and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

The text of the bill is as follows:

S. 1646

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

SECTION 1. DESIGNATION OF LEO C. CHASE JR. DEPARTMENT OF VETERANS AFFAIRS CLINIC.

(a) DESIGNATION.—The community-based outpatient clinic of the Department of Veterans Affairs located at 207 Stratton Road, St. Augustine, Florida, shall after the date of the enactment of this Act be known and designated as the ''Leo C. Chase Jr. Department of Veterans Affairs Clinic'' or the ''Leo C. Chase Jr. VA Clinic''.

(b) REFERENCE.—Any reference in any law, regulation, map, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be considered to be a reference to the Leo C. Chase Jr. Department of Veterans Affairs Clinic.

The bill was read a third time, and passed, and a motion to reconsider was laid on the table.

STAFF SERGEANT ALEXANDER W. CONRAD VETERANS AFFAIRS HEALTH CARE CLINIC

Mr. TAKANO. Madam Speaker, I ask unanimous consent that the Committee on Veterans' Affairs be discharged from further consideration of the bill (H.R. 4983) to designate the Department of Veterans Affairs community-based outpatient clinic in Gilbert, Arizona, as the ''Staff Sergeant Alexander W. Conrad Veterans Affairs Health Care Clinic'', and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

The text of the bill is as follows:

H.R. 4983

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

SECTION 1. FINDINGS.

Congress finds the following:

(1) Staff Sergeant Alexander W. Conrad of Chandler, Arizona, joined the United States Army on June 1, 2010.

(2) Staff Sergeant Conrad's decorated service includes two deployments to Afghanistan in support of Operation Enduring Freedom.

(3) Staff Sergeant Conrad subsequently deployed to Africa in support of Operation Octave Shield, while assigned to 1st Battalion, 3rd Special Forces Group, Fort Bragg, North Carolina, as a Human Intelligence Noncommissioned Officer.

(4) On June 8, 2018, Staff Sergeant Conrad died in Somalia from injuries sustained from indirect enemy fire.

(5) Staff Sergeant Conrad was posthumously awarded the Purple Heart, Bronze Star with Valor, and Meritorious Service Medal.

SEC. 2. DESIGNATION OF STAFF SERGEANT ALEXANDER W. CONRAD VETERANS AFFAIRS HEALTH CARE CLINIC.

(a) DESIGNATION.—The Southeast Veterans Affairs Health Care Clinic located at 3285 South Val Vista Drive, Gilbert, Arizona, shall after the date of the enactment of this Act be known and designated as the ''Staff Sergeant Alexander W. Conrad Veterans Affairs Health Care Clinic''.

(b) REFERENCE.—Any reference in a law, regulation, map, document, paper, or other record of the United States to the facility referred to in subsection (a) shall be deemed to be a reference to the ''Staff Sergeant Alexander W. Conrad Veterans Affairs Health Care Clinic''.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which the yeas and nays are ordered.

The House will resume proceedings on postponed questions at a later time.

COMMANDER JOHN SCOTT HANNON VETERANS MENTAL HEALTH CARE IMPROVEMENT ACT OF 2019

Mr. TAKANO. Madam Speaker, I move to suspend the rules and pass the bill (S. 785) to improve mental health care provided by the Department of Veterans Affairs, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 785

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

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

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

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

SEC. 101. STRATEGIC PLAN ON EXPANSION OF HEALTH CARE COVERAGE FOR VETERANS TRANSITIONING FROM SERVICE IN THE ARMED FORCES.

(a) STRATEGIC PLAN.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Secretary of Defense, shall submit to the appropriate committees of Congress and publish on a website of the Department of Veterans Affairs a strategic plan for the provision by the Department of health care to any veteran during the one-year period following the discharge or release of the veteran from active military, naval, or air service.

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

(A) An identification of general goals and objectives for the provision of health care to veterans described in such paragraph.

(B) A description of how such goals and objectives are to be achieved, including—

(i) a description of the use of existing personnel, information, technology, facilities, public and private partnerships, and other resources of the Department of Veterans Affairs;

(ii) a description of the anticipated need for additional resources for the Department; and

(iii) an assessment of cost.

(C) An analysis of the anticipated health care needs, including mental health care, for such veterans, disaggregated by geographic area.

(D) An analysis of whether such veterans are eligible for enrollment in the system of annual patient enrollment of the Department under section 1705(a) of title 38, United States Code.

(E) A description of activities designed to promote the availability of health care from the Department for such veterans, including outreach to members of the Armed Forces though the Transition Assistance Program under sections 1142 and 1144 of title 10, United States Code.

(F) A description of legislative or administrative action required to carry out the plan.

(G) A description of how the plan would further the ongoing initiatives under Executive Order 13822 (83 Fed. Reg. 1513; relating to supporting our veterans during their transition from uniformed service to civilian life) to provide seamless access to high-quality mental health care and suicide prevention resources to veterans as they transition, with an emphasis on the one-year period following separation.

(b) DEFINITIONS.—In this section:

(1) ACTIVE MILITARY, NAVAL, OR AIR SERVICE.—The term ''active military, naval, or air service'' has the meaning given that term in section 101(24) of title 38, United States Code.

(2) APPROPRIATE COMMITTEES OF CONGRESS.—The term ''appropriate committees of Congress'' means—

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

(B) the Committee on Veterans' Affairs and the Committee on Appropriations of the House of Representatives.

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.

(a) REVIEW.—

(1) IN GENERAL.—The Secretary of Defense and the Secretary of Veterans Affairs shall jointly review the records of each former member of the Armed Forces who died by suicide, as determined by the Secretary of Defense or the Secretary of Veterans Affairs, within one year following the discharge or release of the former member from active military, naval, or air service during the five-year period preceding the date of the enactment of this Act.

(2) RECORDS TO BE REVIEWED.—In completing the review required under paragraph (1), the Secretary of Defense and the Secretary of Veterans Affairs shall review the following records maintained by the Department of Defense:

(A) Health treatment records.

(B) Fitness, medical, and dental records.

(C) Ancillary training records.

(D) Safety forms and additional duties sections of the personnel information files.

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

(1) Whether the Department of Defense had identified the former member as being at elevated risk during the 365-day period before separation of the member from the Armed Forces.

(2) In the case that the member was identified as being at elevated risk as described in paragraph (1), whether that identification had been communicated to the Department of Veterans Affairs via the Solid Start initiative of the Department pursuant to Executive Order 13822 (83 Fed. Reg. 1513; relating to supporting our veterans during their transition from uniformed service to civilian life), or any other means.

(3) The presence of evidence-based and empirically-supported contextual and individual risk factors specified in subsection (c) with respect to the former member and how those risk factors correlated to the circumstances of the death of the former member.

(4) Demographic variables, including the following:

(A) Sex.

(B) Age.

(C) Rank at separation from the Armed Forces.

(D) Career field after separation from the Armed Forces.

(E) State and county of residence one month prior to death.

(F) Branch of service in the Armed Forces.

(G) Marital status.

(H) Reason for separation from the Armed Forces.

(5) Support or medical services furnished to the former member through the Department of Defense, specified by the type of service or care provided.

(6) Support or medical services furnished to the former member through the Department of Veterans Affairs, specified by the type of service or care provided.

(c) EVIDENCE-BASED AND EMPIRICALLY-SUPPORTED CONTEXTUAL AND INDIVIDUAL RISK FACTORS.—Evidence-based and empirically-supported contextual and individual risk factors specified in this subsection include the following:

(1) Exposure to violence.

(2) Exposure to suicide.

(3) Housing instability.

(4) Financial instability.

(5) Vocational problems or insecurity.

(6) Legal problems.

(7) Highly acute or significantly chronic relational problems.

(8) Limited access to health care.

(d) REPORT.—Not later than three years after the date of the enactment of this Act, the Secretary of Defense and the Secretary of Veterans Affairs shall jointly submit to the appropriate committees of Congress an aggregated report on the results of the review conducted under subsection (a) with respect to the year-one cohort of former members of the Armed Forces covered by the review.

(e) DEFINITIONS.—In this section:

(1) ACTIVE MILITARY, NAVAL, OR AIR SERVICE.—The term ''active military, naval, or air service'' has the meaning given that term in section 101(24) of title 38, United States Code.

(2) APPROPRIATE COMMITTEES OF CONGRESS DEFINED.—The term ''appropriate committees of Congress'' means—

(A) the Committee on Armed Services and the Committee on Veterans' Affairs of the Senate; and

(B) the Committee on Armed Services and the Committee on Veterans' Affairs of the House of Representatives.

SEC. 103. REPORT ON REACH VET PROGRAM OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall 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 REACH VET program.

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

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

(2) An assessment of how limits within the REACH VET program, such as caps on the number of veterans who may be flagged as high risk, are adjusted for differing rates of suicide across the country.

(3) A detailed explanation, with evidence, for why the conditions included in the model used by the REACH VET program were chosen, including an explanation as to why certain conditions, such as bipolar disorder II,

were not included even though they show a similar rate of risk for suicide as other conditions that were included.

(4) An assessment of the feasibility of incorporating certain economic data held by the Veterans Benefits Administration into the model used by the REACH VET program, including financial data and employment status, which research indicates may have an impact on risk for suicide.

(c) REACH VET PROGRAM DEFINED.—In this section, the term ''REACH VET program'' means the Recovery Engagement and Coordination for Health—Veterans Enhanced Treatment program of the Department of Veterans Affairs.

SEC. 104. REPORT ON CARE FOR FORMER MEMBERS OF THE ARMED FORCES WITH OTHER THAN HONORABLE DISCHARGE.

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

(1) in paragraph (1) by striking ''Not less frequently than once'' and inserting ''Not later than February 15''; and

(2) in paragraph (2)—

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

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

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

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

''(i) age;

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

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

''(iv) geographic location.

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

TITLE II—SUICIDE PREVENTION

SEC. 201. FINANCIAL ASSISTANCE TO CERTAIN ENTITIES TO PROVIDE OR COORDINATE THE PROVISION OF SUICIDE PREVENTION SERVICES FOR ELIGIBLE INDIVIDUALS AND THEIR FAMILIES.

(a) PURPOSE; DESIGNATION.—

(1) PURPOSE.—The purpose of this section is to reduce veteran suicide through a community-based grant program to award grants to eligible entities to provide or coordinate suicide prevention services to eligible individuals and their families.

(2) DESIGNATION.—The grant program under this section shall be known as the ''Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program''.

(b) FINANCIAL ASSISTANCE AND COORDINATION.—The Secretary shall provide financial assistance to eligible entities approved under this section through the award of grants to such entities to provide or coordinate the provision of services to eligible individuals and their families to reduce the risk of suicide. The Secretary shall carry out this section in coordination with the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide Task Force and in consultation with the Office of Mental Health and Suicide Prevention of the Department, to the extent practicable.

(c) AWARD OF GRANTS.—

(1) IN GENERAL.—The Secretary shall award a grant to each eligible entity for which the Secretary has approved an application under subsection (f) to provide or coordinate the provision of suicide prevention services under this section.

(2) GRANT AMOUNTS, INTERVALS OF PAYMENT, AND MATCHING FUNDS.—In accordance with the services being provided under a grant under this section and the duration of those services, the Secretary shall establish—

(A) a maximum amount to be awarded under the grant of not more than $750,000 per grantee per fiscal year; and

(B) intervals of payment for the administration of the grant.

(d) DISTRIBUTION OF GRANTS AND PREFERENCE.—

(1) DISTRIBUTION.—

(A) PRIORITY.—In compliance with subparagraphs (B) and (C), in determining how to distribute grants under this section, the Secretary may prioritize—

(i) rural communities;

(ii) Tribal lands;

(iii) territories of the United States;

(iv) medically underserved areas;

(v) areas with a high number or percentage of minority veterans or women veterans; and

(vi) areas with a high number or percentage of calls to the Veterans Crisis Line.

(B) AREAS WITH NEED.—The Secretary shall ensure that, to the extent practicable, grants under this section are distributed—

(i) to provide services in areas of the United States that have experienced high rates of suicide by eligible individuals, including suicide attempts; and

(ii) to eligible entities that can assist eligible individuals at risk of suicide who are not currently receiving health care furnished by the Department.

(C) GEOGRAPHY.—In distributing grants under this paragraph, the Secretary may provide grants to eligible entities that furnish services to eligible individuals and their families in geographically dispersed areas.

(2) PREFERENCE.—The Secretary shall give preference to eligible entities that have demonstrated the ability to provide or coordinate suicide prevention services.

(e) REQUIREMENTS FOR RECEIPT OF GRANTS.—

(1) NOTIFICATION THAT SERVICES ARE FROM DEPARTMENT.—Each entity receiving a grant under this section to provide or coordinate suicide prevention services to eligible individuals and their families shall notify the recipients of such services that such services are being paid for, in whole or in part, by the Department.

(2) DEVELOPMENT OF PLAN WITH ELIGIBLE INDIVIDUALS AND THEIR FAMILY.—Any plan developed with respect to the provision of suicide prevention services for an eligible individual or their family shall be developed in consultation with the eligible individual and their family.

(3) COORDINATION.—An entity receiving a grant under this section shall—

(A) coordinate with the Secretary with respect to the provision of clinical services to eligible individuals in accordance with subsection (n) or any other provisions of the law regarding the delivery of health care by the Secretary;

(B) inform every veteran who receives assistance under this section from the entity of the ability of the veteran to apply for enrollment in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code; and

(C) if such a veteran wishes to so enroll, inform the veteran of a point of contact at the Department who can assist the veteran in such enrollment.

