

116TH CONGRESS
1ST SESSION

S. 785

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.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Commander John Scott Hannon Veterans Mental Health
6 Care Improvement Act of 2019”.

7 (b) TABLE OF CONTENTS.—The table of contents for
8 this Act is as follows:

Sec. 1. Short title; table of contents.

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

Subtitle 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 2 TRANSITION OF INDIVIDUALS 3 TO SERVICES FROM DEPART- 4 MENT OF VETERANS AFFAIRS

5 SEC. 101. EXPANSION OF HEALTH CARE COVERAGE FOR 6 VETERANS.

7 (a) IN GENERAL.—Section 1710(a)(1) of title 38,
8 United States Code, is amended—

1 (1) in subparagraph (A), by striking “and” at
2 the end;

3 (2) by redesignating subparagraph (B) as sub-
4 paragraph (C); and

5 (3) by inserting after subparagraph (A) the fol-
6 lowing new subparagraph (B):

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

10 (b) PATIENT ENROLLMENT SYSTEM.—Section
11 1705(c) of such title is amended by adding at the end the
12 following new paragraph:

13 “(3) Nothing in this section shall be construed to pre-
14 vent the Secretary from providing hospital care and med-
15 ical services to a veteran under section 1710(a)(1)(B) of
16 this title during the period specified in such section not-
17 withstanding the failure of the veteran to enroll in the sys-
18 tem of patient enrollment established by the Secretary
19 under subsection (a).”.

20 (c) PROMOTION OF EXPANDED ELIGIBILITY.—

21 (1) TRANSITION ASSISTANCE PROGRAM.—

22 (A) IN GENERAL.—The Secretary of
23 Labor, in consultation with the Secretary of
24 Defense and the Secretary of Veterans Affairs,
25 shall promote to members of the Armed Forces

1 transitioning from service in the Armed Forces
2 to civilian life through the Transition Assist-
3 ance Program the expanded eligibility of vet-
4 erans for health care under the laws adminis-
5 tered by the Secretary of Veterans Affairs pur-
6 suant to the amendments made by this section.

7 (B) TRANSITION ASSISTANCE PROGRAM
8 DEFINED.—In this paragraph, the term “Tran-
9 sition Assistance Program” means the Transi-
10 tion Assistance Program under sections 1142
11 and 1144 of title 10, United States Code.

12 (2) PUBLICATION BY DEPARTMENT OF VET-
13 ERANS AFFAIRS.—Not later than 30 days after the
14 date of the enactment of this Act, the Secretary of
15 Veterans Affairs shall publish on a website of the
16 Department of Veterans Affairs notification of the
17 expanded eligibility of veterans for health care under
18 the laws administered by the Secretary pursuant to
19 the amendments made by this section.

20 **SEC. 102. GRANTS FOR PROVISION OF TRANSITION ASSIST-**
21 **ANCE TO FORMER MEMBERS OF THE ARMED**
22 **FORCES TRANSITIONING TO CIVILIAN LIFE.**

23 (a) PROGRAM REQUIRED.—Commencing not later
24 than 180 days after the date of the enactment of this Act,
25 the Secretary of Labor shall, in coordination with the Sec-

1 retary of Veterans Affairs, carry out a program on the
2 provision of assistance to former members of the Armed
3 Forces, and spouses of such members, transitioning from
4 service in the Armed Forces to civilian life.

5 (b) DURATION OF PROGRAM.—The Secretary of
6 Labor shall carry out the program during the five-year
7 period beginning on the date of the commencement of the
8 program.

9 (c) GRANTS.—

10 (1) IN GENERAL.—The Secretary shall carry
11 out the program through the award of grants to eli-
12 gible organizations for the provision of assistance de-
13 scribed in subsection (a).

14 (2) MATCHING FUNDS REQUIRED.—A grant
15 under this section shall be in an amount that does
16 not exceed 50 percent of the amount required by the
17 organization to provide the services described in sub-
18 section (f).

19 (d) ELIGIBLE ORGANIZATIONS.—For purposes of
20 this section, an eligible organization is any nonprofit orga-
21 nization that the Secretary of Labor determines, in con-
22 sultation with the Secretary of Veterans Affairs and State
23 entities that serve veterans, is suitable for receipt of a
24 grant under the program pursuant to receipt by the Sec-

1 retary of Labor of an application submitted under sub-
 2 section (e)(1).

3 (e) SELECTION OF GRANT RECIPIENTS.—

4 (1) APPLICATIONS.—An organization seeking a
 5 grant under the program shall submit to the Sec-
 6 retary of Labor an application therefor at such time,
 7 in such manner, and containing such information
 8 and assurances as the Secretary, in consultation
 9 with the Secretary of Veterans Affairs and State en-
 10 tities that serve veterans, may require.

11 (2) PRIORITY FOR HUBS OF SERVICES.—In
 12 awarding grants under the program, the Secretary
 13 of Labor shall give priority to an organization that
 14 provides multiple forms of services described in sub-
 15 section (f).

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

- 20 (1) Résumé assistance.
- 21 (2) Interview training.
- 22 (3) Job recruitment training.
- 23 (4) Entrepreneurship training.
- 24 (5) Financial services.
- 25 (6) Legal assistance.

1 (7) Educational supportive services.

2 (8) Assistance with accessing benefits provided
3 under laws administered by the Secretary of Vet-
4 erans Affairs, including home loan benefits, edu-
5 cation benefits, adaptive housing grants, and all
6 other benefits.

7 (9) Nonclinical case management.

8 (10) Other related services leading directly to
9 successful transition, as determined by the Secretary
10 of Labor in consultation with the Secretary of Vet-
11 erans Affairs.

12 (g) ANNUAL REPORTS.—

13 (1) IN GENERAL.—Not later than one year
14 after the date of the commencement of the program
15 and not less frequently than once each year there-
16 after until the termination of the program, the Sec-
17 retary of Labor shall, in consultation with the Sec-
18 retary of Veterans Affairs, submit to the appropriate
19 committees of Congress a report on the program
20 carried out under this section.

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

23 (A) A list of the organizations that have
24 received grants under the program, including
25 the geographic location of the organization and

1 the types of services outlined in subsection (f)
2 that each organization provides.

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

5 (C) An assessment of the effectiveness of
6 the services provided under the program at im-
7 proving the transition process for former mem-
8 bers of the Armed Forces and spouses described
9 in subsection (a), based on metrics determined
10 by the Secretary of Labor in consultation with
11 the Secretary of Veterans Affairs.

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

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

17 (3) APPROPRIATE COMMITTEES OF CON-
18 GRESS.—In this subsection, the term “appropriate
19 committees of Congress” means—

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

23 (B) the Committee on Veterans’ Affairs
24 and the Committee on Appropriations of the
25 House of Representatives.

1 (h) AUTHORIZATION OF APPROPRIATIONS.—There is
 2 authorized to be appropriated \$10,000,000 to carry out
 3 this section.

4 **SEC. 103. STUDY OF COMMUNITY-BASED TRANSITION AS-**
 5 **SISTANCE PROGRAMS FOR FORMER MEM-**
 6 **BERS OF THE ARMED FORCES.**

7 (a) STUDY.—

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

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

- 18 (i) résumé assistance;
- 19 (ii) interview training;
- 20 (iii) job recruitment training;
- 21 (iv) entrepreneurship training;
- 22 (v) financial services;
- 23 (vi) legal assistance;
- 24 (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

1 be, under subsection (a) to the Secretary of Labor and
 2 the Secretary of Defense so the Secretaries of the military
 3 departments may provide information in the list to mem-
 4 bers of the Armed Forces who participate in the Transi-
 5 tion Assistance Program under sections 1142 and 1144
 6 of title 10, United States Code.

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

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

16 (a) ELIGIBILITY.—Subsection (b)(2)(B) of section
 17 1720I of title 38, United States Code, is amended by
 18 striking “a discharge by court martial” and inserting “a
 19 dismissal”.

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

22 (1) in paragraph (3)—

23 (A) in subparagraph (B), by striking
 24 “and” at the end;

1 (B) in subparagraph (C), by striking
2 “and” at the end;

3 (C) by redesignating subparagraph (C) as
4 subparagraph (D); and

5 (D) by inserting after subparagraph (B)
6 the following new subparagraph (C):

7 “(C) is displayed prominently on a website
8 of the Department; and”;

9 (2) by redesignating paragraph (4) as para-
10 graph (5); and

11 (3) by inserting after paragraph (3) the fol-
12 lowing new paragraph (4):

13 “(4) shall include outreach on Internet search
14 engines; and”.

15 (c) ANNUAL REPORT.—Subsection (f) of such section
16 is amended—

17 (1) in paragraph (1), by striking “Not less fre-
18 quently than once” and inserting “Not later than
19 February 15”; and

20 (2) in paragraph (2)—

21 (A) by redesignating subparagraph (C) as
22 subparagraph (F); and

23 (B) by inserting after subsection (B) the
24 following new subparagraphs:

1 “(C) The types of mental or behavioral
2 health care needs treated under this section.

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

5 “(i) age;

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

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

10 “(iv) geographic location.

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

14 **TITLE II—SUICIDE PREVENTION**

15 **SEC. 201. GRANTS FOR ORGANIZATIONS PROVIDING MEN-** 16 **TAL HEALTH WELLNESS SERVICES TO VET-** 17 **ERANS.**

18 (a) PURPOSE.—The purpose of this section is to fa-
19 cilitate the provision of mental health services for veterans
20 with mental health conditions who are receiving care out-
21 side of the Department of Veterans Affairs.

22 (b) GRANTS.—

23 (1) IN GENERAL.—Subchapter II of chapter 17
24 of title 38, United States Code, is amended by add-
25 ing at the end the following new section:

1 **“§ 1720J. Financial assistance for mental health sup-**
2 **portive services for veterans seeking**
3 **mental health treatment**

4 “(a) DISTRIBUTION OF FINANCIAL ASSISTANCE.—

5 (1) The Secretary shall provide financial assistance to eli-
6 gible entities approved under this section to provide or co-
7 ordinate the provision of mental health supportive services
8 described in subsection (b) for a veteran with a mental
9 health condition who is seeking mental health treatment.

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

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

19 “(B) The Secretary may establish intervals of pay-
20 ment for the administration of grants under this section
21 and establish a maximum amount to be awarded, in ac-
22 cordance with the services being provided and the duration
23 of such services.

24 “(4) In providing financial assistance under para-
25 graph (1), the Secretary shall give preference to entities
26 providing or coordinating the provision of supportive men-

1 tal health services for veterans with mental health condi-
2 tions who face barriers in accessing mental health care
3 services from the Department.

