

AMENDMENT TO RULES COMMITTEE PRINT

119-33

OFFERED BY MS. ROSS OF NORTH CAROLINA

At the end of subtitle B of title XVII, add the following new section:

1 **SEC. 17___ . DEPARTMENT OF VETERANS AFFAIRS PILOT**
2 **PROGRAM TO EXPAND ACCESS TO VIRTUAL-**
3 **BASED OPIOID TREATMENT FOR COVERED**
4 **VETERANS.**

5 (a) ESTABLISHMENT.—Not later than 180 days after
6 the date of the enactment of this Act, the Secretary of
7 Veterans Affairs shall establish and carry out a pilot pro-
8 gram on expanding access to virtual-based opioid treat-
9 ment for covered veterans. Under the pilot program, the
10 Secretary shall—

11 (1) conduct outreach to covered veterans and
12 the families of covered veterans with respect to op-
13 tions for virtual-based opioid treatment furnished
14 through the Veterans Community Care Program of
15 the Department of Veterans Affairs established and
16 operated under section 1703 of title 38, United
17 States Code;

1 (2) develop referral networks for virtual-based
2 opioid treatment options for covered veterans that
3 are designed around overcoming barriers associated
4 with opioid treatment;

5 (3) create a referral pipeline for covered vet-
6 erans into these virtual-based opioid treatment pro-
7 grams, assisted by a national public awareness cam-
8 paign around these treatment programs, as a sup-
9 plement to existing Department of Veterans Affairs
10 direct care programs;

11 (4) ensure that clinicians of the Veterans
12 Health Administration and peer-support specialists
13 are aware of community care network-associated vir-
14 tual-based opioid treatment programs for patients
15 experiencing barriers to the access of direct care
16 provided by the Department of Veterans Affairs; and

17 (5) launch an interagency task-force with cov-
18 ered Secretaries to ensure a coordinated, whole-of-
19 Government approach dedicated to ensuring cross-
20 agency integration of the pilot program.

21 (b) STUDY AND REPORT.—

22 (1) IN GENERAL.—As part of the pilot pro-
23 gram, the Secretary of Veterans Affairs shall carry
24 out a study on the societal impact of barriers to
25 treatment for substance use disorder and submit to

1 the appropriate agency heads and congressional
2 committees a report on such study. Such report shall
3 include—

4 (A) a description of the findings of such
5 study; and

6 (B) recommendations of the Secretary with
7 respect to incorporating virtual-based opioid
8 treatment models with proven success in over-
9 coming such barriers.

10 (2) ANNUAL UPDATE.—Not later than one year
11 after the date on which the Secretary submits the
12 report under paragraph (1), and on an annual basis
13 thereafter until the opioid crisis is no longer deemed
14 a public health emergency, the Secretary shall up-
15 date the report under paragraph (1) and submit to
16 the appropriate agency heads and congressional
17 committees a revised report that includes a summary
18 of the progress of the pilot program toward resolving
19 and overcoming the treatment barriers identified in
20 the study under paragraph (1).

21 (c) SUNSET.—

22 (1) IN GENERAL.—Except as provided in para-
23 graph (2), the authority of the Secretary of Veterans
24 Affairs to carry out the pilot program under this

1 section shall terminate on the date that is two years
2 after the date of the enactment of this Act.

3 (2) EXTENSION.—If the Secretary determines
4 the pilot program is effective in improving health-re-
5 lated outcomes for covered veterans in receipt of
6 care under the pilot program, the Secretary may ex-
7 tend such authority for such period as the Secretary
8 determines appropriate.

9 (d) DEFINITIONS.—In this section:

10 (1) The term “appropriate agency heads and
11 congressional committees” means—

12 (A) the Secretary of Health and Human
13 Services;

14 (B) the Secretary of Defense;

15 (C) the Attorney General of the United
16 States;

17 (D) the Committee on Veterans’ Affairs of
18 the Senate;

19 (E) the Committee on Veterans’ Affairs of
20 the House of Representatives;

21 (F) the Committee on Health, Education,
22 Labor, and Pensions of the Senate; and

23 (G) the Committee on Energy and Com-
24 merce of the House of Representatives.

1 (2) The term “barriers” means barriers to the
2 access of traditional, in-person medication-assisted
3 opioid treatment, as defined by the Centers for Dis-
4 ease Control or the Substance Abuse and Mental
5 Health Services Administration.

6 (3) The term “covered Secretaries” means—

7 (A) the Secretary of Health and Human
8 Services, acting through the Assistant Secretary
9 for Mental Health and Substance Abuse;

10 (B) the Secretary of Veterans Affairs, act-
11 ing through the Under Secretary for Health;

12 (C) the Secretary of Defense, acting
13 through the Assistant Secretary of Defense for
14 Health Affairs; and

15 (D) the Attorney General, acting through
16 the Director for the Health Services Division of
17 the Federal Bureau of Prisons.

18 (4) The term “covered veteran” means a vet-
19 eran who is enrolled in the system of annual patient
20 enrollment established and operated under section
21 1705 of title 38, United States Code.

22 (5) The term “virtual-based opioid treatment”
23 means treatment programs under the Veterans Com-
24 munity Care Program of the Department of Vet-
25 erans Affairs that—

1 (A) incorporate same-visit, same-clinician
2 behavioral counseling and medication-assisted
3 treatment in each visit;

4 (B) are conducted entirely through tele-
5 medicine or telehealth;

6 (C) are from licensed, board-certified psy-
7 chiatric clinicians whose practices possess Drug
8 Enforcement Administration licenses author-
9 izing medication-assisted treatment; and

10 (D) meet outcome-based eligibility bench-
11 marks, such as on minimum thresholds for pa-
12 tient retention, toxicology compliance, patient-
13 reported outcomes, and reduction in emergency
14 department utilization or escalation of care, as
15 determined by the Secretary of Veterans Af-
16 fairs, in consultation with the covered Secre-
17 taries.

