

AMENDMENT TO H.R. 4242
OFFERED BY MR. COFFMAN OF COLORADO

Page 64, after line 2, insert the following:

1 **SEC. 207. ESTABLISHMENT OF PROCESSES TO ENSURE**
2 **SAFE OPIOID PRESCRIBING PRACTICES BY**
3 **NON-DEPARTMENT OF VETERANS AFFAIRS**
4 **HEALTH CARE PROVIDERS.**

5 (a) RECEIPT AND REVIEW OF GUIDELINES.—The
6 Secretary of Veterans Affairs shall ensure that all covered
7 health care providers are provided a copy of and certify
8 that they have reviewed the evidence-based guidelines for
9 prescribing opioids set forth by the Opioid Safety Initia-
10 tive of the Department of Veterans Affairs under sections
11 911(a)(2) and 912(c) of the Jason Simcakoski Memorial
12 and Promise Act (Public Law 114–198; 38 U.S.C. 1701
13 note) before first providing care under the laws adminis-
14 tered by the Secretary and at any time when those guide-
15 lines are modified thereafter.

16 (b) INCLUSION OF MEDICAL HISTORY AND CURRENT
17 MEDICATIONS.—The Secretary shall implement a process
18 to ensure that, if care of a veteran by a covered health
19 care provider is authorized under the laws administered
20 by the Secretary, the document authorizing such care in-

1 cludes the relevant medical history of the veteran and a
2 list of all medications prescribed to the veteran.

3 (c) SUBMITTAL OF PRESCRIPTIONS.—

4 (1) IN GENERAL.—Except as provided in para-
5 graph (3), the Secretary shall require, to the max-
6 imum extent practicable, each covered health care
7 provider to submit prescriptions for opioids—

8 (A) to the Department for prior authoriza-
9 tion for the prescribing of a limited amount of
10 opioids under contracts the Department has
11 with retail pharmacies; or

12 (B) directly to a pharmacy of the Depart-
13 ment for the dispensing of such prescription.

14 (2) DEPARTMENT RESPONSIBILITY.—In car-
15 rying out paragraph (1), upon receipt by the De-
16 partment of a prescription for opioids for a veteran
17 under the laws administered by the Secretary, the
18 Secretary shall—

19 (A) record such prescription in the elec-
20 tronic health record of the veteran; and

21 (B) monitor such prescription as outlined
22 in the Opioid Safety Initiative of the Depart-
23 ment.

24 (3) EXCEPTION.—

1 (A) IN GENERAL.—A covered health care
2 provider is not required under paragraph (1)(B)
3 to submit an opioid prescription directly to a
4 pharmacy of the Department if—

5 (i) the health care provider determines
6 that there is an immediate medical need
7 for the prescription, including an urgent or
8 emergent prescription or a prescription dis-
9 pensed as part of an opioid treatment pro-
10 gram that provides office-based medica-
11 tions; and

12 (ii)(I) following an inquiry into the
13 matter, a pharmacy of the Department no-
14 tifies the health care provider that it can-
15 not fill the prescription in a timely man-
16 ner; or

17 (II) the health care provider deter-
18 mines that the requirement under para-
19 graph (1)(B) would impose an undue hard-
20 ship on the veteran, including with respect
21 to travel distances, as determined by the
22 Secretary.

23 (B) NOTIFICATION TO DEPARTMENT.—If a
24 covered health care provider uses an exception
25 under subparagraph (A) with respect to an

1 opioid prescription for a veteran, the health
2 care provider shall, on the same day the pre-
3 scription is written, submit to the Secretary for
4 inclusion in the electronic health record of the
5 veteran a notice, in such form as the Secretary
6 may establish, providing information about the
7 prescription and describing the reason for the
8 exception.

9 (C) REPORT.—

10 (i) IN GENERAL.—Not less frequently
11 than quarterly, the Secretary shall submit
12 to the Committee on Veterans' Affairs of
13 the Senate and the Committee on Vet-
14 erans' Affairs of the House of Representa-
15 tives a report evaluating the compliance of
16 covered health care providers with the re-
17 quirements under this paragraph and set-
18 ting forth data on the use by health care
19 providers of exceptions under subpara-
20 graph (A) and notices under subparagraph
21 (B).

22 (ii) ELEMENTS.—Each report re-
23 quired by clause (i) shall include the fol-
24 lowing with respect to the quarter covered
25 by the report:

1 (I) The number of exceptions
2 used under subparagraph (A) and no-
3 tices received under subparagraph
4 (B).

5 (II) The rate of compliance by
6 the Department with the requirement
7 under subparagraph (B) to include
8 such notices in the health records of
9 veterans.

10 (III) The identification of any
11 covered health care providers that,
12 based on criteria prescribed the Sec-
13 retary, are determined by the Sec-
14 retary to be statistical outliers regard-
15 ing the use of exceptions under sub-
16 paragraph (A).

17 (d) USE OF OPIOID SAFETY INITIATIVE GUIDE-
18 LINES.—

19 (1) IN GENERAL.—If a director of a medical
20 center of the Department or a Veterans Integrated
21 Service Network determines that the opioid pre-
22 scribing practices of a covered health care provider
23 conflicts with or is otherwise inconsistent with the
24 standards of appropriate and safe care, as that term
25 is used in section 913(d) of the Jason Simcakoski

1 Memorial and Promise Act (Public Law 114–198;
2 38 U.S.C. 1701 note), the director shall take such
3 action as the director considers appropriate to en-
4 sure the safety of all veterans receiving care from
5 that health care provider, including removing or di-
6 recting the removal of any such health care provider
7 from provider networks or otherwise refusing to au-
8 thorize care of veterans by such health care provider
9 in any program authorized under the laws adminis-
10 tered by the Secretary.

11 (2) INCLUSION IN CONTRACTS.—The Secretary
12 shall ensure that any contracts entered into by the
13 Secretary with third parties involved in admin-
14 istering programs that provide care in the commu-
15 nity to veterans under the laws administered by the
16 Secretary specifically grant the authority set forth in
17 paragraph (1) to such third parties and to the direc-
18 tors described in that paragraph, as the case may
19 be.

20 (e) DENIAL OR REVOCATION OF ELIGIBILITY OF
21 NON-DEPARTMENT PROVIDERS.—The Secretary shall
22 deny or revoke the eligibility of a non-Department health
23 care provider to provide health care to veterans under the
24 laws administered by the Secretary if the Secretary deter-

1 mines that the opioid prescribing practices of the pro-
2 vider—

3 (1) violate the requirements of a medical license
4 of the health care provider; or

5 (2) detract from the ability of the health care
6 provider to deliver safe and appropriate health care.

7 (f) COVERED HEALTH CARE PROVIDER DEFINED.—

8 In this section, the term “covered health care provider”
9 means a non-Department of Veterans Affairs health care
10 provider who provides health care to veterans under the
11 laws administered by the Secretary of Veterans Affairs.

