AMENDMENT IN THE NATURE OF A SUBSTITUTE TO H.R. 4063

OFFERED BY MR. BILIRAKIS OF FLORIDA

Strike all after the enacting clause and insert the following:

1 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

2 (a) SHORT TITLE.—This Act may be cited as the
3 "Promoting Responsible Opioid Management and Incor-
4 porating Scientific Expertise Act" or the "Jason
5 Simcakoski PROMISE Act".

6 (b) TABLE OF CONTENTS.—The table of contents for
7 this Act is as follows:

Sec. 1. Short title; table of contents.

TITLE I—OPIOID THERAPY AND PAIN MANAGEMENT

Sec. 101. Establishment of Advisory Committee to review guidelines on management of opioid therapy by Department of Veterans Affairs and Department of Defense.
Sec. 102. Improvement of opioid safety measures by Department of Veterans Affairs.
Sec. 103. Strengthening of joint working group on pain management of the Department of Veterans Affairs and the Department of Defense.
Sec. 104. Review, investigation, and report on use of opioids in treatment by Department of Veterans Affairs.

TITLE II—PATIENT ADVOCACY

Sec. 201. Community meetings on improving care furnished by Department of Veterans Affairs.
Sec. 202. Improvement of awareness of patient advocacy program and patient bill of rights of Department of Veterans Affairs.
Sec. 203. Comptroller general report on patient advocacy program of Department of Veterans Affairs.

TITLE III—COMPLEMENTARY AND INTEGRATIVE HEALTH

Sec. 301. Expansion of research and education on and delivery of complementary and integrative health to veterans.
Sec. 302. Pilot program on integration of complementary alternative medicines and related issues for veterans and family members of veterans.

TITLE IV—FITNESS OF HEALTH CARE PROVIDERS

Sec. 401. Additional requirements for hiring of health care providers by Department of Veterans Affairs.
Sec. 402. Provision of information on health care providers of Department of Veterans Affairs to State Medical Boards.
Sec. 403. Report on compliance by Department of Veterans Affairs with reviews of health care providers leaving the Department or transferring to other facilities.

TITLE V—OTHER VETERANS MATTERS

Sec. 501. Audit of Veterans Health Administration programs of Department of Veterans Affairs.

1 # TITLE I—OPIOID THERAPY AND
2 # PAIN MANAGEMENT

3 **SEC. 101. ESTABLISHMENT OF ADVISORY COMMITTEE TO**
4 **REVIEW GUIDELINES ON MANAGEMENT OF**
5 **OPIOID THERAPY BY DEPARTMENT OF VET-**
6 **ERANS AFFAIRS AND DEPARTMENT OF DE-**
7 **FENSE.**

8 (a) ADVISORY COMMITTEE.—Not later than 120 days
9 after the date of the enactment of this Act, the Secretary
10 of Veterans Affairs and the Secretary of Defense shall
11 jointly convene an advisory committee to—
12 (1) conduct a thorough review of the most re-
13 cent VA/DOD Clinical Practice Guideline for Man-
14 agement of Opioid Therapy for Chronic Pain; and

1 (2) make recommendations to the Secretaries
2 with respect to updating the Clinical Practice Guide-
3 line.
4 (b) MATTERS INCLUDED.—In conducting the review
5 under subsection (a)(1), the Advisory Committee shall ex-
6 amine whether the Clinical Practical Guideline should in-
7 clude the following:
8 (1) Enhanced guidance with respect to—
9 (A) the coadministration of an opioid and
10 other drugs, including benzodiazepines, that
11 may result in life-limiting drug interactions;
12 (B) the treatment of patients with current
13 acute psychiatric instability or substance use
14 disorder or patients at risk of suicide; and
15 (C) the use of opioid therapy to treat men-
16 tal health disorders other than opioid use dis-
17 order.
18 (2) Enhanced guidance with respect to the
19 treatment of patients with behaviors or
20 comorbidities, such as post-traumatic stress disorder
21 or other psychiatric disorders, or a history of sub-
22 stance abuse or addiction, that requires a consulta-
23 tion or comanagement of opioid therapy with one or
24 more specialists in pain management, mental health,
25 or addictions.

1 (3) Enhanced guidance with respect to health
2 care providers—
3 (A) conducting an effective assessment for
4 patients beginning or continuing opioid therapy,
5 including understanding and setting realistic
6 goals with respect to achieving and maintaining
7 an expected level of pain relief, improved func-
8 tion, or a clinically appropriate combination of
9 both; and
10 (B) effectively assessing whether opioid
11 therapy is achieving or maintaining the estab-
12 lished treatment goals of the patient or whether
13 the patient and health care provider should dis-
14 cuss adjusting, augmenting , or discontinuing
15 the opioid therapy.
16 (4) Guidance that each health care provider of
17 the Department of Veterans Affairs and the Depart-
18 ment of Defense, before initiating opioid therapy to
19 treat a patient as part of the comprehensive assess-
20 ment conducted by the health care provider, use the
21 Opioid Therapy Risk Report tool of the Department
22 of Veterans Affairs (or similar monitoring tool),
23 which shall include information from the prescrip-
24 tion drug monitoring program of each State that in-
25 cludes the most recent information to date relating

1 to the patient that accessed such program to assess
2 the risk for adverse outcomes of opioid therapy for
3 the patient, including the concurrent use of con-
4 trolled substances such as benzodiazepines, as part
5 of the comprehensive assessment conducted by the
6 health care provider.

7 (5) Guidelines to govern the methodologies used
8 by health care providers of the Department of Vet-
9 erans Affairs and the Department of Defense to
10 taper opioid therapy when adjusting or discontinuing
11 the use of opioid therapy.

12 (6) Guidelines with respect to appropriate case
13 management for patients receiving opioid therapy
14 who transition between inpatient and outpatient
15 health care settings, which may include the use of
16 care transition plans.

17 (7) Guidelines with respect to appropriate case
18 management for patients receiving opioid therapy
19 who transition from receiving care during active
20 duty to post-military health care networks.

21 (8) Enhanced standards with respect to the use
22 of routine and random urine drug tests for all pa-
23 tients before and during opioid therapy to help pre-
24 vent substance abuse, dependence, and diversion, in-
25 cluding—

1 (A) that such tests occur not less fre-
2 quently than once each year; and
3 (B) that health care providers appro-
4 priately order, interpret and respond to the re-
5 sults from such tests to tailor pain therapy,
6 safeguards, and risk management strategies to
7 each patient.
8 (9) Guidance that health care providers discuss
9 with patients, before initiating opioid therapy, op-
10 tions for pain management therapies without the use
11 of opioids and options to augment opioid therapy
12 with other clinical and complementary and integra-
13 tive health services to minimize opioid dependence.
14 (c) CONSULTATION.—In carrying out the review
15 under paragraph (1) of subsection (a), and before making
16 the recommendations under paragraph (2) of such sub-
17 section, the Advisory Committee shall consult with the VA/
18 DOD Management of Opioid Therapy for Chronic Pain
19 Working Group.
20 (d) SUBMISSION.—Not later than one year after the
21 date of the enactment of this Act, the Advisory Committee
22 shall submit to the Secretaries the review and rec-
23 ommendations described in subsection (a)(1).
24 (e) APPLICATION OF FEDERAL ADVISORY COM-
25 MITTEE ACT.—The provisions of the Federal Advisory

1 Committee Act (5 U.S.C. App.) shall apply to the Advisory
2 Committee.
3 (f) DEFINITIONS.—In this section:
4 (1) The term ''Advisory Committee'' means the
5 advisory committee established under subsection (a).
6 (2) The term ''Clinical Practice Guideline''
7 means the VA/DOD Clinical Practice Guideline for
8 Management of Opioid Therapy for Chronic Pain.
9 (3) The term ''controlled substance'' has the
10 meaning given that term in section 102 of the Con-
11 trolled Substances Act (21 U.S.C. 802).
12 (4) The term ''State'' means each of the several
13 States, territories, and possessions of the United
14 States, the District of Columbia, and the Common-
15 wealth of Puerto Rico.

