Suspend the Rules and Pass the Bill, H.R. 4063

(The amendments strike all after the enacting clause and insert a new text and a new title)

114TH CONGRESS
2D SESSION

H. R. 4063

To improve the use by the Secretary of Veterans Affairs of opioids in treating veterans, to improve patient advocacy by the Secretary, and to expand the availability of complementary and integrative health, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. BILIRAKIS (for himself, Mr. KIND, Miss RICE of New York, Mrs. WALORSKI, Mr. MCKINLEY, Mr. BOST, Mr. COFFMAN, Mr. ROSS, Mr. RYAN of Ohio, Mrs. RADEWAGEN, Mr. CRAWFORD, Mr. MICA, Ms. FRANKEL of Florida, Ms. KUSTER, Mr. MCCAUL, and Mr. WALZ) introduced the following bill; which was referred to the Committee on Veterans' Affairs, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To improve the use by the Secretary of Veterans Affairs of opioids in treating veterans, to improve patient advocacy by the Secretary, and to expand the availability of complementary and integrative health, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the ''Promoting Responsible
5 Opioid Management and Incorporating Scientific Exper-
6 tise Act'' or the ''Jason Simcakoski PROMISE Act''.

7 **SEC. 2. IMPROVEMENT OF OPIOID SAFETY MEASURES BY**
8 **DEPARTMENT OF VETERANS AFFAIRS.**

9 (a) EXPANSION OF OPIOID SAFETY INITIATIVE.—
10 (1) INCLUSION OF ALL MEDICAL FACILITIES.—
11 Not later than 180 days after the date of the enact-
12 ment of this Act, the Secretary of Veterans Affairs
13 shall expand the Opioid Safety Initiative of the De-
14 partment of Veterans Affairs to include all medical
15 facilities of the Department.

16 (2) GUIDANCE.—The Secretary shall establish
17 guidance that each health care provider of the De-
18 partment of Veterans Affairs, before initiating opioid
19 therapy to treat a patient as part of the comprehen-
20 sive assessment conducted by the health care pro-
21 vider, use the Opioid Therapy Risk Report tool of
22 the Department of Veterans Affairs (or any subse-
23 quent tool), which shall include information from the
24 prescription drug monitoring program of each par-
25 ticipating State as applicable, that includes the most

1 recent information to date relating to the patient
2 that accessed such program to assess the risk for
3 adverse outcomes of opioid therapy for the patient,
4 including the concurrent use of controlled substances
5 such as benzodiazepines, as part of the comprehen-
6 sive assessment conducted by the health care pro-
7 vider.

8 (3) ENHANCED STANDARDS.—The Secretary
9 shall establish enhanced standards with respect to
10 the use of routine and random urine drug tests for
11 all patients before and during opioid therapy to help
12 prevent substance abuse, dependence, and diversion,
13 including—

14 (A) that such tests occur not less fre-
15 quently than once each year; and

16 (B) that health care providers appro-
17 priately order, interpret and respond to the re-
18 sults from such tests to tailor pain therapy,
19 safeguards, and risk management strategies to
20 each patient.

21 (b) PAIN MANAGEMENT EDUCATION AND TRAIN-
22 ING.—

23 (1) IN GENERAL.—In carrying out the Opioid
24 Safety Initiative of the Department, the Secretary
25 shall require all employees of the Department re-

1 sponsible for prescribing opioids to receive education
2 and training described in paragraph (2).

3 (2) EDUCATION AND TRAINING.—Education
4 and training described in this paragraph is edu-
5 cation and training on pain management and safe
6 opioid prescribing practices for purposes of safely
7 and effectively managing patients with chronic pain,
8 including education and training on the following:

9 (A) The implementation of and full compli-
10 ance with the VA/DOD Clinical Practice Guide-
11 line for Management of Opioid Therapy for
12 Chronic Pain, including any update to such
13 guideline.

14 (B) The use of evidence-based pain man-
15 agement therapies, including cognitive-behav-
16 ioral therapy, non-opioid alternatives, and non-
17 drug methods and procedures to managing pain
18 and related health conditions including medical
19 devices approved or cleared by the Food and
20 Drug Administration for the treatment of pa-
21 tients with chronic pain and complementary al-
22 ternative 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

1 (ii) refers the patient to the pain man-
2 agement team for any subsequent prescrip-
3 tions and related therapy.
4 (3) REPORT.—
5 (A) IN GENERAL.—Not later than one year
6 after the date of enactment of this Act, the di-
7 rector of each medical facility of the Depart-
8 ment shall submit to the Under Secretary for
9 Health and the director of the Veterans Inte-
10 grated Service Network in which the medical fa-
11 cility is located a report identifying the health
12 care professionals that have been designated as
13 members of the pain management team at the
14 medical facility pursuant to paragraph (1).
15 (B) ELEMENTS.—Each report submitted
16 under subparagraph (A) with respect to a med-
17 ical facility of the Department shall include—
18 (i) a certification as to whether all
19 members of the pain management team at
20 the medical facility have completed the
21 education and training required under sub-
22 section (b);
23 (ii) a plan for the management and
24 referral of patients to such pain manage-
25 ment 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.

