

Calendar No. 498

116TH CONGRESS
2D 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, Ms. DUCKWORTH, Mr. PETERS, Mrs. GILLIBRAND, Mr. MERKLEY, Mr. SULLIVAN, Mr. BENNET, Ms. HASSAN, Mr. COONS, Mr. ROBERTS, Mrs. SHAHEEN, Mr. DAINES, Mr. CRAPO, Mr. BOOZMAN, Ms. CORTEZ MASTO, Mr. CRAMER, Ms. MCSALLY, Mr. CORNYN, Ms. ROSEN, Mr. JONES, Ms. COLLINS, Mrs. BLACKBURN, Mr. ROUNDS, Mr. HOEVEN, Mr. RISCH, Mr. WYDEN, Ms. MURKOWSKI, Mr. WICKER, Mr. PORTMAN, and Mr. HEINRICH) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

JULY 27, 2020

Reported by Mr. MORAN, with an amendment

[Strike out all after the enacting clause and insert the part printed in *italic*]

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 Af-
 fairs 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 ob-
 jectives of National Strategy for Preventing Veteran Suicide.

Sec. 205. Study on feasibility and advisability of providing certain complemen-
 tary and integrative health services.

Sec. 206. Program to provide veterans access to complementary and integrative
 health services through animal therapy, agri-therapy, and out-
 door sports therapy.

Sec. 207. Comptroller General report on management by Department of Vet-
 erans 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 behav-
 ioral 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—

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

11 (2) by redesignating subparagraph (B) as sub-
 12 paragraph (C); and

13 (3) by inserting after subparagraph (A) the fol-
 14 lowing new subparagraph (B):

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

18 (b) **PATIENT ENROLLMENT SYSTEM.**—Section
 19 1705(e) of such title is amended by adding at the end the
 20 following new paragraph:

21 “(3) Nothing in this section shall be construed to pre-
 22 vent the Secretary from providing hospital care and med-
 23 ical services to a veteran under section 1710(a)(1)(B) of
 24 this title during the period specified in such section not-
 25 withstanding the failure of the veteran to enroll in the sys-

1 tem of patient enrollment established by the Secretary
 2 under subsection (a).”.

3 (c) PROMOTION OF EXPANDED ELIGIBILITY.—

4 (1) TRANSITION ASSISTANCE PROGRAM.—

5 (A) IN GENERAL.—The Secretary of
 6 Labor, in consultation with the Secretary of
 7 Defense and the Secretary of Veterans Affairs,
 8 shall promote to members of the Armed Forces
 9 transitioning from service in the Armed Forces
 10 to civilian life through the Transition Assist-
 11 ance Program the expanded eligibility of vet-
 12 erans for health care under the laws adminis-
 13 tered by the Secretary of Veterans Affairs pur-
 14 suant to the amendments made by this section.

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

20 (2) PUBLICATION BY DEPARTMENT OF VET-
 21 ERANS AFFAIRS.—Not later than 30 days after the
 22 date of the enactment of this Act, the Secretary of
 23 Veterans Affairs shall publish on a website of the
 24 Department of Veterans Affairs notification of the
 25 expanded eligibility of veterans for health care under

1 the laws administered by the Secretary pursuant to
 2 the amendments made by this section.

3 **SEC. 102. GRANTS FOR PROVISION OF TRANSITION ASSIST-**
 4 **ANCE TO FORMER MEMBERS OF THE ARMED**
 5 **FORCES TRANSITIONING TO CIVILIAN LIFE.**

6 (a) **PROGRAM REQUIRED.**—Commencing not later
 7 than 180 days after the date of the enactment of this Act,
 8 the Secretary of Labor shall, in coordination with the Sec-
 9 retary of Veterans Affairs, carry out a program on the
 10 provision of assistance to former members of the Armed
 11 Forces, and spouses of such members, transitioning from
 12 service in the Armed Forces to civilian life.

13 (b) **DURATION OF PROGRAM.**—The Secretary of
 14 Labor shall carry out the program during the five-year
 15 period beginning on the date of the commencement of the
 16 program.

17 (c) **GRANTS.**—

18 (1) **IN GENERAL.**—The Secretary shall carry
 19 out the program through the award of grants to eli-
 20 gible organizations for the provision of assistance de-
 21 scribed in subsection (a).

22 (2) **MATCHING FUNDS REQUIRED.**—A grant
 23 under this section shall be in an amount that does
 24 not exceed 50 percent of the amount required by the

1 organization to provide the services described in sub-
2 section (f).

3 (d) ELIGIBLE ORGANIZATIONS.—For purposes of
4 this section, an eligible organization is any nonprofit orga-
5 nization that the Secretary of Labor determines, in con-
6 sultation with the Secretary of Veterans Affairs and State
7 entities that serve veterans, is suitable for receipt of a
8 grant under the program pursuant to receipt by the Sec-
9 retary of Labor of an application submitted under sub-
10 section (e)(1).

11 (e) SELECTION OF GRANT RECIPIENTS.—

12 (1) APPLICATIONS.—An organization seeking a
13 grant under the program shall submit to the Sec-
14 retary of Labor an application therefor at such time,
15 in such manner, and containing such information
16 and assurances as the Secretary, in consultation
17 with the Secretary of Veterans Affairs and State en-
18 tities that serve veterans, may require.

19 (2) PRIORITY FOR HUBS OF SERVICES.—In
20 awarding grants under the program, the Secretary
21 of Labor shall give priority to an organization that
22 provides multiple forms of services described in sub-
23 section (f).

24 (f) USE OF GRANT FUNDS.—Each organization re-
25 ceiving a grant under the program shall use the grant to

1 provide to former members of the Armed Forces and
 2 spouses described in subsection (a) the following:

3 (1) ~~Résumé assistance.~~

4 (2) ~~Interview training.~~

5 (3) ~~Job recruitment training.~~

6 (4) ~~Entrepreneurship training.~~

7 (5) ~~Financial services.~~

8 (6) ~~Legal assistance.~~

9 (7) ~~Educational supportive services.~~

10 (8) ~~Assistance with accessing benefits provided~~
 11 ~~under laws administered by the Secretary of Vet-~~
 12 ~~erans Affairs, including home loan benefits, edu-~~
 13 ~~cation benefits, adaptive housing grants, and all~~
 14 ~~other benefits.~~

15 (9) ~~Nonclinical case management.~~

16 (10) ~~Other related services leading directly to~~
 17 ~~successful transition, as determined by the Secretary~~
 18 ~~of Labor in consultation with the Secretary of Vet-~~
 19 ~~erans Affairs.~~

20 (g) ~~ANNUAL REPORTS.—~~

21 (1) ~~IN GENERAL.—~~Not later than one year
 22 ~~after the date of the commencement of the program~~
 23 ~~and not less frequently than once each year there-~~
 24 ~~after until the termination of the program, the Sec-~~
 25 ~~retary of Labor shall, in consultation with the Sec-~~

1 retary of Veterans Affairs, submit to the appropriate
2 committees of Congress a report on the program
3 carried out under this section.

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

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

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

13 (C) An assessment of the effectiveness of
14 the services provided under the program at im-
15 proving the transition process for former mem-
16 bers of the Armed Forces and spouses described
17 in subsection (a), based on metrics determined
18 by the Secretary of Labor in consultation with
19 the Secretary of Veterans Affairs.

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

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

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

4 ~~(A)~~ the Committee on Veterans’ Affairs
 5 and the Committee on Appropriations of the
 6 Senate; and

7 ~~(B)~~ the Committee on Veterans’ Affairs
 8 and the Committee on Appropriations of the
 9 House of Representatives.

10 ~~(h)~~ AUTHORIZATION OF APPROPRIATIONS.—There is
 11 authorized to be appropriated \$10,000,000 to carry out
 12 this section.

13 **SEC. 103. STUDY OF COMMUNITY-BASED TRANSITION AS-**
 14 **SISTANCE PROGRAMS FOR FORMER MEM-**
 15 **BERS OF THE ARMED FORCES.**

16 ~~(a)~~ STUDY.—

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

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

- 4 (i) résumé assistance;
- 5 (ii) interview training;
- 6 (iii) job recruitment training;
- 7 (iv) entrepreneurship training;
- 8 (v) financial services;
- 9 (vi) legal assistance;
- 10 (vii) educational supportive services;
- 11 (viii) assistance with accessing bene-
 12 fits provided under laws administered by
 13 the Secretary of Veterans Affairs, includ-
 14 ing home loan benefits, education benefits,
 15 adaptive housing grants, and other bene-
 16 fits; and
- 17 (ix) nonclinical case management; and

18 (B) are operated by nonprofit organiza-
 19 tions.

20 (2) UPDATES.—

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

24 (B) UPON REQUEST.—In addition to peri-
 25 odic updates under subparagraph (A), the Sec-

1 retary shall update the list created under para-
2 graph (1) upon request of an organization with
3 a program included in the list.

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

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

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

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

6 (a) **ELIGIBILITY.**—Subsection (b)(2)(B) of section
 7 1720I of title 38, United States Code, is amended by
 8 striking “a discharge by court martial” and inserting “a
 9 dismissal”.

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

12 (1) in paragraph (3)—

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

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

17 (C) by redesignating subparagraph (C) as
 18 subparagraph (D); and

19 (D) by inserting after subparagraph (B)
 20 the following new subparagraph (C):

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

23 (2) by redesignating paragraph (4) as para-
 24 graph (5); and

25 (3) by inserting after paragraph (3) the fol-
 26 lowing new paragraph (4):

1 “(4) shall include outreach on Internet search
2 engines; and”.

3 (c) ANNUAL REPORT.—Subsection (f) of such section
4 is amended—

5 (1) in paragraph (1), by striking “Not less fre-
6 quently than once” and inserting “Not later than
7 February 15”; and

8 (2) in paragraph (2)—

9 (A) by redesignating subparagraph (C) as
10 subparagraph (F); and

11 (B) by inserting after subsection (B) the
12 following new subparagraphs:

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

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

17 “(i) age;

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

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

22 “(iv) geographic location.

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

1 **TITLE II—SUICIDE PREVENTION**

2 **SEC. 201. GRANTS FOR ORGANIZATIONS PROVIDING MEN-**
 3 **TAL HEALTH WELLNESS SERVICES TO VET-**
 4 **ERANS.**

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

9 (b) GRANTS.—

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

13 **“§ 1720J. Financial assistance for mental health sup-**
 14 **portive services for veterans seeking**
 15 **mental health treatment**

16 **“(a) DISTRIBUTION OF FINANCIAL ASSISTANCE.—**

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

22 **“(2) Financial assistance under paragraph (1) shall**
 23 **consist of the award of a grant to an approved eligible**
 24 **entity for each veteran described in paragraph (1) for**

1 which the approved eligible entity is providing or coordi-
2 nating the provision of mental health supportive services.

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

7 ~~“(B) The Secretary may establish intervals of pay-~~
8 ~~ment for the administration of grants under this section~~
9 ~~and establish a maximum amount to be awarded, in ac-~~
10 ~~cordance with the services being provided and the duration~~
11 ~~of such services.~~

12 ~~“(4) In providing financial assistance under para-~~
13 ~~graph (1), the Secretary shall give preference to entities~~
14 ~~providing or coordinating the provision of supportive men-~~
15 ~~tal health services for veterans with mental health condi-~~
16 ~~tions who face barriers in accessing mental health care~~
17 ~~services from the Department.~~

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

22 ~~“(6) Each entity receiving financial assistance under~~
23 ~~this section to provide mental health supportive services~~
24 ~~to a veteran with a mental health condition shall notify~~

1 that veteran that such services are being paid for, in whole
2 or in part, by the Department.

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

7 “(b) MENTAL HEALTH SUPPORTIVE SERVICES.—
8 The mental health supportive services described in this
9 subsection are services provided by an eligible entity or
10 a subcontractor of an eligible entity that address the needs
11 of veterans with mental health conditions, including—

12 “(1) outreach services;

13 “(2) case management services;

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

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

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

25 “(B) daily living services;

1 ~~“(C) personal financial planning services;~~

2 ~~“(D) transportation services;~~

3 ~~“(E) income support services;~~

4 ~~“(F) fiduciary and representative payee~~
5 ~~services;~~

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

11 ~~“(H) child care services;~~

12 ~~“(I) housing counseling; and~~

13 ~~“(J) other services necessary for maintain-~~
14 ~~ing independent living.~~

15 ~~“(e) APPLICATION FOR FINANCIAL ASSISTANCE.—~~

16 ~~(1) An eligible entity seeking financial assistance under~~
17 ~~subsection (a) shall submit to the Secretary an application~~
18 ~~therefor in such form, in such manner, and containing~~
19 ~~such commitments and information as the Secretary deter-~~
20 ~~mines to be necessary to carry out this section.~~

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

23 ~~“(A) a description of the mental health sup-~~
24 ~~portive services described in subsection (b) proposed~~

1 to be provided by the eligible entity under this sec-
2 tion and the identified needs for those services;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

11 “(1) \$5,000,000 for fiscal year 2021.

12 “(2) \$10,000,000 for fiscal year 2022.

13 “(3) \$15,000,000 for fiscal year 2023.

14 “(g) DEFINITIONS.—In this section:

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

17 “(A) An incorporated private institution or
 18 foundation—

19 “(i) no part of the net earnings of
 20 which inures to the benefit of any member,
 21 founder, contributor, or individual;

22 “(ii) that has a governing board that
 23 is responsible for the operation of the men-
 24 tal health supportive services provided
 25 under this section; and

1 “(iii) that is approved by the Sec-
2 retary with respect to financial responsi-
3 bility.

4 “(B) A for-profit limited partnership, the
5 sole general partner of which is an organization
6 meeting the requirements of clauses (i), (ii),
7 and (iii) of subparagraph (A).

8 “(C) A corporation wholly owned and con-
9 trolled by an organization meeting the require-
10 ments of clauses (i), (ii), and (iii) of subpara-
11 graph (A).

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

16 “(2) The term ‘veteran with a mental health
17 condition’ means a veteran who has been diagnosed
18 with, or who is seeking treatment for, one or more
19 mental health conditions, as determined by the Sec-
20 retary.”.

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

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

1 ~~(c) STUDY ON EFFECTIVENESS OF PROGRAM.—~~

2 ~~(1) IN GENERAL.—~~The Secretary of Veterans
3 Affairs shall conduct a study on the effectiveness of
4 the program of financial assistance under section
5 1720J of title 38, United States Code, as added by
6 subsection (b), in meeting the needs of veterans with
7 a mental health condition, as that term is defined in
8 that section.

9 ~~(2) COMPARISON.—~~In conducting the study re-
10 quired by paragraph (1), the Secretary shall com-
11 pare the results of the program described in that
12 paragraph with other programs of the Department
13 of Veterans Affairs dedicated to the delivery of men-
14 tal health services to veterans.

15 ~~(3) CRITERIA.—~~In making the comparison re-
16 quired by paragraph (2), the Secretary shall examine
17 the following:

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

20 ~~(B)~~ The health status of such veterans.

21 ~~(C)~~ The mental wellness of such veterans.

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

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

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

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

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

(4) REPORT.—Not later than December 31, 2021, and annually thereafter, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the results of the study required by paragraph (1).

(d) EFFECTIVE DATE.—The Secretary shall begin providing financial assistance under section 1720J of title 38, United States Code, as added by subsection (b), not

1 later than one year after the date of the enactment of this
2 Act.

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

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

10 (b) EVENTS AND EDUCATION.—

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

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

23 (A) A script for veterans to use to conduct
24 peer wellness checks that includes information

1 on appropriate referrals to resources veterans
2 might need.

3 (B) Online and in-person training, as ap-
4 propriate, on how to conduct a peer wellness
5 check.

6 (C) Opportunities for members of organi-
7 zations that represent veterans to learn how to
8 train individuals to conduct peer wellness
9 checks.

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

13 (E) Resiliency training for veterans partici-
14 pating in Buddy Check Week on handling a vet-
15 eran in crisis.

16 (3) ONLINE MATERIALS.—All training materials
17 provided under the educational opportunities under
18 paragraph (1) shall be made available on a website
19 of the Department.

20 (c) OUTREACH.—The Secretary, in collaboration with
21 organizations that represent veterans, may conduct out-
22 reach regarding educational opportunities under sub-
23 section (b) at—

24 (1) public events where many veterans are ex-
25 pected to congregate;

1 (2) meetings of organizations that represent
2 veterans;

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

5 (4) such other locations as the Secretary, in col-
6 laboration with organizations that represent vet-
7 erans, considers appropriate.

8 (d) VETERANS CRISIS LINE PLAN.—

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

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

17 (A) Additional hours for staff.

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

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

23 (e) VETERANS CRISIS LINE DEFINED.—In this sec-
24 tion, the term “Veterans Crisis Line” means the toll-free

1 hotline for veterans established under section 1720F(h) of
 2 title 38, United States Code.

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

4 (a) **IN GENERAL.**—The Secretary of Veterans Af-
 5 fairs, in consultation with the Secretary of Defense and
 6 the Secretary of Homeland Security, shall enter into part-
 7 nerships with nonprofit mental health organizations to fa-
 8 cilitate post-traumatic growth among veterans who have
 9 experienced trauma.

10 (b) **CONSULTATION.**—Before entering into a partner-
 11 ship under subsection (a), the Secretary of Veterans Af-
 12 fairs shall consult with the National Institute of Mental
 13 Health, the National Alliance on Mental Illness, the Amer-
 14 ican Psychological Association, the Posttraumatic Growth
 15 Research Group, and organizations that represent vet-
 16 erans.

17 (c) **SELECTION OF PARTNERS.**—The Secretary of
 18 Veterans Affairs shall ensure that each organization with
 19 which the Secretary enters into a partnership under sub-
 20 section (a) has a demonstrated history of success with pro-
 21 grams to facilitate post-traumatic growth, including—

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

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

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

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

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

18 (3) The percentage of veterans who experience
 19 significant post-traumatic growth.

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

22 (e) POST-TRAUMATIC GROWTH.—

23 (1) IN GENERAL.—For purposes of this section,
 24 “post-traumatic growth” means positive responses
 25 described in paragraph (3) experienced after, and

often as a result of, a traumatic event or a major life crisis.

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

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

(A) An appreciation of and for life.

(B) Improved relationships with others.

(C) Realization of new possibilities in life.

(D) Realization of personal strength.

(E) Spiritual change.

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

1 **SEC. 204. PROGRESS OF DEPARTMENT OF VETERANS AF-**
 2 **FAIRS IN MEETING GOALS AND OBJECTIVES**
 3 **OF NATIONAL STRATEGY FOR PREVENTING**
 4 **VETERAN SUICIDE.**

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

11 (b) **METRICS.**—The metrics developed under sub-
 12 section (a) shall include measures of both performance and
 13 effectiveness.

14 (c) **INITIAL REPORT.**—

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

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

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

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

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

10 (1) an assessment of the progress of the De-
 11 partment in meeting the goals and objectives speci-
 12 fied in subsection (a);

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

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

18 (4) an identification of any new programs or
 19 partnerships that have resulted from the implemen-
 20 tation of the National Strategy for Preventing Vet-
 21 eran Suicide, 2018–2028;

22 (5) an assessment of the effectiveness of the
 23 National Strategy for Preventing Veterans Suicide,
 24 2018–2028 at reducing veteran suicide; and

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

3 **SEC. 205. STUDY ON FEASIBILITY AND ADVISABILITY OF**
4 **PROVIDING CERTAIN COMPLEMENTARY AND**
5 **INTEGRATIVE HEALTH SERVICES.**

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

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

15 (1) Yoga.

16 (2) Meditation.

17 (3) Acupuncture.

18 (4) Chiropractic care.

19 (5) Other treatments that show sufficient evi-
20 dence of efficacy at treating mental or physical
21 health conditions, as determined by the Secretary.

22 (c) **PROVISION OF TREATMENT.**—The Secretary may
23 provide complementary and integrative health treatments
24 under this section at a facility of the Department in per-
25 son or by telehealth.

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

7 (1) the results of such study; and

8 (2) such recommendations regarding the fur-
 9 nishing of complementary and integrative health
 10 treatments described in subsection (b) as the Sec-
 11 retary considers appropriate.

12 **SEC. 206. PROGRAM TO PROVIDE VETERANS ACCESS TO**
 13 **COMPLEMENTARY AND INTEGRATIVE**
 14 **HEALTH SERVICES THROUGH ANIMAL THER-**
 15 **APY, AGRI-THERAPY, AND OUTDOOR SPORTS**
 16 **THERAPY.**

17 (a) IN GENERAL.—Not later than 180 days after the
 18 date of the enactment of this Act, the Secretary of Vet-
 19 erans Affairs shall commence the conduct of a program
 20 to provide complementary and integrative health services
 21 described in subsection (b) to veterans from the Depart-
 22 ment of Veterans Affairs or through the use of non-De-
 23 partment entities for the treatment of post-traumatic
 24 stress disorder, depression, anxiety, or other conditions as
 25 determined by the Secretary.

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

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

8 (c) ELIGIBLE VETERANS.—A veteran is eligible to
 9 participate in the program under this section if the vet-
 10 eran—

11 (1) is enrolled in the system of patient enroll-
 12 ment of the Department established and operated
 13 under section 1705(a) of title 38, United States
 14 Code; and

15 (2) has received health care under the laws ad-
 16 ministered by the Secretary during the two-year pe-
 17 riod preceding the initial participation of the veteran
 18 in the program.

19 (d) DURATION.—

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

24 (2) EXTENSION.—The Secretary may extend
 25 the duration of the program under this section if the

1 Secretary, based on the results of the interim report
 2 submitted under subsection (e)(1), determines that
 3 it is appropriate to do so.

4 (e) LOCATIONS.—

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

8 (2) SELECTION CRITERIA.—In selecting facili-
 9 ties under paragraph (1), the Secretary shall ensure
 10 that—

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

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

18 (f) REPORTS.—

19 (1) INTERIM REPORT.—

20 (A) IN GENERAL.—Not later than one year
 21 after the commencement of the program under
 22 this section, the Secretary shall submit to the
 23 Committee on Veterans' Affairs of the Senate
 24 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) The types of therapy offered at
8 each facility at which the program is being
9 carried out.

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

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

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

1 (vi) Any recommendations of the Sec-
 2 retary with respect to expanding the pro-
 3 gram.

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

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

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

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

23 (1) A description of how the Department identi-
 24 fies patients as high risk for suicide, with particular
 25 consideration to the efficacy of inputs into the Re-

1 recovery Engagement and Coordination for Health –
2 Veterans Enhanced Treatment program (commonly
3 referred to as the “REACH VET” program) of the
4 Department, including an assessment of the efficacy
5 of such identifications disaggregated by age, gender,
6 Veterans Integrated Service Network, and, to the extent
7 practicable, medical center of the Department.

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

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

21 (4) A review of staffing levels of suicide preven-
22 tion coordinators across the Veterans Health Admin-
23 istration.

24 (5) A review of the resources and programming
25 offered to family members and friends of veterans

1 who have a mental health condition in order to as-
 2 sist that veteran in treatment and recovery.

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

5 **TITLE III—PROGRAMS, STUDIES,**
 6 **AND GUIDELINES ON MENTAL**
 7 **HEALTH**

8 **SEC. 301. PROGRAM TO PROVIDE VETERANS ACCESS TO**
 9 **COMPUTERIZED COGNITIVE BEHAVIORAL**
 10 **THERAPY.**

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

20 (b) ELIGIBLE VETERANS.—A veteran is eligible to
 21 participate in the program under this section if the vet-
 22 eran—

23 (1) is enrolled in the system of patient enroll-
 24 ment of the Department of Veterans Affairs estab-

1 lished and operated under section 1705(a) of title
2 38, United States Code; and

3 ~~(2)~~ has received health care under the laws ad-
4 ministered by the Secretary during the two-year pe-
5 riod preceding the initial participation of the veteran
6 in the program.

7 ~~(c)~~ DURATION.—The Secretary shall carry out the
8 program under this section for a two-year period begin-
9 ning on the commencement of the program.

10 ~~(d)~~ LOCATIONS.—

11 ~~(1)~~ IN GENERAL.—The Secretary shall select
12 not fewer than three facilities of the Department of
13 Veterans Affairs at which to carry out the program
14 under this section.

15 ~~(2)~~ SELECTION CRITERIA.—In selecting facili-
16 ties under paragraph ~~(1)~~, the Secretary shall ensure
17 that—

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

20 ~~(B)~~ not fewer than two facilities serve vet-
21 erans in rural or highly rural areas (as deter-
22 mined through the use of the Rural-Urban
23 Commuting Areas coding system of the Depart-
24 ment of Agriculture).

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

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

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

14 (h) REPORTS.—

15 (1) INTERIM REPORT.—

16 (A) IN GENERAL.—Not later than one year
 17 after the commencement of the program under
 18 this section, the Secretary shall submit to the
 19 Committee on Veterans' Affairs of the Senate
 20 and the Committee on Veterans' Affairs of the
 21 House of Representatives a report on the
 22 progress of the program.

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

1 (i) The number of participants in the
2 program.

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

8 (iii) Any recommendations of the Sec-
9 retary with respect to extending or expand-
10 ing the program.