(4) MEASUREMENT AND MONITORING.—An entity receiving a grant under this section shall submit to the Secretary a description of such tools and assessments the entity uses or will use to determine the effectiveness of the services furnished by the entity, which shall include the measures developed under subsection (h)(2) and may include—

(A) the effect of the services furnished by the entity on the financial stability of the eligible individual;

(B) the effect of the services furnished by the entity on the mental health status, wellbeing, and suicide risk of the eligible individual; and

(C) the effect of the services furnished by the entity on the social support of the eligible individuals receiving those services.

(5) REPORTS.—The Secretary—

(A) shall require each entity receiving a grant under this section to submit to the Secretary an annual report that describes the projects carried out with such grant during the year covered by the report;

(B) shall specify to each such entity the evaluation criteria and data and information to be submitted in such report; and

(C) may require each such entity to submit to the Secretary such additional reports as the Secretary considers appropriate.

(f) APPLICATION FOR GRANTS.—

(1) IN GENERAL.—An eligible entity seeking a grant under this section shall submit to the Secretary an application therefor in such form, in such manner, and containing such commitments and information as the Secretary considers necessary to carry out this section.

(2) MATTERS TO BE INCLUDED.—Each application submitted by an eligible entity under paragraph (1) shall contain the following:

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

(B) A detailed plan describing how the eligible entity proposes to coordinate or deliver suicide prevention services to eligible individuals, including—

(i) an identification of the community partners, if any, with which the eligible entity proposes to work in delivering such services;

(ii) a description of the arrangements currently in place between the eligible entity and such partners with regard to the provision or coordination of suicide prevention services;

(iii) an identification of how long such arrangements have been in place;

(iv) a description of the suicide prevention services provided by such partners that the eligible entity shall coordinate, if any; and

(v) an identification of local suicide prevention coordinators of the Department and a description of how the eligible entity will communicate with local suicide prevention coordinators.

(C) A description of the population of eligible individuals and their families proposed to be provided suicide prevention services.

(D) Based on information and methods developed by the Secretary for purposes of this subsection, an estimate of the number of eligible individuals at risk of suicide and their families proposed to be provided suicide prevention services, including the percentage of those eligible individuals who are not currently receiving care furnished by the Department.

(E) Evidence of measurable outcomes related to reductions in suicide risk and mood-related symptoms utilizing validated instruments by the eligible entity (and the proposed partners of the entity, if any) in providing suicide prevention services to individuals at risk of suicide, particularly to eligible individuals and their families.

(F) A description of the managerial and technological capacity of the eligible entity—

(i) to coordinate the provision of suicide prevention services with the provision of other services;

(ii) to assess on an ongoing basis the needs of eligible individuals and their families for suicide prevention services;

(iii) to coordinate the provision of suicide prevention services with the services of the Department for which eligible individuals are also eligible;

(iv) to tailor suicide prevention services to the needs of eligible individuals and their families;

(v) to seek continuously new sources of assistance to ensure the continuity of suicide prevention services for eligible individuals and their families as long as they are determined to be at risk of suicide; and

(vi) to measure the effects of suicide prevention services provided by the eligible entity or partner organization, in accordance with subsection (h)(2), on the lives of eligible individuals and their families who receive such services provided by the organization using pre- and post-evaluations on validated measures of suicide risk and mood-related symptoms.

(G) Clearly defined objectives for the provision of suicide prevention services.

(H) A description and physical address of the primary location of the eligible entity.

(I) A description of the geographic area the eligible entity plans to serve during the grant award period for which the application applies.

(J) If the eligible entity is a State or local government or an Indian tribe, the amount of grant funds proposed to be made available to community partners, if any, through agreements.

(K) A description of how the eligible entity will assess the effectiveness of the provision of grants under this section.

(L) An agreement to use the measures and metrics provided by the Department for the purposes of measuring the effectiveness of the programming as described in subsection (h)(2).

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

(g) TRAINING AND TECHNICAL ASSISTANCE.—

(1) IN GENERAL.—The Secretary shall provide training and technical assistance, in coordination with the Centers for Disease Control and Prevention, to eligible entities in receipt of grants under this section regarding—

(A) suicide risk identification and management;

(B) the data required to be collected and shared with the Department;

(C) the means of data collection and sharing;

(D) familiarization with and appropriate use of any tool to be used to measure the effectiveness of the use of the grants provided; and

(E) the requirements for reporting under subsection (e)(5) on services provided via such grants.

(2) PROVISION OF TRAINING AND TECHNICAL ASSISTANCE.—The Secretary may provide the training and technical assistance described in paragraph (1) directly or through grants or contracts with appropriate public or nonprofit entities.

(h) ADMINISTRATION OF GRANT PROGRAM.—

(1) SELECTION CRITERIA.—The Secretary, in consultation with entities specified in paragraph (3), shall establish criteria for the selection of eligible entities that have submitted applications under subsection (f).

(2) DEVELOPMENT OF MEASURES AND METRICS.—The Secretary shall develop, in consultation with entities specified in paragraph (3), the following:

(A) A framework for collecting and sharing information about entities in receipt of grants under this section for purposes of improving the services available for eligible individuals and their families, set forth by service type, locality, and eligibility criteria.

(B) The measures and metrics to be used by each entity in receipt of grants under this section to determine the effectiveness of the programming being provided by such entity in improving mental health status, wellbeing, and reducing suicide risk and completed suicides of eligible individuals and their families, which shall include an existing measurement tool or protocol for the grant recipient to utilize when determining programmatic effectiveness.

(3) COORDINATION.—In developing a plan for the design and implementation of the provision of grants under this section, including criteria for the award of grants, the Secretary shall consult with the following:

(A) Veterans service organizations.

(B) National organizations representing potential community partners of eligible entities in providing supportive services to address the needs of eligible individuals and their families, including national organizations that—

(i) advocate for the needs of individuals with or at risk of behavioral health conditions;

(ii) represent mayors;

(iii) represent unions;

(iv) represent first responders;

(v) represent chiefs of police and sheriffs;

(vi) represent governors;

(vii) represent a territory of the United States; or

(viii) represent a Tribal alliance.

(C) National organizations representing members of the Armed Forces.

(D) National organizations that represent counties.

(E) Organizations with which the Department has a current memorandum of agreement or understanding related to mental health or suicide prevention.

(F) State departments of veterans affairs.

(G) National organizations representing members of the reserve components of the Armed Forces.

(H) National organizations representing members of the Coast Guard.

(I) Organizations, including institutions of higher education, with experience in creating measurement tools for purposes of advising the Secretary on the most appropriate existing measurement tool or protocol for the Department to utilize.

(J) The National Alliance on Mental Illness.

(K) A labor organization (as such term is defined in section 7103(a)(4) of title 5, United States Code).

(L) The Centers for Disease Control and Prevention, the Substance Abuse and Mental Health Services Administration, the President's Roadmap to Empower Veterans and End a National Tragedy of Suicide Task Force, and such other organizations as the Secretary considers appropriate.

(4) REPORT ON GRANT CRITERIA.—Not later than 30 days before notifying eligible entities of the availability of funding under this section, the Secretary shall submit to the appropriate committees of Congress a report containing—

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

(B) the already developed measures and metrics to be used by the Department to measure the effectiveness of the use of grants provided under this section as described in subsection (h)(2); and

(C) a framework for the sharing of information about entities in receipt of grants under this section.

(i) INFORMATION ON POTENTIAL ELIGIBLE INDIVIDUALS.—

(1) IN GENERAL.—The Secretary may make available to recipients of grants under this section certain information regarding potential eligible individuals who may receive services for which such grant is provided.

(2) INFORMATION INCLUDED.—The information made available under paragraph (1) with respect to potential eligible individuals may include the following:

(A) Confirmation of the status of a potential eligible individual as a veteran.

(B) Confirmation of whether the potential eligible individual is enrolled in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code.

(C) Confirmation of whether a potential eligible individual is currently receiving care furnished by the Department or has recently received such care.

(3) OPT-OUT.—The Secretary shall allow an eligible individual to opt out of having their information shared under this subsection with recipients of grants under this section.

(j) DURATION.—The authority of the Secretary to provide grants under this section shall terminate on the date that is three years after the date on which the first grant is awarded under this section.

(k) REPORTING.—

(1) INTERIM REPORT.—

(A) IN GENERAL.—Not later than 18 months after the date on which the first grant is awarded under this section, the Secretary shall submit to the appropriate committees of Congress a report on the provision of grants to eligible entities under this section.

(B) ELEMENTS.—The report submitted under subparagraph (A) shall include the following:

(i) An assessment of the effectiveness of the grant program under this section, including—

(I) the effectiveness of grant recipients and their community partners, if any, in conducting outreach to eligible individuals;

(II) the effectiveness of increasing eligible individuals engagement in suicide prevention services; and

(III) such other validated instruments and additional measures as determined by the Secretary and as described in subsection (h)(2).

(ii) A list of grant recipients and their partner organizations, if any, that delivered services funded by the grant and the amount of such grant received by each recipient and partner organization.

(iii) The number of eligible individuals supported by each grant recipient, including through services provided to family members, disaggregated by—

(I) all demographic characteristics as determined necessary and appropriate by the Secretary in coordination with the Centers for Disease Control and Prevention;

(II) whether each such eligible individual is enrolled in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code;

(III) branch of service in the Armed Forces;

(IV) era of service in the Armed Forces;

(V) type of service received by the eligible individual; and

(VI) whether each such eligible individual was referred to the Department for care.

(iv) The number of eligible individuals supported by grants under this section, including through services provided to family members.

(v) The number of eligible individuals described in clause (iv) who were not previously receiving care furnished by the Department, with specific numbers for the population of eligible individuals described in subsection (q)(4)(B).

(vi) The number of eligible individuals whose mental health status, wellbeing, and suicide risk received a baseline measurement assessment under this section and the number of such eligible individuals whose mental health status, wellbeing, and suicide risk will be measured by the Department or a community partner over a period of time for any improvements.

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

(viii) The number and percentage of eligible individuals referred to the point of contact at the Department under subsection (e)(3)(C).

(ix) The number of eligible individuals newly enrolled in the patient enrollment system of the Department under section 1705(a) of title 38, United States Code based on a referral to the Department from a grant recipient under subsection (e)(3)(C), disaggregated by grant recipient.

(x) A detailed account of how the grant funds were used, including executive compensation, overhead costs, and other indirect costs.

(xi) A description of any outreach activities conducted by the eligible entity in receipt of a grant with respect to services provided using the grant.

(xii) The number of individuals who seek services from the grant recipient who are not eligible individuals.

(C) SUBMITTAL OF INFORMATION BY GRANT RECIPIENTS.—The Secretary may require eligible entities receiving grants under this section to provide to Congress such information as the Secretary determines necessary regarding the elements described in subparagraph (B).

(2) FINAL REPORT.—Not later than three years after the date on which the first grant is awarded under this section, and annually thereafter for each year in which the program is in effect, the Secretary shall submit to the appropriate committees of Congress—

(A) a follow-up on the interim report submitted under paragraph (1) containing the elements set forth in subparagraph (B) of such paragraph; and

(B) a report on—

(i) the effectiveness of the provision of grants under this section, including the effectiveness of community partners in conducting outreach to eligible individuals and their families and reducing the rate of suicide among eligible individuals;

(ii) an assessment of the increased capacity of the Department to provide services to eligible individuals and their families, set forth by State, as a result of the provision of grants under this section;

(iii) the feasibility and advisability of extending or expanding the provision of grants consistent with this section; and

(iv) such other elements as considered appropriate by the Secretary.

(l) THIRD-PARTY ASSESSMENT.—

(1) STUDY OF GRANT PROGRAM.—

(A) IN GENERAL.—Not later than 180 days after the commencement of the grant program under this section, the Secretary shall seek to enter into a contract with an appropriate entity described in paragraph (3) to conduct a study of the grant program.

(B) ELEMENTS OF STUDY.—In conducting the study under subparagraph (A), the appropriate entity shall—

(i) evaluate the effectiveness of the grant program under this section in—

(I) addressing the factors that contribute to suicides;

(II) increasing the use of suicide prevention services;

(III) reducing mood-related symptoms that increase suicide and suicide risk; and

(IV) where such information is available due to the time frame of the grant program, reducing suicidal ideation, suicide attempts, self-harm, and deaths by suicide; and

(V) reducing suicidal ideation, suicide attempts, self-harm, and deaths by suicide among eligible individuals through eligible entities located in communities; and

(ii) compare the results of the grant program with other national programs in delivering resources to eligible individuals in the communities where they live that address the factors that contribute to suicide.

(2) ASSESSMENT.—

(A) IN GENERAL.—The contract under paragraph (1) shall provide that not later than 24 months after the commencement of the grant program under this section, the appropriate entity shall submit to the Secretary an assessment based on the study conducted pursuant to such contract.

(B) SUBMITTAL TO CONGRESS.—Upon receipt of the assessment under subparagraph (A), the Secretary shall transmit to the appropriate committees of Congress a copy of the assessment.

(3) APPROPRIATE ENTITY.—An appropriate entity described in this paragraph is a nongovernment entity with experience optimizing and assessing organizations that deliver services and assessing the effectiveness of suicide prevention programs.

(m) REFERRAL FOR CARE.—

(1) MENTAL HEALTH ASSESSMENT.—If an eligible entity in receipt of a grant under this section determines that an eligible individual is at-risk of suicide or other mental or behavioral health condition pursuant to a baseline mental health screening conducted under subsection (q)(11)(A)(ii) with respect to the individual, the entity shall refer the eligible individual to the Department for additional care under subsection (n) or any other provision of law.

(2) EMERGENCY TREATMENT.—If an eligible entity in receipt of a grant under this section determines that an eligible individual furnished clinical services for emergency treatment under subsection (q)(11)(A)(iv) requires ongoing services, the entity shall refer the eligible individual to the Department for additional care under subsection (n) or any other provision of law.