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

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

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

17 “(b) MENTAL HEALTH SUPPORTIVE SERVICES.—
18 The mental health supportive services described in this
19 subsection are services provided by an eligible entity or
20 a subcontractor of an eligible entity that address the needs
21 of veterans with mental health conditions, including—

22 “(1) outreach services;

23 “(2) case management services;

24 “(3) assistance in obtaining any benefits from
25 the Department that the veteran may be eligible to

1 receive, including health care services, vocational and
2 rehabilitation counseling, employment and training
3 services, and educational assistance; and

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

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

10 “(B) daily living services;

11 “(C) personal financial planning services;

12 “(D) transportation services;

13 “(E) income support services;

14 “(F) fiduciary and representative payee
15 services;

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

21 “(H) child care services;

22 “(I) housing counseling; and

23 “(J) other services necessary for maintain-
24 ing independent living.

1 “(c) APPLICATION FOR FINANCIAL ASSISTANCE.—

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

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

9 “(A) a description of the mental health sup-
10 portive services described in subsection (b) proposed
11 to be provided by the eligible entity under this sec-
12 tion and the identified needs for those services;

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

16 “(C) an estimate of the number of veterans
17 with a mental health condition proposed to be pro-
18 vided such services;

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

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

24 “(i) to coordinate the provision of mental
25 health supportive services with the provision of

1 mental health services by the eligible entity or
2 another organization;

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

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

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

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

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

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

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

23 “(d) TECHNICAL ASSISTANCE.—(1) The Secretary
24 shall provide training and technical assistance to eligible
25 entities provided financial assistance under this section re-

1 garding the planning, development, and provision of men-
 2 tal health supportive services under this section.

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

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

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

18 “(1) \$5,000,000 for fiscal year 2021.

19 “(2) \$10,000,000 for fiscal year 2022.

20 “(3) \$15,000,000 for fiscal year 2023.

21 “(g) DEFINITIONS.—In this section:

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

24 “(A) An incorporated private institution or
 25 foundation—

1 “(i) no part of the net earnings of
2 which inures to the benefit of any member,
3 founder, contributor, or individual;

4 “(ii) that has a governing board that
5 is responsible for the operation of the men-
6 tal health supportive services provided
7 under this section; and

8 “(iii) that is approved by the Sec-
9 retary with respect to financial responsi-
10 bility.

11 “(B) A for-profit limited partnership, the
12 sole general partner of which is an organization
13 meeting the requirements of clauses (i), (ii),
14 and (iii) of subparagraph (A).

15 “(C) A corporation wholly owned and con-
16 trolled by an organization meeting the require-
17 ments of clauses (i), (ii), and (iii) of subpara-
18 graph (A).

19 “(D) A tribally designated housing entity
20 (as defined in section 4 of the Native American
21 Housing Assistance and Self-Determination Act
22 of 1996 (25 U.S.C. 4103)).

23 “(2) The term ‘veteran with a mental health
24 condition’ means a veteran who has been diagnosed
25 with, or who is seeking treatment for, one or more

1 mental health conditions, as determined by the Sec-
 2 retary.”.

3 (2) CLERICAL AMENDMENT.—The table of sec-
 4 tions at the beginning of chapter 17 is amended by
 5 inserting after the item relating to section 1720I the
 6 following new item:

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

7 (c) STUDY ON EFFECTIVENESS OF PROGRAM.—

8 (1) IN GENERAL.—The Secretary of Veterans
 9 Affairs shall conduct a study on the effectiveness of
 10 the program of financial assistance under section
 11 1720J of title 38, United States Code, as added by
 12 subsection (b), in meeting the needs of veterans with
 13 a mental health condition, as that term is defined in
 14 that section.

15 (2) COMPARISON.—In conducting the study re-
 16 quired by paragraph (1), the Secretary shall com-
 17 pare the results of the program described in that
 18 paragraph with other programs of the Department
 19 of Veterans Affairs dedicated to the delivery of men-
 20 tal health services to veterans.

21 (3) CRITERIA.—In making the comparison re-
 22 quired by paragraph (2), the Secretary shall examine
 23 the following:

1 (A) The satisfaction of veterans targeted
2 by the programs described in paragraph (2).

3 (B) The health status of such veterans.

4 (C) The mental wellness of such veterans.

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

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

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

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

16 (F) The number of veterans who die by
17 suicide while receiving services from an entity
18 in receipt of a grant under the program of fi-
19 nancial assistance under section 1720J of title
20 38, United States Code, as added by subsection
21 (b), or who die by suicide during the 180-day
22 period after receiving such services.

23 (4) REPORT.—Not later than December 31,
24 2021, and annually thereafter, the Secretary shall
25 submit to the Committee on Veterans' Affairs of the

1 Senate and the Committee on Veterans' Affairs of
2 the House of Representatives a report on the results
3 of the study required by paragraph (1).

4 (d) EFFECTIVE DATE.—The Secretary shall begin
5 providing financial assistance under section 1720J of title
6 38, United States Code, as added by subsection (b), not
7 later than one year after the date of the enactment of this
8 Act.

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

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

16 (b) EVENTS AND EDUCATION.—

17 (1) IN GENERAL.—During Buddy Check Week,
18 the Secretary, in consultation with organizations
19 that represent veterans, non-profits that serve vet-
20 erans, mental health experts, members of the Armed
21 Forces, and such other entities and individuals as
22 the Secretary considers appropriate, shall collaborate
23 with organizations that represent veterans to provide
24 educational opportunities for veterans to learn how
25 to conduct peer wellness checks.

1 (2) TRAINING MATTERS.—As part of the edu-
2 cational opportunities provided under paragraph (1),
3 the Secretary shall provide the following:

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

8 (B) Online and in-person training, as ap-
9 propriate, on how to conduct a peer wellness
10 check.

11 (C) Opportunities for members of organi-
12 zations that represent veterans to learn how to
13 train individuals to conduct peer wellness
14 checks.

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

18 (E) Resiliency training for veterans partici-
19 pating in Buddy Check Week on handling a vet-
20 eran in crisis.

21 (3) ONLINE MATERIALS.—All training materials
22 provided under the educational opportunities under
23 paragraph (1) shall be made available on a website
24 of the Department.

1 (c) OUTREACH.—The Secretary, in collaboration with
 2 organizations that represent veterans, may conduct out-
 3 reach regarding educational opportunities under sub-
 4 section (b) at—

5 (1) public events where many veterans are ex-
 6 pected to congregate;

7 (2) meetings of organizations that represent
 8 veterans;

9 (3) facilities of the Department of Veterans Af-
 10 fairs; and

11 (4) such other locations as the Secretary, in col-
 12 laboration with organizations that represent vet-
 13 erans, considers appropriate.

14 (d) VETERANS CRISIS LINE PLAN.—

15 (1) IN GENERAL.—The Secretary shall ensure
 16 that the Veterans Crisis Line has a plan for han-
 17 dling the potential increase of calls that may occur
 18 during Buddy Check Week.

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

23 (A) Additional hours for staff.

24 (B) The use of a backup call center.

1 (C) Any other plan to ensure that calls
2 from veterans in crisis are being answered in a
3 timely manner by an individual trained at the
4 same level as a Veterans Crisis Line responder.

5 (e) VETERANS CRISIS LINE DEFINED.—In this sec-
6 tion, the term “Veterans Crisis Line” means the toll-free
7 hotline for veterans established under section 1720F(h) of
8 title 38, United States Code.

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

10 (a) IN GENERAL.—The Secretary of Veterans Af-
11 fairs, in consultation with the Secretary of Defense and
12 the Secretary of Homeland Security, shall enter into part-
13 nerships with nonprofit mental health organizations to fa-
14 cilitate post-traumatic growth among veterans who have
15 experienced trauma.

16 (b) CONSULTATION.—Before entering into a partner-
17 ship under subsection (a), the Secretary of Veterans Af-
18 fairs shall consult with the National Institute of Mental
19 Health, the National Alliance on Mental Illness, the Amer-
20 ican Psychological Association, the Posttraumatic Growth
21 Research Group, and organizations that represent vet-
22 erans.

23 (c) SELECTION OF PARTNERS.—The Secretary of
24 Veterans Affairs shall ensure that each organization with
25 which the Secretary enters into a partnership under sub-

1 section (a) has a demonstrated history of success with pro-
2 grams to facilitate post-traumatic growth, including—

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

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

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

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

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

23 (3) The percentage of veterans who experience
24 significant post-traumatic growth.

1 (4) Such other topics as the Secretary may re-
2 quire to track post-traumatic growth.

3 (e) POST-TRAUMATIC GROWTH.—

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

9 (2) MEASUREMENT OF GROWTH.—Post-trau-
10 matic growth under this section shall be measured
11 through self-reported scales, use of the post-trau-
12 matic stress disorder checklist set forth in the most
13 recent edition of the Diagnostic and Statistical Man-
14 ual of Mental Disorders published by the American
15 Psychiatric Association, and such other metrics as
16 the Secretary considers necessary.

17 (3) POSITIVE RESPONSES DESCRIBED.—Posi-
18 tive responses described in this paragraph are posi-
19 tive responses in one or more areas of life, including
20 the following:

- 21 (A) An appreciation of and for life.
- 22 (B) Improved relationships with others.
- 23 (C) Realization of new possibilities in life.
- 24 (D) Realization of personal strength.
- 25 (E) Spiritual change.

1 (F) Such other areas that the Secretary, in
 2 consultation with organizations specified in sub-
 3 section (b), considers necessary.

4 **SEC. 204. PROGRESS OF DEPARTMENT OF VETERANS AF-**
 5 **FAIRS IN MEETING GOALS AND OBJECTIVES**
 6 **OF NATIONAL STRATEGY FOR PREVENTING**
 7 **VETERAN SUICIDE.**

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

14 (b) METRICS.—The metrics developed under sub-
 15 section (a) shall include measures of both performance and
 16 effectiveness.

17 (c) INITIAL REPORT.—

18 (1) IN GENERAL.—Not later than 180 days
 19 after the date of the enactment of this Act, the Sec-
 20 retary shall submit to the Committee on Veterans’
 21 Affairs of the Senate and the Committee on Vet-
 22 erans’ Affairs of the House of Representatives a re-
 23 port that contains the metrics developed under sub-
 24 section (a).

1 (2) ELEMENTS.—The report submitted under
2 paragraph (1) shall include the following:

3 (A) An explanation of why the metrics de-
4 veloped under subsection (a) were chosen.

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

8 (d) ANNUAL REPORT.—Not later than one year after
9 the submittal of the report under subsection (b), and an-
10 nually thereafter, the Secretary shall submit to the Com-
11 mittee on Veterans' Affairs of the Senate and the Com-
12 mittee on Veterans' Affairs of the House of Representa-
13 tives a report that contains—

14 (1) an assessment of the progress of the De-
15 partment in meeting the goals and objectives speci-
16 fied in subsection (a);

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

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

22 (4) an identification of any new programs or
23 partnerships that have resulted from the implemen-
24 tation of the National Strategy for Preventing Vet-
25 eran Suicide, 2018–2028;

- 1 (5) an assessment of the effectiveness of the
 2 National Strategy for Preventing Veterans Suicide,
 3 2018–2028 at reducing veteran suicide; and
 4 (6) such other topics as the Secretary considers
 5 necessary.

