To improve mental health care provided by the Department of Veterans Affairs, and for other purposes.

IN THE SENATE OF THE UNITED STATES

March 13, 2019

Mr. Tester (for himself, Mr. Moran, Ms. Baldwin, Ms. Stabenow, Mr. Kaine, Mr. Markey, Ms. Sinema, Ms. Hirono, Mr. Durbin, Mr. Casey, Ms. Harris, Mr. Udall, Mr. Blumenthal, Mr. Murphy, Mr. Warner, Mrs. Murray, Mrs. Feinstein, Mr. Menendez, Mr. Booker, Ms. Smith, Mr. Manchin, Ms. Klobuchar, Mr. Sanders, and Ms. Duckworth) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

A BILL

To improve mental health care provided by the Department of Veterans Affairs, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) Short Title.—This Act may be cited as the “Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019”.

(b) Table of Contents.—The table of contents for this Act is as follows:
TITLE I—IMPROVEMENT OF TRANSITION OF INDIVIDUALS TO SERVICES FROM DEPARTMENT OF VETERANS AFFAIRS

Sec. 101. Expansion of health care coverage for veterans.
Sec. 102. Grants for provision of transition assistance to former members of the Armed Forces transitioning to civilian life.
Sec. 103. Study of community-based transition assistance programs for former members of the Armed Forces.
Sec. 104. Modification of eligibility for care from Department of Veterans Affairs for former members of the Armed Forces with other than honorable discharges and report on such care.

TITLE II—SUICIDE PREVENTION

Sec. 201. Grants for organizations providing mental health wellness services to veterans.
Sec. 202. Designation of buddy check week by Department of Veterans Affairs.
Sec. 203. Post-traumatic growth partnerships.
Sec. 204. Progress of Department of Veterans Affairs in meeting goals and objectives of National Strategy for Preventing Veteran Suicide.
Sec. 205. Study on feasibility and advisability of providing certain complementary and integrative health services.
Sec. 206. Program to provide veterans access to complementary and integrative health services through animal therapy, agri-therapy, and outdoor sports therapy.
Sec. 207. Comptroller General report on management by Department of Veterans Affairs of veterans at high risk for suicide.

TITLE III—PROGRAMS, STUDIES, AND GUIDELINES ON MENTAL HEALTH

Sec. 301. Program to provide veterans access to computerized cognitive behavioral therapy.
Sec. 302. Study on connection between living at high altitude and suicide risk factors among veterans.
Sec. 303. Establishment by Department of Veterans Affairs and Department of Defense of clinical practice guidelines for comorbid mental health conditions.
Sec. 304. Update of clinical practice guidelines for assessment and management of patients at risk for suicide.
Sec. 305. Precision medicine initiative of Department of Veterans Affairs to identify and validate brain and mental health biomarkers.
Sec. 306. Preventative and complex data analysis by Department of Veterans Affairs.

TITLE IV—OVERSIGHT OF MENTAL HEALTH CARE AND RELATED SERVICES

Sec. 401. Study on effectiveness of suicide prevention and mental health outreach programs of Department of Veterans Affairs.
Sec. 402. Oversight of mental health and suicide prevention media outreach conducted by Department of Veterans Affairs.
Sec. 403. Annual report on progress of Department of Veterans Affairs in meeting goals and objectives of Executive Order 13822.
Sec. 404. Comptroller General management review of mental health and suicide prevention services of Department of Veterans Affairs.
Sec. 405. Comptroller General report on efforts of Department of Veterans Affairs to integrate mental health care into primary care clinics.
Sec. 406. Joint mental health programs by Department of Veterans Affairs and Department of Defense.

TITLE V—MEDICAL WORKFORCE
Subitle A—Improvement of Mental Health Medical Workforce
Sec. 501. Treatment of psychologists.
Sec. 502. Staffing improvement plan for psychiatrists and psychologists of Department of Veterans Affairs.
Sec. 503. Occupational series and staffing improvement plan for licensed professional mental health counselors and marriage and family therapists of Department of Veterans Affairs.
Sec. 504. Staffing improvement plan for peer specialists of Department of Veterans Affairs who are women.
Sec. 505. Establishment of Department of Veterans Affairs Readjustment Counseling Service Scholarship Program.
Sec. 506. Comptroller General report on Readjustment Counseling Service of Department of Veterans Affairs.
Sec. 507. Expansion of reporting requirements on Readjustment Counseling Service of Department of Veterans Affairs.
Sec. 508. Studies on alternative work schedules for employees of Veterans Health Administration.
Sec. 509. Suicide prevention coordinators.

Subtitle B—Direct Hiring Authorities for Certain Health Care Positions
Sec. 521. Direct hiring authorities for certain health care positions.

TITLE VI—IMPROVEMENT OF TELEHEALTH SERVICES
Sec. 601. Expanded telehealth from Department of Veterans Affairs.
Sec. 602. Implementation of national protocol for telehealth security and interfacing instructions.

1 TITLE I—IMPROVEMENT OF TRANSITION OF INDIVIDUALS TO SERVICES FROM DEPARTMENT OF VETERANS AFFAIRS

5 SEC. 101. EXPANSION OF HEALTH CARE COVERAGE FOR VETERANS.

7 (a) In General.—Section 1710(a)(1) of title 38,
(1) in subparagraph (A), by striking “and” at the end;

(2) by redesignating subparagraph (B) as subparagraph (C); and

(3) by inserting after subparagraph (A) the following new subparagraph (B):

“(B) to any veteran during the one-year period following the discharge or release of the veteran from active military, naval, or air service; and”.

(b) Patient Enrollment System.—Section 1705(c) of such title is amended by adding at the end the following new paragraph:

“(3) Nothing in this section shall be construed to prevent the Secretary from providing hospital care and medical services to a veteran under section 1710(a)(1)(B) of this title during the period specified in such section notwithstanding the failure of the veteran to enroll in the system of patient enrollment established by the Secretary under subsection (a).”.

(c) Promotion of Expanded Eligibility.—

(1) Transition Assistance Program.—

(A) In general.—The Secretary of Labor, in consultation with the Secretary of Defense and the Secretary of Veterans Affairs, shall promote to members of the Armed Forces
transitioning from service in the Armed Forces to civilian life through the Transition Assistance Program the expanded eligibility of veterans for health care under the laws administered by the Secretary of Veterans Affairs pursuant to the amendments made by this section.

(B) Transition Assistance Program Defined.—In this paragraph, the term “Transition Assistance Program” means the Transition Assistance Program under sections 1142 and 1144 of title 10, United States Code.

(2) Publication by Department of Veterans Affairs.—Not later than 30 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall publish on a website of the Department of Veterans Affairs notification of the expanded eligibility of veterans for health care under the laws administered by the Secretary pursuant to the amendments made by this section.

SEC. 102. GRANTS FOR PROVISION OF TRANSITION ASSISTANCE TO FORMER MEMBERS OF THE ARMED FORCES TRANSITIONING TO CIVILIAN LIFE.

(a) Program Required.—Commencing not later than 180 days after the date of the enactment of this Act, the Secretary of Labor shall, in coordination with the Sec-
Secretary of Veterans Affairs, carry out a program on the provision of assistance to former members of the Armed Forces, and spouses of such members, transitioning from service in the Armed Forces to civilian life.

(b) Duration of Program.—The Secretary of Labor shall carry out the program during the five-year period beginning on the date of the commencement of the program.

(e) Grants.—

(1) In general.—The Secretary shall carry out the program through the award of grants to eligible organizations for the provision of assistance described in subsection (a).

(2) Matching funds required.—A grant under this section shall be in an amount that does not exceed 50 percent of the amount required by the organization to provide the services described in subsection (f).

(d) Eligible Organizations.—For purposes of this section, an eligible organization is any nonprofit organization that the Secretary of Labor determines, in consultation with the Secretary of Veterans Affairs and State entities that serve veterans, is suitable for receipt of a grant under the program pursuant to receipt by the Sec-
(c) SELECTION OF GRANT RECIPIENTS.—

(1) APPLICATIONS.—An organization seeking a grant under the program shall submit to the Secretary of Labor an application therefor at such time, in such manner, and containing such information and assurances as the Secretary, in consultation with the Secretary of Veterans Affairs and State entities that serve veterans, may require.

(2) PRIORITY FOR HUBS OF SERVICES.—In awarding grants under the program, the Secretary of Labor shall give priority to an organization that provides multiple forms of services described in subsection (f).

(f) USE OF GRANT FUNDS.—Each organization receiving a grant under the program shall use the grant to provide to former members of the Armed Forces and spouses described in subsection (a) the following:

(1) Résumé assistance.

(2) Interview training.

(3) Job recruitment training.

(4) Entrepreneurship training.

(5) Financial services.

(6) Legal assistance.
(7) Educational supportive services.

(8) Assistance with accessing benefits provided under laws administered by the Secretary of Veterans Affairs, including home loan benefits, education benefits, adaptive housing grants, and all other benefits.

(9) Nonclinical case management.

(10) Other related services leading directly to successful transition, as determined by the Secretary of Labor in consultation with the Secretary of Veterans Affairs.

(g) ANNUAL REPORTS.—

(1) IN GENERAL.—Not later than one year after the date of the commencement of the program and not less frequently than once each year thereafter until the termination of the program, the Secretary of Labor shall, in consultation with the Secretary of Veterans Affairs, submit to the appropriate committees of Congress a report on the program carried out under this section.

(2) CONTENTS.—Each report submitted under paragraph (1) shall include the following:

(A) A list of the organizations that have received grants under the program, including the geographic location of the organization and
the types of services outlined in subsection (f) that each organization provides.

(B) The number of veterans served by each organization.

(C) An assessment of the effectiveness of the services provided under the program at improving the transition process for former members of the Armed Forces and spouses described in subsection (a), based on metrics determined by the Secretary of Labor in consultation with the Secretary of Veterans Affairs.

(D) The amount of each grant awarded to each organization under the program.

(E) Such other matters as the Secretary of Labor, in consultation with the Secretary of Veterans Affairs, considers appropriate.

(3) APPROPRIATE COMMITTEES OF CONGRESS.—In this subsection, the term “appropriate committees of Congress” means—

(A) the Committee on Veterans’ Affairs and the Committee on Appropriations of the Senate; and

(B) the Committee on Veterans’ Affairs and the Committee on Appropriations of the House of Representatives.
(h) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated $10,000,000 to carry out this section.

SEC. 103. STUDY OF COMMUNITY-BASED TRANSITION ASSISTANCE PROGRAMS FOR FORMER MEMBERS OF THE ARMED FORCES.

(a) Study.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall, in consultation with the Secretary of Labor and State entities that serve former members of the Armed Forces, enter into an agreement with a Federal or non-Federal entity to develop or access a comprehensive list of community-based programs that—

(A) provide transition assistance to such former members that lead directly to successful transition to civilian life, such as—

(i) résumé assistance;

(ii) interview training;

(iii) job recruitment training;

(iv) entrepreneurship training;

(v) financial services;

(vi) legal assistance;

(vii) educational supportive services;
(viii) assistance with accessing benefits provided under laws administered by the Secretary of Veterans Affairs, including home loan benefits, education benefits, adaptive housing grants, and other benefits; and

(ix) nonclinical case management; and

(B) are operated by nonprofit organizations.

