

114TH CONGRESS
1ST SESSION

H. R. 1628

To amend title 38, United States Code, to establish in each Veterans Integrated Service Network a pain management board.

IN THE HOUSE OF REPRESENTATIVES

MARCH 25, 2015

Mr. KIND (for himself, Mr. ZELDIN, and Mr. RIBBLE) introduced the following bill; which was referred to the Committee on Veterans' Affairs

A BILL

To amend title 38, United States Code, to establish in each Veterans Integrated Service Network a pain management board.

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 “Veterans Pain Man-
5 agement Improvement Act”.

6 **SEC. 2. ESTABLISHMENT OF PAIN MANAGEMENT BOARDS**
7 **OF DEPARTMENT OF VETERANS AFFAIRS.**

8 (a) IN GENERAL.—Subchapter I of title 38, United
9 States Code, is amended by adding at the end the fol-
10 lowing new section:

1 **“§ 7309A. Pain management boards**

2 “(a) ESTABLISHMENT.—The Secretary shall estab-
3 lish in each Veterans Integrated Service Network a Pain
4 Management Board (in this section referred to as a
5 ‘Board’).

6 “(b) DUTIES.—(1)(A) Each Board shall provide
7 treatment recommendations for patients described in sub-
8 paragraph (B) with complex clinical pain who are being
9 treated at a medical facility of the Department located in
10 the Veterans Integrated Service Network covered by the
11 Board, regardless of whether such treatment is on an in-
12 patient or out-patient basis.

13 “(B) A patient described in this subparagraph is a
14 patient for whom a request for treatment recommenda-
15 tions under subparagraph (A) has been made by—

16 “(i) the patient;

17 “(ii) the spouse of the patient;

18 “(iii) a family member of the patient or an indi-
19 vidual if such family member or individual has been
20 designated by the patient to make health care deci-
21 sions for the patient or to receive health care infor-
22 mation of the patient;

23 “(iv) a physician of the patient; or

24 “(v) an employee of the medical facility of the
25 Department described in such subparagraph.

1 “(2) Based on treatment recommendations developed
2 by the Board under paragraph (1)(A), each Board shall
3 provide to health care professionals of the Department lo-
4 cated in the Veterans Integrated Service Network covered
5 by the Board recommendations on the best practices re-
6 garding pain management in complex clinical pain cases.

7 “(3)(A) Each Board shall annually submit to the Sec-
8 retary and the Under Secretary for Health a report on
9 pain management practices carried out in the Veterans In-
10 tegrated Service Network covered by the Board. Such re-
11 port shall include, for the year covered by the report, the
12 following:

13 “(i) The treatment recommendations provided
14 under paragraph (1)(A), including—

15 “(I) a summary of such recommendations;

16 and

17 “(II) an explanation of the merits of each
18 such recommendation.

19 “(ii) The recommendations for best practices
20 provided under paragraph (2), including—

21 “(I) a summary of such recommendations;

22 and

23 “(II) an explanation of the merits of each
24 such recommendation.

1 “(iii) Any other information the Board deter-
2 mines appropriate.

3 “(B) Not later than January 31 of each year, the
4 Secretary shall submit to the Committees on Veterans’ Af-
5 fairs of the House of Representatives and the Senate a
6 report that contains each report submitted to the Sec-
7 retary under subparagraph (A) during the previous year.

8 “(4) No Board shall not be subject to the Federal
9 Advisory Committee Act (5 U.S.C. App.).

10 “(c) MEMBERSHIP.—(1) Each Board shall consist of
11 a number of members determined appropriate by the Sec-
12 retary who are appointed by the Secretary from among
13 individuals who have experience as—

14 “(A) a professional in a field relating to pain
15 management, including as—

16 “(i) a board certified pain medicine spe-
17 cialist;

18 “(ii) a trained and qualified primary care
19 pain champion;

20 “(iii) a pain psychologist;

21 “(iv) a pain social worker;

22 “(v) a pain point of contact for a Veterans
23 Integrated Service Network;

1 “(vi) a psychiatrist with addiction and
2 psychopharmacology expertise and experience;

3 or

4 “(vii) a health care professional or a men-
5 tal health care professional;

6 “(B) clinical patients; or

7 “(C) family members of clinical patients.

8 “(2) The Secretary shall determine the terms of serv-
9 ice of the members.

10 “(3) Members shall serve without pay and, except as
11 provided by this paragraph, members who are full-time of-
12 ficers or employees of the United States may not receive
13 additional pay, allowances, or benefits by reason of their
14 service on the Board. Members may receive travel ex-
15 penses, including per diem in lieu of subsistence for travel
16 in connection with their duties as members of the Board.
17 Any member who has clinical duties as an officer or em-
18 ployee of the United States shall be relieved of such duties
19 during periods in which such relief is necessary for the
20 member to carry out the duties of the Board.

21 “(d) POWERS.—(1) Each Board may hold hearings,
22 sit and act at times and places, take testimony, and re-
23 ceive evidence as the Board determines appropriate.

1 “(2) Each Board may secure directly from any de-
2 partment or agency of the Federal Government informa-
3 tion necessary to enable it to carry out this section.

4 “(3) Each Board may conduct site visits of medical
5 facilities of the Department to collect information nec-
6 essary to enable it to carry out this section.

7 “(4) The Secretary shall provide to each Board ad-
8 ministrative support services necessary for the Board to
9 carry out this section.”.

10 (b) CLERICAL AMENDMENT.—The table of sections
11 at the beginning of such chapter is amended by inserting
12 after the item relating to section 7309 the following new
13 item:

 “7309A. Pain management boards.”.

14 (c) REPORT.—Not later than December 1, 2015, the
15 Secretary of Veterans Affairs shall submit to the Commit-
16 tees on Veterans’ Affairs of the House of Representatives
17 and the Senate the approved clinical guideline, handbook,
18 directive, policy, or other guidance established to govern
19 the stepdown methodologies employed by clinicians in
20 medical facilities of the Department to manage the use
21 of opioid therapies and associated prescribing practices.

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