110TH CONGRESS
2d Session
HOUSE OF REPRESENTATIVES
REPORT
110–639

JUSTIN BAILEY VETERANS SUBSTANCE USE DISORDERS PREVENTION AND TREATMENT ACT OF 2008

MAY 15, 2008.—Committed to the Committee of the Whole House on the State of the Union and ordered to be printed

Mr. FILNER, from the Committee on Veterans' Affairs, submitted the following

R E P O R T

[To accompany H.R. 5554]

[Including cost estimate of the Congressional Budget Office]

The Committee on Veterans' Affairs, to whom was referred the bill (H.R. 5554) to amend title 38, United States Code, to expand and improve health care services available to veterans from the Department of Veterans Affairs for substance use disorders, and for other purposes, having considered the same, report favorably thereon with an amendment and recommend that the bill as amended do pass.

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69–006

AMENDMENT

The amendment is as follows:
Strike all after the enacting clause and insert the following:

SECTION 1 SHORT TITLE.

This Act may be cited as the "Justin Bailey Veterans Substance Use Disorders Prevention and Treatment Act of 2008".

SEC. 2. EXPANSION OF VETERANS SUBSTANCE USE DISORDER PROGRAMS.

Subsection (d) of section 1720A of title 38, United States Code, is amended by adding at the end the following new paragraph:

"(3)(A) Each plan under paragraph (1) shall ensure that the medical center provides ready access to a full continuum of care for substance use disorders for veterans in need of such care.

"(B) In this paragraph, the term 'full continuum of care' includes all of the following care, treatment, and services:

"(i) Screening for substance use disorder in all settings, including primary care settings.

"(ii) Detoxification and stabilization services.

"(iii) Intensive outpatient care services.

"(iv) Relapse prevention services.

"(v) Outpatient counseling services.

"(vi) Residential substance use disorder treatment.

"(vii) Pharmacological treatment to reduce cravings, and opioid substitution therapy referred to in paragraph (2).

"(viii) Coordination with groups providing peer to peer counseling.

"(ix) Short-term, early interventions for substance use disorders, such as motivational counseling, that are readily available and provided in a manner to overcome stigma associated with the provision of such interventions and related care.

"(x) Marital and family counseling.

"(C) The Secretary shall provide for outreach to veterans who served in Operation Enduring Freedom or Operation Iraqi Freedom to increase awareness of the availability of care, treatment, and services from the Department for substance use disorders.".

SEC. 3. REQUIREMENT FOR ALLOCATION OF DEPARTMENT RESOURCES TO ENSURE AVAILABILITY FOR ALL VETERANS REQUIRING TREATMENT FOR SUBSTANCE USE DISORDERS.

(a) EQUITABLE ALLOCATION OF FUNDING; ANNUAL REPORT.—Section 1720A of title 38, United States Code, as amended by section 2, is further amended by adding at the end the following new subsection:

"(e)(1) The Secretary shall ensure that amounts made available for care, treatment, and services provided under this section are allocated in such a manner that a full continuum of care (as defined in subsection (d)(3)(B)) is available to veterans seeking such care, treatment, or services, without regard to the location of the residence of any such veterans.

"(2)(A) In addition to the report required under section 1703(c)(1) of this title (relating to furnishing of contract care and services under this section), the Secretary shall include in the budget documents which the Secretary submits to Congress for any fiscal year a detailed report on the care, treatment, and services furnished by the Department under this section during the most recently completed fiscal year.

"(B) Each report under subparagraph (A) shall include data on the following for each medical facility of the Department:

"(i) The number of veterans who have been provided care, treatment, or services under this section at the facility for each 1,000 veterans who have received hospital care (if applicable) or medical services at the facility.

"(ii) The number of veterans for whom substance use disorder screening was carried out under subsection (d)(3)(B)(i) at the facility.

"(iii) The number of veterans for whom a substance use disorder was identified after a screening was carried out under subsection (d)(3)(B)(i) at the facility.