(2) UPDATES.—

(A) PERIODIC.—Not less frequently than once every five years, the Secretary shall update the list created under paragraph (1).

(B) UPON REQUEST.—In addition to periodic updates under subparagraph (A), the Secretary shall update the list created under paragraph (1) upon request of an organization with a program included in the list.

(C) VERIFICATION.—The Secretary shall, in consultation with State entities that serve former members of the Armed Forces and to the degree practicable, verify changes to the list made under this paragraph.

(b) TRANSMISSION TO MEMBERS.—The Secretary shall transmit the list created, and revised as the case may
be, under subsection (a) to the Secretary of Labor and
the Secretary of Defense so the Secretaries of the military
departments may provide information in the list to mem-
ers of the Armed Forces who participate in the Transi-
tion Assistance Program under sections 1142 and 1144
of title 10, United States Code.

(c) ONLINE PUBLICATION.—The Secretary of Vet-
erans Affairs shall publish the list created, and revised as
the case may be, under subsection (a) on a public website
of the Department of Veterans Affairs.

SEC. 104. MODIFICATION OF ELIGIBILITY FOR CARE FROM
DEPARTMENT OF VETERANS AFFAIRS FOR
FORMER MEMBERS OF THE ARMED FORCES
WITH OTHER THAN HONORABLE DIS-
CHARGES AND REPORT ON SUCH CARE.

(a) ELIGIBILITY.—Subsection (b)(2)(B) of section
1720I of title 38, United States Code, is amended by
striking “a discharge by court martial” and inserting “a
dismissal”.

(b) INFORMATION.—Subsection (e) of such section is
amended—

(1) in paragraph (3)—

(A) in subparagraph (B), by striking
“and” at the end;
(B) in subparagraph (C), by striking “and” at the end;
(C) by redesignating subparagraph (C) as subparagraph (D); and
(D) by inserting after subparagraph (B) the following new subparagraph (C):
“(C) is displayed prominently on a website of the Department; and”;
(2) by redesignating paragraph (4) as paragraph (5); and
(3) by inserting after paragraph (3) the following new paragraph (4):
“(4) shall include outreach on Internet search engines; and”.

(c) ANNUAL REPORT.—Subsection (f) of such section is amended—
(1) in paragraph (1), by striking “Not less frequently than once” and inserting “Not later than February 15”; and
(2) in paragraph (2)—
(A) by redesignating subparagraph (C) as subparagraph (F); and
(B) by inserting after subsection (B) the following new subparagraphs:
“(C) The types of mental or behavioral health care needs treated under this section.

“(D) The demographics of individuals being treated under this section, including—

“(i) age;

“(ii) era of service in the Armed Forces;

“(iii) branch of service in the Armed Forces; and

“(iv) geographic location.

“(E) The average number of visits for an individual for mental or behavioral health care under this section.”.

TITLE II—SUICIDE PREVENTION

SEC. 201. GRANTS FOR ORGANIZATIONS PROVIDING MENTAL HEALTH WELLNESS SERVICES TO VETERANS.

(a) Purpose.—The purpose of this section is to facilitate the provision of mental health services for veterans with mental health conditions who are receiving care outside of the Department of Veterans Affairs.

(b) Grants.—

(1) In general.—Subchapter II of chapter 17 of title 38, United States Code, is amended by adding at the end the following new section:
§ 1720J. Financial assistance for mental health supportive services for veterans seeking mental health treatment

“(a) Distribution of financial assistance.—

(1) The Secretary shall provide financial assistance to eligible entities approved under this section to provide or coordinate the provision of mental health supportive services described in subsection (b) for a veteran with a mental health condition who is seeking mental health treatment.

“(2) Financial assistance under paragraph (1) shall consist of the award of a grant to an approved eligible entity for each veteran described in paragraph (1) for which the approved eligible entity is providing or coordinating the provision of mental health supportive services.

“(3) (A) The Secretary shall award grants under this section to each approved eligible entity that is providing or coordinating the provision of mental health supportive services under this section.

“(B) The Secretary may establish intervals of payment for the administration of grants under this section and establish a maximum amount to be awarded, in accordance with the services being provided and the duration of such services.

“(4) In providing financial assistance under paragraph (1), the Secretary shall give preference to entities providing or coordinating the provision of supportive men-
tal health services for veterans with mental health conditions who face barriers in accessing mental health care services from the Department.

“(5) The Secretary shall ensure that, to the extent practicable, financial assistance under this subsection is equitably distributed across geographic regions, including rural communities and tribal lands.

“(6) Each entity receiving financial assistance under this section to provide mental health supportive services to a veteran with a mental health condition shall notify that veteran that such services are being paid for, in whole or in part, by the Department.

“(7) The Secretary shall require entities receiving financial assistance under this section to submit a report to the Secretary that describes the services provided or coordinated with such financial assistance.

“(b) Mental Health Supportive Services.—
The mental health supportive services described in this subsection are services provided by an eligible entity or a subcontractor of an eligible entity that address the needs of veterans with mental health conditions, including—

“(1) outreach services;

“(2) case management services;

“(3) assistance in obtaining any benefits from the Department that the veteran may be eligible to
receive, including health care services, vocational and
rehabilitation counseling, employment and training
services, and educational assistance; and

“(4) assistance in obtaining and coordinating
the provision of other public benefits provided by
any Federal, State, or local agency, or any other eli-
gible entity, including—

“(A) health care services (including obtain-
ing health insurance);

“(B) daily living services;

“(C) personal financial planning services;

“(D) transportation services;

“(E) income support services;

“(F) fiduciary and representative payee
services;

“(G) legal services to assist the veteran
with issues that interfere with the ability of the
veteran to find and retain meaningful employ-
ment, housing, or benefits to which the veteran
may be entitled;

“(H) child care services;

“(I) housing counseling; and

“(J) other services necessary for maintain-
ing independent living.
“(c) Application for Financial Assistance.—

(1) An eligible entity seeking financial assistance under subsection (a) shall submit to the Secretary an application therefor in such form, in such manner, and containing such commitments and information as the Secretary determines to be necessary to carry out this section.

“(2) Each application submitted by an eligible entity under paragraph (1) shall contain—

“(A) a description of the mental health supportive services described in subsection (b) proposed to be provided by the eligible entity under this section and the identified needs for those services;

“(B) a description of the types of veterans with a mental health condition proposed to be provided such services;

“(C) an estimate of the number of veterans with a mental health condition proposed to be provided such services;

“(D) evidence of the experience of the eligible entity in providing mental health supportive services to veterans with a mental health condition; and

“(E) a description of the managerial capacity of the eligible entity—

“(i) to coordinate the provision of mental health supportive services with the provision of
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mental health services by the eligible entity or
another organization;

“(ii) to assess continually the needs of vet-
erans with a mental health condition for mental
health supportive services;

“(iii) to coordinate the provision of mental
health supportive services with the services of
the Department; and

“(iv) to tailor supportive mental health
services to the needs of veterans with a mental
health condition.

“(3)(A) The Secretary shall establish criteria for the
selection of eligible entities to be provided financial assist-
ance under this section.

“(B) Criteria established under subparagraph (A)
with respect to an eligible entity shall include the fol-
lowing:

“(i) Relevant accreditation as may be required
by each State in which the eligible entity operates.

“(ii) Experience coordinating care or providing
treatment for veterans or members of the Armed
Forces.

“(d) TECHNICAL ASSISTANCE.—(1) The Secretary
shall provide training and technical assistance to eligible
entities provided financial assistance under this section re-
garding the planning, development, and provision of men-
tal health supportive services under this section.

“(2) The Secretary may provide the training de-
scribed in paragraph (1) directly or through grants or con-
tracts with appropriate public or nonprofit private entities,
including through grants awarded under section 2064 of
this title.

“(e) COLLECTION OF INFORMATION.—To the extent
practicable, the Secretary may collect information from an
eligibility entity awarded a grant under this section relat-
ing to a mental health condition of a veteran for inclusion
in the electronic health record of the Department for such
veteran for the sole purpose of improving care provided
to such veteran.

“(f) FUNDING.—From amounts appropriated to the
Department for medical services, there shall be available
to carry out subsections (a), (b), and (c) the following:

“(1) $5,000,000 for fiscal year 2021.

“(2) $10,000,000 for fiscal year 2022.

“(3) $15,000,000 for fiscal year 2023.

“(g) DEFINITIONS.—In this section:

“(1) The term ‘eligible entity’ means any of the
following:

“(A) An incorporated private institution or
foundation—
“(i) no part of the net earnings of which inures to the benefit of any member, founder, contributor, or individual;
“(ii) that has a governing board that is responsible for the operation of the mental health supportive services provided under this section; and
“(iii) that is approved by the Secretary with respect to financial responsibility.
“(B) A for-profit limited partnership, the sole general partner of which is an organization meeting the requirements of clauses (i), (ii), and (iii) of subparagraph (A).
“(C) A corporation wholly owned and controlled by an organization meeting the requirements of clauses (i), (ii), and (iii) of subparagraph (A).
“(D) A tribally designated housing entity (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103)).
“(2) The term ‘veteran with a mental health condition’ means a veteran who has been diagnosed with, or who is seeking treatment for, one or more
mental health conditions, as determined by the Secretary.”.

(2) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 17 is amended by inserting after the item relating to section 1720I the following new item:

“1720J. Financial assistance for mental health supportive services for veterans seeking mental health treatment.”.

(c) STUDY ON EFFECTIVENESS OF PROGRAM.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall conduct a study on the effectiveness of the program of financial assistance under section 1720J of title 38, United States Code, as added by subsection (b), in meeting the needs of veterans with a mental health condition, as that term is defined in that section.

(2) COMPARISON.—In conducting the study required by paragraph (1), the Secretary shall compare the results of the program described in that paragraph with other programs of the Department of Veterans Affairs dedicated to the delivery of mental health services to veterans.

(3) CRITERIA.—In making the comparison required by paragraph (2), the Secretary shall examine the following:
(A) The satisfaction of veterans targeted by the programs described in paragraph (2).

(B) The health status of such veterans.

(C) The mental wellness of such veterans.

(D) The degree to which such veterans are encouraged to engage in productive activity by such programs.

(E) The number of veterans using such programs, disaggregated by—

(i) veterans who have received care from the Department in the previous two years; and

(ii) veterans who have not received care from the Department in the previous two years.

(F) The number of veterans who die by suicide while receiving services from an entity in receipt of a grant under the program of financial assistance under section 1720J of title 38, United States Code, as added by subsection (b), or who die by suicide during the 180-day period after receiving such services.

(4) REPORT.—Not later than December 31, 2021, and annually thereafter, the Secretary shall 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 results
of the study required by paragraph (1).

(d) EFFECTIVE DATE.—The Secretary shall begin
providing financial assistance under section 1720J of title
38, United States Code, as added by subsection (b), not
later than one year after the date of the enactment of this
Act.

SEC. 202. DESIGNATION OF BUDDY CHECK WEEK BY DE-
PARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—The Secretary of Veterans Affairs
shall designate one week per year to organize outreach
events and educate veterans on how to conduct peer
wellness checks, which shall be known as “Buddy Check
Week”.

