

## HR 4063

Jason Simcakoski PROMISE Act

**Congress:** 114 (2015–2017, Ended)

**Chamber:** House

**Policy Area:** Armed Forces and National Security

**Introduced:** Nov 18, 2015

**Current Status:** Received in the Senate and Read twice and referred to the Committee on Veterans' Affairs.

**Latest Action:** Received in the Senate and Read twice and referred to the Committee on Veterans' Affairs. (May 11, 2016)

**Official Text:** <https://www.congress.gov/bill/114th-congress/house-bill/4063>

### Sponsor

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**Name:** Rep. Bilirakis, Gus M. [R-FL-12]

**Party:** Republican • **State:** FL • **Chamber:** House

## Cosponsors (35 total)

Cosponsor	Party / State	Role	Date Joined
Del. Radewagen, Aumua Amata Coleman [R-AS-At Large]	R · AS		Nov 18, 2015
Rep. Bost, Mike [R-IL-12]	R · IL		Nov 18, 2015
Rep. Coffman, Mike [R-CO-6]	R · CO		Nov 18, 2015
Rep. Crawford, Eric A. "Rick" [R-AR-1]	R · AR		Nov 18, 2015
Rep. Frankel, Lois [D-FL-22]	D · FL		Nov 18, 2015
Rep. Kind, Ron [D-WI-3]	D · WI		Nov 18, 2015
Rep. Kuster, Ann M. [D-NH-2]	D · NH		Nov 18, 2015
Rep. McCaul, Michael T. [R-TX-10]	R · TX		Nov 18, 2015
Rep. McKinley, David B. [R-WV-1]	R · WV		Nov 18, 2015
Rep. Mica, John L. [R-FL-7]	R · FL		Nov 18, 2015
Rep. Rice, Kathleen M. [D-NY-4]	D · NY		Nov 18, 2015
Rep. Ross, Dennis A. [R-FL-15]	R · FL		Nov 18, 2015
Rep. Ryan, Tim [D-OH-13]	D · OH		Nov 18, 2015
Rep. Walorski, Jackie [R-IN-2]	R · IN		Nov 18, 2015
Rep. Walz, Timothy J. [D-MN-1]	D · MN		Nov 18, 2015
Rep. Ashford, Brad [D-NE-2]	D · NE		Dec 8, 2015
Rep. Pocan, Mark [D-WI-2]	D · WI		Dec 8, 2015
Rep. Ribble, Reid J. [R-WI-8]	R · WI		Dec 8, 2015
Rep. Sensenbrenner, F. James, Jr. [R-WI-5]	R · WI		Dec 8, 2015
Rep. Carney, John C., Jr. [D-DE-At Large]	D · DE		Dec 18, 2015
Rep. Jones, Walter B., Jr. [R-NC-3]	R · NC		Jan 5, 2016
Rep. Duckworth, Tammy [D-IL-8]	D · IL		Jan 8, 2016
Rep. Black, Diane [R-TN-6]	R · TN		Jan 11, 2016
Rep. McSally, Martha [R-AZ-2]	R · AZ		Jan 11, 2016
Rep. Young, David [R-IA-3]	R · IA		Jan 13, 2016
Rep. Lofgren, Zoe [D-CA-19]	D · CA		Feb 2, 2016
Rep. Napolitano, Grace F. [D-CA-32]	D · CA		Feb 9, 2016
Rep. Bucshon, Larry [R-IN-8]	R · IN		Feb 23, 2016
Rep. Blumenauer, Earl [D-OR-3]	D · OR		Mar 2, 2016
Rep. Hartzler, Vicky [R-MO-4]	R · MO		Mar 7, 2016
Rep. Cicilline, David N. [D-RI-1]	D · RI		Apr 27, 2016
Rep. Guinta, Frank C. [R-NH-1]	R · NH		Apr 27, 2016
Rep. Kilmer, Derek [D-WA-6]	D · WA		Apr 27, 2016
Rep. Moulton, Seth [D-MA-6]	D · MA		Apr 27, 2016
Rep. Tipton, Scott R. [R-CO-3]	R · CO		Apr 27, 2016