"(iv) The number of veterans who were referred by the facility for care, treatment, or services for substance use disorders under this section.

"(v) The number of veterans who received care, treatment or services at the facility for substance use disorders under this section.

"(vi) Availability of the full continuum of care (as defined in subsection (d)(3)(B)) at the facility.

"(C) Each report prepared under subparagraph (A) shall be reviewed by the Committee on Care of Severely Chronically Mentally Ill Veterans authorized by section 7321 of this title. The Committee shall provide an independent assessment of the care, treatment, and services furnished directly by the Department under this section to veterans. Such assessment shall include a detailed analysis of the availability, the barriers to access (if any), and the quality of such care, treatment, and services.".

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to fiscal years beginning on or after October 1, 2009.

SEC. 4. PILOT PROGRAM FOR INTERNET-BASED SUBSTANCE USE DISORDER TREATMENT FOR VETERANS OF OPERATION IRAQI FREEDOM AND OPERATION ENDURING FREEDOM.

(a) FINDINGS.—Congress makes the following findings:

(1) Stigma associated with seeking treatment for mental health disorders has been demonstrated to prevent some veterans from seeking such treatment at a medical facility operated by the Department of Defense or the Department of Veterans Affairs.

(2) There is a significant incidence among veterans of post-deployment mental health problems, especially among members of a reserve component who return as veterans to civilian life.

(3) Computer-based self-guided training has been demonstrated to be an effective strategy for supplementing the care of psychological conditions.

(4) Younger veterans, especially those who served in Operation Enduring Freedom or Operation Iraqi Freedom, are comfortable with and proficient at computer-based technology.

(5) Veterans living in rural areas find access to treatment for substance use disorder limited.

(6) Self-assessment and treatment options for substance use disorders through an Internet website may reduce stigma and provides additional access for individuals seeking care and treatment for such disorders.

(b) IN GENERAL.—Not later than October 1, 2009, the Secretary of Veterans Affairs shall initiate a pilot program to test the feasibility and advisability of providing veterans who seek treatment for substance use disorders access to a computer-based self-assessment, education, and specified treatment program through a secure Internet website operated by the Secretary. Participation in the pilot program is available on a voluntary basis for those veterans who have served in Operation Enduring Freedom or Operation Iraqi Freedom.

(c) ELEMENTS OF PILOT PROGRAM.—

(1) IN GENERAL.—In designing and carrying out the pilot program under this section, the Secretary of Veterans Affairs shall ensure that—

(A) access to the Internet website and the programs available on the website by a veteran (or family member) does not involuntarily generate an identifiable medical record of that access by that veteran in any medical database maintained by the Department;

(B) the Internet website is accessible from remote locations, especially rural areas; and

(C) the Internet website includes a self-assessment tool for substance use disorders, self-guided treatment and educational materials for such disorders, and appropriate information and materials for family members of veterans.

(2) CONSIDERATION OF SIMILAR PROJECTS.—In designing the pilot program under this section, the Secretary of Veterans Affairs shall consider similar pilot projects of the Department of Defense for the early diagnosis and treatment of post-traumatic stress disorder and other mental health conditions established under section 741 of the John Warner National Defense Authorization Act of Fiscal Year 2007 (Public Law 109–364; 120 Stat. 2304).

(3) LOCATION OF PILOT PROGRAM.—The Secretary shall carry out the pilot program through those medical centers of the Department of Veterans Affairs that have established Centers for Excellence for Substance Abuse Treatment and Education or that have established a Substance Abuse Program Evaluation and Research Center.

(4) CONTRACT AUTHORITY.—The Secretary of Veterans Affairs may enter into contracts with qualified entities or organizations to carry out the pilot program required under this section.

(d) DURATION OF PILOT PROGRAM.—The pilot program required by subsection (a) shall be carried out during the two-year period beginning on the date of the commencement of the pilot program.