(b) EVENTS AND EDUCATION.—

(1) IN GENERAL.—During Buddy Check Week,
the Secretary, in consultation with organizations
that represent veterans, non-profits that serve vet-
erans, mental health experts, members of the Armed
Forces, and such other entities and individuals as
the Secretary considers appropriate, shall collaborate
with organizations that represent veterans to provide
educational opportunities for veterans to learn how
to conduct peer wellness checks.
(2) Training Matters.—As part of the educational opportunities provided under paragraph (1), the Secretary shall provide the following:

(A) A script for veterans to use to conduct peer wellness checks that includes information on appropriate referrals to resources veterans might need.

(B) Online and in-person training, as appropriate, on how to conduct a peer wellness check.

(C) Opportunities for members of organizations that represent veterans to learn how to train individuals to conduct peer wellness checks.

(D) Training for veterans participating in Buddy Check Week on how to transfer a phone call directly to the Veterans Crisis Line.

(E) Resiliency training for veterans participating in Buddy Check Week on handling a veteran in crisis.

(3) Online Materials.—All training materials provided under the educational opportunities under paragraph (1) shall be made available on a website of the Department.
(c) OUTREACH.—The Secretary, in collaboration with organizations that represent veterans, may conduct outreach regarding educational opportunities under subsection (b) at—

(1) public events where many veterans are expected to congregate;

(2) meetings of organizations that represent veterans;

(3) facilities of the Department of Veterans Affairs; and

(4) such other locations as the Secretary, in collaboration with organizations that represent veterans, considers appropriate.

(d) VETERANS CRISIS LINE PLAN.—

(1) IN GENERAL.—The Secretary shall ensure that the Veterans Crisis Line has a plan for handling the potential increase of calls that may occur during Buddy Check Week.

(2) SUBMITTAL OF PLAN.—The head of the Veterans Crisis Line shall submit to the Secretary a plan for how to handle excess calls during Buddy Check Week, which may include the following:

(A) Additional hours for staff.

(B) The use of a backup call center.
(C) Any other plan to ensure that calls from veterans in crisis are being answered in a timely manner by an individual trained at the same level as a Veterans Crisis Line responder.

(e) **Veterans Crisis Line Defined.**—In this section, the term “Veterans Crisis Line” means the toll-free hotline for veterans established under section 1720F(h) of title 38, United States Code.

**SEC. 203. POST-TRAUMATIC GROWTH PARTNERSHIPS.**

(a) **In General.**—The Secretary of Veterans Affairs, in consultation with the Secretary of Defense and the Secretary of Homeland Security, shall enter into partnerships with nonprofit mental health organizations to facilitate post-traumatic growth among veterans who have experienced trauma.

(b) **Consultation.**—Before entering into a partnership under subsection (a), the Secretary of Veterans Affairs shall consult with the National Institute of Mental Health, the National Alliance on Mental Illness, the American Psychological Association, the Posttraumatic Growth Research Group, and organizations that represent veterans.

(e) **Selection of Partners.**—The Secretary of Veterans Affairs shall ensure that each organization with which the Secretary enters into a partnership under sub-
section (a) has a demonstrated history of success with pro-
grams to facilitate post-traumatic growth, including—

(1) long-term follow-up with veterans who have
participated in such a program for not less than one
year after completion of the program; and

(2) sustained positive, clinically significant out-
comes for veterans who have participated in such a
program for not less than 180 days after completion
of the program.

(d) OUTCOMES FROM PARTNERS.—The Secretary of
Veterans Affairs shall require each nonprofit mental
health organization that enters into a partnership with the
Secretary under subsection (a) to submit to the Secretary
a description of the outcomes from such partnership, in-
cluding the following:

(1) The number of veterans who participate in
programs of the organization to facilitate post-trau-
matic growth, including the number of veterans who
drop out before completion of the program.

(2) The types of mental or behavioral health
conditions of veterans who participate in such pro-
grams.

(3) The percentage of veterans who experience
significant post-traumatic growth.
(4) Such other topics as the Secretary may require to track post-traumatic growth.

(e) POST-TRAUMATIC GROWTH.—

(1) IN GENERAL.—For purposes of this section, “post-traumatic growth” means positive responses described in paragraph (3) experienced after, and often as a result of, a traumatic event or a major life crisis.

(2) MEASUREMENT OF GROWTH.—Post-traumatic growth under this section shall be measured through self-reported scales, use of the post-traumatic stress disorder checklist set forth in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, and such other metrics as the Secretary considers necessary.

(3) POSITIVE RESPONSES DESCRIBED.—Positive responses described in this paragraph are positive responses in one or more areas of life, including the following:

(A) An appreciation of and for life.

(B) Improved relationships with others.

(C) Realization of new possibilities in life.

(D) Realization of personal strength.

(E) Spiritual change.
(F) Such other areas that the Secretary, in consultation with organizations specified in subsection (b), considers necessary.

SEC. 204. PROGRESS OF DEPARTMENT OF VETERANS AFFAIRS IN MEETING GOALS AND OBJECTIVES OF NATIONAL STRATEGY FOR PREVENTING VETERAN SUICIDE.

(a) In General.—The Secretary of Veterans Affairs shall develop metrics to track progress on each of the 14 goals and 43 objectives outlined in the National Strategy for Preventing Veteran Suicide, 2018–2028 prepared by the Office of Mental Health and Suicide Prevention of the Department of Veterans Affairs.

(b) Metrics.—The metrics developed under subsection (a) shall include measures of both performance and effectiveness.

(c) Initial Report.—

(1) In General.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report that contains the metrics developed under subsection (a).
(2) ELEMENTS.—The report submitted under paragraph (1) shall include the following:

(A) An explanation of why the metrics developed under subsection (a) were chosen.

(B) An assessment of how accurately those metrics will reflect the goals and objectives specified in such subsection.

(d) ANNUAL REPORT.—Not later than one year after the submittal of the report under subsection (b), and annually thereafter, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report that contains—

(1) an assessment of the progress of the Department in meeting the goals and objectives specified in subsection (a);

(2) a description of any action to be taken by the Department if those goals and objectives are not being met;

(3) a description of any changes to those goals and objectives;

(4) an identification of any new programs or partnerships that have resulted from the implementation of the National Strategy for Preventing Veteran Suicide, 2018–2028;
(5) an assessment of the effectiveness of the National Strategy for Preventing Veterans Suicide, 2018–2028 at reducing veteran suicide; and

(6) such other topics as the Secretary considers necessary.

SEC. 205. STUDY ON FEASIBILITY AND ADVISABILITY OF PROVIDING CERTAIN COMPLEMENTARY AND INTEGRATIVE HEALTH SERVICES.

(a) In General.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall complete a study on the feasibility and advisability of providing complementary and integrative health treatments described in subsection (b) at all facilities of the Department of Veterans Affairs.

(b) Treatments Described.—Complementary and integrative health treatments described in this subsection shall consist of the following:

(1) Yoga.

(2) Meditation.

(3) Acupuncture.

(4) Chiropractic care.

(5) Other treatments that show sufficient evidence of efficacy at treating mental or physical health conditions, as determined by the Secretary.
(c) Provision of Treatment.—The Secretary may provide complementary and integrative health treatments under this section at a facility of the Department in person or by telehealth.

(d) Report.—Not later than 90 days after the completion of the study under subsection (a), the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report on such study, including—

(1) the results of such study; and

(2) such recommendations regarding the furnishing of complementary and integrative health treatments described in subsection (b) as the Secretary considers appropriate.

SEC. 206. PROGRAM TO PROVIDE VETERANS ACCESS TO COMPLEMENTARY AND INTEGRATIVE HEALTH SERVICES THROUGH ANIMAL THERAPY, AGRI-THERAPY, AND OUTDOOR SPORTS THERAPY.

(a) In General.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall commence the conduct of a program to provide complementary and integrative health services described in subsection (b) to veterans from the Depart-
ment of Veterans Affairs or through the use of non-Department entities for the treatment of post-traumatic stress disorder, depression, anxiety, or other conditions as determined by the Secretary.

(b) TREATMENTS DESCRIBED.—Complementary and integrative health treatments described in this subsection shall consist of the following:

(1) Equine therapy.
(2) Other animal therapy.
(3) Agri-therapy.
(4) Outdoor sports therapy.

(c) ELIGIBLE VETERANS.—A veteran is eligible to participate in the program under this section if the veteran—

(1) is enrolled in the system of patient enrollment of the Department established and operated under section 1705(a) of title 38, United States Code; and
(2) has received health care under the laws administered by the Secretary during the two-year period preceding the initial participation of the veteran in the program.

(d) DURATION.—

(1) IN GENERAL.—The Secretary shall carry out the program under this section for a two-year
period beginning on the commencement of the pro-
gram.

(2) Extension.—The Secretary may extend
the duration of the program under this section if the
Secretary, based on the results of the interim report
submitted under subsection (e)(1), determines that
it is appropriate to do so.

(e) Locations.—

(1) In general.—The Secretary shall select
not fewer than five facilities of the Department at
which to carry out the program under this section.

(2) Selection criteria.—In selecting facili-
ties under paragraph (1), the Secretary shall ensure
that—

(A) the locations are in geographically di-
verse areas; and

(B) not fewer than three facilities serve
veterans in rural or highly rural areas (as de-
termined through the use of the Rural-Urban
Commuting Areas coding system of the Depart-
ment of Agriculture).

(f) Reports.—

(1) Interim report.—

(A) In general.—Not later than one year
after the commencement of the program under
this section, the Secretary shall 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
progress of the program.

(B) ELEMENTS.—The report required by
subparagraph (A) shall include the following:

(i) The number of participants in the
program.

(ii) The types of therapy offered at
each facility at which the program is being
carried out.

(iii) An assessment of whether partici-
pation by a veteran in the program re-
sulted in any changes in clinically relevant
endpoints for the veteran with respect to
the conditions specified in subsection (a).

(iv) An assessment of the quality of
life of veterans participating in the pro-
gram, including the results of a satisfac-
tion survey of the participants in the pro-
gram, disaggregated by treatment under
subsection (b).
(v) The determination of the Secretary with respect to extending the program under subsection (c)(2).

(vi) Any recommendations of the Secretary with respect to expanding the program.

(2) Final report.—Not later than 90 days after the termination of the program under this section, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a final report on the program.

SEC. 207. COMPTROLLER GENERAL REPORT ON MANAGEMENT BY DEPARTMENT OF VETERANS AFFAIRS OF VETERANS AT HIGH RISK FOR SUICIDE.

(a) In general.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General of the United States shall 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 efforts of the Department of Veterans Affairs to manage veterans at high risk for suicide.

(b) Elements.—The report required by subsection (a) shall include the following:
(1) A description of how the Department identifies patients as high risk for suicide, with particular consideration to the efficacy of inputs into the Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment program (commonly referred to as the “REACH VET” program) of the Department, including an assessment of the efficacy of such identifications disaggregated by age, gender, Veterans Integrated Service Network, and, to the extent practicable, medical center of the Department.

(2) A description of how the Department intervenes when a patient is identified as high risk, including an assessment of the efficacy of such interventions disaggregated by age, gender, Veterans Integrated Service Network, and, to the extent practicable, medical center of the Department.

(3) A description of how the Department monitors patients who have been identified as high risk, including an assessment of the efficacy of such monitoring and any follow-ups disaggregated by age, gender, Veterans Integrated Service Network, and, to the extent practicable, medical center of the Department.
(4) A review of staffing levels of suicide prevention coordinators across the Veterans Health Administration.

