116th CONGRESS 1st Session



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

IN THE SENATE OF THE UNITED STATES

Mr. TESTER (for himself and Mr. MORAN) introduced the following bill; which was read twice and referred to the Committee on ______

A BILL

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

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

3 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

- 4 (a) SHORT TITLE.—This Act may be cited as the
- 5 "Commander John Scott Hannon Veterans Mental Health
- 6 Care Improvement Act of 2019".
- 7 (b) TABLE OF CONTENTS.—The table of contents for
- 8 this Act is as follows:

Sec. 1. Short title; table of contents.

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

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

TITLE II—SUICIDE PREVENTION

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

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

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

TITLE IV—OVERSIGHT OF MENTAL HEALTH CARE AND RELATED SERVICES

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

Sec. 406. Joint mental health programs by Department of Veterans Affairs and Department of Defense.

TITLE V—MEDICAL WORKFORCE

Subtitle A—Improvement of Mental Health Medical Workforce

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

Subtitle B—Direct Hiring Authorities for Certain Health Care Positions

Sec. 521. Direct hiring authorities for certain health care positions.

TITLE VI—IMPROVEMENT OF TELEHEALTH SERVICES

Sec. 601. Expanded telehealth from Department of Veterans Affairs.

Sec. 602. Implementation of national protocol for telehealth security and interfacing instructions.

1	TITLE I—IMPROVEMENT OF
2	TRANSITION OF INDIVIDUALS
3	TO SERVICES FROM DEPART-
4	MENT OF VETERANS AFFAIRS
5	SEC. 101. EXPANSION OF HEALTH CARE COVERAGE FOR
6	VETERANS.
7	(a) IN GENERAL.—Section 1710(a)(1) of title 38,
8	United States Code, is amended—
9	(1) in subparagraph (A), by striking "and" at
10	the end;

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

3 (3) by inserting after subparagraph (A) the fol4 lowing new subparagraph (B):

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

8 (b) PATIENT ENROLLMENT SYSTEM.—Section
9 1705(c) of such title is amended by adding at the end the
10 following new paragraph:

11 "(3) Nothing in this section shall be construed to pre-12 vent the Secretary from providing hospital care and med-13 ical services to a veteran under section 1710(a)(1)(B) of 14 this title during the period specified in such section not-15 withstanding the failure of the veteran to enroll in the sys-16 tem of patient enrollment established by the Secretary 17 under subsection (a).".

18 (c) PROMOTION OF EXPANDED ELIGIBILITY.—

19 (1) TRANSITION ASSISTANCE PROGRAM.—

20 GENERAL.—The (\mathbf{A}) IN Secretary of 21 Labor, in consultation with the Secretary of 22 Defense and the Secretary of Veterans Affairs, 23 shall promote to members of the Armed Forces 24 transitioning from service in the Armed Forces 25 to civilian life through the Transition Assist-

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ance Program the expanded eligibility of vet-1 2 erans for health care under the laws adminis-3 tered by the Secretary of Veterans Affairs pursuant to the amendments made by this section. 4 5 TRANSITION ASSISTANCE PROGRAM (B) 6 DEFINED.—In this paragraph, the term "Tran-7 sition Assistance Program" means the Transi-8 tion Assistance Program under sections 1142 9 and 1144 of title 10, United States Code. 10 (2) PUBLICATION BY DEPARTMENT OF VET-11 ERANS AFFAIRS.—Not later than 30 days after the 12 date of the enactment of this Act, the Secretary of 13 Veterans Affairs shall publish on a website of the 14 Department of Veterans Affairs notification of the 15 expanded eligibility of veterans for health care under 16 the laws administered by the Secretary pursuant to 17 the amendments made by this section. 18 SEC. 102. GRANTS FOR PROVISION OF TRANSITION ASSIST-19 ANCE TO FORMER MEMBERS OF THE ARMED 20 FORCES TRANSITIONING TO CIVILIAN LIFE. 21 (a) **PROGRAM REQUIRED.**—Commencing not later 22 than 180 days after the date of the enactment of this Act, 23 the Secretary of Labor shall, in coordination with the Sec-24 retary of Veterans Affairs, carry out a program on the 25 provision of assistance to former members of the Armed

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Forces, and spouses of such members, transitioning from
 service in the Armed Forces to civilian life.

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

7 (c) GRANTS.—

8 (1) IN GENERAL.—The Secretary shall carry 9 out the program through the award of grants to eli-10 gible organizations for the provision of assistance de-11 scribed in subsection (a).

12 (2) MATCHING FUNDS REQUIRED.—A grant 13 under this section shall be in an amount that does 14 not exceed 50 percent of the amount required by the 15 organization to provide the services described in sub-16 section (f).

17 (d) ELIGIBLE ORGANIZATIONS.—For purposes of 18 this section, an eligible organization is any nonprofit orga-19 nization that the Secretary of Labor determines, in con-20 sultation with the Secretary of Veterans Affairs and State 21 entities that serve veterans, is suitable for receipt of a 22 grant under the program pursuant to receipt by the Sec-23 retary of Labor of an application submitted under sub-24 section (e)(1).

25 (e) Selection of Grant Recipients.—

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(1) APPLICATIONS.—An organization seeking a 1 2 grant under the program shall submit to the Sec-3 retary of Labor an application therefor at such time, 4 in such manner, and containing such information 5 and assurances as the Secretary, in consultation 6 with the Secretary of Veterans Affairs and State en-7 tities that serve veterans, may require. (2) PRIORITY FOR HUBS OF SERVICES.-In 8 9 awarding grants under the program, the Secretary 10 of Labor shall give priority to an organization that 11 provides multiple forms of services described in sub-12 section (f). 13 (f) USE OF GRANT FUNDS.—Each organization re-14 ceiving a grant under the program shall use the grant to 15 provide to former members of the Armed Forces and spouses described in subsection (a) the following: 16 17 (1) Résumé assistance. 18 (2) Interview training. 19 (3) Job recruitment training. 20 (4) Entrepreneurship training. 21 (5) Financial services. 22 (6) Legal assistance. 23 (7) Educational supportive services. 24 (8) Assistance with accessing benefits provided

25 under laws administered by the Secretary of Vet-

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erans Affairs, including home loan benefits, edu cation benefits, adaptive housing grants, and all
 other benefits.

(9) Nonclinical case management.

5 (10) Other related services leading directly to
6 successful transition, as determined by the Secretary
7 of Labor in consultation with the Secretary of Vet8 erans Affairs.

9 (g) ANNUAL REPORTS.—

10 (1) IN GENERAL.—Not later than one year 11 after the date of the commencement of the program 12 and not less frequently than once each year there-13 after until the termination of the program, the Sec-14 retary of Labor shall, in consultation with the Sec-15 retary of Veterans Affairs, submit to the appropriate 16 committees of Congress a report on the program 17 carried out under this section.