(3) REFUSAL.—If an eligible individual refuses a referral by an entity under paragraph (1) or (2), any ongoing clinical services provided to the eligible individual by the entity shall be at the expense of the entity.

(n) PROVISION OF CARE TO ELIGIBLE INDIVIDUALS.—When the Secretary determines it is clinically appropriate, the Secretary shall furnish to eligible individuals who are receiving or have received suicide prevention services through grants provided under this section an initial mental health assessment and mental health or behavioral health care services authorized under chapter 17 of title 38, United States Code, that are required to treat the mental or behavioral health care needs of the eligible individual, including risk of suicide.

(o) AGREEMENTS WITH COMMUNITY PARTNERS.—

(1) IN GENERAL.—Subject to paragraph (2), an eligible entity may use grant funds to enter into an agreement with a community partner under which the eligible entity may provide funds to the community partner for the provision of suicide prevention services to eligible individuals and their families.

(2) LIMITATION.—The ability of a recipient of a grant under this section to provide grant funds to a community partner shall be limited to grant recipients that are a State or local government or an Indian tribe.

(p) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to the Secretary to carry out this section a total of $174,000,000 for fiscal years 2021 through 2025.

(q) DEFINITIONS.—In this section:

(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term ''appropriate committees of Congress'' means—

(A) the Committee on Veterans' Affairs and the Subcommittee on Military Construction, Veterans Affairs, and Related Agencies of the Committee on Appropriations of the Senate; and

(B) the Committee on Veterans' Affairs and the Subcommittee on Military Construction, Veterans Affairs, and Related Agencies of the Committee on Appropriations of the House of Representatives.

(2) DEPARTMENT.—The term ''Department'' means the Department of Veterans Affairs.

(3) ELIGIBLE ENTITY.—The term ''eligible entity'' means—

(A) an incorporated private institution or foundation—

(i) no part of the net earnings of which incurs to the benefit of any member, founder, contributor, or individual; and

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

(B) a corporation wholly owned and controlled by an organization meeting the requirements of clauses (i) and (ii) of subparagraph (A);

(C) an Indian tribe;

(D) a community-based organization that can effectively network with local civic organizations, regional health systems, and other settings where eligible individuals and their families are likely to have contact; or

(E) A State or local government.

(4) ELIGIBLE INDIVIDUAL.—The term ''eligible individual'' includes a person at risk of suicide who is—

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

(B) an individual described in section 1720I(b) of such title; or

(C) an individual described in any of clauses (i) through (iv) of section 1712A(a)(1)(C) of such title.

(5) EMERGENCY TREATMENT.—Medical services, professional services, ambulance services, ancillary care and medication (including a short course of medication related to and necessary for the treatment of the emergency condition that is provided directly to or prescribed for the patient for use after the emergency condition is stabilized and the patient is discharged) was rendered in a medical emergency of such nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health. This standard is met by an emergency medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the individual in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

(6) FAMILY.—The term ''family'' means, with respect to an eligible individual, any of the following:

(A) A parent.

(B) A spouse.

(C) A child.

(D) A sibling.

(E) A step-family member.

(F) An extended family member.

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

(7) INDIAN TRIBE.—The term ''Indian tribe'' has the meaning given that term in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103).

(8) RISK OF SUICIDE.—

(A) IN GENERAL.—The term ''risk of suicide'' means exposure to, or the existence of, any of the following (to a degree determined by the Secretary pursuant to regulations):

(i) Health risk factors, including the following:

(I) Mental health challenges.
(II) Substance abuse.
(III) Serious or chronic health conditions or pain.
(IV) Traumatic brain injury.
(ii) Environmental risk factors, including the following:
(I) Prolonged stress.
(II) Stressful life events.
(III) Unemployment.
(IV) Homelessness.
(V) Recent loss.
(VI) Legal or financial challenges.
(iii) Historical risk factors, including the following:
(I) Previous suicide attempts.
(II) Family history of suicide.
(III) History of abuse, neglect, or trauma.
(B) DEGREE OF RISK.—The Secretary may, by regulation, establish a process for determining degrees of risk of suicide for use by grant recipients to focus the delivery of services using grant funds.
(9) RURAL.—The term ''rural'', with respect to a community, has the meaning given that term in the Rural-Urban Commuting Areas coding system of the Department of Agriculture.
(10) SECRETARY.—The term ''Secretary'' means the Secretary of Veterans Affairs.
(11) SUICIDE PREVENTION SERVICES.—
(A) IN GENERAL.—The term ''suicide prevention services'' means services to address the needs of eligible individuals and their families and includes the following:
(i) Outreach to identify those at risk of suicide with an emphasis on eligible individuals who are at highest risk or who are not receiving health care or other services furnished by the Department.
(ii) A baseline mental health screening for risk.
(iii) Education on suicide risk and prevention to families and communities.
(iv) Provision of clinical services for emergency treatment.
(v) Case management services.
(vi) Peer support services.
(vii) Assistance in obtaining any benefits from the Department that the eligible individual and their family may be eligible to receive, including—
(I) vocational and rehabilitation counseling;
(II) supportive services for homeless veterans;
(III) employment and training services;
(IV) educational assistance; and
(V) health care services.
(viii) Assistance in obtaining and coordinating the provision of other benefits provided by the Federal Government, a State or local government, or an eligible entity.
(ix) Assistance with emergent needs relating to—
(I) health care services;
(II) daily living services;
(III) personal financial planning and counseling;
(IV) transportation services;
(V) temporary income support services;
(VI) fiduciary and representative payee services;
(VII) legal services to assist the eligible individual with issues that may contribute to the risk of suicide; and
(VIII) child care (not to exceed $5,000 per family of an eligible individual per fiscal year).
(x) Nontraditional and innovative approaches and treatment practices, as determined appropriate by the Secretary, in consultation with appropriate entities.
(xi) Such other services necessary for improving the mental health status and wellbeing and reducing the suicide risk of eligible individuals and their families as the Secretary considers appropriate, which may include—
(I) adaptive sports, equine assisted therapy, or in-place or outdoor recreational therapy;
(II) substance use reduction programming;
(III) individual, group, or family counseling; and
(IV) relationship coaching.
(B) EXCLUSION.—The term ''suicide prevention services'' does not include direct cash assistance to eligible individuals or their families.
(12) VETERANS CRISIS LINE.—The term ''Veterans Crisis Line'' means the toll-free hotline for veterans established under section 1720F(h) of title 38, United States Code.
(13) VETERANS SERVICE ORGANIZATION.—The term ''veterans service organization'' means any organization recognized by the Secretary for the representation of veterans under section 5902 of title 38, United States Code.

SEC. 202. ANALYSIS ON FEASIBILITY AND ADVISABILITY OF THE DEPARTMENT OF VETERANS AFFAIRS PROVIDING CERTAIN COMPLEMENTARY AND INTEGRATIVE HEALTH SERVICES.

(a) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall complete an analysis on the feasibility and advisability of providing complementary and integrative health treatments described in subsection (c) at all medical facilities of the Department of Veterans Affairs.
(b) INCLUSION OF ASSESSMENT OF REPORT.—The analysis conducted under subsection (a) shall include an assessment of the final report of the Creating Options for Veterans' Expedited Recovery Commission (commonly referred to as the ''COVER Commission'') established under section 931 of the Jason Simcakoski Memorial and Promise Act (title IX of Public Law 114–198; 38 U.S.C. 1701 note) submitted under subsection (e)(2) of such section.
(c) TREATMENTS DESCRIBED.—Complementary and integrative health treatments described in this subsection shall consist of the following:
(1) Yoga.
(2) Meditation.
(3) Acupuncture.
(4) Chiropractic care.
(5) Other treatments that show sufficient evidence of efficacy at treating mental or physical health conditions, as determined by the Secretary.
(d) REPORT.—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 analysis completed under subsection (a), including—
(1) the results of such analysis; and
(2) such recommendations regarding the furnishing of complementary and integrative health treatments described in subsection (c) as the Secretary considers appropriate.

SEC. 203. PILOT PROGRAM TO PROVIDE VETERANS ACCESS TO COMPLEMENTARY AND INTEGRATIVE HEALTH PROGRAMS THROUGH ANIMAL THERAPY, AGRITHERAPY, SPORTS AND RECREATION THERAPY, ART THERAPY, AND POSTTRAUMATIC GROWTH PROGRAMS.

(a) IN GENERAL.—Not later than 180 days after the date on which the Creating Options for Veterans' Expedited Recovery Commission (commonly referred to as the ''COVER Commission'') established under section 931 of the Jason Simcakoski Memorial and Promise Act (title IX of Public Law 114–198; 38 U.S.C. 1701 note) submits its final report under subsection (e)(2) of such section, the Secretary of Veterans Affairs shall commence the conduct of a pilot program to provide complementary and integrative health programs described in subsection (b) to eligible veterans from the Department of Veterans Affairs or through the use of non-Department entities for the treatment of posttraumatic stress disorder, depression, anxiety, or other conditions as determined by the Secretary.
(b) PROGRAMS DESCRIBED.—Complementary and integrative health programs described in this subsection may, taking into consideration the report described in subsection (a), consist of the following:
(1) Equine therapy.
(2) Other animal therapy.
(3) Agritherapy.
(4) Sports and recreation therapy.
(5) Art therapy.
(6) Posttraumatic growth programs.
(c) ELIGIBLE VETERANS.—A veteran is eligible to participate in the pilot program under this section if the veteran—
(1) is enrolled in the system of patient enrollment of the Department under section 1705(a) of title 38, United States Code; and
(2) has received health care under the laws administered by the Secretary during the two-year period preceding the initial participation of the veteran in the pilot program.
(d) DURATION.—
(1) IN GENERAL.—The Secretary shall carry out the pilot program under this section for a three-year period beginning on the commencement of the pilot program.
(2) EXTENSION.—The Secretary may extend the duration of the pilot program under this section if the Secretary, based on the results of the interim report submitted under subsection (f)(1), determines that it is appropriate to do so.
(e) LOCATIONS.—
(1) IN GENERAL.—The Secretary shall select not fewer than five facilities of the Department at which to carry out the pilot program under this section.
(2) SELECTION CRITERIA.—In selecting facilities under paragraph (1), the Secretary shall ensure that—
(A) the locations are in geographically diverse areas; and
(B) not fewer than three facilities serve veterans in rural or highly rural areas (as determined through the use of the Rural-Urban Commuting Areas coding system of the Department of Agriculture).
(f) REPORTS.—
(1) INTERIM REPORT.—
(A) IN GENERAL.—Not later than one year after the commencement of the pilot program under this section, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the progress of the pilot program.
(B) ELEMENTS.—The report required by subparagraph (A) shall include the following:
(i) The number of participants in the pilot program.
(ii) The type or types of therapy offered at each facility at which the pilot program is being carried out.
(iii) An assessment of whether participation by a veteran in the pilot program resulted in any changes in clinically relevant endpoints for the veteran with respect to the conditions specified in subsection (a).
(iv) An assessment of the quality of life of veterans participating in the pilot program, including the results of a satisfaction survey of the participants in the pilot program, disaggregated by program under subsection (b).
(v) The determination of the Secretary with respect to extending the pilot program under subsection (d)(2).
(vi) Any recommendations of the Secretary with respect to expanding the pilot program.

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

SEC. 204. DEPARTMENT OF VETERANS AFFAIRS STUDY OF ALL-CAUSE MORTALITY OF VETERANS, INCLUDING BY SUICIDE, AND REVIEW OF STAFFING LEVELS OF MENTAL HEALTH PROFESSIONALS.

(a) STUDY OF DEATHS OF VETERANS BY SUICIDE.—

(1) IN GENERAL.—The Secretary of Veterans Affairs shall seek to enter into an agreement with the National Academies of Sciences, Engineering, and Medicine under which the Secretary shall collaborate and coordinate with the National Academies on a revised study design to fulfill the goals of the 2019 study design of the National Academies described in the explanatory statement accompanying the Further Consolidated Appropriations Act, 2020 (Public Law 116–94), as part of current and additional research priorities of the Department of Veterans Affairs, to evaluate the effects of opioids and benzodiazepine on all-cause mortality of veterans, including suicide, regardless of whether information relating to such deaths has been reported by the Centers for Disease Control and Prevention.

(2) GOALS.—In carrying out the collaboration and coordination under paragraph (1), the Secretary shall seek as much as possible to achieve the same advancement of useful knowledge as the 2019 study design described in such paragraph.

(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 Comptroller General of the United States 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:

(A) A description of any impediments to carry out the education, training, and hiring of mental health counselors and marriage and family therapists under section 7302(a) of title 38, United States Code, and strategies for addressing those impediments.

(B) A description of the objectives, goals, and timing of the Department with respect to increasing the representation of such counselors and therapists in the behavioral health workforce of the Department, including—

(i) a review of qualification criteria for such counselors and therapists and a comparison of such criteria to that of other behavioral health professions in the Department; and

(ii) an assessment of the participation of such counselors and therapists in the mental health professionals trainee program of the Department and any impediments to such participation.

(C) An assessment of the development by the Department of hiring guidelines for mental health counselors, marriage and family therapists, and other appropriate counselors.

(D) A description of how the Department—

(i) identifies gaps in the supply of mental health professionals; and

(ii) determines successful staffing ratios for mental health professionals of the Department.

(E) A description of actions taken by the Secretary, in consultation with the Director of the Office of Personnel Management, to create an occupational series for mental health counselors and marriage and family therapists of the Department and a timeline for the creation of such an occupational series.

(F) A description of actions taken by the Secretary to ensure that the national, regional, and local professional standards boards for mental health counselors and marriage and family therapists are comprised of only mental health counselors and marriage and family therapists and that the liaison from the Department to such boards is a mental health counselor or marriage and family therapist.

