

114<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 4063

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## AN ACT

To improve the use by the Secretary of Veterans Affairs of opioids in treating 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,*

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Promoting Responsible  
3 Opioid Management and Incorporating Scientific Exper-  
4 tise Act” or the “Jason Simcakoski PROMISE Act”.

5 **SEC. 2. IMPROVEMENT OF OPIOID SAFETY MEASURES BY**  
6 **DEPARTMENT OF VETERANS AFFAIRS.**

7 (a) **EXPANSION OF OPIOID SAFETY INITIATIVE.**—

8 (1) **INCLUSION OF ALL MEDICAL FACILITIES.**—

9 Not later than 180 days after the date of the enact-  
10 ment of this Act, the Secretary of Veterans Affairs  
11 shall expand the Opioid Safety Initiative of the De-  
12 partment of Veterans Affairs to include all medical  
13 facilities of the Department.

14 (2) **GUIDANCE.**—The Secretary shall establish  
15 guidance that each health care provider of the De-  
16 partment of Veterans Affairs, before initiating opioid  
17 therapy to treat a patient as part of the comprehen-  
18 sive assessment conducted by the health care pro-  
19 vider, use the Opioid Therapy Risk Report tool of  
20 the Department of Veterans Affairs (or any subse-  
21 quent tool), which shall include information from the  
22 prescription drug monitoring program of each par-  
23 ticipating State as applicable, that includes the most  
24 recent information to date relating to the patient  
25 that accessed such program to assess the risk for  
26 adverse outcomes of opioid therapy for the patient,

1 including the concurrent use of controlled substances  
2 such as benzodiazepines, as part of the comprehen-  
3 sive assessment conducted by the health care pro-  
4 vider.

5 (3) ENHANCED STANDARDS.—The Secretary  
6 shall establish enhanced standards with respect to  
7 the use of routine and random urine drug tests for  
8 all patients before and during opioid therapy to help  
9 prevent substance abuse, dependence, and diversion,  
10 including—

11 (A) that such tests occur not less fre-  
12 quently than once each year; and

13 (B) that health care providers appro-  
14 priately order, interpret and respond to the re-  
15 sults from such tests to tailor pain therapy,  
16 safeguards, and risk management strategies to  
17 each patient.

18 (b) PAIN MANAGEMENT EDUCATION AND TRAIN-  
19 ING.—

20 (1) IN GENERAL.—In carrying out the Opioid  
21 Safety Initiative of the Department, the Secretary  
22 shall require all employees of the Department re-  
23 sponsible for prescribing opioids to receive education  
24 and training described in paragraph (2).

1           (2) EDUCATION AND TRAINING.—Education  
2           and training described in this paragraph is edu-  
3           cation and training on pain management and safe  
4           opioid prescribing practices for purposes of safely  
5           and effectively managing patients with chronic pain,  
6           including education and training on the following:

7                   (A) The implementation of and full compli-  
8                   ance with the VA/DOD Clinical Practice Guide-  
9                   line for Management of Opioid Therapy for  
10                  Chronic Pain, including any update to such  
11                  guideline.

12                  (B) The use of evidence-based pain man-  
13                  agement therapies, including cognitive-behav-  
14                  ioral therapy, non-opioid alternatives, and non-  
15                  drug methods and procedures to managing pain  
16                  and related health conditions including medical  
17                  devices approved or cleared by the Food and  
18                  Drug Administration for the treatment of pa-  
19                  tients with chronic pain and complementary al-  
20                  ternative medicines.

21                  (C) Screening and identification of patients  
22                  with substance use disorder, including drug-  
23                  seeking behavior, before prescribing opioids, as-  
24                  sessment of risk potential for patients devel-  
25                  oping an addiction, and referral of patients to

1 appropriate addiction treatment professionals if  
2 addiction is identified or strongly suspected.

3 (D) Communication with patients on the  
4 potential harm associated with the use of  
5 opioids and other controlled substances, includ-  
6 ing the need to safely store and dispose of sup-  
7 plies relating to the use of opioids and other  
8 controlled substances.

9 (E) Such other education and training as  
10 the Secretary considers appropriate to ensure  
11 that veterans receive safe and high-quality pain  
12 management care from the Department.