18 (2) CONTENTS.—Each report submitted under19 paragraph (1) shall include the following:

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

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1	(B) The number of veterans served by each
2	organization.
3	(C) An assessment of the effectiveness of
4	the services provided under the program at im-
5	proving the transition process for former mem-
6	bers of the Armed Forces and spouses described
7	in subsection (a), based on metrics determined
8	by the Secretary of Labor in consultation with
9	the Secretary of Veterans Affairs.
10	(D) The amount of each grant awarded to
11	each organization under the program.
12	(E) Such other matters as the Secretary of
13	Labor, in consultation with the Secretary of
14	Veterans Affairs, considers appropriate.
15	(3) Appropriate committees of con-
16	GRESS.—In this subsection, the term "appropriate
17	committees of Congress" means—
18	(A) the Committee on Veterans' Affairs
19	and the Committee on Appropriations of the
20	Senate; and
21	(B) the Committee on Veterans' Affairs
22	and the Committee on Appropriations of the
23	House of Representatives.

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

4 SEC. 103. STUDY OF COMMUNITY-BASED TRANSITION AS5 SISTANCE PROGRAMS FOR FORMER MEM6 BERS OF THE ARMED FORCES.

7 (a) STUDY.—

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

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

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

24 (vii) educational supportive services;

1	(viii) assistance with accessing bene-
2	fits provided under laws administered by
3	the Secretary of Veterans Affairs, includ-
4	ing home loan benefits, education benefits,
5	adaptive housing grants, and other bene-
6	fits; and
7	(ix) nonclinical case management; and
8	(B) are operated by nonprofit organiza-
9	tions.
10	(2) UPDATES.—
11	(A) PERIODIC.—Not less frequently than
12	once every five years, the Secretary shall update
13	the list created under paragraph (1).
14	(B) UPON REQUEST.—In addition to peri-
15	odic updates under subparagraph (A), the Sec-
16	retary shall update the list created under para-
17	graph (1) upon request of an organization with
18	a program included in the list.
19	(C) VERIFICATION.—The Secretary shall,
20	in consultation with State entities that serve
21	former members of the Armed Forces and to
22	the degree practicable, verify changes to the list
23	made under this paragraph.
24	(b) TRANSMISSION TO MEMBERS.—The Secretary
25	shall transmit the list created, and revised as the case may

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

7 (c) ONLINE PUBLICATION.—The Secretary of Vet8 erans Affairs shall publish the list created, and revised as
9 the case may be, under subsection (a) on a public website
10 of the Department of Veterans Affairs.

11 SEC. 104. MODIFICATION OF ELIGIBILITY FOR CARE FROM

12DEPARTMENT OF VETERANS AFFAIRS FOR13FORMER MEMBERS OF THE ARMED FORCES14WITH OTHER THAN HONORABLE DIS-15CHARGES AND REPORT ON SUCH CARE.

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

20 (b) INFORMATION.—Subsection (e) of such section is21 amended—

22 (1) in paragraph (3)—

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

1	(B) in subparagraph (C), by striking
2	"and" at the end;
3	(C) by redesignating subparagraph (C) as
4	subparagraph (D); and
5	(D) by inserting after subparagraph (B)
6	the following new subparagraph (C):
7	"(C) is displayed prominently on a website
8	of the Department; and";
9	(2) by redesignating paragraph (4) as para-
10	graph (5) ; and
11	(3) by inserting after paragraph (3) the fol-
12	lowing new paragraph (4):
13	"(4) shall include outreach on Internet search
14	engines; and".
15	(c) ANNUAL REPORT.—Subsection (f) of such section
16	is amended—
17	(1) in paragraph (1), by striking "Not less fre-
18	quently than once" and inserting "Not later than
19	February 15"; and
20	(2) in paragraph (2) —
21	(A) by redesignating subparagraph (C) as
22	subparagraph (F); and
23	(B) by inserting after subsection (B) the
24	following new subparagraphs:

1	"(C) The types of mental or behavioral
2	health care needs treated under this section.
3	"(D) The demographics of individuals
4	being treated under this section, including—
5	"(i) age;
6	"(ii) era of service in the Armed
7	Forces;
8	"(iii) branch of service in the Armed
9	Forces; and
10	"(iv) geographic location.
11	"(E) The average number of visits for an
12	individual for mental or behavioral health care
13	under this section.".
14	TITLE II—SUICIDE PREVENTION
15	SEC. 201. GRANTS FOR ORGANIZATIONS PROVIDING MEN-
16	TAL HEALTH WELLNESS SERVICES TO VET-
17	ERANS.
18	(a) PURPOSE.—The purpose of this section is to fa-
19	cilitate the provision of mental health services for veterans
20	with mental health conditions who are receiving care out-
21	side of the Department of Veterans Affairs.
22	(b) GRANTS.—
23	(1) IN GENERAL.—Subchapter II of chapter 17
24	of title 38, United States Code, is amended by add-
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1 "§ 1720J. Financial assistance for mental health sup portive services for veterans seeking mental health treatment

"(a) DISTRIBUTION OF FINANCIAL ASSISTANCE.— 4 5 (1) The Secretary shall provide financial assistance to eligible entities approved under this section to provide or co-6 7 ordinate the provision of mental health supportive services 8 described in subsection (b) for a veteran with a mental 9 health condition who is seeking mental health treatment. 10 "(2) Financial assistance under paragraph (1) shall consist of the award of a grant to an approved eligible 11 12 entity for each veteran described in paragraph (1) for 13 which the approved eligible entity is providing or coordi-14 nating the provision of mental health supportive services. 15 ((3)(A) The Secretary shall award grants under this 16 section to each approved eligible entity that is providing or coordinating the provision of mental health supportive 17 18 services under this section.

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

24 "(4) In providing financial assistance under para25 graph (1), the Secretary shall give preference to entities
26 providing or coordinating the provision of supportive men-

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

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

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

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

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

22 "(1) outreach services;

23 "(2) case management services;

24 "(3) assistance in obtaining any benefits from25 the Department that the veteran may be eligible to

1	receive, including health care services, vocational and
2	rehabilitation counseling, employment and training
3	services, and educational assistance; and
4	"(4) assistance in obtaining and coordinating
5	the provision of other public benefits provided by
6	any Federal, State, or local agency, or any other eli-
7	gible entity, including—
8	"(A) health care services (including obtain-
9	ing health insurance);
10	"(B) daily living services;
11	"(C) personal financial planning services;
12	"(D) transportation services;
13	"(E) income support services;
14	"(F) fiduciary and representative payee
15	services;
16	"(G) legal services to assist the veteran
17	with issues that interfere with the ability of the
18	veteran to find and retain meaningful employ-
19	ment, housing, or benefits to which the veteran
20	may be entitled;
21	"(H) child care services;
22	"(I) housing counseling; and
23	"(J) other services necessary for maintain-
24	ing independent living.