6 **SEC. 205. STUDY ON FEASIBILITY AND ADVISABILITY OF**
 7 **PROVIDING CERTAIN COMPLEMENTARY AND**
 8 **INTEGRATIVE HEALTH SERVICES.**

9 (a) IN GENERAL.—Not later than 180 days after the
 10 date of the enactment of this Act, the Secretary of Vet-
 11 erans Affairs shall complete a study on the feasibility and
 12 advisability of providing complementary and integrative
 13 health treatments described in subsection (b) at all facili-
 14 ties of the Department of Veterans Affairs.

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

- 18 (1) Yoga.
 19 (2) Meditation.
 20 (3) Acupuncture.
 21 (4) Chiropractic care.
 22 (5) Other treatments that show sufficient evi-
 23 dence of efficacy at treating mental or physical
 24 health conditions, as determined by the Secretary.

1 (c) PROVISION OF TREATMENT.—The Secretary may
 2 provide complementary and integrative health treatments
 3 under this section at a facility of the Department in per-
 4 son or by telehealth.

5 (d) REPORT.—Not later than 90 days after the com-
 6 pletion of the study under subsection (a), the Secretary
 7 shall submit to the Committee on Veterans’ Affairs of the
 8 Senate and the Committee on Veterans’ Affairs of the
 9 House of Representatives a report on such study, includ-
 10 ing—

11 (1) the results of such study; and

12 (2) such recommendations regarding the fur-
 13 nishing of complementary and integrative health
 14 treatments described in subsection (b) as the Sec-
 15 retary considers appropriate.

16 **SEC. 206. PROGRAM TO PROVIDE VETERANS ACCESS TO**
 17 **COMPLEMENTARY AND INTEGRATIVE**
 18 **HEALTH SERVICES THROUGH ANIMAL THER-**
 19 **APY, AGRI-THERAPY, AND OUTDOOR SPORTS**
 20 **THERAPY.**

21 (a) IN GENERAL.—Not later than 180 days after the
 22 date of the enactment of this Act, the Secretary of Vet-
 23 erans Affairs shall commence the conduct of a program
 24 to provide complementary and integrative health services
 25 described in subsection (b) to veterans from the Depart-

1 ment of Veterans Affairs or through the use of non-De-
2 partment entities for the treatment of post-traumatic
3 stress disorder, depression, anxiety, or other conditions as
4 determined by the Secretary.

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

8 (1) Equine therapy.

9 (2) Other animal therapy.

10 (3) Agri-therapy.

11 (4) Outdoor sports therapy.

12 (c) ELIGIBLE VETERANS.—A veteran is eligible to
13 participate in the program under this section if the vet-
14 eran—

15 (1) is enrolled in the system of patient enroll-
16 ment of the Department established and operated
17 under section 1705(a) of title 38, United States
18 Code; and

19 (2) has received health care under the laws ad-
20 ministered by the Secretary during the two-year pe-
21 riod preceding the initial participation of the veteran
22 in the program.

23 (d) DURATION.—

24 (1) IN GENERAL.—The Secretary shall carry
25 out the program under this section for a two-year

1 period beginning on the commencement of the pro-
 2 gram.

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

8 (e) LOCATIONS.—

9 (1) IN GENERAL.—The Secretary shall select
 10 not fewer than five facilities of the Department at
 11 which to carry out the program under this section.

12 (2) SELECTION CRITERIA.—In selecting facili-
 13 ties under paragraph (1), the Secretary shall ensure
 14 that—

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

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

22 (f) REPORTS.—

23 (1) INTERIM REPORT.—

24 (A) IN GENERAL.—Not later than one year
 25 after the commencement of the program under

1 this section, the Secretary shall submit to the
2 Committee on Veterans' Affairs of the Senate
3 and the Committee on Veterans' Affairs of the
4 House of Representatives a report on the
5 progress of the program.

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

8 (i) The number of participants in the
9 program.

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

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

18 (iv) An assessment of the quality of
19 life of veterans participating in the pro-
20 gram, including the results of a satisfac-
21 tion survey of the participants in the pro-
22 gram, disaggregated by treatment under
23 subsection (b).

1 (v) The determination of the Sec-
 2 retary with respect to extending the pro-
 3 gram under subsection (c)(2).

4 (vi) Any recommendations of the Sec-
 5 retary with respect to expanding the pro-
 6 gram.

7 (2) FINAL REPORT.—Not later than 90 days
 8 after the termination of the program under this sec-
 9 tion, the Secretary shall submit to the Committee on
 10 Veterans' Affairs of the Senate and the Committee
 11 on Veterans' Affairs of the House of Representatives
 12 a final report on the program.

13 **SEC. 207. COMPTROLLER GENERAL REPORT ON MANAGE-**
 14 **MENT BY DEPARTMENT OF VETERANS AF-**
 15 **FAIRS OF VETERANS AT HIGH RISK FOR SUI-**
 16 **CIDE.**

17 (a) IN GENERAL.—Not later than 18 months after
 18 the date of the enactment of this Act, the Comptroller
 19 General of the United States shall submit to the Com-
 20 mittee on Veterans' Affairs of the Senate and the Com-
 21 mittee on Veterans' Affairs of the House of Representa-
 22 tives a report on the efforts of the Department of Veterans
 23 Affairs to manage veterans at high risk for suicide.

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

1 (1) A description of how the Department identi-
2 fies patients as high risk for suicide, with particular
3 consideration to the efficacy of inputs into the Re-
4 covery Engagement and Coordination for Health –
5 Veterans Enhanced Treatment program (commonly
6 referred to as the “REACH VET” program) of the
7 Department, including an assessment of the efficacy
8 of such identifications disaggregated by age, gender,
9 Veterans Integrated Service Network, and, to the ex-
10 tent practicable, medical center of the Department.

11 (2) A description of how the Department inter-
12 venes when a patient is identified as high risk, in-
13 cluding an assessment of the efficacy of such inter-
14 ventions disaggregated by age, gender, Veterans In-
15 tegrated Service Network, and, to the extent prac-
16 ticable, medical center of the Department.

17 (3) A description of how the Department mon-
18 itors patients who have been identified as high risk,
19 including an assessment of the efficacy of such mon-
20 itoring and any follow-ups disaggregated by age,
21 gender, Veterans Integrated Service Network, and,
22 to the extent practicable, medical center of the De-
23 partment.

1 (4) A review of staffing levels of suicide preven-
 2 tion coordinators across the Veterans Health Admin-
 3 istration.

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

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

10 **TITLE III—PROGRAMS, STUDIES,**
 11 **AND GUIDELINES ON MENTAL**
 12 **HEALTH**

13 **SEC. 301. PROGRAM TO PROVIDE VETERANS ACCESS TO**
 14 **COMPUTERIZED COGNITIVE BEHAVIORAL**
 15 **THERAPY.**

16 (a) IN GENERAL.—Not later than 210 days after the
 17 date of the enactment of this Act, the Secretary of Vet-
 18 erans Affairs shall commence the conduct of a program
 19 to assess the feasibility and advisability of using computer-
 20 ized cognitive behavioral therapy to treat eligible veterans
 21 suffering from depression, anxiety, post-traumatic stress
 22 disorder, military sexual trauma, or substance use dis-
 23 order who are already receiving evidence-based therapy
 24 from the Department of Veterans Affairs.

1 (b) ELIGIBLE VETERANS.—A veteran is eligible to
2 participate in the program under this section if the vet-
3 eran—

4 (1) is enrolled in the system of patient enroll-
5 ment of the Department of Veterans Affairs estab-
6 lished and operated under section 1705(a) of title
7 38, United States Code; and

8 (2) has received health care under the laws ad-
9 ministered by the Secretary during the two-year pe-
10 riod preceding the initial participation of the veteran
11 in the program.

12 (c) DURATION.—The Secretary shall carry out the
13 program under this section for a two-year period begin-
14 ning on the commencement of the program.

15 (d) LOCATIONS.—

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

20 (2) SELECTION CRITERIA.—In selecting facili-
21 ties under paragraph (1), the Secretary shall ensure
22 that—

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

1 (B) not fewer than two facilities serve vet-
2 erans in rural or highly rural areas (as deter-
3 mined through the use of the Rural-Urban
4 Commuting Areas coding system of the Depart-
5 ment of Agriculture).

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

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

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

19 (h) REPORTS.—

20 (1) INTERIM REPORT.—

21 (A) IN GENERAL.—Not later than one year
22 after the commencement of the program under
23 this section, the Secretary shall submit to the
24 Committee on Veterans' Affairs of the Senate
25 and the Committee on Veterans' Affairs of the

1 House of Representatives a report on the
2 progress of the program.

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

5 (i) The number of participants in the
6 program.

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

12 (iii) Any recommendations of the Sec-
13 retary with respect to extending or expand-
14 ing the program.

15 (2) FINAL REPORT.—Not later than 90 days
16 after the termination of the program under this sec-
17 tion, the Secretary shall submit to the Committee on
18 Veterans' Affairs of the Senate and the Committee
19 on Veterans' Affairs of the House of Representatives
20 a final report on the program.

21 (i) VETERANS CRISIS LINE DEFINED.—In this sec-
22 tion, the term “Veterans Crisis Line” means the toll-free
23 hotline for veterans established under section 1720F(h) of
24 title 38, United States Code.

1 **SEC. 302. STUDY ON CONNECTION BETWEEN LIVING AT**
2 **HIGH ALTITUDE AND SUICIDE RISK FACTORS**
3 **AMONG VETERANS.**

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

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

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

20 (d) REPORT.—Not later than 150 days after the com-
21 pletion of the study conducted under subsection (a), the
22 Secretary shall submit to the Committee on Veterans' Af-
23 fairs of the Senate and the Committee on Veterans' Af-
24 fairs of the House of Representatives a report on the re-
25 sults of the study.

26 (e) FOLLOW-UP STUDY.—

1 (1) IN GENERAL.—If the Secretary determines
2 through the study conducted under subsection (a)
3 that living at high altitude is a risk factor for devel-
4 oping depression or dying by suicide, the Secretary
5 shall conduct an additional study to identify the fol-
6 lowing:

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

10 (B) The most effective treatment or inter-
11 vention for reducing the risk of developing de-
12 pression or dying by suicide associated with liv-
13 ing at high altitude.