16 **SEC. 102. IMPROVEMENT OF OPIOID SAFETY MEASURES BY**
17 **DEPARTMENT OF VETERANS AFFAIRS.**

18 (a) EXPANSION OF OPIOID SAFETY INITIATIVE.—
19 Not later than 180 days after the date of the enactment
20 of this Act, the Secretary of Veterans Affairs shall expand
21 the Opioid Safety Initiative of the Department of Veterans
22 Affairs to include all medical facilities of the Department.
23 (b) PAIN MANAGEMENT EDUCATION AND TRAIN-
24 ING.—

1 (1) IN GENERAL.—In carrying out the Opioid
2 Safety Initiative of the Department, the Secretary
3 shall require all employees of the Department re-
4 sponsible for prescribing opioids to receive education
5 and training described in paragraph (2).
6 (2) EDUCATION AND TRAINING.—Education
7 and training described in this paragraph is edu-
8 cation and training on pain management and safe
9 opioid prescribing practices for purposes of safely
10 and effectively managing patients with chronic pain,
11 including education and training on the following:
12 (A) The implementation of and full compli-
13 ance with the VA/DOD Clinical Practice Guide-
14 line for Management of Opioid Therapy for
15 Chronic Pain, including any update to such
16 guideline.
17 (B) The use of evidence-based pain man-
18 agement therapies, including cognitive-behav-
19 ioral therapy, non-opioid alternatives, and non-
20 drug methods and procedures to managing pain
21 and related health conditions including com-
22 plementary alternative medicines.
23 (C) Screening and identification of patients
24 with substance use disorder, including drug-
25 seeking behavior, before prescribing opioids, as-

1 sessment of risk potential for patients devel-
2 oping an addiction, and referral of patients to
3 appropriate addiction treatment professionals if
4 addiction is identified or strongly suspected.
5 (D) Communication with patients on the
6 potential harm associated with the use of
7 opioids and other controlled substances, includ-
8 ing the need to safely store and dispose of sup-
9 plies relating to the use of opioids and other
10 controlled substances.
11 (E) Such other education and training as
12 the Secretary considers appropriate to ensure
13 that veterans receive safe and high-quality pain
14 management care from the Department.
15 (3) USE OF EXISTING PROGRAM.—In providing
16 education and training described in paragraph (2),
17 the Secretary shall use the Interdisciplinary Chronic
18 Pain Management Training Team Program of the
19 Department (or success program).
20 (c) PAIN MANAGEMENT TEAMS.—
21 (1) IN GENERAL.—In carrying out the Opioid
22 Safety Initiative of the Department, the director of
23 each medical facility of the Department shall iden-
24 tify and designate a pain management team of
25 health care professionals, which may include board

1 certified pain medicine specialists, responsible for co-
2 ordinating and overseeing pain management therapy
3 at such facility for patients experiencing acute and
4 chronic pain that is non-cancer related.
5 (2) ESTABLISHMENT OF PROTOCOLS.—
6 (A) IN GENERAL.—In consultation with
7 the Directors of each Veterans Integrated Serv-
8 ice Network, the Secretary shall establish
9 standard protocols for the designation of pain
10 management teams at each medical facility
11 within the Department.
12 (B) CONSULTATION ON PRESCRIPTION OF
13 OPIOIDS.—Each protocol established under sub-
14 paragraph (A) shall ensure that any health care
15 provider without expertise in prescribing anal-
16 gesics or who has not completed the education
17 and training under subsection (b), including a
18 mental health care provider, does not prescribe
19 opioids to a patient unless that health care pro-
20 vider—
21 (i) consults with a health care pro-
22 vider with pain management expertise or
23 who is on the pain management team of
24 the medical facility; and

(ii) refers the patient to the pain management team for any subsequent prescriptions and related therapy.

(3) REPORT.—

(A) IN GENERAL.—Not later than one year after the date of enactment of this Act, the director of each medical facility of the Department shall submit to the Under Secretary for Health and the director of the Veterans Integrated Service Network in which the medical facility is located a report identifying the health care professionals that have been designated as members of the pain management team at the medical facility pursuant to paragraph (1).

(B) ELEMENTS.—Each report submitted under subparagraph (A) with respect to a medical facility of the Department shall include—

(i) a certification as to whether all members of the pain management team at the medical facility have completed the education and training required under subsection (b);

(ii) a plan for the management and referral of patients to such pain management team if health care providers without

1 expertise in prescribing analgesics pre-
2 scribe opioid medications to treat acute
3 and chronic pain that is non-cancer re-
4 lated; and
5 (iii) a certification as to whether the
6 medical facility—
7 (I) fully complies with the
8 stepped-care model of pain manage-
9 ment and other pain management
10 policies contained in Directive 2009-
11 053 of the Veterans Health Adminis-
12 tration, or successor directive; or
13 (II) does not fully comply with
14 such stepped-care model of pain man-
15 agement and other pain management
16 policies but is carrying out a correc-
17 tive plan of action to ensure such full
18 compliance.
19 (d) TRACKING AND MONITORING OF OPIOID USE.—
20 (1) PRESCRIPTION DRUG MONITORING PRO-
21 GRAMS OF STATES.—In carrying out the Opioid
22 Safety Initiative and the Opioid Therapy Risk Re-
23 port tool of the Department, the Secretary shall—
24 (A) ensure access by health care providers
25 of the Department to information on controlled

1 substances, including opioids and
2 benzodiazepines, prescribed to veterans who re-
3 ceive care outside the Department through the
4 prescription drug monitoring program of each
5 State with such a program, including by seek-
6 ing to enter into memoranda of understanding
7 with States to allow shared access of such infor-
8 mation between States and the Department;
9 (B) include such information in the Opioid
10 Therapy Risk Report; and
11 (C) require health care providers of the
12 Department to submit to the prescription drug
13 monitoring program of each State information
14 on prescriptions of controlled substances re-
15 ceived by veterans in that State under the laws
16 administered by the Secretary.
17 (2) REPORT ON TRACKING OF DATA ON OPIOID
18 USE.—Not later than 18 months after the date of
19 the enactment of this Act, the Secretary shall submit
20 to the Committee on Veterans' Affairs of the Senate
21 and the Committee on Veterans' Affairs of the
22 House of Representatives a report on the feasibility
23 and advisability of improving the Opioid Therapy
24 Risk Report tool of the Department to allow for