1 "(c) Application for Financial Assistance.— 2 (1) An eligible entity seeking financial assistance under 3 subsection (a) shall submit to the Secretary an application therefor in such form, in such manner, and containing 4 5 such commitments and information as the Secretary determines to be necessary to carry out this section. 6 "(2) Each application submitted by an eligible entity 7 8 under paragraph (1) shall contain— "(A) a description of the mental health sup-9 10 portive services described in subsection (b) proposed 11 to be provided by the eligible entity under this sec-12 tion and the identified needs for those services; 13 "(B) a description of the types of veterans with 14 a mental health condition proposed to be provided 15 such services; "(C) an estimate of the number of veterans 16 17 with a mental health condition proposed to be pro-18 vided such services; 19 "(D) evidence of the experience of the eligible 20 entity in providing mental health supportive services 21 to veterans with a mental health condition; and

22 "(E) a description of the managerial capacity of23 the eligible entity—

24 "(i) to coordinate the provision of mental25 health supportive services with the provision of

1	mental health services by the eligible entity or
2	another organization;
3	"(ii) to assess continually the needs of vet-
4	erans with a mental health condition for mental
5	health supportive services;
6	"(iii) to coordinate the provision of mental
7	health supportive services with the services of
8	the Department; and
9	"(iv) to tailor supportive mental health
10	services to the needs of veterans with a mental
11	health condition.
12	"(3)(A) The Secretary shall establish criteria for the
13	selection of eligible entities to be provided financial assist-
14	ance under this section.
15	"(B) Criteria established under subparagraph (A)
16	with respect to an eligible entity shall include the fol-
17	lowing:
18	"(i) Relevant accreditation as may be required
19	by each State in which the eligible entity operates.
20	"(ii) Experience coordinating care or providing
21	treatment for veterans or members of the Armed
22	Forces.
23	"(d) TECHNICAL ASSISTANCE.—(1) The Secretary
24	shall provide training and technical assistance to eligible
25	entities provided financial assistance under this section re-

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

3 "(2) The Secretary may provide the training de4 scribed in paragraph (1) directly or through grants or con5 tracts with appropriate public or nonprofit private entities,
6 including through grants awarded under section 2064 of
7 this title.

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

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

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

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

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

21 "(g) DEFINITIONS.—In this section:

22 "(1) The term 'eligible entity' means any of the23 following:

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

1	"(i) no part of the net earnings of
2	which inures to the benefit of any member,
3	founder, contributor, or individual;
4	"(ii) that has a governing board that
5	is responsible for the operation of the men-
6	tal health supportive services provided
7	under this section; and
8	"(iii) that is approved by the Sec-
9	retary with respect to financial responsi-
10	bility.
11	"(B) A for-profit limited partnership, the
12	sole general partner of which is an organization
13	meeting the requirements of clauses (i), (ii),
14	and (iii) of subparagraph (A).
15	"(C) A corporation wholly owned and con-
16	trolled by an organization meeting the require-
17	ments of clauses (i), (ii), and (iii) of subpara-
18	graph (A).
19	"(D) A tribally designated housing entity
20	(as defined in section 4 of the Native American
21	Housing Assistance and Self-Determination Act
22	of 1996 (25 U.S.C. 4103)).
23	((2) The term 'veteran with a mental health
24	condition' means a veteran who has been diagnosed
25	with, or who is seeking treatment for, one or more

1	mental health conditions, as determined by the Sec-
2	retary.".
3	(2) CLERICAL AMENDMENT.—The table of sec-
4	tions at the beginning of chapter 17 is amended by
5	inserting after the item relating to section $1720I$ the
6	following new item:
	"1720J. Financial assistance for mental health supportive services for veterans seeking mental health treatment.".
7	(c) Study on Effectiveness of Program.—
8	(1) IN GENERAL.—The Secretary of Veterans
9	Affairs shall conduct a study on the effectiveness of
10	the program of financial assistance under section
11	1720J of title 38, United States Code, as added by
12	subsection (b), in meeting the needs of veterans with
13	a mental health condition, as that term is defined in
14	that section.
15	(2) COMPARISON.—In conducting the study re-
16	quired by paragraph (1), the Secretary shall com-
17	pare the results of the program described in that
18	paragraph with other programs of the Department
19	of Veterans Affairs dedicated to the delivery of men-
20	tal health services to veterans.
21	(3) CRITERIA.—In making the comparison re-
22	quired by paragraph (2), the Secretary shall examine
23	the following:

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1	(A) The satisfaction of veterans targeted
2	by the programs described in paragraph (2) .
3	(B) The health status of such veterans.
4	(C) The mental wellness of such veterans.
5	(D) The degree to which such veterans are
6	encouraged to engage in productive activity by
7	such programs.
8	(E) The number of veterans using such
9	programs, disaggregated by—
10	(i) veterans who have received care
11	from the Department in the previous two
12	years; and
13	(ii) veterans who have not received
14	care from the Department in the previous
15	two years.
16	(F) The number of veterans who die by
17	suicide while receiving services from an entity
18	in receipt of a grant under the program of fi-
19	nancial assistance under section 1720J of title
20	38, United States Code, as added by subsection
21	(b), or who die by suicide during the 180-day
22	period after receiving such services.
23	(4) REPORT.—Not later than December 31,
24	2021, and annually thereafter, the Secretary shall
25	submit to the Committee on Veterans' Affairs of the

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

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

9 SEC. 202. DESIGNATION OF BUDDY CHECK WEEK BY DE10 PARTMENT OF VETERANS AFFAIRS.

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

16 (b) EVENTS AND EDUCATION.—

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

1	(2) TRAINING MATTERS.—As part of the edu-
2	cational opportunities provided under paragraph (1),
3	the Secretary shall provide the following:
4	(A) A script for veterans to use to conduct
5	peer wellness checks that includes information
6	on appropriate referrals to resources veterans
7	might need.
8	(B) Online and in-person training, as ap-
9	propriate, on how to conduct a peer wellness
10	check.
11	(C) Opportunities for members of organi-
12	zations that represent veterans to learn how to
13	train individuals to conduct peer wellness
14	checks.
15	(D) Training for veterans participating in
16	Buddy Check Week on how to transfer a phone
17	call directly to the Veterans Crisis Line.
18	(E) Resiliency training for veterans partici-
19	pating in Buddy Check Week on handling a vet-
20	eran in crisis.
21	(3) Online materials.—All training materials
22	provided under the educational opportunities under
23	paragraph (1) shall be made available on a website
24	of the Department.