1 **SEC. 3. STRENGTHENING OF JOINT WORKING GROUP ON**
2 **PAIN MANAGEMENT OF THE DEPARTMENT**
3 **OF VETERANS AFFAIRS AND THE DEPART-**
4 **MENT OF DEFENSE.**

5 (a) IN GENERAL.—Not later than 90 days after the
6 date of enactment of this Act, the Secretary of Veterans
7 Affairs and the Secretary of Defense shall ensure that the
8 Pain Management Working Group of the Health Execu-
9 tive Committee of the Department of Veterans Affairs–
10 Department of Defense Joint Executive Committee (Pain
11 Management Working Group) established under section
12 320 of title 38, United States Code, includes a focus on
13 the following:

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

16 (2) The ability of each Department to manage
17 acute and chronic pain among individuals receiving
18 health care from the Department, including training
19 health care providers with respect to pain manage-
20 ment.

21 (3) The use by each Department of complemen-
22 tary and integrative health and complementary alter-
23 native medicines in treating such individuals.

24 (4) The concurrent use by health care providers
25 of each Department of opioids and prescription

1 drugs to treat mental health disorders, including
2 benzodiazepines.
3 (5) The practice by health care providers of
4 each Department of prescribing opioids to treat
5 mental health disorders.
6 (6) The coordination in coverage of and con-
7 sistent access to medications prescribed for patients
8 transitioning from receiving health care from the
9 Department of Defense to receiving health care from
10 the Department of Veterans Affairs.
11 (7) The ability of each Department to identify
12 and treat substance use disorders among individuals
13 receiving health care from that Department.
14 (b) COORDINATION AND CONSULTATION.—The Sec-
15 retary of Veterans Affairs and the Secretary of Defense
16 shall ensure that the working group described in sub-
17 section (a)—
18 (1) coordinates the activities of the working
19 group with other relevant working groups estab-
20 lished under section 320 of title 38, United States
21 Code;
22 (2) consults with other relevant Federal agen-
23 cies with respect to the activities of the working
24 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) CLINICAL PRACTICE GUIDELINES.—
8 (1) IN GENERAL.—Not later than 180 days
9 after the date of the enactment of this Act, the Sec-
10 retary of Veterans Affairs and the Secretary of De-
11 fense shall issue an update to the VA/DOD Clinical
12 Practice Guideline for Management of Opioid Ther-
13 apy for Chronic Pain.
14 (2) MATTERS INCLUDED.—In conducting the
15 update under subsection (a), the Pain Management
16 Working Group, in coordination with the Clinical
17 Practice Guideline VA/DoD Management of Opioid
18 Therapy for Chronic Pain Working Group, shall ex-
19 amine whether the Clinical Practical Guideline
20 should include the following:
21 (A) Enhanced guidance with respect to—
22 (i) the coadministration of an opioid
23 and other drugs, including
24 benzodiazepines, that may result in life-
25 limiting drug interactions;

1 (ii) the treatment of patients with
2 current acute psychiatric instability or sub-
3 stance use disorder or patients at risk of
4 suicide; and
5 (iii) the use of opioid therapy to treat
6 mental health disorders other than opioid
7 use disorder.
8 (B) Enhanced guidance with respect to the
9 treatment of patients with behaviors or
10 comorbidities, such as post-traumatic stress dis-
11 order or other psychiatric disorders, or a his-
12 tory of substance abuse or addiction, that re-
13 quires a consultation or comanagement of
14 opioid therapy with one or more specialists in
15 pain management, mental health, or addictions.
16 (C) Enhanced guidance with respect to
17 health care providers—
18 (i) conducting an effective assessment
19 for patients beginning or continuing opioid
20 therapy, including understanding and set-
21 ting realistic goals with respect to achiev-
22 ing and maintaining an expected level of
23 pain relief, improved function, or a clini-
24 cally appropriate combination of both; and