(e) AUTHORIZATION OF APPROPRIATIONS.—There are authorized to be appropriated to the Secretary of Veterans Affairs $1,500,000 for each of fiscal years 2010 and 2011 to carry out the pilot program under this section.

(f) REPORT.—Not later than six months after the completion of the pilot program, the Secretary shall submit to Congress a report on the pilot program, and shall include in that report an assessment of the feasibility and advisability of the pilot program, of any cost savings or other benefits associated with the pilot program, and recommendations for the continuation or expansion of the pilot program.

SEC. 5. REPORT ON RESIDENTIAL MENTAL HEALTH CARE FACILITIES OF THE VETERANS HEALTH ADMINISTRATION.

(a) REVIEW AND REPORT.—Not later than six months after the date of the enactment of this Act, the Secretary of Veterans Affairs, acting through the Office of the Medical Inspector of the Department of Veterans Affairs, shall—

(1) conduct a review of all residential mental health care facilities, including domiciliary facilities, of the Veterans Health Administration; and

(2) submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the review conducted under paragraph (1).

(b) ELEMENTS OF REPORT.—The report required by subsection (a)(2) shall include the following:

(1) A description of the availability of care in residential mental health care facilities in each Veterans Integrated Service Network (VISN).

(2) An assessment of the supervision and support provided in the residential mental health care facilities of the Veterans Health Administration.

(3) The ratio of staff members at each residential mental health care facility to patients at such facility.

(4) An assessment of the appropriateness of rules and procedures for the prescription and administration of medications to patients in such residential mental health care facilities.

(5) A description of the protocols at each residential mental health care facility for handling missed appointments.

(6) Any recommendations the Secretary considers appropriate for improvements to such residential mental health care facilities and the care provided in such facilities.

SEC. 6. TRIBUTE TO JUSTIN BAILEY.

This Act is enacted in tribute to Justin Bailey, who, after returning to the United States from service as a member of the Armed Forces in Operation Iraqi Freedom, died in a domiciliary facility of the Department of Veterans Affairs while receiving care for post-traumatic stress disorder and a substance use disorder.

PURPOSE AND SUMMARY

H.R. 5554 was introduced by Representative Michael H. Michaud of Maine, the Chairman of the Subcommittee on Health, on March 6, 2008. This legislation would require the Department of Veterans Affairs (VA) to provide the full continuum of care for substance use disorder at every VA medical center. It would direct the VA to conduct a pilot program for internet-based substance use disorder treatment for veterans of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF). This bill would also require VA to conduct a review of all of the residential mental health facilities and submit a report to Congress.

BACKGROUND AND DISCUSSION

The ability of the VA to provide treatment for substance use disorders effectively and consistently across the VA Health Care system has been, and continues to be, a significant concern of this Committee.

The Substance Abuse and Mental Health Services Administration issued an annual survey in 2007 on drug use and health with data from 2004 to 2006 which indicated that 7.1 percent of veterans met the criteria in the past year for substance use disorder

(SUD). Veterans with family incomes of less than $20,000 per year are more likely than veterans with higher family incomes to have had a substance use disorder in the past year. Furthermore, it has been reported that more than 70 percent of homeless veterans suffer from alcohol or other drug abuse problems. According to data provided by the VA, of the nearly 325,000 veterans of OEF/OIF who have received VA health care between 2002 and the end of 2007, 54,415 have been diagnosed with a substance use disorder.

During the late 1990's, VA cut its substance use treatment programs significantly by closing inpatient beds and decreasing services offered. In testimony given before the Subcommittee on Health on March 11, 2008, VA testified that since the implementation of the Mental Health Strategic Plan (2005), VHA has dedicated more than $458 million to improve access and quality of care for veterans who present with SUD treatment needs.