13 (3) USE OF EXISTING PROGRAM.—In providing  
14 education and training described in paragraph (2),  
15 the Secretary shall use the Interdisciplinary Chronic  
16 Pain Management Training Team Program of the  
17 Department (or success program).

18 (c) PAIN MANAGEMENT TEAMS.—

19 (1) IN GENERAL.—In carrying out the Opioid  
20 Safety Initiative of the Department, the director of  
21 each medical facility of the Department shall iden-  
22 tify and designate a pain management team of  
23 health care professionals, which may include board  
24 certified pain medicine specialists, responsible for co-  
25 ordinating and overseeing pain management therapy

1 at such facility for patients experiencing acute and  
2 chronic pain that is non-cancer related.

3 (2) ESTABLISHMENT OF PROTOCOLS.—

4 (A) IN GENERAL.—In consultation with  
5 the Directors of each Veterans Integrated Serv-  
6 ice Network, the Secretary shall establish  
7 standard protocols for the designation of pain  
8 management teams at each medical facility  
9 within the Department.

10 (B) CONSULTATION ON PRESCRIPTION OF  
11 OPIOIDS.—Each protocol established under sub-  
12 paragraph (A) shall ensure that any health care  
13 provider without expertise in prescribing anal-  
14 gesics or who has not completed the education  
15 and training under subsection (b), including a  
16 mental health care provider, does not prescribe  
17 opioids to a patient unless that health care pro-  
18 vider—

19 (i) consults with a health care pro-  
20 vider with pain management expertise or  
21 who is on the pain management team of  
22 the medical facility; and

23 (ii) refers the patient to the pain man-  
24 agement team for any subsequent prescrip-  
25 tions and related therapy.

1 (3) REPORT.—

2 (A) IN GENERAL.—Not later than 1 year  
3 after the date of enactment of this Act, the di-  
4 rector of each medical facility of the Depart-  
5 ment shall submit to the Under Secretary for  
6 Health and the director of the Veterans Inte-  
7 grated Service Network in which the medical fa-  
8 cility is located a report identifying the health  
9 care professionals that have been designated as  
10 members of the pain management team at the  
11 medical facility pursuant to paragraph (1).

12 (B) ELEMENTS.—Each report submitted  
13 under subparagraph (A) with respect to a med-  
14 ical facility of the Department shall include—

15 (i) a certification as to whether all  
16 members of the pain management team at  
17 the medical facility have completed the  
18 education and training required under sub-  
19 section (b);

20 (ii) a plan for the management and  
21 referral of patients to such pain manage-  
22 ment team if health care providers without  
23 expertise in prescribing analgesics pre-  
24 scribe opioid medications to treat acute

1 and chronic pain that is non-cancer re-  
2 lated; and

3 (iii) a certification as to whether the  
4 medical facility—

5 (I) fully complies with the  
6 stepped-care model of pain manage-  
7 ment and other pain management  
8 policies contained in Directive 2009–  
9 053 of the Veterans Health Adminis-  
10 tration, or successor directive; or

11 (II) does not fully comply with  
12 such stepped-care model of pain man-  
13 agement and other pain management  
14 policies but is carrying out a correc-  
15 tive plan of action to ensure such full  
16 compliance.

17 (d) TRACKING AND MONITORING OF OPIOID USE.—

18 (1) PRESCRIPTION DRUG MONITORING PRO-  
19 GRAMS OF STATES.—In carrying out the Opioid  
20 Safety Initiative and the Opioid Therapy Risk Re-  
21 port tool of the Department, the Secretary shall—

22 (A) ensure access by health care providers  
23 of the Department to information on controlled  
24 substances, including opioids and  
25 benzodiazepines, prescribed to veterans who re-



1           ceive care outside the Department through the  
2           prescription drug monitoring program of each  
3           State with such a program, including by seek-  
4           ing to enter into memoranda of understanding  
5           with States to allow shared access of such infor-  
6           mation between States and the Department;

7                   (B) include such information in the Opioid  
8           Therapy Risk Report; and

9                   (C) require health care providers of the  
10          Department to submit to the prescription drug  
11          monitoring program of each State information  
12          on prescriptions of controlled substances re-  
13          ceived by veterans in that State under the laws  
14          administered by the Secretary.