1	(c) OUTREACH.—The Secretary, in collaboration with
2	organizations that represent veterans, may conduct out-
3	reach regarding educational opportunities under sub-
4	section (b) at—
5	(1) public events where many veterans are ex-
6	pected to congregate;
7	(2) meetings of organizations that represent
8	veterans;
9	(3) facilities of the Department of Veterans Af-
10	fairs; and
11	(4) such other locations as the Secretary, in col-
12	laboration with organizations that represent vet-
13	erans, considers appropriate.
14	(d) VETERANS CRISIS LINE PLAN.—
15	(1) IN GENERAL.—The Secretary shall ensure
16	that the Veterans Crisis Line has a plan for han-
17	dling the potential increase of calls that may occur
18	during Buddy Check Week.
19	(2) SUBMITTAL OF PLAN.—The head of the
20	Veterans Crisis Line shall submit to the Secretary a
21	plan for how to handle excess calls during Buddy
22	Check Week, which may include the following:
23	(A) Additional hours for staff.
24	(B) The use of a backup call center.

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1 (C) Any other plan to ensure that calls 2 from veterans in crisis are being answered in a 3 timely manner by an individual trained at the 4 same level as a Veterans Crisis Line responder. 5 (e) VETERANS CRISIS LINE DEFINED.—In this section, the term "Veterans Crisis Line" means the toll-free 6 7 hotline for veterans established under section 1720F(h) of 8 title 38, United States Code.

9 SEC. 203. POST-TRAUMATIC GROWTH PARTNERSHIPS.

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

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

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

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

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

6 (2) sustained positive, clinically significant out7 comes for veterans who have participated in such a
8 program for not less than 180 days after completion
9 of the program.

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

16 (1) The number of veterans who participate in
17 programs of the organization to facilitate post-trau18 matic growth, including the number of veterans who
19 drop out before completion of the program.

20 (2) The types of mental or behavioral health
21 conditions of veterans who participate in such pro22 grams.

23 (3) The percentage of veterans who experience24 significant post-traumatic growth.

	20
1	(4) Such other topics as the Secretary may re-
2	quire to track post-traumatic growth.
3	(e) Post-traumatic Growth.—
4	(1) IN GENERAL.—For purposes of this section,
5	"post-traumatic growth" means positive responses
6	described in paragraph (3) experienced after, and
7	often as a result of, a traumatic event or a major
8	life crisis.
9	(2) Measurement of growth.—Post-trau-
10	matic growth under this section shall be measured
11	through self-reported scales, use of the post-trau-
12	matic stress disorder checklist set forth in the most
13	recent edition of the Diagnostic and Statistical Man-
14	ual of Mental Disorders published by the American
15	Psychiatric Association, and such other metrics as
16	the Secretary considers necessary.
17	(3) Positive responses described.—Posi-
18	tive responses described in this paragraph are posi-
19	tive responses in one or more areas of life, including
20	the following:
21	(A) An appreciation of and for life.
22	(B) Improved relationships with others.
23	(C) Realization of new possibilities in life.
24	(D) Realization of personal strength.
25	(E) Spiritual change.

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1(F) Such other areas that the Secretary, in2consultation with organizations specified in sub-3section (b), considers necessary.

4 SEC. 204. PROGRESS OF DEPARTMENT OF VETERANS AF5 FAIRS IN MEETING GOALS AND OBJECTIVES
6 OF NATIONAL STRATEGY FOR PREVENTING
7 VETERAN SUICIDE.

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

14 (b) METRICS.—The metrics developed under sub15 section (a) shall include measures of both performance and
16 effectiveness.

17 (c) INITIAL REPORT.—

18 (1) IN GENERAL.—Not later than 180 days
after the date of the enactment of this Act, the Secretary shall submit to the Committee on Veterans'
Affairs of the Senate and the Committee on Veterans' Affairs of the House of Representatives a report that contains the metrics developed under subsection (a).

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1	(2) ELEMENTS.—The report submitted under
2	paragraph (1) shall include the following:
3	(A) An explanation of why the metrics de-
4	veloped under subsection (a) were chosen.
5	(B) An assessment of how accurately those
6	metrics will reflect the goals and objectives
7	specified in such subsection.
8	(d) ANNUAL REPORT.—Not later than one year after
9	the submittal of the report under subsection (b), and an-
10	nually thereafter, the Secretary shall submit to the Com-
11	mittee on Veterans' Affairs of the Senate and the Com-
12	mittee on Veterans' Affairs of the House of Representa-
13	tives a report that contains—
14	(1) an assessment of the progress of the De-
15	partment in meeting the goals and objectives speci-
16	fied in subsection (a);
17	(2) a description of any action to be taken by
18	the Department if those goals and objectives are not
19	being met;
20	(3) a description of any changes to those goals
21	and objectives;
22	(4) an identification of any new programs or
23	partnerships that have resulted from the implemen-
24	tation of the National Strategy for Preventing Vet-
25	eran Suicide, 2018–2028;

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1	(5) an assessment of the effectiveness of the
2	National Strategy for Preventing Veterans Suicide,
3	2018–2028 at reducing veteran suicide; and
4	(6) such other topics as the Secretary considers
5	necessary.
6	SEC. 205. STUDY ON FEASIBILITY AND ADVISABILITY OF
7	PROVIDING CERTAIN COMPLEMENTARY AND
8	INTEGRATIVE HEALTH SERVICES.
9	(a) IN GENERAL.—Not later than 180 days after the
10	date of the enactment of this Act, the Secretary of Vet-
11	erans Affairs shall complete a study on the feasibility and
12	advisability of providing complementary and integrative
13	health treatments described in subsection (b) at all facili-
14	ties of the Department of Veterans Affairs.
15	(b) TREATMENTS DESCRIBED.—Complementary and
16	integrative health treatments described in this subsection
17	shall consist of the following:
18	(1) Yoga.
19	(2) Meditation.
20	(3) Acupuncture.
21	(4) Chiropractic care.
22	(5) Other treatments that show sufficient evi-
23	dence of efficacy at treating mental or physical
24	health conditions, as determined by the Secretary.

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

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

11 (1) the results of such study; and

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

16SEC. 206. PROGRAM TO PROVIDE VETERANS ACCESS TO17COMPLEMENTARYAND18HEALTH SERVICES THROUGH ANIMAL THER-19APY, AGRI-THERAPY, AND OUTDOOR SPORTS20THERAPY.

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

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

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

8 (1) Equine therapy.

9 (2) Other animal therapy.

10 (3) Agri-therapy.

11 (4) Outdoor sports therapy.