Committee staff has received information that there are discrepancies in the availability of treatment for substance use disorder among VA medical facilities. Specifically, there seems to be significant differences in the types of services available in the VA health care system. While some medical facilities provide comprehensive treatment services for substance use disorder, others only provide services that are less than comprehensive. This legislation seeks to eradicate the inconsistencies in treatment for substance use disorders across the VA health care system and ensure that all veterans, regardless of their geographic location and which medical facility they use, have access to comprehensive treatment for substance use disorders. With OEF/OIF veterans entering the VA system, it is critical that VA expand its substance abuse treatment services.

H.R. 5554 would require VA to carry out a pilot program to evaluate the feasibility of providing assessment, education, and treatment for substance use disorder via the internet to veterans of OEF/OIF. This generation of veterans uses the internet for communication and to seek information. Committee believes this pilot project can serve as a starting point for future programs using innovative methods to provide outreach, education, and when appropriate, treatment for substance use disorders and mental health conditions to OEF/OIF veterans. The Committee further believes that such innovative projects will make young veterans more willing to seek information and treatment for mental health conditions, including substance use disorder, if they are able to seek information and treatment in a venue that is familiar and private.

This legislation would also require that the VA conduct a review of residential mental health facilities in the VA. Representative Shelley Berkley of Nevada raised concerns about VA's residential mental health and domiciliary care facilities after the untimely death of her constituent, Lance Corporal Justin Bailey. Upon returning from Iraq, Lance Corporal Bailey was diagnosed with posttraumatic stress disorder, and was discharged from the Marines in 2004. After his discharge, he developed a substance use disorder and checked himself into a VA facility in West Los Angeles. After being given five prescription medications on a self-medication policy, Justin overdosed and died on January 26, 2007.

The Office of Medical Inspector's (OMI) report that included circumstances surrounding the death of Lance Corporal Bailey listed

several concerns and recommendations regarding the treatment and quality of care he received in the inpatient psychiatric unit and the Domiciliary. The concerns reported were that he might not have been ready for discharge from the inpatient service and he should have received a more extensive evaluation; his self-medication was not appropriately monitored; the facility did not perform a complete panel of serum toxicology tests; and, Veterans Health Administration (VHA) policy was not followed in regard to the supply of certain controlled drugs.

Lance Corporal Bailey's death in a VA residential mental health facility raises important questions about the supervision of patient-staff ratio, and the procedures for administering medications in VA's residential mental health care facilities. This legislation pays tribute to Lance Corporal Bailey.

HEARINGS

On March 11, 2008, the Subcommittee on Health held a hearing entitled "Substance Abuse/Co-Morbid Disorders: Comprehensive Solutions to a Complex Problem. The following witnesses testified: Ms. Patricia M. Greer, President, NAADAC, the Association for Addiction Professionals; Mr. Richard A. McCormick, Ph.D., Senior Scholar, Center for Health Care Policy and Research, Case Western Reserve University, Cleveland, Ohio; Ms. Joy J. Ilem, Assistant National Legislative Director, Disabled American Veterans; Mr. Thomas J. Berger, Ph.D., Chairman, National PTSD and Substance Abuse Committee, Vietnam Veterans of America; Mr. Todd Bowers, Director of Government Affairs, Iraq and Afghanistan Veterans of America; Ms. Antonette Zeiss, Ph.D., Associate Chief Consultant, Mental Health Services, Veterans Health Administration, U.S. Department of Veterans Affairs, accompanied by Mr. Charles Flora, Executive Assistant of Readjustment Counseling Service, U.S. Department of Veterans Affairs; and, Mr. John Paul Allen, Ph.D., Associate Chief Consultant for Addictive Disorders, Veterans Health Administration, U.S. Department of Veterans Affairs. Those submitting statements for the record included: Mr. Joseph L. Wilson, Deputy Director, Veterans Affairs and Rehabilitation Commission, The American Legion.