15          (2) REPORT ON TRACKING OF DATA ON OPIOID  
16          USE.—Not later than 18 months after the date of  
17          the enactment of this Act, the Secretary shall submit  
18          to the Committee on Veterans' Affairs of the Senate  
19          and the Committee on Veterans' Affairs of the  
20          House of Representatives a report on the feasibility  
21          and advisability of improving the Opioid Therapy  
22          Risk Report tool of the Department to allow for  
23          more advanced real-time tracking of and access to  
24          data on—

1 (A) the key clinical indicators with respect  
2 to the totality of opioid use by veterans;

3 (B) concurrent prescribing by health care  
4 providers of the Department of opioids in dif-  
5 ferent health care settings, including data on  
6 concurrent prescribing of opioids to treat men-  
7 tal health disorders other than opioid use dis-  
8 order; and

9 (C) mail-order prescriptions of opioid pre-  
10 scribed to veterans under the laws administered  
11 by the Secretary.

12 (e) AVAILABILITY OF OPIOID RECEPTOR ANTAGO-  
13 NISTS.—

14 (1) INCREASED AVAILABILITY AND USE.—

15 (A) IN GENERAL.—The Secretary shall  
16 maximize the availability of opioid receptor an-  
17 tagonists approved by the Food and Drug Ad-  
18 ministration, including naloxone, to veterans.

19 (B) AVAILABILITY, TRAINING, AND DIS-  
20 TRIBUTING.—In carrying out subparagraph  
21 (A), not later than 90 days after the date of the  
22 enactment of this Act, the Secretary shall—

23 (i) equip each pharmacy of the De-  
24 partment with opioid receptor antagonists  
25 approved by the Food and Drug Adminis-

1           tration to be dispensed to outpatients as  
2           needed; and

3           (ii) expand the Overdose Education  
4           and Naloxone Distribution program of the  
5           Department to ensure that all veterans in  
6           receipt of health care under laws adminis-  
7           tered by the Secretary who are at risk of  
8           opioid overdose may access such opioid re-  
9           ceptor antagonists and training on the  
10          proper administration of such opioid recep-  
11          tor antagonists.

12          (C) VETERANS WHO ARE AT RISK.—For  
13          purposes of subparagraph (B), veterans who are  
14          at risk of opioid overdose include—

15               (i) veterans receiving long-term opioid  
16               therapy;

17               (ii) veterans receiving opioid therapy  
18               who have a history of substance use dis-  
19               order or prior instances of overdose; and

20               (iii) veterans who are at risk as deter-  
21               mined by a health care provider who is  
22               treating the veteran.

23          (2) REPORT.—Not later than 120 days after  
24          the date of the enactment of this Act, the Secretary  
25          shall submit to the Committee on Veterans' Affairs

1 of the Senate and the Committee on Veterans' Af-  
2 fairs of the House of Representatives a report on  
3 carrying out paragraph (1), including an assessment  
4 of any remaining steps to be carried out by the Sec-  
5 retary to carry out such paragraph.

6 (f) INCLUSION OF CERTAIN INFORMATION AND CA-  
7 PABILITIES IN OPIOID THERAPY RISK REPORT TOOL OF  
8 THE DEPARTMENT.—

9 (1) INFORMATION.—The Secretary shall include  
10 in the Opioid Therapy Risk Report tool of the De-  
11 partment—

12 (A) information on the most recent time  
13 the tool was accessed by a health care provider  
14 of the Department with respect to each veteran;  
15 and

16 (B) information on the results of the most  
17 recent urine drug test for each veteran.

18 (2) CAPABILITIES.—The Secretary shall include  
19 in the Opioid Therapy Risk Report tool the ability  
20 of the health care providers of the Department to  
21 determine whether a health care provider of the De-  
22 partment prescribed opioids to a veteran without  
23 checking the information in the tool with respect to  
24 the veteran.

