

116TH CONGRESS  
2D SESSION

# H. R. 5867

To direct the Secretary of Veterans Affairs to establish or update certain clinical practice guidelines of the Department of Veterans Affairs, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 12, 2020

Mr. CISNEROS (for himself and Mr. MAST) introduced the following bill; which was referred to the Committee on Veterans' Affairs, and in addition to the Committees on Armed Services, and Energy and Commerce, 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

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## A BILL

To direct the Secretary of Veterans Affairs to establish or update certain clinical practice guidelines of the Department of Veterans Affairs, 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 “Setting Treatment Op-  
5 tions and Practices for Veteran Suicide and Substance  
6 Abuse Act” or the “STOP Veteran Suicide and Substance  
7 Abuse Act”.

1 **SEC. 2. ESTABLISHMENT BY DEPARTMENT OF VETERANS**  
2 **AFFAIRS AND DEPARTMENT OF DEFENSE OF**  
3 **CLINICAL PRACTICE GUIDELINES FOR CO-**  
4 **MORBID MENTAL HEALTH CONDITIONS SUCH**  
5 **AS PTSD, MST, AND/OR TBI.**

6 (a) IN GENERAL.—Not later than two years after the  
7 date of the enactment of this Act, the Secretary of Vet-  
8 erans Affairs, in consultation with the Secretary of De-  
9 fense and the Secretary of Health and Human Services,  
10 shall complete the development of clinical practice guide-  
11 lines for the treatment of post-traumatic stress disorder,  
12 military sexual trauma, and traumatic brain injury that  
13 is comorbid with substance use disorder or chronic pain.

14 (b) WORK GROUP.—

15 (1) ESTABLISHMENT.—In carrying out sub-  
16 section (a), the Secretary of Veterans Affairs, the  
17 Secretary of Defense, and the Secretary of Health  
18 and Human Services shall create a Trauma and Co-  
19 morbid Substance Use Disorder or Chronic Pain  
20 Work Group (in this section referred to as the  
21 “Work Group”).

22 (2) MEMBERSHIP.—The work group created  
23 under paragraph (1) shall be comprised of individ-  
24 uals that represent Federal Government entities and  
25 non-Federal Government entities with expertise in

1 the areas covered by the work group, including the  
2 following:

3 (A) Academic institutions that specialize in  
4 research for the treatment of conditions de-  
5 scribed in subsection (a).

6 (B) The National Center for Posttraumatic  
7 Stress Disorder of the Department of Veterans  
8 Affairs.

9 (C) The Office of the Assistant Secretary  
10 for Mental Health and Substance Use of the  
11 Department of Health and Human Services.

12 (3) RELATION TO OTHER WORK GROUPS.—The  
13 Work Group shall be created and conducted in the  
14 same manner as other work groups for the develop-  
15 ment of clinical practice guidelines for the Depart-  
16 ment of Veterans Affairs and the Department of De-  
17 fense.

18 (c) MATTERS INCLUDED.—In developing the clinical  
19 practice guidelines under subsection (a), the Work Group,  
20 in consultation with the Post Traumatic Stress Disorder  
21 Work Group, Concussion-mTBI Work Group, Opioid  
22 Therapy for Chronic Pain Work Group, and Substance  
23 Use Work Group, shall ensure that the clinical practice  
24 guidelines include the following:

25 (1) Guidance with respect to the following:

1 (A) The treatment of patients with post-  
2 traumatic stress disorder who are also experi-  
3 encing a substance use disorder or chronic pain.

4 (B) The treatment of patients experiencing  
5 a mental health condition, including anxiety, de-  
6 pression, or post-traumatic stress disorder as a  
7 result of military sexual trauma who are also  
8 experiencing a substance use disorder or chron-  
9 ic pain.

10 (C) The treatment of patients with trau-  
11 matic brain injury who are also experiencing a  
12 substance use disorder or chronic pain.

13 (2) Guidance with respect to the following:

14 (A) Appropriate case management for pa-  
15 tients experiencing post-traumatic stress dis-  
16 order that is comorbid with substance use dis-  
17 order or chronic pain who transition from re-  
18 ceiving care while on active duty in the Armed  
19 Forces to care from health care networks out-  
20 side of the Department of Defense.

21 (B) Appropriate case management for pa-  
22 tients experiencing a mental health condition,  
23 including anxiety, depression, or post-traumatic  
24 stress disorder as a result of military sexual  
25 trauma that is comorbid with substance use dis-

1 order or chronic pain who transition from re-  
2 ceiving care while on active duty in the Armed  
3 Forces to care from health care networks out-  
4 side of the Department of Defense.

