

115TH CONGRESS
1ST SESSION

H. R. 2652

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 HOUSE OF REPRESENTATIVES

MAY 25, 2017

Mr. COFFMAN (for himself, Mr. MOULTON, Mr. O’ROURKE, Mr. POLIS, Mr. BERGMAN, and Mr. BOST) introduced the following bill; which was 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, regardless of whether information relating
10 to such deaths has been reported by the Centers for
11 Disease Control and Prevention.

12 (2) ELEMENTS.—The review required by para-
13 graph (1) shall include the following:

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

17 (B) The total number of covered veterans
18 who died by a violent death during such five-
19 year period.

20 (C) The total number of covered veterans
21 who died by an accidental death during such
22 five-year period.

23 (D) A description of each covered veteran
24 described in subparagraphs (A) through (C), in-
25 cluding age, gender, race, and ethnicity.

1 (E) A comprehensive list of prescribed
2 medications and legal or illegal substances as
3 annotated on toxicology reports of covered vet-
4 erans described in subparagraphs (A) through
5 (C), specifically listing any medications that
6 carried a black box warning, were prescribed for
7 off-label use, were psychotropic, or carried
8 warnings that included suicidal ideation.

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

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

1 iety and depressive disorders, or instances of
2 comorbidity.

3 (H) The number of covered veterans de-
4 scribed in subparagraphs (A) through (C) who
5 were not taking any medication prescribed by a
6 physician of the Department or a physician pro-
7 viding services to veterans through a program
8 of the Department.

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

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

1 frequently led to the prescribing of a medication
2 referred to in subparagraph (E).

3 (K) A description and example of how the
4 Department determines and continually updates
5 the clinical practice guidelines governing the
6 prescribing of medications.

7 (L) An analysis of the use by the Depart-
8 ment, including protocols or practices at med-
9 ical facilities of the Department, of systemati-
10 cally measuring pain scores during clinical en-
11 counters under the Pain as the 5th Vital Sign
12 Toolkit of the Department and an evaluation of
13 the relationship between the use of such meas-
14 urements and the number of veterans concur-
15 rently on multiple medications prescribed by
16 physicians of the Department.

17 (M) A description of the efforts of the De-
18 partment to maintain appropriate staffing levels
19 for mental health professionals, such as mental
20 health counselors, marriage and family thera-
21 pists, and other appropriate counselors, includ-
22 ing—

23 (i) a description of any impediments
24 to carry out the education, training, and
25 hiring of mental health counselors and

1 marriage and family therapists under sec-
2 tion 7302(a) of title 38, United States
3 Code, and strategies for addressing those
4 impediments;

5 (ii) a description of the objectives,
6 goals, and timing of the Department with
7 respect to increasing the representation of
8 such counselors and therapists in the be-
9 havioral health workforce of the Depart-
10 ment, including—

11 (I) a review of eligibility criteria
12 for such counselors and therapists and
13 a comparison of such criteria to that
14 of other behavioral health professions
15 in the Department; and

16 (II) an assessment of the partici-
17 pation of such counselors and thera-
18 pists in the mental health profes-
19 sionals trainee program of the De-
20 partment and any impediments to
21 such participation;

22 (iii) an assessment of the development
23 by the Department of hiring guidelines for
24 mental health counselors, marriage and

1 family therapists, and other appropriate
2 counselors;

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

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

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

10 (v) a description of actions taken by
11 the Secretary, in consultation with the Di-
12 rector of the Office of Personnel Manage-
13 ment, to create an occupational series for
14 mental health counselors and marriage and
15 family therapists of the Department and a
16 timeline for the creation of such an occu-
17 pational series; and

18 (vi) a description of actions taken by
19 the Secretary to ensure that the national,
20 regional, and local professional standards
21 boards for mental health counselors and
22 marriage and family therapists are com-
23 prised of only mental health counselors and
24 marriage and family therapists and that
25 the liaison from the Department to such

boards is a mental health counselor or marriage and family therapist.

(N) The percentage of covered veterans described in subparagraphs (A) through (C) with combat experience or trauma related to combat experience (including military sexual trauma, traumatic brain injury, and post-traumatic stress).

(O) An identification of the medical facilities of the Department with markedly high prescription rates and suicide rates for veterans receiving treatment at those facilities.

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

(i) An analysis of the sharing of prescription and behavioral health data for veterans.

(ii) An analysis of whether Department staff check with State prescription drug monitoring programs before prescribing medications to veterans.

(iii) A description of the procedures of the Department for coordinating with pre-

1 scribers outside of the Department to en-
2 sure that veterans are not overprescribed.

3 (iv) A description of actions that the
4 Department takes when a veteran is deter-
5 mined to be overprescribed.

6 (Q) An analysis of the collaboration of
7 medical centers of the Department with medical
8 examiners' offices or local jurisdictions to deter-
9 mine veteran mortality and cause of death.

10 (R) An identification and determination of
11 a best practice model to collect and share vet-
12 eran death certificate data between the Depart-
13 ment of Veterans Affairs, the Department of
14 Defense, States, and tribal entities.

15 (S) A description of how data relating to
16 death certificates of veterans is collected, deter-
17 mined, and reported by the Department of Vet-
18 erans Affairs.

19 (T) An assessment of any patterns appar-
20 ent to the National Academies of Sciences, En-
21 gineering, and Medicine based on the review
22 conducted under paragraph (1).

23 (U) Such recommendations for further ac-
24 tion that would improve the safety and well-
25 being of veterans as the National Academies of

1 Sciences, Engineering, and Medicine determine
2 appropriate.

3 (3) COMPILATION OF DATA.—

4 (A) FORM OF COMPILATION.—The Sec-
5 retary of Veterans Affairs shall ensure that
6 data compiled under paragraph (2) is compiled
7 in a manner that allows it to be analyzed across
8 all data fields for purposes of informing and
9 updating clinical practice guidelines of the De-
10 partment of Veterans Affairs.

11 (B) COMPILATION OF DATA REGARDING
12 COVERED VETERANS.—In compiling data under
13 paragraph (2) regarding covered veterans de-
14 scribed in subparagraphs (A) through (C) of
15 such paragraph, data regarding veterans de-
16 scribed in each such subparagraph shall be
17 compiled separately and disaggregated by year.

18 (4) COMPLETION OF REVIEW AND REPORT.—
19 The agreement entered into under paragraph (1)
20 shall require that the National Academies of
21 Sciences, Engineering, and Medicine complete the
22 review under such paragraph and submit to the Sec-
23 retary of Veterans Affairs a report containing the
24 results of the review not later than 180 days after
25 entering into the agreement.

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

5 (1) submit to the Committee on Veterans’ Af-
6 fairs of the Senate and the Committee on Veterans’
7 Affairs of the House of Representatives a report on
8 the results of the review; and

9 (2) make such report publicly available.

10 (c) DEFINITIONS.—In this section:

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

15 (2) The term “covered veteran” means a vet-
16 eran who received hospital care or medical services
17 furnished by the Department of Veterans Affairs
18 during the five-year period preceding the death of
19 the veteran.

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

24 (4) The term “State” means each of the States,
25 territories, and possessions of the United States, the

- 1 District of Columbia, and the Commonwealth of
- 2 Puerto Rico.