(c) COMPILATION OF DATA.—The Secretary of Veterans Affairs shall ensure that data under subsections (a) and (b) is compiled separately and disaggregated by year and compiled in a manner that allows it to be analyzed across all data fields for purposes of informing and updating clinical practice guidelines of the Department of Veterans Affairs.

(d) BRIEFINGS.—The Secretary of Veterans Affairs shall brief the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives containing the interim results—

(1) with respect to the study under subsection (a)(1), not later than 24 months after entering into the agreement under such subsection; and

(2) with respect to the review under subsection (b)(1), not later than 18 months after the date of the enactment of this Act.

(e) REPORTS.—

(1) REPORT ON STUDY.—Not later than 90 days after the completion by the Secretary of Veterans Affairs in coordination with the National Academies of Sciences, Engineering, and Medicine of the study required under subsection (a)(1), the Secretary shall—

(A) 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; and

(B) make such report publicly available.

(2) REPORT ON REVIEW.—Not later than 90 days after the completion by the Comptroller General of the United States of the review required under subsection (b)(1), the Comptroller General shall—

(A) 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 review; and

(B) make such report publicly available.

SEC. 205. COMPTROLLER GENERAL REPORT ON MANAGEMENT BY DEPARTMENT OF VETERANS AFFAIRS OF VETERANS AT HIGH RISK FOR SUICIDE.

(a) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the efforts of the Department of Veterans Affairs to manage veterans at high risk for suicide.

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

(1) A description of how the Department identifies patients as high risk for suicide, with particular consideration to the efficacy of inputs into the Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment program (commonly referred to as the ''REACH VET'' program) of the Department, including an assessment of the efficacy of such identifications disaggregated by—

(A) all demographic characteristics as determined necessary and appropriate by the Secretary of Veterans Affairs in coordination with the Centers for Disease Control and Prevention;

(B) Veterans Integrated Service Network; and

(C) to the extent practicable, medical center of the Department.

(2) A description of how the Department intervenes when a patient is identified as high risk, including an assessment of the efficacy of such interventions disaggregated by—

(A) all demographic characteristics as determined necessary and appropriate by the Secretary in coordination with the Centers for Disease Control and Prevention;

(B) Veterans Integrated Service Network; and

(C) to the extent practicable, medical center of the Department.

(3) A description of how the Department monitors patients who have been identified as high risk, including an assessment of the efficacy of such monitoring and any follow-ups disaggregated by—

(A) all demographic characteristics as determined necessary and appropriate by the Secretary in coordination with the Centers for Disease Control and Prevention;

(B) Veterans Integrated Service Network; and

(C) to the extent practicable, medical center of the Department.

(4) A review of staffing levels of suicide prevention coordinators across the Veterans Health Administration.

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

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

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

SEC. 301. STUDY ON CONNECTION BETWEEN LIVING AT HIGH ALTITUDE AND SUICIDE RISK FACTORS AMONG VETERANS.

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

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

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

(d) REPORT.—Not later than 150 days after the completion of the study conducted under subsection (a), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the results of the study.

(e) FOLLOW-UP STUDY.—

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

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

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

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

SEC. 302. ESTABLISHMENT BY DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE OF A CLINICAL PROVIDER TREATMENT TOOLKIT AND ACCOMPANYING TRAINING MATERIALS FOR COMORBIDITIES.

(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Secretary of Defense, shall develop a clinical provider treatment toolkit and accompanying training materials for the evidence-based management of comorbid mental health conditions, comorbid mental health and substance use disorders, and a comorbid mental health condition and chronic pain.

(b) MATTERS INCLUDED.—In developing the clinical provider treatment toolkit and accompanying training materials under subsection (a), the Secretary of Veterans Affairs and the Secretary of Defense shall ensure that the toolkit and training materials include guidance with respect to the following:

(1) The treatment of patients with post-traumatic stress disorder who are also experiencing an additional mental health condition, a substance use disorder, or chronic pain.

(2) The treatment of patients experiencing a mental health condition, including anxiety, depression, or bipolar disorder, who are also experiencing a substance use disorder or chronic pain.

(3) The treatment of patients with traumatic brain injury who are also experiencing—

(A) a mental health condition, including post-traumatic stress disorder, anxiety, depression, or bipolar disorder;

(B) a substance use disorder; or

(C) chronic pain.

SEC. 303. UPDATE OF CLINICAL PRACTICE GUIDELINES FOR ASSESSMENT AND MANAGEMENT OF PATIENTS AT RISK FOR SUICIDE.

(a) IN GENERAL.—In the first publication of the Department of Veterans Affairs and Department of Defense Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide published after the date of the enactment of this Act, the Secretary of Veterans Affairs and the Secretary of Defense, through the Assessment and Management of Patients at Risk for Suicide Work Group (in this section referred to as the ''Work Group''), shall ensure the publication includes the following:

(1) Enhanced guidance with respect to gender-specific—

(A) risk factors for suicide and suicidal ideation;

(B) treatment efficacy for depression and suicide prevention;

(C) pharmacotherapy efficacy; and

(D) psychotherapy efficacy.

(2) Guidance with respect to the efficacy of alternative therapies, other than psychotherapy and pharmacotherapy, including the following:

(A) Yoga therapy.

(B) Meditation therapy.

(C) Equine therapy.

(D) Other animal therapy.

(E) Training and caring for service dogs.

(F) Agritherapy.

(G) Art therapy.

(H) Outdoor sports therapy.

(I) Music therapy.

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

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

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

SEC. 304. ESTABLISHMENT BY DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE OF CLINICAL PRACTICE GUIDELINES FOR THE TREATMENT OF SERIOUS MENTAL ILLNESS.

(a) IN GENERAL.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Secretary of Defense and the Secretary of Health and Human Services, shall complete the development of a clinical practice guideline or guidelines for the treatment of serious mental illness, to include the following conditions:

(1) Schizophrenia.

(2) Schizoaffective disorder.

(3) Persistent mood disorder, including bipolar disorder I and II.

(4) Any other mental, behavioral, or emotional disorder resulting in serious functional impairment that substantially interferes with major life activities as the Secretary of Veterans Affairs, in consultation with the Secretary of Defense and the Secretary of Health and Human Services, considers appropriate.

(b) MATTERS INCLUDED IN GUIDELINES.—The clinical practice guideline or guidelines developed under subsection (a) shall include the following:

(1) Guidance contained in the 2016 Clinical Practice Guidelines for the Management of Major Depressive Disorders of the Department of Veterans Affairs and the Department of Defense.

(2) Guidance with respect to the treatment of patients with a condition described in subsection (a).

(3) A list of evidence-based therapies for the treatment of conditions described in subsection (a).

(4) An appropriate guideline for the administration of pharmacological therapy, psychological or behavioral therapy, or other therapy for the management of conditions described in subsection (a).

(c) ASSESSMENT OF EXISTING GUIDELINES.—Not later than two years after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Secretary of Defense and the Secretary of Health and Human Services, shall complete an assessment of the 2016 Clinical Practice Guidelines for the Management of Major Depressive Disorders to determine whether an update to such guidelines is necessary.

(d) WORK GROUP.—

(1) ESTABLISHMENT.—The Secretary of Veterans Affairs, the Secretary of Defense, and the Secretary of Health and Human Services shall create a work group to develop the clinical practice guideline or guidelines under subsection (a) to be known as the ''Serious Mental Illness Work Group'' (in this subsection referred to as the ''Work Group'').

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

(A) Academic institutions that specialize in research for the treatment of conditions described in subsection (a).

(B) The Health Services Research and Development Service of the Department of Veterans Affairs.

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

(D) The National Institute of Mental Health.

(E) The Indian Health Service.

(F) Relevant organizations with expertise in researching, diagnosing, or treating conditions described in subsection (a).

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

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

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

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

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

(c) METHODS.—The initiative under subsection (a) shall include brain structure and function measurements, such as functional magnetic resonance imaging and electroencephalogram, and shall coordinate with additional biological methods of analysis utilized in the Million Veterans Program of the Department of Veterans Affairs.

(d) USE OF DATA.—

(1) PRIVACY AND SECURITY.—In carrying out the initiative under subsection (a), the Secretary shall develop robust data privacy and security measures, consistent with section 552a of title 5, United States Code (commonly known as the ''Privacy Act of 1974''), and regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (parts 160, 162, and 164 of

title 45, Code of Federal Regulations, or successor regulations) to ensure that information of veterans participating in the initiative is kept private and secure.

(2) CONSULTATION WITH THE NATIONAL INSTITUTES OF SCIENCE AND TECHNOLOGY.—The Secretary may consult with the National Institute of Science and Technology in developing the data privacy and security measures described in paragraph (1).

(3) ACCESS STANDARDS.—The Secretary shall provide access to information under the initiative consistent with the standards described in section 552a(d)(1) of title 5, United States Code, and section 164.524 of title 45, Code of Federal Regulations, or successor regulations.

(4) OPEN PLATFORM.—

(A) AVAILABILITY OF DATA.—The Secretary shall make de-identified data collected under the initiative available for research purposes to Federal agencies.

(B) CONTRACT.—The Secretary shall contract with nongovernment entities that comply with requisite data security measures to make available for research purposes de-identified data collected under the initiative.

(C) ASSISTANCE.—The Secretary shall provide assistance to a Federal agency conducting research using data collected under the initiative at the request of that agency.

(D) PROHIBITION ON TRANSFER OF DATA.—Federal agencies may not disclose, transmit, share, sell, license, or otherwise transfer data collected under the initiative to any nongovernment entity other than as allowed under subparagraph (B).

(5) STANDARDIZATION.—

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

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

(C) MANNER OF STANDARDIZATION.—In consultation with the National Institute for Science and Technology, data collected under the initiative shall be standardized in the manner in which it is collected, entered into the database, extracted, and recorded.

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

(7) DE-IDENTIFIED DATA DEFINED.—In this subsection, the term ''de-identified data'' means, with respect to data held by the Department of Veterans Affairs, that the Department—

(A) alters, anonymizes, or aggregates the data so that there is a reasonable basis for expecting that the data could not be linked as a practical matter to a specific individual;

(B) publicly commits to refrain from attempting to re-identify the data with a specific individual, and adopts controls to prevent such identification; and

(C) causes the data to be covered by a contractual or other legally enforceable prohibition on each entity to which the Department discloses the data from attempting to use the data to identify a specific individual and requires the same of all onward disclosures.

(e) INCLUSION OF INITIATIVE IN PROGRAM.—The Secretary shall coordinate efforts of the initiative under subsection (a) with the Million Veterans Program of the Department.

SEC. 306. STATISTICAL ANALYSES AND DATA EVALUATION BY DEPARTMENT OF VETERANS AFFAIRS.

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

''§ 119. Contracting for statistical analyses and data evaluation

''(a) IN GENERAL.—The Secretary may enter into a contract or other agreement with an academic institution or other qualified entity, as determined by the Secretary, to carry out statistical analyses and data evaluation as required of the Secretary by law.''.

''(b) RULE OF CONSTRUCTION.—Nothing in this section may be construed to limit the authority of the Secretary to enter into contracts or other agreements for statistical analyses and data evaluation under any other provision of law.''.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 1 of such title is amended by adding at the end the following new item:

''119. Contracting for statistical analyses and data evaluation.''.

TITLE IV—OVERSIGHT OF MENTAL HEALTH CARE AND RELATED SERVICES

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

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

(b) USE OF FOCUS GROUPS.—

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

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

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

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

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

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

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

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

(B) women veterans;

(C) minority veterans;

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

(E) veterans who identify as lesbian, gay, bisexual, transgender, or queer (commonly referred to as ''LGBTQ'');

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

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

(H) other high-risk groups of veterans, as determined by the Secretary.

(c) REPORT.—

(1) IN GENERAL.—Not later than 90 days after the last focus group meeting under subsection (b), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the findings of the focus groups.

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

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

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

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

(D) A description of any dissenting or opposing viewpoints raised by participants in the focus group.

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

(d) REPRESENTATIVE SURVEY.—

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

(2) VETERANS SURVEYED.—

(A) IN GENERAL.—Veterans surveyed under paragraph (1) shall include veterans described in subsection (b)(5).

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

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

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

(e) TREATMENT OF CONTRACTS FOR SUICIDE PREVENTION AND MENTAL HEALTH OUTREACH MEDIA.—

(1) FOCUS GROUPS.—

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

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

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

(ii) women veterans;

(iii) minority veterans;

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

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

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

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

(viii) other high-risk groups of veterans, as determined by the Secretary.

(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) PAPERWORK REDUCTION ACT EXEMPTION.—Chapter 35 of title 44, United States Code (commonly known as the ''Paperwork Reduction Act'') shall not apply to any rulemaking or information collection required under this section.

(g) 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, which shall include the establishment of targets, metrics, and action plans to describe and assess those campaigns.

(2) USE OF METRICS.—

(A) IN GENERAL.—The goals established under paragraph (1) shall be measured by metrics specific to different media types.

(B) FACTORS TO CONSIDER.—In using metrics under subparagraph (A), the Secretary shall determine the best methodological approach for each media type and shall consider the following:

(i) Metrics relating to social media, which may include the following:

(I) Impressions.

(II) Reach.

(III) Engagement rate.

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

(ii) Metrics relating to television, which may include the following:

(I) Nielsen ratings.

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

(iii) Metrics relating to email, which may include the following:

(I) Open rate.

(II) Response rate.

(III) Click rate.

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

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

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

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

(A) Relevant stakeholders, such as organizations that represent veterans, as determined by the Secretary.

(B) Mental health and suicide prevention experts.

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

(5) INITIAL REPORT.—Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report detailing the goals established under paragraph (1) for the mental health and suicide prevention media outreach campaigns of the Department, including the metrics and targets for such metrics by which those goals are to be measured under paragraphs (2) and (3).