(5) A review of the resources and programming offered to family members and friends of veterans who have a mental health condition in order to assist that veteran in treatment and recovery.

(6) An assessment of such other areas as the Comptroller General considers appropriate to study.

TITLE III—PROGRAMS, STUDIES, AND GUIDELINES ON MENTAL HEALTH

SEC. 301. PROGRAM TO PROVIDE VETERANS ACCESS TO COMPUTERIZED COGNITIVE BEHAVIORAL THERAPY.

(a) IN GENERAL.—Not later than 210 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall commence the conduct of a program to assess the feasibility and advisability of using computerized cognitive behavioral therapy to treat eligible veterans suffering from depression, anxiety, post-traumatic stress disorder, military sexual trauma, or substance use disorder who are already receiving evidence-based therapy from the Department of Veterans Affairs.
(b) **ELIGIBLE VETERANS.**—A veteran is eligible to participate in the program under this section if the veteran—

1. is enrolled in the system of patient enrollment of the Department of Veterans Affairs established and operated under section 1705(a) of title 38, United States Code; and

2. has received health care under the laws administered by the Secretary during the two-year period preceding the initial participation of the veteran in the program.

(c) **DURATION.**—The Secretary shall carry out the program under this section for a two-year period beginning on the commencement of the program.

(d) **LOCATIONS.**—

1. **IN GENERAL.**—The Secretary shall select not fewer than three facilities of the Department of Veterans Affairs at which to carry out the program under this section.

2. **SELECTION CRITERIA.**—In selecting facilities under paragraph (1), the Secretary shall ensure that—

   (A) the locations are in geographically diverse areas; and
(B) not fewer than two facilities serve veterans in rural or highly rural areas (as determined through the use of the Rural-Urban Commuting Areas coding system of the Department of Agriculture).

(e) ACCESS TO CHAT.—In carrying out the program under this section, the Secretary shall ensure that veterans participating in the program have access via chat to a mental health provider 24 hours per day, seven days per week.

(f) PROMOTION OF VETERANS CRISIS LINE.—The Secretary shall promote the availability of the Veterans Crisis Line to veterans participating in the program under this section.

(g) DEPARTMENT WEBSITE.—In implementing the program under this section, the Secretary, to the extent feasible, shall use a website of the Department of Veterans Affairs to host the program.

(h) REPORTS.—

(1) INTERIM REPORT.—

(A) IN GENERAL.—Not later than one year after the commencement of the program under this section, the Secretary shall 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 progress of the program.

(B) ELEMENTS.—The report required by subparagraph (A) shall include the following:

(i) The number of participants in the program.

(ii) An assessment of whether participation by a veteran in the program resulted in any changes in clinically relevant endpoints for the veteran with respect to the conditions specified in subsection (a).

(iii) Any recommendations of the Secretary with respect to extending or expanding the program.

(2) FINAL REPORT.—Not later than 90 days after the termination of the program under this section, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a final report on the program.

(i) VETERANS CRISIS LINE DEFINED.—In this section, the term "Veterans Crisis Line" means the toll-free hotline for veterans established under section 1720F(h) of title 38, United States Code.
SEC. 302. STUDY ON CONNECTION BETWEEN LIVING AT HIGH ALTITUDE AND SUICIDE RISK FACTORS AMONG VETERANS.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with Rural Health Resource Centers of the Office of Rural Health of the Department of Veterans Affairs, shall commence the conduct of a study on the connection between living at high altitude and the risk of developing depression or dying by suicide among veterans.

(b) COMPLETION OF STUDY.—The study conducted under subsection (a) shall be completed not later than three years after the date of the commencement of the study.

(c) INDIVIDUAL IMPACT.—The study conducted under subsection (a) shall be conducted so as to determine the effect of high altitude on suicide risk at the individual level, not at the State or county level.

(d) REPORT.—Not later than 150 days after the completion of the study conducted under subsection (a), the Secretary shall 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 results of the study.

(e) FOLLOW-UP STUDY.—
(1) IN GENERAL.—If the Secretary determines through the study conducted under subsection (a) that living at high altitude is a risk factor for developing depression or dying by suicide, the Secretary shall conduct an additional study to identify the following:

(A) The most likely biological mechanism that makes living at high altitude a risk factor for developing depression or dying by suicide.

(B) The most effective treatment or intervention for reducing the risk of developing depression or dying by suicide associated with living at high altitude.

(2) REPORT.—Not later than 150 days after completing the study conducted under paragraph (1), the Secretary shall 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 results of the study.

SEC. 303. ESTABLISHMENT BY DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE OF CLINICAL PRACTICE GUIDELINES FOR COMORBID MENTAL HEALTH CONDITIONS.

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

(b) WORK GROUP.—

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

(2) MEMBERSHIP.—The work group created
under paragraph (1) shall be comprised of individ-
uals that represent Federal Government entities and
non-Federal Government entities with expertise in
the areas covered by the work group, including the
following:

(A) Academic institutions that specialize in
research for the treatment of conditions de-
scribed in subsection (a).
(B) The National Center for Posttraumatic Stress Disorder of the Department of Veterans Affairs.

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

(3) RELATION TO OTHER WORK GROUPS.—The Work Group shall be created and conducted in the same manner as other work groups for the development of clinical practice guidelines for the Department of Veterans Affairs and the Department of Defense.

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

(1) Guidance with respect to the following:

(A) The treatment of patients with post-traumatic stress disorder who are also experiencing a substance use disorder or chronic pain.

(B) The treatment of patients experiencing a mental health condition, including anxiety, de-
pression, or post-traumatic stress disorder as a result of military sexual trauma who are also experiencing a substance use disorder or chronic pain.

(C) The treatment of patients with traumatic brain injury who are also experiencing a substance use disorder or chronic pain.

(2) Guidance with respect to the following:

(A) Appropriate case management for patients experiencing post-traumatic stress disorder that is comorbid with substance use disorder or chronic pain who transition from receiving care while on active duty in the Armed Forces to care from health care networks outside of the Department of Defense.

(B) Appropriate case management for patients experiencing a mental health condition, including anxiety, depression, or post-traumatic stress disorder as a result of military sexual trauma that is comorbid with substance use disorder or chronic pain who transition from receiving care while on active duty in the Armed Forces to care from health care networks outside of the Department of Defense.
(C) Appropriate case management for patients experiencing traumatic brain injury that is comorbid with substance use disorder or chronic pain who transition from receiving care while on active duty in the Armed Forces to care from health care networks outside of the Department of Defense.

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

(4) Guidance with respect to the assessment by the National Academies of Sciences, Engineering, and Medicine of the potential overmedication of veterans, as required pursuant to the Senate report accompanying S. 1557, 115th Congress (Senate Report 115-130), under the heading “Overprescription Prevention Report” under the heading “COMMITTEE RECOMMENDATION”.

(d) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to prevent the Secretary of Veterans Affairs and the Secretary of Defense from consid-
erring all relevant evidence, as appropriate, in creating the clinical practice guidelines required under subsection (a) or from ensuring that the final clinical practice guidelines developed under such subsection and subsequently updated, as appropriate, remain applicable to the patient populations of the Department of Veterans Affairs and the Department of Defense.

SEC. 304. UPDATE OF CLINICAL PRACTICE GUIDELINES FOR ASSESSMENT AND MANAGEMENT OF PATIENTS AT RISK FOR SUICIDE.

(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs and the Secretary of Defense, through the Assessment and Management of Patients at Risk for Suicide Work Group (in this section referred to as the “Work Group”), shall issue an update to the VA/DOD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide.

(b) MATTERS INCLUDED.—In carrying out the update under subsection (a), the Work Group shall ensure that the clinical practice guidelines updated under such subsection includes the following:

(1) Enhanced guidance with respect to the following:
(A) Gender-specific risk factors for suicide and suicidal ideation.

(B) Gender-specific treatment efficacy for depression and suicide prevention.

(C) Gender-specific pharmacotherapy efficacy.

(D) Gender-specific psychotherapy efficacy.

(2) Guidance with respect to the following:

(A) The efficacy of alternative therapies, other than psychotherapy and pharmacotherapy, including the following:

(i) Yoga therapy.

(ii) Meditation therapy.

(iii) Equine therapy.

(iv) Other animal therapy.

(v) Training and caring for service dogs.

(vi) Agri-therapy.

(vii) Art therapy.

(viii) Outdoor sports therapy.

(ix) Music therapy.

(x) Any other alternative therapy that the Work Group considers appropriate.

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

(c) Rule of Construction.—Nothing in this section shall be construed to prevent the Secretary of Veterans Affairs and the Secretary of Defense from considering all relevant evidence, as appropriate, in updating the VA/DOD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide, as required under subsection (a), or from ensuring that the final clinical practice guidelines updated under such subsection remain applicable to the patient populations of the Department of Veterans Affairs and the Department of Defense.

SEC. 305. PRECISION MEDICINE INITIATIVE OF DEPARTMENT OF VETERANS AFFAIRS TO IDENTIFY AND VALIDATE BRAIN AND MENTAL HEALTH BIOMARKERS.

(a) In General.—Beginning not later than 18 months after the date of the enactment of this Act, the Secretary of Veterans Affairs shall develop and implement an initiative of the Department of Veterans Affairs to identify and validate brain and mental health biomarkers among veterans, with specific consideration for depression, anxiety, post-traumatic stress disorder, traumatic brain
injury, and such other mental health conditions as the Secretary considers appropriate. Such initiative may be referred to as the “Precision Medicine for Veterans Initiative”.

(b) MODEL OF INITIATIVE.—The initiative under subsection (a) shall be modeled on the All of Us Precision Medicine Initiative administered by the National Institutes of Health with respect to large-scale collection of standardized data and open data sharing.

(c) USE OF DATA.—

(1) PRIVACY AND SECURITY.—In carrying out the initiative under subsection (a), the Secretary shall develop robust data privacy and security measures to ensure that information of veterans participating in the initiative is kept private and secure.

(2) OPEN PLATFORM.—

(A) RESEARCH PURPOSES.—The Secretary shall make de-identified data collected under the initiative available for research purposes both within and outside of the Department of Veterans Affairs.

(B) DATA MAY NOT BE SOLD.—Data collected under the initiative may not be sold.

(3) STANDARDIZATION.—
(A) IN GENERAL.—The Secretary shall ensure that data collected under the initiative is standardized.

(B) CONSULTATION.—The Secretary shall consult with the National Institutes of Health and the Food and Drug Administration to determine the most effective, efficient, and cost-effective way of standardizing data collected under the initiative.

(C) MANNER OF STANDARDIZATION.—Data collected under the initiative shall be standardized in the manner in which it is collected, entered into the database, extracted, and recorded.

(4) MEASURES OF BRAIN FUNCTION OR STRUCTURE.—Any measures of brain function or structure collected under the initiative shall be collected with a device that is approved by the Food and Drug Administration.

(d) INCLUSION OF INITIATIVE IN PROGRAM.—The Secretary shall assess the feasibility and advisability of coordinating efforts of the initiative under subsection (a) with the Million Veterans Program of the Department.
SEC. 306. PREVENTATIVE AND COMPLEX DATA ANALYSIS

BY DEPARTMENT OF VETERANS AFFAIRS.