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

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

21 **SEC. 302. STUDY ON CONNECTION BETWEEN LIVING AT**
22 **HIGH ALTITUDE AND SUICIDE RISK FACTORS**
23 **AMONG VETERANS.**

24 (a) IN GENERAL.—Not later than 180 days after the
25 date of the enactment of this Act, the Secretary of Vet-

1 erans Affairs, in consultation with Rural Health Resource
 2 Centers of the Office of Rural Health of the Department
 3 of Veterans Affairs, shall commence the conduct of a study
 4 on the connection between living at high altitude and the
 5 risk of developing depression or dying by suicide among
 6 veterans.

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

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

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

21 (e) FOLLOW-UP STUDY.—

22 (1) IN GENERAL.—If the Secretary determines
 23 through the study conducted under subsection (a)
 24 that living at high altitude is a risk factor for devel-
 25 oping depression or dying by suicide, the Secretary

1 shall conduct an additional study to identify the fol-
 2 lowing:

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

6 (B) The most effective treatment or inter-
 7 vention for reducing the risk of developing de-
 8 pression or dying by suicide associated with liv-
 9 ing at high altitude.

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

16 **SEC. 303. ESTABLISHMENT BY DEPARTMENT OF VETERANS**
 17 **AFFAIRS AND DEPARTMENT OF DEFENSE OF**
 18 **CLINICAL PRACTICE GUIDELINES FOR CO-**
 19 **MORBID MENTAL HEALTH CONDITIONS.**

20 (a) IN GENERAL.—Not later than two years after the
 21 date of the enactment of this Act, the Secretary of Vet-
 22 erans Affairs, in consultation with the Secretary of De-
 23 fense and the Secretary of Health and Human Services,
 24 shall complete the development of clinical practice guide-
 25 lines for the treatment of post-traumatic stress disorder,

1 military sexual trauma, and traumatic brain injury that
 2 is comorbid with substance use disorder or chronic pain.

3 (b) WORK GROUP.—

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

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

17 (A) Academic institutions that specialize in
 18 research for the treatment of conditions de-
 19 scribed in subsection (a).

20 (B) The National Center for Posttraumatic
 21 Stress Disorder of the Department of Veterans
 22 Affairs.

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

1 ~~(3) RELATION TO OTHER WORK GROUPS.—~~The
 2 Work Group shall be created and conducted in the
 3 same manner as other work groups for the develop-
 4 ment of clinical practice guidelines for the Depart-
 5 ment of Veterans Affairs and the Department of De-
 6 fense.

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

14 ~~(1) Guidance with respect to the following:~~

15 ~~(A) The treatment of patients with post-~~
 16 traumatic stress disorder who are also experi-
 17 encing a substance use disorder or chronic pain.

18 ~~(B) The treatment of patients experiencing~~
 19 a mental health condition, including anxiety, de-
 20 pression, or post-traumatic stress disorder as a
 21 result of military sexual trauma who are also
 22 experiencing a substance use disorder or chron-
 23 ic pain.

1 (C) The treatment of patients with trau-
2 matic brain injury who are also experiencing a
3 substance use disorder or chronic pain.

4 (2) Guidance with respect to the following:

5 (A) Appropriate case management for pa-
6 tients experiencing post-traumatic stress dis-
7 order that is comorbid with substance use dis-
8 order or chronic pain who transition from re-
9 ceiving care while on active duty in the Armed
10 Forces to care from health care networks out-
11 side of the Department of Defense.

12 (B) Appropriate case management for pa-
13 tients experiencing a mental health condition,
14 including anxiety, depression, or post-traumatic
15 stress disorder as a result of military sexual
16 trauma that is comorbid with substance use dis-
17 order or chronic pain who transition from re-
18 ceiving care while on active duty in the Armed
19 Forces to care from health care networks out-
20 side of the Department of Defense.

21 (C) Appropriate case management for pa-
22 tients experiencing traumatic brain injury that
23 is comorbid with substance use disorder or
24 chronic pain who transition from receiving care
25 while on active duty in the Armed Forces to

1 care from health care networks outside of the
2 Department of Defense.

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

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

18 (d) RULE OF CONSTRUCTION.—Nothing in this sec-
19 tion shall be construed to prevent the Secretary of Vet-
20 erans Affairs and the Secretary of Defense from consid-
21 ering all relevant evidence, as appropriate, in creating the
22 clinical practice guidelines required under subsection (a)
23 or from ensuring that the final clinical practice guidelines
24 developed under such subsection and subsequently up-
25 dated, as appropriate, remain applicable to the patient

1 populations of the Department of Veterans Affairs and the
 2 Department of Defense.

3 **SEC. 304. UPDATE OF CLINICAL PRACTICE GUIDELINES**
 4 **FOR ASSESSMENT AND MANAGEMENT OF PA-**
 5 **TIENTS AT RISK FOR SUICIDE.**

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

14 (b) MATTERS INCLUDED.—In carrying out the up-
 15 date under subsection (a), the Work Group shall ensure
 16 that the clinical practice guidelines updated under such
 17 subsection includes the following:

18 (1) Enhanced guidance with respect to the fol-
 19 lowing:

20 (A) Gender-specific risk factors for suicide
 21 and suicidal ideation.

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

24 (C) Gender-specific pharmacotherapy effi-
 25 cacy.

1 (D) Gender-specific psychotherapy efficacy.

2 (2) Guidance with respect to the following:

3 (A) The efficacy of alternative therapies,
4 other than psychotherapy and pharmacothera-
5 py, including the following:

6 (i) Yoga therapy.

7 (ii) Meditation therapy.

8 (iii) Equine therapy.

9 (iv) Other animal therapy.

10 (v) Training and caring for service
11 dogs.

12 (vi) Agri-therapy.

13 (vii) Art therapy.

14 (viii) Outdoor sports therapy.

15 (ix) Music therapy.

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

18 (3) Guidance with respect to the findings of the
19 Creating Options for Veterans' Expedited Recovery
20 Commission (commonly referred to as the "COVER
21 Commission") established under section 931 of the
22 Jason Simeakoski Memorial and Promise Act (title
23 IX of Public Law 114-198; 38 U.S.C. 1701 note).

24 (c) RULE OF CONSTRUCTION.—Nothing in this sec-
25 tion shall be construed to prevent the Secretary of Vet-

1 erans Affairs and the Secretary of Defense from consid-
 2 ering all relevant evidence, as appropriate, in updating the
 3 VA/DOD Clinical Practice Guideline for Assessment and
 4 Management of Patients at Risk for Suicide, as required
 5 under subsection (a), or from ensuring that the final clin-
 6 ical practice guidelines updated under such subsection re-
 7 main applicable to the patient populations of the Depart-
 8 ment of Veterans Affairs and the Department of Defense.

9 **SEC. 305. PRECISION MEDICINE INITIATIVE OF DEPART-**
 10 **MENT OF VETERANS AFFAIRS TO IDENTIFY**
 11 **AND VALIDATE BRAIN AND MENTAL HEALTH**
 12 **BIOMARKERS.**

13 (a) IN GENERAL.—Beginning not later than 18
 14 months after the date of the enactment of this Act, the
 15 Secretary of Veterans Affairs shall develop and implement
 16 an initiative of the Department of Veterans Affairs to
 17 identify and validate brain and mental health biomarkers
 18 among veterans, with specific consideration for depression,
 19 anxiety, post-traumatic stress disorder, traumatic brain
 20 injury, and such other mental health conditions as the
 21 Secretary considers appropriate. Such initiative may be re-
 22 ferred to as the “Precision Medicine for Veterans Initia-
 23 tive”.

24 (b) MODEL OF INITIATIVE.—The initiative under
 25 subsection (a) shall be modeled on the All of Us Precision

1 Medicine Initiative administered by the National Insti-
2 tutes of Health with respect to large-scale collection of
3 standardized data and open data sharing.

4 ~~(c) USE OF DATA.—~~

5 ~~(1) PRIVACY AND SECURITY.—~~In carrying out
6 the initiative under subsection (a), the Secretary
7 shall develop robust data privacy and security meas-
8 ures to ensure that information of veterans partici-
9 pating in the initiative is kept private and secure.

10 ~~(2) OPEN PLATFORM.—~~

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

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

18 ~~(3) STANDARDIZATION.—~~

19 ~~(A) IN GENERAL.—~~The Secretary shall en-
20 sure that data collected under the initiative is
21 standardized.

22 ~~(B) CONSULTATION.—~~The Secretary shall
23 consult with the National Institutes of Health
24 and the Food and Drug Administration to de-
25 termine the most effective, efficient, and cost-

1 effective way of standardizing data collected
2 under the initiative.

3 ~~(C) MANNER OF STANDARDIZATION.—~~

4 Data collected under the initiative shall be
5 standardized in the manner in which it is col-
6 lected, entered into the database, extracted, and
7 recorded.

8 ~~(4) MEASURES OF BRAIN FUNCTION OR STRUC-~~
9 ~~TURE.—~~Any measures of brain function or structure
10 collected under the initiative shall be collected with
11 a device that is approved by the Food and Drug Ad-
12 ministration.

13 ~~(d) INCLUSION OF INITIATIVE IN PROGRAM.—~~The
14 Secretary shall assess the feasibility and advisability of co-
15 ordinating efforts of the initiative under subsection (a)
16 with the Million Veterans Program of the Department.

17 **SEC. 306. PREVENTATIVE AND COMPLEX DATA ANALYSIS**
18 **BY DEPARTMENT OF VETERANS AFFAIRS.**

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

22 **“§ 119. Contracting for preventative or complex sta-**
23 **tistical analysis**

24 ~~“In order to carry out statistical analysis required~~
25 under section 302 of the Commander John Scott Hannon

1 Veterans Mental Health Care Improvement Act of 2019,
 2 or any other preventative or complex statistical analysis
 3 required under this title or any other provision of law, the
 4 Secretary may contract with academic institutions or
 5 other qualified entities, as determined by the Secretary,
 6 to carry out the statistical analysis.”.

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

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

11 **TITLE IV—OVERSIGHT OF MEN-** 12 **TAL HEALTH CARE AND RE-** 13 **LATED SERVICES**

14 **SEC. 401. STUDY ON EFFECTIVENESS OF SUICIDE PREVEN-** 15 **TION AND MENTAL HEALTH OUTREACH PRO-** 16 **GRAMS OF DEPARTMENT OF VETERANS AF-** 17 **FAIRS.**

18 (a) IN GENERAL.—Not later than 180 days after the
 19 date of the enactment of this Act, the Secretary of Vet-
 20 erans Affairs shall enter into an agreement with a non-
 21 Federal Government entity to conduct a study on the ef-
 22 fectiveness of the suicide prevention and mental health
 23 outreach materials prepared by the Department of Vet-
 24 erans Affairs and the suicide prevention and mental health
 25 outreach campaigns conducted by the Department.

1 (b) ~~USE OF FOCUS GROUPS.—~~

2 (1) ~~IN GENERAL.—~~The Secretary shall convene
3 not fewer than eight different focus groups to evalu-
4 ate the effectiveness of the suicide prevention and
5 mental health materials and campaigns as required
6 under subsection (a).

7 (2) ~~LOCATION OF FOCUS GROUPS.—~~Focus
8 groups convened under paragraph (1) shall be held
9 in geographically diverse areas as follows:

10 (A) ~~Not fewer than two in rural or highly~~
11 rural areas.

12 (B) ~~Not fewer than one in each of the four~~
13 districts of the Veterans Benefits Administra-
14 tion.

15 (3) ~~TIMING OF FOCUS GROUPS.—~~Focus groups
16 convened under paragraph (1) shall be held at a va-
17 riety of dates and times to ensure an adequate rep-
18 resentation of veterans with different work sched-
19 ules.

20 (4) ~~NUMBER OF PARTICIPANTS.—~~Each focus
21 group convened under paragraph (1) shall include
22 not fewer than five and not more than 12 partici-
23 pants.

24 (5) ~~REPRESENTATION.—~~Each focus group con-
25 vened under paragraph (1) shall, to the extent prac-

1 ticable, include veterans of diverse backgrounds, in-
 2 cluding—

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

5 (B) women veterans;

6 (C) minority veterans;

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

9 (E) veterans who identify as lesbian, gay,
 10 bisexual, transgender, or queer (commonly re-
 11 ferred to as “LGBTQ”);

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

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

16 (c) REPORT.—

17 (1) IN GENERAL.—Not later than 90 days after
 18 the last focus group meeting under subsection (b),
 19 the Secretary shall submit to the Committee on Vet-
 20 erans’ Affairs of the Senate and the Committee on
 21 Veterans’ Affairs of the House of Representatives a
 22 report on the findings of the focus groups.

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

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

7 (B) Based on the findings of the focus
 8 groups, recommendations for future suicide pre-
 9 vention and mental health outreach efforts by
 10 the Department to target specific groups of vet-
 11 erans.

12 (C) A plan to change the current approach
 13 by the Department to suicide prevention and
 14 mental health outreach or, if the Secretary de-
 15 cides not to change the current approach, an
 16 explanation of the reason for maintaining the
 17 current approach.

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

20 (d) REPRESENTATIVE SURVEY.—

21 (1) IN GENERAL.—Not later than one year
 22 after the last focus group meeting under subsection
 23 (b), the Secretary shall complete a representative
 24 survey of the veteran population that is informed by
 25 the focus group data in order to collect information

1 about the effectiveness of the mental health and sui-
 2 cide prevention outreach campaigns conducted by
 3 the Department.

4 ~~(2) VETERANS SURVEYED.—~~

5 ~~(A) IN GENERAL.—~~Veterans surveyed
 6 under paragraph (1) shall include veterans de-
 7 scribed in subsection (b)(5).

8 ~~(B) DISAGGREGATION OF DATA.—~~Data of
 9 veterans surveyed under paragraph (1) shall be
 10 disaggregated by—

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

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

17 ~~(c) TREATMENT OF CONTRACTS FOR SUICIDE PRE-~~
 18 ~~VENTION AND MENTAL HEALTH OUTREACH MEDIA.—~~

19 ~~(1) FOCUS GROUPS.—~~

20 ~~(A) IN GENERAL.—~~The Secretary shall in-
 21 clude in each contract to develop media relating
 22 to suicide prevention and mental health out-
 23 reach a requirement that the contractor convene
 24 focus groups of veterans to assess the effective-

ness of suicide prevention and mental health outreach.

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

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

(ii) women veterans;

(iii) minority veterans;

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

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

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

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

~~(2) SUBCONTRACTING.~~—

~~(A) IN GENERAL.~~—The Secretary shall include in each contract described in paragraph ~~(1)~~(A) a requirement that, if the contractor

subcontracts for the development of media; the contractor shall subcontract with a subcontractor that has experience creating impactful media campaigns that target individuals age 18 to 34.

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

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

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

(a) ESTABLISHMENT OF GOALS.—

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

1 awareness about mental health and suicide preven-
 2 tion.

3 ~~(2) USE OF METRICS.—~~

4 ~~(A) IN GENERAL.—~~The goals established
 5 under paragraph (1) shall be measured by
 6 metrics specific to different media types as fol-
 7 lows:

8 (i) Metrics relating to social media
 9 shall include the following:

10 ~~(I) Impressions.~~

11 ~~(II) Reach.~~

12 ~~(III) Engagement rate.~~

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

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

17 ~~(I) Nielsen ratings.~~

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

20 (iii) Metrics relating to email shall in-
 21 clude the following:

22 ~~(I) Open rate.~~

23 ~~(II) Response rate~~

24 ~~(III) Click rate.~~

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

3 (B) UPDATE.—The Secretary shall periodi-
4 cally update the metrics under subparagraph
5 (A) as more accurate metrics become available.

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

8 (4) CONSULTATION.—In establishing goals
9 under paragraph (1), the Secretary shall consult
10 with the following:

11 (A) Relevant stakeholders, such as organi-
12 zations that represent veterans, as determined
13 by the Secretary.

14 (B) Mental health and suicide prevention
15 experts.

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

18 (5) INITIAL REPORT.—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 detailing the goals established under paragraph
24 (1) for the mental health and suicide prevention
25 media outreach campaigns of the Department in

1 raising awareness about mental health and suicide
2 prevention, including the metrics and targets for
3 such metrics by which those goals are to be meas-
4 ured under paragraph (2).

5 (6) ANNUAL REPORT.—Not later than one year
6 after the submittal of the report under paragraph
7 (3), and annually thereafter, the Secretary shall sub-
8 mit to the Committee on Veterans' Affairs of the
9 Senate and the Committee on Veterans' Affairs of
10 the House of Representatives a report detailing—

11 (A) the progress of the Department in
12 meeting the goals established under paragraph
13 (1) and targets developed under paragraph (3);
14 and

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

19 (b) ESTABLISHMENT OF OVERSIGHT PROCESS.—

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

1 ~~(2) COMPONENTS OF OVERSIGHT PROCESS.—~~

2 The process established under paragraph (1) shall
3 include the following components:

4 ~~(A) A delineation of the roles and respon-~~
5 ~~sibilities of all suicide prevention officials within~~
6 ~~the Office of Mental Health and Suicide Pre-~~
7 ~~vention of the Veterans Health Administration.~~

8 ~~(B) A schedule for creating, approving, im-~~
9 ~~plementing, and evaluating all unpaid media~~
10 ~~and paid media content relating to mental~~
11 ~~health and suicide prevention.~~

12 ~~(C) Lines of reporting, as the Secretary~~
13 ~~considers necessary, to report to management~~
14 ~~information relating to the mental health and~~
15 ~~suicide prevention media outreach campaigns of~~
16 ~~the Department.~~

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

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

23 ~~(2) not less frequently than quarterly, report~~
24 ~~such metrics to the Office of Mental Health and Sui-~~

1 eide Prevention of the Veterans Health Administra-
2 tion.

3 (d) ~~REPORT ON USE OF FUNDS BY OFFICE OF MEN-~~
4 ~~TAL HEALTH AND SUICIDE PREVENTION.~~—Not later than
5 180 days after the date of the enactment of this Act, and
6 semiannually thereafter, the Secretary shall submit to the
7 Committee on Appropriations and the Committee on Vet-
8 erans' Affairs of the Senate and the Committee on Appro-
9 priations and the Committee on Veterans' Affairs of the
10 House of Representatives a report containing the expendi-
11 tures and obligations of the Office of Mental Health and
12 Suicide Prevention of the Veterans Health Administration
13 during the period covered by the report.

14 **SEC. 403. ANNUAL REPORT ON PROGRESS OF DEPARTMENT**
15 **OF VETERANS AFFAIRS IN MEETING GOALS**
16 **AND OBJECTIVES OF EXECUTIVE ORDER**
17 **13822.**

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

1 (1) An assessment of the progress of the De-
 2 partment of Veterans Affairs, the Department of
 3 Defense, and the Department of Homeland Security
 4 in meeting the goals and objectives outlined in the
 5 report required under section 2(e) of Executive
 6 Order 13822 (83 Fed. Reg. 1513; relating to sup-
 7 porting our veterans during their transition from
 8 uniformed service to civilian life) with respect to the
 9 implementation by the Department of Veterans Af-
 10 fairs of the Joint Action Plan required under section
 11 2(b) of such Executive order.

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

16 (3) An assessment of the effectiveness of Exec-
 17 utive Order 13822 at improving the transition proce-
 18 ss for members of the Armed Forces and veterans.

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

22 (b) SUBMITTAL BY SECRETARY OF VETERANS AF-
 23 FAIRS.—The Secretary of Veterans Affairs shall submit
 24 each report required under paragraph (1) with respect to
 25 the Department of Veterans Affairs regardless of whether

1 the Secretary of Defense or the Secretary of Homeland
 2 Security provides any information for the report.

3 **SEC. 404. COMPTROLLER GENERAL MANAGEMENT REVIEW**
 4 **OF MENTAL HEALTH AND SUICIDE PREVEN-**
 5 **TION SERVICES OF DEPARTMENT OF VET-**
 6 **ERANS AFFAIRS.**

7 (a) IN GENERAL.—Not later than three years after
 8 the date of the enactment of this Act, the Comptroller
 9 General of the United States shall submit to the Com-
 10 mittee on Veterans' Affairs of the Senate and the Com-
 11 mittee on Veterans' Affairs of the House of Representa-
 12 tives a management review of the mental health and sui-
 13 cide prevention services provided by the Department of
 14 Veterans Affairs.

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

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

24 (2) A description of the management and orga-
 25 nizational structure of the Office of Mental Health

1 and Suicide Prevention, including roles and respon-
2 sibilities for each position.

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

6 ~~(4) An assessment of suicide prevention prae-~~
7 ~~tices and initiatives available from the Department~~
8 ~~and through community partnerships.~~

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

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

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

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

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

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

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

(C) between that central office, local facilities of the Department, and community partners of the Department, including first responders, community support groups, and health care industry partners.

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

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

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

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

(a) INITIAL REPORT.—

1 (1) IN GENERAL.—Not later than two years
2 after the date of the enactment of this Act, the
3 Comptroller General of the United States shall sub-
4 mit to the Committee on Veterans' Affairs of the
5 Senate and the Committee on Veterans' Affairs of
6 the House of Representatives a report on the efforts
7 of the Department of Veterans Affairs to integrate
8 mental health care into primary care clinics of the
9 Department.

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

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

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

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

19 (D) A description of how care is coordi-
20 nated by the Department between specialty
21 mental health care and primary care, including
22 a description of the following:

23 (i) How documents and patient infor-
24 mation are transferred and the effective-
25 ness of those transfers.

1 (ii) How care is coordinated when vet-
 2 erans must travel to different facilities of
 3 the Department.

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

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

11 (F) Such recommendations on how the De-
 12 partment can better integrate mental health
 13 care into primary care clinics as the Comp-
 14 troller General considers appropriate.

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

18 (b) COMMUNITY CARE INTEGRATION REPORT.—

19 (1) IN GENERAL.—Not later than two years
 20 after the date on which the Comptroller General
 21 submits the report required under subsection (a)(1);
 22 the Comptroller General shall submit to the Com-
 23 mittee on Veterans' Affairs of the Senate and the
 24 Committee on Veterans' Affairs of the House of
 25 Representatives a report on the efforts of the De-

partment to integrate community-based mental health care into the Veterans Health Administration.

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

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

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

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

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

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

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

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

5 (F) An assessment of the military cultural
6 competency of health care providers providing
7 community-based mental health care to vet-
8 erans.

9 (G) Such recommendations on how the De-
10 partment can better integrate community-based
11 mental health care into the Veterans Health
12 Administration as the Comptroller General con-
13 siders appropriate.

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

17 (3) COMMUNITY-BASED MENTAL HEALTH CARE
18 DEFINED.—In this subsection, the term “commu-
19 nity-based mental health care” means mental health
20 care paid for by the Department but provided by a
21 non-Department health care provider at a non-De-
22 partment facility, including care furnished under
23 section 1703 of title 38, United States Code (as in
24 effect on the date specified in section 101(b) of the

1 Caring for Our Veterans Act of 2018 (title I of Pub-
2 lic Law 115–182)).

3 **SEC. 406. JOINT MENTAL HEALTH PROGRAMS BY DEPART-**
4 **MENT OF VETERANS AFFAIRS AND DEPART-**
5 **MENT OF DEFENSE.**

6 (a) REPORT ON MENTAL HEALTH PROGRAMS.—

7 (1) IN GENERAL.—Not later than 180 days
8 after the date of the enactment of this Act, and an-
9 nually thereafter, the Secretary of Veterans Affairs
10 and the Secretary of Defense shall submit to the
11 Committee on Armed Services and the Committee on
12 Veterans’ Affairs of the Senate and the Committee
13 on Armed Services and the Committee on Veterans’
14 Affairs of the House of Representatives a report on
15 mental health programs of the Department of Vet-
16 erans Affairs and the Department of Defense and
17 joint programs of the Departments.

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

20 (A) A description of mental health pro-
21 grams operated by the Department of Veterans
22 Affairs, including the following:

23 (i) Transition assistance programs;

24 (ii) Clinical mental health initiatives,
25 including—

1 (I) the Million Veterans Pro-
2 gram; and

3 (II) centers of excellence of the
4 Department of Veterans Affairs for
5 traumatic brain injury and post-trau-
6 matic stress disorder.

7 (iii) Programs that may secondarily
8 improve mental health, including employ-
9 ment, housing assistance, and financial lit-
10 eracy programs.

11 (iv) Research into mental health
12 issues and conditions.

13 (B) A description of mental health pro-
14 grams operated by the Department of Defense,
15 including the following:

16 (i) Transition assistance programs.

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

20 (iii) Programs that may secondarily
21 improve mental health, including employ-
22 ment, housing assistance, and financial lit-
23 eracy programs.

24 (iv) Research into mental health
25 issues and conditions.

1 (C) A description of mental health pro-
2 grams jointly operated by the Department of
3 Veterans Affairs and the Department of De-
4 fense, including the following:

5 (i) Transition assistance programs;

6 (ii) Clinical mental health initiatives;

7 (iii) Programs that may secondarily
8 improve mental health, including employ-
9 ment, housing assistance, and financial lit-
10 eracy programs;

11 (iv) Research into mental health
12 issues and conditions.

13 (D) Recommendations for coordinating
14 mental health programs of the Department of
15 Veterans Affairs and the Department of De-
16 fense to improve the effectiveness of those pro-
17 grams.

18 (E) Recommendations for novel joint pro-
19 gramming of the Department of Veterans Af-
20 fairs and the Department of Defense to improve
21 the mental health of members of the Armed
22 Forces and veterans.

23 (b) ESTABLISHMENT OF JOINT CENTER OF EXCEL-
24 LENCE.—

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

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

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

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

16 (B) is in a rural or highly rural area (as
 17 determined through the use of the Rural-Urban
 18 Commuting Areas coding system of the Depart-
 19 ment of Agriculture).