14 (2) REPORT.—Not later than 150 days after
15 completing the study conducted under paragraph
16 (1), the Secretary shall submit to the Committee on
17 Veterans' Affairs of the Senate and the Committee
18 on Veterans' Affairs of the House of Representatives
19 a report on the results of the study.

20 **SEC. 303. ESTABLISHMENT BY DEPARTMENT OF VETERANS**
21 **AFFAIRS AND DEPARTMENT OF DEFENSE OF**
22 **CLINICAL PRACTICE GUIDELINES FOR CO-**
23 **MORBID MENTAL HEALTH CONDITIONS.**

24 (a) IN GENERAL.—Not later than two years after the
25 date of the enactment of this Act, the Secretary of Vet-

1 erans Affairs, in consultation with the Secretary of De-
2 fense and the Secretary of Health and Human Services,
3 shall complete the development of clinical practice guide-
4 lines for the treatment of post-traumatic stress disorder,
5 military sexual trauma, and traumatic brain injury that
6 is comorbid with substance use disorder or chronic pain.

7 (b) WORK GROUP.—

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

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

21 (A) Academic institutions that specialize in
22 research for the treatment of conditions de-
23 scribed in subsection (a).

1 (B) The National Center for Posttraumatic
2 Stress Disorder of the Department of Veterans
3 Affairs.

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

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

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

20 (1) Guidance with respect to the following:

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

24 (B) The treatment of patients experiencing
25 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.

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

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

15 (4) Guidance with respect to the assessment by
16 the National Academies of Sciences, Engineering,
17 and Medicine of the potential overmedication of vet-
18 erans, as required pursuant to the Senate report ac-
19 companying S. 1557, 115th Congress (Senate Re-
20 port 115-130), under the heading “Overprescription
21 Prevention Report” under the heading “COMMITTEE
22 RECOMMENDATION”.

23 (d) RULE OF CONSTRUCTION.—Nothing in this sec-
24 tion shall be construed to prevent the Secretary of Vet-
25 erans Affairs and the Secretary of Defense from consid-

1 ering all relevant evidence, as appropriate, in creating the
 2 clinical practice guidelines required under subsection (a)
 3 or from ensuring that the final clinical practice guidelines
 4 developed under such subsection and subsequently up-
 5 dated, as appropriate, remain applicable to the patient
 6 populations of the Department of Veterans Affairs and the
 7 Department of Defense.

8 **SEC. 304. UPDATE OF CLINICAL PRACTICE GUIDELINES**
 9 **FOR ASSESSMENT AND MANAGEMENT OF PA-**
 10 **TIENTS AT RISK FOR SUICIDE.**

11 (a) IN GENERAL.—Not later than two years after the
 12 date of the enactment of this Act, the Secretary of Vet-
 13 erans Affairs and the Secretary of Defense, through the
 14 Assessment and Management of Patients at Risk for Sui-
 15 cide Work Group (in this section referred to as the “Work
 16 Group”), shall issue an update to the VA/DOD Clinical
 17 Practice Guideline for Assessment and Management of
 18 Patients at Risk for Suicide.

19 (b) MATTERS INCLUDED.—In carrying out the up-
 20 date under subsection (a), the Work Group shall ensure
 21 that the clinical practice guidelines updated under such
 22 subsection includes the following:

23 (1) Enhanced guidance with respect to the fol-
 24 lowing:

1 (A) Gender-specific risk factors for suicide
2 and suicidal ideation.

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

5 (C) Gender-specific pharmacotherapy effi-
6 cacy.

7 (D) Gender-specific psychotherapy efficacy.

8 (2) Guidance with respect to the following:

9 (A) The efficacy of alternative therapies,
10 other than psychotherapy and pharmacothera-
11 py, including the following:

12 (i) Yoga therapy.

13 (ii) Meditation therapy.

14 (iii) Equine therapy.

15 (iv) Other animal therapy.

16 (v) Training and caring for service
17 dogs.

18 (vi) Agri-therapy.

19 (vii) Art therapy.

20 (viii) Outdoor sports therapy.

21 (ix) Music therapy.

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

24 (3) Guidance with respect to the findings of the

25 Creating Options for Veterans' Expedited Recovery

1 Commission (commonly referred to as the “COVER
 2 Commission”) established under section 931 of the
 3 Jason Simcakoski Memorial and Promise Act (title
 4 IX of Public Law 114–198; 38 U.S.C. 1701 note).

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

15 **SEC. 305. PRECISION MEDICINE INITIATIVE OF DEPART-**
 16 **MENT OF VETERANS AFFAIRS TO IDENTIFY**
 17 **AND VALIDATE BRAIN AND MENTAL HEALTH**
 18 **BIOMARKERS.**

19 (a) IN GENERAL.—Beginning not later than 18
 20 months after the date of the enactment of this Act, the
 21 Secretary of Veterans Affairs shall develop and implement
 22 an initiative of the Department of Veterans Affairs to
 23 identify and validate brain and mental health biomarkers
 24 among veterans, with specific consideration for depression,
 25 anxiety, post-traumatic stress disorder, traumatic brain

1 injury, and such other mental health conditions as the
2 Secretary considers appropriate. Such initiative may be re-
3 ferred to as the “Precision Medicine for Veterans Initia-
4 tive”.

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

10 (c) USE OF DATA.—

11 (1) PRIVACY AND SECURITY.—In carrying out
12 the initiative under subsection (a), the Secretary
13 shall develop robust data privacy and security meas-
14 ures to ensure that information of veterans partici-
15 pating in the initiative is kept private and secure.

16 (2) OPEN PLATFORM.—

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

22 (B) DATA MAY NOT BE SOLD.—Data col-
23 lected under the initiative may not be sold.

24 (3) STANDARDIZATION.—

1 (A) IN GENERAL.—The Secretary shall en-
2 sure that data collected under the initiative is
3 standardized.

4 (B) CONSULTATION.—The Secretary shall
5 consult with the National Institutes of Health
6 and the Food and Drug Administration to de-
7 termine the most effective, efficient, and cost-
8 effective way of standardizing data collected
9 under the initiative.

10 (C) MANNER OF STANDARDIZATION.—
11 Data collected under the initiative shall be
12 standardized in the manner in which it is col-
13 lected, entered into the database, extracted, and
14 recorded.

15 (4) MEASURES OF BRAIN FUNCTION OR STRUC-
16 TURE.—Any measures of brain function or structure
17 collected under the initiative shall be collected with
18 a device that is approved by the Food and Drug Ad-
19 ministration.

20 (d) INCLUSION OF INITIATIVE IN PROGRAM.—The
21 Secretary shall assess the feasibility and advisability of co-
22 ordinating efforts of the initiative under subsection (a)
23 with the Million Veterans Program of the Department.

1 **SEC. 306. PREVENTATIVE AND COMPLEX DATA ANALYSIS**

2 **BY DEPARTMENT OF VETERANS AFFAIRS.**

3 (a) IN GENERAL.—Chapter 1 of title 38, United
4 States Code, is amended by adding at the end the fol-
5 lowing new section:

6 **“§ 119. Contracting for preventative or complex sta-**
7 **tistical analysis**

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

16 (b) CLERICAL AMENDMENT.—The table of sections
17 at the beginning of chapter 1 of such title is amended by
18 inserting after the item relating to section 118 the fol-
19 lowing new item:

“119. Contracting for preventative or complex statistical analysis.”.

1 **TITLE IV—OVERSIGHT OF MEN-**
2 **TAL HEALTH CARE AND RE-**
3 **LATED SERVICES**

4 **SEC. 401. STUDY ON EFFECTIVENESS OF SUICIDE PREVEN-**
5 **TION AND MENTAL HEALTH OUTREACH PRO-**
6 **GRAMS OF DEPARTMENT OF VETERANS AF-**
7 **FAIRS.**

8 (a) IN GENERAL.—Not later than 180 days after the
9 date of the enactment of this Act, the Secretary of Vet-
10 erans Affairs shall enter into an agreement with a non-
11 Federal Government entity to conduct a study on the ef-
12 fectiveness of the suicide prevention and mental health
13 outreach materials prepared by the Department of Vet-
14 erans Affairs and the suicide prevention and mental health
15 outreach campaigns conducted by the Department.

16 (b) USE OF FOCUS GROUPS.—

17 (1) IN GENERAL.—The Secretary shall convene
18 not fewer than eight different focus groups to evalu-
19 ate the effectiveness of the suicide prevention and
20 mental health materials and campaigns as required
21 under subsection (a).

22 (2) LOCATION OF FOCUS GROUPS.—Focus
23 groups convened under paragraph (1) shall be held
24 in geographically diverse areas as follows:

1 (A) Not fewer than two in rural or highly
2 rural areas.

3 (B) Not fewer than one in each of the four
4 districts of the Veterans Benefits Administra-
5 tion.

6 (3) TIMING OF FOCUS GROUPS.—Focus groups
7 convened under paragraph (1) shall be held at a va-
8 riety of dates and times to ensure an adequate rep-
9 resentation of veterans with different work sched-
10 ules.

11 (4) NUMBER OF PARTICIPANTS.—Each focus
12 group convened under paragraph (1) shall include
13 not fewer than five and not more than 12 partici-
14 pants.

15 (5) REPRESENTATION.—Each focus group con-
16 vened under paragraph (1) shall, to the extent prac-
17 ticable, include veterans of diverse backgrounds, in-
18 cluding—

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

21 (B) women veterans;

22 (C) minority veterans;

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

1 (E) veterans who identify as lesbian, gay,
2 bisexual, transgender, or queer (commonly re-
3 ferred to as “LGBTQ”);

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

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

8 (c) REPORT.—

9 (1) IN GENERAL.—Not later than 90 days after
10 the last focus group meeting under subsection (b),
11 the Secretary shall submit to the Committee on Vet-
12 erans’ Affairs of the Senate and the Committee on
13 Veterans’ Affairs of the House of Representatives a
14 report on the findings of the focus groups.

15 (2) ELEMENTS.—The report required by para-
16 graph (1) shall include the following:

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

23 (B) Based on the findings of the focus
24 groups, recommendations for future suicide pre-
25 vention and mental health outreach efforts by

1 the Department to target specific groups of vet-
2 erans.

3 (C) A plan to change the current approach
4 by the Department to suicide prevention and
5 mental health outreach or, if the Secretary de-
6 cides not to change the current approach, an
7 explanation of the reason for maintaining the
8 current approach.

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

11 (d) REPRESENTATIVE SURVEY.—

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

20 (2) VETERANS SURVEYED.—

21 (A) IN GENERAL.—Veterans surveyed
22 under paragraph (1) shall include veterans de-
23 scribed in subsection (b)(5).