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

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

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

23 (d) DURATION.—

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

1	period beginning on the commencement of the pro-
2	gram.
3	(2) EXTENSION.—The Secretary may extend
4	the duration of the program under this section if the
5	Secretary, based on the results of the interim report
6	submitted under subsection $(e)(1)$, determines that
7	it is appropriate to do so.
8	(e) Locations.—
9	(1) IN GENERAL.—The Secretary shall select
10	not fewer than five facilities of the Department at
11	which to carry out the program under this section.
12	(2) Selection Criteria.—In selecting facili-
13	ties under paragraph (1), the Secretary shall ensure
14	that—
15	(A) the locations are in geographically di-
16	verse areas; and
17	(B) not fewer than three facilities serve
18	veterans in rural or highly rural areas (as de-
19	termined through the use of the Rural-Urban
20	Commuting Areas coding system of the Depart-
21	ment of Agriculture).
22	(f) Reports.—
23	(1) INTERIM REPORT.—
24	(A) IN GENERAL.—Not later than one year
25	after the commencement of the program under

1	this section, the Secretary shall submit to the
2	Committee on Veterans' Affairs of the Senate
3	and the Committee on Veterans' Affairs of the
4	House of Representatives a report on the
5	progress of the program.
6	(B) ELEMENTS.—The report required by
7	subparagraph (A) shall include the following:
8	(i) The number of participants in the
9	program.
10	(ii) The types of therapy offered at
11	each facility at which the program is being
12	carried out.
13	(iii) An assessment of whether partici-
14	pation by a veteran in the program re-
15	sulted in any changes in clinically relevant
16	endpoints for the veteran with respect to
17	the conditions specified in subsection (a).
18	(iv) An assessment of the quality of
19	life of veterans participating in the pro-
20	gram, including the results of a satisfac-
21	tion survey of the participants in the pro-
22	gram, disaggregated by treatment under
23	subsection (b).

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1	(v) The determination of the Sec-
2	retary with respect to extending the pro-
3	gram under subsection $(c)(2)$.
4	(vi) Any recommendations of the Sec-
5	retary with respect to expanding the pro-
6	gram.
7	(2) FINAL REPORT.—Not later than 90 days
8	after the termination of the program under this sec-
9	tion, the Secretary shall submit to the Committee on
10	Veterans' Affairs of the Senate and the Committee
11	on Veterans' Affairs of the House of Representatives
12	a final report on the program.
13	SEC. 207. COMPTROLLER GENERAL REPORT ON MANAGE-
13 14	SEC. 207. COMPTROLLER GENERAL REPORT ON MANAGE- MENT BY DEPARTMENT OF VETERANS AF-
14	MENT BY DEPARTMENT OF VETERANS AF-
14 15	MENT BY DEPARTMENT OF VETERANS AF- FAIRS OF VETERANS AT HIGH RISK FOR SUI-
14 15 16	MENT BY DEPARTMENT OF VETERANS AF- FAIRS OF VETERANS AT HIGH RISK FOR SUI- CIDE.
14 15 16 17	MENT BY DEPARTMENT OF VETERANS AF- FAIRS OF VETERANS AT HIGH RISK FOR SUI- CIDE. (a) IN GENERAL.—Not later than 18 months after
14 15 16 17 18	MENT BY DEPARTMENT OF VETERANS AF- FAIRS OF VETERANS AT HIGH RISK FOR SUI- CIDE. (a) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act, the Comptroller
14 15 16 17 18 19	MENT BY DEPARTMENT OF VETERANS AF- FAIRS OF VETERANS AT HIGH RISK FOR SUI- CIDE. (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 Com-
 14 15 16 17 18 19 20 	MENT BY DEPARTMENT OF VETERANS AF- FAIRS OF VETERANS AT HIGH RISK FOR SUI- CIDE. (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 Com- mittee on Veterans' Affairs of the Senate and the Com-
 14 15 16 17 18 19 20 21 	MENT BY DEPARTMENT OF VETERANS AF- FAIRS OF VETERANS AT HIGH RISK FOR SUI- CIDE. (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 Com- mittee on Veterans' Affairs of the Senate and the Com- mittee on Veterans' Affairs of the House of Representa-
 14 15 16 17 18 19 20 21 22 	MENT BY DEPARTMENT OF VETERANS AF- FAIRS OF VETERANS AT HIGH RISK FOR SUI- CIDE. (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 Com- mittee on Veterans' Affairs of the Senate and the Com- mittee on Veterans' Affairs of the House of Representa- tives a report on the efforts of the Department of Veterans
 14 15 16 17 18 19 20 21 22 23 	MENT BY DEPARTMENT OF VETERANS AF- FAIRS OF VETERANS AT HIGH RISK FOR SUI- CIDE. (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 Com- mittee on Veterans' Affairs of the Senate and the Com- mittee on Veterans' Affairs of the House of Representa- tives a report on the efforts of the Department of Veterans Affairs to manage veterans at high risk for suicide.

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1 (1) A description of how the Department identi-2 fies patients as high risk for suicide, with particular 3 consideration to the efficacy of inputs into the Re-4 covery Engagement and Coordination for Health – 5 Veterans Enhanced Treatment program (commonly 6 referred to as the "REACH VET" program) of the 7 Department, including an assessment of the efficacy 8 of such identifications disaggregated by age, gender, 9 Veterans Integrated Service Network, and, to the ex-10 tent practicable, medical center of the Department. 11 (2) A description of how the Department inter-12 venes when a patient is identified as high risk, in-13 cluding an assessment of the efficacy of such inter-14 ventions disaggregated by age, gender, Veterans In-15 tegrated Service Network, and, to the extent prac-16 ticable, medical center of the Department. 17 (3) A description of how the Department mon-18 itors patients who have been identified as high risk, 19 including an assessment of the efficacy of such mon-

itoring and any follow-ups disaggregated by age,
gender, Veterans Integrated Service Network, and,
to the extent practicable, medical center of the Department.

1 (4) A review of staffing levels of suicide preven-2 tion coordinators across the Veterans Health Administration. 3 4 (5) A review of the resources and programming 5 offered to family members and friends of veterans 6 who have a mental health condition in order to as-7 sist that veteran in treatment and recovery. 8 (6) An assessment of such other areas as the 9 Comptroller General considers appropriate to study.

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

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

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

(b) ELIGIBLE VETERANS.—A veteran is eligible to
 participate in the program under this section if the vet eran—
 (1) is enrolled in the system of patient enroll ment of the Department of Veterans Affairs estab-

6 lished and operated under section 1705(a) of title
7 38, United States Code; and

8 (2) has received health care under the laws ad9 ministered by the Secretary during the two-year pe10 riod preceding the initial participation of the veteran
11 in the program.