20 **TITLE V—MEDICAL WORKFORCE**

21 **Subtitle A—Improvement of Mental** 22 **Health Medical Workforce**

23 **SEC. 501. TREATMENT OF PSYCHOLOGISTS.**

24 (a) TREATMENT AS TITLE 38 EMPLOYEES.—Section
 25 7401 of title 38, United States Code, is amended—

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

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

5 (b) INCLUSION IN CONTRACTS FOR SCARCE MEDICAL
6 SPECIALIST SERVICES.—Section 7409(a) of title 38,
7 United States Code, is amended by inserting “psycholo-
8 gists,” after “chiropractors,”.

9 **SEC. 502. STAFFING IMPROVEMENT PLAN FOR PSYCHIA-**
10 **TRISTS AND PSYCHOLOGISTS OF DEPART-**
11 **MENT OF VETERANS AFFAIRS.**

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

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

23 (1) The number of positions for psychiatrists
24 and psychologists of the Department that need to be

filled to meet demand, disaggregated by Veterans Integrated Service Network and medical center.

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

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

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

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

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

(a) OCCUPATIONAL SERIES.—Not later than one year after the date of the enactment of this Act, the Secretary

1 of Veterans Affairs, in consultation with the Office of Per-
 2 sonnel Management, shall develop an occupational series
 3 for licensed professional mental health counselors and
 4 marriage and family therapists of the Department of Vet-
 5 erans Affairs.

6 (b) STAFFING PLAN.—

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

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

18 (A) The number of positions for licensed
 19 professional mental health counselors and mar-
 20 riage and family therapists of the Department
 21 that need to be filled to meet demand,
 22 disaggregated by Veterans Integrated Service
 23 Network and medical center.

24 (B) An identification of the steps that the
 25 Secretary will take in each Veterans Integrated

1 Service Network to address such shortages, in-
2 clude the following:

3 (i) A description of any region-specific
4 hiring incentives to be used by the Sec-
5 retary in consultation with the directors of
6 Veterans Integrated Service Networks and
7 medical centers of the Department.

8 (ii) A description of any local reten-
9 tion or engagement incentives to be used
10 by directors of Veterans Integrated Service
11 Networks.

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

20 (e) REPORT.—Not later than one year after the sub-
21 mittal of the plan required by subsection (b), the Secretary
22 shall submit to the Committee on Veterans' Affairs of the
23 Senate and the Committee on Veterans' Affairs of the
24 House of Representatives a report setting forth the num-
25 ber of licensed professional mental health counselors and

1 marriage and family therapists hired by the Department
 2 during the one-year period preceding the submittal of the
 3 report, disaggregated by Veterans Integrated Service Net-
 4 work and medical center.

5 **SEC. 504. STAFFING IMPROVEMENT PLAN FOR PEER SPE-**
 6 **CIALISTS OF DEPARTMENT OF VETERANS AF-**
 7 **FAIRS WHO ARE WOMEN.**

8 (a) ASSESSMENT OF CAPACITY.—

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

16 (2) ELEMENTS.—The assessment required by
 17 paragraph (1) shall include an assessment of the fol-
 18 lowing:

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

21 (B) The geographical distribution of
 22 women veterans.

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

1 ~~(D)~~ The number and proportion of women
 2 peer specialists who specialize in peer coun-
 3 seling on non-mental health related matters.

4 ~~(b)~~ REPORT.—Not later than one year after the as-
 5 sessment required by subsection ~~(a)~~ has commenced, the
 6 Secretary shall submit to the Committee on Veterans' Af-
 7 fairs of the Senate and the Committee on Veterans' Af-
 8 fairs of the House of Representatives a report detailing
 9 the findings of the assessment.

10 ~~(c)~~ STAFFING IMPROVEMENT PLAN.—

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

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

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

25 ~~(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(e) 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 (e) 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.”.

1 (b) ~~TECHNICAL AND CONFORMING AMENDMENT.—~~
 2 The table of chapters for part III of title 5, United States
 3 Code, is amended by inserting after the item relating to
 4 chapter 102 the following:

“103. Department of Veterans Affairs Hiring Authorities10301.”.

5 **TITLE VI—IMPROVEMENT OF**
 6 **TELEHEALTH SERVICES**

7 **SEC. 601. EXPANDED TELEHEALTH FROM DEPARTMENT OF**
 8 **VETERANS AFFAIRS.**

9 (a) ~~IN GENERAL.—~~The Secretary of Veterans Affairs
 10 shall enter into partnerships, and expand existing partner-
 11 ships, between the Department of Veterans Affairs, orga-
 12 nizations that represent or serve veterans, nonprofit orga-
 13 nizations, private businesses, and other interested parties
 14 for the expansion of telehealth capabilities and the provi-
 15 sion of telehealth services to veterans through the award
 16 of grants under subsection (c).

17 (b) ~~PREFERENCE FOR PARTNERSHIPS.—~~The Sec-
 18 retary shall give preference to entering into or expanding
 19 partnerships under subsection (a) with organizations
 20 that—

21 (1) represent veterans in rural or highly rural
 22 areas (as determined through the use of the Rural-
 23 Urban Commuting Areas coding system of the De-
 24 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.

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

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

(II) equipment required to provide telehealth services.

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

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

(II) soundproofing of existing rooms; or

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

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

(vi) Upgrading internet infrastructure.

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 INSTRU-
 4 TIONS.—

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.

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

17 (a) **SHORT TITLE.**—*This Act may be cited as the*
 18 *“Commander John Scott Hannon Veterans Mental Health*
 19 *Care Improvement Act of 2019”.*

20 (b) **TABLE OF CONTENTS.**—*The table of contents for*
 21 *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. Review of records of former members of the Armed Forces who die by
 suicide within one year of separation from the Armed Forces.*

Sec. 103. Report on REACH VET program of Department of Veterans Affairs.

Sec. 104. Report on care for former members of the Armed Forces with other than honorable discharge.

TITLE II—SUICIDE PREVENTION

Sec. 201. Financial assistance to certain entities to provide and coordinate the provision of suicide prevention services for eligible individuals and their families.

Sec. 202. Study on feasibility and advisability of the Department of Veterans Affairs providing certain complementary and integrative health services.

Sec. 203. Pilot program to provide veterans access to complementary and integrative health services through animal therapy, agritherapy, post-traumatic growth therapy, and outdoor sports and recreation therapy.

Sec. 204. Department of Veterans Affairs independent reviews of certain deaths of veterans by suicide and staffing levels of mental health professionals.

Sec. 205. 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. Study on connection between living at high altitude and suicide risk factors among veterans.

Sec. 302. Establishment by Department of Veterans Affairs and Department of Defense of a clinical provider treatment toolkit and accompanying training materials for comorbidities.

Sec. 303. Update of clinical practice guidelines for assessment and management of patients at risk for suicide.

Sec. 304. Establishment by Department of Veterans Affairs and Department of Defense of clinical practice guidelines for the treatment of serious mental illness.

Sec. 305. Precision medicine initiative of Department of Veterans Affairs to identify and validate brain and mental health biomarkers.

Sec. 306. Statistical analyses and data evaluation 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. Comptroller General management review of mental health and suicide prevention services of Department of Veterans Affairs.

Sec. 404. Comptroller General report on efforts of Department of Veterans Affairs to integrate mental health care into primary care clinics.

Sec. 405. Joint mental health programs by Department of Veterans Affairs and Department of Defense.

*TITLE V—IMPROVEMENT OF MENTAL HEALTH MEDICAL
WORKFORCE*

- Sec. 501. Staffing improvement plan for mental health providers of Department of Veterans Affairs.*
- Sec. 502. Staffing improvement plan for peer specialists of Department of Veterans Affairs who are women.*
- Sec. 503. Establishment of Department of Veterans Affairs Readjustment Counseling Service Scholarship Program.*
- Sec. 504. Comptroller General report on Readjustment Counseling Service of Department of Veterans Affairs.*
- Sec. 505. Expansion of reporting requirements on Readjustment Counseling Service of Department of Veterans Affairs.*
- Sec. 506. Studies on alternative work schedules for employees of Veterans Health Administration.*
- Sec. 507. Suicide prevention coordinators.*
- Sec. 508. Report on efforts by Department of Veterans Affairs to implement safety planning in emergency departments.*

*TITLE VI—IMPROVEMENT OF CARE AND SERVICES FOR WOMEN
VETERANS*

- Sec. 601. Expansion of capabilities of Women Veterans Call Center to include text messaging.*
- Sec. 602. Gap analysis of Department of Veterans Affairs programs that provide assistance to women veterans who are homeless.*
- Sec. 603. Requirement for Department of Veterans Affairs internet website to provide information on services available to women veterans.*
- Sec. 604. Report on locations where women veterans are using health care from Department of Veterans Affairs.*

TITLE VII—OTHER MATTERS

- Sec. 701. Expanded telehealth from Department of Veterans Affairs.*
- Sec. 702. Partnerships with non-Federal Government entities to provide hyperbaric oxygen therapy to veterans and studies on the use of such therapy for treatment of post-traumatic stress disorder and traumatic brain injury.*
- Sec. 703. Prescription of technical qualifications for licensed hearing aid specialists and requirement for appointment of such specialists.*
- Sec. 704. Use by Department of Veterans Affairs of commercial institutional review boards in sponsored research trials.*
- Sec. 705. Creation of Office of Research Reviews within the Office of Information and Technology of the Department of Veterans Affairs.*

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—

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

11 (2) *by redesignating subparagraph (B) as sub-*
 12 *paragraph (C); and*

13 (3) *by inserting after subparagraph (A) the fol-*
 14 *lowing new subparagraph (B):*

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

18 (b) *PATIENT ENROLLMENT SYSTEM.*—Section 1705(c)
 19 *of such title is amended by adding at the end the following*
 20 *new paragraph:*

21 “(3) *Nothing in this section shall be construed to pre-*
 22 *vent the Secretary from providing hospital care and med-*
 23 *ical services to a veteran under section 1710(a)(1)(B) of this*
 24 *title during the period specified in such section notwith-*
 25 *standing the failure of the veteran to enroll in the system*

1 of patient enrollment established by the Secretary under
 2 subsection (a).”.

3 (c) *PROMOTION OF EXPANDED ELIGIBILITY.*—

4 (1) *TRANSITION ASSISTANCE PROGRAM.*—

5 (A) *IN GENERAL.*—The Secretary of Labor,
 6 in consultation with the Secretary of Defense
 7 and the Secretary of Veterans Affairs, shall pro-
 8 mote to members of the Armed Forces
 9 transitioning from service in the Armed Forces
 10 to civilian life through the Transition Assistance
 11 Program the expanded eligibility of veterans for
 12 health care under the laws administered by the
 13 Secretary of Veterans Affairs pursuant to the
 14 amendments made by this section.

15 (B) *TRANSITION ASSISTANCE PROGRAM DE-*
 16 *FINED.*—In this paragraph, the term “Transi-
 17 tion Assistance Program” means the Transition
 18 Assistance Program under sections 1142 and
 19 1144 of title 10, United States Code.

20 (2) *PUBLICATION BY DEPARTMENT OF VETERANS*
 21 *AFFAIRS.*—Not later than 30 days after the date of the
 22 enactment of this Act, the Secretary of Veterans Af-
 23 fairs shall publish on a website of the Department of
 24 Veterans Affairs notification of the expanded eligi-
 25 bility of veterans for health care under the laws ad-

1 *ministered by the Secretary pursuant to the amend-*
2 *ments made by this section.*

3 **SEC. 102. REVIEW OF RECORDS OF FORMER MEMBERS OF**
4 **THE ARMED FORCES WHO DIE BY SUICIDE**
5 **WITHIN ONE YEAR OF SEPARATION FROM**
6 **THE ARMED FORCES.**

7 *(a) IN GENERAL.—The Secretary of Defense and the*
8 *Secretary of Veterans Affairs shall jointly review the records*
9 *of each former member of the Armed Forces who died by*
10 *suicide within one year of separation from the Armed*
11 *Forces during the five-year period preceding the date of the*
12 *enactment of this Act.*

13 *(b) ELEMENTS.—The review required by subsection (a)*
14 *with respect to a former member of the Armed Forces shall*
15 *include consideration of the following:*

16 *(1) If the Department of Defense had previously*
17 *identified the former member as being at risk for sui-*
18 *cide and if that identification had been commu-*
19 *nicated to the Department of Veterans Affairs.*

20 *(2) What risk factors were present with respect*
21 *to the former member and how those risk factors cor-*
22 *related to the circumstances of the death of the former*
23 *member.*

1 (3) *If the former member was eligible to receive*
2 *health care services from the Department of Veterans*
3 *Affairs.*

4 (4) *If the former member received health care*
5 *services, including mental health care services, from a*
6 *facility of the Department of Veterans Affairs, includ-*
7 *ing readjustment counseling services, following separa-*
8 *tion from the Armed Forces.*

9 (5) *If the former member had received a mental*
10 *health waiver during service in the Armed Forces.*

11 (6) *The employment status, housing status, mar-*
12 *ital status, age, rank within the Armed Forces (such*
13 *as enlisted or officer), and branch of service within*
14 *the Armed Forces of the former member.*

15 (7) *If support services, specified by the type of*
16 *service (such as employment, mental health, etc.),*
17 *were provided to the former member during their pe-*
18 *riod of separation from the Armed Forces,*
19 *disaggregated by—*

20 (A) *services furnished by the Department of*
21 *Defense, including through contracts;*

22 (B) *services furnished by the Department of*
23 *Veterans Affairs, including through contracts;*
24 *and*

1 (C) services not covered under subparagraph
2 (A) or (B).

3 (c) *REPORT.*—

4 (1) *IN GENERAL.*—Not later than one year after
5 the date of the enactment of this Act, the Secretary of
6 Defense and the Secretary of Veterans Affairs shall
7 jointly submit to the appropriate committees of Con-
8 gress an aggregated report on the results of the review
9 conducted under subsection (a).

10 (2) *APPROPRIATE COMMITTEES OF CONGRESS*
11 *DEFINED.*—In this subsection, the term “appropriate
12 committees of Congress” means—

13 (A) *The Committee on Armed Services and*
14 *the Committee on Veterans’ Affairs of the Senate;*
15 *and*

16 (B) *The Committee on Armed Services and*
17 *the Committee on Veterans’ Affairs of the House*
18 *of Representatives.*

19 **SEC. 103. REPORT ON REACH VET PROGRAM OF DEPART-**
20 **MENT OF VETERANS AFFAIRS.**

21 (a) *IN GENERAL.*—Not later than 180 days after the
22 date of the enactment of this Act, the Secretary of Veterans
23 Affairs shall submit to the Committee on Veterans’ Affairs
24 of the Senate and the Committee on Veterans’ Affairs of

1 *the House of Representatives a report on the REACH VET*
 2 *program.*

3 (b) *ELEMENTS.*—*The report required by subsection (a)*
 4 *shall include the following:*

5 (1) *An assessment of the impact of the REACH*
 6 *VET program on rates of suicide among veterans.*

7 (2) *An assessment of how limits within the*
 8 *REACH VET program, such as caps on the number*
 9 *of veterans who may be flagged as high risk, are ad-*
 10 *justed for differing rates of suicide across the country.*

11 (3) *A detailed explanation, with evidence, for*
 12 *why the conditions included in the model used by the*
 13 *REACH VET program were chosen, including an ex-*
 14 *planation as to why certain conditions, such as bipo-*
 15 *lar disorder II, were not included even though they*
 16 *show a similar rate of risk for suicide as other condi-*
 17 *tions that were included.*

18 (4) *An assessment of the feasibility of incor-*
 19 *porating certain economic data held by the Veterans*
 20 *Benefits Administration into the model used by the*
 21 *REACH VET program, including financial data and*
 22 *employment status, which research indicates may*
 23 *have an impact on risk for suicide.*

24 (c) *REACH VET PROGRAM DEFINED.*—*In this sec-*
 25 *tion, the term “REACH VET program” means the Recov-*

1 *ery Engagement and Coordination for Health—Veterans*
 2 *Enhanced Treatment program of the Department of Vet-*
 3 *erans Affairs.*

4 **SEC. 104. REPORT ON CARE FOR FORMER MEMBERS OF THE**
 5 **ARMED FORCES WITH OTHER THAN HONOR-**
 6 **ABLE DISCHARGE.**

7 *Section 1720I(f) of title 38, United States Code, is*
 8 *amended—*

9 *(1) in paragraph (1) by striking “Not less fre-*
 10 *quently than once” and inserting “Not later than*
 11 *February 15”; and*

12 *(2) in paragraph (2)—*

13 *(A) by redesignating subparagraph (C) as*
 14 *subparagraph (F); and*

15 *(B) by inserting after subsection (B) the fol-*
 16 *lowing new subparagraphs:*

17 *“(C) The types of mental or behavioral health*
 18 *care needs treated under this section.*

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

21 *“(i) age;*

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

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

24 *and*

25 *“(iv) geographic location.*

1 “(E) *The average number of visits for an indi-*
 2 *vidual for mental or behavioral health care under this*
 3 *section.*”.

4 ***TITLE II—SUICIDE PREVENTION***

5 ***SEC. 201. FINANCIAL ASSISTANCE TO CERTAIN ENTITIES TO*** 6 ***PROVIDE AND COORDINATE THE PROVISION*** 7 ***OF SUICIDE PREVENTION SERVICES FOR ELI-*** 8 ***GIBLE INDIVIDUALS AND THEIR FAMILIES.***

9 (a) *PURPOSE.*—*The purpose of this section is to reduce*
 10 *veteran suicide through a community-based grant program*
 11 *to award grants to eligible entities to provide suicide pre-*
 12 *vention services to eligible individuals and their family.*

13 (b) *DISTRIBUTION OF FINANCIAL ASSISTANCE.*—

14 (1) *IN GENERAL.*—*The Secretary of Veterans Af-*
 15 *fairs shall provide financial assistance to eligible en-*
 16 *tities approved under this section through the award*
 17 *of grants each fiscal year to such entities to provide*
 18 *and coordinate the provision of suicide prevention*
 19 *services to eligible individuals and their family to re-*
 20 *duce the risk of suicide.*

21 (2) *COORDINATION WITH TASK FORCE.*—*The Sec-*
 22 *retary shall carry out this section in coordination*
 23 *with the President’s Roadmap to Empower Veterans*
 24 *and End the National Tragedy of Suicide Task Force,*
 25 *to the extent practicable.*

1 (c) *AWARD OF GRANTS.*—

2 (1) *IN GENERAL.*—*The Secretary shall award a*
 3 *grant to each eligible entity for which the Secretary*
 4 *has approved an application under subsection (f) to*
 5 *provide or coordinate the provision of suicide preven-*
 6 *tion services under this section.*

7 (2) *GRANT AMOUNTS, INTERVALS OF PAYMENT,*
 8 *AND MATCHING FUNDS.*—*In accordance with the serv-*
 9 *ices being provided under a grant under this section*
 10 *and the duration of those services, the Secretary shall*
 11 *establish—*

12 (A) *a maximum amount to be awarded*
 13 *under the grant that is not greater than*
 14 *\$750,000 per grantee per fiscal year;*

15 (B) *intervals of payment for the adminis-*
 16 *tration of the grant; and*

17 (C) *a requirement for the recipient of the*
 18 *grant to provide matching funds in a specified*
 19 *percentage.*

20 (d) *DISTRIBUTION OF FINANCIAL ASSISTANCE AND*
 21 *PREFERENCE.*—

22 (1) *DISTRIBUTION.*—

23 (A) *PRIORITY.*—*Subject to subparagraphs*

24 (B) *and (C), in determining how to distribute*

1 *grants under this section, the Secretary may*
2 *prioritize the award of grants in—*

3 *(i) rural communities;*

4 *(ii) Tribal lands;*

5 *(iii) territories of the United States;*

6 *(iv) medically underserved areas;*

7 *(v) areas with a high number or per-*
8 *centage of minority veterans or women vet-*
9 *erans; and*

10 *(vi) areas with a high number or per-*
11 *centage of calls to the Veterans Crisis Line.*

12 *(B) AREAS WITH NEED.—The Secretary*
13 *shall ensure that, to the extent practicable, finan-*
14 *cial assistance under this section is distributed—*

15 *(i) to provide services in areas of the*
16 *United States, including territories of the*
17 *United States, that have experienced high*
18 *rates or a high burden of veteran suicide;*
19 *and*

20 *(ii) to eligible entities that can assist*
21 *eligible individuals at risk of suicide who*
22 *are not currently receiving health care fur-*
23 *nished by the Department of Veterans Af-*
24 *fairs.*

1 (C) *GEOGRAPHY.*—*In distributing financial*
 2 *assistance under subparagraph (B), the Sec-*
 3 *retary may provide grants to eligible entities*
 4 *that furnish services to eligible individuals in*
 5 *geographically dispersed areas.*

6 (2) *PREFERENCE.*—

7 (A) *IN GENERAL.*—*The Secretary shall give*
 8 *preference in the provision of financial assist-*
 9 *ance under this section to eligible entities that*
 10 *have demonstrated the ability to provide or co-*
 11 *ordinate multiple suicide prevention services*
 12 *using a collective impact model.*

13 (B) *RULE OF CONSTRUCTION.*—*Nothing in*
 14 *this paragraph shall be construed to limit the*
 15 *award of grants under this section only to orga-*
 16 *nizations that provide or coordinate multiple*
 17 *suicide prevention services through a collective*
 18 *impact model.*

19 (e) *REQUIREMENTS FOR RECEIPT OF FINANCIAL AS-*
 20 *SISTANCE.*—

21 (1) *NOTIFICATION THAT SERVICES ARE FROM*
 22 *DEPARTMENT.*—*Each entity receiving financial as-*
 23 *istance under this section to provide suicide preven-*
 24 *tion services to eligible individuals and their family*
 25 *shall notify the recipients of such services that such*

1 *services are being paid for, in whole or in part, by*
 2 *the Department.*

3 (2) *COORDINATION WITH OTHER SERVICES FROM*
 4 *DEPARTMENT.—Each entity receiving a grant under*
 5 *this section shall—*

6 (A) *coordinate with the Secretary with re-*
 7 *spect to the provision of clinical services to eligi-*
 8 *ble individuals in accordance with any other*
 9 *provision of law regarding the delivery of health*
 10 *care under the laws administered by the Sec-*
 11 *retary;*

12 (B) *inform a veteran in receipt of assist-*
 13 *ance under this section of the eligibility of the*
 14 *veteran to enroll in the patient enrollment sys-*
 15 *tem of the Department under section 1705 of*
 16 *title 38, United States Code; and*

17 (C) *if such veteran wishes to so enroll, in-*
 18 *form the veteran of the point of contact at the*
 19 *nearest medical center of the Department who*
 20 *can assist the veteran in such enrollment.*

21 (3) *MEASUREMENT AND MONITORING.—Each en-*
 22 *tity receiving a grant under this section shall submit*
 23 *to the Secretary a description of the tools and assess-*
 24 *ments the entity uses or will use to determine the ef-*
 25 *fectiveness of the services furnished by the entity*

1 *under this section, including the effect of those services*
2 *on—*

3 *(A) the financial stability of eligible indi-*
4 *viduals receiving those services;*

5 *(B) the mental resiliency and mental out-*
6 *look of those eligible individuals; and*

7 *(C) the social support of those eligible indi-*
8 *viduals.*

9 *(4) REPORTS.—The Secretary—*

10 *(A) shall require each entity receiving fi-*
11 *nancial assistance under this section to submit*
12 *to the Secretary an annual report that describes*
13 *the projects carried out with such financial as-*
14 *sistance during the year covered by the report,*
15 *including the number of eligible individuals*
16 *served;*

17 *(B) shall specify to each such entity the*
18 *evaluation criteria and data and information,*
19 *which shall include a mental health measure-*
20 *ment of each eligible individual served, to be sub-*
21 *mitted in such report; and*

22 *(C) may require such entities to submit to*
23 *the Secretary such additional reports as the Sec-*
24 *retary considers appropriate.*

25 *(f) APPLICATION FOR FINANCIAL ASSISTANCE.—*

1 (1) *IN GENERAL.*—*An eligible entity seeking fi-*
2 *nancial assistance under this section shall submit to*
3 *the Secretary an application therefor in such form, in*
4 *such manner, and containing such commitments and*
5 *information as the Secretary considers necessary to*
6 *carry out this section.*

7 (2) *MATTERS TO BE INCLUDED.*—*Each applica-*
8 *tion submitted by an eligible entity under paragraph*
9 *(1) shall contain the following:*

10 (A) *A description of the suicide prevention*
11 *services proposed to be provided by the eligible*
12 *entity and the identified need for those services.*

13 (B) *A detailed plan describing how the eli-*
14 *gible entity proposes to coordinate and deliver*
15 *suicide prevention services (including by pro-*
16 *viding opportunities for mental wellness and*
17 *personal growth) to eligible individuals not cur-*
18 *rently receiving care furnished by the Depart-*
19 *ment, including—*

20 (i) *an identification of the community*
21 *partners, if any, with which the eligible en-*
22 *tity proposes to work in delivering such*
23 *services;*

1 (ii) a description of the arrangements
2 currently in place between the eligible entity
3 and such partners; and

4 (iii) an identification of how long such
5 arrangements have been in place.

6 (C) Clearly defined objectives for the provi-
7 sion of suicide prevention services.