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

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

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

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

SEC. 403. COMPTROLLER GENERAL MANAGEMENT REVIEW OF MENTAL HEALTH AND SUICIDE PREVENTION SERVICES OF DEPARTMENT OF VETERANS AFFAIRS.

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

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

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

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

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

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

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

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

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

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

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

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

(B) between that central office and any staff member or office in the field, including chaplains, attorneys, law enforcement 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. 404. COMPTROLLER GENERAL REPORT ON EFFORTS OF DEPARTMENT OF VETERANS AFFAIRS TO INTEGRATE MENTAL HEALTH CARE INTO PRIMARY CARE CLINICS.

(a) INITIAL REPORT.—

(1) IN GENERAL.—Not later than two years after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the efforts of the Department of Veterans Affairs to integrate mental health care into primary care clinics of the Department.

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

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

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

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

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

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

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

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

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

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

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

(b) COMMUNITY CARE INTEGRATION REPORT.—

(1) IN GENERAL.—Not later than two years after the date on which the Comptroller General submits the report required under subsection (a)(1), the Comptroller General shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on

Veterans' Affairs of the House of Representatives a report on the efforts of the Department to integrate community-based mental health care into the Veterans Health Administration.

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

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

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

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

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

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

(F) An assessment of the military cultural competency of health care providers providing community-based mental health care to veterans.

(G) Such recommendations on how the Department can better integrate community-based mental health care into the Veterans Health Administration as the Comptroller General considers appropriate.

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

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

SEC. 405. JOINT MENTAL HEALTH PROGRAMS BY DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE.

(a) REPORT ON MENTAL HEALTH PROGRAMS.—

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

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

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

(i) Transition assistance programs.

(ii) Clinical and non-clinical mental health initiatives, including centers of excellence of the Department of Veterans Affairs for traumatic brain injury and post-traumatic stress disorder.

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

(iv) Research into mental health issues and conditions, to include post-traumatic stress disorder, depression, anxiety, bipolar disorder, traumatic brain injury, suicidal ideation, and any other issues or conditions as the Secretary of Veterans Affairs considers necessary.

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

(i) Transition assistance programs.

(ii) Clinical and non-clinical mental health initiatives, including the National Intrepid Center of Excellence and the Intrepid Spirit Centers.

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

(iv) Research into mental health issues and conditions, to include post-traumatic stress disorder, depression, anxiety, bipolar disorder, traumatic brain injury, suicidal ideation, and any other issues or conditions as the Secretary of Defense considers necessary.

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

(i) Transition assistance programs.

(ii) Clinical and non-clinical mental health initiatives.

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

(iv) Research into mental health issues and conditions, to include post-traumatic stress disorder, depression, anxiety, bipolar disorder, traumatic brain injury, suicidal ideation, and completed suicides, including through the use of the joint suicide data repository of the Department of Veterans Affairs and the Department of Defense, and any other issues or conditions as the Secretary of Veterans Affairs and the Secretary of Defense consider necessary.

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

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

(b) EVALUATION OF COLLABORATIVE EFFORTS OF DEPARTMENT OF VETERANS AFFAIRS AND DEPARTMENT OF DEFENSE AND ALTERNATIVES OF ANALYSIS TO ESTABLISH A JOINT VA/DOD INTREPID SPIRIT CENTER.—

(1) IN GENERAL.—The Secretary of Veterans Affairs, in coordination with the Secretary of Defense, shall evaluate the current ongoing collaborative efforts of the Department of Veterans Affairs and the Department of Defense related to post-traumatic stress disorder and traumatic brain injury care, research, and education to improve the quality of and access to such care and seek potential new collaborative efforts to improve and expand such care for veterans and members of the Armed Forces in a joint Department of Veterans Affairs/Department of Defense Intrepid Spirit Center that serves active duty members of the Armed Forces, members of the reserve components of the Armed Forces, and veterans for mutual benefit and growth in treatment and care.

(2) ALTERNATIVES OF ANALYSIS.—

(A) IN GENERAL.—The evaluation required under paragraph (1) shall include an alternatives of analysis to establish the joint Department of Veterans Affairs/Department of Defense Intrepid Spirit Center described in paragraph (1).

(B) ELEMENTS.—The alternatives of analysis required under subparagraph (A) with respect to the establishment of the joint Department of Veterans Affairs/Department of Defense Intrepid Spirit Center described in paragraph (1) shall provide alternatives and recommendations that consider information including—

(i) colocation of the center on an installation of the Department of Defense or property of a medical center of the Department of Veterans Affairs;

(ii) consideration of a rural or highly rural area to establish the center that may include colocation described in clause (i);

(iii) geographic distance from existing or planned Intrepid Spirit Centers of the Department of Defense or other such facilities of the Department of Veterans Affairs or the Department of Defense that furnish care for post-traumatic stress disorder or traumatic brain injury; and

(iv) the potential role for private entities and philanthropic organizations in carrying out the activities of the center.

(3) REPORT TO CONGRESS.—Not later than 270 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report that includes—

(A) a summary of the evaluation required under paragraph (1); and

(B) the alternatives of analysis required under paragraph (2).

(4) RURAL AND HIGHLY RURAL DEFINED.—In this subsection, 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.

TITLE V—IMPROVEMENT OF MENTAL HEALTH MEDICAL WORKFORCE

SEC. 501. STAFFING IMPROVEMENT PLAN FOR MENTAL HEALTH PROVIDERS OF DEPARTMENT OF VETERANS AFFAIRS.

(a) STAFFING PLAN.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs, in consultation with the Inspector General of the Department of Veterans Affairs, shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a plan to address staffing of mental health providers of the Department of Veterans Affairs, including filling any open positions.

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

(A) An estimate of the number of positions for mental health providers of the Department that need to be filled to meet demand.

(B) An identification of the steps that the Secretary will take to address mental health staffing for the Department.

(C) 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.

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

(E) Such recommendations for legislative or administrative action as the Secretary considers necessary to aid in addressing mental health staffing for the Department.

(3) REPORT.—Not later than one year after the submittal of the plan required by paragraph (1), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs

of the House of Representatives a report setting forth the number of mental health providers hired by the Department during the one-year period preceding the submittal of the report.

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

SEC. 502. ESTABLISHMENT OF DEPARTMENT OF VETERANS AFFAIRS READJUSTMENT COUNSELING SERVICE SCHOLARSHIP PROGRAM.

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

''SUBCHAPTER IX—READJUSTMENT COUNSELING SERVICE SCHOLARSHIP PROGRAM

''§ 7698. Requirement for program

''As part of the Educational Assistance Program, the Secretary shall carry out a scholarship program under this subchapter. The program shall be known as the Department of Veterans Affairs Readjustment Counseling Service Scholarship Program (in this subchapter referred to as the 'Program').

''§ 7699. Eligibility; agreement

''(a) IN GENERAL.—An individual is eligible to participate in the Program, as determined by the Readjustment Counseling Service of the Department, if the individual—

''(1) is accepted for enrollment or enrolled (as described in section 7602 of this title) in a program of study at an accredited educational institution, school, or training program leading to a terminal degree in psychology, social work, marriage and family therapy, or mental health counseling that would meet the education requirements for appointment to a position under section 7402(b) of this title; and

''(2) enters into an agreement with the Secretary under subsection (c).

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

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

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

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

''(2) An individual who is a veteran.

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

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

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

''(d) VET CENTER DEFINED.—In this section, the term 'Vet Center' has the meaning given that term in section 1712A(h) of this title.

''§ 7699A. Obligated service

''(a) IN GENERAL.—Each participant in the Program shall provide service as a full-time employee of the Department at a Vet Center (as defined in section 7699(d) of this title) for the period of obligated service set forth in the agreement of the participant entered into under section 7604 of this title.

''(b) DETERMINATION OF SERVICE COMMENCEMENT DATE.—(1) Not later than 60 days before the service commencement date of a participant, the Secretary shall notify the participant of that service commencement date.

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

''§ 7699B. Breach of agreement: liability

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

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

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

''(A) The participant fails to maintain an acceptable level of academic standing in the educational institution in which the participant is enrolled (as determined by the educational institution under regulations prescribed by the Secretary).

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

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

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

''(c) LIABILITY DURING PERIOD OF OBLIGATED SERVICE.—(1) Except as provided in subsection (d), if a participant in the Program does not complete the period of obligated service of the participant, the United States shall be entitled to recover from the participant an amount determined in accordance with the following formula: $A = 3\Phi(t - s/t)$.

''(2) In the formula in paragraph (1):

''(A) 'A' is the amount the United States is entitled to recover.

''(B) 'Φ' is the sum of—

''(i) the amounts paid under this subchapter to or on behalf of the participant; and

''(ii) the interest on such amounts which would be payable if at the time the amounts were paid they were loans bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States.

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

''(D) 's' is the number of months of such period served by the participant.

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

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

(b) CONFORMING AND TECHNICAL AMENDMENTS.—

(1) CONFORMING AMENDMENTS.—

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

(i) in paragraph (5), by striking ''and'';

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

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

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

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

(i) in subsection (a)(1)—

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

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

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

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

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

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

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

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

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

''SUBCHAPTER IX—READJUSTMENT COUNSELING SERVICE SCHOLARSHIP PROGRAM

''Sec.
''7698. Requirement for program.
''7699. Eligibility; agreement.
''7699A. Obligated service.
''7699B. Breach of agreement: liability.''.

(c) EFFECTIVE DATE.—The Secretary of Veterans Affairs shall begin awarding scholarships under subchapter IX of chapter 76 of title 38, United States Code, as added by subsection (a), for programs of study beginning not later than one year after the date of the enactment of this Act.

SEC. 503. COMPTROLLER GENERAL REPORT ON READJUSTMENT COUNSELING SERVICE OF DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Comptroller General of the United States shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the Readjustment Counseling Service of the Department of Veterans Affairs.

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

(1) An assessment of the adequacy and types of treatment, counseling, and other

services provided at Vet Centers, including recommendations on whether and how such treatment, counseling, and other services can be expanded.

(2) An assessment of the efficacy of outreach efforts by the Readjustment Counseling Service, including recommendations for how outreach efforts can be improved.

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

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

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

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

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

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

(7) An assessment of the use of Vet Centers by eligible family members of former members of the Armed Forces and recommendations on how to better reach those family members.

(8) An assessment of the efficacy of group therapy and the level of training of providers at Vet Centers in administering group therapy.

(9) An assessment of the efficiency and effectiveness of the task organization structure of Vet Centers.

(10) An assessment of the use of Vet Centers by Native American veterans, as defined in section 3765 of title 38, United States Code, and recommendations on how to better reach those veterans.

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

SEC. 504. EXPANSION OF REPORTING REQUIREMENTS ON READJUSTMENT COUNSELING SERVICE OF DEPARTMENT OF VETERANS AFFAIRS.

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

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

''(3) For each even numbered year in which the report required by paragraph (1) is submitted, the Secretary shall include in such report a prediction of—

''(A) trends in demand for care;

''(B) long-term investments required with respect to the provision of care;

''(C) requirements relating to maintenance of infrastructure; and

''(D) other capital investment requirements with respect to the Readjustment Counseling Service, including Vet Centers, mobile Vet Centers, and community access points.''.

SEC. 505. BRIEFING ON ALTERNATIVE WORK SCHEDULES FOR EMPLOYEES OF VETERANS HEALTH ADMINISTRATION.

(a) SURVEY OF VETERANS.—

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

(2) ELIGIBLE VETERAN DEFINED.—In this subsection, the term ''eligible veteran'' means a veteran who—

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

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

(b) CONGRESSIONAL BRIEFING.—

(1) IN GENERAL.—Not later than 270 days after the date of the enactment of this Act, the Secretary shall brief the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives on the—

(A) feasibility and advisability of offering appointments outside the usual operating hours of facilities of the Department that do not offer such appointments; and

(B) effectiveness of offering appointments outside the usual operating hours of facilities of the Department for those facilities that offer such appointments.

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

(A) The findings of the survey conducted under subsection (a);

(B) Feedback from employees of the Veterans Health Administration, including clinical, nonclinical, and support staff, with respect to offering appointments outside the usual operating hours of facilities of the Department, including through the use of telehealth appointments; and

(C) Any other matters the Secretary considers relevant to a full understanding of the feasibility and advisability of offering appointments outside the usual operating hours of facilities of the Department.

(c) PAPERWORK REDUCTION ACT EXEMPTION.—Chapter 35 of title 44, United States Code (commonly known as the ''Paperwork Reduction Act'') shall not apply to any rulemaking or information collection required under this section.

SEC. 506. SUICIDE PREVENTION COORDINATORS.

(a) STAFFING REQUIREMENT.—Beginning not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall ensure that each medical center of the Department of Veterans Affairs has not less than one suicide prevention coordinator.

(b) STUDY ON REORGANIZATION.—

(1) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary, in consultation with the Office of Mental Health and Suicide Prevention of the Department, shall commence the conduct of a study to determine the feasibility and advisability of—

(A) the realignment and reorganization of suicide prevention coordinators within the Office of Mental Health and Suicide Prevention; and

(B) the creation of a suicide prevention coordinator program office.

(2) PROGRAM OFFICE REALIGNMENT.—In conducting the study under paragraph (1), the Secretary shall assess the feasibility of advisability of, within the suicide prevention coordinator program office described in paragraph (1)(B), aligning suicide prevention coordinators and suicide prevention case managers within the organizational structure and chart of the Suicide Prevention Program of the Department, with the Director of the Suicide Prevention program having ultimate supervisory oversight and responsibility over the suicide prevention coordinator program office.

(c) REPORT.—Not later than 90 days after the completion of the study under subsection (b), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on such study, including the following:

(1) An assessment of the feasibility and advisability of creating a suicide prevention coordinator program office to oversee and monitor suicide prevention coordinators and suicide prevention case managers across all medical centers of the Department.