On April 15, 2008, the Subcommittee on Health held a legislative hearing on a number of bills introduced in the 110th Congress, including H.R. 5729. The following witnesses testified: The Honorable Bob Filner of California; The Honorable Michael H. Michaud of Maine; The Honorable Ginny Brown-Waite of Florida; The Honorable Ed Perlmutter of Colorado; The Honorable Christopher P. Carney of Pennsylvania; The Honorable Brad Ellsworth of Indiana; Mr. Joseph L. Wilson, Deputy Director, Veterans Affairs and Rehabilitation Commission, The American Legion; Ms. Joy J. Ilem, Assistant National Legislative Director, Disabled American Veterans; Mr. Christopher Needham, Senior Legislative Associate, National Legislative Services, Veterans of Foreign Wars of the United States; Mr. Richard F. Weidman, Executive Director for Policy and Government Affairs, Vietnam Veterans of America; Mr. Bernie Edelman, Deputy Director, Vietnam Veterans of America; Gerald M. Cross, MD, FAAFP, Principal Deputy Under Secretary for Health, Veterans Health Administration, U.S. Department of Veterans Affairs accompanied by Mr. Walter Hall, Assistant General

Counsel, U.S. Department of Veterans Affairs. Those submitting statements for the record included: American Veterans (AMVETS) and the Paralyzed Veterans of America.

COMMITTEE CONSIDERATION

On April 23, 2008, the Subcommittee on Health met in open markup session and ordered favorably forwarded to the full Committee H.R. 5554, as amended, by voice vote. During consideration of the bill the following amendments were considered:

An amendment by Mr. Michaud of Maine to change the short title to the "Justin Bailey Veterans Substance Use Disorders Prevention and Treatment Act" and to amend section 2 of the bill to address concerns raised by the VA that the language as introduced was too restrictive, was agreed to by voice vote.

An amendment by Ms. Berkley of Nevada that requires a report on VA residential mental health care facilities and added a new section in tribute of Justin Bailey, was agreed to by voice vote.

On April 30, 2008, the full Committee met in open markup session, a quorum being present, and ordered H.R. 5554, as amended, reported favorably to the House of Representatives, by voice vote.

COMMITTEE VOTES

Clause 3(b) of rule XIII of the Rules of the House of Representatives requires the Committee to list the record votes on the motion to report the legislation and amendments thereto. There were no record votes taken on amendments or in connection with ordering H.R. 5554 reported to the House. A motion by Mr. Buyer of Indiana to order H.R. 5554, as amended, reported favorably to the House of Representatives was agreed to by voice vote.

COMMITTEE OVERSIGHT FINDINGS

In compliance with clause 3(c)(1) of rule XIII and clause (2)(b)(1) of rule X of the Rules of the House of Representatives, the Committee's oversight findings and recommendations are reflected in the descriptive portions of this report.

STATEMENT OF GENERAL PERFORMANCE GOALS AND OBJECTIVES

In accordance with clause 3(c)(4) of rule XIII of the Rules of the House of Representatives, the Committee's performance goals and objectives are reflected in the descriptive portions of this report.

NEW BUDGET AUTHORITY, ENTITLEMENT AUTHORITY, AND TAX EXPENDITURES

In compliance with clause 3(c)(2) of rule XIII of the Rules of the House of Representatives, the Committee adopts as its own the estimate of new budget authority, entitlement authority, or tax expenditures or revenues contained in the cost estimate prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

EARMARKS AND TAX AND TARIFF BENEFITS

H.R. 5554 does not contain any congressional earmarks, limited tax benefits, or limited tariff benefits as defined in clause 9(d), 9(e), or 9(f) of rule XXI of the Rules of the House of Representatives.

COMMITTEE COST ESTIMATE

The Committee adopts as its own the cost estimate on H.R. 5554 prepared by the Director of the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974.

CONGRESSIONAL BUDGET OFFICE COST ESTIMATE

Pursuant to clause 3(c)(3) of rule XIII of the Rules of the House of Representatives, the following is the cost estimate for H.R. 5554 provided by the Congressional Budget Office pursuant to section 402 of the Congressional Budget Act of 1974:

U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, DC, May 12, 2008.

