

**AMENDMENT TO RULES CMTE. PRINT 119-33**

**OFFERED BY MR. LANDSMAN OF OHIO**

1       At the end of subtitle V of title XVII, insert the fol-  
2       lowing new section:

3       **SEC. 17\_\_\_. TEMPORARY AUTHORITY TO INCLUDE NON-**  
4                   **OPIOID PAIN MEDICATIONS IN THE NA-**  
5                   **TIONAL FORMULARY OF THE DEPARTMENT**  
6                   **OF VETERANS AFFAIRS.**

7       (a) **AUTHORITY.**—During the period of three years  
8       following the date of the enactment of this Act, the Sec-  
9       retary of Veterans Affairs may include a covered medica-  
10      tion in the national formulary of the Department of Vet-  
11      erans Affairs.

12      (b) **REVIEW.**—

13           (1) **IN GENERAL.**—The Secretary shall—

14                   (A) review, not less than once each year,  
15                   each covered medication included in the na-  
16                   tional formulary of the Department pursuant to  
17                   this section; and

18                   (B) remove a covered medication from the  
19                   national formulary if the Secretary determines  
20                   that—

1 (i) the risk of side effects is signifi-  
2 cant; or

3 (ii) there are any changes to the sta-  
4 tus of the approval of the covered medica-  
5 tion by the Food and Drug Administration.

6 (2) REPORTING.—Not later than 30 days after  
7 removing a covered medication from the national  
8 formulary of the Department under paragraph  
9 (1)(B), the Secretary shall submit to the Committees  
10 on Veterans' Affairs of the Senate and House of  
11 Representatives a report that—

12 (A) identifies the covered medication; and

13 (B) explains the rationale for such re-  
14 moval.

15 (c) FINAL REPORT.—Not later than 60 days after  
16 the end of the period described in subsection (a), the Sec-  
17 retary shall submit to the Committees on Veterans' Affairs  
18 of the Senate and House of Representatives a final report  
19 that includes the following:

20 (1) A comparison of—

21 (A) the rate of use of covered medications  
22 in surgeries furnished to veterans under laws  
23 administered by the Secretary during such pe-  
24 riod; and

1 (B) the rate of use of non-opioid pain  
2 management drugs or biological products in  
3 such surgeries during the three years preceding  
4 the date of the enactment of this Act.

5 (2) A comparison of—

6 (A) the rate of use by veterans of covered  
7 medications after surgery (including prescrip-  
8 tion refills) during such period; and

9 (B) the rate of use by veterans of non-  
10 opioid pain management drugs or biological  
11 products after surgery during the three years  
12 preceding the date of the enactment of this Act.

13 (3) A comparison of—

14 (A) the costs to the United States to fur-  
15 nish health care to veterans who are prescribed  
16 covered medications; and

17 (B) the costs to the United States to fur-  
18 nish health care to veterans who are prescribed  
19 opioid pain management drugs or biological  
20 products.

21 (4) The recommendation of the Secretary  
22 whether to expand or extend the pilot program.

23 (5) Any concern or issue that has arisen from  
24 exercise of the authority under this section.

25 (d) DEFINITIONS.—In this section:

1           (1) The term “covered medication” means a  
2 non-opioid pain management drug or biological prod-  
3 uct that has been—

4           (A) eligible, for at least one year, for—

5           (i) temporary additional payment  
6 under section 1833(t)(16)(G) of the Social  
7 Security Act (42 U.S.C. 1395l(t)(16)(G));  
8 or

9           (ii) separate payment under section  
10 416.174 of title 42, Code of Federal Regu-  
11 lations (or successor regulation); or

12           (B) approved, granted, or cleared by the  
13 Food and Drug Administration for at least 18  
14 months.

15           (2) The term “non-opioid pain management  
16 drug or biological product” means a drug or biologi-  
17 cal product approved, granted, or cleared by the  
18 Food and Drug Administration to reduce post-  
19 operative pain, to produce postsurgical or regional  
20 analgesia, or to treat acute pain, without acting  
21 upon the body’s opioid receptors.