(2) A review of current staffing ratios for suicide prevention coordinators and suicide prevention case managers in comparison with current staffing ratios for mental health providers within each medical center of the Department.

(3) A description of the duties and responsibilities for suicide prevention coordinators across the Department to better define, delineate, and standardize qualifications, performance goals, performance duties, and performance outcomes for suicide prevention coordinators and suicide prevention case managers.

SEC. 507. REPORT ON EFFORTS BY DEPARTMENT OF VETERANS AFFAIRS TO IMPLEMENT SAFETY PLANNING IN EMERGENCY DEPARTMENTS.

(a) FINDINGS.—Congress makes the following findings:

(1) The Department of Veterans Affairs must be more effective in its approach to reducing the burden of veteran suicide connected to mental health diagnoses, to include expansion of treatment delivered via telehealth methods and in rural areas.

(2) An innovative project, known as Suicide Assessment and Follow-up Engagement: Veteran Emergency Treatment (in this subsection referred to as ''SAFE VET''), was designed to help suicidal veterans seen at emergency departments within the Veterans Health Administration and was successfully implemented in five intervention sites beginning in 2010.

(3) A 2018 study found that safety planning intervention under SAFE VET was associated with 45 percent fewer suicidal behaviors in the six-month period following emergency department care and more than double the odds of a veteran engaging in outpatient behavioral health care.

(4) SAFE VET is a promising alternative and acceptable delivery of care system that augments the treatment of suicidal veterans in emergency departments of the Veterans Health Administration and helps ensure that those veterans have appropriate follow-up care.

(5) Beginning in September 2018, the Veterans Health Administration implemented a suicide prevention program, known as the SPED program, for veterans presenting to the emergency department who are assessed to be at risk for suicide and are safe to be discharged home.

(6) The SPED program includes issuance and update of a safety plan and post-discharge follow-up outreach for veterans to facilitate engagement in outpatient mental health care.

(b) REPORT.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall submit to the appropriate committees of Congress a report on the efforts of the Secretary to implement a suicide prevention program for veterans presenting to an emergency department or urgent care center of the Veterans Health Administration who are assessed to be at risk for suicide and are safe

to be discharged home, including a safety plan and post-discharge outreach for veterans to facilitate engagement in outpatient mental health care.

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

(A) An assessment of the implementation of the current operational policies and procedures of the SPED program at each medical center of the Department of Veterans Affairs, including an assessment of the following:

(i) Training provided to clinicians or other personnel administering protocols under the SPED program.

(ii) Any disparities in implementation of such protocols between medical centers.

(iii) Current criteria used to measure the quality of such protocols including—

(I) methodology used to assess the quality of a safety plan and post-discharge outreach for veterans; or

(II) in the absence of such methodology, a proposed timeline and guidelines for creating a methodology to ensure compliance with the evidence-based model used under the Suicide Assessment and Follow-up Engagement: Veteran Emergency Treatment (SAFE VET) program of the Department.

(B) An assessment of the implementation of the policies and procedures described in subparagraph (A), including the following:

(i) An assessment of the quality and quantity of safety plans issued to veterans.

(ii) An assessment of the quality and quantity of post-discharge outreach provided to veterans.

(iii) The post-discharge rate of veteran engagement in outpatient mental health care, including attendance at not fewer than one individual mental health clinic appointment or admission to an inpatient or residential unit.

(iv) The number of veterans who decline safety planning efforts during protocols under the SPED program.

(v) The number of veterans who decline to participate in follow-up efforts within the SPED program.

(C) A description of how SPED primary coordinators are deployed to support such efforts, including the following:

(i) A description of the duties and responsibilities of such coordinators.

(ii) The number and location of such coordinators.

(iii) A description of training provided to such coordinators.

(iv) An assessment of the other responsibilities for such coordinators and, if applicable, differences in patient outcomes when such responsibilities are full-time duties as opposed to secondary duties.

(D) An assessment of the feasibility and advisability of expanding the total number and geographic distribution of SPED primary coordinators.

(E) An assessment of the feasibility and advisability of providing services under the SPED program via telehealth channels, including an analysis of opportunities to leverage telehealth to better serve veterans in rural areas.

(F) A description of the status of current capabilities and utilization of tracking mechanisms to monitor compliance, quality, and patient outcomes under the SPED program.

(G) Such recommendations, including specific action items, as the Secretary considers appropriate with respect to how the Department can better implement the SPED program, including recommendations with respect to the following:

(i) A process to standardize training under such program.

(ii) Any resourcing requirements necessary to implement the SPED program throughout Veterans Health Administration, including by having a dedicated clinician responsible for administration of such program at each medical center.

(iii) An analysis of current statutory authority and any changes necessary to fully implement the SPED program throughout the Veterans Health Administration.

(iv) A timeline for the implementation of the SPED program through the Veterans Health Administration once full resourcing and an approved training plan are in place.

(H) Such other matters as the Secretary considers appropriate.

(c) DEFINITIONS.—In this section:

(1) APPROPRIATE COMMITTEES OF CONGRESS.—The term ''appropriate committees of Congress'' means—

(A) the Committee on Veterans' Affairs and the Subcommittee on Military Construction, Veterans Affairs, and Related Agencies of the Committee on Appropriations of the Senate; and

(B) the Committee on Veterans' Affairs and the Subcommittee on Military Construction, Veterans Affairs, and Related Agencies of the Committee on Appropriations of the House of Representatives.

(2) SPED PRIMARY COORDINATOR.—The term ''SPED primary coordinator'' means the main point of contact responsible for administering the SPED program at a medical center of the Department.

(3) SPED PROGRAM.—The term ''SPED program'' means the Safety Planning in Emergency Departments program of the Department of Veterans Affairs established in September 2018 for veterans presenting to the emergency department who are assessed to be at risk for suicide and are safe to be discharged home, which extends the evidence-based intervention for suicide prevention to all emergency departments of the Veterans Health Administration.

TITLE VI—IMPROVEMENT OF CARE AND SERVICES FOR WOMEN VETERANS

SEC. 601. EXPANSION OF CAPABILITIES OF WOMEN VETERANS CALL CENTER TO INCLUDE TEXT MESSAGING.

The Secretary of Veterans Affairs shall expand the capabilities of the Women Veterans Call Center of the Department of Veterans Affairs to include a text messaging capability.

SEC. 602. REQUIREMENT FOR DEPARTMENT OF VETERANS AFFAIRS INTERNET WEBSITE TO PROVIDE INFORMATION ON SERVICES AVAILABLE TO WOMEN VETERANS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall survey the internet websites and information resources of the Department of Veterans Affairs in effect on the day before the date of the enactment of this Act and publish an internet website that serves as a centralized source for the provision to women veterans of information about the benefits and services available to them under laws administered by the Secretary.

(b) ELEMENTS.—The internet website published under subsection (a) shall provide to women veterans information regarding all services available in the district in which the veteran is seeking such services, including, with respect to each medical center and community-based outpatient clinic in the applicable Veterans Integrated Service Network—

(1) the name and contact information of each women's health coordinator;

(2) a list of appropriate staff for other benefits available from the Veterans Benefits Administration, the National Cemetery Administration, and such other entities as the Secretary considers appropriate; and

(3) such other information as the Secretary considers appropriate.

(c) UPDATED INFORMATION.—The Secretary shall ensure that the information described in subsection (b) that is published on the internet website required by subsection (a) is updated not less frequently than once every 90 days.

(d) OUTREACH.—In carrying out this section, the Secretary shall ensure that the outreach conducted under section 1720F(i) of title 38, United States Code, includes information regarding the internet website required by subsection (a).

(e) DERIVATION OF FUNDS.—Amounts used by the Secretary to carry out this section shall be derived from amounts made available to the Secretary to publish internet websites of the Department.

TITLE VII—OTHER MATTERS

SEC. 701. EXPANDED TELEHEALTH FROM DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—The Secretary of Veterans Affairs shall enter into agreements, and expand existing agreements, with organizations that represent or serve veterans, nonprofit organizations, private businesses, and other interested parties for the expansion of telehealth capabilities and the provision of telehealth services to veterans through the award of grants under subsection (b).

(b) AWARD OF GRANTS.—

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

(2) LOCATIONS.—To the extent practicable, the Secretary shall ensure that grants are awarded to entities that serve veterans in rural and highly rural areas (as determined through the use of the Rural-Urban Commuting Areas coding system of the Department of Agriculture) or areas determined to be medically underserved.

(3) USE OF GRANTS.—

(A) IN GENERAL.—Grants awarded to an entity under this subsection may be used for one or more of the following:

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

(ii) Upgrading security protocols for consistency with the security requirements of the Department of Veterans Affairs.

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

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

(II) equipment required to provide telehealth services;

(III) privacy, including the Health Insurance Portability and Accountability Act of 1996 privacy rule under part 160 and subparts A and E of part 164 of title 45, Code of Federal Regulations, or successor regulations, as it relates to health care for veterans;

(IV) scheduling for telehealth services for veterans; or

(V) any other unique training needs for the provision of telehealth services to veterans.

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

(I) additions or modifications to windows or walls in an existing room, or other alterations as needed to create a new, private room, including permits or inspections required in association with space modifications;

(II) soundproofing of an existing room;

(III) new electrical, telephone, or internet outlets in an existing room; or

(IV) aesthetic enhancements to establish a more suitable therapeutic environment.

(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 and sustainment of internet services.

(vii) Sustainment of telephone services.

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

(c) AGREEMENT ON TELEHEALTH ACCESS POINTS.—

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

(2) ADEQUACY OF FACILITIES.—An entity described in paragraph (1) shall be responsible for ensuring that any access point is adequately private, secure, clean, and accessible for veterans before the access point is established.

(d) ASSESSMENT OF BARRIERS TO ACCESS.—

(1) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act, the Secretary shall complete an assessment of barriers faced by veterans in accessing telehealth services.

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

(A) A description of the barriers veterans face in using telehealth while not on property of the Department.

(B) A description of how the Department plans to address the barriers described in subparagraph (A).

(C) Such other matters related to access by veterans to telehealth while not on property of the Department as the Secretary considers relevant.

(3) REPORT.—Not later than 120 days after the completion of the assessment required by paragraph (1), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the assessment, including any recommendations for legislative or administrative action based on the results of the assessment.

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.

(a) PARTNERSHIPS TO PROVIDE HYPERBARIC OXYGEN THERAPY TO VETERANS.—

(1) USE OF PARTNERSHIPS.—The Secretary of Veterans Affairs, in consultation with the Center for Compassionate Innovation within the Office of Community Engagement of the Department of Veterans Affairs, may enter into partnerships with non-Federal Government entities to provide hyperbaric oxygen treatment to veterans to research the effectiveness of such therapy.

(2) TYPES OF PARTNERSHIPS.—Partnerships entered into under paragraph (1) may include the following:

(A) Partnerships to conduct research on hyperbaric oxygen therapy.

(B) Partnerships to review research on hyperbaric oxygen therapy provided to nonveterans.

(C) Partnerships to create industry working groups to determine standards for research on hyperbaric oxygen therapy.

(D) Partnerships to provide to veterans hyperbaric oxygen therapy for the purposes of conducting research on the effectiveness of such therapy.

(3) LIMITATION ON FEDERAL FUNDING.—Federal Government funding may be used to coordinate and administer the partnerships under this subsection but may not be used to carry out activities conducted under such partnerships.

(b) REVIEW OF EFFECTIVENESS OF HYPERBARIC OXYGEN THERAPY.—Not later than 90 days after the date of the enactment of this Act, the Secretary, in consultation with the Center for Compassionate Innovation, shall begin using an objective and quantifiable method to review the effectiveness and applicability of hyperbaric oxygen therapy, such as through the use of a device approved or cleared by the Food and Drug Administration that assesses traumatic brain injury by tracking eye movement.

(c) SYSTEMATIC REVIEW OF USE OF HYPERBARIC OXYGEN THERAPY TO TREAT CERTAIN CONDITIONS.—

(1) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary, in consultation with the Center for Compassionate Innovation, shall commence the conduct of a systematic review of published research literature on off-label use of hyperbaric oxygen therapy to treat post-traumatic stress disorder and traumatic brain injury among veterans and nonveterans.

(2) ELEMENTS.—The review conducted under paragraph (1) shall include the following:

(A) An assessment of the current parameters for research on the use by the Department of Veterans Affairs of hyperbaric oxygen therapy, including—

(i) tests and questionnaires used to determine the efficacy of such therapy; and

(ii) metrics for determining the success of such therapy.

(B) A comparative analysis of tests and questionnaires used to study post-traumatic stress disorder and traumatic brain injury in other research conducted by the Department of Veterans Affairs, other Federal agencies, and entities outside the Federal Government.

(3) COMPLETION OF REVIEW.—The review conducted under paragraph (1) shall be completed not later than 180 days after the date of the commencement of the review.

(4) REPORT.—Not later than 90 days after the completion of the review conducted under paragraph (1), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the results of the review.

(d) FOLLOW-UP STUDY.—

(1) IN GENERAL.—Not later than 120 days after the completion of the review conducted under subsection (c), the Secretary, in consultation with the Center for Compassionate Innovation, shall commence the conduct of a study on all individuals receiving hyperbaric oxygen therapy through the current pilot program of the Department for the provision of hyperbaric oxygen therapy to veterans to determine the efficacy and effectiveness of hyperbaric oxygen therapy for the treatment of post-traumatic stress disorder and traumatic brain injury.

(2) ELEMENTS.—The study conducted under paragraph (1) shall include the review and publication of any data and conclusions resulting from research conducted by an authorized provider of hyperbaric oxygen therapy for veterans through the pilot program described in such paragraph.

(3) COMPLETION OF STUDY.—The study conducted under paragraph (1) shall be completed not later than three years after the date of the commencement of the study.