1 more advanced real-time tracking of and access to
2 data on—
3 (A) the key clinical indicators with respect
4 to the totality of opioid use by veterans;
5 (B) concurrent prescribing by health care
6 providers of the Department of opioids in dif-
7 ferent health care settings, including data on
8 concurrent prescribing of opioids to treat men-
9 tal health disorders other than opioid use dis-
10 order; and
11 (C) mail-order prescriptions of opioid pre-
12 scribed to veterans under the laws administered
13 by the Secretary.
14 (e) AVAILABILITY OF OPIOID RECEPTOR ANTAGO-
15 NISTS.—
16 (1) INCREASED AVAILABILITY AND USE.—
17 (A) IN GENERAL.—The Secretary shall
18 maximize the availability of opioid receptor an-
19 tagonists approved by the Food and Drug Ad-
20 ministration, including naloxone, to veterans.
21 (B) AVAILABILITY, TRAINING, AND DIS-
22 TRIBUTING.—In carrying out subparagraph
23 (A), not later than 90 days after the date of the
24 enactment of this Act, the Secretary shall—

1 (i) equip each pharmacy of the De-
2 partment with opioid receptor antagonists
3 approved by the Food and Drug Adminis-
4 tration to be dispensed to outpatients as
5 needed; and
6 (ii) expand the Overdose Education
7 and Naloxone Distribution program of the
8 Department to ensure that all veterans in
9 receipt of health care under laws adminis-
10 tered by the Secretary who are at risk of
11 opioid overdose may access such opioid re-
12 ceptor antagonists and training on the
13 proper administration of such opioid recep-
14 tor antagonists.
15 (C) VETERANS WHO ARE AT RISK.—For
16 purposes of subparagraph (B), veterans who are
17 at risk of opioid overdose include—
18 (i) veterans receiving long-term opioid
19 therapy;
20 (ii) veterans receiving opioid therapy
21 who have a history of substance use dis-
22 order or prior instances of overdose; and
23 (iii) veterans who are at risk as deter-
24 mined by a health care provider who is
25 treating the veteran.

1 (2) REPORT.—Not later than 120 days after
2 the date of the enactment of this Act, the Secretary
3 shall submit to the Committee on Veterans' Affairs
4 of the Senate and the Committee on Veterans' Af-
5 fairs of the House of Representatives a report on
6 carrying out paragraph (1), including an assessment
7 of any remaining steps to be carried out by the Sec-
8 retary to carry out such paragraph.
9 (f) INCLUSION OF CERTAIN INFORMATION AND CA-
10 PABILITIES IN OPIOID THERAPY RISK REPORT TOOL OF
11 THE DEPARTMENT.—
12 (1) INFORMATION.—The Secretary shall include
13 in the Opioid Therapy Risk Report tool of the De-
14 partment—
15 (A) information on the most recent time
16 the tool was accessed by a health care provider
17 of the Department with respect to each veteran;
18 and
19 (B) information on the results of the most
20 recent urine drug test for each veteran.
21 (2) CAPABILITIES.—The Secretary shall include
22 in the Opioid Therapy Risk Report tool the ability
23 of the health care providers of the Department to
24 determine whether a health care provider of the De-
25 partment prescribed opioids to a veteran without

1 checking the information in the tool with respect to
2 the veteran.
3 (g) NOTIFICATIONS OF RISK IN COMPUTERIZED
4 HEALTH RECORD.—The Secretary shall modify the com-
5 puterized patient record system of the Department to en-
6 sure that any health care provider that accesses the record
7 of a veteran, regardless of the reason the veteran seeks
8 care from the health care provider, will be immediately no-
9 tified whether the veteran—
10 (1) is receiving opioid therapy and has a history
11 of substance use disorder or prior instances of over-
12 dose;
13 (2) has a history of opioid abuse; or
14 (3) is at risk of becoming an opioid abuser as
15 determined by a health care provider who is treating
16 the veteran.
17 (h) DEFINITIONS.—In this section:
18 (1) The term ''controlled substance'' has the
19 meaning given that term in section 102 of the Con-
20 trolled Substances Act (21 U.S.C. 802).
21 (2) The term ''State'' means each of the several
22 States, territories, and possessions of the United
23 States, the District of Columbia, and the Common-
24 wealth of Puerto Rico.

SEC. 103. STRENGTHENING OF JOINT WORKING GROUP ON PAIN MANAGEMENT OF THE DEPARTMENT OF VETERANS AFFAIRS AND THE DEPARTMENT OF DEFENSE.

(a) IN GENERAL.—Not later than 90 days after the date of enactment of this Act, the Secretary of Veterans Affairs and the Secretary of Defense shall ensure that the Pain Management Working Group of the Health Executive Committee of the Department of Veterans Affairs–Department of Defense Joint Executive Committee established under section 320 of title 38, United States Code, includes a focus on the following:

(1) The opioid prescribing practices of health care providers of each Department.

(2) The ability of each Department to manage acute and chronic pain among individuals receiving health care from the Department, including training health care providers with respect to pain management.

(3) The use by each Department of complementary and integrative health and complementary alternative medicines in treating such individuals.

(4) The concurrent use by health care providers of each Department of opioids and prescription drugs to treat mental health disorders, including benzodiazepines.

1 (5) The practice by health care providers of
2 each Department of prescribing opioids to treat
3 mental health disorders.
4 (6) The coordination in coverage of and con-
5 sistent access to medications prescribed for patients
6 transitioning from receiving health care from the
7 Department of Defense to receiving health care from
8 the Department of Veterans Affairs.
9 (7) The ability of each Department to identify
10 and treat substance use disorders among individuals
11 receiving health care from that Department.
12 (b) COORDINATION AND CONSULTATION.—The Sec-
13 retary of Veterans Affairs and the Secretary of Defense
14 shall ensure that the working group described in sub-
15 section (a)—
16 (1) coordinates the activities of the working
17 group with other relevant working groups estab-
18 lished under section 320 of title 38, United States
19 Code, including the working groups on evidence-
20 based practice, patient safety, pharmacy, psycho-
21 logical health, and psychological health;
22 (2) consults with other relevant Federal agen-
23 cies, including the Centers for Disease Control and
24 Prevention, with respect to the activities of the
25 working group; and

1 (3) consults with the Department of Veterans
2 Affairs and the Department of Defense with respect
3 to, reviews, and comments on the VA/DOD Clinical
4 Practice Guideline for Management of Opioid Ther-
5 apy for Chronic Pain, or any successor guideline, be-
6 fore any update to the guideline is released.
7 (c) CONSULTATIONS.—The Secretary of Veterans Af-
8 fairs and the Secretary of Defense shall ensure that the
9 working group described in subsection (a) is able to mean-
10 ingfully consult with respect to the updated guideline re-
11 quired under subsection (a) of section 101, as required
12 by subsection (b) of such section, not later than 1 year
13 after the date of enactment of this Act.