(a) In general.—Chapter 1 of title 38, United States Code, is amended by adding at the end the following new section:

“§ 119. Contracting for preventative or complex statistical analysis

“In order to carry out statistical analysis required under section 302 of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019, or any other preventative or complex statistical analysis required under this title or any other provision of law, the Secretary may contract with academic institutions or other qualified entities, as determined by the Secretary, to carry out the statistical analysis.”.

(b) Clerical amendment.—The table of sections at the beginning of chapter 1 of such title is amended by inserting after the item relating to section 118 the following new item:

“119. Contracting for preventative or complex statistical analysis.”.
TITLE IV—OVERSIGHT OF MENTAL HEALTH CARE AND RELATED SERVICES

SEC. 401. STUDY ON EFFECTIVENESS OF SUICIDE PREVENTION AND MENTAL HEALTH OUTREACH PROGRAMS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall enter into an agreement with a non-Federal Government entity to conduct a study on the effectiveness of the suicide prevention and mental health outreach materials prepared by the Department of Veterans Affairs and the suicide prevention and mental health outreach campaigns conducted by the Department.

(b) USE OF FOCUS GROUPS.—

(1) IN GENERAL.—The Secretary shall convene not fewer than eight different focus groups to evaluate the effectiveness of the suicide prevention and mental health materials and campaigns as required under subsection (a).

(2) LOCATION OF FOCUS GROUPS.—Focus groups convened under paragraph (1) shall be held in geographically diverse areas as follows:
(A) Not fewer than two in rural or highly rural areas.

(B) Not fewer than one in each of the four districts of the Veterans Benefits Administration.

(3) Timing of focus groups.—Focus groups convened under paragraph (1) shall be held at a variety of dates and times to ensure an adequate representation of veterans with different work schedules.

(4) Number of participants.—Each focus group convened under paragraph (1) shall include not fewer than five and not more than 12 participants.

(5) Representation.—Each focus group convened under paragraph (1) shall, to the extent practicable, include veterans of diverse backgrounds, including—

(A) veterans of all eras, as determined by the Secretary;

(B) women veterans;

(C) minority veterans;

(D) Native American veterans, as defined in section 3765 of title 38, United States Code;
(E) veterans who identify as lesbian, gay, bisexual, transgender, or queer (commonly referred to as “LGBTQ”);

(F) veterans who live in rural or highly rural areas; and

(G) individuals transitioning from active duty in the Armed Forces to civilian life.

(c) Report.—

(1) In general.—Not later than 90 days after the last focus group meeting under subsection (b), the Secretary shall 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 findings of the focus groups.

(2) Elements.—The report required by paragraph (1) shall include the following:

(A) Based on the findings of the focus groups, an assessment of the effectiveness of current suicide prevention and mental health outreach efforts of the Department in reaching veterans as a whole as well as specific groups of veterans (for example, women veterans).

(B) Based on the findings of the focus groups, recommendations for future suicide prevention and mental health outreach efforts by
the Department to target specific groups of veterans.

(C) A plan to change the current approach by the Department to suicide prevention and mental health outreach or, if the Secretary decides not to change the current approach, an explanation of the reason for maintaining the current approach.

(D) Such other issues as the Secretary considers necessary.

(d) REPRESENTATIVE SURVEY.—

(1) IN GENERAL.—Not later than one year after the last focus group meeting under subsection (b), the Secretary shall complete a representative survey of the veteran population that is informed by the focus group data in order to collect information about the effectiveness of the mental health and suicide prevention outreach campaigns conducted by the Department.

(2) VETERANS SURVEYED.—

(A) IN GENERAL.—Veterans surveyed under paragraph (1) shall include veterans described in subsection (b)(5).
(B) Disaggregation of Data.—Data of veterans surveyed under paragraph (1) shall be disaggregated by—

(i) veterans who have received care from the Department during the two-year period preceding the survey; and

(ii) veterans who have not received care from the Department during the two-year period preceding the survey.

(c) Treatment of Contracts for Suicide Prevention and Mental Health Outreach Media.—

(1) Focus groups.—

(A) In general.—The Secretary shall include in each contract to develop media relating to suicide prevention and mental health outreach a requirement that the contractor convene focus groups of veterans to assess the effectiveness of suicide prevention and mental health outreach.

(B) Representation.—Each focus group required under subparagraph (A) shall, to the extent practicable, include veterans of diverse backgrounds, including—

(i) veterans of all eras, as determined by the Secretary;
(ii) women veterans;

(iii) minority veterans;

(iv) Native American veterans, as defined in section 3765 of title 38, United States Code;

(v) veterans who identify as lesbian, gay, bisexual, transgender, or queer (commonly referred to as “LGBTQ”);

(vi) veterans who live in rural or highly rural areas; and

(vii) individuals transitioning from active duty in the Armed Forces to civilian life.

(2) Subcontracting.—

(A) In general.—The Secretary shall include in each contract described in paragraph (1)(A) a requirement that, if the contractor subcontracts for the development of media, the contractor shall subcontract with a subcontractor that has experience creating impactful media campaigns that target individuals age 18 to 34.

(B) Budget limitation.—Not more than two percent of the budget of the Office of Mental Health and Suicide Prevention of the De-
department for contractors for suicide prevention and mental health media outreach shall go to subcontractors described in subparagraph (A).

(f) RURAL AND HIGHLY RURAL DEFINED.—In this section, with respect to an area, the terms “rural” and “highly rural” have the meanings given those terms in the Rural-Urban Commuting Areas coding system of the Department of Agriculture.

SEC. 402. OVERSIGHT OF MENTAL HEALTH AND SUICIDE PREVENTION MEDIA OUTREACH CONDUCTED BY DEPARTMENT OF VETERANS AFFAIRS.

(a) Establishment of Goals.—

(1) In General.—The Secretary of Veterans Affairs shall establish goals for the mental health and suicide prevention media outreach campaigns of the Department of Veterans Affairs in raising awareness about mental health and suicide prevention.

(2) Use of Metrics.—

(A) In General.—The goals established under paragraph (1) shall be measured by metrics specific to different media types as follows:

(i) Metrics relating to social media shall include the following:
(I) Impressions.

(II) Reach.

(III) Engagement rate.

(IV) Such other metrics as the Secretary considers necessary.

(ii) Metrics relating to television shall include the following:

(I) Nielsen ratings.

(II) Such other metrics as the Secretary considers necessary.

(iii) Metrics relating to email shall include the following:

(I) Open rate.

(II) Response rate

(III) Click rate.

(IV) Such other metrics as the Secretary considers necessary.

(B) UPDATE.—The Secretary shall periodically update the metrics under subparagraph (A) as more accurate metrics become available.

(3) TARGETS.—The Secretary shall develop targets to track the metrics used under paragraph (2).

(4) CONSULTATION.—In establishing goals under paragraph (1), the Secretary shall consult with the following:
(A) Relevant stakeholders, such as organizations that represent veterans, as determined by the Secretary.

(B) Mental health and suicide prevention experts.

(C) Such other persons as the Secretary considers appropriate.

(5) INITIAL REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report detailing the goals established under paragraph (1) for the mental health and suicide prevention media outreach campaigns of the Department in raising awareness about mental health and suicide prevention, including the metrics and targets for such metrics by which those goals are to be measured under paragraph (2).

(6) ANNUAL REPORT.—Not later than one year after the submittal of the report under paragraph (3), and annually thereafter, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report detailing—
(A) the progress of the Department in meeting the goals established under paragraph (1) and targets developed under paragraph (3); and

(B) a description of action to be taken by the Department to modify mental health and suicide prevention media outreach campaigns if those goals and targets are not being met.

(b) ESTABLISHMENT OF OVERSIGHT PROCESS.—

(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall establish a process to oversee the mental health and suicide prevention media outreach campaigns of the Department.

(2) COMPONENTS OF OVERSIGHT PROCESS.—The process established under paragraph (1) shall include the following components:

(A) A delineation of the roles and responsibilities of all suicide prevention officials within the Office of Mental Health and Suicide Prevention of the Veterans Health Administration.

(B) A schedule for creating, approving, implementing, and evaluating all unpaid media and paid media content relating to mental health and suicide prevention.
(C) Lines of reporting, as the Secretary considers necessary, to report to management information relating to the mental health and suicide prevention media outreach campaigns of the Department.

(e) CONTRACT REQUIREMENTS.—The Secretary shall ensure that each contract into which the Secretary enters to develop mental health and suicide prevention outreach media includes requirements that the contractor—

(1) track metrics used by the Secretary under subsection (a)(2); and

(2) not less frequently than quarterly, report such metrics to the Office of Mental Health and Suicide Prevention of the Veterans Health Administration.

(d) REPORT ON USE OF FUNDS BY OFFICE OF MENTAL HEALTH AND SUICIDE PREVENTION.—Not later than 180 days after the date of the enactment of this Act, and semiannually thereafter, the Secretary shall submit to the Committee on Appropriations and the Committee on Veterans’ Affairs of the Senate and the Committee on Appropriations and the Committee on Veterans’ Affairs of the House of Representatives a report containing the expenditures and obligations of the Office of Mental Health and
Suicide Prevention of the Veterans Health Administration
during the period covered by the report.

SEC. 403. ANNUAL REPORT ON PROGRESS OF DEPARTMENT
OF VETERANS AFFAIRS IN MEETING GOALS
AND OBJECTIVES OF EXECUTIVE ORDER
13822.

(a) IN GENERAL.—Not later than 120 days after the
date of the enactment of this Act, and annually thereafter,
the Secretary of Veterans Affairs, in consultation with the
Secretary of Defense and the Secretary of Homeland Se-
curity, shall submit to the Committee on Veterans’ Affairs
of the Senate and the Committee on Veterans’ Affairs of
the House of Representatives a report that contains the
following:

(1) An assessment of the progress of the De-
partment of Veterans Affairs, the Department of
Defense, and the Department of Homeland Security
in meeting the goals and objectives outlined in the
report required under section 2(c) of Executive
Order 13822 (83 Fed. Reg. 1513; relating to sup-
porting our veterans during their transition from
uniformed service to civilian life) with respect to the
implementation by the Department of Veterans Af-
fairs of the Joint Action Plan required under section
2(b) of such Executive order.
(2) A description of action to be taken by the Department of Veterans Affairs, the Department of Defense, and the Department of Homeland Security if those goals and objectives are not being met.

(3) An assessment of the effectiveness of Executive Order 13822 at improving the transition process for members of the Armed Forces and veterans.

(4) Such other topics as the Secretary of Veterans Affairs, the Secretary of Defense, or the Secretary of Homeland Security consider necessary.

(b) Submittal by Secretary of Veterans Affairs.—The Secretary of Veterans Affairs shall submit each report required under paragraph (1) with respect to the Department of Veterans Affairs regardless of whether the Secretary of Defense or the Secretary of Homeland Security provides any information for the report.

SEC. 404. COMPTROLLER GENERAL MANAGEMENT REVIEW OF MENTAL HEALTH AND SUICIDE PREVENTION SERVICES OF DEPARTMENT OF VETERANS AFFAIRS.

(a) In General.—Not later than three years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representa-
atives a management review of the mental health and suicide prevention services provided by the Department of Veterans Affairs.