8 (D) A description of the services the eligible
9 entity proposes to deliver directly and a descrip-
10 tion of any services the eligible entity proposes to
11 deliver through an agreement with a community
12 partner, if any.

13 (E) A description of the types of eligible in-
14 dividuals at risk of suicide and their family pro-
15 posed to be provided suicide prevention services.

16 (F) An estimate of the number of eligible
17 individuals at risk of suicide and their family
18 proposed to be provided suicide prevention serv-
19 ices and the basis for such estimate, including
20 the percentage of those individuals who are not
21 currently receiving care furnished by the Depart-
22 ment.

23 (G) The physical address of the primary lo-
24 cation of the eligible entity.

1 (H) *A description of the geographic area*
2 *and boundaries the eligible entity plans to serve*
3 *during the year for which the application ap-*
4 *plies.*

5 (I) *Evidence of the experience of the eligible*
6 *entity (and the proposed partners of the entity)*
7 *in providing suicide prevention services to indi-*
8 *viduals at risk of suicide, particularly to eligible*
9 *individuals at risk of suicide and their family.*

10 (J) *A description of the managerial and*
11 *technological capacity of the eligible entity—*

12 (i) *to coordinate the provision of sui-*
13 *cide prevention services with the provision*
14 *of other services;*

15 (ii) *to assess continuously the needs of*
16 *eligible individuals at risk of suicide and*
17 *their family for suicide prevention services;*

18 (iii) *to coordinate the provision of sui-*
19 *cide prevention services with the services of*
20 *the Department for which the beneficiaries*
21 *are eligible;*

22 (iv) *to continuously seek new sources of*
23 *assistance to ensure the continuity of sui-*
24 *cide prevention services for eligible individ-*
25 *uals at risk of suicide and their family as*

1 *long as the individual is determined to be*
 2 *at risk of suicide; and*

3 *(v) to measure, over a long-term pe-*
 4 *riod, the improved mental resiliency and*
 5 *mental outlook of the eligible individual*
 6 *served.*

7 *(K) An agreement to use the measurement*
 8 *tool provided by the Department for purposes of*
 9 *measuring effectiveness of the programming as*
 10 *described in paragraph (2) of subsection (h).*

11 *(L) A description of how the eligible entity*
 12 *plans to assess the effectiveness of the provision*
 13 *of suicide prevention services under this section.*

14 *(M) Such additional application criteria as*
 15 *the Secretary considers appropriate.*

16 *(g) TECHNICAL ASSISTANCE.—*

17 *(1) IN GENERAL.—The Secretary shall provide*
 18 *training and technical assistance to eligible entities*
 19 *in receipt of financial assistance under this section*
 20 *regarding—*

21 *(A) the data required to be collected and*
 22 *shared with the Department;*

23 *(B) the means of data collection and shar-*
 24 *ing;*

1 (C) familiarization with and appropriate
 2 use of any tool to be used to measure the effec-
 3 tiveness of the use of the financial assistance pro-
 4 vided; and

5 (D) the requirements for reporting under
 6 subsection (e)(4) on services provided via such fi-
 7 nancial assistance.

8 (2) *PROVISION OF TRAINING AND TECHNICAL AS-*
 9 *SISTANCE.*—The Secretary may provide the training
 10 and technical assistance described in paragraph (1)
 11 directly or through grants or contracts with appro-
 12 priate public or nonprofit entities.

13 (h) *ADMINISTRATION OF GRANT PROGRAM.*—

14 (1) *SELECTION CRITERIA.*—The Secretary, in
 15 consultation with entities specified in paragraph (3),
 16 shall establish criteria for the selection of eligible enti-
 17 ties that have submitted applications under subsection
 18 (f).

19 (2) *DEVELOPMENT OF MEASURES AND*
 20 *METRICS.*—The Secretary shall develop, in consulta-
 21 tion with entities specified in paragraph (3), the fol-
 22 lowing:

23 (A) A framework for collecting and sharing
 24 information about entities in receipt of financial
 25 assistance under this section for purposes of im-

1 *proving the discovery of services available for eli-*
 2 *gible individuals at risk of suicide and their*
 3 *family, set forth by service type, locality, and eli-*
 4 *gibility criteria.*

5 *(B) The measures to be used by each entity*
 6 *in receipt of financial assistance under this sec-*
 7 *tion to determine the effectiveness of the pro-*
 8 *gramming being provided by such entity in im-*
 9 *proving mental resiliency and mental outlook of*
 10 *eligible individuals at risk of suicide and their*
 11 *family.*

12 *(C) Metrics for measuring the effectiveness*
 13 *of the provision of financial assistance under*
 14 *this section, including reducing suicide risk*
 15 *among eligible individuals.*

16 *(3) COORDINATION.—In developing a plan for*
 17 *the design and implementation of the provision of fi-*
 18 *nancial assistance under this section, including cri-*
 19 *teria for the award of grants, the Secretary shall con-*
 20 *sult with the following:*

21 *(A) Veterans service organizations.*

22 *(B) National organizations representing po-*
 23 *tential community partners of eligible entities in*
 24 *providing supportive services to address the*
 25 *needs of eligible individuals at risk of suicide*

1 *and their family, including national organiza-*
 2 *tions that—*

3 *(i) advocate for the needs of individ-*
 4 *uals with or at risk of behavioral health*
 5 *conditions;*

6 *(ii) represent mayors;*

7 *(iii) represent first responders;*

8 *(iv) represent chiefs of police and sher-*
 9 *iffs;*

10 *(v) represent governors;*

11 *(vi) represent a territory of the United*
 12 *States; or*

13 *(vii) represent a Tribal alliance.*

14 *(C) National organizations that represent*
 15 *counties.*

16 *(D) Organizations with which the Depart-*
 17 *ment has a current memorandum of agreement*
 18 *or understanding related to mental health or sui-*
 19 *cide prevention.*

20 *(E) State departments of veterans affairs.*

21 *(F) National organizations representing*
 22 *members of the reserve components of the Armed*
 23 *Forces.*

24 *(G) Vet Centers.*

1 (H) *Organizations, including institutions of*
 2 *higher education, with experience in creating*
 3 *measurement tools for purposes of determining*
 4 *programmatic effectiveness.*

5 (I) *The National Alliance on Mental Illness.*

6 (J) *The Centers for Disease Control and*
 7 *Prevention.*

8 (K) *The Substance Abuse and Mental*
 9 *Health Services Administration of the Depart-*
 10 *ment of Health and Human Services.*

11 (L) *A labor organization (as such term is*
 12 *defined in section 7103(a)(4) of title 5, United*
 13 *States Code).*

14 (M) *The PREVENTS task force established*
 15 *under Executive Order 13861 (84 Fed. Reg.*
 16 *8585; relating to the national roadmap to em-*
 17 *power veterans and end suicide) .*

18 (N) *Such other organizations as the Sec-*
 19 *retary considers appropriate.*

20 (4) *REPORT ON GRANT CRITERIA.—Not later*
 21 *than 30 days before notifying eligible entities of the*
 22 *availability of funding under this section, the Sec-*
 23 *retary shall submit to the appropriate committees of*
 24 *Congress a report containing—*

1 (A) criteria for the award of a grant under
2 this section;

3 (B) the tool or tools and metrics to be used
4 by the Department to measure the effectiveness of
5 the use of financial assistance provided under
6 this section;

7 (C) a framework for the sharing of informa-
8 tion about entities in receipt of financial assist-
9 ance under this section; and

10 (D) the method by which the Secretary de-
11 termines financial responsibility for purposes of
12 paragraph (3) of subsection (m).

13 (i) *INFORMATION ON POTENTIAL BENEFICIARIES.*—

14 (1) *IN GENERAL.*—The Secretary may make
15 available to recipients of financial assistance under
16 this section certain information regarding potential
17 beneficiaries of services for which such financial as-
18 sistance is provided.

19 (2) *INFORMATION INCLUDED.*—The information
20 made available under paragraph (1) with respect to
21 potential beneficiaries may include the following:

22 (A) Confirmation of the status of a poten-
23 tial beneficiary as a veteran.

24 (B) Confirmation of whether the potential
25 beneficiary is enrolled in the patient enrollment

1 *system of the Department under section 1705 of*
 2 *title 38, United States Code.*

3 (C) *Confirmation of whether a potential*
 4 *beneficiary is currently receiving care furnished*
 5 *by the Department or has recently received such*
 6 *care.*

7 (3) *OPT-OUT.*—*The Secretary shall allow an eli-*
 8 *gible individual to opt out of having their informa-*
 9 *tion shared under this subsection with recipients of fi-*
 10 *nancial assistance under this section.*

11 (j) *DURATION.*—*The authority of the Secretary to pro-*
 12 *vide financial assistance under this section shall terminate*
 13 *on the date that is three years after the date on which the*
 14 *first grant is awarded under this section.*

15 (k) *REPORTING AND ASSESSMENT.*—

16 (1) *INTERIM REPORT.*—

17 (A) *IN GENERAL.*—*Not later than 18*
 18 *months after the date on which the first grant is*
 19 *awarded under this section, the Secretary shall*
 20 *submit to the appropriate committees of Congress*
 21 *a report on the provision of financial assistance*
 22 *under this section.*

23 (B) *ELEMENTS.*—*The report submitted*
 24 *under subparagraph (A) shall include the fol-*
 25 *lowing:*

1 (i) *An assessment of the effectiveness of*
2 *the provision of financial assistance under*
3 *this section, including—*

4 (I) *the effectiveness of community*
5 *partners in conducting outreach to eli-*
6 *gible individuals at risk of suicide and*
7 *their family and reducing suicide rates*
8 *for eligible individuals; and*

9 (II) *the effectiveness of the meas-*
10 *ures and metrics developed under sub-*
11 *section (h)(2) at improving coordina-*
12 *tion of suicide prevention services.*

13 (ii) *A list of grant recipients and their*
14 *partner organizations that delivered services*
15 *funded by the grant and the amount of such*
16 *grant received by each recipient and part-*
17 *ner organization.*

18 (iii) *The number of eligible individuals*
19 *supported by each grant recipient, includ-*
20 *ing through services provided to family*
21 *members.*

22 (iv) *The types of suicide prevention*
23 *services provided by each grant recipient*
24 *and partner organization.*

1 (v) *The number of eligible individuals*
2 *supported by each grant recipient under*
3 *this section, including through services pro-*
4 *vided to family members, who were not pre-*
5 *viously receiving care furnished by the De-*
6 *partment.*

7 (vi) *The number of eligible individuals*
8 *whose mental resiliency and mental outlook*
9 *received a baseline measurement assessment*
10 *under this section and the number of such*
11 *individuals whose mental resiliency and*
12 *mental outlook will be measured by the De-*
13 *partment or a community partner over a*
14 *period of time.*

15 (vii) *The types of data the Department*
16 *was able to collect and share with partners,*
17 *including a characterization of the benefits*
18 *of that data.*

19 (viii) *The number of eligible individ-*
20 *uals newly enrolled in the Veterans Health*
21 *Administration by grant recipients, set*
22 *forth by grant recipient.*

23 (2) *FINAL REPORT.*—*Not later than three years*
24 *after the date on which the first grant is awarded*

1 *under this section, the Secretary shall submit to the*
 2 *appropriate committees of Congress—*

3 *(A) a follow-up on the interim report sub-*
 4 *mitted under paragraph (1) containing the ele-*
 5 *ments set forth in subparagraph (B) of such*
 6 *paragraph; and*

7 *(B) a report on—*

8 *(i) the effectiveness of the provision of*
 9 *financial assistance under this section, in-*
 10 *cluding the effectiveness of community part-*
 11 *ners in conducting outreach to eligible indi-*
 12 *viduals at risk of suicide and their family*
 13 *and reducing suicide rates for eligible indi-*
 14 *viduals;*

15 *(ii) an assessment of the increased ca-*
 16 *capacity of the Department to provide services*
 17 *to eligible individuals at risk of suicide and*
 18 *their family, set forth by State, as a result*
 19 *of the provision of financial assistance*
 20 *under this section; and*

21 *(iii) the feasibility and advisability of*
 22 *extending or expanding the provision of fi-*
 23 *nancial assistance under this section.*

24 *(3) THIRD PARTY ASSESSMENT.—*

25 *(A) STUDY OF GRANT PROGRAM.—*

1 (i) *IN GENERAL.*—Not later than 180
 2 days after the date on which the first grant
 3 is awarded under this section, the Secretary
 4 shall seek to enter into a contract with an
 5 appropriate entity described in subpara-
 6 graph (C) to conduct a study on the provi-
 7 sion of grants under this section.

8 (ii) *ELEMENTS.*—In conducting the
 9 study under clause (i), the appropriate enti-
 10 ty shall—

11 (I) evaluate the effectiveness of
 12 grants under this section in addressing
 13 the factors that contribute to suicide
 14 through the provision of services by eli-
 15 gible entities located in the commu-
 16 nities where the eligible individuals re-
 17 ceiving those services live; and

18 (II) compare the results of the
 19 provision of grants under this section
 20 with other national programs in deliv-
 21 ering resources to eligible individuals
 22 in the communities where they live
 23 that address the factors that contribute
 24 to suicide.

25 (B) *ASSESSMENT.*—

1 (i) *IN GENERAL.*—*The contract under*
 2 *subparagraph (A) shall require that not*
 3 *later than two years after the date on which*
 4 *the first grant is awarded under this sec-*
 5 *tion, the appropriate entity shall submit to*
 6 *the Secretary an assessment of the provision*
 7 *of grants under this section based on the*
 8 *study conducted pursuant to such contract.*

9 (ii) *SUBMITTAL TO CONGRESS.*—*Upon*
 10 *receipt of the assessment under clause (i),*
 11 *the Secretary shall submit to the appro-*
 12 *priate committees of Congress a copy of the*
 13 *assessment.*

14 (C) *APPROPRIATE ENTITY.*—*An appropriate*
 15 *entity described in this subparagraph is a non-*
 16 *government entity with experience optimizing*
 17 *and assessing organizations that deliver services.*

18 (l) *PROVISION OF CARE TO ELIGIBLE INDIVIDUALS.*—

19 (1) *IN GENERAL.*—*When the Secretary deter-*
 20 *mines it is clinically appropriate, the Secretary shall*
 21 *furnish to an eligible individual receiving suicide pre-*
 22 *vention services through a grant provided under this*
 23 *section an initial mental health assessment and men-*
 24 *tal health or behavioral health care services author-*
 25 *ized under chapter 17 of title 38, United States Code,*

1 *that are required to treat the mental or behavioral*
 2 *health care needs of the eligible individual, including*
 3 *risk of suicide.*

4 (2) *INELIGIBLE.*—*If an eligible individual re-*
 5 *fuses to receive services under paragraph (1) or is in-*
 6 *eligible for such services, any ongoing clinical services*
 7 *provided by an eligible entity receiving a grant under*
 8 *this section, or a community partner of such entity,*
 9 *shall be at the expense of the entity.*

10 (m) *DEFINITIONS.*—*In this section:*

11 (1) *APPROPRIATE COMMITTEES OF CONGRESS.*—
 12 *The term “appropriate committees of Congress”*
 13 *means—*

14 (A) *the Committee on Veterans’ Affairs and*
 15 *the Subcommittee on Military Construction, Vet-*
 16 *erans Affairs, and Related Agencies of the Com-*
 17 *mittee on Appropriations of the Senate; and*

18 (B) *the Committee on Veterans’ Affairs and*
 19 *the Subcommittee on Military Construction, Vet-*
 20 *erans Affairs, and Related Agencies of the Com-*
 21 *mittee on Appropriations of the House of Rep-*
 22 *resentatives.*

23 (2) *COLLECTIVE IMPACT MODEL.*—*The term “col-*
 24 *lective impact model” means a partnership between*
 25 *several entities that—*

1 (A) collectively provides multiple suicide
2 prevention services;

3 (B) shares the common goal of reducing the
4 risk of suicide among eligible individuals;

5 (C) has a shared measurement system;

6 (D) engages in continuous communication;

7 and

8 (E) includes an organization that acts as
9 the supporting infrastructure of the model by
10 creating a structured process for—

11 (i) strategic planning;

12 (ii) project management; and

13 (iii) supporting partner entities
14 through ongoing—

15 (I) facilitation;

16 (II) technology and communica-
17 tions support;

18 (III) data collection and report-
19 ing; and

20 (IV) administrative support.

21 (3) *ELIGIBLE ENTITY*.—The term “eligible enti-
22 ty” means—

23 (A) an incorporated private institution or
24 foundation—

1 (i) no part of the net earnings of which
2 incurs to the benefit of any member, found-
3 er, contributor, or individual;

4 (ii) that has a governing board that
5 would be responsible for the operation of the
6 suicide prevention services provided under
7 this section; and

8 (iii) that is approved by the Secretary
9 as to financial responsibility;

10 (B) a corporation wholly owned and con-
11 trolled by an organization meeting the require-
12 ments of clauses (i), (ii), and (iii) of subpara-
13 graph (A);

14 (C) a tribally designated housing entity (as
15 defined in section 4 of the Native American
16 Housing Assistance and Self-Determination Act
17 of 1996 (25 U.S.C. 4103));

18 (D) a community-based organization—

19 (i) that is physically based in the tar-
20 geted community;

21 (ii) that can effectively network with
22 local civic organizations, regional health
23 systems, and other settings where eligible
24 individuals at risk of suicide and their fam-
25 ily are likely to have contact; and

1 (iii) that is approved by the Secretary
2 as to financial responsibility;

3 (E) a community-based organization—

4 (i) that is physically based in the tar-
5 geted community;

6 (ii) that has demonstrated the poten-
7 tial to use a collective impact model to effec-
8 tively network and partner with community
9 partners that offer suicide prevention serv-
10 ices to reduce the risk of suicide for eligible
11 individuals; and

12 (iii) that is approved by the Secretary
13 as to financial responsibility; or

14 (F) a State or local government that is ap-
15 proved by the Secretary as to financial responsi-
16 bility.

17 (4) *ELIGIBLE INDIVIDUAL.*—The term “eligible
18 individual” means—

19 (A) a veteran, as defined in section 101 of
20 title 38, United States Code;

21 (B) an eligible individual described in sec-
22 tion 1720I(b) of such title;

23 (C) an individual described in any of
24 clauses (i) through (iv) of section 1712A(a)(1)(C)
25 of such title; or

1 (D) such other individual as the Secretary
2 considers appropriate.

3 (5) *EMERGENCY MEDICAL CONDITION DE-*
4 *FINED.*—The term “emergency medical condition”
5 means a medical or behavioral condition manifesting
6 itself by acute symptoms of sufficient severity, includ-
7 ing severe pain, such that the absence of immediate
8 medical attention could reasonably be expected to re-
9 sult in—

10 (A) placing the health of the individual in
11 serious jeopardy;

12 (B) serious impairment to bodily functions;

13 or

14 (C) serious dysfunction of bodily organs.

15 (6) *FAMILY.*—The term “family” means, with re-
16 spect to an eligible individual at risk of suicide, any
17 of the following:

18 (A) A parent.

19 (B) A spouse.

20 (C) A child.

21 (D) A sibling.

22 (E) A step-family member.

23 (F) An extended family member.

24 (G) Any other individual who lives with the
25 eligible individual.

1 (7) *NECESSARY STABILIZING TREATMENT DE-*
 2 *FINED.*—*The term “necessary stabilizing treatment”*
 3 *means, with respect to an emergency medical condi-*
 4 *tion, to provide, for not greater than 72 hours, such*
 5 *medical treatment for the condition necessary to as-*
 6 *sure, within reasonable medical probability, that no*
 7 *material deterioration of the condition is likely to re-*
 8 *sult from or occur during the transfer of the indi-*
 9 *vidual from a facility.*

10 (8) *PEER SPECIALIST.*—*The term “peer spe-*
 11 *cialist” means a person eligible to be appointed as a*
 12 *peer specialist under section 7402(b)(13) of title 38,*
 13 *United States Code.*

14 (9) *RISK OF SUICIDE.*—*The term “risk of sui-*
 15 *cide” means exposure to or the existence of any of the*
 16 *following:*

17 (A) *Health risk factors, including the fol-*
 18 *lowing:*

19 (i) *Mental health challenges.*

20 (ii) *Substance abuse.*

21 (iii) *Serious or chronic health condi-*
 22 *tions or pain.*

23 (iv) *Traumatic brain injury.*

24 (B) *Environmental risk factors, including*
 25 *the following:*

1 (i) *Access to lethal means (such as*
2 *drugs, firearms, etc.).*

3 (ii) *Prolonged stress.*

4 (iii) *Stressful life events.*

5 (iv) *Exposure to the suicide of another*
6 *person or to graphic or sensationalized ac-*
7 *counts of suicide.*

8 (v) *Unemployment.*

9 (vi) *Homelessness.*

10 (vii) *Recent loss.*

11 (viii) *Legal or financial challenges.*

12 (C) *Historical risk factors, including the*
13 *following:*

14 (i) *Previous suicide attempts.*

15 (ii) *Family history of suicide.*

16 (iii) *History of abuse, neglect, or trau-*
17 *ma.*

18 (10) *RURAL.*—*With respect to an area or com-*
19 *munity, the term “rural” has the meaning given that*
20 *term in the Rural-Urban Commuting Areas coding*
21 *system of the Department of Agriculture.*

22 (11) *STATE.*—*The term “State” means each of*
23 *several States, the District of Columbia, the Northern*
24 *Mariana Islands, American Samoa, Guam, Puerto*
25 *Rico, and the United States Virgin Islands.*

1 (12) *SUICIDE PREVENTION SERVICES.*—

2 (A) *IN GENERAL.*—*The term “suicide pre-*
3 *vention services” means services to address the*
4 *needs of eligible individuals at risk of suicide*
5 *and their family and includes the following:*

6 (i) *Outreach to identify eligible indi-*
7 *viduals at risk of suicide, with an emphasis*
8 *on eligible individuals who are at highest*
9 *risk or who are not receiving health care or*
10 *other services furnished by the Department.*

11 (ii) *A baseline mental health assess-*
12 *ment for risk screening and referral to care*
13 *at—*

14 (I) *a medical facility of the De-*
15 *partment;*

16 (II) *a Vet Center; or*

17 (III) *a non-Department facility if*
18 *the eligible individual refuses to or is*
19 *ineligible for care from the Department*
20 *or a Vet Center.*

21 (iii) *Education on suicide risk and*
22 *prevention to families and communities.*

23 (iv) *Individual and group therapy.*

24 (v) *Case management services.*

1 (vi) *Peer support services provided by*
 2 *peer specialists.*

3 (vii) *Assistance in obtaining any ben-*
 4 *efit from the Department that the eligible*
 5 *individual at risk of suicide or their family*
 6 *may be eligible to receive, including—*

7 (I) *vocational and rehabilitation*
 8 *counseling;*

9 (II) *supportive services for home-*
 10 *less veterans;*

11 (III) *employment and training*
 12 *services;*

13 (IV) *educational assistance; and*

14 (V) *health care services.*

15 (viii) *Assistance in obtaining and co-*
 16 *ordinating the provision of other benefits*
 17 *provided by the Federal Government, a*
 18 *State or local government, or an eligible en-*
 19 *tity.*

20 (ix) *The provision of emergency mental*
 21 *health treatment to an eligible individual,*
 22 *which may include—*

23 (I) *assessing the eligible indi-*
 24 *vidual for immediate suicide risk;*

1 (II) connecting the eligible indi-
2 vidual to the Veterans Crisis Line; and

3 (III) in the case of an eligible in-
4 dividual who is experiencing an emer-
5 gency medical condition—

6 (aa) paying for the provision
7 of necessary stabilizing treatment
8 provided in a hospital or other
9 medical facility; and

10 (bb) transporting the indi-
11 vidual—

12 (AA) if the individual is
13 eligible for care from the De-
14 partment, to a medical facil-
15 ity of the Department; or

16 (BB) if the individual
17 is not eligible for care from
18 the Department, to a medical
19 facility not operated by the
20 Department.

21 (x) Such other services necessary for
22 improving the resiliency of eligible individ-
23 uals at risk of suicide and their family as
24 the Secretary considers appropriate, which
25 may include—

1 (I) *assistance with emergent needs*
 2 *relating to—*

3 (aa) *daily living services;*

4 (bb) *personal financial plan-*
 5 *ning;*

6 (cc) *transportation services;*

7 (dd) *legal services to assist*
 8 *the eligible individual with issues*
 9 *that may contribute to risk of sui-*
 10 *cide; and*

11 (ee) *child care (not to exceed*
 12 *\$5,000 per family of the eligible*
 13 *individual per fiscal year);*

14 (II) *adaptive sports, equine as-*
 15 *sisted therapy, or in-place or outdoor*
 16 *recreational therapy;*

17 (III) *substance use reduction pro-*
 18 *gramming;*

19 (IV) *individual, group, or family*
 20 *counseling; and*

21 (V) *relationship coaching.*

22 (B) *EXCLUSION.—The term “suicide pre-*
 23 *vention services” does not include direct cash as-*
 24 *sistance to eligible individuals or their family.*

1 (13) *VET CENTER*.—The term “Vet Center” has
 2 the meaning given that term in section 1712A(h)(1)
 3 of title 38, United States Code.

4 (14) *VETERANS CRISIS LINE*.—The term “Vet-
 5 erans Crisis Line” means the toll-free hotline for vet-
 6 erans established under section 1720F(h) of such title.