1 (B) DISAGGREGATION OF DATA.—Data of
 2 veterans surveyed under paragraph (1) shall be
 3 disaggregated by—

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

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

10 (e) TREATMENT OF CONTRACTS FOR SUICIDE PRE-
 11 VENTION AND MENTAL HEALTH OUTREACH MEDIA.—

12 (1) FOCUS GROUPS.—

13 (A) IN GENERAL.—The Secretary shall in-
 14 clude in each contract to develop media relating
 15 to suicide prevention and mental health out-
 16 reach a requirement that the contractor convene
 17 focus groups of veterans to assess the effective-
 18 ness of suicide prevention and mental health
 19 outreach.

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

24 (i) veterans of all eras, as determined
 25 by the Secretary;

- 1 (ii) women veterans;
- 2 (iii) minority veterans;
- 3 (iv) Native American veterans, as de-
- 4 fined in section 3765 of title 38, United
- 5 States Code;
- 6 (v) veterans who identify as lesbian,
- 7 gay, bisexual, transgender, or queer (com-
- 8 monly referred to as “LGBTQ”);
- 9 (vi) veterans who live in rural or high-
- 10 ly rural areas; and
- 11 (vii) individuals transitioning from ac-
- 12 tive duty in the Armed Forces to civilian
- 13 life.

14 (2) SUBCONTRACTING.—

15 (A) IN GENERAL.—The Secretary shall in-

16 clude in each contract described in paragraph

17 (1)(A) a requirement that, if the contractor

18 subcontracts for the development of media, the

19 contractor shall subcontract with a subcon-

20 tractor that has experience creating impactful

21 media campaigns that target individuals age 18

22 to 34.

23 (B) BUDGET LIMITATION.—Not more than

24 two percent of the budget of the Office of Men-

25 tal Health and Suicide Prevention of the De-

1 partment for contractors for suicide prevention
 2 and mental health media outreach shall go to
 3 subcontractors described in subparagraph (A).

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

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

12 (a) ESTABLISHMENT OF GOALS.—

13 (1) IN GENERAL.—The Secretary of Veterans
 14 Affairs shall establish goals for the mental health
 15 and suicide prevention media outreach campaigns of
 16 the Department of Veterans Affairs in raising
 17 awareness about mental health and suicide preven-
 18 tion.

19 (2) USE OF METRICS.—

20 (A) IN GENERAL.—The goals established
 21 under paragraph (1) shall be measured by
 22 metrics specific to different media types as fol-
 23 lows:

24 (i) Metrics relating to social media
 25 shall include the following:

1 (I) Impressions.

2 (II) Reach.

3 (III) Engagement rate.

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

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

8 (I) Nielsen ratings.

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

11 (iii) Metrics relating to email shall in-
12 clude the following:

13 (I) Open rate.

14 (II) Response rate

15 (III) Click rate.

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

18 (B) UPDATE.—The Secretary shall periodi-
19 cally update the metrics under subparagraph

20 (A) as more accurate metrics become available.

21 (3) TARGETS.—The Secretary shall develop tar-
22 gets to track the metrics used under paragraph (2).

23 (4) CONSULTATION.—In establishing goals
24 under paragraph (1), the Secretary shall consult
25 with the following:

1 (A) Relevant stakeholders, such as organi-
2 zations that represent veterans, as determined
3 by the Secretary.

4 (B) Mental health and suicide prevention
5 experts.

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

8 (5) INITIAL REPORT.—Not later than 180 days
9 after the date of the enactment of this Act, the Sec-
10 retary shall submit to the Committee on Veterans’
11 Affairs of the Senate and the Committee on Vet-
12 erans’ Affairs of the House of Representatives a re-
13 port detailing the goals established under paragraph
14 (1) for the mental health and suicide prevention
15 media outreach campaigns of the Department in
16 raising awareness about mental health and suicide
17 prevention, including the metrics and targets for
18 such metrics by which those goals are to be meas-
19 ured under paragraph (2).

20 (6) ANNUAL REPORT.—Not later than one year
21 after the submittal of the report under paragraph
22 (3), and annually thereafter, the Secretary shall sub-
23 mit to the Committee on Veterans’ Affairs of the
24 Senate and the Committee on Veterans’ Affairs of
25 the House of Representatives a report detailing—

1 (A) the progress of the Department in
2 meeting the goals established under paragraph
3 (1) and targets developed under paragraph (3);
4 and

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

9 (b) ESTABLISHMENT OF OVERSIGHT PROCESS.—

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

15 (2) COMPONENTS OF OVERSIGHT PROCESS.—

16 The process established under paragraph (1) shall
17 include the following components:

18 (A) A delineation of the roles and respon-
19 sibilities of all suicide prevention officials within
20 the Office of Mental Health and Suicide Pre-
21 vention of the Veterans Health Administration.

22 (B) A schedule for creating, approving, im-
23 plementing, and evaluating all unpaid media
24 and paid media content relating to mental
25 health and suicide prevention.

1 (C) Lines of reporting, as the Secretary
2 considers necessary, to report to management
3 information relating to the mental health and
4 suicide prevention media outreach campaigns of
5 the Department.

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

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

12 (2) not less frequently than quarterly, report
13 such metrics to the Office of Mental Health and Sui-
14 cide Prevention of the Veterans Health Administra-
15 tion.

16 (d) REPORT ON USE OF FUNDS BY OFFICE OF MEN-
17 TAL HEALTH AND SUICIDE PREVENTION.—Not later than
18 180 days after the date of the enactment of this Act, and
19 semiannually thereafter, the Secretary shall submit to the
20 Committee on Appropriations and the Committee on Vet-
21 erans' Affairs of the Senate and the Committee on Appro-
22 priations and the Committee on Veterans' Affairs of the
23 House of Representatives a report containing the expendi-
24 tures and obligations of the Office of Mental Health and

1 Suicide Prevention of the Veterans Health Administration
2 during the period covered by the report.

3 **SEC. 403. ANNUAL REPORT ON PROGRESS OF DEPARTMENT**
4 **OF VETERANS AFFAIRS IN MEETING GOALS**
5 **AND OBJECTIVES OF EXECUTIVE ORDER**
6 **13822.**

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

15 (1) An assessment of the progress of the De-
16 partment of Veterans Affairs, the Department of
17 Defense, and the Department of Homeland Security
18 in meeting the goals and objectives outlined in the
19 report required under section 2(c) of Executive
20 Order 13822 (83 Fed. Reg. 1513; relating to sup-
21 porting our veterans during their transition from
22 uniformed service to civilian life) with respect to the
23 implementation by the Department of Veterans Af-
24 fairs of the Joint Action Plan required under section
25 2(b) of such Executive order.

1 (2) A description of action to be taken by the
 2 Department of Veterans Affairs, the Department of
 3 Defense, and the Department of Homeland Security
 4 if those goals and objectives are not being met.

5 (3) An assessment of the effectiveness of Exec-
 6 utive Order 13822 at improving the transition proc-
 7 ess for members of the Armed Forces and veterans.

8 (4) Such other topics as the Secretary of Vet-
 9 erans Affairs, the Secretary of Defense, or the Sec-
 10 retary of Homeland Security consider necessary.

11 (b) SUBMITTAL BY SECRETARY OF VETERANS AF-
 12 FAIRS.—The Secretary of Veterans Affairs shall submit
 13 each report required under paragraph (1) with respect to
 14 the Department of Veterans Affairs regardless of whether
 15 the Secretary of Defense or the Secretary of Homeland
 16 Security provides any information for the report.

17 **SEC. 404. COMPTROLLER GENERAL MANAGEMENT REVIEW**
 18 **OF MENTAL HEALTH AND SUICIDE PREVEN-**
 19 **TION SERVICES OF DEPARTMENT OF VET-**
 20 **ERANS AFFAIRS.**

21 (a) IN GENERAL.—Not later than three years after
 22 the date of the enactment of this Act, the Comptroller
 23 General of the United States shall submit to the Com-
 24 mittee on Veterans' Affairs of the Senate and the Com-
 25 mittee on Veterans' Affairs of the House of Representa-

1 tives a management review of the mental health and sui-
2 cide prevention services provided by the Department of
3 Veterans Affairs.

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

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

13 (2) A description of the management and orga-
14 nizational structure of the Office of Mental Health
15 and Suicide Prevention, including roles and respon-
16 sibilities for each position.

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

20 (4) An assessment of suicide prevention prac-
21 tices and initiatives available from the Department
22 and through community partnerships.

23 (5) An assessment of the staffing levels at the
24 Office of Mental Health and Suicide Prevention,

1 dissaggregated by type of position, and including the
2 location of any staffing deficiencies.

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

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

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

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

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

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

19 (C) between that central office, local facili-
20 ties of the Department, and community part-
21 ners of the Department, including first respond-
22 ers, community support groups, and health care
23 industry partners.

1 (10) An assessment of how effectively the Office
2 of Mental Health and Suicide Prevention implements
3 operational policies and procedures.

4 (11) An assessment of how the Department of
5 Veterans Affairs and the Department of Defense co-
6 ordinate suicide prevention efforts, and recommenda-
7 tions on how the Department of Veterans Affairs
8 and Department of Defense can more effectively co-
9 ordinate those efforts.

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

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

16 (a) INITIAL REPORT.—

17 (1) IN GENERAL.—Not later than two years
18 after the date of the enactment of this Act, the
19 Comptroller General of the United States shall sub-
20 mit to the Committee on Veterans' Affairs of the
21 Senate and the Committee on Veterans' Affairs of
22 the House of Representatives a report on the efforts
23 of the Department of Veterans Affairs to integrate
24 mental health care into primary care clinics of the
25 Department.

1 (2) ELEMENTS.—The report required by sub-
2 section (a) shall include the following:

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

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

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

10 (D) A description of how care is coordi-
11 nated by the Department between specialty
12 mental health care and primary care, including
13 a description of the following:

14 (i) How documents and patient infor-
15 mation are transferred and the effective-
16 ness of those transfers.

17 (ii) How care is coordinated when vet-
18 erans must travel to different facilities of
19 the Department.

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

23 (E) An assessment of how the integration
24 of mental health care into primary care clinics

1 is implemented at different types of facilities of
 2 the Department.

3 (F) Such recommendations on how the De-
 4 partment can better integrate mental health
 5 care into primary care clinics as the Comp-
 6 troller General considers appropriate.

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

10 (b) COMMUNITY CARE INTEGRATION REPORT.—

11 (1) IN GENERAL.—Not later than two years
 12 after the date on which the Comptroller General
 13 submits the report required under subsection (a)(1),
 14 the Comptroller General shall submit to the Com-
 15 mittee on Veterans' Affairs of the Senate and the
 16 Committee on Veterans' Affairs of the House of
 17 Representatives a report on the efforts of the De-
 18 partment to integrate community-based mental
 19 health care into the Veterans Health Administration.