(b) ELEMENTS.—The management review required by subsection (a) shall include the following:

(1) An assessment of the infrastructure under the control of or available to the Office of Mental Health and Suicide Prevention of the Department of Veterans Affairs or available to the Department of Veterans Affairs for suicide prevention efforts not operated by the Office of Mental Health and Suicide Prevention.

(2) A description of the management and organizational structure of the Office of Mental Health and Suicide Prevention, including roles and responsibilities for each position.

(3) A description of the operational policies and processes of the Office of Mental Health and Suicide Prevention.

(4) An assessment of suicide prevention practices and initiatives available from the Department and through community partnerships.

(5) An assessment of the staffing levels at the Office of Mental Health and Suicide Prevention,
dissaggregated by type of position, and including the
location of any staffing deficiencies.

(6) An assessment of the Nurse Advice Line
pilot program conducted by the Department.

(7) An assessment of recruitment initiatives in
rural areas for mental health professionals of the
Department.

(8) An assessment of strategic planning con-
ducted by the Office of Mental Health and Suicide
Prevention.

(9) An assessment of the communication, and
the effectiveness of such communication—

(A) within the central office of the Office
of Mental Health and Suicide Prevention;

(B) between that central office and any
staff member or office in the field, including
chaplains, attorneys, law enforcement per-
sonnel, and volunteers; and

(C) between that central office, local facili-
ties of the Department, and community part-
ners of the Department, including first respond-
ers, community support groups, and health care
industry partners.
(10) An assessment of how effectively the Office of Mental Health and Suicide Prevention implements operational policies and procedures.

(11) An assessment of how the Department of Veterans Affairs and the Department of Defense coordinate suicide prevention efforts, and recommendations on how the Department of Veterans Affairs and Department of Defense can more effectively coordinate those efforts.

(12) An assessment of such other areas as the Comptroller General considers appropriate to study.

SEC. 405. COMPTROLLER GENERAL REPORT ON EFFORTS OF DEPARTMENT OF VETERANS AFFAIRS TO INTEGRATE MENTAL HEALTH CARE INTO PRIMARY CARE CLINICS.

(a) Initial Report.—

(1) In general.—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall 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 efforts of the Department of Veterans Affairs to integrate mental health care into primary care clinics of the Department.
(2) ELEMENTS.—The report required by subsection (a) shall include the following:

(A) An assessment of the efforts of the Department to integrate mental health care into primary care clinics of the Department.

(B) An assessment of the effectiveness of such efforts.

(C) An assessment of how the health care of veterans is impacted by such integration.

(D) A description of how care is coordinated by the Department between specialty mental health care and primary care, including a description of the following:

(i) How documents and patient information are transferred and the effectiveness of those transfers.

(ii) How care is coordinated when veterans must travel to different facilities of the Department.

(iii) How a veteran is reintegrated into primary care after receiving in-patient mental health care.

(E) An assessment of how the integration of mental health care into primary care clinics
is implemented at different types of facilities of the Department.

(F) Such recommendations on how the Department can better integrate mental health care into primary care clinics as the Comptroller General considers appropriate.

(G) An assessment of such other areas as the Comptroller General considers appropriate to study.

(b) COMMUNITY CARE INTEGRATION REPORT.—

(1) In general.—Not later than two years after the date on which the Comptroller General submits the report required under subsection (a)(1), the Comptroller General shall 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 efforts of the Department to integrate community-based mental health care into the Veterans Health Administration.

(2) Elements.—The report required by paragraph (1) shall include the following:

(A) An assessment of the efforts of the Department to integrate community-based mental health care into the Veterans Health Administration.
(B) An assessment of the effectiveness of such efforts.

(C) An assessment of how the health care of veterans is impacted by such integration.

(D) A description of how care is coordinated between providers of community-based mental health care and the Veterans Health Administration, including a description of how documents and patient information are transferred and the effectiveness of those transfers—

(i) the Veterans Health Administration and providers of community-based mental health care; and

(ii) providers of community-based mental health care and the Veterans Health Administration.

(E) An assessment of any disparities in the coordination of community-based mental health care into the Veterans Health Administration by location and type of facility.

(F) An assessment of the military cultural competency of health care providers providing community-based mental health care to veterans.
(G) Such recommendations on how the Department can better integrate community-based mental health care into the Veterans Health Administration as the Comptroller General considers appropriate.

(H) An assessment of such other areas as the Comptroller General considers appropriate to study.

(3) COMMUNITY-BASED MENTAL HEALTH CARE DEFINED.—In this subsection, the term “community-based mental health care” means mental health care paid for by the Department but provided by a non-Department health care provider at a non-Department facility, including care furnished under section 1703 of title 38, United States Code (as in effect on the date specified in section 101(b) of the Caring for Our Veterans Act of 2018 (title I of Public Law 115–182)).

SEC. 406. JOINT MENTAL HEALTH PROGRAMS BY DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE.

(a) REPORT ON MENTAL HEALTH PROGRAMS.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, and annually thereafter, the Secretary of Veterans Affairs
and the Secretary of Defense shall submit to the Committee on Armed Services and the Committee on Veterans’ Affairs of the Senate and the Committee on Armed Services and the Committee on Veterans’ Affairs of the House of Representatives a report on mental health programs of the Department of Veterans Affairs and the Department of Defense and joint programs of the Departments.

(2) ELEMENTS.—The report required by paragraph (1) shall include the following:

(A) A description of mental health programs operated by the Department of Veterans Affairs, including the following:

(i) Transition assistance programs.

(ii) Clinical mental health initiatives, including—

(I) the Million Veterans Program; and

(II) centers of excellence of the Department of Veterans Affairs for traumatic brain injury and post-traumatic stress disorder.

(iii) Programs that may secondarily improve mental health, including employ-
ment, housing assistance, and financial literacy programs.

(iv) Research into mental health issues and conditions.

(B) A description of mental health programs operated by the Department of Defense, including the following:

(i) Transition assistance programs.

(ii) Clinical mental health initiatives, including the National Intrepid Center of Excellence.

(iii) Programs that may secondarily improve mental health, including employment, housing assistance, and financial literacy programs.

(iv) Research into mental health issues and conditions.

(C) A description of mental health programs jointly operated by the Department of Veterans Affairs and the Department of Defense, including the following:

(i) Transition assistance programs.

(ii) Clinical mental health initiatives.

(iii) Programs that may secondarily improve mental health, including employ-
ment, housing assistance, and financial literacy programs.

(iv) Research into mental health issues and conditions.

(D) Recommendations for coordinating mental health programs of the Department of Veterans Affairs and the Department of Defense to improve the effectiveness of those programs.

(E) Recommendations for novel joint programming of the Department of Veterans Affairs and the Department of Defense to improve the mental health of members of the Armed Forces and veterans.

(b) ESTABLISHMENT OF JOINT CENTER OF EXCELLENCE.—

(1) IN GENERAL.—Not later than two years after the date of the enactment of this Act, the Secretary of Defense, in consultation with the Secretary of Veterans Affairs, shall establish a center of excellence to be known as the “Joint DOD/VA National Intrepid Center of Excellence Intrepid Spirit Center” (in this subsection referred to as the “Center”).
(2) Duties.—The Center shall conduct joint mental health programs of the Department of Veterans Affairs and the Department of Defense.

(3) Location.—The Center shall be established in a location that—

(A) is geographically distant from already existing and planned Intrepid Spirit Centers of the Department of Defense; and

(B) is in a rural or highly rural area (as determined through the use of the Rural-Urban Commuting Areas coding system of the Department of Agriculture).

TITLE V—MEDICAL WORKFORCE
Subtitle A—Improvement of Mental Health Medical Workforce

SEC. 501. TREATMENT OF PSYCHOLOGISTS.

(a) Treatment as Title 38 Employees.—Section 7401 of title 38, United States Code, is amended—

(1) in paragraph (1) by inserting “psychologists,” after “chiropractors,”; and

(2) in paragraph (3), by striking “psychologists,”.

(b) Inclusion in Contracts for Scarce Medical Specialist Services.—Section 7409(a) of title 38,
United States Code, is amended by inserting “psychologists,” after “chiropractors,”.

SEC. 502. STAFFING IMPROVEMENT PLAN FOR PSYCHIATRISTS AND PSYCHOLOGISTS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) STAFFING PLAN.—Not later than 270 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Inspector General of the Department of Veterans Affairs, shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a plan to address staffing shortages of psychiatrists and psychologists of the Department of Veterans Affairs, including filling any open positions.

(b) ELEMENTS.—The plan required by subsection (a) shall include the following:

(1) The number of positions for psychiatrists and psychologists of the Department that need to be filled to meet demand, disaggregated by Veterans Integrated Service Network and medical center.

(2) An identification of the steps that the Secretary will take in each Veterans Integrated Service Network to address such shortages, include the following:
(A) A description of any region-specific hiring incentives to be used by the Secretary in consultation with the directors of Veterans Integrated Service Networks and medical centers of the Department.

(B) A description of any local retention or engagement incentives to be used by directors of Veterans Integrated Service Networks.

(3) Such recommendations for legislative or administrative action as the Secretary considers necessary to aid in addressing staffing shortages of psychiatrists and psychologists of the Department.

SEC. 503. OCCUPATIONAL SERIES AND STAFFING IMPROVEMENT PLAN FOR LICENSED PROFESSIONAL MENTAL HEALTH COUNSELORS AND MARRIAGE AND FAMILY THERAPISTS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) OCCUPATIONAL SERIES.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Office of Personnel Management, shall develop an occupational series for licensed professional mental health counselors and marriage and family therapists of the Department of Veterans Affairs.

(b) STAFFING PLAN.—
(1) IN GENERAL.—Not later than 270 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a plan to address staffing shortages of licensed professional mental health counselors and marriage and family therapists of the Department of Veterans Affairs.

(2) ELEMENTS.—The plan required by paragraph (1) shall include the following:

(A) The number of positions for licensed professional mental health counselors and marriage and family therapists of the Department that need to be filled to meet demand, disaggregated by Veterans Integrated Service Network and medical center.

(B) An identification of the steps that the Secretary will take in each Veterans Integrated Service Network to address such shortages, include the following:

(i) A description of any region-specific hiring incentives to be used by the Secretary in consultation with the directors of
Veterans Integrated Service Networks and medical centers of the Department.

(ii) A description of any local retention or engagement incentives to be used by directors of Veterans Integrated Service Networks.

(C) Such recommendations for legislative or administrative action as the Secretary, in consultation with the Inspector General of the Department of Veterans Affairs, considers necessary to aid in addressing staffing shortages of licensed professional mental health counselors and marriage and family therapists of the Department.

(c) REPORT.—Not later than one year after the submittal of the plan required by subsection (b), the Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report setting forth the number of licensed professional mental health counselors and marriage and family therapists hired by the Department during the one-year period preceding the submittal of the report, disaggregated by Veterans Integrated Service Network and medical center.
SEC. 504. STAFFING IMPROVEMENT PLAN FOR PEER SPECIALISTS OF DEPARTMENT OF VETERANS AFFAIRS WHO ARE WOMEN.

(a) ASSESSMENT OF CAPACITY.—

(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Inspector General of the Department of Veterans Affairs, shall commence an assessment of the capacity of peer specialists of the Department of Veterans Affairs who are women.

(2) ELEMENTS.—The assessment required by paragraph (1) shall include an assessment of the following:

(A) The geographical distribution of peer specialists of the Department who are women.