14 **SEC. 104. REVIEW, INVESTIGATION, AND REPORT ON USE**
15 **OF OPIOIDS IN TREATMENT BY DEPARTMENT**
16 **OF VETERANS AFFAIRS.**

17 (a) COMPTROLLER GENERAL REPORT.—
18 (1) IN GENERAL.—Not later than two years
19 after the date of the enactment of this Act, the
20 Comptroller General of the United States shall sub-
21 mit to the Committee on Veterans' Affairs of the
22 Senate and the Committee on Veterans' Affairs of
23 the House of Representatives a report on the Opioid
24 Safety Initiative of the Department of Veterans Af-

1 fairs and the opioid prescribing practices of health
2 care providers of the Department.
3 (2) ELEMENTS.—The report submitted under
4 paragraph (1) shall include the following:
5 (A) Recommendations on such improve-
6 ments to the Opioid Safety Initiative of the De-
7 partment as the Comptroller General considers
8 appropriate.
9 (B) Information with respect to—
10 (i) deaths resulting from sentinel
11 events involving veterans prescribed opioids
12 by a health care provider of the Depart-
13 ment;
14 (ii) overall prescription rates and pre-
15 scriptions indications of opioids to treat
16 non-cancer, non-palliative, and non-hospice
17 care patients;
18 (iii) the prescription rates and pre-
19 scriptions indications of benzodiazepines
20 and opioids concomitantly by health care
21 providers of the Department;
22 (iv) the practice by health care pro-
23 viders of the Department of prescribing
24 opioids to treat patients without any pain,
25 including to treat patients with mental

1 health disorders other than opioid use dis-
2 order; and
3 (v) the effectiveness of opioid therapy
4 for patients receiving such therapy, includ-
5 ing the effectiveness of long-term opioid
6 therapy.
7 (C) An evaluation of processes of the De-
8 partment in place to oversee opioid use among
9 veterans, including procedures to identify and
10 remedy potential over-prescribing of opioids by
11 health care providers of the Department.
12 (D) An assessment of the implementation
13 by the Secretary of the VA/DOD Clinical Prac-
14 tice Guideline for Management of Opioid Ther-
15 apy for Chronic Pain.
16 (b) QUARTERLY PROGRESS REPORT ON IMPLEMEN-
17 TATION OF COMPTROLLER GENERAL RECOMMENDA-
18 TIONS.—Not later than two years after the date of the
19 enactment of this Act, and not later than 30 days after
20 the end of each quarter thereafter, the Secretary of Vet-
21 erans Affairs shall submit to the Committee on Veterans'
22 Affairs of the Senate and the Committee on Veterans' Af-
23 fairs of the House of Representatives a progress report
24 detailing the actions by the Secretary during the period
25 covered by the report to address any outstanding findings

1 and recommendations by the Comptroller General of the
2 United States under subsection (a) with respect to the
3 Veterans Health Administration.
4 (c) ANNUAL REVIEW OF PRESCRIPTION RATES.—
5 Not later than one year after the date of the enactment
6 of this Act, and not less frequently than annually for the
7 following five years, the Secretary shall submit to the
8 Committee on Veterans' Affairs of the Senate and the
9 Committee on Veterans' Affairs of the House of Rep-
10 resentatives a report, with respect to each medical facility
11 of the Department of Veterans Affairs, to collect and re-
12 view information on opioids prescribed by health care pro-
13 viders at the facility to treat non-cancer, non-palliative,
14 and non-hospice care patients that contains, for the one-
15 year period preceding the submission of the report, the
16 following:
17 (1) The number of patients and the percentage
18 of the patient population of the Department who
19 were prescribed benzodiazepines and opioids concur-
20 rently by a health care provider of the Department.
21 (2) The number of patients and the percentage
22 of the patient population of the Department without
23 any pain who were prescribed opioids by a health
24 care provider of the Department, including those

1 who were prescribed benzodiazepines and opioids
2 concurrently.
3 (3) The number of non-cancer, non-palliative,
4 and non-hospice care patients and the percentage of
5 such patients who were treated with opioids by a
6 health care provider of the Department on an inpa-
7 tient-basis and who also received prescription opioids
8 by mail from the Department while being treated on
9 an inpatient-basis.
10 (4) The number of non-cancer, non-palliative,
11 and non-hospice care patients and the percentage of
12 such patients who were prescribed opioids concur-
13 rently by a health care provider of the Department
14 and a health care provider that is not health care
15 provider of the Department.
16 (5) With respect to each medical facility of the
17 Department, information on opioids prescribed by
18 health care providers at the facility to treat non-can-
19 cer, non-palliative, and non-hospice care patients, in-
20 cluding information on—
21 (A) the prescription rate at which each
22 health care provider at the facility prescribed
23 benzodiazepines and opioids concurrently to
24 such patients and the aggregate such prescrip-

1 tion rate for all health care providers at the fa-
2 cility;
3 (B) the prescription rate at which each
4 health care provider at the facility prescribed
5 benzodiazepines or opioids to such patients to
6 treat conditions for which benzodiazepines or
7 opioids are not approved treatment and the ag-
8 gregate such prescription rate for all health
9 care providers at the facility;
10 (C) the prescription rate at which each
11 health care provider at the facility prescribed or
12 dispensed mail-order prescriptions of opioids to
13 such patients while such patients were being
14 treated with opioids on an inpatient-basis and
15 the aggregate of such prescription rate for all
16 health care providers at the facility; and
17 (D) the prescription rate at which each
18 health care provider at the facility prescribed
19 opioids to such patients who were also concur-
20 rently prescribed opioids by a health care pro-
21 vider that is not a health care provider of the
22 Department and the aggregate of such prescrip-
23 tion rates for all health care providers at the fa-
24 cility.

1 (6) With respect to each medical facility of the
2 Department, the number of times a pharmacist at
3 the facility overrode a critical drug interaction warn-
4 ing with respect to an interaction between opioids
5 and another medication before dispensing such medi-
6 cation to a veteran.

7 (d) INVESTIGATION OF PRESCRIPTION RATES.—If
8 the Secretary determines that a prescription rate with re-
9 spect to a health care provider or medical facility of the
10 Department conflicts with or is otherwise inconsistent
11 with the standards of appropriate and safe care, the Sec-
12 retary shall—

13 (1) immediately notify the Committee on Vet-
14 erans' Affairs of the Senate and the Committee on
15 Veterans' Affairs of the House of Representatives of
16 such determination, including information relating to
17 such determination, prescription rate, and health
18 care provider or medical facility, as the case may be;
19 and

20 (2) through the Office of the Medical Inspector
21 of the Veterans Health Administration, conduct a
22 full investigation of the health care provider or med-
23 ical facility, as the case may be.

24 (e) PRESCRIPTION RATE DEFINED.—In this section,
25 the term ''prescription rate'' means, with respect to a

1 health care provider or medical facility of the Department,
2 each of the following:
3 (1) The number of patients treated with opioids
4 by the health care provider or at the medical facility,
5 as the case may be, divided by the total number of
6 pharmacy users of that health care provider or med-
7 ical facility.
8 (2) The average number of morphine equiva-
9 lents per day prescribed by the health care provider
10 or at the medical facility, as the case may be, to pa-
11 tients being treated with opioids.
12 (3) Of the patients being treated with opioids
13 by the health care provider or at the medical facility,
14 as the case may be, the average number of prescrip-
15 tions of opioids per patient.