1 (g) NOTIFICATIONS OF RISK IN COMPUTERIZED  
2 HEALTH RECORD.—The Secretary shall modify the com-  
3 puterized patient record system of the Department to en-  
4 sure that any health care provider that accesses the record  
5 of a veteran, regardless of the reason the veteran seeks  
6 care from the health care provider, will be immediately no-  
7 tified whether the veteran—

8 (1) is receiving opioid therapy and has a history  
9 of substance use disorder or prior instances of over-  
10 dose;

11 (2) has a history of opioid abuse; or

12 (3) is at risk of becoming an opioid abuser as  
13 determined by a health care provider who is treating  
14 the veteran.

15 (h) DEFINITIONS.—In this section:

16 (1) The term “controlled substance” has the  
17 meaning given that term in section 102 of the Con-  
18 trolled Substances Act (21 U.S.C. 802).

19 (2) The term “State” means each of the several  
20 States, territories, and possessions of the United  
21 States, the District of Columbia, and the Common-  
22 wealth of Puerto Rico.

1 **SEC. 3. STRENGTHENING OF JOINT WORKING GROUP ON**  
2 **PAIN MANAGEMENT OF THE DEPARTMENT**  
3 **OF VETERANS AFFAIRS AND THE DEPART-**  
4 **MENT OF DEFENSE.**

5 (a) IN GENERAL.—Not later than 90 days after the  
6 date of enactment of this Act, the Secretary of Veterans  
7 Affairs and the Secretary of Defense shall ensure that the  
8 Pain Management Working Group of the Health Execu-  
9 tive Committee of the Department of Veterans Affairs—  
10 Department of Defense Joint Executive Committee (Pain  
11 Management Working Group) established under section  
12 320 of title 38, United States Code, includes a focus on  
13 the following:

14 (1) The opioid prescribing practices of health  
15 care providers of each Department.

16 (2) The ability of each Department to manage  
17 acute and chronic pain among individuals receiving  
18 health care from the Department, including training  
19 health care providers with respect to pain manage-  
20 ment.

21 (3) The use by each Department of complemen-  
22 tary and integrative health and complementary alter-  
23 native medicines in treating such individuals.

24 (4) The concurrent use by health care providers  
25 of each Department of opioids and prescription

1 drugs to treat mental health disorders, including  
2 benzodiazepines.

3 (5) The practice by health care providers of  
4 each Department of prescribing opioids to treat  
5 mental health disorders.

6 (6) The coordination in coverage of and con-  
7 sistent access to medications prescribed for patients  
8 transitioning from receiving health care from the  
9 Department of Defense to receiving health care from  
10 the Department of Veterans Affairs.

11 (7) The ability of each Department to identify  
12 and treat substance use disorders among individuals  
13 receiving health care from that Department.

14 (b) COORDINATION AND CONSULTATION.—The Sec-  
15 retary of Veterans Affairs and the Secretary of Defense  
16 shall ensure that the working group described in sub-  
17 section (a)—

18 (1) coordinates the activities of the working  
19 group with other relevant working groups estab-  
20 lished under section 320 of title 38, United States  
21 Code;

22 (2) consults with other relevant Federal agen-  
23 cies with respect to the activities of the working  
24 group; and

1           (3) consults with the Department of Veterans  
2       Affairs and the Department of Defense with respect  
3       to, reviews, and comments on the VA/DOD Clinical  
4       Practice Guideline for Management of Opioid Ther-  
5       apy for Chronic Pain, or any successor guideline, be-  
6       fore any update to the guideline is released.

7       (c) CLINICAL PRACTICE GUIDELINES.—

8           (1) IN GENERAL.—Not later than 180 days  
9       after the date of the enactment of this Act, the Sec-  
10      retary of Veterans Affairs and the Secretary of De-  
11      fense shall issue an update to the VA/DOD Clinical  
12      Practice Guideline for Management of Opioid Ther-  
13      apy for Chronic Pain.

