

115TH CONGRESS  
1ST SESSION

# S. 788

To direct the Secretary of Veterans Affairs to conduct an independent review of the deaths of certain veterans by suicide, and for other purposes.

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IN THE SENATE OF THE UNITED STATES

MARCH 30, 2017

Mr. MCCAIN introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

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## A BILL

To direct the Secretary of Veterans Affairs to conduct an independent review of the deaths of certain veterans by suicide, 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 “Veteran Overmedica-  
5 tion Prevention Act of 2017”.

6 **SEC. 2. DEPARTMENT OF VETERANS AFFAIRS INDE-**  
7 **PENDENT REVIEW OF CERTAIN DEATHS OF**  
8 **VETERANS BY SUICIDE.**

9 (a) REVIEW REQUIRED.—

1           (1) IN GENERAL.—Not later than 90 days after  
2 the date of the enactment of this Act, the Secretary  
3 of Veterans Affairs shall seek to enter into an agree-  
4 ment with the National Academies of Sciences, En-  
5 gineering, and Medicine under which the National  
6 Academies shall conduct a review of the deaths of all  
7 covered veterans who died by suicide during the five-  
8 year period ending on the date of the enactment of  
9 this Act.

10           (2) ALTERNATE ORGANIZATION.—

11           (A) IN GENERAL.—If the Secretary is un-  
12 able to enter into an agreement described in  
13 paragraph (1) with the National Academies of  
14 Sciences, Engineering, and Medicine on terms  
15 acceptable to the Secretary, the Secretary shall  
16 seek to enter into such an agreement with an-  
17 other appropriate organization that—

18                   (i) is not part of the Federal Govern-  
19                   ment;

20                   (ii) operates as a not-for-profit entity;

21                   and

22                   (iii) has expertise and objectivity com-  
23                   parable to that of the National Academies  
24                   of Sciences, Engineering, and Medicine.

1           (B) TREATMENT.—If the Secretary enters  
2 into an agreement with another organization as  
3 described in paragraph (1), any reference in  
4 this section to the National Academies of  
5 Sciences, Engineering, and Medicine shall be  
6 treated as a reference to the other organization.

7           (3) ELEMENTS.—The review required by para-  
8 graph (1) shall include the following:

9           (A) The total number of covered veterans  
10 who died by suicide during the five-year period  
11 ending on the date of the enactment of this Act.

12           (B) The total number of covered veterans  
13 who died by a violent death during such five-  
14 year period.

15           (C) The total number of covered veterans  
16 who died by an accidental death during such  
17 five-year period.

18           (D) A description of each covered veteran  
19 described in subparagraphs (A) through (C), in-  
20 cluding age, gender, race, and ethnicity.

21           (E) A comprehensive list of prescribed  
22 medications and legal or illegal substances as  
23 annotated on toxicology reports of covered vet-  
24 erans described in subparagraphs (A) through  
25 (C), specifically listing any medications that

1 carried a black box warning, were prescribed for  
2 off-label use, were psychotropic, or carried  
3 warnings that included suicidal ideation.

4 (F) A summary of medical diagnoses by  
5 physicians of the Department of Veterans Af-  
6 fairs or physicians providing services to covered  
7 veterans through programs of the Department  
8 that led to the prescribing of medications re-  
9 ferred to in subparagraph (E) in cases of post-  
10 traumatic stress disorder, traumatic brain in-  
11 jury, military sexual trauma, and other anxiety  
12 and depressive disorders.

13 (G) The number of instances in which a  
14 covered veteran described in subparagraph (A),  
15 (B), or (C) was concurrently on multiple medi-  
16 cations prescribed by physicians of the Depart-  
17 ment or physicians providing services to vet-  
18 erans through programs of the Department to  
19 treat post-traumatic stress disorder, traumatic  
20 brain injury, military sexual trauma, other anx-  
21 iety and depressive disorders, or instances of  
22 comorbidity.

23 (H) The number of covered veterans de-  
24 scribed in subparagraphs (A) through (C) who  
25 were not taking any medication prescribed by a

1 physician of the Department or a physician pro-  
2 viding services to veterans through a program  
3 of the Department.

4 (I) With respect to the treatment of post-  
5 traumatic stress disorder, traumatic brain in-  
6 jury, military sexual trauma, or other anxiety  
7 and depressive disorders, the percentage of cov-  
8 ered veterans described in subparagraphs (A)  
9 through (C) who received a non-medication  
10 first-line treatment compared to the percentage  
11 of such veterans who received medication only.

12 (J) With respect to the treatment of cov-  
13 ered veterans described in subparagraphs (A)  
14 through (C) for post-traumatic stress disorder,  
15 traumatic brain injury, military sexual trauma,  
16 or other anxiety and depressive disorders, the  
17 number of instances in which a non-medication  
18 first-line treatment (such as cognitive behav-  
19 ioral therapy) was attempted and determined to  
20 be ineffective for such a veteran, which subse-  
21 quently led to the prescribing of a medication  
22 referred to in subparagraph (E).

23 (K) A description and example of how the  
24 Department determines and continually updates

1 the clinical practice guidelines governing the  
2 prescribing of medications.