16 TITLE II—PATIENT ADVOCACY

17 SEC. 201. COMMUNITY MEETINGS ON IMPROVING CARE
18 FURNISHED BY DEPARTMENT OF VETERANS
19 AFFAIRS.

20 (a) COMMUNITY MEETINGS.—
21 (1) MEDICAL CENTERS.—Not later than 90
22 days after the date of the enactment of this Act, and
23 not less frequently than once every 90 days there-
24 after, the Secretary shall ensure that each medical
25 facility of the Department of Veterans Affairs hosts

1 a community meeting open to the public on improv-
2 ing health care furnished by the Secretary.
3 (2) COMMUNITY BASED OUTPATIENT CLIN-
4 ICS.—Not later than one year after the date of the
5 enactment of this Act, and not less frequently than
6 annually thereafter, the Secretary shall ensure that
7 each community based outpatient clinic of the De-
8 partment hosts a community meeting open to the
9 public on improving health care furnished by the
10 Secretary.
11 (b) ATTENDANCE BY DIRECTOR OF VETERANS INTE-
12 GRATED SERVICE NETWORK OR DESIGNEE.—
13 (1) IN GENERAL.—Each community meeting
14 hosted by a medical facility or community based out-
15 patient clinic under subsection (a) shall be attended
16 by the Director of the Veterans Integrated Service
17 Network in which the medical facility or community
18 based outpatient clinic, as the case may be, is lo-
19 cated. Subject to paragraph (2), the Director may
20 delegate such attendance only to an employee who
21 works in the Office of the Director.
22 (2) ATTENDANCE BY DIRECTOR.—Each Direc-
23 tor of a Veterans Integrated Service Network shall
24 personally attend not less than one community meet-
25 ing under subsection (a) hosted by each medical fa-

1 cility located in the Veterans Integrated Service Net-
2 work each year.
3 (c) NOTICE.—The Secretary shall notify the Com-
4 mittee on Veterans' Affairs of the Senate, the Committee
5 on Veterans' Affairs of the House of Representatives, and
6 each Member of Congress (as defined in section 104) who
7 represents the area in which the medical facility is located
8 of a community meeting under subsection (a) by not later
9 than 10 days before such community meeting occurs.

10 **SEC. 202. IMPROVEMENT OF AWARENESS OF PATIENT AD-**
11 **VOCACY PROGRAM AND PATIENT BILL OF**
12 **RIGHTS OF DEPARTMENT OF VETERANS AF-**
13 **FAIRS.**

14 Not later than 90 days after the date of the enact-
15 ment of this Act, the Secretary of Veterans Affairs shall,
16 in as many prominent locations as the Secretary deter-
17 mines appropriate to be seen by the largest percentage of
18 patients and family members of patients at each medical
19 facility of the Department of Veterans Affairs—
20 (1) display the purposes of the Patient Advo-
21 cacy Program of the Department and the contact in-
22 formation for the patient advocate at such medical
23 facility; and
24 (2) display the rights and responsibilities of—

1 (A) patients and family members and pa-
2 tients at such medical facility; and
3 (B) with respect to community living cen-
4 ters and other residential facilities of the De-
5 partment, residents and family members of resi-
6 dents at such medical facility.

7 **SEC. 203. COMPTROLLER GENERAL REPORT ON PATIENT**
8 **ADVOCACY PROGRAM OF DEPARTMENT OF**
9 **VETERANS AFFAIRS.**

10 (a) IN GENERAL.—Not later than two years after the
11 date of the enactment of this Act, the Comptroller General
12 of the United States shall submit to the Committee on
13 Veterans' Affairs of the Senate and the Committee on Vet-
14 erans' Affairs of the House of Representatives a report
15 on the Patient Advocacy Program of the Department of
16 Veterans Affairs (in this section referred to as the ''Pro-
17 gram'').

18 (b) ELEMENTS.—The report required by subsection
19 (a) shall include the following:
20 (1) A description of the Program, including—
21 (A) the purpose of the Program;
22 (B) the activities carried out under the
23 Program; and
24 (C) the sufficiency of the Program in
25 achieving the purpose of the Program.

1 (2) An assessment of the sufficiency of staffing
2 of employees of the Department responsible for car-
3 rying out the Program.
4 (3) An assessment of the sufficiency of the
5 training of such employees.
6 (4) An assessment of—
7 (A) the awareness of the Program among
8 veterans and family members of veterans; and
9 (B) the use of the Program by veterans
10 and family members of veterans.
11 (5) Such recommendations and proposals for
12 improving or modifying the Program as the Comp-
13 troller General considers appropriate.
14 (6) Such other information with respect to the
15 Program as the Comptroller General considers ap-
16 propriate.

17 TITLE III—COMPLEMENTARY
18 AND INTEGRATIVE HEALTH

19 SEC. 301. EXPANSION OF RESEARCH AND EDUCATION ON
20 AND DELIVERY OF COMPLEMENTARY AND IN-
21 TEGRATIVE HEALTH TO VETERANS.

22 (a) ESTABLISHMENT.—There is established a com-
23 mission to be known as the ''Creating Options for Vet-
24 erans' Expedited Recovery'' or the ''COVER Commission''
25 (in this Act referred to as the ''Commission''). The Com-

1 mission shall examine the evidence-based therapy treat-
2 ment model used by the Secretary of Veterans Affairs for
3 treating mental health conditions of veterans and the po-
4 tential benefits of incorporating complementary alter-
5 native treatments available in non-Department facilities
6 (as defined in section 1701 of title 38, United States
7 Code).

8 (b) DUTIES.—The Commission shall perform the fol-
9 lowing duties:

10 (1) Examine the efficacy of the evidence-based
11 therapy model used by the Secretary for treating
12 mental health illnesses of veterans and identify areas
13 to improve wellness-based outcomes.