1 (ii) effectively assessing whether
2 opioid therapy is achieving or maintaining
3 the established treatment goals of the pa-
4 tient or whether the patient and health
5 care provider should discuss adjusting,
6 augmenting , or discontinuing the opioid
7 therapy.
8 (D) Guidelines to govern the methodologies
9 used by health care providers of the Depart-
10 ment of Veterans Affairs and the Department
11 of Defense to taper opioid therapy when adjust-
12 ing or discontinuing the use of opioid therapy.
13 (E) Guidelines with respect to appropriate
14 case management for patients receiving opioid
15 therapy who transition between inpatient and
16 outpatient health care settings, which may in-
17 clude the use of care transition plans.
18 (F) Guidelines with respect to appropriate
19 case management for patients receiving opioid
20 therapy who transition from receiving care dur-
21 ing active duty to post-military health care net-
22 works.
23 (G) Guidelines with respect to providing
24 options, before initiating opioid therapy, for
25 pain management therapies without the use of

1 opioids and options to augment opioid therapy
2 with other clinical and complementary and inte-
3 grative health services to minimize opioid de-
4 pendence.

5 (H) Guidelines with respect to the provi-
6 sion of evidence-based non-opioid treatments
7 within the Department of Veterans Affairs and
8 the Department of Defense, including medical
9 devices and other therapies approved or cleared
10 by the Food and Drug Administration for the
11 treatment of chronic pain as an alternative to
12 or to augment opioid therapy.

13 **SEC. 4. REVIEW, INVESTIGATION, AND REPORT ON USE OF**
14 **OPIOIDS IN TREATMENT BY DEPARTMENT OF**
15 **VETERANS AFFAIRS.**

16 (a) COMPTROLLER GENERAL REPORT.—

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

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

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

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

1 (3) The number of non-cancer, non-palliative,
2 and non-hospice care patients and the percentage of
3 such patients who were treated with opioids by a
4 health care provider of the Department on an inpa-
5 tient-basis and who also received prescription opioids
6 by mail from the Department while being treated on
7 an inpatient-basis.

8 (4) The number of non-cancer, non-palliative,
9 and non-hospice care patients and the percentage of
10 such patients who were prescribed opioids concur-
11 rently by a health care provider of the Department
12 and a health care provider that is not health care
13 provider of the Department.

14 (5) With respect to each medical facility of the
15 Department, information on opioids prescribed by
16 health care providers at the facility to treat non-can-
17 cer, non-palliative, and non-hospice care patients, in-
18 cluding information on—

19 (A) the prescription rate at which each
20 health care provider at the facility prescribed
21 benzodiazepines and opioids concurrently to
22 such patients and the aggregate such prescrip-
23 tion rate for all health care providers at the fa-
24 cility;

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

1 ing with respect to an interaction between opioids
2 and another medication before dispensing such medi-
3 cation to a veteran.

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

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

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

21 (e) PRESCRIPTION RATE DEFINED.—In this section,
22 the term "prescription rate" means, with respect to a
23 health care provider or medical facility of the Department,
24 each of the following:

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

14 **SEC. 5. MANDATORY DISCLOSURE OF CERTAIN VETERAN**
15 **INFORMATION TO STATE CONTROLLED SUB-**
16 **STANCE MONITORING PROGRAMS.**

17 Section 5701(l) of title 38, United States Code, is
18 amended by striking ‘‘may’’ and inserting ‘‘shall’’.

19 **SEC. 6. MODIFICATION TO LIMITATION ON AWARDS AND**
20 **BONUSES.**

21 Section 705 of the Veterans Access, Choice, and Ac-
22 countability Act of 2014 (Public Law 113–146; 38 U.S.C.
23 703 note) is amended to read as follows:

1 **"SEC. 705. LIMITATION ON AWARDS AND BONUSES PAID TO**
2 **EMPLOYEES OF DEPARTMENT OF VETERANS**
3 **AFFAIRS.**

4 "The Secretary of Veterans Affairs shall ensure that
5 the aggregate amount of awards and bonuses paid by the
6 Secretary in a fiscal year under chapter 45 or 53 of title
7 5, United States Code, or any other awards or bonuses
8 authorized under such title or title 38, United States
9 Code, does not exceed the following amounts:

10 "(1) With respect to each of fiscal years 2017
11 through 2021, $230,000,000.

12 "(2) With respect to each of fiscal years 2022
13 through 2024, $360,000,000.".

Amend the title so as to read: "A bill to improve the use by the Secretary of Veterans Affairs of opioids in treating veterans, and for other purposes.".