

115TH CONGRESS
1ST SESSION

S. 1873

To require the Secretary of Veterans Affairs to carry out a program to establish peer specialists in patient aligned care teams at medical centers of the Department of Veterans Affairs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 27, 2017

Mr. BLUMENTHAL (for himself and Mr. BLUNT) introduced the following bill;
which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To require the Secretary of Veterans Affairs to carry out a program to establish peer specialists in patient aligned care teams at medical centers 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 “Veteran Partners’ Ef-
5 forts to Enhance Reintegration Act” or the “Veteran
6 PEER Act”.

1 **SEC. 2. PROGRAM ON ESTABLISHMENT OF PEER SPECIAL-**
2 **ISTS IN PATIENT ALIGNED CARE TEAM SET-**
3 **TINGS WITHIN MEDICAL CENTERS OF DE-**
4 **PARTMENT OF VETERANS AFFAIRS.**

5 (a) PROGRAM REQUIRED.—The Secretary of Vet-
6 erans Affairs shall carry out a program to establish not
7 fewer than two peer specialists in patient aligned care
8 teams at medical centers of the Department of Veterans
9 Affairs to promote the use and integration of services for
10 mental health, substance use disorder, and behavior health
11 in a primary care setting.

12 (b) TIMEFRAME FOR ESTABLISHMENT OF PRO-
13 GRAM.—The Secretary shall carry out the program at
14 medical centers of the Department as follows:

15 (1) Not later than December 31, 2017, at not
16 fewer than 25 medical centers of the Department.

17 (2) Not later than December 31, 2018, at not
18 fewer than 50 medical centers of the Department.

19 (c) SELECTION OF LOCATIONS.—

20 (1) IN GENERAL.—The Secretary shall select
21 medical centers for the program as follows:

22 (A) Not fewer than five shall be medical
23 centers of the Department that are designated
24 by the Secretary as polytrauma centers.

1 (B) Not fewer than ten shall be medical
2 centers of the Department that are not des-
3 ignated by the Secretary as polytrauma centers.

4 (2) CONSIDERATIONS.—In selecting medical
5 centers for the program under paragraph (1), the
6 Secretary shall consider the feasibility and advis-
7 ability of selecting medical centers in the following
8 areas:

9 (A) Rural areas and other areas that are
10 underserved by the Department.

11 (B) Areas that are not in close proximity
12 to an active duty military installation.

13 (C) Areas representing different geo-
14 graphic locations, such as census tracts estab-
15 lished by the Bureau of the Census.

16 (d) GENDER-SPECIFIC SERVICES.—In carrying out
17 the program at each location selected under subsection (c),
18 the Secretary shall ensure that—

19 (1) the needs of female veterans are specifically
20 considered and addressed; and

21 (2) female peer specialists are made available to
22 female veterans who are treated at each location.

23 (e) ENGAGEMENT WITH COMMUNITY PROVIDERS.—
24 At each location selected under subsection (c), the Sec-
25 retary shall consider ways in which peer specialists can

1 conduct outreach to health care providers in the commu-
2 nity who are known to be serving veterans to engage with
3 those providers and veterans served by those providers.

4 (f) REPORTS.—

5 (1) PERIODIC REPORTS.—

6 (A) IN GENERAL.—Not later than 180
7 days after the date of the enactment of this
8 Act, and not less frequently than once every
9 180 days thereafter until the Secretary deter-
10 mines that the program is being carried out at
11 the last location to be selected under subsection
12 (c), the Secretary shall submit to Congress a
13 report on the program.

14 (B) ELEMENTS.—Each report required by
15 subparagraph (A) shall, with respect to the
16 180-day period preceding the submittal of the
17 report, include the following:

18 (i) The findings and conclusions of
19 the Secretary with respect to the program.

20 (ii) An assessment of the benefits of
21 the program to veterans and family mem-
22 bers of veterans.

23 (iii) An assessment of the effective-
24 ness of peer specialists in engaging under
25 subsection (e) with health care providers in

1 the community and veterans served by
2 those providers.

3 (2) FINAL REPORT.—Not later than 180 days
4 after the Secretary determines that the program is
5 being carried out at the last location to be selected
6 under subsection (c), the Secretary shall submit to
7 Congress a report detailing the recommendations of
8 the Secretary as to the feasibility and advisability of
9 expanding the program to additional locations.

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