14 (2) Conduct a patient-centered survey within
15 each of the Veterans Integrated Service Networks to
16 examine—

17 (A) the experience of veterans with the De-
18 partment of Veterans Affairs when seeking
19 medical assistance for mental health issues
20 through the health care system of the Depart-
21 ment;

22 (B) the experience of veterans with non-
23 Department facilities and health professionals
24 for treating mental health issues;

1 (C) the preference of veterans regarding
2 available treatment for mental health issues and
3 which methods the veterans believe to be most
4 effective;
5 (D) the experience, if any, of veterans with
6 respect to the complementary alternative treat-
7 ment therapies described in paragraph (3);
8 (E) the prevalence of prescribing prescrip-
9 tion medication among veterans seeking treat-
10 ment through the health care system of the De-
11 partment as remedies for addressing mental
12 health issues; and
13 (F) the outreach efforts of the Secretary
14 regarding the availability of benefits and treat-
15 ments for veterans for addressing mental health
16 issues, including by identifying ways to reduce
17 barriers to gaps in such benefits and treat-
18 ments.
19 (3) Examine available research on complemen-
20 tary alternative treatment therapies for mental
21 health issues and identify what benefits could be
22 made with the inclusion of such treatments for vet-
23 erans, including with respect to—
24 (A) music therapy;
25 (B) equine therapy;

1 (C) training and caring for service dogs;
2 (D) yoga therapy;
3 (E) acupuncture therapy;
4 (F) meditation therapy;
5 (G) outdoor sports therapy;
6 (H) hyperbaric oxygen therapy;
7 (I) accelerated resolution therapy;
8 (J) art therapy;
9 (K) magnetic resonance therapy; and
10 (L) other therapies the Commission deter-
11 mines appropriate.
12 (4) Study the sufficiency of the resources of the
13 Department to ensure the delivery of quality health
14 care for mental health issues among veterans seek-
15 ing treatment within the Department.
16 (5) Study the current treatments and resources
17 available within the Department and assess—
18 (A) the effectiveness of such treatments
19 and resources in decreasing the number of sui-
20 cides per day by veterans;
21 (B) the number of veterans who have been
22 diagnosed with mental health issues;
23 (C) the percentage of veterans using the
24 resources of the Department who have been di-
25 agnosed with mental health issues;

1 (D) the percentage of veterans who have
2 completed counseling sessions offered by the
3 Department; and
4 (E) the efforts of the Department to ex-
5 pand complementary alternative treatments via-
6 ble to the recovery of veterans with mental
7 health issues as determined by the Secretary to
8 improve the effectiveness of treatments offered
9 with the Department.
10 (c) MEMBERSHIP.—
11 (1) IN GENERAL.—The Commission shall be
12 composed of 10 members, appointed as follows:
13 (A) Two members appointed by the Speak-
14 er of the House of Representatives, at least one
15 of whom shall be a veteran.
16 (B) Two members appointed by the Minor-
17 ity Leader of the House of Representatives, at
18 least one of whom shall be a veteran.
19 (C) Two members appointed by the Major-
20 ity Leader of the Senate, at least one of whom
21 shall be a veteran.
22 (D) Two members appointed by the Minor-
23 ity Leader of the Senate, at least one of whom
24 shall be a veteran.

1 (E) Two members appointed by the Presi-
2 dent, at least one of whom shall be a veteran.
3 (2) QUALIFICATIONS.—Members of the Com-
4 mission shall be—
5 (A) individuals who are of recognized
6 standing and distinction within the medical
7 community with a background in treating men-
8 tal health;
9 (B) individuals with experience working
10 with the military and veteran population; and
11 (C) individuals who do not have a financial
12 interest in any of the complementary alternative
13 treatments reviewed by the Commission.
14 (3) CHAIRMAN.—The President shall designate
15 a member of the Commission to be the Chairman.
16 (4) PERIOD OF APPOINTMENT.—Members of
17 the Commission shall be appointed for the life of the
18 Commission.
19 (5) VACANCY.—A vacancy in the Commission
20 shall be filled in the manner in which the original
21 appointment was made.
22 (6) APPOINTMENT DEADLINE.—The appoint-
23 ment of members of the Commission in this section
24 shall be made not later than 90 days after the date
25 of the enactment of this Act.

1 (d) POWERS OF COMMISSION.—
2 (1) MEETINGS.—
3 (A) INITIAL MEETING.—The Commission
4 shall hold its first meeting not later than 30
5 days after a majority of members are appointed
6 to the Commission.
7 (B) MEETING.—The Commission shall reg-
8 ularly meet at the call of the Chairman. Such
9 meetings may be carried out through the use of
10 telephonic or other appropriate telecommuni-
11 cation technology if the Commission determines
12 that such technology will allow the members to
13 communicate simultaneously.
14 (2) HEARINGS.—The Commission may hold
15 such hearings, sit and act at such times and places,
16 take such testimony, and receive evidence as the
17 Commission considers advisable to carry out the re-
18 sponsibilities of the Commission.
19 (3) INFORMATION FROM FEDERAL AGENCIES.—
20 The Commission may secure directly from any de-
21 partment or agency of the Federal Government such
22 information as the Commission considers necessary
23 to carry out the duties of the Commission.
24 (4) INFORMATION FROM NONGOVERNMENTAL
25 ORGANIZATIONS.—In carrying out its duties, the

1 Commission may seek guidance through consultation
2 with foundations, veteran service organizations, non-
3 profit groups, faith-based organizations, private and
4 public institutions of higher education, and other or-
5 ganizations as the Commission determines appro-
6 priate.

7 (5) COMMISSION RECORDS.—The Commission
8 shall keep an accurate and complete record of the
9 actions and meeting of the Commission. Such record
10 shall be made available for public inspection and the
11 Comptroller General of the United States may audit
12 and examine such record.

13 (6) PERSONNEL RECORDS.—The Commission
14 shall keep an accurate and complete record of the
15 actions and meetings of the Commission. Such
16 record shall be made available for public inspection
17 and the Comptroller General of the United States
18 may audit and examine such records.

19 (7) COMPENSATION OF MEMBERS; TRAVEL EX-
20 PENSES.—Each member shall serve without pay but
21 shall receive travel expenses to perform the duties of
22 the Commission, including per diem in lieu of sub-
23 stances, at rates authorized under subchapter I of
24 chapter 57 of title 5, United States Code.

1 (8) STAFF.—The Chairman, in accordance with
2 rules agreed upon the Commission, may appoint fix
3 the compensation of a staff director and such other
4 personnel as may be necessary to enable the Com-
5 mission to carry out its functions, without regard to
6 the provisions of title 5, United States Code, gov-
7 erning appointments in the competitive service, with-
8 out regard to the provision of chapter 51 and sub-
9 chapter III of chapter 53 of such title relating to
10 classification and General Schedule pay rates, except
11 that no rate of pay fixed under this paragraph may
12 exceed the equivalent of that payable for a position
13 at a level IV of the Executive Schedule under section
14 5316 of title 5, United States Code.
15 (9) PERSONNEL AS FEDERAL EMPLOYEES.—
16 (A) IN GENERAL.—The executive director
17 and any personnel of the Commission are em-
18 ployees under section 2105 of title 5, United
19 States Code, for purpose of chapters 63, 81, 83,
20 84, 85, 87, 89, and 90 of such title.
21 (B) MEMBERS OF THE COMMISSION.—
22 Subparagraph (A) shall not be construed to
23 apply to members of the Commission.
24 (10) CONTRACTING.—The Commission may, to
25 such extent and in such amounts as are provided in

