

114TH CONGRESS
2D SESSION

H. R. 5842

To direct the Secretary of Veterans Affairs to carry out a pilot program to improve treatment for veterans suffering from opioid addiction and chronic pain, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JULY 14, 2016

Ms. KUSTER (for herself and Mr. COFFMAN) 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 improve treatment for veterans suffering from opioid addiction and chronic pain, 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 “Helping Our Veterans
5 with Chronic Pain and Opioid Addiction Act of 2016”.

6 **SEC. 2. FINDINGS; SENSE OF CONGRESS.**

7 (a) FINDINGS.—Congress makes the following find-
8 ings:

1 (1) Many veterans and their families have been
2 affected by the national opioid epidemic caused in
3 part by the prescription of opioid medication to
4 manage pain.

5 (2) Prescription opioid overdose rates for vet-
6 erans receiving medical care furnished by the De-
7 partment of Veterans Affairs are twice the national
8 average.

9 (3) More than 50 percent of veterans receiving
10 such care are suffering from chronic pain.

11 (4) Almost one in three veterans receiving such
12 care are prescribed opioids to manage pain.

13 (5) Many veterans prescribed opioids for the
14 management of chronic pain are at risk of devel-
15 oping a dependency on opioids.

16 (6) Many veterans receive health care from both
17 the Department and community providers but the
18 lack of care coordination among the Department and
19 community providers when veterans receive pur-
20 chased care places veterans at risk for poor health
21 outcomes and results in inefficient use of finite
22 health care resources.

23 (7) Veteran-centric care coordination is associ-
24 ated with improved patient outcomes, as Department

1 and non-Department health care teams coordinate
2 and collaborate to provide the best care for veterans.

3 (b) SENSE OF CONGRESS.—It is the sense of Con-
4 gress that—

5 (1) veterans suffering from opioid dependency
6 should receive timely access to treatment and social
7 services at Department of Veterans Affairs facilities
8 or through qualified community providers and
9 should have care and services managed and coordi-
10 nated by the Department of Veterans Affairs;

11 (2) veterans who are authorized by the Sec-
12 retary of Veterans Affairs to receive opioid addiction
13 treatment in the community must not lose the high
14 quality, safety, care coordination, and other veteran-
15 centric elements that the health care system of the
16 Department of Veterans Affairs provides; and

17 (3) if the Secretary purchases care for veterans
18 from a community provider, such care must be se-
19 cured in a cost-effective manner, in a way that com-
20 plements the larger health care system of the De-
21 partment by using industry standards for care and
22 costs.

1 **SEC. 3. PILOT PROGRAM TO IMPROVE TREATMENT FOR**
2 **VETERANS SUFFERING FROM OPIOID ADDIC-**
3 **TION AND CHRONIC PAIN.**

4 (a) IN GENERAL.—Beginning not later than 120
5 days after the date of the enactment of this Act, the Sec-
6 retary of Veterans Affairs shall conduct a pilot program
7 under which the Secretary provides health and social serv-
8 ices and coordination of care and case management to cov-
9 ered veterans in need of treatment for opioid addiction and
10 chronic pain through facilities of the Department and
11 through qualified non-Department health care providers.

12 (b) PROGRAM LOCATIONS.—

13 (1) IN GENERAL.—The pilot program shall be
14 carried out within at least five areas within different
15 States.

16 (2) SELECTION.—

17 (A) IN GENERAL.—The Secretary shall se-
18 lect five States with Department medical facili-
19 ties to participate in the pilot program. Each of
20 the five Department facilities selected shall be
21 located in States that demonstrate—

22 (i) the need for additional resources to
23 provide health care services, including
24 mental health, chronic pain management
25 and social services to veterans in need of
26 treatment for opioid abuse based upon the

community assessment in subsection (a) of this section;

(ii) demographic, population, and census data showing the highest rates per capita of opioid addiction in the United States or greater demand in the veteran patient population than capacity in facilities of the Department for treatment for opioid addiction; and

(iii) lack of sufficient Department capacity to meet the demand of all patients in need of treatment for opioid addiction.

(B) OTHER REQUIREMENTS.—In addition to the requirements in subparagraph (A), not fewer than four of the five selected States shall include—

(i) at least one highly rural county, as determined by the Secretary upon consideration of the most recent decennial census with the highest per capita rate of opioid addiction;

(ii) an urban county as determined by the Secretary upon consideration of the most recent decennial census with the larg-

1 est population per capita of opioid addic-
2 tion;

3 (iii) a county as determined by the
4 Secretary in a State with one of the high-
5 est statistically significant drug and opioid
6 overdose death rate increases from 2013 to
7 2014 according to the Centers for Disease
8 Control and Prevention and a low expendi-
9 ture of funding per capita on substance
10 abuse treatment in comparison to other
11 States; and

12 (iv) a county as determined by the
13 Secretary in a State with a high rate per
14 capita of veterans diagnosed with chronic
15 pain and prescribed prescription opioids.

16 (c) PROVISION OF SERVICES THROUGH CON-
17 TRACT.—The Secretary may provide health care services
18 to veterans under the pilot program by entering into con-
19 tracts with non-Department health care providers which
20 are qualified to provide such services, as determined by
21 the Secretary.