20 (2) ELEMENTS.—The report required by para-
 21 graph (1) shall include the following:

22 (A) An assessment of the efforts of the
 23 Department to integrate community-based men-
 24 tal health care into the Veterans Health Admin-
 25 istration.

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

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

5 (D) A description of how care is coordi-
6 nated between providers of community-based
7 mental health care and the Veterans Health
8 Administration, including a description of how
9 documents and patient information are trans-
10 ferred and the effectiveness of those transfers
11 between—

12 (i) the Veterans Health Administra-
13 tion and providers of community-based
14 mental health care; and

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

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

22 (F) An assessment of the military cultural
23 competency of health care providers providing
24 community-based mental health care to vet-
25 erans.

(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

1 and the Secretary of Defense shall submit to the
2 Committee on Armed Services and the Committee on
3 Veterans' Affairs of the Senate and the Committee
4 on Armed Services and the Committee on Veterans'
5 Affairs of the House of Representatives a report on
6 mental health programs of the Department of Vet-
7 erans Affairs and the Department of Defense and
8 joint programs of the Departments.

9 (2) ELEMENTS.—The report required by para-
10 graph (1) shall include the following:

11 (A) A description of mental health pro-
12 grams operated by the Department of Veterans
13 Affairs, including the following:

14 (i) Transition assistance programs.

15 (ii) Clinical mental health initiatives,
16 including—

17 (I) the Million Veterans Pro-
18 gram; and

19 (II) centers of excellence of the
20 Department of Veterans Affairs for
21 traumatic brain injury and post-trau-
22 matic stress disorder.

23 (iii) Programs that may secondarily
24 improve mental health, including employ-

1 ment, housing assistance, and financial lit-
2 eracy programs.

3 (iv) Research into mental health
4 issues and conditions.

5 (B) A description of mental health pro-
6 grams operated by the Department of Defense,
7 including the following:

8 (i) Transition assistance programs.

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

12 (iii) Programs that may secondarily
13 improve mental health, including employ-
14 ment, housing assistance, and financial lit-
15 eracy programs.

16 (iv) Research into mental health
17 issues and conditions.

18 (C) A description of mental health pro-
19 grams jointly operated by the Department of
20 Veterans Affairs and the Department of De-
21 fense, including the following:

22 (i) Transition assistance programs.

23 (ii) Clinical mental health initiatives.

24 (iii) Programs that may secondarily
25 improve mental health, including employ-

1 ment, housing assistance, and financial lit-
2 eracy programs.

3 (iv) Research into mental health
4 issues and conditions.

5 (D) Recommendations for coordinating
6 mental health programs of the Department of
7 Veterans Affairs and the Department of De-
8 fense to improve the effectiveness of those pro-
9 grams.

10 (E) Recommendations for novel joint pro-
11 gramming of the Department of Veterans Af-
12 fairs and the Department of Defense to improve
13 the mental health of members of the Armed
14 Forces and veterans.

15 (b) ESTABLISHMENT OF JOINT CENTER OF EXCEL-
16 LENCE.—

17 (1) IN GENERAL.—Not later than two years
18 after the date of the enactment of this Act, the Sec-
19 retary of Defense, in consultation with the Secretary
20 of Veterans Affairs, shall establish a center of excel-
21 lence to be known as the “Joint DOD/VA National
22 Intrepid Center of Excellence Intrepid Spirit Cen-
23 ter” (in this subsection referred to as the “Center”).

1 (2) DUTIES.—The Center shall conduct joint
2 mental health programs of the Department of Vet-
3 erans Affairs and the Department of Defense.

4 (3) LOCATION.—The Center shall be estab-
5 lished in a location that—

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

9 (B) is in a rural or highly rural area (as
10 determined through the use of the Rural-Urban
11 Commuting Areas coding system of the Depart-
12 ment of Agriculture).

13 **TITLE V—MEDICAL WORKFORCE**
14 **Subtitle A—Improvement of Mental**
15 **Health Medical Workforce**

16 **SEC. 501. TREATMENT OF PSYCHOLOGISTS.**

17 (a) TREATMENT AS TITLE 38 EMPLOYEES.—Section
18 7401 of title 38, United States Code, is amended—

19 (1) in paragraph (1) by inserting “psycholo-
20 gists,” after “chiropractors,”; and

21 (2) in paragraph (3), by striking “psycholo-
22 gists,”.

23 (b) INCLUSION IN CONTRACTS FOR SCARCE MEDICAL
24 SPECIALIST SERVICES.—Section 7409(a) of title 38,

1 United States Code, is amended by inserting “psycholo-
2 gists,” after “chiropractors,”.

3 **SEC. 502. STAFFING IMPROVEMENT PLAN FOR PSYCHIA-**
4 **TRISTS AND PSYCHOLOGISTS OF DEPART-**
5 **MENT OF VETERANS AFFAIRS.**

6 (a) STAFFING PLAN.—Not later than 270 days after
7 the date of the enactment of this Act, the Secretary of
8 Veterans Affairs, in consultation with the Inspector Gen-
9 eral of the Department of Veterans Affairs, shall submit
10 to the Committee on Veterans’ Affairs of the Senate and
11 the Committee on Veterans’ Affairs of the House of Rep-
12 resentatives a plan to address staffing shortages of psychi-
13 atrists and psychologists of the Department of Veterans
14 Affairs, including filling any open positions.

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

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

21 (2) An identification of the steps that the Sec-
22 retary will take in each Veterans Integrated Service
23 Network to address such shortages, include the fol-
24 lowing:

1 (A) A description of any region-specific
 2 hiring incentives to be used by the Secretary in
 3 consultation with the directors of Veterans Inte-
 4 grated Service Networks and medical centers of
 5 the Department.

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

9 (3) Such recommendations for legislative or ad-
 10 ministrative action as the Secretary considers nec-
 11 essary to aid in addressing staffing shortages of psy-
 12 chiatrists and psychologists of the Department.

13 **SEC. 503. OCCUPATIONAL SERIES AND STAFFING IMPROVE-**
 14 **MENT PLAN FOR LICENSED PROFESSIONAL**
 15 **MENTAL HEALTH COUNSELORS AND MAR-**
 16 **RIAGE AND FAMILY THERAPISTS OF DEPART-**
 17 **MENT OF VETERANS AFFAIRS.**

18 (a) OCCUPATIONAL SERIES.—Not later than one year
 19 after the date of the enactment of this Act, the Secretary
 20 of Veterans Affairs, in consultation with the Office of Per-
 21 sonnel Management, shall develop an occupational series
 22 for licensed professional mental health counselors and
 23 marriage and family therapists of the Department of Vet-
 24 erans Affairs.

25 (b) STAFFING PLAN.—

1 (1) IN GENERAL.—Not later than 270 days
2 after the date of the enactment of this Act, the Sec-
3 retary shall submit to the Committee on Veterans'
4 Affairs of the Senate and the Committee on Vet-
5 erans' Affairs of the House of Representatives a
6 plan to address staffing shortages of licensed profes-
7 sional mental health counselors and marriage and
8 family therapists of the Department of Veterans Af-
9 fairs.

10 (2) ELEMENTS.—The plan required by para-
11 graph (1) shall include the following:

12 (A) The number of positions for licensed
13 professional mental health counselors and mar-
14 riage and family therapists of the Department
15 that need to be filled to meet demand,
16 disaggregated by Veterans Integrated Service
17 Network and medical center.

18 (B) An identification of the steps that the
19 Secretary will take in each Veterans Integrated
20 Service Network to address such shortages, in-
21 clude the following:

22 (i) A description of any region-specific
23 hiring incentives to be used by the Sec-
24 retary in consultation with the directors of

1 Veterans Integrated Service Networks and
2 medical centers of the Department.

3 (ii) A description of any local reten-
4 tion or engagement incentives to be used
5 by directors of Veterans Integrated Service
6 Networks.

7 (C) Such recommendations for legislative
8 or administrative action as the Secretary, in
9 consultation with the Inspector General of the
10 Department of Veterans Affairs, considers nec-
11 essary to aid in addressing staffing shortages of
12 licensed professional mental health counselors
13 and marriage and family therapists of the De-
14 partment.

15 (c) REPORT.—Not later than one year after the sub-
16 mittal of the plan required by subsection (b), the Secretary
17 shall submit to the Committee on Veterans' Affairs of the
18 Senate and the Committee on Veterans' Affairs of the
19 House of Representatives a report setting forth the num-
20 ber of licensed professional mental health counselors and
21 marriage and family therapists hired by the Department
22 during the one-year period preceding the submittal of the
23 report, disaggregated by Veterans Integrated Service Net-
24 work and medical center.

1 **SEC. 504. STAFFING IMPROVEMENT PLAN FOR PEER SPE-**
2 **CIALISTS OF DEPARTMENT OF VETERANS AF-**
3 **FAIRS WHO ARE WOMEN.**

4 (a) ASSESSMENT OF CAPACITY.—

5 (1) IN GENERAL.—Not later than 90 days after
6 the date of the enactment of this Act, the Secretary
7 of Veterans Affairs, in consultation with the Inspec-
8 tor General of the Department of Veterans Affairs,
9 shall commence an assessment of the capacity of
10 peer specialists of the Department of Veterans Af-
11 fairs who are women.

12 (2) ELEMENTS.—The assessment required by
13 paragraph (1) shall include an assessment of the fol-
14 lowing:

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

17 (B) The geographical distribution of
18 women veterans.

19 (C) The number and proportion of women
20 peer specialists who specialize in peer coun-
21 seling on mental health or suicide prevention.

22 (D) The number and proportion of women
23 peer specialists who specialize in peer coun-
24 seling on non-mental health related matters.

25 (b) REPORT.—Not later than one year after the as-
26 sessment required by subsection (a) has commenced, the

1 Secretary shall submit to the Committee on Veterans' Af-
2 fairs of the Senate and the Committee on Veterans' Af-
3 fairs of the House of Representatives a report detailing
4 the findings of the assessment.

5 (c) STAFFING IMPROVEMENT PLAN.—

6 (1) IN GENERAL.—Not later than 180 days
7 after submitting the report under subsection (b), the
8 Secretary, in consultation with the Inspector Gen-
9 eral, shall submit to the Committee on Veterans' Af-
10 fairs of the Senate and the Committee on Veterans'
11 Affairs of the House of Representatives a plan,
12 based on the results of the assessment required by
13 subsection (a), to hire additional qualified peer spe-
14 cialists who are women, with special consideration
15 for areas that lack peer specialists who are women.

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

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

19 and

20 (B) may be part-time positions.