1 appropriations Acts, enter into contracts to enable
2 the Commission to discharge the duties of the Com-
3 mission under this Act.
4 (11) EXPERT AND CONSULTANT SERVICE.—The
5 Commission may procure the services of experts and
6 consultants in accordance with section 3109 or title
7 5, United States Code, at rates not to exceed the
8 daily rate paid to a person occupying a position at
9 level IV of the Executive Schedule under section
10 3109 of title 5, United States Code.
11 (12) POSTAL SERVICE.—The Commission may
12 use the United States mails in the same manner and
13 under the same conditions as departments and agen-
14 cies of the United States.
15 (13) PHYSICAL FACILITIES AND EQUIPMENT.—
16 Upon the request of the Commission, the Adminis-
17 trator of General Services shall provide to the Com-
18 mission, on a reimbursable basis, the administrative
19 support services necessary for the Commission to
20 carry out its responsibilities under this Act. These
21 administrative services may include human resource
22 management, budget, leasing accounting, and payroll
23 services.
24 (e) REPORT.—
25 (1) INTERIM REPORTS.—

1 (A) IN GENERAL.—Not later than 60 days
2 after the date on which the Commission first
3 meets, and each 30-day period thereafter end-
4 ing on the date on which the Commission sub-
5 mits the final report under paragraph (2), the
6 Commission shall submit to the Committees on
7 Veterans' Affairs of the House of Representa-
8 tives and the Senate and the President a report
9 detailing the level of cooperation the Secretary
10 of Veterans Affairs (and the heads of other de-
11 partments or agencies of the Federal Govern-
12 ment) has provided to the Commission.
13 (B) OTHER REPORTS.—In carrying out its
14 duties, at times that the Commission deter-
15 mines appropriate, the Commission shall submit
16 to the Committee on Veterans' Affairs of the
17 House of Representatives and the Senate and
18 any other appropriate entities an interim report
19 with respect to the findings identified by the
20 Commission.
21 (2) FINAL REPORT.—Not later than 18 months
22 after the first meeting of the Commission, the Com-
23 mission shall submit to the Committee on Veterans'
24 Affairs of the House of Representatives and the Sen-
25 ate, the President, and the Secretary of Veterans Af-

1 fairs a final report on the findings of the Commis-
2 sion. Such report shall include the following:
3 (A) Recommendations to implement in a
4 feasible, timely, and cost efficient manner the
5 solutions and remedies identified within the
6 findings of the Commission pursuant to sub-
7 section (b).
8 (B) An analysis of the evidence-based ther-
9 apy model used by the Secretary of Veterans
10 Affairs for treating veterans with mental health
11 care issues, and an examination of the preva-
12 lence and efficacy of prescription drugs as a
13 means for treatment.
14 (C) The findings of the patient-centered
15 survey conducted within each of the Veterans
16 Integrated Service Networks pursuant to sub-
17 section (b)(2).
18 (D) An examination of complementary al-
19 ternative treatments described in subsection
20 (b)(3) and the potential benefits of incor-
21 porating such treatments in the therapy models
22 used by the Secretary for treating veterans with
23 mental health issues.
24 (3) PLAN.—Not later than 90 days after the
25 date on which the Commission submits the final re-

1 port under paragraph (2), the Secretary of Veterans
2 Affairs shall submit to the Committee on Veterans'
3 Affairs of the House of Representatives and the Sen-
4 ate a report on the following:
5 (A) An action plan for implementing the
6 recommendations established by the Commis-
7 sion on such solutions and remedies for improv-
8 ing wellness-based outcomes for veterans with
9 mental health care issues.
10 (B) A feasible timeframe on when the com-
11 plementary alternative treatments described in
12 subsection (b)(3) can be implemented Depart-
13 ment-wide.
14 (C) With respect to each recommendation
15 established by the Commission, including any
16 complementary alternative treatment, that the
17 Secretary determines is not appropriate or fea-
18 sible to implement, a justification for such de-
19 termination and an alternative solution to im-
20 prove the efficacy of the therapy models used by
21 the Secretary for treating veterans with mental
22 health issues.
23 (f) TERMINATION OF COMMISSION.—The Commis-
24 sion shall terminate 30 days after the Commission submits
25 the final report under subsection (e)(2).

1 **SEC. 302. PILOT PROGRAM ON INTEGRATION OF COM-**
2 **PLEMENTARY ALTERNATIVE MEDICINES AND**
3 **RELATED ISSUES FOR VETERANS AND FAM-**
4 **ILY MEMBERS OF VETERANS.**

5 (a) PILOT PROGRAM.—

6 (1) IN GENERAL.—Not later than 180 days
7 after the date on which the Secretary of Veterans
8 Affairs receives the final report under section
9 301(e), the Secretary shall commence a pilot pro-
10 gram to assess the feasibility and advisability of
11 using wellness-based programs (as defined by the
12 Secretary) to complement the provision of pain man-
13 agement and related health care services, including
14 mental health care services, to veterans.

15 (2) MATTERS ADDRESSED.—In carrying out the
16 pilot program, the Secretary shall assess the fol-
17 lowing:

18 (A) Means of improving coordination be-
19 tween Federal, State, local, and community pro-
20 viders of health care in the provision of pain
21 management and related health care services to
22 veterans.

23 (B) Means of enhancing outreach, and co-
24 ordination of outreach, by and among providers
25 of health care referred to in subparagraph (A)

1 on the pain management and related health
2 care services available to veterans.
3 (C) Means of using wellness-based pro-
4 grams of providers of health care referred to in
5 subparagraph (A) as complements to the provi-
6 sion by the Department of pain management
7 and related health care services to veterans.
8 (D) Whether wellness-based programs de-
9 scribed in subparagraph (C)—
10 (i) are effective in enhancing the qual-
11 ity of life and well-being of veterans;
12 (ii) are effective in increasing the ad-
13 herence of veterans to the primary pain
14 management and related health care serv-
15 ices provided such veterans by the Depart-
16 ment;
17 (iii) have an effect on the sense of
18 well-being of veterans who receive primary
19 pain management and related health care
20 services from the Department; and
21 (iv) are effective in encouraging vet-
22 erans receiving health care from the De-
23 partment to adopt a more healthy lifestyle.

1 (b) DURATION.—The Secretary shall carry out the
2 pilot program under subsection (a)(1) for a period of three
3 years.
4 (c) LOCATIONS.—
5 (1) FACILITIES.—The Secretary shall carry out
6 the pilot program under subsection (a)(1) at facili-
7 ties of the Department providing pain management
8 and related health care services, including mental
9 health care services, to veterans. In selecting such
10 facilities to carry out the pilot program, the Sec-
11 retary shall select not fewer than 15 medical centers
12 of the Department, of which not fewer than two
13 shall be polytrauma rehabilitation centers of the De-
14 partment.
15 (2) MEDICAL CENTERS WITH PRESCRIPTION
16 RATES OF OPIOIDS THAT CONFLICT WITH CARE
17 STANDARDS.—In selecting the medical centers under
18 paragraph (1), the Secretary shall give priority to
19 medical centers of the Department at which there is
20 a prescription rate of opioids that conflicts with or
21 is otherwise inconsistent with the standards of ap-
22 propriate and safe care.
23 (d) PROVISION OF SERVICES.—Under the pilot pro-
24 gram under subsection (a)(1), the Secretary shall provide
25 covered services to covered veterans by integrating com-