(B) The geographical distribution of women veterans.

(C) The number and proportion of women peer specialists who specialize in peer counseling on mental health or suicide prevention.

(D) The number and proportion of women peer specialists who specialize in peer counseling on non-mental health related matters.

(b) REPORT.—Not later than one year after the assessment required by subsection (a) has commenced, the
Secretary shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a report detailing the findings of the assessment.

(c) STAFFING IMPROVEMENT PLAN.—

(1) IN GENERAL.—Not later than 180 days after submitting the report under subsection (b), the Secretary, in consultation with the Inspector General, shall submit to the Committee on Veterans’ Affairs of the Senate and the Committee on Veterans’ Affairs of the House of Representatives a plan, based on the results of the assessment required by subsection (a), to hire additional qualified peer specialists who are women, with special consideration for areas that lack peer specialists who are women.

(2) ELEMENTS.—The peer specialist positions included in the plan required by paragraph (1)—

(A) shall be non-volunteer, paid positions; and

(B) may be part-time positions.
SEC. 505. ESTABLISHMENT OF DEPARTMENT OF VETERANS
AFFAIRS READJUSTMENT COUNSELING
SERVICE SCHOLARSHIP PROGRAM.
(a) In general.—Chapter 76 of title 38, United
States Code, is amended by inserting after subchapter
VIII the following new subchapter:
“SUBCHAPTER IX—READJUSTMENT
COUNSELING SERVICE SCHOLARSHIP PROGRAM
“§ 7698. Requirement for program
“As part of the Educational Assistance Program, the
Secretary shall carry out a scholarship program under this
subchapter. The program shall be known as the Depart-
ment of Veterans Affairs Readjustment Counseling Serv-
ice Scholarship Program (in this subchapter referred to
as the ‘Program’).
“§ 7699. Eligibility; agreement
“(a) In general.—An individual is eligible to par-
ticipate in the Program, as determined by the Readjust-
ment Counseling Service of the Department, if the indi-
vidual—
“(1) is accepted for enrollment or enrolled (as
described in section 7602 of this title) in, a program
of study at an accredited educational institution,
school, or training program leading to—
“(A) a bachelor’s, master’s, or doctoral degree in psychology, social work, or marriage and family therapy; or

“(B) a master’s degree in mental health counseling; and

“(2) enters into an agreement with the Secretary under subsection (e).

“(b) PRIORITY.—In selecting individuals to participate in the Program, the Secretary shall give priority to the following individuals:

“(1) An individual who agrees to be employed by a Vet Center located in a community that is—

“(A) designated as a medically underserved population under section 330(b)(3) of the Public Health Service Act (42 U.S.C. 254b(b)(3));

and

“(B) in a state with a per capita population of veterans of more than five percent according to the National Center for Veterans Analysis and Statistics and the Bureau of the Census.

“(2) An individual who is a veteran.

“(c) AGREEMENT.—An agreement between the Secretary and a participant in the Program shall (in addition
to the requirements set forth in section 7604 of this title) include the following:

“(1) An agreement by the Secretary to provide the participant with a scholarship under the Program for a specified number of school years during which the participant pursues a program of study described in subsection (a)(1) that meets the requirements set forth in section 7602(a) of this title.

“(2) An agreement by the participant to serve as a full-time employee of the Department at a Vet Center for a three-year period during the six-year period following the completion by the participant of such program of study (in this subchapter referred to as the ‘period of obligated service’).

“(d) Vet Center Defined.—In this section, the term ‘Vet Center’ has the meaning given that term in section 1712A(h) of this title.

§ 7699A. Obligated Service

“(a) In General.—Each participant in the Program shall provide service as a full-time employee of the Department at a Vet Center (as defined in section 7699(c) of this title) for the period of obligated service set forth in the agreement of the participant entered into under section 7604 of this title.
“(b) Determination of Service Commencement Date.—(1) Not later than 60 days before the service commencement date of a participant, the Secretary shall notify the participant of that service commencement date.

“(2) The date specified in paragraph (1) with respect to a participant is the date for the beginning of the period of obligated service of the participant.

“§ 7699B. Breach of agreement: liability

“(a) Liquidated Damages.—(1) A participant in the Program (other than a participant described in subsection (b)) who fails to accept payment, or instructs the educational institution in which the participant is enrolled not to accept payment, in whole or in part, of a scholarship under the agreement entered into under section 7604 of this title shall be liable to the United States for liquidated damages in the amount of $1,500.

“(2) Liability under paragraph (1) is in addition to any period of obligated service or other obligation or liability under such agreement.

“(b) Liability During Program of Study.—(1) Except as provided in subsection (d), a participant in the Program shall be liable to the United States for the amount which has been paid to or on behalf of the participant under the agreement if any of the following occurs:
“(A) The participant fails to maintain an acceptable level of academic standing in the educational institution in which the participant is enrolled (as determined by the educational institution under regulations prescribed by the Secretary).

“(B) The participant is dismissed from such educational institution for disciplinary reasons.

“(C) The participant voluntarily terminates the program of study in such educational institution before the completion of such program of study.

“(2) Liability under this subsection is in lieu of any service obligation arising under the agreement.

“(e) LIABILITY DURING PERIOD OF OBLIGATED SERVICE.—(1) Except as provided in subsection (d), if a participant in the Program does not complete the period of obligated service of the participant, the United States shall be entitled to recover from the participant an amount determined in accordance with the following formula:

\[ A = 3\Phi(t - s/t) \]

“(2) In the formula in paragraph (1):

“(A) ‘A’ is the amount the United States is entitled to recover.

“(B) ‘\Phi’ is the sum of—

“(i) the amounts paid under this subchapter to or on behalf of the participant; and
“(ii) the interest on such amounts which would be payable if at the time the amounts were paid they were loans bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States.

“(C) ‘t’ is the total number of months in the period of obligated service of the participant.

“(D) ‘s’ is the number of months of such period served by the participant.

“(d) LIMITATION ON LIABILITY FOR REDUCTIONS-IN-FORCE.—Liability shall not arise under subsection (c) if the participant fails to maintain employment as a Department employee due to a staffing adjustment.

“(e) PERIOD FOR PAYMENT OF DAMAGES.—Any amount of damages that the United States is entitled to recover under this section shall be paid to the United States within the one-year period beginning on the date of the breach of the agreement.”.

(b) CONFORMING AND TECHNICAL AMENDMENTS.—

(1) CONFORMING AMENDMENTS.—

(A) ESTABLISHMENT OF PROGRAM.—Section 7601(a) of such title is amended—

(i) in paragraph (5), by striking “and”;

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(ii) in paragraph (6), by striking the period and inserting “; and”; and

(iii) by adding at the end the following new paragraph:

“(7) the readjustment counseling service scholarship program provided for in subchapter IX of this chapter.”.

(B) ELIGIBILITY.—Section 7602 of such title is amended—

(i) in subsection (a)(1)—

(I) by striking “or VI” and inserting “VI, or IX”; and

(II) by striking “subchapter VI” and inserting “subchapter VI or IX”;

and

(ii) in subsection (b), by striking “or VI” and inserting “VI, or IX”.

(C) APPLICATION.—Section 7603(a)(1) of such title is amended by striking “or VIII” and inserting “VIII, or IX”.

(D) TERMS OF AGREEMENT.—Section 7604 of such title is amended by striking “or VIII” each place it appears and inserting “VIII, or IX”.

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(E) **ANNUAL REPORT.**—Section 7632 of such title is amended—

(i) in paragraph (1), by striking “and the Specialty Education Loan Repayment Program” and inserting “the Specialty Education Loan Repayment Program, and the Readjustment Counseling Service Scholarship Program”; and

(ii) in paragraph (4), by striking “and per participant in the Specialty Education Loan Repayment Program” and inserting “per participant in the Specialty Education Loan Repayment Program, and per participant in the Readjustment Counseling Service Scholarship Program”.

(2) **TABLE OF SECTIONS.**—The table of sections at the beginning of chapter 76 of such title is amended by inserting after the items relating to subchapter VIII the following:

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SUBCHAPTER IX—READJUSTMENT COUNSELING SERVICE SCHOLARSHIP PROGRAM

“Sec.
“7698. Requirement for program.
“7699. Eligibility; agreement.
“7699A. Obligated service.
“7699B. Breach of agreement: liability.”.
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(c) **EFFECTIVE DATE.**—The Secretary of Veterans Affairs shall begin awarding scholarships under subchapter IX of chapter 76 of title 38, United States Code,
as added by subsection (a), for programs of study begin-
ning not later than one year after the date of the enact-
ment of this Act.

SEC. 506. COMPTROLLER GENERAL REPORT ON READJUST-
MENT COUNSELING SERVICE OF DEPART-
MENT OF VETERANS AFFAIRS.

(a) In general.—Not later than one year after the
date of the enactment of this Act, the Comptroller General
of the United States shall submit to the Committee on
Veterans’ Affairs of the Senate and the Committee on Vet-
erans’ Affairs of the House of Representatives a report
on the Readjustment Counseling Service of the Depart-
ment of Veterans Affairs.

(b) Elements.—The report required by subsection
(a) shall include the following:

(1) An assessment of the adequacy and types of
treatment, counseling, and other services provided at
Vet Centers, including recommendations on whether
and how such treatment, counseling, and other serv-
ices can be expanded.

(2) An assessment of the efficacy of outreach
efforts by the Readjustment Counseling Service, in-
cluding recommendations for how outreach efforts
can be improved.
(3) An assessment of barriers to care at Vet Centers, including recommendations for overcoming those barriers.

(4) An assessment of the efficacy and frequency of the use of telehealth by counselors of the Readjustment Counseling Service to provide mental health services, including recommendations for how the use of telehealth can be improved.

(5) An assessment of the feasibility and advisability of expanding eligibility for services from the Readjustment Counseling Service, including—

(A) recommendations on what eligibility criteria could be expanded; and

(B) an assessment of potential costs and increased infrastructure requirements if eligibility is expanded.

(6) An assessment of the use of Vet Centers by members of the reserve components of the Armed Forces who were never activated and recommendations on how to better reach those members.

(7) An assessment of the use of Vet Centers by eligible family members of former members of the Armed Forces and recommendations on how to better reach those family members.
(8) An assessment of the efficacy of group therapy and the level of training of providers at Vet Centers in administering group therapy.

(c) Vet Center Defined.—In this section, the term “Vet Center” has the meaning given that term in section 1712A(h) of title 38, United States Code.

SEC. 507. EXPANSION OF REPORTING REQUIREMENTS ON READJUSTMENT COUNSELING SERVICE OF DEPARTMENT OF VETERANS AFFAIRS.

(a) Expansion of Annual Report.—Paragraph (2)(C) of section 7309(e) of title 38, United States Code, is amended by inserting before the period at the end the following: “, including the resources required to meet such unmet need, such as additional staff, additional locations, additional infrastructure, infrastructure improvements, and additional mobile Vet Centers”.

(b) Biennial Report.—Such section is amended by adding at the end the following new paragraph:

“(3) For each even numbered year in which the report required by paragraph (1) is submitted, the Secretary shall include in such report a prediction of trends in demand for care, long-term investments required with respect to the provision of care, maintenance of infrastructure, and other capital investments with respect to the Re-
adjustment Counseling Service, including Vet Centers, Mobile Vet Centers, and community access points.”.

