S 788

Veteran Overmedication Prevention Act of 2017

Congress: 115 (2017–2019, Ended)
Chamber: Senate
Policy Area: Armed Forces and National Security
Introduced: Mar 30, 2017
Current Status: Read twice and referred to the Committee on Veterans' Affairs.
Latest Action: Read twice and referred to the Committee on Veterans' Affairs. (Mar 30, 2017)
Official Text: https://www.congress.gov/bill/115th-congress/senate-bill/788

Sponsor

Name: Sen. McCain, John [R-AZ]
Party: Republican • **State:** AZ • **Chamber:** Senate

Cosponsors

No cosponsors are listed for this bill.

Committee Activity

Committee	Chamber	Activity	Date
Veterans' Affairs Committee	Senate	Referred To	Mar 30, 2017

Subjects & Policy Tags

Policy Area:

Armed Forces and National Security

Related Bills

Bill	Relationship	Last Action
115 HR 5531	Related bill	**May 22, 2018:** Referred to the Subcommittee on Crime, Terrorism, Homeland Security, and Investigations.
115 HR 2652	Related bill	**May 25, 2017:** Referred to the Subcommittee on Health.
115 S 992	Related bill	**May 1, 2017:** Read twice and referred to the Committee on Veterans' Affairs.

Summary (as of Mar 30, 2017)

Veteran Overmedication Prevention Act of 2017

This bill requires the Department of Veterans Affairs (VA) to contract with the National Academies of Sciences, Engineering, and Medicine (or another private, not-for-profit entity with comparable expertise) to review the deaths of all covered veterans who died by suicide during the last five years. A "covered veteran" is any veteran who received VA hospital care or medical services during the five-year period preceding the veteran's death.

The review shall include:

- the total numbers of veterans who died by a violent death or by an accidental death during such period;
- each veteran's age, gender, race, and ethnicity;
- a list of medications and substances prescribed to such veterans, as annotated on toxicology reports;
- a summary of medical diagnoses by VA physicians that led to such prescriptions in cases of anxiety and depressive disorders;
- the number of instances in which such a veteran was concurrently on multiple medications prescribed by VA physicians;
- the number of such veterans who were not taking any VA-prescribed medication;
- the percentage of such veterans treated for anxiety or depressive disorders who received a non-medication first-line treatment compared to the percentage who received medication only;
- the number of instances in which a non-medication first-line treatment was attempted and deemed ineffective, which led to prescribing medication;
- descriptions of how the VA determines and updates clinical practice guidelines for prescribing medications and of VA efforts to maintain appropriate staffing levels for mental health professionals;
- the percentage of such veterans with combat experience or related trauma;
- identification of VA medical facilities with markedly high prescription rates and suicide rates for treated veterans;
- an analysis of VA programs that collaborate with state Medicaid agencies and the Centers for Medicare and Medicaid Services;
- an analysis of VA medical center collaboration with medical examiners' offices or local jurisdictions to determine veteran mortality and cause of death;
- identification of a best practice model to collect and share veteran death certificate data;
- an assessment of any apparent patterns based on the review; and
- recommendations to improve the safety and well-being of veterans.

The VA shall ensure that such data is compiled in a manner that allows it to be analyzed across all data fields for purposes of informing and updating VA clinical practice guidelines.

Actions Timeline

- **Mar 30, 2017:** Introduced in Senate
- **Mar 30, 2017:** Read twice and referred to the Committee on Veterans' Affairs.