

AMENDMENT TO THE CONFERENCE REPORT ON S.

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Page 7, line 15, strike “agencies, as appropriate,”
and insert “agencies”.

Page 19, line 2, strike “or drug” and insert “or
drugs”.

Page 20, line 23, strike “Principals” and insert
“Principles”.

Page 21, line 11, strike “may” and insert “shall”.

Page 54, line 6, strike “may” and insert “shall”.

Page 59, line 17, strike “may” and insert “shall”.

Page 62, line 23, strike “may” and insert “shall”.

Page 64, after line 20, insert the following:

1 “(e) AUTHORIZATION OF APPROPRIATIONS.—There
2 are authorized to be appropriated to carry out this section
3 \$1,000,000 for each of fiscal years 2017 through 2021.”.

Page 64, strike lines 21 through 24 and insert the
following:

1 **SEC. 303. MEDICATION-ASSISTED TREATMENT FOR RECOV-**
2 **ERY FROM ADDICTION.**

3 (a) IN GENERAL.—

Page 67, after line 3, insert the following (and redesignate the succeeding provisions accordingly):

4 (i) by amending clause (ii)(I) to read
5 as follows:

6 “(I) The physician holds a board
7 certification in addiction psychiatry or
8 addiction medicine from the American
9 Board of Medical Specialties.”;

10 (ii) by amending clause (ii)(II) to read
11 as follows:

12 “(II) The physician holds an ad-
13 diction certification or board certifi-
14 cation from the American Society of
15 Addiction Medicine or the American
16 Board of Addiction Medicine.”;

17 (iii) in clause (ii)(III), by striking
18 “subspecialty”;

Page 71, beginning on line 16, strike “Not later than 2 years after the date of enactment of this Act and not less frequently than over every 5 years thereafter” and insert “Not later than 3 years after the date of en-

actment of this Act and not later than 3 years thereafter”.

Page 98, line 24, strike “may” and insert “shall”.

Page 104, after line 7, insert the following (and make such technical and conforming changes as are necessary):

1 “(6) EVALUATION.—In conducting an evalua-
2 tion of the program under this section pursuant to
3 section 701 of the Comprehensive Addiction and Re-
4 covery Act of 2016, with respect to a State, the Sec-
5 retary shall report on State legislation or policies re-
6 lated to maximizing the use of prescription drug
7 monitoring programs and the incidence of opioid use
8 disorders and overdose deaths in such State.”.

Page 104, lines 8 through 9, strike “WITHOUT PRESCRIPTION DRUG MONITORING PROGRAM” and insert “WITH LOCAL PRESCRIPTION DRUG MONITORING PROGRAMS”.

Page 147, line 3, insert after “individual described” the following: “in”.

Page 148, line 19, strike “1 year” and insert “24 months”.

Page 177, lines 11 through 12, strike “examine whether” and insert “work to ensure that”.

Page 177, line 13, strike “should include” and insert “includes”.

Page 187, line 13, insert “of” before “such prescription rate”.

Page 187, line 21, insert “of” before “such prescription rate”.

Page 207, after line 21, insert the following (and make such technical changes as may be necessary):

1 **SEC. 932. EXPANSION OF RESEARCH AND EDUCATION ON**
2 **AND DELIVERY OF COMPLEMENTARY AND IN-**
3 **TEGRATIVE HEALTH TO VETERANS.**

4 (a) DEVELOPMENT OF PLAN TO EXPAND RE-
5 SEARCH, EDUCATION, AND DELIVERY.—Not later than
6 180 days after the date of the enactment of this Act, the
7 Secretary of Veterans Affairs shall develop a plan to ex-
8 pand materially and substantially the scope of the effec-
9 tiveness of research and education on, and delivery and
10 integration of, complementary and integrative health serv-
11 ices into the health care services provided to veterans.

12 (b) ELEMENTS.—The plan required by subsection (a)
13 shall provide for the following:

14 (1) Research on the following:

1 (A) The effectiveness of various com-
2 plementary and integrative health services, in-
3 cluding the effectiveness of such services inte-
4 grated with clinical services.

5 (B) Approaches to integrating complemen-
6 tary and integrative health services into other
7 health care services provided by the Depart-
8 ment of Veterans Affairs.

9 (2) Education and training for health care pro-
10 fessionals of the Department on the following:

11 (A) Complementary and integrative health
12 services selected by the Secretary for purposes
13 of the plan.

14 (B) Appropriate uses of such services.

15 (C) Integration of such services into the
16 delivery of health care to veterans.

17 (3) Research, education, and clinical activities
18 on complementary and integrative health at centers
19 of innovation at medical centers of the Department.

20 (4) Identification or development of metrics and
21 outcome measures to evaluate the effectiveness of
22 the provision and integration of complementary and
23 integrative health services into the delivery of health
24 care to veterans.

1 (5) Integration and delivery of complementary
2 and integrative health services with other health care
3 services provided by the Department.

4 (c) CONSULTATION.—

5 (1) IN GENERAL.—In carrying out subsection
6 (a), the Secretary shall consult with the following:

7 (A) The Director of the National Center
8 for Complementary and Integrative Health of
9 the National Institutes of Health.

10 (B) The Commissioner of Food and Drugs.

11 (C) Institutions of higher education, pri-
12 vate research institutes, and individual re-
13 searchers with extensive experience in com-
14 plementary and integrative health and the inte-
15 gration of complementary and integrative health
16 practices into the delivery of health care.

17 (D) Nationally recognized providers of
18 complementary and integrative health.

19 (E) Such other officials, entities, and indi-
20 viduals with expertise on complementary and
21 integrative health as the Secretary considers ap-
22 propriate.

23 (2) SCOPE OF CONSULTATION.—The Secretary
24 shall undertake consultation under paragraph (1) in

1 carrying out subsection (a) with respect to the fol-
2 lowing:

3 (A) To develop the plan.

4 (B) To identify specific complementary and
5 integrative health practices that, on the basis of
6 research findings or promising clinical interven-
7 tions, are appropriate to include as services to
8 veterans.

9 (C) To identify barriers to the effective
10 provision and integration of complementary and
11 integrative health services into the delivery of
12 health care to veterans, and to identify mecha-
13 nisms for overcoming such barriers.