14          (2) MATTERS INCLUDED.—In conducting the  
15      update under subsection (a), the Pain Management  
16      Working Group, in coordination with the Clinical  
17      Practice Guideline VA/DOD Management of Opioid  
18      Therapy for Chronic Pain Working Group, shall ex-  
19      amine whether the Clinical Practical Guideline  
20      should include the following:

21           (A) Enhanced guidance with respect to—

22                   (i) the coadministration of an opioid  
23                   and other drugs, including  
24                   benzodiazepines, that may result in life-  
25                   limiting drug interactions;



1           (ii) the treatment of patients with  
2           current acute psychiatric instability or sub-  
3           stance use disorder or patients at risk of  
4           suicide; and

5           (iii) the use of opioid therapy to treat  
6           mental health disorders other than opioid  
7           use disorder.

8           (B) Enhanced guidance with respect to the  
9           treatment of patients with behaviors or  
10          comorbidities, such as post-traumatic stress dis-  
11          order or other psychiatric disorders, or a his-  
12          tory of substance abuse or addiction, that re-  
13          quires a consultation or comanagement of  
14          opioid therapy with one or more specialists in  
15          pain management, mental health, or addictions.

16          (C) Enhanced guidance with respect to  
17          health care providers—

18                 (i) conducting an effective assessment  
19                 for patients beginning or continuing opioid  
20                 therapy, including understanding and set-  
21                 ting realistic goals with respect to achiev-  
22                 ing and maintaining an expected level of  
23                 pain relief, improved function, or a clini-  
24                 cally appropriate combination of both; and

1                   (ii) effectively assessing whether  
2                   opioid therapy is achieving or maintaining  
3                   the established treatment goals of the pa-  
4                   tient or whether the patient and health  
5                   care provider should discuss adjusting,  
6                   augmenting, or discontinuing the opioid  
7                   therapy.

8                   (D) Guidelines to govern the methodologies  
9                   used by health care providers of the Depart-  
10                  ment of Veterans Affairs and the Department  
11                  of Defense to taper opioid therapy when adjust-  
12                  ing or discontinuing the use of opioid therapy.

13                  (E) Guidelines with respect to appropriate  
14                  case management for patients receiving opioid  
15                  therapy who transition between inpatient and  
16                  outpatient health care settings, which may in-  
17                  clude the use of care transition plans.

18                  (F) Guidelines with respect to appropriate  
19                  case management for patients receiving opioid  
20                  therapy who transition from receiving care dur-  
21                  ing active duty to post-military health care net-  
22                  works.

23                  (G) Guidelines with respect to providing  
24                  options, before initiating opioid therapy, for  
25                  pain management therapies without the use of

1           opioids and options to augment opioid therapy  
2           with other clinical and complementary and inte-  
3           grative health services to minimize opioid de-  
4           pendence.

5           (H) Guidelines with respect to the provi-  
6           sion of evidence-based non-opioid treatments  
7           within the Department of Veterans Affairs and  
8           the Department of Defense, including medical  
9           devices and other therapies approved or cleared  
10          by the Food and Drug Administration for the  
11          treatment of chronic pain as an alternative to  
12          or to augment opioid therapy.

13 **SEC. 4. REVIEW, INVESTIGATION, AND REPORT ON USE OF**  
14                   **OPIOIDS IN TREATMENT BY DEPARTMENT OF**  
15                   **VETERANS AFFAIRS.**

16          (a) COMPTROLLER GENERAL REPORT.—

17           (1) IN GENERAL.—Not later than 2 years after  
18          the date of the enactment of this Act, the Comp-  
19          troller General of the United States shall submit to  
20          the Committee on Veterans' Affairs of the Senate  
21          and the Committee on Veterans' Affairs of the  
22          House of Representatives a report on the Opioid  
23          Safety Initiative of the Department of Veterans Af-  
24          fairs and the opioid prescribing practices of health  
25          care providers of the Department.

1           (2) ELEMENTS.—The report submitted under  
2 paragraph (1) shall include the following:

3           (A) Recommendations on such improve-  
4 ments to the Opioid Safety Initiative of the De-  
5 partment as the Comptroller General considers  
6 appropriate.