Hon. BOB FILNER,
Chairman, Committee on Veterans' Affairs,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: The Congressional Budget Office has prepared the enclosed cost estimate for H.R. 5554, the Justin Bailey Veterans Substance Use Disorders Prevention and Treatment Act of 2008.

If you wish further details on this estimate, we will be pleased to provide them. The CBO staff contact is Sunita D'Monte.

Sincerely,

ROBERT A. SUNSHINE
(For Peter R. Orszag, Director).

Enclosure.

H.R. 5554—Justin Bailey Veterans Substance Use Disorders Prevention and Treatment Act of 2008

Summary: H.R. 5554 would require the Department of Veterans Affairs (VA) to expand the treatments and services available to veterans suffering from substance use disorders. In total, CBO estimates that implementing H.R. 5554 would cost about $360 million over the 2009–2013 period, assuming appropriation of the specified and estimated amounts. Enacting the bill would not affect direct spending or revenues.

H.R. 5554 contains no intergovernmental or private-sector mandates as defined in the Unfunded Mandates Reform Act (UMRA) and would not affect the budgets of state, local, or tribal governments.

Estimated Cost to the Federal Government: The estimated budgetary impact of H.R. 5554 is shown in the following table. The costs of this legislation fall within budget function 700 (veterans benefits and services).

Basis of Estimate: CBO assumes that the legislation will be enacted by the end of fiscal year 2008, that the specified and estimated amounts will be appropriated each year, and that outlays

will follow historical spending patterns for the VA medical services program.

	By fiscal year, in millions of dollars—					
	2009	2010	2011	2012	2013	2009–2013
CHANGES IN SPENDING SUBJECT TO APPROPRIATION						
Treatment for Substance Use Disorders:						
Estimated Authorization Level	73	70	73	76	79	371
Estimated Outlays	65	69	72	75	78	359
Pilot Program:						
Estimated Authorization Level	0	2	2	0	0	3
Estimated Outlays	0	1	2	*	*	3
Total Changes:						
Estimated Authorization Level	73	72	75	76	79	374
Estimated Outlays	65	70	74	75	78	362

Note: Numbers may not sum to totals because of rounding; * = less than $500,000.

Treatment for substance use disorders

Section 2 would require VA to provide certain services and treatments to veterans suffering from substance use disorders, either at VA medical facilities or through contracts at community-based organizations. After adjusting for anticipated inflation, CBO estimates that implementing this provision would cost about $360 million over the 2009–2013 period, assuming appropriation of the necessary amounts.

According to VA, some of the services and treatments specified under the bill are already being provided. Most of the costs of this provision (about $330 million over the five-year period) stem from providing detoxification and stabilization services, residential care, and intensive outpatient care, which are discussed below. Other services, such as screening, counseling, opioid substitution therapy, other pharmacological treatments, and relapse prevention, would result in additional costs of about $30 million over that period, assuming appropriation of the necessary amounts.

Detoxification and Stabilization Services. Based on information from VA, CBO estimates that to provide the detoxification and stabilization services specified in the bill, VA would need to hire 153 advanced practice nurses (one at each medical center) at an annual cost of $135,000 each (in 2008 dollars). We estimate that implementing this provision would cost $109 million over the 2009–2013 period, assuming appropriation of the necessary amounts.

Residential Care. Based on information from VA, CBO estimates that to provide the level of residential care required by the bill, VA would need to add an additional 110 beds nationwide at an annual cost of $16 million and would have start-up costs of $5 million. We estimate that implementing this provision would cost $90 million over the 2009–2013 period, assuming appropriation of the necessary amounts.

Intensive Outpatient Care. According to VA, the intensive outpatient care required under the bill could be provided at both community-based outpatient clinics (CBOCs) and VA medical centers. Based on information from VA, CBO estimates that VA would hire the equivalent of 185 full-time counselors to work in over 1,000 CBOCs. Each counselor would provide group treatment (therapy of three hours a week over three months to 50 patients at a time) to

about 200 patients a year, and would be paid an average of $71,500 a year (in 2008 dollars).

