

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.

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## 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

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## 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           quently 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

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

3 (N) The percentage of covered veterans de-  
4 scribed in subparagraphs (A) through (C) with  
5 combat experience or trauma related to combat  
6 experience (including military sexual trauma,  
7 traumatic brain injury, and post-traumatic  
8 stress).

9 (O) An identification of the medical facili-  
10 ties of the Department with markedly high pre-  
11 scription rates and suicide rates for veterans re-  
12 ceiving treatment at those facilities.

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

17 (i) An analysis of the sharing of pre-  
18 scription and behavioral health data for  
19 veterans.

20 (ii) An analysis of whether Depart-  
21 ment staff check with State prescription  
22 drug monitoring programs before pre-  
23 scribing medications to veterans.

24 (iii) A description of the procedures of  
25 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.

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