22 (d) EXCHANGE OF MEDICAL INFORMATION.—In con-
23 ducting the pilot program under this section, the Secretary
24 shall develop and use a functional capability to provide for
25 the exchange of appropriate medical information between

1 the Department and any non-Department provider with
2 which the Secretary enters into a contract under sub-
3 section (c).

4 (e) REPORT.—Not later than the 30 days after the
5 end of each year in which the pilot program under this
6 section is conducted, the Secretary 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 which includes—

10 (1) the assessment of the Secretary of the pilot
11 program during the preceding year, including its
12 cost, volume, quality, patient satisfaction, benefit to
13 veterans, and such other findings and conclusions
14 with respect to the pilot program as the Secretary
15 considers appropriate; and

16 (2) such recommendations as the Secretary con-
17 siders appropriate regarding—

18 (A) the continuation of the pilot program;

19 (B) extension of the pilot program to addi-
20 tional Veterans Integrated Service Networks of
21 the Department; and

22 (C) making the pilot program permanent.

23 (f) COVERED VETERAN.—In this section, the term
24 “covered veteran” means a veteran who—

1 (1) is enrolled in the system of patient enroll-
 2 ment established under section 1705(a) of title 38,
 3 United States Code, as of the date of the commence-
 4 ment of the pilot program under subsection (a)(2);

5 (2) is eligible for health care under section
 6 1710(e)(3)(C) of title 38, United States Code; or

7 (3) is determined by the Secretary to be in need
 8 of treatment for opioid addiction and chronic pain.

9 (g) TERMINATION.—The authority to carry out a
 10 pilot program under this section shall terminate on the
 11 date that is three years after the date of the commence-
 12 ment of the pilot program.

13 **SEC. 4. ASSESSMENT OF DEPARTMENT AND NON-DEPART-**
 14 **MENT CAPABILITIES TO TREAT OPIOID DE-**
 15 **PENDENCY AND ENSURE ACCESS TO NEEDED**
 16 **HEALTH CARE SERVICES.**

17 (a) ASSESSMENT OF DEPARTMENT CAPABILITIES.—
 18 The Secretary shall conduct an assessment of the capabili-
 19 ties of the Department of Veterans Affairs, using such
 20 data, including demographic data and patient access data,
 21 as the Secretary determines necessary to provide—

22 (1) health care services related to the treatment
 23 of opioid dependency and abuse, including mental
 24 health, opioid agonist treatment, social services, and
 25 non-opioid chronic pain management necessary for

1 treating opioid addiction nationally, regionally, and
2 locally;

3 (2) management of chronic pain without the
4 long-term use of opioids, including alternative thera-
5 pies such as physical therapy, chiropractic care, acu-
6 puncture, massage, exercise programs, and other
7 such evidence-based and experimental treatments;

8 (3) evidence-based methods for safely reducing
9 the dose and duration of the prescription of opioids
10 for patients;

11 (4) methods by which health care services are
12 coordinated by the Department when care is pro-
13 vided by community providers; and

14 (5) the manner by which the Department en-
15 sures placement of veterans in need of treatment for
16 opioid dependency in treatment programs within a
17 clinically sufficient time period according to pub-
18 lished practice guidelines for the treatment of pa-
19 tients with opioid dependency.

20 (b) ASSESSMENT OF NON-DEPARTMENT CAPABILI-
21 TIES.—In addition to the assessment required under sub-
22 section (a), the Secretary shall concurrently conduct an
23 assessment of community providers to provide health care,
24 mental health, social services, and alternative chronic pain
25 management treatments necessary for the treatment of

1 veterans diagnosed with an opioid addiction and for the
2 treatment of veterans suffering from chronic pain.

3 (c) COMMUNITY PROVIDERS.—In this section, the
4 term “community provider” means a non-Department of
5 Veterans Affairs health care provider or social services
6 provider determined by the Secretary as capable of pro-
7 viding health care services related to the treatment of
8 opioid dependency and abuse, including mental health,
9 opioid agonist treatment, social services, and non-opioid
10 chronic pain management.

11 (d) REPORT.—At the conclusion of the assessments
12 conducted under this section, and not later than one year
13 after the date of the enactment of this Act, the Secretary
14 shall submit to the Committees on Veterans’ Affairs of
15 the Senate and House of Representatives a comprehensive
16 summary of the results of the assessments, including any
17 implementation plans resulting from such assessments,
18 and any recommendations for ways to better enable the
19 Department to provide health care services within the pro-
20 grams and facilities of the Department and in coordina-
21 tion with community providers to veterans needing treat-
22 ment for pain management and opioid addiction.

1 **SEC. 5. INCREASED ACCESS TO NALOXONE AND OTHER**
2 **TREATMENTS FOR REVERSING OPIOID OVER-**
3 **DOSE.**

4 (a) IN GENERAL.—The Secretary of Veterans Affairs
5 shall require all appropriate health care facilities of the
6 Department of Veterans Affairs, and all Vet Centers and
7 other Department facilities providing mental health and
8 social services to veterans, to have a supply of naloxone
9 or other medication for reversing opioid overdose.

10 (b) TRAINING ON USE OF MEDICATION.—The Sec-
11 retary shall ensure that all appropriate employees of the
12 Department who are employed at facilities referred to in
13 subsection (a) receive training on the administration of
14 naloxone or other medication for reversing opioid overdose.

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