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(Original Signature of Member)

114TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

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

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**IN THE HOUSE OF REPRESENTATIVES**

Mr. KIND introduced the following bill; which was referred to the Committee  
on \_\_\_\_\_

\_\_\_\_\_  
**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”.

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

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

6   **“§ 7309A. Pain management boards**

7           “(a) ESTABLISHMENT.— The Secretary shall estab-  
8 lish in each Veterans Integrated Service Network a Pain  
9 Management Board (in this section referred to as a  
10 ‘Board’).

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

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

21               “(i) the patient;

22               “(ii) the spouse of the patient;

23               “(iii) a family member of the patient or an indi-  
24 vidual if such family member or individual has been  
25 designated by the patient to make health care deci-

1       sions for the patient or to receive health care infor-  
2       mation of the patient;

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

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

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

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

18               “(i) The treatment recommendations provided  
19      under paragraph (1)(A), including—

20                       “(I) a summary of such recommendations;

21                       and

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

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

1                   “(I) a summary of such recommendations;  
2                   and

3                   “(II) an explanation of the merits of each  
4                   such recommendation.

5                   “(iii) Any other information the Board deter-  
6                   mines appropriate.

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

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

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

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

20                                 “(i) a board certified pain medicine spe-  
21                                 cialist;

22                                 “(ii) a trained and qualified primary care  
23                                 pain champion;

24                                 “(iii) a pain psychologist;

25                                 “(iv) a pain social worker;

1                   “(v) a pain point of contact for a Veterans  
2                   Integrated Service Network;

3                   “(vi) a psychiatrist with addiction and  
4                   psychopharmacology expertise and experience;  
5                   or

6                   “(vii) a health care professional or a men-  
7                   tal health care professional;

8                   “(B) clinical patients; or

9                   “(C) family members of clinical patients.

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

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

23                  “(d) POWERS.—(1) Each Board may hold hearings,  
24                  sit and act at times and places, take testimony, and re-  
25                  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.