Based on information from VA, CBO estimates that establishing similar intensive outpatient care in VA medical centers would require VA to upgrade programs in 50 medical centers by hiring three additional employees at each center, at an average annual cost of $71,500. In addition, we estimate that VA would require additional appropriations of $1 million a year to initiate specialty care for substance use disorders at one medical center.

In total, and after adjusting for anticipated inflation, CBO estimates that implementing this provision at CBOCs and medical centers would cost $132 million over the 2009–2013 period, assuming appropriation of the necessary amounts.

Pilot program

Section 4 would require VA to operate a pilot program to assess the feasibility of providing veterans access to self-assessment, education, and treatment programs for substance abuse on the Internet. For that purpose, the bill would authorize the appropriation of $1.5 million a year in 2010 and 2011.

Intergovernmental and Private-Sector Impact: H.R. 5554 contains no intergovernmental or private-sector mandates as defined in UMRA and would not affect the budgets of state, local, or tribal governments.

Previous CBO estimate: On April 7, 2008, CBO transmitted a cost estimate for S. 2162, the Veterans Mental Health Improvements Act of 2007, as ordered reported by the Senate Committee on Veterans' Affairs on November 14, 2007. Section 102 of S. 2162 and section 2 of H.R. 5554 are similar, as are their estimated costs over the 2009–2013 period. Because CBO assumed an earlier enactment date for S. 2162, we estimated that section 102 would cost $17 million in 2008.

Estimate prepared by: Federal costs: Sunita D'Monte; Impact on state, local, and tribal governments: Lisam Ramirez-Branum; Impact on the private sector: Daniel Frisk.

Estimate approved by: Theresa Gullo, Deputy Assistant Director for Budget Analysis.

FEDERAL MANDATES STATEMENT

The Committee adopts as its own the estimate of Federal mandates regarding H.R. 5554 prepared by the Director of the Congressional Budget Office pursuant to section 423 of the Unfunded Mandates Reform Act.

ADVISORY COMMITTEE STATEMENT

No advisory committees within the meaning of section 5(b) of the Federal Advisory Committee Act would be created by H.R. 5554.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 3(d)(1) of rule XIII of the Rules of the House of Representatives, the Committee finds that the Constitutional authority for H.R. 5554 is provided by Article I, section 8 of the Constitution of the United States.

APPLICABILITY TO LEGISLATIVE BRANCH

The Committee finds that the legislation does not relate to the terms and conditions of employment or access to public services or accommodations within the meaning of section 102(b)(3) of the Congressional Accountability Act.

SECTION-BY-SECTION ANALYSIS OF THE LEGISLATION

Section 1. Short title

This section would provide the short title of H.R. 5554, as amended, as the "Justin Bailey Veterans Substance Use Disorders Prevention and Treatment Act of 2008."

Section 2. Expansion of veterans substance use disorder programs

This section amends section 1720A of title 38, United States Code, to require that each VA Medical Center provide a full continuum of care for substance use disorders for veterans in need of such care. This section also defines the care, treatment and services that should be provided as part of the "full continuum of care."

Section 3. Requirement for allocation of department resources to ensure availability for all veterans requiring treatment for substance use disorders

This section amends section 1720A of title 38, United States Code, to require that money be made available so that a full continuum of care is made available to veterans, regardless of where they live. It requires that the Secretary provide a detailed report on the substance use treatment services furnished by the Department in the last fiscal year and that this report be reviewed by the Committee on Care of Severely and Chronically Mentally Ill Veterans.

Section 4. Pilot program for internet-based substance use disorder treatment for veterans of Operation Iraqi Freedom and Operation Enduring Freedom

This section requires that the Secretary carry out a 2–year pilot program to test the feasibility and advisability of providing assessment, education and treatment via the internet to veterans with substance use disorders and requires the Secretary to submit a report on the pilot program no later than 6 months after completion of the program. This section authorizes appropriations in the amount of $1,500,000 for each year of this pilot program.