7           (B) Information with respect to—

8           (i) deaths resulting from sentinel  
9 events involving veterans prescribed opioids  
10 by a health care provider of the Depart-  
11 ment;

12           (ii) overall prescription rates and pre-  
13 scriptions indications of opioids to treat  
14 non-cancer, non-palliative, and non-hospice  
15 care patients;

16           (iii) the prescription rates and pre-  
17 scriptions indications of benzodiazepines  
18 and opioids concomitantly by health care  
19 providers of the Department;

20           (iv) the practice by health care pro-  
21 viders of the Department of prescribing  
22 opioids to treat patients without any pain,  
23 including to treat patients with mental  
24 health disorders other than opioid use dis-  
25 order; and

1 (v) the effectiveness of opioid therapy  
2 for patients receiving such therapy, includ-  
3 ing the effectiveness of long-term opioid  
4 therapy.

5 (C) An evaluation of processes of the De-  
6 partment in place to oversee opioid use among  
7 veterans, including procedures to identify and  
8 remedy potential over-prescribing of opioids by  
9 health care providers of the Department.

10 (D) An assessment of the implementation  
11 by the Secretary of the VA/DOD Clinical Prac-  
12 tice Guideline for Management of Opioid Ther-  
13 apy for Chronic Pain.

14 (b) QUARTERLY PROGRESS REPORT ON IMPLEMEN-  
15 TATION OF COMPTROLLER GENERAL RECOMMENDA-  
16 TIONS.—Not later than 2 years after the date of the enact-  
17 ment of this Act, and not later than 30 days after the  
18 end of each quarter thereafter, the Secretary of Veterans  
19 Affairs shall submit to the Committee on Veterans' Affairs  
20 of the Senate and the Committee on Veterans' Affairs of  
21 the House of Representatives a progress report detailing  
22 the actions by the Secretary during the period covered by  
23 the report to address any outstanding findings and rec-  
24 ommendations by the Comptroller General of the United

1 States under subsection (a) with respect to the Veterans  
2 Health Administration.

3 (c) ANNUAL REVIEW OF PRESCRIPTION RATES.—

4 Not later than 1 year after the date of the enactment of  
5 this Act, and not less frequently than annually for the fol-  
6 lowing 5 years, the Secretary shall submit to the Com-  
7 mittee on Veterans' Affairs of the Senate and the Com-  
8 mittee on Veterans' Affairs of the House of Representa-  
9 tives a report, with respect to each medical facility of the  
10 Department of Veterans Affairs, to collect and review in-  
11 formation on opioids prescribed by health care providers  
12 at the facility to treat non-cancer, non-palliative, and non-  
13 hospice care patients that contains, for the 1-year period  
14 preceding the submission of the report, the following:

15 (1) The number of patients and the percentage  
16 of the patient population of the Department who  
17 were prescribed benzodiazepines and opioids concur-  
18 rently by a health care provider of the Department.

19 (2) The number of patients and the percentage  
20 of the patient population of the Department without  
21 any pain who were prescribed opioids by a health  
22 care provider of the Department, including those  
23 who were prescribed benzodiazepines and opioids  
24 concurrently.

1           (3) The number of non-cancer, non-palliative,  
2           and non-hospice care patients and the percentage of  
3           such patients who were treated with opioids by a  
4           health care provider of the Department on an inpa-  
5           tient-basis and who also received prescription opioids  
6           by mail from the Department while being treated on  
7           an inpatient-basis.

8           (4) The number of non-cancer, non-palliative,  
9           and non-hospice care patients and the percentage of  
10          such patients who were prescribed opioids concu-  
11          rently by a health care provider of the Department  
12          and a health care provider that is not health care  
13          provider of the Department.

14          (5) With respect to each medical facility of the  
15          Department, information on opioids prescribed by  
16          health care providers at the facility to treat non-can-  
17          cer, non-palliative, and non-hospice care patients, in-  
18          cluding information on—

19                 (A) the prescription rate at which each  
20                 health care provider at the facility prescribed  
21                 benzodiazepines and opioids concurrently to  
22                 such patients and the aggregate such prescrip-  
23                 tion rate for all health care providers at the fa-  
24                 cility;

1 (B) the prescription rate at which each  
2 health care provider at the facility prescribed  
3 benzodiazepines or opioids to such patients to  
4 treat conditions for which benzodiazepines or  
5 opioids are not approved treatment and the ag-  
6 gregate such prescription rate for all health  
7 care providers at the facility;

