

AMENDMENT TO H.R. 5620
OFFERED BY MS. KUSTER OF NEW HAMPSHIRE

Page 54, after line 2, insert the following:

1 **SEC. 11. 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

1 the five Department facilities selected shall be
2 located in States that demonstrate—

3 (i) the need for additional resources to
4 provide health care services, including
5 mental health, chronic pain management
6 and social services to veterans in need of
7 treatment for opioid abuse based upon the
8 community assessment in subsection (a) of
9 this section;

10 (ii) demographic, population, and cen-
11 sus data showing the highest rates per
12 capita of opioid addiction in the United
13 States or greater demand in the veteran
14 patient population than capacity in facili-
15 ties of the Department for treatment for
16 opioid addiction; and

17 (iii) lack of sufficient Department ca-
18 pacity to meet the demand of all patients
19 in need of treatment for opioid addiction.

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

24 (i) at least one highly rural county, as
25 determined by the Secretary upon consid-

1 eration of the most recent decennial census
2 with the highest per capita rate of opioid
3 addiction;

4 (ii) an urban county as determined by
5 the Secretary upon consideration of the
6 most recent decennial census with the larg-
7 est population per capita of opioid addic-
8 tion;

9 (iii) a county as determined by the
10 Secretary in a State with one of the high-
11 est statistically significant drug and opioid
12 overdose death rate increases from 2013 to
13 2014 according to the Centers for Disease
14 Control and Prevention and a low expendi-
15 ture of funding per capita on substance
16 abuse treatment in comparison to other
17 States; and

18 (iv) a county as determined by the
19 Secretary in a State with a high rate per
20 capita of veterans diagnosed with chronic
21 pain and prescribed prescription opioids.

22 (c) PROVISION OF SERVICES THROUGH CON-
23 TRACT.—The Secretary may provide health care services
24 to veterans under the pilot program by entering into con-
25 tracts with non-Department health care providers which

1 are qualified to provide such services, as determined by
2 the Secretary.

3 (d) EXCHANGE OF MEDICAL INFORMATION.—In con-
4 ducting the pilot program under this section, the Secretary
5 shall develop and use a functional capability to provide for
6 the exchange of appropriate medical information between
7 the Department and any non-Department provider with
8 which the Secretary enters into a contract under sub-
9 section (c).

10 (e) REPORT.—Not later than the 30 days after the
11 end of each year in which the pilot program under this
12 section is conducted, the Secretary shall submit to the
13 Committee on Veterans' Affairs of the Senate and the
14 Committee on Veterans' Affairs of the House of Rep-
15 resentatives a report which includes—

16 (1) the assessment of the Secretary of the pilot
17 program during the preceding year, including its
18 cost, volume, quality, patient satisfaction, benefit to
19 veterans, and such other findings and conclusions
20 with respect to the pilot program as the Secretary
21 considers appropriate; and

22 (2) such recommendations as the Secretary con-
23 siders appropriate regarding—

24 (A) the continuation of the pilot program;

1 (B) extension of the pilot program to addi-
2 tional Veterans Integrated Service Networks of
3 the Department; and

4 (C) making the pilot program permanent.

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

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

11 (2) is eligible for health care under section
12 1710(e)(3)(C) of title 38, United States Code; or

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

15 (g) TERMINATION.—The authority to carry out a
16 pilot program under this section shall terminate on the
17 date that is three years after the date of the commence-
18 ment of the pilot program.

19 **SEC. 12. ASSESSMENT OF DEPARTMENT AND NON-DEPART-**
20 **MENT CAPABILITIES TO TREAT OPIOID DE-**
21 **PENDENCY AND ENSURE ACCESS TO NEEDED**
22 **HEALTH CARE SERVICES.**

23 (a) ASSESSMENT OF DEPARTMENT CAPABILITIES.—
24 The Secretary shall conduct an assessment of the capabili-
25 ties of the Department of Veterans Affairs, using such

1 data, including demographic data and patient access data,
2 as the Secretary determines necessary to provide—

3 (1) health care services related to the treatment
4 of opioid dependency and abuse, including mental
5 health, opioid agonist treatment, social services, and
6 non-opioid chronic pain management necessary for
7 treating opioid addiction nationally, regionally, and
8 locally;

9 (2) management of chronic pain without the
10 long-term use of opioids, including alternative thera-
11 pies such as physical therapy, chiropractic care, acu-
12 puncture, massage, exercise programs, and other
13 such evidence-based and experimental treatments;

14 (3) evidence-based methods for safely reducing
15 the dose and duration of the prescription of opioids
16 for patients;

17 (4) methods by which health care services are
18 coordinated by the Department when care is pro-
19 vided by community providers; and

20 (5) the manner by which the Department en-
21 sures placement of veterans in need of treatment for
22 opioid dependency in treatment programs within a
23 clinically sufficient time period according to pub-
24 lished practice guidelines for the treatment of pa-
25 tients with opioid dependency.

1 (b) ASSESSMENT OF NON-DEPARTMENT CAPABILI-
2 TIES.—In addition to the assessment required under sub-
3 section (a), the Secretary shall concurrently conduct an
4 assessment of community providers to provide health care,
5 mental health, social services, and alternative chronic pain
6 management treatments necessary for the treatment of
7 veterans diagnosed with an opioid addiction and for the
8 treatment of veterans suffering from chronic pain.

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

17 (d) REPORT.—At the conclusion of the assessments
18 conducted under this section, and not later than one year
19 after the date of the enactment of this Act, the Secretary
20 shall submit to the Committees on Veterans’ Affairs of
21 the Senate and House of Representatives a comprehensive
22 summary of the results of the assessments, including any
23 implementation plans resulting from such assessments,
24 and any recommendations for ways to better enable the
25 Department to provide health care services within the pro-

1 grams and facilities of the Department and in coordina-
2 tion with community providers to veterans needing treat-
3 ment for pain management and opioid addiction.

4 **SEC. 13. INCREASED ACCESS TO NALOXONE AND OTHER**
5 **TREATMENTS FOR REVERSING OPIOID OVER-**
6 **DOSE.**

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

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