1 **SEC. 505. ESTABLISHMENT OF DEPARTMENT OF VETERANS**
 2 **AFFAIRS READJUSTMENT COUNSELING**
 3 **SERVICE SCHOLARSHIP PROGRAM.**

4 (a) IN GENERAL.—Chapter 76 of title 38, United
 5 States Code, is amended by inserting after subchapter
 6 VIII the following new subchapter:

7 “SUBCHAPTER IX—READJUSTMENT
 8 COUNSELING SERVICE SCHOLARSHIP PROGRAM
 9 “§ 7698. Requirement for program

10 “As part of the Educational Assistance Program, the
 11 Secretary shall carry out a scholarship program under this
 12 subchapter. The program shall be known as the Depart-
 13 ment of Veterans Affairs Readjustment Counseling Serv-
 14 ice Scholarship Program (in this subchapter referred to
 15 as the ‘Program’).

16 “§ 7699. Eligibility; agreement

17 “(a) IN GENERAL.—An individual is eligible to par-
 18 ticipate in the Program, as determined by the Readjust-
 19 ment Counseling Service of the Department, if the indi-
 20 vidual—

21 “(1) is accepted for enrollment or enrolled (as
 22 described in section 7602 of this title) in, a program
 23 of study at an accredited educational institution,
 24 school, or training program leading to—

1 “(A) a bachelor’s, master’s, or doctoral de-
 2 gree in psychology, social work, or marriage
 3 and family therapy; or

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

6 “(2) enters into an agreement with the Sec-
 7 retary under subsection (c).

8 “(b) PRIORITY.—In selecting individuals to partici-
 9 pate in the Program, the Secretary shall give priority to
 10 the following individuals:

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

13 “(A) designated as a medically underserved
 14 population under section 330(b)(3) of the Pub-
 15 lic Health Service Act (42 U.S.C. 254b(b)(3));
 16 and

17 “(B) in a state with a per capita popu-
 18 lation of veterans of more than five percent ac-
 19 cording to the National Center for Veterans
 20 Analysis and Statistics and the Bureau of the
 21 Census.

22 “(2) An individual who is a veteran.

23 “(c) AGREEMENT.—An agreement between the Sec-
 24 retary and a participant in the Program shall (in addition

1 to the requirements set forth in section 7604 of this title)
 2 include the following:

3 “(1) An agreement by the Secretary to provide
 4 the participant with a scholarship under the Pro-
 5 gram for a specified number of school years during
 6 which the participant pursues a program of study
 7 described in subsection (a)(1) that meets the re-
 8 quirements set forth in section 7602(a) of this title.

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

15 “(d) VET CENTER DEFINED.—In this section, the
 16 term ‘Vet Center’ has the meaning given that term in sec-
 17 tion 1712A(h) of this title.

18 **“§ 7699A. Obligated service**

19 “(a) IN GENERAL.—Each participant in the Program
 20 shall provide service as a full-time employee of the Depart-
 21 ment at a Vet Center (as defined in section 7699(c) of
 22 this title) for the period of obligated service set forth in
 23 the agreement of the participant entered into under sec-
 24 tion 7604 of this title.

1 “(b) DETERMINATION OF SERVICE COMMENCEMENT

2 DATE.—(1) Not later than 60 days before the service com-
3 mencement date of a participant, the Secretary shall no-
4 tify the participant of that service commencement date.

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

8 **“§ 7699B. Breach of agreement: liability**

9 “(a) LIQUIDATED DAMAGES.—(1) A participant in
10 the Program (other than a participant described in sub-
11 section (b)) who fails to accept payment, or instructs the
12 educational institution in which the participant is enrolled
13 not to accept payment, in whole or in part, of a scholarship
14 under the agreement entered into under section 7604 of
15 this title shall be liable to the United States for liquidated
16 damages in the amount of \$1,500.

17 “(2) Liability under paragraph (1) is in addition to
18 any period of obligated service or other obligation or liabil-
19 ity under such agreement.

20 “(b) LIABILITY DURING PROGRAM OF STUDY.—(1)
21 Except as provided in subsection (d), a participant in the
22 Program shall be liable to the United States for the
23 amount which has been paid to or on behalf of the partici-
24 pant under the agreement if any of the following occurs:

1 “(A) The participant fails to maintain an ac-
 2 ceptable level of academic standing in the edu-
 3 cational institution in which the participant is en-
 4 rolled (as determined by the educational institution
 5 under regulations prescribed by the Secretary).

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

8 “(C) The participant voluntarily terminates the
 9 program of study in such educational institution be-
 10 fore the completion of such program of study.

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

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

19 $A = 3\Phi(t - s/t)$.

20 “(2) In the formula in paragraph (1):

21 “(A) ‘A’ is the amount the United States is en-
 22 titled to recover.

23 “(B) ‘ Φ ’ is the sum of—

24 “(i) the amounts paid under this sub-
 25 chapter to or on behalf of the participant; and

1 “(ii) the interest on such amounts which
 2 would be payable if at the time the amounts
 3 were paid they were loans bearing interest at
 4 the maximum legal prevailing rate, as deter-
 5 mined by the Treasurer of the United States.

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

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

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

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

19 (b) CONFORMING AND TECHNICAL AMENDMENTS.—

20 (1) CONFORMING AMENDMENTS.—

21 (A) ESTABLISHMENT OF PROGRAM.—Sec-
 22 tion 7601(a) of such title is amended—

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

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

3 (iii) by adding at the end the fol-
4 lowing new paragraph:

5 “(7) the readjustment counseling service schol-
6 arship program provided for in subchapter IX of this
7 chapter.”.

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

10 (i) in subsection (a)(1)—

11 (I) by striking “or VI” and in-
12 serting “VI, or IX”; and

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

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

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

21 (D) TERMS OF AGREEMENT.—Section
22 7604 of such title is amended by striking “or
23 VIII” each place it appears and inserting
24 “VIII, or IX”.

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

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

9 (ii) in paragraph (4), by striking “and
 10 per participant in the Specialty Education
 11 Loan Repayment Program” and inserting
 12 “per participant in the Specialty Education
 13 Loan Repayment Program, and per partic-
 14 ipant in the Readjustment Counseling
 15 Service Scholarship Program”.

16 (2) TABLE OF SECTIONS.—The table of sections
 17 at the beginning of chapter 76 of such title is
 18 amended by inserting after the items relating to sub-
 19 chapter VIII the following:

“SUBCHAPTER IX—READJUSTMENT COUNSELING SERVICE SCHOLARSHIP
 PROGRAM

“Sec.

“7698. Requirement for program.

“7699. Eligibility; agreement.

“7699A. Obligated service.

“7699B. Breach of agreement: liability.”.

20 (c) EFFECTIVE DATE.—The Secretary of Veterans
 21 Affairs shall begin awarding scholarships under sub-
 22 chapter IX of chapter 76 of title 38, United States Code,

1 as added by subsection (a), for programs of study begin-
2 ning not later than one year after the date of the enact-
3 ment of this Act.

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

7 (a) IN GENERAL.—Not later than one year after the
8 date of the enactment of this Act, the Comptroller General
9 of the United States shall submit to the Committee on
10 Veterans' Affairs of the Senate and the Committee on Vet-
11 erans' Affairs of the House of Representatives a report
12 on the Readjustment Counseling Service of the Depart-
13 ment of Veterans Affairs.

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

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

21 (2) An assessment of the efficacy of outreach
22 efforts by the Readjustment Counseling Service, in-
23 cluding recommendations for how outreach efforts
24 can be improved.

1 (3) An assessment of barriers to care at Vet
2 Centers, including recommendations for overcoming
3 those barriers.

4 (4) An assessment of the efficacy and frequency
5 of the use of telehealth by counselors of the Read-
6 justment Counseling Service to provide mental
7 health services, including recommendations for how
8 the use of telehealth can be improved.

9 (5) An assessment of the feasibility and advis-
10 ability of expanding eligibility for services from the
11 Readjustment Counseling Service, including—

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

14 (B) an assessment of potential costs and
15 increased infrastructure requirements if eligi-
16 bility is expanded.

17 (6) An assessment of the use of Vet Centers by
18 members of the reserve components of the Armed
19 Forces who were never activated and recommenda-
20 tions on how to better reach those members.

21 (7) An assessment of the use of Vet Centers by
22 eligible family members of former members of the
23 Armed Forces and recommendations on how to bet-
24 ter reach those family members.

1 (8) An assessment of the efficacy of group ther-
 2 apy and the level of training of providers at Vet
 3 Centers in administering group therapy.

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

7 **SEC. 507. EXPANSION OF REPORTING REQUIREMENTS ON**
 8 **READJUSTMENT COUNSELING SERVICE OF**
 9 **DEPARTMENT OF VETERANS AFFAIRS.**

10 (a) EXPANSION OF ANNUAL REPORT.—Paragraph
 11 (2)(C) of section 7309(e) of title 38, United States Code,
 12 is amended by inserting before the period at the end the
 13 following: “, including the resources required to meet such
 14 unmet need, such as additional staff, additional locations,
 15 additional infrastructure, infrastructure improvements,
 16 and additional mobile Vet Centers”.

17 (b) BIENNIAL REPORT.—Such section is amended by
 18 adding at the end the following new paragraph:

19 “(3) For each even numbered year in which the re-
 20 port required by paragraph (1) is submitted, the Secretary
 21 shall include in such report a prediction of trends in de-
 22 mand for care, long-term investments required with re-
 23 spect to the provision of care, maintenance of infrastruc-
 24 ture, and other capital investments with respect to the Re-

1 adjustment Counseling Service, including Vet Centers,
 2 Mobile Vet Centers, and community access points.”.

3 **SEC. 508. STUDIES ON ALTERNATIVE WORK SCHEDULES**
 4 **FOR EMPLOYEES OF VETERANS HEALTH AD-**
 5 **MINISTRATION.**

6 (a) STUDY OF VETERANS.—

7 (1) IN GENERAL.—Not later than 180 days
 8 after the date of the enactment of this Act, the Sec-
 9 retary of Veterans Affairs shall conduct a study on
 10 the attitudes of eligible veterans toward the Depart-
 11 ment of Veterans Affairs offering appointments out-
 12 side the usual operating hours of facilities of the De-
 13 partment, including through the use of telehealth
 14 appointments.

15 (2) ELIGIBLE VETERAN DEFINED.—In this sub-
 16 section, the term “eligible veteran” means a veteran
 17 who—

18 (A) is enrolled in the patient enrollment
 19 system of the Department under section
 20 1705(a) of title 38, United States Code; and

21 (B) received health care from the Depart-
 22 ment at least once during the two-year period
 23 ending on the date of the commencement of the
 24 study under paragraph (1).

25 (b) DEPARTMENT STUDY.—

1 (1) IN GENERAL.—Not later than 180 days
2 after the date of the enactment of this Act, the Sec-
3 retary shall conduct a study on the feasibility and
4 advisability of offering appointments outside the
5 usual operating hours of facilities of the Depart-
6 ment.