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

15 (d) LOCATIONS.—

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

20 (2) SELECTION CRITERIA.—In selecting facili21 ties under paragraph (1), the Secretary shall ensure
22 that—

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

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

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

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

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

19 (h) Reports.—

20 (1) INTERIM REPORT.—

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

1	House of Representatives a report on the
2	progress of the program.
3	(B) ELEMENTS.—The report required by
4	subparagraph (A) shall include the following:
5	(i) The number of participants in the
6	program.
7	(ii) An assessment of whether partici-
8	pation by a veteran in the program re-
9	sulted in any changes in clinically relevant
10	endpoints for the veteran with respect to
11	the conditions specified in subsection (a).
12	(iii) Any recommendations of the Sec-
13	retary with respect to extending or expand-
14	ing the program.
15	(2) FINAL REPORT.—Not later than 90 days
16	after the termination of the program under this sec-
17	tion, the Secretary shall submit to the Committee on
18	Veterans' Affairs of the Senate and the Committee
19	on Veterans' Affairs of the House of Representatives
20	a final report on the program.
21	(i) VETERANS CRISIS LINE DEFINED.—In this sec-
22	tion, the term "Veterans Crisis Line" means the toll-free
23	hotline for veterans established under section $1720F(h)$ of
24	title 38, United States Code.

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

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

(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.

26 (e) FOLLOW-UP STUDY.—

1	(1) IN GENERAL.—If the Secretary determines
2	through the study conducted under subsection (a)
3	that living at high altitude is a risk factor for devel-
4	oping depression or dying by suicide, the Secretary
5	shall conduct an additional study to identify the fol-
6	lowing:
7	(A) The most likely biological mechanism
8	that makes living at high altitude a risk factor
9	for developing depression or dying by suicide.
10	(B) The most effective treatment or inter-
11	vention for reducing the risk of developing de-
12	pression or dying by suicide associated with liv-
13	ing at high altitude.
14	(2) Report.—Not later than 150 days after
15	completing the study conducted under paragraph
16	(1), the Secretary shall submit to the Committee on
17	Veterans' Affairs of the Senate and the Committee
18	on Veterans' Affairs of the House of Representatives
19	a report on the results of the study.
20	SEC. 303. ESTABLISHMENT BY DEPARTMENT OF VETERANS
21	AFFAIRS AND DEPARTMENT OF DEFENSE OF
22	CLINICAL PRACTICE GUIDELINES FOR CO-
23	MORBID MENTAL HEALTH CONDITIONS.
24	(a) IN GENERAL.—Not later than two years after the
25	date of the enactment of this Act, the Secretary of Vet-

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erans Affairs, in consultation with the Secretary of De fense and the Secretary of Health and Human Services,
 shall complete the development of clinical practice guide lines for the treatment of post-traumatic stress disorder,
 military sexual trauma, and traumatic brain injury that
 is comorbid with substance use disorder or chronic pain.
 (b) WORK GROUP.—

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

15 (2) MEMBERSHIP.—The work group created
16 under paragraph (1) shall be comprised of individ17 uals that represent Federal Government entities and
18 non-Federal Government entities with expertise in
19 the areas covered by the work group, including the
20 following:

21 (A) Academic institutions that specialize in
22 research for the treatment of conditions de23 scribed in subsection (a).

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(B) The National Center for Posttraumatic
 Stress Disorder of the Department of Veterans
 Affairs.
 (C) The Office of the Assistant Secretary

for Mental Health and Substance Use of the Department of Health and Human Services.

7 (3) RELATION TO OTHER WORK GROUPS.—The
8 Work Group shall be created and conducted in the
9 same manner as other work groups for the develop10 ment of clinical practice guidelines for the Depart11 ment of Veterans Affairs and the Department of De12 fense.

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

20 (1) Guidance with respect to the following:

- 21 (A) The treatment of patients with post22 traumatic stress disorder who are also experi23 encing a substance use disorder or chronic pain.
 24 (B) The treatment of patients experiencing
- 25 a mental health condition, including anxiety, de-

pression, or post-traumatic stress disorder as a 1 2 result of military sexual trauma who are also 3 experiencing a substance use disorder or chron-4 ic pain. 5 (C) The treatment of patients with trau-6 matic brain injury who are also experiencing a 7 substance use disorder or chronic pain. 8 (2) Guidance with respect to the following:

9 (A) Appropriate case management for pa-10 tients experiencing post-traumatic stress dis-11 order that is comorbid with substance use dis-12 order or chronic pain who transition from re-13 ceiving care while on active duty in the Armed 14 Forces to care from health care networks out-15 side of the Department of Defense.

16 (B) Appropriate case management for pa-17 tients experiencing a mental health condition, 18 including anxiety, depression, or post-traumatic 19 stress disorder as a result of military sexual 20 trauma that is comorbid with substance use dis-21 order or chronic pain who transition from re-22 ceiving care while on active duty in the Armed 23 Forces to care from health care networks out-24 side of the Department of Defense.

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1 (C) Appropriate case management for pa-2 tients experiencing traumatic brain injury that 3 is comorbid with substance use disorder or chronic pain who transition from receiving care 4 5 while on active duty in the Armed Forces to 6 care from health care networks outside of the 7 Department of Defense. 8 (3) Guidance with respect to the treatment of 9 patients who are still members of the Armed Forces

and are experiencing a mental health condition, including anxiety, depression, or post-traumatic stress
disorder as a result of military sexual trauma that
is comorbid with substance use disorder or chronic
pain.

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

(d) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to prevent the Secretary of Veterans Affairs and the Secretary of Defense from consid-

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

8 SEC. 304. UPDATE OF CLINICAL PRACTICE GUIDELINES 9 FOR ASSESSMENT AND MANAGEMENT OF PA10 TIENTS AT RISK FOR SUICIDE.

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

(b) MATTERS INCLUDED.—In carrying out the up20 date under subsection (a), the Work Group shall ensure
21 that the clinical practice guidelines updated under such
22 subsection includes the following:

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

1	(A) Gender-specific risk factors for suicide
2	and suicidal ideation.
3	(B) Gender-specific treatment efficacy for
4	depression and suicide prevention.
5	(C) Gender-specific pharmacotherapy effi-
6	cacy.
7	(D) Gender-specific psychotherapy efficacy.
8	(2) Guidance with respect to the following:
9	(A) The efficacy of alternative therapies,
10	other than psychotherapy and
11	pharmacotherapy, including the following:
12	(i) Yoga therapy.
13	(ii) Meditation therapy.
14	(iii) Equine therapy.
15	(iv) Other animal therapy.
16	(v) Training and caring for service
17	dogs.
18	(vi) Agri-therapy.
19	(vii) Art therapy.
20	(viii) Outdoor sports therapy.
21	(ix) Music therapy.
22	(x) Any other alternative therapy that
23	the Work Group considers appropriate.
24	(3) Guidance with respect to the findings of the
25	Creating Options for Veterans' Expedited Recovery

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1 Commission (commonly referred to as the "COVER 2 Commission") established under section 931 of the 3 Jason Simcakoski Memorial and Promise Act (title IX of Public Law 114–198; 38 U.S.C. 1701 note). 4 5 (c) RULE OF CONSTRUCTION.—Nothing in this sec-6 tion shall be construed to prevent the Secretary of Vet-7 erans Affairs and the Secretary of Defense from consid-8 ering all relevant evidence, as appropriate, in updating the 9 VA/DOD Clinical Practice Guideline for Assessment and 10 Management of Patients at Risk for Suicide, as required under subsection (a), or from ensuring that the final clin-11 ical practice guidelines updated under such subsection re-12 13 main applicable to the patient populations of the Department of Veterans Affairs and the Department of Defense. 14 15 SEC. 305. PRECISION MEDICINE INITIATIVE OF DEPART-16 MENT OF VETERANS AFFAIRS TO IDENTIFY 17 AND VALIDATE BRAIN AND MENTAL HEALTH 18 **BIOMARKERS.**

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

injury, and such other mental health conditions as the
 Secretary considers appropriate. Such initiative may be re ferred to as the "Precision Medicine for Veterans Initia tive".