(4) REPORT.—

(A) IN GENERAL.—Not later than 90 days after completing the study conducted under paragraph (1), the Secretary shall submit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report on the results of the study.

(B) ELEMENTS.—The report required under subparagraph (A) shall include the recommendation of the Secretary with respect to whether or not hyperbaric oxygen therapy should be made available to all veterans with traumatic brain injury or post-traumatic stress disorder.

SEC. 703. PRESCRIPTION OF TECHNICAL QUALIFICATIONS FOR LICENSED HEARING AID SPECIALISTS AND REQUIREMENT FOR APPOINTMENT OF SUCH SPECIALISTS.

(a) TECHNICAL QUALIFICATIONS.—

(1) IN GENERAL.—Not later than 180 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall prescribe the technical qualifications required under section 7402(b)(14) of title 38, United States Code, to be appointed as a licensed hearing aid specialist under section 7401(3) of such title.

(2) ELEMENTS FOR QUALIFICATIONS.—In prescribing the qualifications for licensed hearing aid specialists under paragraph (1), the Secretary shall, at a minimum, ensure that such qualifications are consistent with—

(A) the standards for licensure of hearing aid specialists that are required by a majority of States;

(B) any competencies needed to perform tasks and services commonly performed by hearing aid specialists pursuant to such standards; and

(C) any competencies needed to perform tasks specific to providing care to individuals under the laws administered by the Secretary.

(b) AUTHORITY TO SET AND MAINTAIN DUTIES.—The Secretary shall retain the authority to set and maintain the duties for licensed hearing aid specialists appointed under section 7401(3) of title 38, United States Code, for the purposes of the employment of such specialists with the Department of Veterans Affairs.

(c) APPOINTMENT.—Not later than September 30, 2022, the Secretary shall appoint not fewer than one licensed hearing aid specialist at each medical center of the Department.

(d) REPORT.—Not later than September 30, 2022, 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—

(1) assessing the progress of the Secretary in appointing licensed hearing aid specialists under subsection (c);

(2) assessing potential conflicts or obstacles that prevent the appointment of licensed hearing aid specialists;

(3) assessing the factors that led to such conflicts or obstacles;

(4) assessing access of patients to comprehensive hearing health care services from the Department consistent with the requirements under section 4(b) of the Veterans Mobility Safety Act of 2016 (Public Law 114–256; 38 U.S.C. 7401 note), including an assessment of the impact of infrastructure and equipment limitations on wait times for audiologic care; and

(5) indicating the medical centers of the Department with vacancies for audiologists or licensed hearing aid specialists.

SEC. 704. USE BY DEPARTMENT OF VETERANS AFFAIRS OF COMMERCIAL INSTITUTIONAL REVIEW BOARDS IN SPONSORED RESEARCH TRIALS.

(a) IN GENERAL.—Not later than 90 days after the date of the enactment of this Act, the Secretary of Veterans Affairs shall complete all necessary policy revisions within

the directive of the Veterans Health Administration numbered 1200.05 and titled ''Requirements for the Protection of Human Subjects in Research'', to allow sponsored clinical research of the Department of Veterans Affairs to use accredited commercial institutional review boards to review research proposal protocols of the Department.

(b) IDENTIFICATION OF REVIEW BOARDS.—Not later than 90 days after the completion of the policy revisions under subsection (a), the Secretary shall—

(1) identify accredited commercial institutional review boards for use in connection with sponsored clinical research of the Department; and

(2) establish a process to modify existing approvals in the event that a commercial institutional review board loses its accreditation during an ongoing clinical trial.

(c) REPORT.—

(1) IN GENERAL.—Not later than 90 days after the completion of the policy revisions under subsection (a), 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 all approvals of institutional review boards used by the Department, including central institutional review boards and commercial institutional review boards.

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

(A) The name of each clinical trial with respect to which the use of an institutional review board has been approved.

(B) The institutional review board or institutional review boards used in the approval process for each clinical trial.

(C) The amount of time between submission and approval.

SEC. 705. CREATION OF OFFICE OF RESEARCH REVIEWS WITHIN THE OFFICE OF INFORMATION AND TECHNOLOGY OF THE DEPARTMENT OF VETERANS AFFAIRS.

(a) IN GENERAL.—Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs shall establish within the Office of Information and Technology of the Department of Veterans Affairs an Office of Research Reviews (in this section referred to as the ''Office'').

(b) ELEMENTS.—The Office shall do the following:

(1) Perform centralized security reviews and complete security processes for approved research sponsored outside the Department, with a focus on multi-site clinical trials.

(2) Develop and maintain a list of commercially available software preferred for use in sponsored clinical trials of the Department and ensure such list is maintained as part of the official approved software products list of the Department.

(3) Develop benchmarks for appropriate timelines for security reviews conducted by the Office.

(c) REPORT.—

(1) IN GENERAL.—Not later than one year after the establishment of the Office, the Office 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 activity of the Office.

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

(A) The number of security reviews completed.

(B) The number of personnel assigned for performing the functions described in subsection (b).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from California (Mr. TAKANO) and the gentleman from Tennessee (Mr. DAVID P. ROE) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. TAKANO. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material on S. 785.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

Mr. TAKANO. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise in support of S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act.

Madam Speaker, throughout the 116th Congress, the House Committee on Veterans' Affairs has committed significant resources and energy with one goal in mind, addressing and helping reduce veteran suicide.

As a result, our committee has passed no less than 15 pieces of legislation that would address many of the upstream challenges that veterans confront, which can exacerbate mental health conditions and often lead veterans into crisis.

While we are not discussing all of these proposals today, I am hopeful that one bill, and the subject of today's debate, S. 785, will provide additional tools and will lead to additional reporting that will inform our continued efforts to address this multifaceted and complex challenge.

There is no one solution to this issue, but I know that by working together we can continue to make meaningful progress.

I also thank the members of my committee and other Members of this Chamber who offered legislation in the House to address gaps, enhance upstream prevention, and create additional resources to help veterans access care. Many of these components are included in S. 785.

Congressman SABLAN's legislation included in S. 785 extends VA healthcare to veterans for a 1-year period following discharge or release from active service. We know this is a crucial period for veterans to be enrolled in and receive high-quality healthcare.

Two provisions from Congressman CISNEROS's bill are included in S. 785; one, directing VA to update its clinical practice guidelines for treating veterans at risk of suicide, and the other mandating that VA develop clinical practice guidelines to standardize best practices for treating co-occurring substance use disorders, chronic pain, PTSD and/or traumatic brain injuries.

□ 1230

Other members of my committee introduced House companion legislation for key components of S. 785.

Congresswoman LEE's bill supported further telehealth expansion at the VA to capitalize on the use of technology and meeting veterans where they are.

Congressman LAMB introduced legislation to bring the VA's complementary and integrated health services to even more veterans and also pushed the scientific enterprise to seek biomarkers and more tailored treatments for mental health problems through a new VA precision medicine initiative.

Congressman BRINDISI's bill will bring more resources to VA's suicide prevention coordinators and more staffing in this critical area to VA medical centers.

Madam Speaker, I want to say thanks to them and all our Members who introduced companion legislation to S. 785, and I now encourage my colleagues to join me in supporting S. 785.

Madam Speaker, I reserve the balance of my time.

Mr. DAVID P. ROE of Tennessee. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in strong support of S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act of 2019.

Today, and every day, approximately 20 of our Nation's veteran servicemembers and members of the National Guard and Reserve will die by suicide. This bill is named after one of those veterans, Commander John Scott Hannon.

One of its most important provisions is named after another, Staff Sergeant Parker Gordon Fox, who grew up in my district in east Tennessee.

While we cannot bring back Commander Hannon, Staff Sergeant Fox, or countless veterans like them, we can act by passing this bill today to help save the lives of the brothers and sisters in arms they left behind.

This Congress, both the House and Senate Veterans' Affairs Committees have made it our priority to prevent veteran suicide. This bill represents the culmination of our work.

We would not be here without the unwavering efforts of many individuals: Senators and Members of Congress from both sides of the aisle who have worked hard on the various components of this bill; Secretary Wilkie and his team in VA and in the White House who have worked with us on a bipartisan, bicameral basis to make sure we get it right; and our veterans service organization partners that have provided their input, expertise, and encouragement every step of the way.

I would be remiss if I did not say a particular thank you to my friends and esteemed Senate colleagues, Chairman JERRY MORAN of Kansas and Ranking Member JON TESTER of Montana, the chairman and ranking member of the Senate Veterans' Affairs Committee.

I have had the honor and the privilege of working with Senators MORAN and TESTER for many years, and I know that America's veterans have no greater champions in the United States Senate than them. I am grateful for their

hard work and steadfast leadership shepherding this bill to the President's desk over the last year and a half.

And, of course, I am also grateful to my friend and fellow leader of the House Veterans' Affairs Committee, Congressman MARK TAKANO of California. Since he took over the gavel last year, Chairman TAKANO has focused our committee's work on veteran suicide prevention. I am proud to stand with him in pursuit of that goal.

Veterans are 1.5 times more likely to die by suicide than nonveterans, in general, and veteran women are 2.2 times more likely to die by suicide than nonveteran women. It is certainly not for lack of attention, effort, or desire that the veteran suicide rate remains as high as it has for as long as it has.

When I came to Congress in 2009, the VA's mental health budget was approximately $4 billion per year. When I leave Congress at the end of this year, the VA's mental health budget will total approximately $10 billion. Over that nearly 12-year period, the veteran suicide rate has remained essentially the same, with approximately 20 lives lost per day.

Finally lowering that number and eventually stopping veteran suicide altogether will not be easy, but S. 785 takes a number of different approaches that I believe will make a real difference to veterans in need.

It includes provisions that would improve access to care for veterans at risk of suicide; strengthening VA's mental health workforce; expanding the availability of complementary and alternative techniques to improve veteran quality of life; advancing important research into diagnosis and treatment of conditions like post-traumatic stress disorder, depression, anxiety, bipolar disorder, suicide ideation, and the connection between suicide and certain prescription medications; and support for servicemembers as they transition to civilian life, a time in which we know they are uniquely vulnerable to stresses and suicidal thoughts.

S. 785 would also establish the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program to support community-based organizations that provide needed care and other services to at-risk veterans in their neighborhoods and backyards.

The care and support that the VA offers to veterans is second to none. Under President Trump's direction these last 3½ years, excellent strides have been made to increase access to care, expand veteran choice, strengthen the veterans' trust that they have in the VA healthcare system, and more.

Only 6 of the 20 servicemembers and veterans who die by suicide each day had used VA care in the last 2 years prior to their death. Not all of those who have served are eligible for VA care. Even those who are eligible may sometimes find the barrier to entry to a VA medical center too high, especially when they already are stressed and struggling.

If we truly want to prevent veteran suicide, I believe that we must expand the VA's reach by partnering with well-respected community organizations that are meeting military families where they are, developing long-lasting and meaningful relationships to help them heal, and connecting them with the VA and other sources of support that best suit their individual and family needs.

The Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program would create the mechanism to do that most effectively. It is based on the bipartisan IMPROVE Act, which is sponsored in the House by my good friend and ranking member of the Subcommittee on Oversight and Investigations, Lieutenant General JACK BERGMAN of Michigan, and Congresswoman CHRISSY HOULAHAN of Pennsylvania.

Both General BERGMAN and Congresswoman HOULAHAN are veterans themselves, and I know their commitment to supporting their fellow veterans is deeply and strongly felt. I am grateful to both of them for their hard work and leadership on this bill and for their ongoing service to this country, first in uniform and now in Congress.

As I mentioned in my opening, this grant program is named after one of east Tennessee's own, Staff Sergeant Parker Gordon Fox. Parker grew up in Kingsport, Tennessee, very near to where I live, and joined the Army after high school graduation. He was only 25 years old when he died this summer.

I did not know Parker personally, but I have been touched by the loving legacy he left behind and the many wonderful comments I have heard from friends and family.

My heart is with his family and friends today, and I hope that they take some comfort in knowing that Parker will forever be memorialized through this program that will help veterans like him across the country and, hopefully, save others from the deep grief they are now experiencing.

It is Parker I will be thinking of when I vote in support of this bill today, and I hope that every one of my colleagues will join me.

In closing, I would like any veteran listening today who may be struggling with their own thoughts of suicide to know that you do not have to struggle alone. These are trying times, but free and confidential support is available to you any time of the day or night by calling 1–800–273–8255 and pressing 1, texting 838255, or visiting veteranscrisisline.net. It is okay not to be okay. Please reach out for help, if you need it, please.

Madam Speaker, I reserve the balance of my time.

Mr. TAKANO. Madam Speaker, I thank Ranking Member ROE for his kind words, and it is a pleasure to be here today to present this package of legislation on veteran suicide prevention.

I do appreciate his mentioning the veteran hotline, and I do want to also encourage veterans to know that it is okay to not be okay and to please call the number that Dr. ROE just announced. I will try to make sure I repeat that later on during our session today.

Madam Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. LAMB), my good friend and vice chairman of the Veterans' Affairs Committee.

Mr. LAMB. Madam Speaker, I thank the chairman for his hard work bringing us this bipartisan, bicameral compromise that will get things done for our Nation's veterans.

Madam Speaker, my contributions to today's bill are sort of a mix of old and new. We are dramatically increasing the investments and availability of age-old practices like acupuncture, meditation, yoga, nutritional counseling, things that, when you talk to the veterans themselves, whether younger millennial-age veterans or grizzled Vietnam war veterans, they will tell you these are some of their favorite offerings at the local VA and some of the practices that make the biggest differences for people with chronic pain, stress, and anxiety.

I have heard my Republican colleagues make the point many times that we have increased the VA's budget without seeing much progress on the suicide rate. I agree. That is unacceptable.