SEC. 508. STUDIES ON ALTERNATIVE WORK SCHEDULES FOR EMPLOYEES OF VETERANS HEALTH ADMINISTRATION.

(a) Study of Veterans.—

(1) In general.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall conduct a study on the attitudes of eligible veterans toward the Department of Veterans Affairs offering appointments outside the usual operating hours of facilities of the Department, including through the use of telehealth appointments.

(2) Eligible veteran defined.—In this subsection, the term “eligible veteran” means a veteran who—

(A) is enrolled in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code; and

(B) received health care from the Department at least once during the two-year period ending on the date of the commencement of the study under paragraph (1).

(b) Department Study.—
(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall conduct a study on the feasibility and advisability of offering appointments outside the usual operating hours of facilities of the Department.

(2) STUDY OF EMPLOYEES.—The study required by paragraph (1) shall include a study of the opinions of employees of the Veterans Health Administration, including clinical, nonclinical, and support staff, with respect to offering appointments outside the usual operating hours of facilities of the Department, including through the use of telehealth appointments.

SEC. 509. SUICIDE PREVENTION COORDINATORS.

The Secretary of Veterans Affairs shall ensure that each medical center of the Department of Veterans Affairs is staffed with not fewer than one suicide prevention coordinator.
Subtitle B—Direct Hiring Authorities for Certain Health Care Positions

SEC. 521. DIRECT HIRING AUTHORITIES FOR CERTAIN HEALTH CARE POSITIONS.

(a) In General.—Subpart I of part III of title 5, United States Code, is amended by adding at the end the following:

“CHAPTER 103—DEPARTMENT OF VETERANS AFFAIRS HIRING AUTHORITIES

Sec. 10301. Department of Veterans Affairs personnel authorities

§10301. Department of Veterans Affairs personnel authorities

“(a) Flexibilities relating to appointments.—

“(1) In general.—The Secretary of Veterans Affairs (referred to in this section as the ‘Secretary’) shall promulgate regulations to redesign the procedures that are applied by the Department of Veterans Affairs in making appointments to positions described in paragraphs (1) and (3) of section 7401 of title 38 in order to—

“(A) better meet mission needs;

“(B) respond to managers’ needs and the needs of applicants;
“(C) produce high-quality applicants;
“(D) support timely decisions; and
“(E) promote competitive job offers.

“(2) WAIVED REQUIREMENTS.—In redesigning
the process by which the appointments described in
paragraph (1) shall be made, the Secretary may
waive the requirements of chapter 33, and the regu-
lations implementing that chapter, to the extent nec-
essary to achieve the objectives of this section, while
providing for the following:

“(A) Fair, credible, and transparent meth-
ods of establishing qualification requirements
for, recruitment for, and appointments to posi-
tions.

“(B) Fair and open competition and equi-
table treatment in the consideration and selec-
tion of individuals to positions.

“(C) Fair, credible, and transparent meth-
ods of assigning, reassigning, detailing, trans-
ferring, or promoting employees.

“(3) IMPLEMENTATION REQUIREMENTS.—In
implementing this subsection, the Secretary shall
comply with the provisions of section 2302(b)(11),
regarding veterans’ preference requirements, in a
manner consistent with that in which such provisions are applied under chapter 33.

“(4) Training Program.—The Secretary shall develop a training program for Department of Veterans Affairs human resource professionals to implement the requirements of this subsection.

“(5) Indicators of Effectiveness.—The Secretary shall develop indicators of effectiveness to determine whether appointment flexibilities under this subsection have achieved the objectives described in paragraph (1).

“(b) Criteria for Use of New Personnel Authorities.—In the redesign of appointment procedures, as described in subsection (a), and with respect to the system of appointment flexibilities established under that subsection, the Secretary shall—

“(1) include a means for ensuring employee involvement (for bargaining unit employees, through their exclusive representatives) in that redesign and in the implementation of that system;

“(2) provide for adequate training and retraining for supervisors, managers, and employees in the implementation and operation of that redesign and that system;

“(3) develop—
“(A) a comprehensive management succession program to provide training to employees to develop managers for the agency; and

“(B) a program to provide training to supervisors on actions, options, and strategies that a supervisor may use in administering that system;

“(4) include effective transparency and accountability measures and safeguards to ensure that the management of that system is fair, credible, and equitable, including appropriate independent reasonableness reviews, internal assessments, and employee surveys;

“(5) provide mentors to advise individuals on their career paths and opportunities to advance and excel within their fields;

“(6) develop appropriate procedures for warnings during performance evaluations for employees who fail to meet performance standards;

“(7) utilize the quadrennial strategic plan required under section 7330C(b) of title 38; and

“(8) ensure that adequate agency resources are allocated for the design, implementation, and administration of that system.”.
(b) Technical and Conforming Amendment.—

The table of chapters for part III of title 5, United States Code, is amended by inserting after the item relating to chapter 102 the following:

“103. Department of Veterans Affairs Hiring Authorities .....................10301.”

TITLE VI—IMPROVEMENT OF TELEHEALTH SERVICES

SEC. 601. EXPANDED TELEHEALTH FROM DEPARTMENT OF VETERANS AFFAIRS.

(a) In General.—The Secretary of Veterans Affairs shall enter into partnerships, and expand existing partnerships, between the Department of Veterans Affairs, organizations that represent or serve veterans, nonprofit organizations, private businesses, and other interested parties for the expansion of telehealth capabilities and the provision of telehealth services to veterans through the award of grants under subsection (c).

(b) Preference for Partnerships.—The Secretary shall give preference to entering into or expanding partnerships under subsection (a) with organizations that—

(1) represent veterans in rural or highly rural areas (as determined through the use of the Rural-Urban Commuting Areas coding system of the Department of Agriculture); or
(2) operate in a medically underserved community (as defined in section 799B of the Public Health Service Act (42 U.S.C. 295p)).

(c) AWARD OF GRANTS.—

(1) IN GENERAL.—In carrying out partnerships entered into or expanded under this section with entities described in subsection (a), the Secretary shall award grants to those entities.

(2) MAXIMUM AMOUNT OF GRANTS.—The amount of a grant awarded under this subsection may not exceed $75,000 per site per year.

(3) USE OF GRANTS.—

(A) IN GENERAL.—Grants awarded to an entity under this subsection shall be used for the following:

(i) Purchasing or upgrading hardware or software necessary for the provision of secure and private telehealth services.

(ii) Upgrading security protocols for consistency with the standardized tele-health security protocol implemented under section 602(a)(2), or any other security requirements of the Department.
(iii) Training of employees, including payment of those employees for completing that training, with respect to—

(I) military and veteran cultural competence, if the entity is not an organization that represents veterans; and

(II) equipment required to provide telehealth services.

(iv) Upgrading existing infrastructure owned or leased by the entity to make rooms more conducive to telehealth care, including—

(I) additional walls to create a new, private room;

(II) soundproofing of existing rooms; or

(III) new electrical or internet outlets in an existing room.

(v) Upgrading existing infrastructure to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.).

(vi) Upgrading internet infrastructure.
(B) Exclusion.—Grants may not be used for the purchase of new property or for major construction projects, as determined by the Secretary.

(d) Memoranda of Understanding or Agreement on Telehealth Access Points.—

(1) In General.—An entity described in subsection (a) that seeks to establish a telehealth access point for veterans but does not require grant funding under this section to do so may enter into a memorandum of understanding or memorandum of agreement with the Department for the establishment of such an access point.

(2) Inspection.—The Secretary shall inspect the access point proposed to be established under paragraph (1) to ensure that it is adequately private, secure, and accessible for veterans before the access point is established.

(e) Assessment of Barriers to Access.—

(1) In General.—Not later than 18 months after the date of the enactment of this Act, the Secretary shall complete an assessment of barriers faced by veterans in accessing telehealth services from home.
(2) ELEMENTS.—The assessment required by paragraph (1) shall include the following:

(A) An assessment of current and potential future cost barriers to veterans having internet access at home.

(B) An assessment of current and potential future barriers to veterans accessing broadband services at home.

(C) A description of how the Department plans to address the current and potential future cost and access barriers described in sub-paragraphs (A) and (B).

(D) Such other matters related to internet access for veterans in their homes as the Secretary considers relevant.

(3) REPORT.—Not later than 120 days after the completion of the assessment required by paragraph (1), the Secretary shall 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 assessment, including any recommendations for legislative or administrative action based on the results of the assessment.
(f) Authorization of Appropriations.—There is authorized to be appropriated to the Secretary of Veterans Affairs $10,000,000 to carry out this section.

SEC. 602. IMPLEMENTATION OF NATIONAL PROTOCOL FOR TELEHEALTH SECURITY AND INTERFACING INSTRUCTIONS.

(a) National Telehealth Security Protocol.—

(1) Assessment.—

(A) In General.—The Secretary of Veterans Affairs, in consultation with industry experts, the Chairman of the Federal Trade Commission, the Assistant Secretary of Veterans Affairs for Information and Technology and Chief Information Officer, and stakeholders, shall conduct an assessment of current telehealth security protocols.

(B) Elements.—The assessment conducted under subparagraph (A) shall include the following:

(i) An assessment of current telehealth security protocols, including protocols used by—

(I) the Department of Veterans Affairs;
(II) other Federal agencies;

(III) other health care providers;

and

(IV) such other organizations as the Secretary considers necessary to assess under such subparagraph.

(ii) A study of any current or future security risks—

(I) faced by veterans using telehealth services; or

(II) faced by the Department in furnishing those services.

(C) T IMELINE.—The Secretary shall complete the assessment conducted under subparagraph (A) not later than one year after the date of the enactment of this Act.

(2) I MPLEMENTATION.—Not later than 18 months after the completion of the assessment under paragraph (1), the Secretary shall, using guidance from the assessment, fully implement a standardized telehealth security protocol at all facilities of the Department.

(3) P RIVACY AND SECURITY.—The Secretary shall ensure that the security protocol implemented under this subsection protects the privacy and secu-
rity of veterans, the health data of veterans, and data from the Department.

(b) NATIONAL TELEHEALTH INTERFACING INSTRUCTIONS.—

(1) ASSESSMENT.—

(A) IN GENERAL.—The Secretary of Veterans Affairs, in consultation with industry experts, organizations that represent veterans, the Chief Veterans Experience Officer, the Assistant Secretary of Veterans Affairs for Information and Technology and Chief Information Officer, and stakeholders, shall conduct an assessment of current telehealth interfacing instructions.

(B) ELEMENTS.—The assessment conducted under subparagraph (A) shall include an assessment of interfacing instructions used by—

(i) the Department of Veterans Affairs;

(ii) other Federal agencies;

(iii) other health care providers; and

(iv) such other organizations as the Secretary considers necessary to assess under such subparagraph.
(C) **TIMELINE.**—The Secretary shall complete the assessment conducted under subparagraph (A) not later than one year after the date of the enactment of this Act.

(2) **IMPLEMENTATION.**—Not later than 18 months after the completion of the assessment under paragraph (1), the Secretary shall, using guidance from the assessment, fully implement standardized telehealth interfacing instructions at all facilities of the Department.

(3) **NAVIGATION.**—The Secretary shall ensure that the telehealth interfacing instructions implemented under this subsection are those that are easiest to navigate for veterans and health care providers.