1 plementary and alternative medicines and integrative
2 health services with other services provided by the Depart-
3 ment at the medical centers selected under subsection (c).
4 (e) COVERED VETERANS.—For purposes of the pilot
5 program under subsection (a)(1), a covered veteran is any
6 veteran who—
7 (1) has a mental health condition diagnosed by
8 a clinician of the Department;
9 (2) experiences chronic pain;
10 (3) has a chronic condition being treated by a
11 clinician of the Department; or
12 (4) is not described in paragraph (1), (2), or
13 (3) and requests to participate in the pilot program
14 or is referred by a clinician of the Department who
15 is treating the veteran.
16 (f) COVERED SERVICES.—
17 (1) IN GENERAL.—For purposes of the pilot
18 program, covered services are services consisting of
19 complementary and integrative health services as se-
20 lected by the Secretary.
21 (2) ADMINISTRATION OF SERVICES.—Covered
22 services shall be administered under the pilot pro-
23 gram as follows:
24 (A) Covered services shall be administered
25 by professionals or other instructors with ap-

1 propriate training and expertise in complemen-
2 tary and integrative health services who are em-
3 ployees of the Department or with whom the
4 Department enters into an agreement to pro-
5 vide such services.
6 (B) Covered services shall be included as
7 part of the Patient Aligned Care Teams initia-
8 tive of the Office of Patient Care Services, Pri-
9 mary Care Program Office, in coordination with
10 the Office of Patient Centered Care and Cul-
11 tural Transformation.
12 (C) Covered services shall be made avail-
13 able to—
14 (i) covered veterans who have received
15 conventional treatments from the Depart-
16 ment for the conditions for which the cov-
17 ered veteran seeks complementary and in-
18 tegrative health services under the pilot
19 program; and
20 (ii) covered veterans who have not re-
21 ceived conventional treatments from the
22 Department for such conditions.
23 (g) REPORTS.—
24 (1) IN GENERAL.—Not later than 30 months
25 after the date on which the Secretary commences the

1 pilot program under subsection (a)(1), the Secretary
2 shall submit to the Committee on Veterans' Affairs
3 of the Senate and the Committee on Veterans' Af-
4 fairs of the House of Representatives a report on the
5 pilot program.
6 (2) ELEMENTS.—The report under paragraph
7 (1) shall include the following:
8 (A) The findings and conclusions of the
9 Secretary with respect to the pilot program
10 under subsection (a)(1), including with respect
11 to—
12 (i) the use and efficacy of the com-
13 plementary and integrative health services
14 established under the pilot program;
15 (ii) the outreach conducted by the
16 Secretary to inform veterans and commu-
17 nity organizations about the pilot program;
18 and
19 (iii) an assessment of the benefit of
20 the pilot program to covered veterans in
21 mental health diagnoses, pain manage-
22 ment, and treatment of chronic illness.
23 (B) Identification of any unresolved bar-
24 riers that impede the ability of the Secretary to
25 incorporate complementary and integrative

1 health services with other health care services
2 provided by the Department.
3 (C) Such recommendations for the continu-
4 ation or expansion of the pilot program as the
5 Secretary considers appropriate.
6 (h) COMPLEMENTARY AND INTEGRATIVE HEALTH
7 DEFINED.—In this section, the term ''complementary and
8 integrative health'' shall have the meaning given that term
9 by the National Institutes of Health.

10 TITLE IV—FITNESS OF HEALTH
11 CARE PROVIDERS

12 SEC. 401. ADDITIONAL REQUIREMENTS FOR HIRING OF
13 HEALTH CARE PROVIDERS BY DEPARTMENT
14 OF VETERANS AFFAIRS.

15 As part of the hiring process for each health care pro-
16 vider considered for a position at the Department of Vet-
17 erans Affairs after the date of the enactment of the Act,
18 the Secretary of Veterans Affairs shall require from the
19 medical board of each State in which the health care pro-
20 vider has a medical license—
21 (1) information on any violation of the require-
22 ments of the medical license of the health care pro-
23 vider during the 20-year period preceding the con-
24 sideration of the health care provider by the Depart-
25 ment; and

(2) information on whether the health care provider has entered into any settlement agreement for the disciplinary charge relating to the practice of medicine by the health care provider.

SEC. 402. PROVISION OF INFORMATION ON HEALTH CARE PROVIDERS OF DEPARTMENT OF VETERANS AFFAIRS TO STATE MEDICAL BOARDS.

Notwithstanding section 552a of title 5, United States Code, with respect to each health care provider of the Department of Veterans Affairs who has violated a requirement of the medical license of the health care provider, the Secretary of Veterans Affairs shall provide to the medical board of each State in which the health care provider is licensed detailed information with respect to such violation, regardless of whether such board has formally requested such information.

SEC. 403. REPORT ON COMPLIANCE BY DEPARTMENT OF VETERANS AFFAIRS WITH REVIEWS OF HEALTH CARE PROVIDERS LEAVING THE DEPARTMENT OR TRANSFERRING TO OTHER FACILITIES.

Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House

1 of Representatives a report on the compliance by the De-
2 partment of Veterans Affairs with the policy of the De-
3 partment—

4 (1) to conduct a review of each health care pro-
5 vider of the Department who transfers to another
6 medical facility of the Department, retires, or is ter-
7 minated to determine whether there are any con-
8 cerns, complaints, or allegations of violations relat-
9 ing to the medical practice of the health care pro-
10 vider; and

11 (2) to take appropriate action with respect to
12 any such concern, complaint, or allegation.

13 TITLE V—OTHER VETERANS 14 MATTERS

15 SEC. 501. AUDIT OF VETERANS HEALTH ADMINISTRATION 16 PROGRAMS OF DEPARTMENT OF VETERANS 17 AFFAIRS.

18 (a) AUDIT.—The Secretary of Veterans Affairs shall
19 seek to enter into a contract with a nongovernmental enti-
20 ty under which the entity shall conduct a audits of the
21 programs of the Veterans Health Administration of the
22 Department of Veterans Affairs to identify ways to im-
23 prove the furnishing of benefits and health care adminis-
24 tered by the Veterans Health Administration to veterans
25 and families of veterans.

1 (b) AUDIT REQUIREMENTS.—In carrying out each
2 audit under subsection (a), the entity shall perform the
3 following:
4 (1) Five-year risk assessments to identify the
5 functions, staff organizations, and staff offices of the
6 Veterans Health Administration that would lead to-
7 wards the greatest improvement in furnishing of
8 benefits and health care to veterans and families of
9 veterans.
10 (2) Development of plans that are informed by
11 the risk assessment under paragraph (1) to conduct
12 audits of the functions, staff organizations, and staff
13 offices identified under paragraph (1).
14 (3) Conduct audits in accordance with the plans
15 developed pursuant to paragraph (2).
16 (c) REPORTS.—Not later than 90 days after the date
17 on which each audit is completed under subsection (a),
18 the Secretary shall submit to the Committees on Veterans'
19 Affairs of the House of Representatives and the Senate
20 a report that includes—
21 (1) a summary of the audit;
22 (2) the findings of the entity that conducted the
23 audit with respect to the audit; and
24 (3) such recommendations as the Secretary de-
25 termines appropriate for legislative or administrative

1 action to improve the furnishing of benefits and
2 health care to veterans and families of veterans.