7 (15) *VETERANS SERVICE ORGANIZATION*.—The
 8 term “veterans service organization” means any orga-
 9 nization recognized by the Secretary of Veterans Af-
 10 fairs for the representation of veterans included as
 11 part of the annually updated list at [https://](https://www.va.gov/vso/)
 12 www.va.gov/vso/ or a successor website.

13 **SEC. 202. STUDY ON FEASIBILITY AND ADVISABILITY OF**
 14 **THE DEPARTMENT OF VETERANS AFFAIRS**
 15 **PROVIDING CERTAIN COMPLEMENTARY AND**
 16 **INTEGRATIVE HEALTH SERVICES.**

17 (a) *IN GENERAL*.—Not later than 90 days after the
 18 date of the enactment of this Act, the Secretary of Veterans
 19 Affairs shall complete a study on the feasibility and advis-
 20 ability of providing complementary and integrative health
 21 treatments described in subsection (c) at all medical facili-
 22 ties of the Department of Veterans Affairs.

23 (b) *INCLUSION OF ASSESSMENT OF REPORT*.—The
 24 study conducted under subsection (a) shall include an as-
 25 sessment of the final report of the Creating Options for Vet-

1 *erans' Expedited Recovery Commission (commonly referred*
 2 *to as the "COVER Commission") established under section*
 3 *931 of the Jason Simcakoski Memorial and Promise Act*
 4 *(title IX of Public Law 114-198; 38 U.S.C. 1701 note).*

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

8 *(1) Yoga.*

9 *(2) Meditation.*

10 *(3) Acupuncture.*

11 *(4) Chiropractic care.*

12 *(5) Other treatments that show sufficient evi-*
 13 *dence of efficacy at treating mental or physical health*
 14 *conditions, as determined by the Secretary.*

15 *(d) REPORT.—The Secretary shall submit to the Com-*
 16 *mittee on Veterans' Affairs of the Senate and the Committee*
 17 *on Veterans' Affairs of the House of Representatives a report*
 18 *on the study completed under subsection (a), including—*

19 *(1) the results of such study; and*

20 *(2) such recommendations regarding the fur-*
 21 *nishing of complementary and integrative health*
 22 *treatments described in subsection (c) as the Secretary*
 23 *considers appropriate.*

1 **SEC. 203. PILOT PROGRAM TO PROVIDE VETERANS ACCESS**
 2 **TO COMPLEMENTARY AND INTEGRATIVE**
 3 **HEALTH SERVICES THROUGH ANIMAL THER-**
 4 **APY, AGRITHERAPY, POST-TRAUMATIC**
 5 **GROWTH THERAPY, AND OUTDOOR SPORTS**
 6 **AND RECREATION THERAPY.**

7 (a) *IN GENERAL.*—Not later than 180 days after the
 8 date of the enactment of this Act, the Secretary of Veterans
 9 Affairs shall commence the conduct of a pilot program to
 10 provide complementary and integrative health services de-
 11 scribed in subsection (b) to eligible veterans from the De-
 12 partment of Veterans Affairs or through the use of non-De-
 13 partment entities for the treatment of post-traumatic stress
 14 disorder, depression, anxiety, or other conditions as deter-
 15 mined by the Secretary.

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

- 19 (1) *Equine therapy.*
- 20 (2) *Other animal therapy.*
- 21 (3) *Agritherapy.*
- 22 (4) *Post-traumatic growth therapy.*
- 23 (5) *Outdoor sports and recreation therapy.*

24 (c) *ELIGIBLE VETERANS.*—A veteran is eligible to par-
 25 ticipate in the pilot program under this section if the vet-
 26 eran—

1 (1) *is enrolled in the system of patient enroll-*
2 *ment of the Department under section 1705(a) of title*
3 *38, United States Code; and*

4 (2) *has received health care under the laws ad-*
5 *ministered by the Secretary during the two-year pe-*
6 *riod preceding the initial participation of the veteran*
7 *in the pilot program.*

8 (d) *DURATION.—*

9 (1) *IN GENERAL.—The Secretary shall carry out*
10 *the pilot program under this section for a three-year*
11 *period beginning on the commencement of the pilot*
12 *program.*

13 (2) *EXTENSION.—The Secretary may extend the*
14 *duration of the pilot program under this section if the*
15 *Secretary, based on the results of the interim report*
16 *submitted under subsection (f)(1), determines that it*
17 *is appropriate to do so.*

18 (e) *LOCATIONS.—*

19 (1) *IN GENERAL.—The Secretary shall select not*
20 *fewer than five facilities of the Department at which*
21 *to carry out the pilot program under this section.*

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

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

3 (B) not fewer than three facilities serve vet-
4 erans in rural or highly rural areas (as deter-
5 mined through the use of the Rural-Urban Com-
6 muting Areas coding system of the Department
7 of Agriculture).

8 (f) *RESEARCH ON EFFECTIVENESS OF TREATMENT.*—

9 (1) *IN GENERAL.*—The Secretary shall carry out
10 the pilot program in conjunction with academic re-
11 searchers affiliated with the Department of Veterans
12 Affairs, including through agreements under para-
13 graph (2), in order for those researchers to research
14 the effectiveness of the treatments described in sub-
15 section (b).

16 (2) *AGREEMENTS.*—Before commencing the pilot
17 program, the Secretary shall seek to enter into agree-
18 ments with academic researchers to ensure robust
19 data collection and gathering procedures are in place
20 under the pilot program in order to produce peer-re-
21 viewed journal articles.

22 (g) *REPORTS.*—

23 (1) *INTERIM REPORT.*—

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

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

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

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

10 *(ii) The type or types of therapy of-*
11 *fered at each facility at which the pilot pro-*
12 *gram is being carried out.*

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

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

1 (v) *The determination of the Secretary*
 2 *with respect to extending the pilot program*
 3 *under subsection (d)(2).*

4 (vi) *Any recommendations of the Sec-*
 5 *retary with respect to expanding the pilot*
 6 *program.*

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

13 **SEC. 204. DEPARTMENT OF VETERANS AFFAIRS INDE-**
 14 **PENDENT REVIEWS OF CERTAIN DEATHS OF**
 15 **VETERANS BY SUICIDE AND STAFFING LEV-**
 16 **ELS OF MENTAL HEALTH PROFESSIONALS.**

17 (a) *REVIEW OF DEATHS OF VETERANS BY SUICIDE.*—

18 (1) *IN GENERAL.*—*Not later than 90 days after*
 19 *the date of the enactment of this Act, the Secretary of*
 20 *Veterans Affairs shall seek to enter into an agreement*
 21 *with the National Academies of Sciences, Engineer-*
 22 *ing, and Medicine under which the National Acad-*
 23 *emies shall conduct a review of the deaths of all cov-*
 24 *ered veterans who died by suicide during the five-year*
 25 *period ending on the date of the enactment of this*

1 *Act, regardless of whether information relating to*
2 *such deaths has been reported by the Centers for Dis-*
3 *ease Control and Prevention.*

4 (2) *ELEMENTS.—The review required by para-*
5 *graph (1) shall include the following:*

6 (A) *The total number of covered veterans*
7 *who died by suicide during the five-year period*
8 *ending on the date of the enactment of this Act.*

9 (B) *The total number of covered veterans*
10 *who died by a violent death during such five-*
11 *year period.*

12 (C) *The total number of covered veterans*
13 *who died by an accidental death during such*
14 *five-year period.*

15 (D) *A description of each covered veteran*
16 *described in subparagraphs (A) through (C), in-*
17 *cluding age, gender, race, and ethnicity.*

18 (E) *A comprehensive list of prescribed medi-*
19 *cations and legal or illegal substances as anno-*
20 *tated on toxicology reports of covered veterans*
21 *described in subparagraphs (A) through (C), spe-*
22 *cifically listing any medications that carried a*
23 *black box warning, were prescribed for off-label*
24 *use, were psychotropic, or carried warnings that*
25 *included suicidal ideation.*

1 (F) *A summary of medical diagnoses by*
2 *physicians of the Department of Veterans Affairs*
3 *or physicians providing services to covered vet-*
4 *erans through programs of the Department that*
5 *led to the prescribing of medications referred to*
6 *in subparagraph (E) in cases of post-traumatic*
7 *stress disorder, traumatic brain injury, military*
8 *sexual trauma, and other anxiety and depressive*
9 *disorders.*

10 (G) *The number of instances in which a*
11 *covered veteran described in subparagraph (A),*
12 *(B), or (C) was concurrently on multiple medi-*
13 *cations prescribed by physicians of the Depart-*
14 *ment or physicians providing services to veterans*
15 *through programs of the Department to treat*
16 *post-traumatic stress disorder, traumatic brain*
17 *injury, military sexual trauma, other anxiety*
18 *and depressive disorders, or instances of comor-*
19 *bidity.*

20 (H) *The number of covered veterans de-*
21 *scribed in subparagraphs (A) through (C) who*
22 *were not taking any medication prescribed by a*
23 *physician of the Department or a physician pro-*
24 *viding services to veterans through a program of*
25 *the Department.*

1 (I) With respect to the treatment of post-
2 traumatic stress disorder, traumatic brain in-
3 jury, military sexual trauma, or other anxiety
4 and depressive disorders, the percentage of cov-
5 ered veterans described in subparagraphs (A)
6 through (C) who received a non-medication first-
7 line treatment compared to the percentage of
8 such veterans who received medication only.

9 (J) With respect to the treatment of covered
10 veterans described in subparagraphs (A) through
11 (C) for post-traumatic stress disorder, traumatic
12 brain injury, military sexual trauma, or other
13 anxiety and depressive disorders, the number of
14 instances in which a non-medication first-line
15 treatment (such as cognitive behavioral therapy)
16 was attempted and determined to be ineffective
17 for such a veteran, which subsequently led to the
18 prescribing of a medication referred to in sub-
19 paragraph (E).

20 (K) A description and example of how the
21 Department determines and continually updates
22 the clinical practice guidelines governing the
23 prescribing of medications.

24 (L) An analysis of the use by the Depart-
25 ment, including protocols or practices at medical

1 *facilities of the Department, of systematically*
 2 *measuring pain scores during clinical encounters*
 3 *under the Pain as the 5th Vital Sign Toolkit of*
 4 *the Department and an evaluation of the rela-*
 5 *tionship between the use of such measurements*
 6 *and the number of veterans concurrently on mul-*
 7 *tiple medications prescribed by physicians of the*
 8 *Department.*

9 *(M) The percentage of covered veterans de-*
 10 *scribed in subparagraphs (A) through (C) with*
 11 *combat experience or trauma related to combat*
 12 *experience (including military sexual trauma,*
 13 *traumatic brain injury, and post-traumatic*
 14 *stress).*

15 *(N) An identification of the medical facili-*
 16 *ties of the Department with markedly high pre-*
 17 *scription rates and suicide rates for veterans re-*
 18 *ceiving treatment at those facilities.*

19 *(O) An analysis, by State, of programs of*
 20 *the Department that collaborate with State Med-*
 21 *icaid agencies and the Centers for Medicare and*
 22 *Medicaid Services, including the following:*

23 *(i) An analysis of the sharing of pre-*
 24 *scription and behavioral health data for vet-*
 25 *erans.*

1 (ii) *An analysis of whether Depart-*
2 *ment staff check with State prescription*
3 *drug monitoring programs before pre-*
4 *scribing medications to veterans.*

5 (iii) *A description of the procedures of*
6 *the Department for coordinating with pre-*
7 *scribers outside of the Department to ensure*
8 *that veterans are not overprescribed.*

9 (iv) *A description of actions that the*
10 *Department takes when a veteran is deter-*
11 *mined to be overprescribed.*

12 (P) *An analysis of the collaboration of med-*
13 *ical centers of the Department with medical ex-*
14 *aminers' offices or local jurisdictions to deter-*
15 *mine veteran mortality and cause of death.*

16 (Q) *An identification and determination of*
17 *a best practice model to collect and share veteran*
18 *death certificate data between the Department of*
19 *Veterans Affairs, the Department of Defense,*
20 *States, and tribal entities.*

21 (R) *A description of how data relating to*
22 *death certificates of veterans is collected, deter-*
23 *mined, and reported by the Department of Vet-*
24 *erans Affairs.*

(S) *An assessment of any patterns apparent to the National Academies of Sciences, Engineering, and Medicine based on the review conducted under paragraph (1).*

(T) *Such recommendations for further action that would improve the safety and well-being of veterans as the National Academies of Sciences, Engineering, and Medicine determine appropriate.*

(b) *REVIEW OF STAFFING LEVELS FOR MENTAL HEALTH PROFESSIONALS.—*

(1) *IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary shall seek to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine under which the National Academies shall conduct a review of the staffing levels for mental health professionals of the Department.*

(2) *ELEMENTS.—The review required by paragraph (1) shall include a description of the efforts of the Department to maintain appropriate staffing levels for mental health professionals, such as mental health counselors, marriage and family therapists, and other appropriate counselors, including the following:*

1 (A) a description of any impediments to
2 carry out the education, training, and hiring of
3 mental health counselors and marriage and fam-
4 ily therapists under section 7302(a) of title 38,
5 United States Code, and strategies for addressing
6 those impediments;

7 (B) a description of the objectives, goals,
8 and timing of the Department with respect to in-
9 creasing the representation of such counselors
10 and therapists in the behavioral health workforce
11 of the Department, including—

12 (i) a review of eligibility criteria for
13 such counselors and therapists and a com-
14 parison of such criteria to that of other be-
15 havioral health professions in the Depart-
16 ment; and

17 (ii) an assessment of the participation
18 of such counselors and therapists in the
19 mental health professionals trainee program
20 of the Department and any impediments to
21 such participation;

22 (C) an assessment of the development by the
23 Department of hiring guidelines for mental
24 health counselors, marriage and family thera-
25 pists, and other appropriate counselors;

1 (D) a description of how the Department—

2 (i) identifies gaps in the supply of
3 mental health professionals; and

4 (ii) determines successful staffing ra-
5 tios for mental health professionals of the
6 Department;

7 (E) a description of actions taken by the
8 Secretary, in consultation with the Director of
9 the Office of Personnel Management, to create an
10 occupational series for mental health counselors
11 and marriage and family therapists of the De-
12 partment and a timeline for the creation of such
13 an occupational series; and

14 (F) a description of actions taken by the
15 Secretary to ensure that the national, regional,
16 and local professional standards boards for men-
17 tal health counselors and marriage and family
18 therapists are comprised of only mental health
19 counselors and marriage and family therapists
20 and that the liaison from the Department to such
21 boards is a mental health counselor or marriage
22 and family therapist.

23 (c) COMPILATION OF DATA.—

24 (1) FORM OF COMPILATION.—The Secretary of
25 Veterans Affairs shall ensure that data compiled

1 *under subsections (a) and (b) is compiled in a man-*
 2 *ner that allows it to be analyzed across all data fields*
 3 *for purposes of informing and updating clinical prac-*
 4 *tice guidelines of the Department of Veterans Affairs.*

5 (2) *COMPILATION OF DATA REGARDING COVERED*
 6 *VETERANS.—In compiling data under subsection*
 7 *(a)(2) regarding covered veterans described in sub-*
 8 *paragraphs (A) through (C) of such subsection, data*
 9 *regarding veterans described in each such subpara-*
 10 *graph shall be compiled separately and disaggregated*
 11 *by year.*

12 (d) *COMPLETION OF REVIEWS AND REPORTS.—Each*
 13 *agreement entered into under subsections (a)(1) and (b)(1)*
 14 *shall require that the National Academies of Sciences, Engi-*
 15 *neering, and Medicine complete the review under each such*
 16 *subsection and submit to the Secretary of Veterans Affairs*
 17 *a report containing the results of the review—*

18 (1) *with respect to the review under subsection*
 19 *(a)(1), not later than 24 months after entering into*
 20 *the agreement; and*

21 (2) *with respect to the review under subsection*
 22 *(b)(1), not later than 18 months after entering into*
 23 *the agreement.*

24 (e) *REPORTS.—Not later than 90 days after the com-*
 25 *pletion by the National Academies of Sciences, Engineering,*

1 *and Medicine of each of the reviews required under sub-*
 2 *sections (a) and (b), the Secretary of Veterans Affairs*
 3 *shall—*

4 (1) *submit to the Committee on Veterans' Affairs*
 5 *of the Senate and the Committee on Veterans' Affairs*
 6 *of the House of Representatives a report on the results*
 7 *of the review; and*

8 (2) *make such report publicly available.*

9 (f) *DEFINITIONS.—In this section:*

10 (1) *The term “black box warning” means a*
 11 *warning displayed on the label of a prescription drug*
 12 *that is designed to call attention to the serious or life-*
 13 *threatening risk of the prescription drug.*

14 (2) *The term “covered veteran” means a veteran*
 15 *who received hospital care or medical services fur-*
 16 *nished by the Department of Veterans Affairs during*
 17 *the five-year period preceding the death of the vet-*
 18 *eran.*

19 (3) *The term “first-line treatment” means a po-*
 20 *tential intervention that has been evaluated and as-*
 21 *signed a high score within clinical practice guide-*
 22 *lines.*

23 (4) *The term “State” means each of the States,*
 24 *territories, and possessions of the United States, the*

1 *District of Columbia, and the Commonwealth of Puer-*
 2 *to Rico.*

3 **SEC. 205. COMPTROLLER GENERAL REPORT ON MANAGE-**
 4 **MENT BY DEPARTMENT OF VETERANS AF-**
 5 **FAIRS OF VETERANS AT HIGH RISK FOR SUI-**
 6 **CIDE.**

7 *(a) IN GENERAL.—Not later than 18 months after the*
 8 *date of the enactment of this Act, the Comptroller General*
 9 *of the United States shall submit to the Committee on Vet-*
 10 *erans' Affairs of the Senate and the Committee on Veterans'*
 11 *Affairs of the House of Representatives a report on the ef-*
 12 *forts of the Department of Veterans Affairs to manage vet-*
 13 *erans at high risk for suicide.*

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

16 *(1) A description of how the Department identi-*
 17 *fies patients as high risk for suicide, with particular*
 18 *consideration to the efficacy of inputs into the Recov-*
 19 *ery Engagement and Coordination for Health – Vet-*
 20 *erans Enhanced Treatment program (commonly re-*
 21 *ferred to as the “REACH VET” program) of the De-*
 22 *partment, including an assessment of the efficacy of*
 23 *such identifications disaggregated by age, gender, Vet-*
 24 *erans Integrated Service Network, and, to the extent*
 25 *practicable, medical center of the Department.*

1 (2) *A description of how the Department inter-*
2 *venes when a patient is identified as high risk, in-*
3 *cluding an assessment of the efficacy of such interven-*
4 *tions disaggregated by age, gender, Veterans Inte-*
5 *grated Service Network, and, to the extent practicable,*
6 *medical center of the Department.*

7 (3) *A description of how the Department mon-*
8 *itors patients who have been identified as high risk,*
9 *including an assessment of the efficacy of such moni-*
10 *toring and any follow-ups disaggregated by age, gen-*
11 *der, Veterans Integrated Service Network, and, to the*
12 *extent practicable, medical center of the Department.*

13 (4) *A review of staffing levels of suicide preven-*
14 *tion coordinators across the Veterans Health Adminis-*
15 *tration.*

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

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

1 ***TITLE III—PROGRAMS, STUDIES,***
2 ***AND GUIDELINES ON MENTAL***
3 ***HEALTH***

4 ***SEC. 301. STUDY ON CONNECTION BETWEEN LIVING AT***
5 ***HIGH ALTITUDE AND SUICIDE RISK FACTORS***
6 ***AMONG VETERANS.***

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

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

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

22 *(d) REPORT.—Not later than 150 days after the com-*
23 *pletion of the study conducted under subsection (a), the Sec-*
24 *retary shall submit to the Committee on Veterans' Affairs*
25 *of the Senate and the Committee on Veterans' Affairs of*

1 *the House of Representatives a report on the results of the*
2 *study.*

3 *(e) FOLLOW-UP STUDY.—*

4 *(1) IN GENERAL.—If the Secretary determines*
5 *through the study conducted under subsection (a) that*
6 *living at high altitude is a risk factor for developing*
7 *depression or dying by suicide, the Secretary shall*
8 *conduct an additional study to identify the following:*

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

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

16 *(2) REPORT.—Not later than 150 days after*
17 *completing the study conducted under paragraph (1),*
18 *the Secretary shall submit to the Committee on Vet-*
19 *erans' Affairs of the Senate and the Committee on*
20 *Veterans' Affairs of the House of Representatives a re-*
21 *port on the results of the study.*

1 **SEC. 302. ESTABLISHMENT BY DEPARTMENT OF VETERANS**
2 **AFFAIRS AND DEPARTMENT OF DEFENSE OF**
3 **A CLINICAL PROVIDER TREATMENT TOOLKIT**
4 **AND ACCOMPANYING TRAINING MATERIALS**
5 **FOR COMORBIDITIES.**

6 (a) *IN GENERAL.*—Not later than two years after the
7 date of the enactment of this Act, the Secretary of Veterans
8 Affairs, in consultation with the Secretary of Defense, shall
9 develop a clinical provider treatment toolkit and accom-
10 panying training materials for the evidence-based manage-
11 ment of comorbid mental health conditions, comorbid men-
12 tal health and substance use disorders, and a comorbid men-
13 tal health condition and chronic pain.

14 (b) *MATTERS INCLUDED.*—In developing the clinical
15 provider treatment toolkit and accompanying training ma-
16 terials under subsection (a), the Secretary of Veterans Af-
17 fairs and the Secretary of Defense shall ensure that the tool-
18 kit and training materials include guidance with respect
19 to the following:

20 (1) *The treatment of patients with post-trau-*
21 *matic stress disorder who are also experiencing an*
22 *additional mental health condition, a substance use*
23 *disorder, or chronic pain.*

24 (2) *The treatment of patients experiencing a*
25 *mental health condition, including anxiety, depres-*

1 *sion, or bipolar disorder, who are also experiencing a*
 2 *substance use disorder or chronic pain.*

3 *(3) The treatment of patients with traumatic*
 4 *brain injury who are also experiencing—*

5 *(A) a mental health condition, including*
 6 *post-traumatic stress disorder, anxiety, depres-*
 7 *sion, or bipolar disorder;*

8 *(B) a substance use disorder; or*

9 *(C) chronic pain.*

10 **SEC. 303. UPDATE OF CLINICAL PRACTICE GUIDELINES FOR**
 11 **ASSESSMENT AND MANAGEMENT OF PA-**
 12 **TIENTS AT RISK FOR SUICIDE.**

13 *(a) IN GENERAL.—In the first publication of the De-*
 14 *partment of Veterans Affairs and Department of Defense*
 15 *Clinical Practice Guideline for Assessment and Manage-*
 16 *ment of Patients at Risk for Suicide published after the date*
 17 *of the enactment of this Act, the Secretary of Veterans Af-*
 18 *fairs and the Secretary of Defense, through the Assessment*
 19 *and Management of Patients at Risk for Suicide Work*
 20 *Group (in this section referred to as the “Work Group”),*
 21 *shall ensure the publication includes the following:*

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

24 *(A) Gender-specific risk factors for suicide*
 25 *and suicidal ideation.*

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

3 (C) Gender-specific pharmacotherapy effi-
4 cacy.

5 (D) Gender-specific psychotherapy efficacy.

6 (2) Guidance with respect to the efficacy of alter-
7 native therapies, other than psychotherapy and
8 pharmacotherapy, including the following:

9 (A) Yoga therapy.

10 (B) Meditation therapy.

11 (C) Equine therapy.

12 (D) Other animal therapy.

13 (E) Training and caring for service dogs.

14 (F) Agritherapy.

15 (G) Art therapy.

16 (H) Outdoor sports therapy.

17 (I) Music therapy.

18 (J) Any other alternative therapy that the
19 Work Group considers appropriate.