8 (C) the prescription rate at which each  
9 health care provider at the facility prescribed or  
10 dispensed mail-order prescriptions of opioids to  
11 such patients while such patients were being  
12 treated with opioids on an inpatient-basis and  
13 the aggregate of such prescription rate for all  
14 health care providers at the facility; and

15 (D) the prescription rate at which each  
16 health care provider at the facility prescribed  
17 opioids to such patients who were also concur-  
18 rently prescribed opioids by a health care pro-  
19 vider that is not a health care provider of the  
20 Department and the aggregate of such prescrip-  
21 tion rates for all health care providers at the fa-  
22 cility.

23 (6) With respect to each medical facility of the  
24 Department, the number of times a pharmacist at  
25 the facility overrode a critical drug interaction warn-



1       ing with respect to an interaction between opioids  
2       and another medication before dispensing such medi-  
3       cation to a veteran.

4       (d) INVESTIGATION OF PRESCRIPTION RATES.—If  
5       the Secretary determines that a prescription rate with re-  
6       spect to a health care provider or medical facility of the  
7       Department conflicts with or is otherwise inconsistent  
8       with the standards of appropriate and safe care, the Sec-  
9       retary shall—

10               (1) immediately notify the Committee on Vet-  
11               erans' Affairs of the Senate and the Committee on  
12               Veterans' Affairs of the House of Representatives of  
13               such determination, including information relating to  
14               such determination, prescription rate, and health  
15               care provider or medical facility, as the case may be;  
16               and

17               (2) through the Office of the Medical Inspector  
18               of the Veterans Health Administration, conduct a  
19               full investigation of the health care provider or med-  
20               ical facility, as the case may be.

21       (e) PRESCRIPTION RATE DEFINED.—In this section,  
22       the term “prescription rate” means, with respect to a  
23       health care provider or medical facility of the Department,  
24       each of the following:

1           (1) The number of patients treated with opioids  
2           by the health care provider or at the medical facility,  
3           as the case may be, divided by the total number of  
4           pharmacy users of that health care provider or med-  
5           ical facility.

6           (2) The average number of morphine equiva-  
7           lents per day prescribed by the health care provider  
8           or at the medical facility, as the case may be, to pa-  
9           tients being treated with opioids.

10          (3) Of the patients being treated with opioids  
11          by the health care provider or at the medical facility,  
12          as the case may be, the average number of prescrip-  
13          tions of opioids per patient.

14 **SEC. 5. MANDATORY DISCLOSURE OF CERTAIN VETERAN**  
15                                   **INFORMATION TO STATE CONTROLLED SUB-**  
16                                   **STANCE MONITORING PROGRAMS.**

17          Section 5701(l) of title 38, United States Code, is  
18          amended by striking “may” and inserting “shall”.

19 **SEC. 6. MODIFICATION TO LIMITATION ON AWARDS AND**  
20                                   **BONUSES.**

21          Section 705 of the Veterans Access, Choice, and Ac-  
22          countability Act of 2014 (Public Law 113–146; 38 U.S.C.  
23          703 note) is amended to read as follows:

1 **“SEC. 705. LIMITATION ON AWARDS AND BONUSES PAID TO**  
2 **EMPLOYEES OF DEPARTMENT OF VETERANS**  
3 **AFFAIRS.**

4 “The Secretary of Veterans Affairs shall ensure that  
5 the aggregate amount of awards and bonuses paid by the  
6 Secretary in a fiscal year under chapter 45 or 53 of title  
7 5, United States Code, or any other awards or bonuses  
8 authorized under such title or title 38, United States  
9 Code, does not exceed the following amounts:

10 “(1) With respect to each of fiscal years 2017  
11 through 2021, \$230,000,000.

12 “(2) With respect to each of fiscal years 2022  
13 through 2024, \$360,000,000.”.

Passed the House of Representatives May 10, 2016.

Attest:

*Clerk.*

114<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

**H. R. 4063**

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**AN ACT**

To improve the use by the Secretary of Veterans Affairs of opioids in treating veterans, and for other purposes.