5 (b) MODEL OF INITIATIVE.—The initiative under
6 subsection (a) shall be modeled on the All of Us Precision
7 Medicine Initiative administered by the National Insti8 tutes of Health with respect to large-scale collection of
9 standardized data and open data sharing.

10 (c) USE OF DATA.—

- (1) PRIVACY AND SECURITY.—In carrying out
 the initiative under subsection (a), the Secretary
 shall develop robust data privacy and security measures to ensure that information of veterans participating in the initiative is kept private and secure.
- 16 (2) OPEN PLATFORM.—
- 17 (A) RESEARCH PURPOSES.—The Secretary
 18 shall make de-identified data collected under
 19 the initiative available for research purposes
 20 both within and outside of the Department of
 21 Veterans Affairs.
- (B) DATA MAY NOT BE SOLD.—Data collected under the initiative may not be sold.
- 24 (3) STANDARDIZATION.—

1 (A) IN GENERAL.—The Secretary shall en-2 sure that data collected under the initiative is 3 standardized. 4 (B) CONSULTATION.—The Secretary shall 5 consult with the National Institutes of Health 6 and the Food and Drug Administration to de-7 termine the most effective, efficient, and cost-8 effective way of standardizing data collected 9 under the initiative. 10 (C) Manner \mathbf{OF} STANDARDIZATION.— 11 Data collected under the initiative shall be 12 standardized in the manner in which it is col-13 lected, entered into the database, extracted, and 14 recorded. 15 (4) Measures of brain function or struc-16 TURE.—Any measures of brain function or structure 17 collected under the initiative shall be collected with 18 a device that is approved by the Food and Drug Ad-19 ministration. 20 (d) INCLUSION OF INITIATIVE IN PROGRAM.—The

21 Secretary shall assess the feasibility and advisability of co-22 ordinating efforts of the initiative under subsection (a) 23 with the Million Veterans Program of the Department.

1SEC. 306. PREVENTATIVE AND COMPLEX DATA ANALYSIS2BY DEPARTMENT OF VETERANS AFFAIRS.

3 (a) IN GENERAL.—Chapter 1 of title 38, United
4 States Code, is amended by adding at the end the fol5 lowing new section:

6 "§119. Contracting for preventative or complex sta7 tistical analysis

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

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

"119. Contracting for complex statistical analysis.".

TITLE IV—OVERSIGHT OF MENTAL HEALTH CARE AND RELATED SERVICES

4 SEC. 401. STUDY ON EFFECTIVENESS OF SUICIDE PREVEN-

5 TION AND MENTAL HEALTH OUTREACH PRO6 GRAMS OF DEPARTMENT OF VETERANS AF7 FAIRS.

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

16 (b) USE OF FOCUS GROUPS.—

17 (1) IN GENERAL.—The Secretary shall convene
18 not fewer than eight different focus groups to evalu19 ate the effectiveness of the suicide prevention and
20 mental health materials and campaigns as required
21 under subsection (a).

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

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1 (A) Not fewer than two in rural or highly 2 rural areas. 3 (B) Not fewer than one in each of the four 4 districts of the Veterans Benefits Administra-5 tion. 6 (3) TIMING OF FOCUS GROUPS.—Focus groups 7 convened under paragraph (1) shall be held at a va-8 riety of dates and times to ensure an adequate rep-9 resentation of veterans with different work sched-10 ules. 11 (4) NUMBER OF PARTICIPANTS.—Each focus 12 group convened under paragraph (1) shall include 13 not fewer than five and not more than 12 partici-14 pants. 15 (5) REPRESENTATION.—Each focus group con-16 vened under paragraph (1) shall, to the extent prac-17 ticable, include veterans of diverse backgrounds, in-18 cluding-19 (A) veterans of all eras, as determined by 20 the Secretary; 21 (B) women veterans;

22 (C) minority veterans;

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

1	(E) veterans who identify as lesbian, gay,
2	bisexual, transgender, or queer (commonly re-
3	ferred to as "LGBTQ");
4	(F) veterans who live in rural or highly
5	rural areas; and
6	(G) individuals transitioning from active
7	duty in the Armed Forces to civilian life.
8	(c) REPORT.—
9	(1) IN GENERAL.—Not later than 90 days after
10	the last focus group meeting under subsection (b),
11	the Secretary shall submit to the Committee on Vet-
12	erans' Affairs of the Senate and the Committee on
13	Veterans' Affairs of the House of Representatives a
14	report on the findings of the focus groups.
15	(2) ELEMENTS.—The report required by para-
16	graph (1) shall include the following:
17	(A) Based on the findings of the focus
18	groups, an assessment of the effectiveness of
19	current suicide prevention and mental health
20	outreach efforts of the Department in reaching
21	veterans as a whole as well as specific groups
22	of veterans (for example, women veterans).
23	(B) Based on the findings of the focus
24	groups, recommendations for future suicide pre-
25	vention and mental health outreach efforts by

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1	the Department to target specific groups of vet-
2	erans.
3	(C) A plan to change the current approach
4	by the Department to suicide prevention and
5	mental health outreach or, if the Secretary de-
6	cides not to change the current approach, an
7	explanation of the reason for maintaining the
8	current approach.
9	(D) Such other issues as the Secretary
10	considers necessary.
11	(d) Representative Survey.—
12	(1) IN GENERAL.—Not later than one year
13	after the last focus group meeting under subsection
14	(b), the Secretary shall complete a representative
15	survey of the veteran population that is informed by
16	the focus group data in order to collect information
17	about the effectiveness of the mental health and sui-
18	cide prevention outreach campaigns conducted by
19	the Department.
20	(2) VETERANS SURVEYED.—
21	(A) IN GENERAL.—Veterans surveyed
22	under paragraph (1) shall include veterans de-

scribed in subsection (b)(5).

