIRTUAL-**
3 **BASED OPIOID TREATMENT FOR COVERED**
4 **VETERANS.**

5 (a) ESTABLISHMENT.—Not later than 180 days after
6 the date of the enactment of this Act, the Secretary of
7 Veterans Affairs shall establish and carry out a pilot pro-
8 gram on expanding access to virtual-based opioid treat-
9 ment for covered veterans. Under the pilot program, the
10 Secretary shall—

11 (1) conduct outreach to covered veterans and
12 the families of covered veterans with respect to op-
13 tions for virtual-based opioid treatment furnished
14 through the Veterans Community Care Program of
15 the Department of Veterans Affairs established and
16 operated under section 1703 of title 38, United
17 States Code;

18 (2) develop referral networks for virtual-based
19 opioid treatment options for covered veterans that
20 are designed around overcoming barriers associated
21 with opioid treatment;

22 (3) create a referral pipeline for covered vet-
23 erans into these virtual-based opioid treatment pro-
24 grams, assisted by a national public awareness cam-
25 paign around these treatment programs, as a sup-

plement to existing Department of Veterans Affairs
direct care programs;

(4) ensure that clinicians of the Veterans
Health Administration and peer-support specialists
are aware of community care network-associated virtual-based opioid treatment programs for patients
experiencing barriers to the access of direct care
provided by the Department of Veterans Affairs; and

(5) launch an interagency task-force with covered
Secretaries to ensure a coordinated, whole-of-
Government approach dedicated to ensuring cross-
agency integration of the pilot program.

(b) STUDY AND REPORT.—

(1) IN GENERAL.—As part of the pilot program, the Secretary of Veterans Affairs shall carry out a study on the societal impact of barriers to treatment for substance use disorder and submit to the appropriate agency heads and congressional committees a report on such study. Such report shall include—

(A) a description of the findings of such study; and

(B) recommendations of the Secretary with respect to incorporating virtual-based opioid

1 treatment models with proven success in over-
2 coming such barriers.

3 (2) ANNUAL UPDATE.—Not later than 1 year
4 after the date on which the Secretary submits the
5 report under paragraph (1), and on an annual basis
6 thereafter until the opioid crisis is no longer deemed
7 a public health emergency, the Secretary shall up-
8 date the report under paragraph (1) and submit to
9 the appropriate agency heads and congressional
10 committees a revised report that includes a summary
11 of the progress of the pilot program toward resolving
12 and overcoming the treatment barriers identified in
13 the study under paragraph (1).

14 (c) SUNSET.—

15 (1) IN GENERAL.—Except as provided in para-
16 graph (2), the authority of the Secretary of Veterans
17 Affairs to carry out the pilot program under this
18 section shall terminate on the date that is 2 years
19 after the date of the enactment of this Act.

20 (2) EXTENSION.—If the Secretary determines
21 the pilot program is effective in improving health-re-
22 lated outcomes for covered veterans in receipt of
23 care under the pilot program, the Secretary may ex-
24 tend such authority for such period as the Secretary
25 determines appropriate.

1 (d) DEFINITIONS.—In this section:

2 (1) The term “appropriate agency heads and
3 congressional committees” means—

4 (A) the Secretary of Health and Human
5 Services;

6 (B) the Secretary of Defense;

7 (C) the Attorney General of the United
8 States;

9 (D) the Committee on Veterans’ Affairs of
10 the Senate;

11 (E) the Committee on Veterans’ Affairs of
12 the House of Representatives;

13 (F) the Committee on Health, Education,
14 Labor, and Pensions of the Senate; and

15 (G) the Committee on Energy and Com-
16 merce of the House of Representatives.

17 (2) The term “barriers” means barriers to the
18 access of traditional, in-person medication-assisted
19 opioid treatment, as defined by the Centers for Dis-
20 ease Control or the Substance Abuse and Mental
21 Health Services Administration.

22 (3) The term “covered Secretaries” means—

23 (A) the Secretary of Health and Human
24 Services, acting through the Assistant Secretary
25 for Mental Health and Substance Abuse;

1 (B) the Secretary of Veterans Affairs, act-
2 ing through the Under Secretary for Health;

3 (C) the Secretary of Defense, acting
4 through the Assistant Secretary of Defense for
5 Health Affairs; and

6 (D) the Attorney General, acting through
7 the Director for the Health Services Division of
8 the Federal Bureau of Prisons.

9 (4) The term “covered veteran” means a vet-
10 eran who is enrolled in the system of annual patient
11 enrollment established and operated under section
12 1705 of title 38, United States Code.

13 (5) The term “virtual-based opioid treatment”
14 means treatment programs under the Veterans Com-
15 munity Care Program of the Department of Vet-
16 erans Affairs that—

17 (A) incorporate same-visit, same-clinician
18 behavioral counseling and medication-assisted
19 treatment in each visit;

20 (B) are conducted entirely through tele-
21 medicine or telehealth;

22 (C) are from licensed, board-certified psy-
23 chiatric clinicians whose practices possess Drug
24 Enforcement Administration licenses author-
25 izing medication-assisted treatment; and

1 (D) meet outcome-based eligibility bench-
2 marks, such as on minimum thresholds for pa-
3 tient retention, toxicology compliance, patient-
4 reported outcomes, and reduction in emergency
5 department utilization or escalation of care, as
6 determined by the Secretary of Veterans Af-
7 fairs, in consultation with the covered Secre-
8 taries.

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