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

1 (b) *RULE OF CONSTRUCTION.*—*Nothing in this section*
 2 *shall be construed to prevent the Secretary of Veterans Af-*
 3 *fairs and the Secretary of Defense from considering all rel-*
 4 *evant evidence, as appropriate, in updating the Department*
 5 *of Veterans Affairs and Department of Defense Clinical*
 6 *Practice Guideline for Assessment and Management of Pa-*
 7 *tients at Risk for Suicide, as required under subsection (a),*
 8 *or from ensuring that the final clinical practice guidelines*
 9 *updated under such subsection remain applicable to the pa-*
 10 *tient populations of the Department of Veterans Affairs and*
 11 *the Department of Defense.*

12 **SEC. 304. ESTABLISHMENT BY DEPARTMENT OF VETERANS**
 13 **AFFAIRS AND DEPARTMENT OF DEFENSE OF**
 14 **CLINICAL PRACTICE GUIDELINES FOR THE**
 15 **TREATMENT OF SERIOUS MENTAL ILLNESS.**

16 (a) *IN GENERAL.*—*Not later than two years after the*
 17 *date of the enactment of this Act, the Secretary of Veterans*
 18 *Affairs, in consultation with the Secretary of Defense and*
 19 *the Secretary of Health and Human Services, shall com-*
 20 *plete the development of a clinical practice guideline or*
 21 *guidelines for the treatment of serious mental illness, to in-*
 22 *clude the following conditions:*

- 23 (1) *Schizophrenia.*
 24 (2) *Schizoaffective disorder.*

1 (3) *Persistent mood disorder, including bipolar*
 2 *disorder I and II.*

3 (4) *Any other mental, behavioral, or emotional*
 4 *disorder resulting in serious functional impairment*
 5 *that substantially interferes with major life activities*
 6 *as the Secretary of Veterans Affairs, in consultation*
 7 *with the Secretary of Defense and the Secretary of*
 8 *Health and Human Services, considers appropriate.*

9 (b) *MATTERS INCLUDED IN GUIDELINES.—The clin-*
 10 *ical practice guideline or guidelines developed under sub-*
 11 *section (a) shall include the following:*

12 (1) *Guidance contained in the 2016 Clinical*
 13 *Practice Guidelines for the Management of Major De-*
 14 *pressive Disorders of the Department of Veterans Af-*
 15 *airs and the Department of Defense.*

16 (2) *Guidance with respect to the treatment of pa-*
 17 *tients with a condition described in subsection (a).*

18 (3) *A list of evidence-based therapies for the*
 19 *treatment of conditions described in subsection (a).*

20 (4) *An appropriate guideline for the administra-*
 21 *tion of pharmacological therapy, psychological or be-*
 22 *havioral therapy, or other therapy for the manage-*
 23 *ment of conditions described in subsection (a).*

24 (c) *ASSESSMENT OF EXISTING GUIDELINES.—Not*
 25 *later than two years after the date of the enactment of this*

1 *Act, the Secretary of Veterans Affairs, in consultation with*
 2 *the Secretary of Defense and the Secretary of Health and*
 3 *Human Services, shall complete an assessment of the 2016*
 4 *Clinical Practice Guidelines for the Management of Major*
 5 *Depressive Disorders to determine whether an update to*
 6 *such guidelines is necessary.*

7 (d) *WORK GROUP.*—

8 (1) *ESTABLISHMENT.*—*The Secretary of Veterans*
 9 *Affairs, the Secretary of Defense, and the Secretary of*
 10 *Health and Human Services shall create a work*
 11 *group to develop the clinical practice guideline or*
 12 *guidelines under subsection (a) to be known as the*
 13 *“Serious Mental Illness Work Group” (in this sub-*
 14 *section referred to as the “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 the*
 19 *areas covered by the Work Group, including the fol-*
 20 *lowing entities:*

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

1 (B) *The Health Services Research and De-*
 2 *velopment Service of the Department of Veterans*
 3 *Affairs.*

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

7 (D) *The National Institute of Mental*
 8 *Health.*

9 (E) *The Indian Health Service.*

10 (F) *Relevant organizations with expertise*
 11 *in researching, diagnosing, or treating condi-*
 12 *tions described in subsection (a).*

13 (3) *RELATION TO OTHER WORK GROUPS.—The*
 14 *Work Group shall be created and conducted in the*
 15 *same manner as other work groups for the develop-*
 16 *ment of clinical practice guidelines for the Depart-*
 17 *ment of Veterans Affairs and the Department of De-*
 18 *fense.*

19 (e) *RULE OF CONSTRUCTION.—Nothing in this section*
 20 *shall be construed to prevent the Secretary of Veterans Af-*
 21 *fairs and the Secretary of Defense from considering all rel-*
 22 *evant evidence, as appropriate, in creating the clinical*
 23 *practice guideline or guidelines required under subsection*
 24 *(a) or from ensuring that the final clinical practice guide-*
 25 *line or guidelines developed under such subsection and sub-*

1 *sequently updated, as appropriate, remain applicable to the*
 2 *patient populations of the Department of Veterans Affairs*
 3 *and the Department of Defense.*

4 **SEC. 305. PRECISION MEDICINE INITIATIVE OF DEPART-**
 5 **MENT OF VETERANS AFFAIRS TO IDENTIFY**
 6 **AND VALIDATE BRAIN AND MENTAL HEALTH**
 7 **BIOMARKERS.**

8 (a) *IN GENERAL.*—Beginning not later than 18
 9 months after the date of the enactment of this Act, the Sec-
 10 retary of Veterans Affairs shall develop and implement an
 11 initiative of the Department of Veterans Affairs to identify
 12 and validate brain and mental health biomarkers among
 13 veterans, with specific consideration for depression, anxiety,
 14 post-traumatic stress disorder, bipolar disorder, traumatic
 15 brain injury, and such other mental health conditions as
 16 the Secretary considers appropriate. Such initiative may
 17 be referred to as the “Precision Medicine for Veterans Ini-
 18 tiative”.

19 (b) *MODEL OF INITIATIVE.*—The initiative under sub-
 20 section (a) shall be modeled on the All of Us Precision Medi-
 21 cine Initiative administered by the National Institutes of
 22 Health with respect to large-scale collection of standardized
 23 data and open data sharing.

24 (c) *USE OF DATA.*—

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

6 (2) *OPEN PLATFORM.*—

7 (A) *RESEARCH PURPOSES.*—

8 (i) *IN GENERAL.*—*The Secretary shall*
9 *make de-identified data collected under the*
10 *initiative available for research purposes*
11 *both within and outside of the Department*
12 *of Veterans Affairs.*

13 (ii) *RESEARCH.*—*The Secretary shall*
14 *assist the National Institutes of Health and*
15 *the Department of Energy in the use by the*
16 *National Institutes of Health or the Depart-*
17 *ment of Energy of data collected under the*
18 *initiative for research purposes under clause*
19 *(i).*

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

22 (3) *STANDARDIZATION.*—

23 (A) *IN GENERAL.*—*The Secretary shall en-*
24 *sure that data collected under the initiative is*
25 *standardized.*

1 (B) *CONSULTATION.*—*The Secretary shall*
 2 *consult with the National Institutes of Health*
 3 *and the Food and Drug Administration to deter-*
 4 *mine the most effective, efficient, and cost-effec-*
 5 *tive way of standardizing data collected under*
 6 *the initiative.*

7 (C) *MANNER OF STANDARDIZATION.*—*Data*
 8 *collected under the initiative shall be standard-*
 9 *ized in the manner in which it is collected, en-*
 10 *tered into the database, extracted, and recorded.*

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

16 (d) *INCLUSION OF INITIATIVE IN PROGRAM.*—*The Sec-*
 17 *retary shall assess the feasibility and advisability of coordi-*
 18 *nating efforts of the initiative under subsection (a) with the*
 19 *Million Veterans Program of the Department.*

20 **SEC. 306. STATISTICAL ANALYSES AND DATA EVALUATION**
 21 **BY DEPARTMENT OF VETERANS AFFAIRS.**

22 (a) *IN GENERAL.*—*Chapter 1 of title 38, United States*
 23 *Code, is amended by adding at the end the following new*
 24 *section:*

1 **“§ 119. Contracting for statistical analyses and data**
 2 **evaluation**

3 “(a) *IN GENERAL.*—*The Secretary may enter into a*
 4 *contract or other agreement with an academic institution*
 5 *or other qualified entity, as determined by the Secretary,*
 6 *to carry out statistical analyses and data evaluation as re-*
 7 *quired of the Secretary by law.”.*

8 “(b) *RULE OF CONSTRUCTION.*—*Nothing in this sec-*
 9 *tion may be construed to limit the authority of the Sec-*
 10 *retary to enter into contracts or other agreements for statis-*
 11 *tical analyses and data evaluation under any other provi-*
 12 *sion of law.”.*

13 (b) *CLERICAL AMENDMENT.*—*The table of sections at*
 14 *the beginning of chapter 1 of such title is amended by add-*
 15 *ing at the end the following new item:*

“119. Contracting for statistical analyses and data evaluation.”.

16 **TITLE IV—OVERSIGHT OF MEN-**
 17 **TAL HEALTH CARE AND RE-**
 18 **LATED SERVICES**

19 **SEC. 401. STUDY ON EFFECTIVENESS OF SUICIDE PREVEN-**
 20 **TION AND MENTAL HEALTH OUTREACH PRO-**
 21 **GRAMS OF DEPARTMENT OF VETERANS AF-**
 22 **FAIRS.**

23 (a) *IN GENERAL.*—*Not later than 180 days after the*
 24 *date of the enactment of this Act, the Secretary of Veterans*
 25 *Affairs shall enter into an agreement with a non-Federal*

1 *Government entity to conduct a study on the effectiveness*
 2 *of the suicide prevention and mental health outreach mate-*
 3 *rials prepared by the Department of Veterans Affairs and*
 4 *the suicide prevention and mental health outreach cam-*
 5 *paigns conducted by the Department.*

6 *(b) USE OF FOCUS GROUPS.—*

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

12 *(2) LOCATION OF FOCUS GROUPS.—Focus groups*
 13 *convened under paragraph (1) shall be held in geo-*
 14 *graphically diverse areas as follows:*

15 *(A) Not fewer than two in rural or highly*
 16 *rural areas.*

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

19 *(3) TIMING OF FOCUS GROUPS.—Focus groups*
 20 *convened under paragraph (1) shall be held at a vari-*
 21 *ety of dates and times to ensure an adequate represen-*
 22 *tation of veterans with different work schedules.*

23 *(4) NUMBER OF PARTICIPANTS.—Each focus*
 24 *group convened under paragraph (1) shall include not*
 25 *fewer than five and not more than 12 participants.*

1 (5) *REPRESENTATION*.—Each focus group con-
2 vened under paragraph (1) shall, to the extent prac-
3 ticable, include veterans of diverse backgrounds, in-
4 cluding—

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

7 (B) women veterans;

8 (C) minority veterans;

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

11 (E) veterans who identify as lesbian, gay,
12 bisexual, transgender, or queer (commonly re-
13 ferred to as “LGBTQ”);

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

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

18 (c) *REPORT*.—

19 (1) *IN GENERAL*.—Not later than 90 days after
20 the last focus group meeting under subsection (b), the
21 Secretary shall submit to the Committee on Veterans’
22 Affairs of the Senate and the Committee on Veterans’
23 Affairs of the House of Representatives a report on
24 the findings of the focus groups.

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

3 (A) *Based on the findings of the focus*
4 *groups, an assessment of the effectiveness of cur-*
5 *rent suicide prevention and mental health out-*
6 *reach efforts of the Department in reaching vet-*
7 *erans as a whole as well as specific groups of vet-*
8 *erans (for example, women veterans).*

9 (B) *Based on the findings of the focus*
10 *groups, recommendations for future suicide pre-*
11 *vention and mental health outreach efforts by the*
12 *Department to target specific groups of veterans.*

13 (C) *A plan to change the current approach*
14 *by the Department to suicide prevention and*
15 *mental health outreach or, if the Secretary de-*
16 *cides not to change the current approach, an ex-*
17 *planation of the reason for maintaining the cur-*
18 *rent approach.*

19 (D) *Such other issues as the Secretary con-*
20 *siders necessary.*

21 (d) *REPRESENTATIVE SURVEY.*—

22 (1) *IN GENERAL.*—*Not later than one year after*
23 *the last focus group meeting under subsection (b), the*
24 *Secretary shall complete a representative survey of the*
25 *veteran population that is informed by the focus*

1 *group data in order to collect information about the*
 2 *effectiveness of the mental health and suicide preven-*
 3 *tion outreach campaigns conducted by the Depart-*
 4 *ment.*

5 (2) *VETERANS SURVEYED.—*

6 (A) *IN GENERAL.—Veterans surveyed under*
 7 *paragraph (1) shall include veterans described in*
 8 *subsection (b)(5).*

9 (B) *DISAGGREGATION OF DATA.—Data of*
 10 *veterans surveyed under paragraph (1) shall be*
 11 *disaggregated by—*

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

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

18 (e) *TREATMENT OF CONTRACTS FOR SUICIDE PREVEN-*
 19 *TION AND MENTAL HEALTH OUTREACH MEDIA.—*

20 (1) *FOCUS GROUPS.—*

21 (A) *IN GENERAL.—The Secretary shall in-*
 22 *clude in each contract to develop media relating*
 23 *to suicide prevention and mental health outreach*
 24 *a requirement that the contractor convene focus*

1 groups of veterans to assess the effectiveness of
 2 suicide prevention and mental health outreach.

3 (B) REPRESENTATION.—Each focus group
 4 required under subparagraph (A) shall, to the ex-
 5 tent practicable, include veterans of diverse back-
 6 grounds, including—

7 (i) veterans of all eras, as determined
 8 by the Secretary;

9 (ii) women veterans;

10 (iii) minority veterans;

11 (iv) Native American veterans, as de-
 12 fined in section 3765 of title 38, United
 13 States Code;

14 (v) veterans who identify as lesbian,
 15 gay, bisexual, transgender, or queer (com-
 16 monly referred to as “LGBTQ”);

17 (vi) veterans who live in rural or high-
 18 ly rural areas; and

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

22 (2) SUBCONTRACTING.—

23 (A) IN GENERAL.—The Secretary shall in-
 24 clude in each contract described in paragraph
 25 (1)(A) a requirement that, if the contractor sub-

1 *contracts for the development of media, the con-*
 2 *tractor shall subcontract with a subcontractor*
 3 *that has experience creating impactful media*
 4 *campaigns that target individuals age 18 to 34.*

5 *(B) BUDGET LIMITATION.—Not more than*
 6 *two percent of the budget of the Office of Mental*
 7 *Health and Suicide Prevention of the Depart-*
 8 *ment for contractors for suicide prevention and*
 9 *mental health media outreach shall go to sub-*
 10 *contractors described in subparagraph (A).*

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

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

19 *(a) ESTABLISHMENT OF GOALS.—*

20 *(1) IN GENERAL.—The Secretary of Veterans Af-*
 21 *fairs shall establish goals for the mental health and*
 22 *suicide prevention media outreach campaigns of the*
 23 *Department of Veterans Affairs, which shall include*
 24 *the establishment of targets, metrics, and action plans*
 25 *to describe and assess those campaigns.*

1 (2) *USE OF METRICS.*—

2 (A) *IN GENERAL.*—*The goals established*
 3 *under paragraph (1) shall be measured by*
 4 *metrics specific to different media types.*

5 (B) *FACTORS TO CONSIDER.*—*In using*
 6 *metrics under subparagraph (A), the Secretary*
 7 *shall determine the best methodological approach*
 8 *for each media type and shall consider the fol-*
 9 *lowing:*

10 (i) *Metrics relating to social media,*
 11 *which may include the following:*

12 (I) *Impressions.*

13 (II) *Reach.*

14 (III) *Engagement rate.*

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

17 (ii) *Metrics relating to television,*
 18 *which may include the following:*

19 (I) *Nielsen ratings.*

20 (II) *Such other metrics as the Sec-*
 21 *retary considers necessary.*

22 (iii) *Metrics relating to email, which*
 23 *may include the following:*

24 (I) *Open rate.*

25 (II) *Response rate.*

1 (III) *Click rate.*

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

4 (C) *UPDATE.—The Secretary shall periodi-*
5 *cally update the metrics under subparagraph (B)*
6 *as more accurate metrics become available.*

7 (3) *TARGETS.—The Secretary shall establish tar-*
8 *gets to track the metrics used under paragraph (2).*

9 (4) *CONSULTATION.—In establishing goals under*
10 *paragraph (1), the Secretary shall consult with the*
11 *following:*

12 (A) *Relevant stakeholders, such as organiza-*
13 *tions that represent veterans, as determined by*
14 *the Secretary.*

15 (B) *Mental health and suicide prevention*
16 *experts.*

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

19 (5) *INITIAL REPORT.—Not later than 180 days*
20 *after the date of the enactment of this Act, the Sec-*
21 *retary shall submit to the Committee on Veterans' Af-*
22 *airs of the Senate and the Committee on Veterans'*
23 *Affairs of the House of Representatives a report de-*
24 *tailing the goals established under paragraph (1) for*
25 *the mental health and suicide prevention media out-*

1 *reach campaigns of the Department, including the*
 2 *metrics and targets for such metrics by which those*
 3 *goals are to be measured under paragraphs (2) and*
 4 *(3).*

5 (6) *ANNUAL REPORT.*—*Not later than one year*
 6 *after the submittal of the report under paragraph (5),*
 7 *and annually thereafter, the Secretary shall submit to*
 8 *the Committee on Veterans' Affairs of the Senate and*
 9 *the Committee on Veterans' Affairs of the House of*
 10 *Representatives a report detailing—*

11 (A) *the progress of the Department in meet-*
 12 *ing the goals established under paragraph (1)*
 13 *and the targets established under paragraph (3);*
 14 *and*

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

19 (b) *REPORT ON USE OF FUNDS BY OFFICE OF MENTAL*
 20 *HEALTH AND SUICIDE PREVENTION.*—*Not later than 180*
 21 *days after the date of the enactment of this Act, and semi-*
 22 *annually thereafter, the Secretary shall submit to the Com-*
 23 *mittee on Appropriations and the Committee on Veterans'*
 24 *Affairs of the Senate and the Committee on Appropriations*
 25 *and the Committee on Veterans' Affairs of the House of Rep-*

1 *representatives a report containing the expenditures and obli-*
 2 *gations of the Office of Mental Health and Suicide Preven-*
 3 *tion of the Veterans Health Administration during the pe-*
 4 *riod covered by the report.*

5 **SEC. 403. COMPTROLLER GENERAL MANAGEMENT REVIEW**
 6 **OF MENTAL HEALTH AND SUICIDE PREVEN-**
 7 **TION SERVICES OF DEPARTMENT OF VET-**
 8 **ERANS AFFAIRS.**

9 *(a) IN GENERAL.—Not later than three years after the*
 10 *date of the enactment of this Act, the Comptroller General*
 11 *of the United States shall submit to the Committee on Vet-*
 12 *erans' Affairs of the Senate and the Committee on Veterans'*
 13 *Affairs of the House of Representatives a management re-*
 14 *view of the mental health and suicide prevention services*
 15 *provided by the Department of Veterans Affairs.*

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

18 *(1) An assessment of the infrastructure under the*
 19 *control of or available to the Office of Mental Health*
 20 *and Suicide Prevention of the Department of Veterans*
 21 *Affairs or available to the Department of Veterans Af-*
 22 *fairs for suicide prevention efforts not operated by the*
 23 *Office of Mental Health and Suicide Prevention.*

24 *(2) A description of the management and organi-*
 25 *zational structure of the Office of Mental Health and*

1 *Suicide Prevention, including roles and responsibil-*
 2 *ities for each position.*

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

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

9 (5) *An assessment of the staffing levels at the Of-*
 10 *fice of Mental Health and Suicide Prevention,*
 11 *disaggregated by type of position, and including the*
 12 *location of any staffing deficiencies.*

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

15 (7) *An assessment of recruitment initiatives in*
 16 *rural areas for mental health professionals of the De-*
 17 *partment.*

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

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

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

1 (B) between that central office and any staff
 2 member or office in the field, including chap-
 3 lains, attorneys, law enforcement personnel, and
 4 volunteers; and

5 (C) between that central office, local facili-
 6 ties of the Department, and community partners
 7 of the Department, including first responders,
 8 community support groups, and health care in-
 9 dustry partners.

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

13 (11) An assessment of how the Department of
 14 Veterans Affairs and the Department of Defense co-
 15 ordinate suicide prevention efforts, and recommenda-
 16 tions on how the Department of Veterans Affairs and
 17 Department of Defense can more effectively coordinate
 18 those efforts.

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

21 **SEC. 404. COMPTROLLER GENERAL REPORT ON EFFORTS**
 22 **OF DEPARTMENT OF VETERANS AFFAIRS TO**
 23 **INTEGRATE MENTAL HEALTH CARE INTO PRI-**
 24 **MARY CARE CLINICS.**

25 (a) *INITIAL REPORT.*—

1 (1) *IN GENERAL.*—Not later than two years after
2 the date of the enactment of this Act, the Comptroller
3 General of the United States shall submit to the Com-
4 mittee on Veterans' Affairs of the Senate and the
5 Committee on Veterans' Affairs of the House of Rep-
6 resentatives a report on the efforts of the Department
7 of Veterans Affairs to integrate mental health care
8 into primary care clinics of the Department.

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

11 (A) *An assessment of the efforts of the De-*
12 partment to integrate mental health care into
13 primary care clinics of the Department.

14 (B) *An assessment of the effectiveness of*
15 such efforts.

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

18 (D) *A description of how care is coordi-*
19 nated by the Department between specialty men-
20 tal health care and primary care, including a
21 description of the following:

22 (i) *How documents and patient infor-*
23 mation are transferred and the effectiveness
24 of those transfers.

1 (ii) *How care is coordinated when vet-*
 2 *erans must travel to different facilities of*
 3 *the Department.*

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

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

11 (F) *Such recommendations on how the De-*
 12 *partment can better integrate mental health care*
 13 *into primary care clinics as the Comptroller*
 14 *General considers appropriate.*

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

18 (b) *COMMUNITY CARE INTEGRATION REPORT.—*

19 (1) *IN GENERAL.—Not later than two years after*
 20 *the date on which the Comptroller General submits*
 21 *the report required under subsection (a)(1), the Comp-*
 22 *troller General shall submit to the Committee on Vet-*
 23 *erans' Affairs of the Senate and the Committee on*
 24 *Veterans' Affairs of the House of Representatives a re-*
 25 *port on the efforts of the Department to integrate*

1 *community-based mental health care into the Veterans*
2 *Health Administration.*

3 (2) *ELEMENTS.—The report required by para-*
4 *graph (1) shall include the following:*

5 (A) *An assessment of the efforts of the De-*
6 *partment to integrate community-based mental*
7 *health care into the Veterans Health Administra-*
8 *tion.*

9 (B) *An assessment of the effectiveness of*
10 *such efforts.*

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

13 (D) *A description of how care is coordi-*
14 *nated between providers of community-based*
15 *mental health care and the Veterans Health Ad-*
16 *ministration, including a description of how doc-*
17 *uments and patient information are transferred*
18 *and the effectiveness of those transfers between—*

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

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

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

5 (F) *An assessment of the military cultural*
 6 *competency of health care providers providing*
 7 *community-based mental health care to veterans.*

8 (G) *Such recommendations on how the De-*
 9 *partment can better integrate community-based*
 10 *mental health care into the Veterans Health Ad-*
 11 *ministration as the Comptroller General con-*
 12 *siders appropriate.*

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

16 (3) *COMMUNITY-BASED MENTAL HEALTH CARE*
 17 *DEFINED.—In this subsection, the term “community-*
 18 *based mental health care” means mental health care*
 19 *paid for by the Department but provided by a non-*
 20 *Department health care provider at a non-Depart-*
 21 *ment facility, including care furnished under section*
 22 *1703 of title 38, United States Code (as in effect on*
 23 *the date specified in section 101(b) of the Caring for*
 24 *Our Veterans Act of 2018 (title I of Public Law 115–*
 25 *182)).*

1 **SEC. 405. JOINT MENTAL HEALTH PROGRAMS BY DEPART-**
2 **MENT OF VETERANS AFFAIRS AND DEPART-**
3 **MENT OF DEFENSE.**

4 *(a) REPORT ON MENTAL HEALTH PROGRAMS.—*

5 *(1) IN GENERAL.—Not later than 180 days after*
6 *the date of the enactment of this Act, and annually*
7 *thereafter, the Secretary of Veterans Affairs and the*
8 *Secretary of Defense shall submit to the Committee on*
9 *Veterans' Affairs and the Committee on Armed Serv-*
10 *ices of the Senate and the Committee on Veterans' Af-*
11 *fairs and the Committee on Armed Services of the*
12 *House of Representatives a report on mental health*
13 *programs of the Department of Veterans Affairs and*
14 *the Department of Defense and joint programs of the*
15 *Departments.*

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

18 *(A) A description of mental health pro-*
19 *grams operated by the Department of Veterans*
20 *Affairs, including the following:*

21 *(i) Transition assistance programs.*

22 *(ii) Clinical and non-clinical mental*
23 *health initiatives, including centers of excel-*
24 *lence of the Department of Veterans Affairs*
25 *for traumatic brain injury and post-trau-*
26 *matic stress disorder.*

1 (iii) *Programs that may secondarily*
2 *improve mental health, including employ-*
3 *ment, housing assistance, and financial lit-*
4 *eracy programs.*

5 (iv) *Research into mental health issues*
6 *and conditions, to include post-traumatic*
7 *stress disorder, depression, anxiety, bipolar*
8 *disorder, traumatic brain injury, suicidal*
9 *ideation, and any other issues or conditions*
10 *as the Secretary of Veterans Affairs con-*
11 *siders necessary.*

12 (B) *A description of mental health pro-*
13 *grams operated by the Department of Defense,*
14 *including the following:*

15 (i) *Transition assistance programs.*

16 (ii) *Clinical and non-clinical mental*
17 *health initiatives, including the National*
18 *Intrepid Center of Excellence and the In-*
19 *trepid Spirit Centers.*

20 (iii) *Programs that may secondarily*
21 *improve mental health, including employ-*
22 *ment, housing assistance, and financial lit-*
23 *eracy programs.*

24 (iv) *Research into mental health issues*
25 *and conditions, to include post-traumatic*

1 *stress disorder, depression, anxiety, bipolar*
2 *disorder, traumatic brain injury, suicidal*
3 *ideation, and any other issues or conditions*
4 *as the Secretary of Defense considers nec-*
5 *essary.*

6 *(C) A description of mental health pro-*
7 *grams jointly operated by the Department of Vet-*
8 *erans Affairs and the Department of Defense, in-*
9 *cluding the following:*

10 *(i) Transition assistance programs.*

11 *(ii) Clinical and non-clinical mental*
12 *health initiatives.*

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

17 *(iv) Research into mental health issues*
18 *and conditions, to include post-traumatic*
19 *stress disorder, depression, anxiety, bipolar*
20 *disorder, traumatic brain injury, suicidal*
21 *ideation, and completed suicides, including*
22 *through the use of the joint suicide data re-*
23 *pository of the Department of Veterans Af-*
24 *fairs and the Department of Defense, and*
25 *any other issues or conditions as the Sec-*

1 retary of Veterans Affairs and the Secretary
2 of Defense consider necessary.