These are some of the least costly offerings that the VA has to make: acupuncture and chiropractor. They come up again and again, and they are a minuscule part of the VA's budget. We can make a small increase and make an enormous difference.

We are also investing in another great opportunity to do research for biomarkers, precision medicine that will tell us how we can better treat the invisible wounds of war with new technologies; again, a small down payment today for the possibility of much more effective and much more cost-effective treatment going forward.

The other important mix of old and new that we see today, Madam Speaker, is that we are making new investments—investing in new technology, offering new services to veterans—but we have done it in an old-fashioned way, which is that both sides work together.

This will probably be my last chance to recognize our ranking member, Dr. ROE, before he leaves us at the end of this Congress. I just want to say, when I came to this Congress 2½ years ago, my first committee assignment was on the Veterans' Affairs Committee when he was chairman. Dr. ROE was kind to me from beginning to end, taught me a lot about the needs of our Nation's veterans from the standpoint of a practicing physician, always with an eye on cost, but, above all, on veterans' well-being.

We thank Dr. ROE for his service, and our Nation's veterans are better off for it.

Mr. DAVID P. ROE of Tennessee. Madam Speaker, I yield 3 minutes to the gentleman from Florida (Mr. BILIRAKIS), my good friend, who has served together with me for 12 years on the Veterans' Affairs Committee and vice chairs the committee. There is no greater advocate for veterans in this country than GUS BILIRAKIS.

Mr. BILIRAKIS. Madam Speaker, I thank the chairman for putting forth this bill, and I also thank my good friend Ranking Member ROE, who does an outstanding job. He has really done excellent work. It has been an honor to serve with him on behalf of our veterans. I thank him so much for his service, his continuing service to our country and our true American heroes.

Madam Speaker, I rise today in strong support of S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act.

This bill will help prevent veteran suicide by expanding access to care, services, and support for at-risk individuals within the VA healthcare system and their local communities. It contains the IMPROVE Act, a bill by my friend General BERGMAN that I was proud to support as one of the first cosponsors.

This section creates a grant program for community providers to collaborate and assist in suicide prevention services and is modeled after the bipartisan SSVF program, which has been very successful in reducing veteran homelessness. We need new and innovative ways to tackle this tragic problem that our veterans are facing today.

Tragically, 20 servicemembers and veterans take their own lives each day, not in combat, not by violent crime, but due to suicide. We must do everything to stop this, Madam Speaker.

We know, too, that many of those 20 per day are not currently using VA services. That is why this grant program may be particularly helpful, since it specifically targets to reach those veterans who are actively suicidal or at risk of suicide who are not current users of the VA health system.

Madam Speaker, the status quo is unacceptable, and none of us should stand idly by and allow this epidemic of veteran suicide to continue. When we called on them, our heroes, these servicemembers and veterans answered the call to serve. It is time for us to answer the call and support our heroes and get them the help that they have earned and deserve.

□ 1245

Mr. TAKANO. Madam Speaker, I yield 3 minutes to the gentlewoman from Nevada (Mrs. LEE), my good friend and the chairwoman of the Subcommittee on Technology Modernization, and also the author of this important piece of legislation.

Mrs. LEE of Nevada. Madam Speaker, I want to thank the chairman for bringing this bill in front of the House. And I stand today in support of S. 785, the Commander John Scott Hannon Veterans Mental Health Care Improvement Act.

In addition to making critical updates related to VA transition assistance, mental healthcare, and care for women veterans, this bill also includes an important provision that I championed here in the House in the form of the VA Telehealth Expansion Act, which would provide entities with grants expanding telehealth capabilities to serve veterans throughout the VA.

We know the stat that over 20 veterans take their life by suicide every day, and not one suicide is acceptable. And many of those veterans are not accessing VA care. We know that telehealth is another venue to allow those veterans increased access, whether a veteran is homebound, in a rural community, in a community without access to a VA clinic or a hospital, or as we have seen now during this pandemic, at high risk of dying if they catch COVID–19. This pandemic has shown us just how critical it is for our veterans to be able to access healthcare through telehealth.

In my home State of Nevada, on the week that southern Nevada began responding to the COVID–19 pandemic, the number of veterans in the southern Nevada healthcare system who had telehealth visits, the number was just under 150. Fast forward to just the week of July 19, we were providing over 2,000 video visits to veterans in their homes via the VA Video Connect. That means that the telehealth video visits increased by over 1,000 percent.

It is abundantly clear that telehealth has provided improved access in healthcare for so many veterans, and we must continue to invest in the VA's telehealth capacity, and S. 785 does just that.

Madam Speaker, finally, I want to give a special thank you also to Congressman ROE, the ranking member, for his leadership on this committee. I have only been working with him for one term, but without a doubt, I want to thank him for his commitment to our veterans.

Mr. DAVID P. ROE of Tennessee. Madam Speaker, I appreciate the kind words and those of Congressman LAMB also. It is very much appreciated.

Madam Speaker, I yield 4 minutes to the gentleman from Michigan (Mr. BERGMAN), from the Upper Peninsula where there are more deer than there are people. General BERGMAN has served our country as a marine, in private business as a pilot, and now as a Congressman, and I am indeed fortunate to call him my friend.

Mr. BERGMAN. Madam Speaker, Dr. ROE is right, November 15 is fast approaching here where it is the opening of deer season in Michigan, so we anxiously await that.

Madam Speaker, S. 785, the Commander John Scott Hannon Veterans Mental Health Improvement Act of 2019, will save veterans' lives, and I rise in unequivocal support of this legislation.

The flame of my passion to end veteran suicide was lit long before I was elected to Congress, starting with Vietnam to the global war on terror.

I would like to just take one extra opportunity to, again, welcome home my fellow veterans from Vietnam. You served your country in tough times, and we owe you that again and again for waiting so long to thank you.

Because of that, in June 2019, I proudly introduced the Improve Well-Being for Veterans Act, which proposed a grant program that would allow the VA to support the nationwide network of community organizations already providing lifesaving services to local veterans and their families. And it would be effective in reaching the 60-plus percent of veterans who die by suicide but are not within the VA system of care. The goal was to try something different when the status quo was not working. That was the driver here among all of us who chose to cosponsor the Improve Act.

Within a 6-month period we gained over 250 bipartisan cosponsors, gained VSO support, and welcomed VA Secretary Wilkie to testify before our committee.

Now, the best possible version of this legislation lies at the heart of S. 785, which I strongly urge all of my colleagues to support.

For over a decade, and despite billions of dollars spent within the VA trying their hardest, we have heard the same statistic over and over again, 20 veterans die by their own hand every day. That is why this new approach and innovative approach and a different way of looking at things, maybe from the outside in, as opposed to the inside out, is long overdue. And I am excited to stay engaged and work with the administration to ensure that it makes a difference, especially for the veterans in our rural and remote communities that are so vulnerable.

You know, when you come in as a freshman—and I love to say that, being a freshman at the age of 70 a few years ago. I learned as a marine early on, you look for good leadership, and I will tell you, I found it in Dr. ROE as the Chairman of Veterans' Affairs in my first term.

Madam Speaker, I just wanted to say thank you to Dr. ROE for his leadership and for dropping the gavel on time every committee hearing, because that was one of his first bits of guidance to us as a committee, and he walked the talk. I thank him for his leadership. We are going to miss him, but he is not far away, and I have his phone number.

Madam Speaker, I would also like to thank the 250-plus bipartisan cosponsors, and also both the majority and the minority staffs for working so hard to make this happen, and the VSOs. I thank my co-lead CHRISSY HOULAHAN, Senator BOOZMAN, Chairman MORAN,

Ranking Member TESTER, Chairman TAKANO, and, once again, to Dr. ROE.

Mr. TAKANO. Madam Speaker, I yield 3 minutes to the gentleman from California (Mr. CISNEROS), my good friend and member of the House Veterans' Affairs Committee.

Mr. CISNEROS. Madam Speaker, I rise today in support of the Commander John Scott Hannon Veterans Mental Health Care Improvement Act.

As this month marks National Suicide Prevention Awareness Month, I am grateful the House and Senate Veterans' Affairs Committees are working across the aisle to improve mental health services for our veterans. I am proud that this package includes my bipartisan bill, the STOP Veteran Suicide and Substance Abuse Act.

We know that too many veterans struggling with mental health challenges, like PTSD, are often also dealing with substance misuse issues and the impact of various traumas, including military sexual assault.

Given how common these co-occurring problems are, VA healthcare providers need evidence-based guidance for working with multiple issues all at once. My bill ensures that the VA will develop and disseminate this clinical practice guideline to share best practices VA-wide.

Madam Speaker, I want to thank Representative MAST for working with me on this bill, and Chairman TAKANO for his tireless leadership on this issue.

And I also want to thank Dr. ROE for his years of service to the country, both as a doctor, a soldier, and as a member of this committee and service in the House of Representatives. I thank him very much for his friendship, always stopping to say hello. We are going to miss him here. But I know he will continue his service back in civilian life, and so I thank him very much for his years of service.

Mr. DAVID P. ROE of Tennessee. Madam Speaker, I reserve the balance of my time.

Mr. TAKANO. Madam Speaker, I yield 3 minutes to the gentlewoman from Pennsylvania (Ms. HOULAHAN), my good friend.

Ms. HOULAHAN. Madam Speaker, I want to thank the chairman for bringing this bill to the House.

Madam Speaker, I rise as well to speak in favor of S. 785.

This comprehensive package of legislation complements the other VA bills we considered yesterday and today. I want to highlight two pieces of this bill, in particular.

This bill aims to improve the mental health medical workforce at the VA. The vast majority of veterans who get their care at the VA love their experience, and that is because of the dedicated VA workforce.

However, we do need to address head-on the issue of staffing shortages. According to the most recent VA report, there are roughly 50,000 vacant positions at the VA at any given time, many of which are slots for healthcare providers.

This bill would require the VA to create a plan to address the staffing of mental healthcare providers at its facilities, and ensure that each medical center, like the one in Coatesville in my district, is staffed with a suicide prevention coordinator.

This bill also includes the Staff Sergeant Parker Gordon Fox Suicide Prevention Grant Program, which would push funding for suicide prevention services out to vetted community organizations. This is a similar one that was proposed in the Improve Act, which I was proud to help lead with my colleague across the aisle, General BERGMAN.

This will really help us reach the millions of veterans who do not use the VA for healthcare, or who are more comfortable talking about their mental health concerns in a nongovernmental setting. It will also ensure that these organizations can refer veterans to the VA when needed, ensuring that there is a warm hand-off, which is so critical when someone is in crisis.

Madam Speaker, I do want to take this opportunity to thank Chairman TAKANO for his leadership on this critically important issue. The fact that the House is poised to pass not only S. 785, but also the chairman's Veterans COMPACT Act, and a variety of other related bills, is truly a testament to his laser-like focus on this issue.

Representative BROWNLEY, who leads the Women Veterans Task Force, also has been especially attentive to the barriers that women veterans face as well. VA research recently found that the share of women veterans using the VA has grown nearly 15 percent in 10 years, and we need to ensure that this VA is adapting and continuing to be the veterans' first choice for quality mental healthcare regardless of gender.

Madam Speaker, it has been a pleasure to work with General BERGMAN on the Improve Act, given our common background in service. General BERGMAN and I quickly connected last year over the importance of ensuring that we use all of the tools in our toolkit, the VA, community organizations, peer support groups, and more, to reach veterans in mental health crisis where they are and where they feel comfortable.

Madam Speaker, I thank General BERGMAN and Ranking Member Dr. ROE for their leadership in getting to this moment as well.

I would like to end by saying, it is okay to not be okay. If you are experiencing a crisis or know someone who is, please dial 1–800–273–8255, and press 1. Again, 1–800–273–8255, and press 1.

Mr. DAVID P. ROE of Tennessee. Madam Speaker, first of all, we have heard numerous speakers today speak eloquently about the problems we have with veteran suicide in this country and active duty servicemembers, I mean, a horrific number of 20, which we have not changed at all in the last 20 years.

□ 1300

Two decades and we are still having this problem, no matter how much money, so it was time to think outside the box, which I believe this did. No one bill, Madam Speaker, is going to solve this problem.

We have read numbers to call. Look, reach out to a friend. If you have a friend or a pastor or someone who you trust, reach out to them if you are in a dark place, and then we will get you the help you need. We will get you the resources you need because most of these decisions, many of these, are impulsive decisions that once they are avoided, that person can lead a fruitful, bountiful life.

That is what we want. We want you to reach out, and we will get you the help you need to get you from the place you are to a place of a productive, helpful life.

I thank all the Members, especially the chairman, who made this his primary goal, suicide prevention. I thank him for that.

Madam Speaker, I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. TAKANO. Madam Speaker, I urge all of my colleagues to join me in passing S. 785. I thank all of my colleagues who worked on this bill on both sides of the aisle, and I yield back the balance of my time.

The SPEAKER pro tempore (Ms. DEAN). The question is on the motion offered by the gentleman from California (Mr. TAKANO) that the House suspend the rules and pass the bill, S. 785.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

STOPPING HARM AND IMPLEMENTING ENHANCED LEAD-TIME FOR DEBTS FOR VETERANS ACT

Mr. TAKANO. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 5245) to amend title 38, United States Code, to provide for a bar on the recovery of certain payments or overpayments made by the Department of Veterans Affairs by reason of delays in processing of certain information, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5245

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Stopping Harm and Implementing Enhanced Lead-time for Debts for Veterans Act'' or the ''SHIELD for Veterans Act''.

SEC. 2. PROHIBITION OF DEBT ARISING FROM OVERPAYMENT DUE TO DELAY IN PROCESSING BY THE DEPARTMENT OF VETERANS AFFAIRS.

(a) BAR TO RECOVERY.—