Section 5. Report on residential mental health care facilities of the Veterans Health Administration

This section requires that the Secretary of Veterans Affairs conduct a review and submit a report to Congress on all residential mental health care facilities in the Department of Veterans Affairs.

Section 6. Tribute to Justin Bailey

This section recognizes Justin Bailey, an Operation Iraqi Freedom veteran who died in a Department of Veterans Affairs domiciliary facility while receiving treatment for post-traumatic stress disorder and a substance use disorder.

CHANGES IN EXISTING LAW MADE BY THE BILL, AS REPORTED

In compliance with clause 3(e) of rule XIII of the Rules of the House of Representatives, changes in existing law made by the bill, as reported, are shown as follows (new matter is printed in italic and existing law in which no change is proposed is shown in roman):

SECTION 1720A OF TITLE 38, UNITED STATES CODE

§ 1720A. Treatment and rehabilitative services for persons with drug or alcohol dependency

(a) * * *

* * * * * * *

(d)(1) * * *

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(3)(A) Each plan under paragraph (1) shall ensure that the medical center provides ready access to a full continuum of care for substance use disorders for veterans in need of such care.

(B) In this paragraph, the term "full continuum of care" includes all of the following care, treatment, and services:

(i) Screening for substance use disorder in all settings, including primary care settings.

(ii) Detoxification and stabilization services.

(iii) Intensive outpatient care services.

(iv) Relapse prevention services.

(v) Outpatient counseling services.

(vi) Residential substance use disorder treatment.

(vii) Pharmacological treatment to reduce cravings, and opioid substitution therapy referred to in paragraph (2).

(viii) Coordination with groups providing peer to peer counseling.

(ix) Short-term, early interventions for substance use disorders, such as motivational counseling, that are readily available and provided in a manner to overcome stigma associated with the provision of such interventions and related care.

(x) Marital and family counseling.

(C) The Secretary shall provide for outreach to veterans who served in Operation Enduring Freedom or Operation Iraqi Freedom to increase awareness of the availability of care, treatment, and services from the Department for substance use disorders.

(e)(1) The Secretary shall ensure that amounts made available for care, treatment, and services provided under this section are allocated in such a manner that a full continuum of care (as defined in subsection (d)(3)(B)) is available to veterans seeking such care, treatment, or services, without regard to the location of the residence of any such veterans.

(2)(A) In addition to the report required under section 1703(c)(1) of this title (relating to furnishing of contract care and services under this section), the Secretary shall include in the budget documents which the Secretary submits to Congress for any fiscal year a detailed report on the care, treatment, and services furnished by the Department under this section during the most recently completed fiscal year.

(B) Each report under subparagraph (A) shall include data on the following for each medical facility of the Department:

(i) The number of veterans who have been provided care, treatment, or services under this section at the facility for each 1,000 veterans who have received hospital care (if applicable) or medical services at the facility.

(ii) The number of veterans for whom substance use disorder screening was carried out under subsection (d)(3)(B)(i) at the facility.

(iii) The number of veterans for whom a substance use disorder was identified after a screening was carried out under subsection (d)(3)(B)(i) at the facility.

(iv) The number of veterans who were referred by the facility for care, treatment, or services for substance use disorders under this section.

(v) The number of veterans who received care, treatment or services at the facility for substance use disorders under this section.

(vi) Availability of the full continuum of care (as defined in subsection (d)(3)(B)) at the facility.

(C) Each report prepared under subparagraph (A) shall be reviewed by the Committee on Care of Severely Chronically Mentally Ill Veterans authorized by section 7321 of this title. The Committee shall provide an independent assessment of the care, treatment, and services furnished directly by the Department under this section to veterans. Such assessment shall include a detailed analysis of the availability, the barriers to access (if any), and the quality of such care, treatment, and services.

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