5 (C) Appropriate case management for pa-  
6 tients experiencing traumatic brain injury that  
7 is comorbid with substance use disorder or  
8 chronic pain who transition from receiving care  
9 while on active duty in the Armed Forces to  
10 care from health care networks outside of the  
11 Department of Defense.

12 (3) Guidance with respect to the treatment of  
13 patients who are still members of the Armed Forces  
14 and are experiencing a mental health condition, in-  
15 cluding anxiety, depression, or post-traumatic stress  
16 disorder as a result of military sexual trauma that  
17 is comorbid with substance use disorder or chronic  
18 pain.

19 (4) Guidance with respect to the assessment by  
20 the National Academies of Sciences, Engineering,  
21 and Medicine of the potential overmedication of vet-  
22 erans, as required pursuant to the Senate report ac-  
23 companying S. 1557, 115th Congress (Senate Re-  
24 port 115–130), under the heading “Overprescription

1 Prevention Report” under the heading “COMMITTEE  
2 RECOMMENDATION”.

3 (d) RULE OF CONSTRUCTION.—Nothing in this sec-  
4 tion shall be construed to prevent the Secretary of Vet-  
5 erans Affairs and the Secretary of Defense from consid-  
6 ering all relevant evidence, as appropriate, in creating the  
7 clinical practice guidelines required under subsection (a)  
8 or from ensuring that the final clinical practice guidelines  
9 developed under such subsection and subsequently up-  
10 dated, as appropriate, remain applicable to the patient  
11 populations of the Department of Veterans Affairs and the  
12 Department of Defense.

13 **SEC. 3. UPDATE OF CLINICAL PRACTICE GUIDELINES FOR**  
14 **ASSESSMENT AND MANAGEMENT OF PA-**  
15 **TIENTS AT RISK FOR SUICIDE BY TAKING**  
16 **INTO CONSIDERATION GENDER- AND AGE-**  
17 **SPECIFIC RISK FACTORS AND GENDER- AND**  
18 **AGE-SPECIFIC TREATMENT EFFICACY OF**  
19 **PHARMACOTHERAPY AND PSYCHOTHERAPY.**

20 (a) IN GENERAL.—Not later than two years after the  
21 date of the enactment of this Act, the Secretary of Vet-  
22 erans Affairs and the Secretary of Defense, through the  
23 Assessment and Management of Patients at Risk for Sui-  
24 cide Work Group (in this section referred to as the “Work  
25 Group”), shall issue an update to the VA/DOD Clinical

1 Practice Guideline for Assessment and Management of  
2 Patients at Risk for Suicide.

3 (b) MATTERS INCLUDED.—In carrying out the up-  
4 date under subsection (a), the Work Group shall ensure  
5 that the clinical practice guidelines updated under such  
6 subsection includes the following:

7 (1) Enhanced guidance with respect to the fol-  
8 lowing:

9 (A) Gender- and age-specific risk factors  
10 for suicide and suicidal ideation.

11 (B) Gender- and age-specific treatment ef-  
12 ficacy for depression and suicide prevention.

13 (C) Gender- and age-specific pharmaco-  
14 therapy efficacy.

15 (D) Gender- and age-specific psychothera-  
16 py efficacy.

17 (2) Guidance with respect to the efficacy of al-  
18 ternative therapies, other than psychotherapy and  
19 pharmacotherapy, including the following:

20 (A) Yoga therapy.

21 (B) Meditation therapy.

22 (C) Equine therapy.

23 (D) Other animal therapy.

24 (E) Training and caring for service dogs.

25 (F) Agri-therapy.

1 (G) Art therapy.

2 (H) Outdoor sports therapy.

3 (I) Music therapy.

4 (J) Any other alternative therapy that the  
5 Work Group considers appropriate.

6 (3) Guidance with respect to the findings of the  
7 Creating Options for Veterans' Expedited Recovery  
8 Commission (commonly referred to as the "COVER  
9 Commission") established under section 931 of the  
10 Jason Simcakoski Memorial and Promise Act (title  
11 IX of Public Law 114–198; 38 U.S.C. 1701 note).

12 (c) RULE OF CONSTRUCTION.—Nothing in this sec-  
13 tion shall be construed to prevent the Secretary of Vet-  
14 erans Affairs and the Secretary of Defense from consid-  
15 ering all relevant evidence, as appropriate, in updating the  
16 VA/DOD Clinical Practice Guideline for Assessment and  
17 Management of Patients at Risk for Suicide, as required  
18 under subsection (a), or from ensuring that the final clin-  
19 ical practice guidelines updated under such subsection re-  
20 main applicable to the patient populations of the Depart-  
21 ment of Veterans Affairs and the Department of Defense.

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