

**AMENDMENT TO H.R. 467, AS REPORTED
OFFERED BY MR. BUCHANAN OF FLORIDA**

Add, at the end of the bill, the following:

1 **SEC. 7. DEPARTMENT OF VETERANS AFFAIRS INDE-**
2 **PENDENT REVIEW OF CERTAIN DEATHS OF**
3 **VETERANS BY SUICIDE.**

4 (a) REVIEW REQUIRED.—

5 (1) IN GENERAL.—Not later than 90 days after
6 the date of the enactment of this Act, the Secretary
7 of Veterans Affairs shall seek to enter into an agree-
8 ment with the National Academies of Sciences, En-
9 gineering, and Medicine under which the National
10 Academies shall conduct a review of the deaths of all
11 covered veterans who died by suicide during the five-
12 year period ending on the date of the enactment of
13 this Act, regardless of whether information relating
14 to such deaths has been reported by the Centers for
15 Disease Control and Prevention.

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

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

1 (B) The total number of covered veterans
2 who died by a violent death during such five-
3 year period.

4 (C) The total number of covered veterans
5 who died by an accidental death during such
6 five-year period.

7 (D) A description of each covered veteran
8 described in subparagraphs (A) through (C), in-
9 cluding age, gender, race, and ethnicity.

10 (E) A comprehensive list of prescribed
11 medications and legal or illegal substances as
12 annotated on toxicology reports of covered vet-
13 erans described in subparagraphs (A) through
14 (C), specifically listing any medications that
15 carried a black box warning, were prescribed for
16 off-label use, were psychotropic, or carried
17 warnings that included suicidal ideation.

18 (F) A summary of medical diagnoses by
19 physicians of the Department of Veterans Af-
20 fairs or physicians providing services to covered
21 veterans through programs of the Department
22 that led to the prescribing of medications re-
23 ferred to in subparagraph (E) in cases of post-
24 traumatic stress disorder, traumatic brain in-

1 jury, military sexual trauma, and other anxiety
2 and depressive disorders.

3 (G) The number of instances in which a
4 covered veteran described in subparagraph (A),
5 (B), or (C) was concurrently on multiple medi-
6 cations prescribed by physicians of the Depart-
7 ment or physicians providing services to vet-
8 erans through programs of the Department to
9 treat post-traumatic stress disorder, traumatic
10 brain injury, military sexual trauma, other anx-
11 iety and depressive disorders, or instances of
12 comorbidity.

13 (H) The number of covered veterans de-
14 scribed in subparagraphs (A) through (C) who
15 were not taking any medication prescribed by a
16 physician of the Department or a physician pro-
17 viding services to veterans through a program
18 of the Department.

19 (I) With respect to the treatment of post-
20 traumatic stress disorder, traumatic brain in-
21 jury, military sexual trauma, or other anxiety
22 and depressive disorders, the percentage of cov-
23 ered veterans described in subparagraphs (A)
24 through (C) who received a non-medication

1 first-line treatment compared to the percentage
2 of such veterans who received medication only.

3 (J) With respect to the treatment of cov-
4 ered veterans described in subparagraphs (A)
5 through (C) for post-traumatic stress disorder,
6 traumatic brain injury, military sexual trauma,
7 or other anxiety and depressive disorders, the
8 number of instances in which a non-medication
9 first-line treatment (such as cognitive behav-
10 ioral therapy) was attempted and determined to
11 be ineffective for such a veteran, which subse-
12 quently led to the prescribing of a medication
13 referred to in subparagraph (E).

14 (K) A description and example of how the
15 Department determines and continually updates
16 the clinical practice guidelines governing the
17 prescribing of medications.

18 (L) An analysis of the use by the Depart-
19 ment, including protocols or practices at med-
20 ical facilities of the Department, of systemati-
21 cally measuring pain scores during clinical en-
22 counters under the Pain as the 5th Vital Sign
23 Toolkit of the Department and an evaluation of
24 the relationship between the use of such meas-
25 urements and the number of veterans concur-

1 rently on multiple medications prescribed by
2 physicians of the Department.

3 (M) A description of the efforts of the De-
4 partment to maintain appropriate staffing levels
5 for mental health professionals, such as mental
6 health counselors, marriage and family thera-
7 pists, and other appropriate counselors, includ-
8 ing—

9 (i) a description of any impediments
10 to carry out the education, training, and
11 hiring of mental health counselors and
12 marriage and family therapists under sec-
13 tion 7302(a) of title 38, United States
14 Code, and strategies for addressing those
15 impediments;

16 (ii) a description of the objectives,
17 goals, and timing of the Department with
18 respect to increasing the representation of
19 such counselors and therapists in the be-
20 havioral health workforce of the Depart-
21 ment, including—

22 (I) a review of eligibility criteria
23 for such counselors and therapists and
24 a comparison of such criteria to that

1 of other behavioral health professions
2 in the Department; and

3 (II) an assessment of the partici-
4 pation of such counselors and thera-
5 pists in the mental health profes-
6 sionals trainee program of the De-
7 partment and any impediments to
8 such participation;