## Committee Activity

Committee	Chamber	Activity	Date
Armed Services Committee	House	Referred to	Nov 30, 2015
Veterans' Affairs Committee	House	Discharged from	Feb 25, 2016
Veterans' Affairs Committee	Senate	Referred To	May 11, 2016

## Subjects & Policy Tags

### Policy Area:

Armed Forces and National Security

### Related Bills

Bill	Relationship	Last Action
114 S 524	Related bill	<b>Jul 22, 2016:</b> Became Public Law No: 114-198.
114 HR 5189	Related bill	<b>Jun 7, 2016:</b> Referred to the Subcommittee on Military Personnel.
114 HR 271	Related bill	<b>May 15, 2015:</b> Forwarded by Subcommittee to Full Committee by Voice Vote .

## **Promoting Responsible Opioid Management and Incorporating Scientific Expertise Act or the Jason Simcakoski PROMISE Act**

(Sec. 2) This bill directs the Department Veterans Affairs (VA) to expand its Opioid Safety Initiative to include all VA medical facilities.

The VA shall establish guidance that each VA health care provider, before initiating opioid therapy, use the VA Opioid Therapy Risk Report tool, which shall include: (1) information from state prescription drug monitoring programs; and (2) a patient's most recent information in order to assess the risk for adverse outcomes of opioid therapy, including the concurrent use of controlled substances such as benzodiazepines.

The VA shall establish enhanced standards for the use of routine and random urine drug tests before and during opioid therapy to help prevent substance abuse, dependence, and diversion, including that: (1) tests occur at least once each year; and (2) health care providers use the test results to tailor pain therapy, safeguards, and risk management strategies for each patient.

The VA shall use the Interdisciplinary Chronic Pain Management Training Team Program to provide education and training on pain management and safe opioid prescribing practices for managing patients with chronic pain.

In carrying out the VA Opioid Safety Initiative, each VA medical facility shall designate a pain management team of health care professionals to coordinate pain management therapy for patients experiencing acute and chronic pain that is non-cancer related.

The VA shall establish standard protocols for the designation of pain management teams at each VA medical facility. Each protocol shall ensure that any health care provider without expertise in prescribing analgesics, or who has not completed the required education and training, does not prescribe opioids unless such health care provider:

- consults with a provider who has pain management expertise or who is on the pain management team; and
- refers the patient to the pain management team for subsequent prescriptions and therapy.

In carrying out the Opioid Safety Initiative and the Opioid Therapy Risk Report tool, the VA shall:

- ensure access by VA health care providers to information on controlled substances, including opioids and benzodiazepines, prescribed to veterans who receive care outside the VA through a state prescription drug monitoring program;
- include such information in the Opioid Therapy Risk Report; and
- require VA health care providers to provide to a state's prescription drug monitoring program information on prescriptions of controlled substances received by veterans in that state.

The VA shall report to Congress with respect to improving the VA Opioid Therapy Risk Report tool to allow for improved real-time tracking and access to data on: (1) key clinical indicators regarding the totality of veterans' opioid use, (2) concurrent prescribing by VA health care providers of opioids in different health care settings, and (3) mail-order prescriptions of opioids prescribed to veterans under VA-administered laws.

The VA shall:

maximize the availability to veterans of Food and Drug Administration (FDA)-approved opioid receptor antagonists, including naloxone;

- equip each VA pharmacy with such antagonists for outpatient use; and
- expand the Overdose Education and Naloxone Distribution program to ensure that all veterans in receipt of VA health care who are at risk of opioid overdose may access such antagonists and training on the proper administration of such antagonists.

The VA shall include in the Opioid Therapy Risk Report tool:

- information on the most recent time the tool was accessed by a VA health care provider with respect to a veteran and the results of such veteran's most recent urine drug test; and
- the ability of VA health care providers to determine whether a health care provider prescribed opioids to a veteran without checking tool information.

The VA shall modify its computerized patient record system to ensure that any health care provider that accesses a veteran's record will be immediately notified about whether the veteran: (1) is receiving opioid therapy and has a history of substance use disorder or prior instances of overdose, (2) has a history of opioid abuse, or (3) is at risk of becoming an opioid abuser.

