



# H.R. 100, H.R. 712, H.R. 1647, H.R. 2191, H.R. 2333, and Draft Legislation

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Statement of

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Before the

United States House of Representatives  
Committee on Veterans' Affairs  
Subcommittee on Health

With Respect To

H.R. 100, H.R. 712, H.R. 1647, H.R. 2191, H.R. 2333, and Draft Legislation

WASHINGTON, D.C.

Chairwoman Brownley, Ranking Member Dunn, and members of the subcommittee, on behalf of the women and men of the Veterans of Foreign Wars of the United States (VFW) and its Auxiliary, thank you for the opportunity to provide our remarks on legislation pending before this subcommittee.

## **H.R. 712, the VA Medicinal Cannabis Research Act of 2019**

This legislation would require the Department of Veterans Affairs (VA) to conduct a double blind scientific study on the efficacy of medical cannabis. The VFW is proud to support this important bill and thanks this subcommittee for its consideration.

VA is making concerted efforts to ensure it appropriately uses pharmaceutical treatments when providing mental health care. Under the Opioid Safety Initiative, VA has reduced the number of patients to whom it prescribes opioids by more than 22 percent. Prescribed use

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of opioids for chronic pain management has unfortunately led to addiction to these drugs for many veterans, as well as for many other Americans. VA uses evidence-based clinical guidelines to manage pharmacological treatment of post-traumatic stress disorder, chronic pain, and substance use disorder (SUD) because medical trials have found them to be effective. To reduce the use of high-dose opioids, VA must expand research on the efficacy of non-traditional medical therapies, such as medical cannabis and other holistic approaches.

Medical cannabis is currently legal in 33 states and the District of Columbia. This means veterans are able to legally obtain cannabis for medical purposes in more than half the country. For veterans who use medical cannabis and are also VA patients, they are doing this without the medical understanding or proper guidance from their coordinators of care at VA. Many states have conducted research for mental health, chronic pain, and oncology at the state level. States that have legalized medical cannabis have also seen a 15-35 percent decrease in opioid overdose and abuse. A comprehensive study by the National Academy of Sciences and the National Academic Press also concluded that cannabinoids are effective for treating chronic pain, chemotherapy-induced nausea and vomiting, sleep disturbances related to obstructive sleep apnea, multiple sclerosis spasticity symptoms, and fibromyalgia -- all of which are prevalent in the veteran population. While VA has testified that it has the authority to study Schedule 1 drugs, it has failed to do so and veterans are tired of waiting for VA.

VFW-Student Veterans of America Fellow Christopher Lamy, an Army veteran and Louisiana State University law school student, focused his semester-long research project and advocacy effort on this important bill. Chris' research discovered that veterans experience chronic pain at 40 percent higher rates than non-veterans and if not properly treated, such chronic pain often leads to depression, anxiety, and decreased quality of life. Chris also found that states with medical cannabis programs have, on average, a 25 percent lower rate of death from opioid overdose than non-medical cannabis states.

Veterans Health Administration (VHA) Directive 1315, Access to VHA Clinical Programs for Veterans Participating in State-Approved Marijuana Programs, provides protections for veterans who use medical cannabis. However, Chris found that veterans who discuss their use of medical cannabis with their doctors are ostracized and have their medications changed or discontinued. The fear of reprisal for medical cannabis prevents veterans from disclosing information to their VA health care providers, which can lead to problems caused by drug interactions. This legislation would prohibit VA from making eligibility determinations for benefits based on participation in the study. To ensure veterans who participate in the study do not have their VA health care impacted, the VFW recommends this subcommittee amend the bill to prohibit VA from denying or altering treatment to veterans who participate in the study. Doing so would provide veterans peace of mind.

## **H.R. 1647, the Veterans Equal Access Act**

This legislation would authorize VA health care providers to provide recommendations for participation in state-approved medical marijuana programs. The VFW agrees with the intent of this legislation, but cannot offer its support at this time.

The VFW agrees that veterans who rely on the VA health care system must have access to medical cannabis, if such therapies are proven to assist in treating certain health conditions. Without such evidence, VA would not have the authority to prescribe or provide medical cannabis to veterans. The VFW believes it is unacceptable for VA providers to recommend a treatment that they are unable to provide veterans and force patients to pay for the full cost of such care. If VA recommends a treatment plan, it must be able to provide required therapies or prescriptions. That is why the VFW supports H.R. 712, which would enable veterans to participate in medical cannabis research without having to bear the full cost of treatment.

### **H.R. 2191, the Veterans Cannabis Use for Safe Healing Act**

This legislation would require VA providers to discuss and record veterans' use of medical cannabis and participation in state-approved marijuana programs. It would also authorize VA health care providers to recommend participation in such programs and prohibit VA from denying veterans access to benefits solely based on their use of marijuana.

The VFW strongly supports provisions to protect veterans from having their earned benefits eroded or denied simply based on their participation in a state-approved marijuana program. Veterans who participate in such programs must not fear that VA will take away benefits they have earned and deserve. The VFW also believes it is important for VA to properly track veterans who use medical cannabis. However, the VFW is concerned VA may not implement the requirement to record medical cannabis use as intended.