3 (L) A description of the efforts of the De-  
4 partment to maintain appropriate staffing levels  
5 for mental health professionals, such as mental  
6 health counselors, marriage and family thera-  
7 pists, and other appropriate counselors, includ-  
8 ing—

9 (i) a description of any impediments  
10 to carry out the education, training, and  
11 hiring of mental health counselors and  
12 marriage and family therapists under sec-  
13 tion 7302(a) of title 38, United States  
14 Code;

15 (ii) with respect to mental health  
16 counselors, marriage and family therapists,  
17 and other appropriate counselors, an iden-  
18 tification of resolutions for—

19 (I) any standardized  
20 credentialing discrepancies; and

21 (II) any impediments to the de-  
22 velopment of an internship training  
23 program;

24 (iii) an assessment of the development  
25 by the Department of hiring guidelines for

1           mental health counselors, marriage and  
2           family therapists, and other appropriate  
3           counselors; and

4                   (iv) a description of how the Depart-  
5           ment—

6                           (I) identifies gaps in the supply  
7                           of mental health professionals; and

8                           (II) determines successful staff-  
9                           ing ratios for mental health profes-  
10                          sionals of the Department.

11                       (M) The percentage of covered veterans de-  
12                       scribed in subparagraphs (A) through (C) with  
13                       combat experience or trauma related to combat  
14                       experience (including military sexual trauma,  
15                       traumatic brain injury, and post-traumatic  
16                       stress).

17                       (N) An identification of the medical facili-  
18                       ties of the Department with markedly high pre-  
19                       scription rates and suicide rates for veterans re-  
20                       ceiving treatment at those facilities.

21                       (O) An analysis, by State, of programs of  
22                       the Department that collaborate with State  
23                       Medicaid agencies and the Centers for Medicare  
24                       and Medicaid Services, including the following:

1 (i) An analysis of the sharing of pre-  
2 scription and behavioral health data for  
3 veterans.

4 (ii) An analysis of whether Depart-  
5 ment staff check with State prescription  
6 drug monitoring programs before pre-  
7 scribing medications to veterans.

8 (iii) A description of the procedures of  
9 the Department for coordinating with pre-  
10 scribers outside of the Department to en-  
11 sure that veterans are not overprescribed.

12 (iv) A description of actions that the  
13 Department takes when a veteran is deter-  
14 mined to be overprescribed.

15 (P) An analysis of the collaboration of  
16 medical centers of the Department with medical  
17 examiners' offices or local jurisdictions to deter-  
18 mine veteran mortality and cause of death.

19 (Q) An identification and determination of  
20 a best practice model to collect and share vet-  
21 eran death certificate data between the Depart-  
22 ment of Veterans Affairs, the Department of  
23 Defense, States, and tribal entities.

24 (R) An assessment of any patterns appar-  
25 ent to the National Academies of Sciences, En-



1           gineering, and Medicine based on the review  
2           conducted under paragraph (1).

3           (S) Such recommendations for further ac-  
4           tion that would improve the safety and well-  
5           being of veterans as the National Academies of  
6           Sciences, Engineering, and Medicine determine  
7           appropriate.

8           (4) COMPILATION OF DATA.—

9           (A) FORM OF COMPILATION.—The Sec-  
10          retary of Veterans Affairs shall ensure that  
11          data compiled under paragraph (3) is compiled  
12          in a manner that allows it to be analyzed across  
13          all data fields for purposes of informing and  
14          updating clinical practice guidelines of the De-  
15          partment of Veterans Affairs.

16          (B) COMPILATION OF DATA REGARDING  
17          COVERED VETERANS.—In compiling data under  
18          paragraph (3) regarding covered veterans de-  
19          scribed in subparagraphs (A) through (C) of  
20          such paragraph, data regarding veterans de-  
21          scribed in each such subparagraph shall be  
22          compiled separately.

23          (5) COMPLETION OF REVIEW AND REPORT.—

24          The agreement entered into under paragraph (1)  
25          shall require that the National Academies of

1 Sciences, Engineering, and Medicine complete the  
2 review under such paragraph and submit to the Sec-  
3 retary of Veterans Affairs a report containing the  
4 results of the review not later than 180 days after  
5 entering into the agreement.

6 (b) REPORT.—Not later than 30 days after the com-  
7 pletion by the National Academies of Sciences, Engineer-  
8 ing, and Medicine of the review required under subsection  
9 (a), the Secretary of Veterans Affairs shall—

10 (1) submit to the Committee on Veterans’ Af-  
11 fairs of the Senate and the Committee on Veterans’  
12 Affairs of the House of Representatives a report on  
13 the results of the review; and

14 (2) make such report publicly available.

15 (c) DEFINITIONS.—In this section:

16 (1) The term “black box warning” means a  
17 warning displayed on the label of a prescription drug  
18 that is designed to call attention to the serious or  
19 life-threatening risk of the prescription drug.

20 (2) The term “covered veteran” means a vet-  
21 eran who received hospital care or medical services  
22 furnished by the Department of Veterans Affairs  
23 during the five-year period preceding the death of  
24 the veteran.

1           (3) The term “first-line treatment” means a po-  
2           tential intervention that has been evaluated and as-  
3           signed a high score within clinical practice guide-  
4           lines.

5           (4) The term “State” means each of the several  
6           States, territories, and possessions of the United  
7           States, the District of Columbia, and the Common-  
8           wealth of Puerto Rico.

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