(Sec. 3) The VA and the Department of Defense (DOD) shall ensure that the VA/DOD Pain Management Working Group includes a focus on:

- opioid prescribing practices;
- management of acute and chronic pain, including related training for health care providers;
- complementary and integrative health and complementary alternative medicines;
- concurrent use of opioids and prescription drugs to treat mental health disorders, including benzodiazepines;
- prescribing opioids to treat mental health disorders;
- coordination in coverage of and consistent access to medications prescribed for patients transitioning from DOD to VA health care; and
- identification and treatment of substance use disorders.

The VA and DOD shall ensure that such working group: (1) coordinates with other relevant working groups, (2) consults with other relevant federal agencies, and (3) and consults with VA and DOD regarding any proposed updates to the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain.

The VA and DOD shall update the VA/DOD Clinical Practice Guideline for Management of Opioid Therapy for Chronic Pain. Matters to be included in such update are prescribed.

(Sec. 4) The Government Accountability Office shall, within two years, report to Congress on: (1) the VA Opioid Safety Initiative, and (2) opioid prescribing practices of VA health care providers. Such report shall include:

- improvements to the Opioid Safety Initiative;
- information regarding VA-prescribed opioid-related deaths, overall opioid prescription rates for non-cancer, non-palliative, and non-hospice care patients, concomitant opioid and benzodiazepine prescription rates, the prescription of opioids to patients without any pain (including non-opioid mental health disorders);
- the effectiveness of opioid therapy; and
- evaluations of the VA's oversight processes regarding veterans' opioid use and of its implementation of the

The VA shall: (1) report to Congress for five years regarding the prescription of opioids at each VA facility to treat non-cancer, non-palliative, and non-hospice care patients; and (2) notify Congress and conduct an investigation through the Office of the Medical Inspector if the VA determines that a prescription rate is inconsistent with safe care standards.

(Sec. 5) VA disclosure of certain information to a state controlled substance monitoring program in order to prevent misuse of prescription medicines by a veteran or dependent is made mandatory.

(Sec. 6) The Veterans Access, Choice, and Accountability Act of 2014 is amended to reduce the aggregate amount of awards and bonuses that may be paid by the VA in each of FY2017-FY2021 to \$230 million.

## Actions Timeline

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- **May 11, 2016:** Received in the Senate and Read twice and referred to the Committee on Veterans' Affairs.
- **May 10, 2016:** Reported (Amended) by the Committee on Veterans' Affairs. H. Rept. 114-546, Part I.
- **May 10, 2016:** Committee on Armed Services discharged.
- **May 10, 2016:** Placed on the Union Calendar, Calendar No. 422.
- **May 10, 2016:** Mr. Miller (FL) moved to suspend the rules and pass the bill, as amended.
- **May 10, 2016:** Considered under suspension of the rules. (consideration: CR H2166-2172)
- **May 10, 2016:** DEBATE - The House proceeded with forty minutes of debate on H.R. 4063.
- **May 10, 2016:** Passed/agreed to in House: On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote.(text: CR H2166-2169)
- **May 10, 2016:** On motion to suspend the rules and pass the bill, as amended Agreed to by voice vote. (text: CR H2166-2169)
- **May 10, 2016:** Motion to reconsider laid on the table Agreed to without objection.
- **May 10, 2016:** The title of the measure was amended. Agreed to without objection.
- **Feb 25, 2016:** Subcommittee on Health Discharged.
- **Feb 25, 2016:** Committee Consideration and Mark-up Session Held.
- **Feb 25, 2016:** Ordered to be Reported in the Nature of a Substitute (Amended) by Voice Vote.
- **Dec 3, 2015:** Referred to the Subcommittee on Health.
- **Dec 1, 2015:** Sponsor introductory remarks on measure. (CR H8656)
- **Nov 30, 2015:** Referred to the Subcommittee on Military Personnel.
- **Nov 18, 2015:** Introduced in House
- **Nov 18, 2015:** 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.