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

7 (E) Recommendations for novel joint pro-
8 gramming of the Department of Veterans Affairs
9 and the Department of Defense to improve the
10 mental health of members of the Armed Forces
11 and veterans.

12 (b) AUTHORIZATION OF A PUBLIC-PRIVATE PARTNER-
13 SHIP TO ESTABLISH A JOINT CENTER OF EXCELLENCE.—

14 (1) IN GENERAL.—Not later than two years after
15 the date of the enactment of this Act, the Secretary of
16 Veterans Affairs, in consultation with the Secretary of
17 Defense, shall enter into agreements with private enti-
18 ties and philanthropic organizations to establish a
19 center of excellence to be known as the “Joint VA/
20 DOD National Intrepid Center of Excellence Intrepid
21 Spirit Center” (in this subsection referred to as the
22 “Center”).

23 (2) DUTIES.—The Center shall conduct the fol-
24 lowing:

1 (A) *Joint mental health care delivery pro-*
 2 *grams of the Department of Veterans Affairs and*
 3 *the Department of Defense for veterans and*
 4 *members of the Armed Forces, including mem-*
 5 *bers of the reserve components, who reside in*
 6 *rural and highly rural areas.*

7 (B) *Mental health and suicide prevention*
 8 *research focused on veterans and members of the*
 9 *Armed Forces, including members of the reserve*
 10 *components, to inform treatment and care deliv-*
 11 *ery programs.*

12 (3) *LOCATION.—The Center shall be established*
 13 *in a location that—*

14 (A) *is geographically distant from existing*
 15 *and planned Intrepid Spirit Centers of the De-*
 16 *partment of Defense;*

17 (B) *is in close proximity to rural and high-*
 18 *ly rural areas and able to serve veterans in those*
 19 *areas who, as of the date of the enactment of this*
 20 *Act, are underserved by the Department of Vet-*
 21 *erans Affairs; and*

22 (C) *is in close proximity to a medical school*
 23 *of an institution of higher education.*

24 (c) *RURAL AND HIGHLY RURAL DEFINED.—In this*
 25 *section, with respect to an area, the terms “rural” and*

1 “highly rural” have the meanings given those terms in the
 2 Rural-Urban Commuting Areas coding system of the De-
 3 partment of Agriculture.

4 **TITLE V—IMPROVEMENT OF**
 5 **MENTAL HEALTH MEDICAL**
 6 **WORKFORCE**

7 **SEC. 501. STAFFING IMPROVEMENT PLAN FOR MENTAL**
 8 **HEALTH PROVIDERS OF DEPARTMENT OF**
 9 **VETERANS AFFAIRS.**

10 (a) *STAFFING PLAN.*—

11 (1) *IN GENERAL.*—Not later than one year after
 12 the date of the enactment of this Act, the Secretary of
 13 Veterans Affairs, in consultation with the Inspector
 14 General of the Department of Veterans Affairs, shall
 15 submit to the Committee on Veterans’ Affairs of the
 16 Senate and the Committee on Veterans’ Affairs of the
 17 House of Representatives a plan to address staffing of
 18 mental health providers of the Department of Veterans
 19 Affairs, including filling any open positions.

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

22 (A) An estimate of the number of positions
 23 for mental health providers of the Department
 24 that need to be filled to meet demand.

1 (B) *An identification of the steps that the*
 2 *Secretary will take to address mental health*
 3 *staffing for the Department.*

4 (C) *A description of any region-specific hir-*
 5 *ing incentives to be used by the Secretary in con-*
 6 *sultation with the directors of Veterans Inte-*
 7 *grated Service Networks and medical centers of*
 8 *the Department.*

9 (D) *A description of any local retention or*
 10 *engagement incentives to be used by directors of*
 11 *Veterans Integrated Service Networks.*

12 (E) *Such recommendations for legislative or*
 13 *administrative action as the Secretary considers*
 14 *necessary to aid in addressing mental health*
 15 *staffing for the Department.*

16 (3) *REPORT.—Not later than one year after the*
 17 *submittal of the plan required by paragraph (1), the*
 18 *Secretary shall submit to the Committee on Veterans’*
 19 *Affairs of the Senate and the Committee on Veterans’*
 20 *Affairs of the House of Representatives a report set-*
 21 *ting forth the number of mental health providers*
 22 *hired by the Department during the one-year period*
 23 *preceding the submittal of the report.*

24 (b) *OCCUPATIONAL SERIES FOR CERTAIN MENTAL*
 25 *HEALTH PROVIDERS.—Not later than one year after the*

1 *date of the enactment of this Act, the Secretary of Veterans*
 2 *Affairs, in consultation with the Office of Personnel Man-*
 3 *agement, shall develop an occupational series for licensed*
 4 *professional mental health counselors and marriage and*
 5 *family therapists of the Department of Veterans Affairs.*

6 **SEC. 502. STAFFING IMPROVEMENT PLAN FOR PEER SPE-**
 7 **CIALISTS OF DEPARTMENT OF VETERANS AF-**
 8 **FAIRS WHO ARE WOMEN.**

9 (a) *ASSESSMENT OF CAPACITY.*—

10 (1) *IN GENERAL.*—*Not later than 90 days after*
 11 *the date of the enactment of this Act, the Secretary of*
 12 *Veterans Affairs, in consultation with the Inspector*
 13 *General of the Department of Veterans Affairs, shall*
 14 *commence an assessment of the capacity of peer spe-*
 15 *cialists of the Department of Veterans Affairs who are*
 16 *women.*

17 (2) *ELEMENTS.*—*The assessment required by*
 18 *paragraph (1) shall include an assessment of the fol-*
 19 *lowing:*

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

22 (B) *The geographical distribution of women*
 23 *veterans.*

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

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

7 (b) *REPORT.—Not later than one year after the assess-*
 8 *ment required by subsection (a) has commenced, the Sec-*
 9 *retary shall submit to the Committee on Veterans' Affairs*
 10 *of the Senate and the Committee on Veterans' Affairs of*
 11 *the House of Representatives a report detailing the findings*
 12 *of the assessment.*

13 (c) *STAFFING IMPROVEMENT PLAN.—*

14 (1) *IN GENERAL.—Not later than 180 days after*
 15 *submitting the report under subsection (b), the Sec-*
 16 *retary, in consultation with the Inspector General,*
 17 *shall submit to the Committee on Veterans' Affairs of*
 18 *the Senate and the Committee on Veterans' Affairs of*
 19 *the House of Representatives a plan, based on the re-*
 20 *sults of the assessment required by subsection (a), to*
 21 *hire additional qualified peer specialists who are*
 22 *women, with special consideration for areas that lack*
 23 *peer specialists who are women.*

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

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

2 and

3 (B) may be part-time positions.

4 **SEC. 503. ESTABLISHMENT OF DEPARTMENT OF VETERANS**

5 **AFFAIRS READJUSTMENT COUNSELING SERV-**

6 **ICE SCHOLARSHIP PROGRAM.**

7 (a) *IN GENERAL.*—Chapter 76 of title 38, United
8 States Code, is amended by inserting after subchapter VIII
9 the following new subchapter:

10 “SUBCHAPTER IX—READJUSTMENT

11 COUNSELING SERVICE SCHOLARSHIP PROGRAM

12 “§ 7698. **Requirement for program**

13 “As part of the Educational Assistance Program, the
14 Secretary shall carry out a scholarship program under this
15 subchapter. The program shall be known as the Department
16 of Veterans Affairs Readjustment Counseling Service Schol-
17 arship Program (in this subchapter referred to as the ‘Pro-
18 gram’).

19 “§ 7699. **Eligibility; agreement**

20 “(a) *IN GENERAL.*—An individual is eligible to par-
21 ticipate in the Program, as determined by the Readjustment
22 Counseling Service of the Department, if the individual—

23 “(1) is accepted for enrollment or enrolled (as de-
24 scribed in section 7602 of this title) in a program of
25 study at an accredited educational institution, school,

1 or training program leading to a terminal degree in
 2 psychology, social work, marriage and family ther-
 3 apy, or mental health counseling that would meet the
 4 education requirements for appointment to a position
 5 under section 7402(b) of this title; and

6 “(2) enters into an agreement with the Secretary
 7 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 by
 12 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 Public
 15 Health Service Act (42 U.S.C. 254b(b)(3)); and

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

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

22 “(c) *AGREEMENT*.—An agreement between the Sec-
 23 retary and a participant in the Program shall (in addition
 24 to the requirements set forth in section 7604 of this title)
 25 include the following:

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

7 “(2) *An agreement by the participant to serve as*
 8 *a full-time employee of the Department at a Vet Cen-*
 9 *ter for a six-year period following the completion by*
 10 *the participant of such program of study (in this sub-*
 11 *chapter referred to as the ‘period of obligated service’).*

12 “(d) *VET CENTER DEFINED.—In this section, the term*
 13 *‘Vet Center’ has the meaning given that term in section*
 14 *1712A(h) of this title.*

15 **“§ 7699A. Obligated service**

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

22 “(b) *DETERMINATION OF SERVICE COMMENCEMENT*
 23 *DATE.—(1) Not later than 60 days before the service com-*
 24 *mencement date of a participant, the Secretary shall notify*
 25 *the participant of that service commencement date.*

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

4 **“§ 7699B. Breach of agreement: liability**

5 “(a) *LIQUIDATED DAMAGES.—(1) A participant in the*
 6 *Program (other than a participant described in subsection*
 7 *(b)) who fails to accept payment, or instructs the edu-*
 8 *cational institution in which the participant is enrolled not*
 9 *to accept payment, in whole or in part, of a scholarship*
 10 *under the agreement entered into under section 7604 of this*
 11 *title shall be liable to the United States for liquidated dam-*
 12 *ages in the amount of \$1,500.*

13 “(2) *Liability under paragraph (1) is in addition to*
 14 *any period of obligated service or other obligation or liabil-*
 15 *ity under such agreement.*

16 “(b) *LIABILITY DURING PROGRAM OF STUDY.—(1)*
 17 *Except as provided in subsection (d), a participant in the*
 18 *Program shall be liable to the United States for the amount*
 19 *which has been paid to or on behalf of the participant under*
 20 *the agreement if any of the following occurs:*

21 “(A) *The participant fails to maintain an ac-*
 22 *ceptable level of academic standing in the educational*
 23 *institution in which the participant is enrolled (as*
 24 *determined by the educational institution under regu-*
 25 *lations prescribed by the Secretary).*

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

3 “(C) *The participant voluntarily terminates the*
 4 *program of study in such educational institution be-*
 5 *fore the completion of such program of study.*

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

8 “(c) *LIABILITY DURING PERIOD OF OBLIGATED SERV-*
 9 *ICE.—(1) Except as provided in subsection (d), if a partici-*
 10 *pant in the Program does not complete the period of obli-*
 11 *gated service of the participant, the United States shall be*
 12 *entitled to recover from the participant an amount deter-*
 13 *mined in accordance with the following formula: $A =$*
 14 *$3\Phi(t - s/t)$.*

15 “(2) *In the formula in paragraph (1):*

16 “(A) *‘A’ is the amount the United States is enti-*
 17 *tled to recover.*

18 “(B) *‘ Φ ’ is the sum of—*

19 “(i) *the amounts paid under this subchapter*
 20 *to or on behalf of the participant; and*

21 “(ii) *the interest on such amounts which*
 22 *would be payable if at the time the amounts were*
 23 *paid they were loans bearing interest at the*
 24 *maximum legal prevailing rate, as determined*
 25 *by the Treasurer of the United States.*

1 “(C) ‘*t*’ is the total number of months in the pe-
2 riod of obligated service of the participant.

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

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

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

14 (b) *CONFORMING AND TECHNICAL AMENDMENTS.*—

15 (1) *CONFORMING AMENDMENTS.*—

16 (A) *ESTABLISHMENT OF PROGRAM.*—*Sec-*
17 *tion 7601(a) of such title is amended—*

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

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

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

1 “(7) the readjustment counseling service scholar-
 2 ship program provided for in subchapter IX of this
 3 chapter.”.

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

6 (i) in subsection (a)(1)—

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

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

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

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

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

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

23 (i) in paragraph (1), by striking “and
 24 the Specialty Education Loan Repayment
 25 Program” and inserting “the Specialty

1 *Education Loan Repayment Program, and*
 2 *the Readjustment Counseling Service Schol-*
 3 *arship Program”;* and

4 (ii) in paragraph (4), by striking “and
 5 per participant in the Specialty Education
 6 Loan Repayment Program” and inserting
 7 “per participant in the Specialty Edu-
 8 cation Loan Repayment Program, and per
 9 participant in the Readjustment Counseling
 10 Service Scholarship Program”.

11 (2) *TABLE OF SECTIONS.*—*The table of sections*
 12 *at the beginning of chapter 76 of such title is amend-*
 13 *ed by inserting after the items relating to subchapter*
 14 *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.”.

15 (c) *EFFECTIVE DATE.*—*The Secretary of Veterans Af-*
 16 *fairs shall begin awarding scholarships under subchapter*
 17 *IX of chapter 76 of title 38, United States Code, as added*
 18 *by subsection (a), for programs of study beginning not later*
 19 *than one year after the date of the enactment of this Act.*

1 **SEC. 504. COMPTROLLER GENERAL REPORT ON READJUST-**
2 **MENT COUNSELING SERVICE OF DEPART-**
3 **MENT OF VETERANS AFFAIRS.**

4 (a) *IN GENERAL.*—Not later than one year after the
5 date of the enactment of this Act, the Comptroller General
6 of the United States shall submit to the Committee on Vet-
7 erans' Affairs of the Senate and the Committee on Veterans'
8 Affairs of the House of Representatives a report on the Re-
9 adjustment Counseling Service of the Department of Vet-
10 erans Affairs.

11 (b) *ELEMENTS.*—The report required by subsection (a)
12 shall include the following:

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

18 (2) *An assessment of the efficacy of outreach ef-*
19 *forts by the Readjustment Counseling Service, includ-*
20 *ing recommendations for how outreach efforts can be*
21 *improved.*

22 (3) *An assessment of barriers to care at Vet Cen-*
23 *ters, including recommendations for overcoming those*
24 *barriers.*

25 (4) *An assessment of the efficacy and frequency*
26 *of the use of telehealth by counselors of the Readjust-*

1 *ment Counseling Service to provide mental health*
2 *services, including recommendations for how the use*
3 *of telehealth can be improved.*

4 (5) *An assessment of the feasibility and advis-*
5 *ability of expanding eligibility for services from the*
6 *Readjustment Counseling Service, including—*

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

9 (B) *an assessment of potential costs and in-*
10 *creased infrastructure requirements if eligibility*
11 *is expanded.*

12 (6) *An assessment of the use of Vet Centers by*
13 *members of the reserve components of the Armed*
14 *Forces who were never activated and recommenda-*
15 *tions on how to better reach those members.*

16 (7) *An assessment of the use of Vet Centers by*
17 *eligible family members of former members of the*
18 *Armed Forces and recommendations on how to better*
19 *reach those family members.*

20 (8) *An assessment of the efficacy of group ther-*
21 *apy and the level of training of providers at Vet Cen-*
22 *ters in administering group therapy.*

23 (9) *An assessment of the efficiency and effective-*
24 *ness of the task organization structure of Vet Centers.*

1 (10) *An assessment of the use of Vet Centers by*
 2 *Native American veterans, as defined in section 3765*
 3 *of title 38, United States Code, and recommendations*
 4 *on how to better reach those veterans.*

5 (c) *VET CENTER DEFINED.*—*In this section, the term*
 6 *“Vet Center” has the meaning given that term in section*
 7 *1712A(h) of title 38, United States Code.*

8 **SEC. 505. EXPANSION OF REPORTING REQUIREMENTS ON**
 9 **READJUSTMENT COUNSELING SERVICE OF**
 10 **DEPARTMENT OF VETERANS AFFAIRS.**

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

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

20 “(3) *For each even numbered year in which the report*
 21 *required by paragraph (1) is submitted, the Secretary shall*
 22 *include in such report a prediction of—*

23 “(A) *trends in demand for care;*

24 “(B) *long-term investments required with respect*
 25 *to the provision of care;*

1 “(C) requirements relating to maintenance of in-
2 frastructure; and

3 “(D) other capital investment requirements with
4 respect to the Readjustment Counseling Service, in-
5 cluding Vet Centers, mobile Vet Centers, and commu-
6 nity access points.”.

7 **SEC. 506. STUDIES ON ALTERNATIVE WORK SCHEDULES**
8 **FOR EMPLOYEES OF VETERANS HEALTH AD-**
9 **MINISTRATION.**

10 (a) *STUDY OF VETERANS.*—

11 (1) *IN GENERAL.*—Not later than 180 days after
12 the date of the enactment of this Act, the Secretary of
13 Veterans Affairs shall conduct a study on the atti-
14 tudes of eligible veterans toward the Department of
15 Veterans Affairs offering appointments outside the
16 usual operating hours of facilities of the Department,
17 including through the use of telehealth appointments.

18 (2) *ELIGIBLE VETERAN DEFINED.*—In this sub-
19 section, the term “eligible veteran” means a veteran
20 who—

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

24 (B) received health care from the Depart-
25 ment at least once during the two-year period

1 *ending on the date of the commencement of the*
2 *study under paragraph (1).*

3 **(b) DEPARTMENT STUDY.—**

4 **(1) IN GENERAL.—***Not later than 180 days after*
5 *the date of the enactment of this Act, the Secretary*
6 *shall conduct a study on the feasibility and advis-*
7 *ability of offering appointments outside the usual op-*
8 *erating hours of facilities of the Department.*

9 **(2) STUDY OF EMPLOYEES.—***The study required*
10 *by paragraph (1) shall include a study of the opin-*
11 *ions of employees of the Veterans Health Administra-*
12 *tion, including clinical, nonclinical, and support*
13 *staff, with respect to offering appointments outside*
14 *the usual operating hours of facilities of the Depart-*
15 *ment, including through the use of telehealth appoint-*
16 *ments.*

17 **SEC. 507. SUICIDE PREVENTION COORDINATORS.**

18 **(a) STAFFING REQUIREMENT.—***Beginning not later*
19 *than one year after the date of the enactment of this Act,*
20 *the Secretary of Veterans Affairs shall ensure that each med-*
21 *ical center of the Department of Veterans Affairs has not*
22 *less than one suicide prevention coordinator.*

23 **(b) STUDY ON REORGANIZATION.—**

24 **(1) IN GENERAL.—***Not later than one year after*
25 *the date of the enactment of this Act, the Secretary,*

1 *in consultation with the Office of Mental Health and*
2 *Suicide Prevention of the Department, shall com-*
3 *mence the conduct of a study to determine the feasi-*
4 *bility and advisability of—*

5 *(A) the realignment and reorganization of*
6 *suicide prevention coordinators within the Office*
7 *of Mental Health and Suicide Prevention; and*

8 *(B) the creation of a suicide prevention co-*
9 *ordinator program office.*

10 (2) *PROGRAM OFFICE REALIGNMENT.—In con-*
11 *ducting the study under paragraph (1), the Secretary*
12 *shall assess the feasibility of advisability of, within*
13 *the suicide prevention coordinator program office de-*
14 *scribed in paragraph (1)(B), aligning suicide preven-*
15 *tion coordinators and suicide prevention case man-*
16 *agers within the organizational structure and chart of*
17 *the Suicide Prevention Program of the Department,*
18 *with the Director of the Suicide Prevention program*
19 *having ultimate supervisory oversight and responsi-*
20 *bility over the suicide prevention coordinator pro-*
21 *gram office.*

22 (c) *REPORT.—Not later than 90 days after the comple-*
23 *tion of the study under subsection (b), the Secretary shall*
24 *submit to the Committee on Veterans' Affairs of the Senate*

1 *and the Committee on Veterans' Affairs of the House of Rep-*
 2 *resentatives a report on such study, including the following:*

3 (1) *An assessment of the feasibility and advis-*
 4 *ability of creating a suicide prevention coordinator*
 5 *program office to oversee and monitor suicide preven-*
 6 *tion coordinators and suicide prevention case man-*
 7 *agers across all medical centers of the Department.*

8 (2) *A review of current staffing ratios for suicide*
 9 *prevention coordinators and suicide prevention case*
 10 *managers in comparison with current staffing ratios*
 11 *for mental health providers within each medical cen-*
 12 *ter of the Department.*

13 (3) *A description of the duties and responsibil-*
 14 *ities for suicide prevention coordinators across the*
 15 *Department to better define, delineate, and stand-*
 16 *ardize qualifications, performance goals, performance*
 17 *duties, and performance outcomes for suicide preven-*
 18 *tion coordinators and suicide prevention case man-*
 19 *agers.*

20 **SEC. 508. REPORT ON EFFORTS BY DEPARTMENT OF VET-**
 21 **ERANS AFFAIRS TO IMPLEMENT SAFETY**
 22 **PLANNING IN EMERGENCY DEPARTMENTS.**

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

24 (1) *The Department of Veterans Affairs must be*
 25 *more effective in its approach to reducing the burden*

1 of veteran suicide connected to mental health diag-
2 noses, to include expansion of treatment delivered via
3 telehealth methods and in rural areas.

4 (2) An innovative project, known as Suicide As-
5 sessment and Follow-up Engagement: Veteran Emer-
6 gency Treatment (in this subsection referred to as
7 “SAFE VET”), was designed to help suicidal veterans
8 seen at emergency departments within the Veterans
9 Health Administration and was successfully imple-
10 mented in five intervention sites beginning in 2010.

11 (3) A 2018 study found that safety planning
12 intervention under SAFE VET was associated with
13 45 percent fewer suicidal behaviors in the six-month
14 period following emergency department care and more
15 than double the odds of a veteran engaging in out-
16 patient behavioral health care.

17 (4) SAFE VET is a promising alternative and
18 acceptable delivery of care system that augments the
19 treatment of suicidal veterans in emergency depart-
20 ments of the Veterans Health Administration and
21 helps ensure that those veterans have appropriate fol-
22 low-up care.

23 (5) Beginning in September 2018, the Veterans
24 Health Administration implemented a suicide preven-
25 tion program, known as the SPED program, for vet-

1 *erans presenting to the emergency department who*
2 *are assessed to be at risk for suicide and are safe to*
3 *be discharged home.*

4 *(6) The SPED program includes issuance and*
5 *update of a safety plan and post-discharge follow-up*
6 *outreach for veterans to facilitate engagement in out-*
7 *patient mental health care.*

8 *(b) REPORT.—*

9 *(1) IN GENERAL.—Not later than 180 days after*
10 *the date of the enactment of this Act, the Secretary of*
11 *Veterans Affairs shall submit to the appropriate com-*
12 *mittees of Congress a report on the efforts of the Sec-*
13 *retary to implement a suicide prevention program for*
14 *veterans presenting to an emergency department or*
15 *urgent care center of the Veterans Health Administra-*
16 *tion who are assessed to be at risk for suicide and are*
17 *safe to be discharged home, including a safety plan*
18 *and post-discharge outreach for veterans to facilitate*
19 *engagement in outpatient mental health care.*

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

22 *(A) An assessment of the implementation of*
23 *the current operational policies and procedures*
24 *of the SPED program at each medical center of*

1 *the Department of Veterans Affairs, including an*
2 *assessment of the following:*

3 *(i) Training provided to clinicians or*
4 *other personnel administering protocols*
5 *under the SPED program.*

6 *(ii) Any disparities in implementation*
7 *of such protocols between medical centers.*

8 *(iii) Current criteria used to measure*
9 *the quality of such protocols including—*

10 *(I) methodology used to assess the*
11 *quality of a safety plan and post-dis-*
12 *charge outreach for veterans; or*

13 *(II) in the absence of such meth-*
14 *odology, a proposed timeline and*
15 *guidelines for creating a methodology*
16 *to ensure compliance with the evidence-*
17 *based model used under the Suicide As-*
18 *essment and Follow-up Engagement:*
19 *Veteran Emergency Treatment (SAFE*
20 *VET) program of the Department.*

21 *(B) An assessment of the implementation of*
22 *the policies and procedures described in subpara-*
23 *graph (A), including the following:*

24 *(i) An assessment of the quality and*
25 *quantity of safety plans issued to veterans.*

1 (ii) *An assessment of the quality and*
2 *quantity of post-discharge outreach pro-*
3 *vided to veterans.*

4 (iii) *The post-discharge rate of veteran*
5 *engagement in outpatient mental health*
6 *care, including attendance at not fewer*
7 *than one individual mental health clinic*
8 *appointment or admission to an inpatient*
9 *or residential unit.*

10 (iv) *The number of veterans who de-*
11 *cline safety planning efforts during proto-*
12 *cols under the SPED program.*

13 (v) *The number of veterans who decline*
14 *to participate in follow-up efforts within the*
15 *SPED program.*

16 (C) *A description of how SPED primary*
17 *coordinators are deployed to support such efforts,*
18 *including the following:*

19 (i) *A description of the duties and re-*
20 *sponsibilities of such coordinators.*

21 (ii) *The number and location of such*
22 *coordinators.*

23 (iii) *A description of training provided*
24 *to such coordinators.*

1 (iv) *An assessment of the other respon-*
2 *sibilities for such coordinators and, if appli-*
3 *cable, differences in patient outcomes when*
4 *such responsibilities are full-time duties as*
5 *opposed to secondary duties.*

6 (D) *An assessment of the feasibility and ad-*
7 *visability of expanding the total number and ge-*
8 *ographic distribution of SPED primary coordi-*
9 *nators.*

10 (E) *An assessment of the feasibility and ad-*
11 *visability of providing services under the SPED*
12 *program via telehealth channels, including an*
13 *analysis of opportunities to leverage telehealth to*
14 *better serve veterans in rural areas.*

15 (F) *A description of the status of current*
16 *capabilities and utilization of tracking mecha-*
17 *nisms to monitor compliance, quality, and pa-*
18 *tient outcomes under the SPED program.*

19 (G) *Such recommendations, including spe-*
20 *cific action items, as the Secretary considers ap-*
21 *propriate with respect to how the Department*
22 *can better implement the SPED program, in-*
23 *cluding recommendations with respect to the fol-*
24 *lowing:*

1 (i) *A process to standardize training*
 2 *under such program.*

3 (ii) *Any resourcing requirements nec-*
 4 *essary to implement the SPED program*
 5 *throughout Veterans Health Administration,*
 6 *including by having a dedicated clinician*
 7 *responsible for administration of such pro-*
 8 *gram at each medical center.*

9 (iii) *An analysis of current statutory*
 10 *authority and any changes necessary to*
 11 *fully implement the SPED program*
 12 *throughout the Veterans Health Administra-*
 13 *tion.*

14 (iv) *A timeline for the implementation*
 15 *of the SPED program through the Veterans*
 16 *Health Administration once full resourcing*
 17 *and an approved training plan are in*
 18 *place.*

19 (H) *Such other matters as the Secretary*
 20 *considers appropriate.*

21 (c) *DEFINITIONS.—In this section:*

22 (1) *APPROPRIATE COMMITTEES OF CONGRESS.—*
 23 *The term “appropriate committees of Congress”*
 24 *means—*

1 (A) the Committee on Veterans' Affairs and
 2 the Subcommittee on Military Construction, Vet-
 3 erans Affairs, and Related Agencies of the Com-
 4 mittee on Appropriations of the Senate; and

5 (B) the Committee on Veterans' Affairs and
 6 the Subcommittee on Military Construction, Vet-
 7 erans Affairs, and Related Agencies of the Com-
 8 mittee on Appropriations of the House of Rep-
 9 resentatives.