VHA Directive 1315, Access to VHA Clinical Programs for Veterans Participating in State-Approved Marijuana Programs, instructs VA health care professionals to record marijuana use "into the 'non-VA/herbal/Over the Counter (OTC) medication section' of the Veteran's electronic medical record." Yet, the VFW continues to hear from veterans who have been recorded as having a SUD for testing positive for marijuana or because their VA health care provider did not follow the guidance included in the directive. Veterans who report participation in state-approved marijuana programs must not be recorded as having a SUD. To ensure the recording requirement is implemented properly, the VFW recommends this subcommittee require VA to create diagnostic codes for medical cannabis use or prohibit VA from recording such use as SUD.

This legislation would also authorize VA health care providers to recommend participation in state-approved marijuana programs. As discussed above, the VFW cannot support such

authority if VA is unable to provide a recommended course of treatment.

### **H.R. 100, the Veteran Overmedication and Suicide Prevention Act of 2019**

This legislation would commission research and require that VA report data on veteran suicides. The VFW supports this legislation and has a recommendation to improve it.

In partnership with the Department of Defense, the Centers for Disease Control and Prevention, and other federal agencies, VA has compiled the most comprehensive data and analysis of veteran suicides that has ever existed. The most recent analysis of veteran suicide data from 2016 found suicide has remained fairly consistent within the veteran community in recent years. An average of 20 veterans and service members die by suicide every day. While this number must be reduced to zero, it is worth noting that the number of veterans who die by suicide has remained consistent in recent years, while non-veteran suicides have continued to increase.

However, VA's National Suicide Data Report is delayed by two years and misses certain elements which this legislation would include, such as the impact of staffing levels on suicide prevention efforts. The VFW has long argued that VA's lack of staffing models and inability to properly staff its health care facilities impact its ability to provide timely and high-quality health care to veterans who face mental health crises.

The report commissioned by this legislation would be conducted by a third party, which would also ensure VA bias is eliminated. While the majority of veterans who die by suicide every day are not active users of the VA health care system, VA must do everything possible to save the lives of those who rely on VA. An external analysis of VA practices and procedures would ensure VA is doing what it necessary to save the lives of the six VA health care users who die by suicide every day.

To better assist all veterans, the VFW urges this subcommittee to require the study to include research and data collection on the 14 veterans and service members who die by suicide every day without receiving VA health care. This legislation would limit the study to veterans who have used VA health care within the past five years. Doing so would exclude about two-thirds of veterans who die by suicide each day without any contact with VA. The VFW urges this subcommittee to amend this legislation to include and analyze the demographics, illnesses, socioeconomic status, and military discharges of such population. There are questions that need to be answered in order to properly address this epidemic: did those 14 use private sector care? Were they eligible to use VA? Were they among the many who were discharged without due process for untreated or undiagnosed mental health disorders? Were they discharged for unjust and undiagnosed personality disorders due to transgenderism or during the era of "Don't Ask, Don't Tell?" Have they used other VA benefits such as the GI Bill?

## **H.R. 2333, the Support for Suicide Prevention Coordinators Act**

The VFW supports this legislation, which would commission an assessment of VA suicide prevention coordinators.

Suicide prevention coordinators are instrumental in the efforts to reduce suicides among veterans. These caring and hardworking individuals are at the front line of suicide prevention efforts at VA medical facilities, including case management of veterans who are at high risk of suicide. The legislation would rightfully evaluate if VA is properly supporting those who support veterans in their time of greatest need.

## **Draft Legislation to Submit to Congress a Report on VA Advancing of Whole Health Transformation**

The VFW supports this legislation, which would require VA to report on its implementation of complementary and integrative therapies throughout the VA health care system.

Countless veterans have experienced first hand the dangerous side effects of pharmacotherapy. Many of these medications, if incorrectly prescribed, have been proven to render veterans incapable of interacting with their loved ones and even contemplate suicide. VA must ensure it affords veterans the opportunity to access effective treatments that minimize adverse outcomes.

Thanks to the VFW-supported Jason Simcakoski Memorial and Promise Act, medications are being more closely monitored. Through VA's Opioid Safety Initiative, opioids are being prescribed on a less frequent basis for mental health conditions and are better monitored for negative consequences such as addiction. However, many veterans report being abruptly taken off opioids they have relied on for years to cope with their pain management, without receiving a proper treatment plan to transition them to alternative therapies. Doing so leads veterans to seek alternatives outside of VA or to self-medicate.

With the growing body of research on the efficacy of complementary and integrative therapies, such as meditation, acupuncture, and massage to treat mental health conditions and manage pain, the VFW believes more work must be done to ensure veterans are afforded the opportunity to receive these safe and effective alternatives to pharmacotherapy. This legislation would provide oversight of VA's efforts to taper veterans off high-dose opioid and switch to effective alternatives.

Madam Chairwoman, this concludes my testimony. I am prepared to take any questions you or the subcommittee members may have.