9 (iii) an assessment of the development
10 by the Department of hiring guidelines for
11 mental health counselors, marriage and
12 family therapists, and other appropriate
13 counselors;

14 (iv) a description of how the Depart-
15 ment—

16 (I) identifies gaps in the supply
17 of mental health professionals; and

18 (II) determines successful staff-
19 ing ratios for mental health profes-
20 sionals of the Department;

21 (v) a description of actions taken by
22 the Secretary, in consultation with the Di-
23 rector of the Office of Personnel Manage-
24 ment, to create an occupational series for
25 mental health counselors and marriage and

1 family therapists of the Department and a
2 timeline for the creation of such an occu-
3 pational series; and

4 (vi) a description of actions taken by
5 the Secretary to ensure that the national,
6 regional, and local professional standards
7 boards for mental health counselors and
8 marriage and family therapists are com-
9 prised of only mental health counselors and
10 marriage and family therapists and that
11 the liaison from the Department to such
12 boards is a mental health counselor or
13 marriage and family therapist.

14 (N) The percentage of covered veterans de-
15 scribed in subparagraphs (A) through (C) with
16 combat experience or trauma related to combat
17 experience (including military sexual trauma,
18 traumatic brain injury, and post-traumatic
19 stress).

20 (O) An identification of the medical facili-
21 ties of the Department with markedly high pre-
22 scription rates and suicide rates for veterans re-
23 ceiving treatment at those facilities.

24 (P) An analysis, by State, of programs of
25 the Department that collaborate with State

1 Medicaid agencies and the Centers for Medicare
2 and Medicaid Services, including the following:

3 (i) An analysis of the sharing of pre-
4 scription and behavioral health data for
5 veterans.

6 (ii) An analysis of whether Depart-
7 ment staff check with State prescription
8 drug monitoring programs before pre-
9 scribing medications to veterans.

10 (iii) A description of the procedures of
11 the Department for coordinating with pre-
12 scribers outside of the Department to en-
13 sure that veterans are not overprescribed.

14 (iv) A description of actions that the
15 Department takes when a veteran is deter-
16 mined to be overprescribed.

17 (Q) An analysis of the collaboration of
18 medical centers of the Department with medical
19 examiners' offices or local jurisdictions to deter-
20 mine veteran mortality and cause of death.

21 (R) An identification and determination of
22 a best practice model to collect and share vet-
23 eran death certificate data between the Depart-
24 ment of Veterans Affairs, the Department of
25 Defense, States, and tribal entities.

1 (S) A description of how data relating to
2 death certificates of veterans is collected, deter-
3 mined, and reported by the Department of Vet-
4 erans Affairs.

5 (T) An assessment of any patterns appar-
6 ent to the National Academies of Sciences, En-
7 gineering, and Medicine based on the review
8 conducted under paragraph (1).

9 (U) Such recommendations for further ac-
10 tion that would improve the safety and well-
11 being of veterans as the National Academies of
12 Sciences, Engineering, and Medicine determine
13 appropriate.

14 (3) COMPILATION OF DATA.—

15 (A) FORM OF COMPILATION.—The Sec-
16 retary of Veterans Affairs shall ensure that
17 data compiled under paragraph (2) is compiled
18 in a manner that allows it to be analyzed across
19 all data fields for purposes of informing and
20 updating clinical practice guidelines of the De-
21 partment of Veterans Affairs.

22 (B) COMPILATION OF DATA REGARDING
23 COVERED VETERANS.—In compiling data under
24 paragraph (2) regarding covered veterans de-
25 scribed in subparagraphs (A) through (C) of

1 such paragraph, data regarding veterans de-
2 scribed in each such subparagraph shall be
3 compiled separately and disaggregated by year.

4 (4) COMPLETION OF REVIEW AND REPORT.—

5 The agreement entered into under paragraph (1)
6 shall require that the National Academies of
7 Sciences, Engineering, and Medicine complete the
8 review under such paragraph and submit to the Sec-
9 retary of Veterans Affairs a report containing the
10 results of the review not later than 180 days after
11 entering into the agreement.

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

16 (1) submit to the Committee on Veterans' Af-
17 fairs of the Senate and the Committee on Veterans'
18 Affairs of the House of Representatives a report on
19 the results of the review; and

20 (2) make such report publicly available.

21 (c) DEFINITIONS.—In this section:

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

1 (2) The term “covered veteran” means a vet-
2 eran who received hospital care or medical services
3 furnished by the Department of Veterans Affairs
4 during the five-year period preceding the death of
5 the veteran.

6 (3) The term “first-line treatment” means a po-
7 tential intervention that has been evaluated and as-
8 signed a high score within clinical practice guide-
9 lines.

10 (4) The term “State” means each of the States,
11 territories, and possessions of the United States, the
12 District of Columbia, and the Commonwealth of
13 Puerto Rico.