7 (2) STUDY OF EMPLOYEES.—The study re-
8 quired by paragraph (1) shall include a study of the
9 opinions of employees of the Veterans Health Ad-
10 ministration, including clinical, nonclinical, and sup-
11 port staff, with respect to offering appointments out-
12 side the usual operating hours of facilities of the De-
13 partment, including through the use of telehealth
14 appointments.

15 **SEC. 509. SUICIDE PREVENTION COORDINATORS.**

16 The Secretary of Veterans Affairs shall ensure that
17 each medical center of the Department of Veterans Affairs
18 is staffed with not fewer than one suicide prevention coor-
19 dinator.

1 **Subtitle B—Direct Hiring Authori-**
 2 **ties for Certain Health Care Po-**
 3 **sitions**

4 **SEC. 521. DIRECT HIRING AUTHORITIES FOR CERTAIN**
 5 **HEALTH CARE POSITIONS.**

6 (a) IN GENERAL.—Subpart I of part III of title 5,
 7 United States Code, is amended by adding at the end the
 8 following:

9 **“CHAPTER 103—DEPARTMENT OF VET-**
 10 **ERANS AFFAIRS HIRING AUTHORITIES**

“Sec.

“10301. Department of Veterans Affairs personnel authorities.

11 **“§ 10301. Department of Veterans Affairs personnel**
 12 **authorities**

13 “(a) FLEXIBILITIES RELATING TO APPOINT-
 14 MENTS.—

15 “(1) IN GENERAL.—The Secretary of Veterans
 16 Affairs (referred to in this section as the ‘Secretary’)
 17 shall promulgate regulations to redesign the proce-
 18 dures that are applied by the Department of Vet-
 19 erans Affairs in making appointments to positions
 20 described in paragraphs (1) and (3) of section 7401
 21 of title 38 in order to—

22 “(A) better meet mission needs;

23 “(B) respond to managers’ needs and the
 24 needs of applicants;

1 “(C) produce high-quality applicants;

2 “(D) support timely decisions; and

3 “(E) promote competitive job offers.

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

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

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

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

21 “(3) IMPLEMENTATION REQUIREMENTS.—In
22 implementing this subsection, the Secretary shall
23 comply with the provisions of section 2302(b)(11),
24 regarding veterans’ preference requirements, in a

1 manner consistent with that in which such provi-
2 sions are applied under chapter 33.

3 “(4) TRAINING PROGRAM.—The Secretary shall
4 develop a training program for Department of Vet-
5 erans Affairs human resource professionals to imple-
6 ment the requirements of this subsection.

7 “(5) INDICATORS OF EFFECTIVENESS.—The
8 Secretary shall develop indicators of effectiveness to
9 determine whether appointment flexibilities under
10 this subsection have achieved the objectives de-
11 scribed in paragraph (1).

12 “(b) CRITERIA FOR USE OF NEW PERSONNEL AU-
13 THORITIES.—In the redesign of appointment procedures,
14 as described in subsection (a), and with respect to the sys-
15 tem of appointment flexibilities established under that
16 subsection, the Secretary shall—

17 “(1) include a means for ensuring employee in-
18 volvement (for bargaining unit employees, through
19 their exclusive representatives) in that redesign and
20 in the implementation of that system;

21 “(2) provide for adequate training and retrain-
22 ing for supervisors, managers, and employees in the
23 implementation and operation of that redesign and
24 that system;

25 “(3) develop—

1 “(A) a comprehensive management succes-
2 sion program to provide training to employees
3 to develop managers for the agency; and

4 “(B) a program to provide training to su-
5 pervisors on actions, options, and strategies
6 that a supervisor may use in administering that
7 system;

8 “(4) include effective transparency and account-
9 ability measures and safeguards to ensure that the
10 management of that system is fair, credible, and eq-
11 uitable, including appropriate independent reason-
12 ableness reviews, internal assessments, and employee
13 surveys;

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

17 “(6) develop appropriate procedures for warn-
18 ings during performance evaluations for employees
19 who fail to meet performance standards;

20 “(7) utilize the quadrennial strategic plan re-
21 quired under section 7330C(b) of title 38; and

22 “(8) ensure that adequate agency resources are
23 allocated for the design, implementation, and admin-
24 istration 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 Authorities10301.”.

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 partner-
 ships, between the Department of Veterans Affairs, orga-
 nizations that represent or serve veterans, nonprofit orga-
 nizations, private businesses, and other interested parties
 for the expansion of telehealth capabilities and the provi-
 sion of telehealth services to veterans through the award
 of grants under subsection (c).

(b) PREFERENCE FOR PARTNERSHIPS.—The Sec-
 retary 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 De-
 partment of Agriculture); or

1 (2) operate in a medically underserved commu-
2 nity (as defined in section 799B of the Public
3 Health Service Act (42 U.S.C. 295p)).

4 (c) AWARD OF GRANTS.—

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

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

12 (3) USE OF GRANTS.—

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

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

19 (ii) Upgrading security protocols for
20 consistency with the standardized tele-
21 health security protocol implemented under
22 section 602(a)(2), or any other security re-
23 quirements of the Department.

1 (iii) Training of employees, including
2 payment of those employees for completing
3 that training, with respect to—

4 (I) military and veteran cultural
5 competence, if the entity is not an or-
6 ganization that represents veterans;
7 and

8 (II) equipment required to pro-
9 vide telehealth services.

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

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

16 (II) soundproofing of existing
17 rooms; or

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

20 (v) Upgrading existing infrastructure
21 to comply with the Americans with Disabil-
22 ities Act of 1990 (42 U.S.C. 12101 et
23 seq.).

24 (vi) Upgrading internet infrastruc-
25 ture.

1 (B) EXCLUSION.—Grants may not be used
2 for the purchase of new property or for major
3 construction projects, as determined by the Sec-
4 retary.

5 (d) MEMORANDA OF UNDERSTANDING OR AGREE-
6 MENT ON TELEHEALTH ACCESS POINTS.—

7 (1) IN GENERAL.—An entity described in sub-
8 section (a) that seeks to establish a telehealth access
9 point for veterans but does not require grant fund-
10 ing under this section to do so may enter into a
11 memorandum of understanding or memorandum of
12 agreement with the Department for the establish-
13 ment of such an access point.

14 (2) INSPECTION.—The Secretary shall inspect
15 the access point proposed to be established under
16 paragraph (1) to ensure that it is adequately pri-
17 vate, secure, and accessible for veterans before the
18 access point is established.

19 (e) ASSESSMENT OF BARRIERS TO ACCESS.—

20 (1) IN GENERAL.—Not later than 18 months
21 after the date of the enactment of this Act, the Sec-
22 retary shall complete an assessment of barriers faced
23 by veterans in accessing telehealth services from
24 home.

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

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

6 (B) An assessment of current and poten-
7 tial future barriers to veterans accessing
8 broadband services at home.

9 (C) A description of how the Department
10 plans to address the current and potential fu-
11 ture cost and access barriers described in sub-
12 paragraphs (A) and (B).

13 (D) Such other matters related to internet
14 access for veterans in their homes as the Sec-
15 retary considers relevant.

16 (3) REPORT.—Not later than 120 days after
17 the completion of the assessment required by para-
18 graph (1), the Secretary shall submit to the Com-
19 mittee on Veterans' Affairs of the Senate and the
20 Committee on Veterans' Affairs of the House of
21 Representatives a report on the assessment, includ-
22 ing any recommendations for legislative or adminis-
23 trative action based on the results of the assessment.

1 (f) AUTHORIZATION OF APPROPRIATIONS.—There is
2 authorized to be appropriated to the Secretary of Veterans
3 Affairs \$10,000,000 to carry out this section.

4 **SEC. 602. IMPLEMENTATION OF NATIONAL PROTOCOL FOR**
5 **TELEHEALTH SECURITY AND INTERFACING**
6 **INSTRUCTIONS.**

7 (a) NATIONAL TELEHEALTH SECURITY PRO-
8 TOCOL.—

9 (1) ASSESSMENT.—

10 (A) IN GENERAL.—The Secretary of Vet-
11 erans Affairs, in consultation with industry ex-
12 perts, the Chairman of the Federal Trade Com-
13 mission, the Assistant Secretary of Veterans Af-
14 fairs for Information and Technology and Chief
15 Information Officer, and stakeholders, shall
16 conduct an assessment of current telehealth se-
17 curity protocols.

18 (B) ELEMENTS.—The assessment con-
19 ducted under subparagraph (A) shall include
20 the following:

21 (i) An assessment of current tele-
22 health security protocols, including proto-
23 cols used by—

24 (I) the Department of Veterans
25 Affairs;

- 1 (II) other Federal agencies;
2 (III) other health care providers;
3 and
4 (IV) such other organizations as
5 the Secretary considers necessary to
6 assess under such subparagraph.

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

9 (I) faced by veterans using tele-
10 health services; or

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

13 (C) TIMELINE.—The Secretary shall com-
14 plete the assessment conducted under subpara-
15 graph (A) not later than one year after the date
16 of the enactment of this Act.

17 (2) IMPLEMENTATION.—Not later than 18
18 months after the completion of the assessment under
19 paragraph (1), the Secretary shall, using guidance
20 from the assessment, fully implement a standardized
21 telehealth security protocol at all facilities of the De-
22 partment.

23 (3) PRIVACY AND SECURITY.—The Secretary
24 shall ensure that the security protocol implemented
25 under this subsection protects the privacy and secu-

1 rity of veterans, the health data of veterans, and
 2 data from the Department.

3 (b) NATIONAL TELEHEALTH INTERFACING INSTRUCTIONS.—
 4

5 (1) ASSESSMENT.—

6 (A) IN GENERAL.—The Secretary of Vet-
 7 erans Affairs, in consultation with industry ex-
 8 perts, organizations that represent veterans, the
 9 Chief Veterans Experience Officer, the Assist-
 10 ant Secretary of Veterans Affairs for Informa-
 11 tion and Technology and Chief Information Of-
 12 ficer, and stakeholders, shall conduct an assess-
 13 ment of current telehealth interfacing instruc-
 14 tions.

15 (B) ELEMENTS.—The assessment con-
 16 ducted under subparagraph (A) shall include an
 17 assessment of interfacing instructions used
 18 by—

19 (i) the Department of Veterans Af-
 20 fairs;

21 (ii) other Federal agencies;

22 (iii) other health care providers; and

23 (iv) such other organizations as the
 24 Secretary considers necessary to assess
 25 under such subparagraph.

1 (C) **TIMELINE.**—The Secretary shall com-
2 plete the assessment conducted under subpara-
3 graph (A) not later than one year after the date
4 of the enactment of this Act.

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

11 (3) **NAVIGATION.**—The Secretary shall ensure
12 that the telehealth interfacing instructions imple-
13 mented under this subsection are those that are
14 easiest to navigate for veterans and health care pro-
15 viders.

○