10 (2) *SPED PRIMARY COORDINATOR*.—The term
 11 “*SPED primary coordinator*” means the main point
 12 of contact responsible for administering the *SPED*
 13 program at a medical center of the Department.

14 (3) *SPED PROGRAM*.—The term “*SPED pro-*
 15 gram” means the *Safety Planning in Emergency De-*
 16 partments program of the Department of Veterans Af-
 17 fairs established in September 2018 for veterans pre-
 18 senting to the emergency department who are assessed
 19 to be at risk for suicide and are safe to be discharged
 20 home, which extends the evidence-based intervention
 21 for suicide prevention to all emergency departments of
 22 the Veterans Health Administration.

1 **TITLE VI—IMPROVEMENT OF**
 2 **CARE AND SERVICES FOR**
 3 **WOMEN VETERANS**

4 **SEC. 601. EXPANSION OF CAPABILITIES OF WOMEN VET-**
 5 **ERANS CALL CENTER TO INCLUDE TEXT MES-**
 6 **SAGING.**

7 *The Secretary of Veterans Affairs shall expand the ca-*
 8 *pabilities of the Women Veterans Call Center of the Depart-*
 9 *ment of Veterans Affairs to include a text messaging capa-*
 10 *bility.*

11 **SEC. 602. GAP ANALYSIS OF DEPARTMENT OF VETERANS**
 12 **AFFAIRS PROGRAMS THAT PROVIDE ASSIST-**
 13 **ANCE TO WOMEN VETERANS WHO ARE HOME-**
 14 **LESS.**

15 *(a) IN GENERAL.—The Secretary of Veterans Affairs*
 16 *shall complete an analysis of programs of the Department*
 17 *of Veterans Affairs that provide assistance to women vet-*
 18 *erans who are homeless or precariously housed to identify*
 19 *the areas in which such programs are failing to meet the*
 20 *needs of such women.*

21 *(b) REPORT.—Not later than 270 days after the date*
 22 *of the enactment of this Act, the Secretary shall submit to*
 23 *the Committee on Veterans' Affairs of the Senate and the*
 24 *Committee on Veterans' Affairs of the House of Representa-*

1 *tives a report on the analysis completed under subsection*
 2 *(a).*

3 **SEC. 603. REQUIREMENT FOR DEPARTMENT OF VETERANS**
 4 **AFFAIRS INTERNET WEBSITE TO PROVIDE IN-**
 5 **FORMATION ON SERVICES AVAILABLE TO**
 6 **WOMEN VETERANS.**

7 *(a) IN GENERAL.—The Secretary of Veterans Affairs*
 8 *shall survey the internet websites and information resources*
 9 *of the Department of Veterans Affairs in effect on the day*
 10 *before the date of the enactment of this Act and publish an*
 11 *internet website that serves as a centralized source for the*
 12 *provision to women veterans of information about the bene-*
 13 *fits and services available to them under laws administered*
 14 *by the Secretary.*

15 *(b) ELEMENTS.—The internet website published under*
 16 *subsection (a) shall provide to women veterans information*
 17 *regarding all services available in the district in which the*
 18 *veteran is seeking such services, including, with respect to*
 19 *each medical center and community-based outpatient clinic*
 20 *in the applicable Veterans Integrated Service Network—*

21 *(1) the name and contact information of each*
 22 *women's health coordinator;*

23 *(2) a list of appropriate staff for other benefits*
 24 *available from the Veterans Benefits Administration,*
 25 *the National Cemetery Administration, and such*

1 *other entities as the Secretary considers appropriate;*
 2 *and*

3 *(3) such other information as the Secretary con-*
 4 *siders appropriate.*

5 *(c) UPDATED INFORMATION.—The Secretary shall en-*
 6 *sure that the information described in subsection (b) that*
 7 *is published on the internet website required by subsection*
 8 *(a) is updated not less frequently than once every 90 days.*

9 *(d) OUTREACH.—In carrying out this section, the Sec-*
 10 *retary shall ensure that the outreach conducted under sec-*
 11 *tion 1720F(i) of title 38, United States Code, includes infor-*
 12 *mation regarding the internet website required by sub-*
 13 *section (a).*

14 *(e) DERIVATION OF FUNDS.—Amounts used by the*
 15 *Secretary to carry out this section shall be derived from*
 16 *amounts made available to the Secretary to publish internet*
 17 *websites of the Department.*

18 **SEC. 604. REPORT ON LOCATIONS WHERE WOMEN VET-**
 19 **ERANS ARE USING HEALTH CARE FROM DE-**
 20 **PARTMENT OF VETERANS AFFAIRS.**

21 *(a) IN GENERAL.—Not later than 90 days after the*
 22 *date of the enactment of this Act, and annually thereafter,*
 23 *the Secretary of Veterans Affairs shall submit to the Com-*
 24 *mittee on Veterans' Affairs of the Senate and the Committee*
 25 *on Veterans' Affairs of the House of Representatives a report*

1 *on the use by women veterans of health care from the De-*
2 *partment of Veterans Affairs.*

3 (b) *ELEMENTS.—Each report required by subsection*
4 *(a) shall include the following information:*

5 (1) *The number of women veterans who reside in*
6 *each State.*

7 (2) *The number of women veterans in each State*
8 *who are enrolled in the system of patient enrollment*
9 *of the Department established and operated under sec-*
10 *tion 1705(a) of title 38, United States Code.*

11 (3) *Of the women veterans who are so enrolled,*
12 *the number who have received health care under the*
13 *laws administered by the Secretary at least one time*
14 *during the one-year period preceding the submittal of*
15 *the report.*

16 (4) *The number of women veterans who have*
17 *been seen at each medical facility of the Department*
18 *during such year.*

19 (5) *The number of appointments that women vet-*
20 *erans have had at each such facility during such year.*

21 (6) *If known, an identification of the medical fa-*
22 *cility of the Department in each Veterans Integrated*
23 *Service Network with the largest rate of increase in*
24 *patient population of women veterans as measured by*
25 *the increase in unique women veteran patient use.*

1 (7) *If known, an identification of the medical fa-*
 2 *cility of the Department in each Veterans Integrated*
 3 *Service Network with the largest rate of decrease in*
 4 *patient population of women veterans as measured by*
 5 *the decrease in unique women veterans patient use.*

6 ***TITLE VII—OTHER MATTERS***

7 ***SEC. 701. EXPANDED TELEHEALTH FROM DEPARTMENT OF***
 8 ***VETERANS AFFAIRS.***

9 (a) *IN GENERAL.—The Secretary of Veterans Affairs*
 10 *shall enter into partnerships, and expand existing partner-*
 11 *ships, with organizations that represent or serve veterans,*
 12 *nonprofit organizations, private businesses, and other inter-*
 13 *ested parties for the expansion of telehealth capabilities and*
 14 *the provision of telehealth services to veterans through the*
 15 *award of grants under subsection (b).*

16 (b) *AWARD OF GRANTS.—*

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

21 (2) *LOCATIONS.—To the extent practicable, the*
 22 *Secretary shall ensure that grants are awarded to en-*
 23 *tities that serve veterans in rural and highly rural*
 24 *areas (as determined through the use of the Rural-*

1 *Urban Commuting Areas coding system of the De-*
2 *partment of Agriculture).*

3 (3) *USE OF GRANTS.—*

4 (A) *IN GENERAL.—Grants awarded to an*
5 *entity under this subsection may be used for one*
6 *or more of the following:*

7 (i) *Purchasing or upgrading hardware*
8 *or software necessary for the provision of se-*
9 *cure and private telehealth services.*

10 (ii) *Upgrading security protocols for*
11 *consistency with the security requirements*
12 *of the Department.*

13 (iii) *Training of employees, including*
14 *payment of those employees for completing*
15 *that training, with respect to—*

16 (I) *military and veteran cultural*
17 *competence, if the entity is not an or-*
18 *ganization that represents veterans;*

19 (II) *equipment required to pro-*
20 *vide telehealth services; or*

21 (III) *any other unique training*
22 *needs for the provision of telehealth*
23 *services to veterans.*

24 (iv) *Upgrading existing infrastructure*
25 *owned or leased by the entity to make rooms*

1 *more conducive to telehealth care, includ-*
2 *ing—*

3 (I) *additions or modifications to*
4 *windows or walls in an existing room,*
5 *or other alterations as needed to create*
6 *a new, private room;*

7 (II) *soundproofing of an existing*
8 *room;*

9 (III) *new electrical or internet*
10 *outlets in an existing room; or*

11 (IV) *aesthetic enhancements to es-*
12 *tablish a more suitable therapeutic en-*
13 *vironment.*

14 (v) *Upgrading existing infrastructure*
15 *to comply with the Americans with Disabil-*
16 *ities Act of 1990 (42 U.S.C. 12101 et seq.).*

17 (vi) *Upgrading internet infrastructure*
18 *and sustainment of internet services.*

19 (B) *EXCLUSION.—Grants may not be used*
20 *for the purchase of new property or for major*
21 *construction projects, as determined by the Sec-*
22 *retary.*

23 (c) *AGREEMENT ON TELEHEALTH ACCESS POINTS.—*

24 (1) *IN GENERAL.—An entity described in sub-*
25 *section (a) that seeks to establish a telehealth access*

1 *point for veterans but does not require grant funding*
 2 *under this section to do so may enter into an agree-*
 3 *ment with the Department for the establishment of*
 4 *such an access point.*

5 (2) *ADEQUACY OF FACILITIES.*—*An entity de-*
 6 *scribed in paragraph (1) shall be responsible for en-*
 7 *sureing that any access point is adequately private, se-*
 8 *cure, and accessible for veterans before the access*
 9 *point is established.*

10 (d) *ASSESSMENT OF BARRIERS TO ACCESS.*—

11 (1) *IN GENERAL.*—*Not later than 18 months*
 12 *after the date of the enactment of this Act, the Sec-*
 13 *retary shall complete an assessment of barriers faced*
 14 *by veterans in accessing telehealth services.*

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

17 (A) *A description of the barriers veterans*
 18 *face in using telehealth while not on property of*
 19 *the Department.*

20 (B) *A description of how the Department*
 21 *plans to address the barriers described in sub-*
 22 *paragraph (A).*

23 (C) *Such other matters related access by*
 24 *veterans to telehealth while not on property of*

1 *the Department as the Secretary considers rel-*
 2 *evant.*

3 (3) *REPORT.*—*Not later than 120 days after the*
 4 *completion of the assessment required by paragraph*
 5 *(1), the Secretary shall submit to the Committee on*
 6 *Veterans' Affairs of the Senate and the Committee on*
 7 *Veterans' Affairs of the House of Representatives a re-*
 8 *port on the assessment, including any recommenda-*
 9 *tions for legislative or administrative action based on*
 10 *the results of the assessment.*

11 **SEC. 702. PARTNERSHIPS WITH NON-FEDERAL GOVERN-**
 12 **MENT ENTITIES TO PROVIDE HYPERBARIC**
 13 **OXYGEN THERAPY TO VETERANS AND STUD-**
 14 **IES ON THE USE OF SUCH THERAPY FOR**
 15 **TREATMENT OF POST-TRAUMATIC STRESS**
 16 **DISORDER AND TRAUMATIC BRAIN INJURY.**

17 (a) *PARTNERSHIPS TO PROVIDE HYPERBARIC OXYGEN*
 18 *THERAPY TO VETERANS.*—

19 (1) *USE OF PARTNERSHIPS.*—*The Secretary of*
 20 *Veterans Affairs, in consultation with the Center for*
 21 *Compassionate Innovation within the Office of Com-*
 22 *munity Engagement of the Department of Veterans*
 23 *Affairs, may enter into partnerships with non-Federal*
 24 *Government entities to provide hyperbaric oxygen*

1 *treatment to veterans to research the effectiveness of*
2 *such therapy.*

3 (2) *TYPES OF PARTNERSHIPS.*—*Partnerships en-*
4 *tered into under paragraph (1) may include the fol-*
5 *lowing:*

6 (A) *Partnerships to conduct research on*
7 *hyperbaric oxygen therapy.*

8 (B) *Partnerships to review research on*
9 *hyperbaric oxygen therapy provided to non-*
10 *veterans.*

11 (C) *Partnerships to create industry working*
12 *groups to determine standards for research on*
13 *hyperbaric oxygen therapy.*

14 (D) *Partnerships to provide to veterans*
15 *hyperbaric oxygen therapy for the purposes of*
16 *conducting research on the effectiveness of such*
17 *therapy.*

18 (3) *LIMITATION ON FEDERAL FUNDING.*—*Federal*
19 *Government funding may be used to coordinate and*
20 *administer the partnerships under this subsection but*
21 *may not be used to carry out activities conducted*
22 *under such partnerships.*

23 (b) *REVIEW OF EFFECTIVENESS OF HYPERBARIC OXY-*
24 *GEN THERAPY.*—*Not later than 90 days after the date of*
25 *the enactment of this Act, the Secretary, in consultation*

1 *with the Center for Compassionate Innovation, shall begin*
 2 *using an objective and quantifiable method to review the*
 3 *effectiveness and applicability of hyperbaric oxygen ther-*
 4 *apy, such as through the use of a device approved or cleared*
 5 *by the Food and Drug Administration that assesses trau-*
 6 *matic brain injury by tracking eye movement.*

7 *(c) SYSTEMATIC REVIEW OF USE OF HYPERBARIC OX-*
 8 *YGEN THERAPY TO TREAT CERTAIN CONDITIONS.—*

9 *(1) IN GENERAL.—Not later than 90 days after*
 10 *the date of the enactment of this Act, the Secretary,*
 11 *in consultation with the Center for Compassionate In-*
 12 *novation, shall commence the conduct of a systematic*
 13 *review of published research literature on off-label use*
 14 *of hyperbaric oxygen therapy to treat post-traumatic*
 15 *stress disorder and traumatic brain injury among*
 16 *veterans and nonveterans.*

17 *(2) ELEMENTS.—The review conducted under*
 18 *paragraph (1) shall include the following:*

19 *(A) An assessment of the current parameters*
 20 *for research on the use by the Department of Vet-*
 21 *erans Affairs of hyperbaric oxygen therapy, in-*
 22 *cluding—*

23 *(i) tests and questionnaires used to de-*
 24 *termine the efficacy of such therapy; and*

1 (ii) metrics for determining the success
2 of such therapy.

3 (B) A comparative analysis of tests and
4 questionnaires used to study post-traumatic
5 stress disorder and traumatic brain injury in
6 other research conducted by the Department of
7 Veterans Affairs, other Federal agencies, and en-
8 tities outside the Federal Government.

9 (3) COMPLETION OF REVIEW.—The review con-
10 ducted under paragraph (1) shall be completed not
11 later than 180 days after the date of the commence-
12 ment of the review.

13 (4) REPORT.—Not later than 90 days after the
14 completion of the review conducted under paragraph
15 (1), the Secretary shall submit to the Committee on
16 Veterans' Affairs of the Senate and the Committee on
17 Veterans' Affairs of the House of Representatives a re-
18 port on the results of the review.

19 (d) FOLLOW-UP STUDY.—

20 (1) IN GENERAL.—Not later than 120 days after
21 the completion of the review conducted under sub-
22 section (c), the Secretary, in consultation with the
23 Center for Compassionate Innovation, shall commence
24 the conduct of a study on all individuals receiving
25 hyperbaric oxygen therapy through the current pilot

1 *program of the Department for the provision of*
2 *hyperbaric oxygen therapy to veterans to determine*
3 *the efficacy and effectiveness of hyperbaric oxygen*
4 *therapy for the treatment of post-traumatic stress dis-*
5 *order and traumatic brain injury.*

6 (2) *ELEMENTS.—The study conducted under*
7 *paragraph (1) shall include the review and publica-*
8 *tion of any data and conclusions resulting from re-*
9 *search conducted by an authorized provider of*
10 *hyperbaric oxygen therapy for veterans through the*
11 *pilot program described in such paragraph.*

12 (3) *COMPLETION OF STUDY.—The study con-*
13 *ducted under paragraph (1) shall be completed not*
14 *later than three years after the date of the commence-*
15 *ment of the study.*

16 (4) *REPORT.—*

17 (A) *IN GENERAL.—Not later than 90 days*
18 *after completing the study conducted under*
19 *paragraph (1), the Secretary shall submit to the*
20 *Committee on Veterans' Affairs of the Senate*
21 *and the Committee on Veterans' Affairs of the*
22 *House of Representatives a report on the results*
23 *of the study.*

24 (B) *ELEMENTS.—The report required under*
25 *subparagraph (A) shall include the recommenda-*

1 *tion of the Secretary with respect to whether or*
 2 *not hyperbaric oxygen therapy should be made*
 3 *available to all veterans with traumatic brain*
 4 *injury or post-traumatic stress disorder.*

5 **SEC. 703. PRESCRIPTION OF TECHNICAL QUALIFICATIONS**
 6 **FOR LICENSED HEARING AID SPECIALISTS**
 7 **AND REQUIREMENT FOR APPOINTMENT OF**
 8 **SUCH SPECIALISTS.**

9 *(a) IN GENERAL.—Not later than 180 days after the*
 10 *date of the enactment of this Act, the Secretary of Veterans*
 11 *Affairs shall prescribe the technical qualifications required*
 12 *under section 7402(a)(14) of title 38, United States Code,*
 13 *to be appointed as a licensed hearing aid specialist under*
 14 *section 7401(3) of such title.*

15 *(b) ELEMENTS FOR QUALIFICATIONS.—In prescribing*
 16 *the qualifications for licensed hearing aid specialists under*
 17 *subsection (a), the Secretary shall ensure such qualifications*
 18 *are consistent with the following:*

19 *(1) Standards of registered apprenticeship pro-*
 20 *grams for the occupation of hearing aid specialists*
 21 *approved by the Department of Labor in accordance*
 22 *with the Act of August 16, 1937 (commonly known as*
 23 *the “National Apprenticeship Act”) (50 Stat. 664,*
 24 *chapter 663; 29 U.S.C. 50 et seq.).*

1 (2) *Standards for licensure of hearing aid spe-*
2 *cialists that are required by a majority of States.*

3 (3) *Competency in completing core tasks for the*
4 *occupation of hearing aid specialist as determined by*
5 *the Occupational Information Network Database*
6 *(commonly known as “O*NET”).*

7 (c) *APPOINTMENT.*—*Not later than September 30,*
8 *2022, the Secretary shall appoint not fewer than one li-*
9 *censed hearing aid specialist at each medical center of the*
10 *Department.*

11 (d) *REPORT.*—*Not later than September 30, 2022, and*
12 *annually thereafter, the Secretary shall submit to the Com-*
13 *mittee on Veterans’ Affairs of the Senate and the Committee*
14 *on Veterans’ Affairs of the House of Representatives a re-*
15 *port—*

16 (1) *assessing the progress of the Secretary in ap-*
17 *pointing licensed hearing aid specialists under sub-*
18 *section (c);*

19 (2) *assessing potential conflicts or obstacles that*
20 *prevent the appointment of licensed hearing aid spe-*
21 *cialists;*

22 (3) *assessing the factors that led to such conflicts*
23 *or obstacles; and*

1 (4) *indicating the medical centers of the Depart-*
 2 *ment with vacancies for licensed hearing aid special-*
 3 *ists.*

4 **SEC. 704. USE BY DEPARTMENT OF VETERANS AFFAIRS OF**
 5 **COMMERCIAL INSTITUTIONAL REVIEW**
 6 **BOARDS IN SPONSORED RESEARCH TRIALS.**

7 (a) *IN GENERAL.*—Not later than 90 days after the
 8 *date of the enactment of this Act, the Secretary of Veterans*
 9 *Affairs shall complete all necessary policy revisions within*
 10 *the directive of the Veterans Health Administration num-*
 11 *bered 1200.05 and titled “Requirements for the Protection*
 12 *of Human Subjects in Research”, to allow sponsored clin-*
 13 *ical research of the Department of Veterans Affairs to use*
 14 *accredited commercial institutional review boards to review*
 15 *research proposal protocols of the Department.*

16 (b) *IDENTIFICATION OF REVIEW BOARDS.*—Not later
 17 *than 90 days after the completion of the policy revisions*
 18 *under subsection (a), the Secretary shall—*

19 (1) *identify accredited commercial institutional*
 20 *review boards for use in connection with sponsored*
 21 *clinical research of the Department; and*

22 (2) *establish a process to modify existing approv-*
 23 *als in the event that a commercial institutional re-*
 24 *view board loses its accreditation during an ongoing*
 25 *clinical trial.*

1 (c) *REPORT.*—

2 (1) *IN GENERAL.*—Not later than 90 days after
3 the completion of the policy revisions under subsection
4 (a), and annually thereafter, the Secretary shall sub-
5 mit to the Committee on Veterans' Affairs of the Sen-
6 ate and the Committee on Veterans' Affairs of the
7 House of Representatives a report on all approvals of
8 institutional review boards used by the Department,
9 including central institutional review boards and
10 commercial institutional review boards.

11 (2) *ELEMENTS.*—The report required by para-
12 graph (1) shall include, at a minimum, the following:

13 (A) *The name of each clinical trial with re-*
14 *spect to which the use of an institutional review*
15 *board has been approved.*

16 (B) *The institutional review board or insti-*
17 *tutional review boards used in the approval*
18 *process for each clinical trial.*

19 (C) *The amount of time between submission*
20 *and approval.*

1 **SEC. 705. CREATION OF OFFICE OF RESEARCH REVIEWS**
2 **WITHIN THE OFFICE OF INFORMATION AND**
3 **TECHNOLOGY OF THE DEPARTMENT OF VET-**
4 **ERANS AFFAIRS.**

5 (a) *IN GENERAL.*—Not later than one year after the
6 date of the enactment of this Act, the Secretary of Veterans
7 Affairs shall establish within the Office of Information and
8 Technology of the Department of Veterans Affairs an Office
9 of Research Reviews (in this section referred to as the “Of-
10 fice”).

11 (b) *ELEMENTS.*—The Office shall do the following:

12 (1) *Perform centralized security reviews and*
13 *complete security processes for approved research*
14 *sponsored outside the Department, with a focus on*
15 *multi-site clinical trials.*

16 (2) *Develop and maintain a list of commercially*
17 *available software preferred for use in sponsored clin-*
18 *ical trials of the Department and ensure such list is*
19 *maintained as part of the official approved software*
20 *products list of the Department.*

21 (3) *Develop benchmarks for appropriate*
22 *timelines for security reviews conducted by the Office.*

23 (c) *REPORT.*—

24 (1) *IN GENERAL.*—Not later than one year after
25 the establishment of the Office, the Office shall submit
26 to the Committee on Veterans’ Affairs of the Senate

1 *and the Committee on Veterans' Affairs of the House*
2 *of Representatives a report on the activity of the Of-*
3 *fice.*

4 (2) *ELEMENTS.—The report required by para-*
5 *graph (1) shall include, at a minimum, the following:*

6 (A) *The number of security reviews com-*
7 *pleted.*

8 (B) *The number of personnel assigned for*
9 *performing the functions described in subsection*
10 *(b).*

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S. 785

A BILL

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

JULY 27, 2020

Reported with an amendment