1	(B) DISAGGREGATION OF DATA.—Data of
2	veterans surveyed under paragraph (1) shall be
3	disaggregated by—
4	(i) veterans who have received care
5	from the Department during the two-year
6	period preceding the survey; and
7	(ii) veterans who have not received
8	care from the Department during the two-
9	year period preceding the survey.
10	(e) TREATMENT OF CONTRACTS FOR SUICIDE PRE-
11	vention and Mental Health Outreach Media.—
12	(1) Focus groups.—
13	(A) IN GENERAL.—The Secretary shall in-
14	clude in each contract to develop media relating
15	to suicide prevention and mental health out-
16	reach a requirement that the contractor convene
17	focus groups of veterans to assess the effective-
18	ness of suicide prevention and mental health
19	outreach.
20	(B) Representation.—Each focus group
21	required under subparagraph (A) shall, to the
22	extent practicable, include veterans of diverse
23	backgrounds, including—
24	(i) veterans of all eras, as determined
25	by the Secretary;

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1	(ii) women veterans;
2	(iii) minority veterans;
3	(iv) Native American veterans, as de-
4	fined in section 3765 of title 38, United
5	States Code;
6	(v) veterans who identify as lesbian,
7	gay, bisexual, transgender, or queer (com-
8	monly referred to as "LGBTQ");
9	(vi) veterans who live in rural or high-
10	ly rural areas; and
11	(vii) individuals transitioning from ac-
12	tive duty in the Armed Forces to civilian
13	life.
14	(2) Subcontracting.—
15	(A) IN GENERAL.—The Secretary shall in-
16	clude in each contract described in paragraph
17	(1)(A) a requirement that, if the contractor
18	subcontracts for the development of media, the
19	contractor shall subcontract with a subcon-
20	tractor that has experience creating impactful
21	media campaigns that target individuals age 18
22	to 34.
23	(B) BUDGET LIMITATION.—Not more than
24	two percent of the budget of the Office of Men-
25	tal Health and Suicide Prevention of the De-

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1	partment for contractors for suicide prevention
2	and mental health media outreach shall go to
3	subcontractors described in subparagraph (A).
4	(f) RURAL AND HIGHLY RURAL DEFINED.—In this
5	section, with respect to an area, the terms "rural" and
6	"highly rural" have the meanings given those terms in the
7	Rural-Urban Commuting Areas coding system of the De-
8	partment of Agriculture.
9	SEC. 402. OVERSIGHT OF MENTAL HEALTH AND SUICIDE
10	PREVENTION MEDIA OUTREACH CONDUCTED
11	BY DEPARTMENT OF VETERANS AFFAIRS.
12	(a) Establishment of Goals.—
13	(1) IN GENERAL.—The Secretary of Veterans
14	Affairs shall establish goals for the mental health
15	and suicide prevention media outreach campaigns of
16	the Department of Veterans Affairs in raising
17	awareness about mental health and suicide preven-
18	tion.
19	(2) Use of metrics.—
20	(A) IN GENERAL.—The goals established
21	under paragraph (1) shall be measured by
22	metrics specific to different media types as fol-
23	lows:
24	(i) Metrics relating to social media
25	shall include the following:

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1	(I) Impressions.
2	(II) Reach.
3	(III) Engagement rate.
4	(IV) Such other metrics as the
5	Secretary considers necessary.
6	(ii) Metrics relating to television shall
7	include the following:
8	(I) Nielsen ratings.
9	(II) Such other metrics as the
10	Secretary considers necessary.
11	(iii) Metrics relating to email shall in-
12	clude the following:
13	(I) Open rate.
14	(II) Response rate
15	(III) Click rate.
16	(IV) Such other metrics as the
17	Secretary considers necessary.
18	(B) UPDATE.—The Secretary shall periodi-
19	cally update the metrics under subparagraph
20	(A) as more accurate metrics become available.
21	(3) TARGETS.—The Secretary shall develop tar-
22	gets to track the metrics used under paragraph (2).
23	(4) CONSULTATION.—In establishing goals
24	under paragraph (1), the Secretary shall consult
25	with the following:

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1	(A) Relevant stakeholders, such as organi-
2	zations that represent veterans, as determined
3	by the Secretary.
4	(B) Mental health and suicide prevention
5	experts.
6	(C) Such other persons as the Secretary
7	considers appropriate.
8	(5) INITIAL REPORT.—Not later than 180 days
9	after the date of the enactment of this Act, the Sec-
10	retary shall submit to the Committee on Veterans'
11	Affairs of the Senate and the Committee on Vet-
12	erans' Affairs of the House of Representatives a re-
13	port detailing the goals established under paragraph
14	(1) for the mental health and suicide prevention
15	media outreach campaigns of the Department in
16	raising awareness about mental health and suicide
17	prevention, including the metrics and targets for
18	such metrics by which those goals are to be meas-
19	ured under paragraph (2).
20	(6) ANNUAL REPORT.—Not later than one year
21	after the submittal of the report under paragraph
22	(3), and annually thereafter, the Secretary shall sub-
23	mit to the Committee on Veterans' Affairs of the
24	Senate and the Committee on Veterans' Affairs of
25	the House of Representatives a report detailing—

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1	(A) the progress of the Department in
2	meeting the goals established under paragraph
3	(1) and targets developed under paragraph (3) ;
4	and
5	(B) a description of action to be taken by
6	the Department to modify mental health and
7	suicide prevention media outreach campaigns if
8	those goals and targets are not being met.
9	(b) Establishment of Oversight Process.—
10	(1) IN GENERAL.—Not later than 90 days after
11	the date of the enactment of this Act, the Secretary
12	shall establish a process to oversee the mental health
13	and suicide prevention media outreach campaigns of
14	the Department.
15	(2) Components of oversight process.—
16	The process established under paragraph (1) shall
17	include the following components:
18	(A) A delineation of the roles and respon-
19	sibilities of all suicide prevention officials within
20	the Office of Mental Health and Suicide Pre-
21	vention of the Veterans Health Administration.
22	(B) A schedule for creating, approving, im-
23	plementing, and evaluating all unpaid media
24	and paid media content relating to mental
25	health and suicide prevention.

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1 (C) Lines of reporting, as the Secretary 2 considers necessary, to report to management 3 information relating to the mental health and 4 suicide prevention media outreach campaigns of 5 the Department. 6 (c) CONTRACT REQUIREMENTS.—The Secretary shall 7 ensure that each contract into which the Secretary enters 8 to develop mental health and suicide prevention outreach 9 media includes requirements that the contractor— 10 (1) track metrics used by the Secretary under 11 subsection (a)(2); and

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

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

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

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

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

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

1	(2) A description of action to be taken by the
2	Department of Veterans Affairs, the Department of
3	Defense, and the Department of Homeland Security
4	if those goals and objectives are not being met;
5	(3) An assessment of the effectiveness of Exec-
6	utive Order 13822 at improving the transition proc-
7	ess for members of the Armed Forces and veterans;
8	and
9	(4) Such other topics as the Secretary of Vet-
10	erans Affairs, the Secretary of Defense, or the Sec-
11	retary of Homeland Security consider necessary.
12	(b) SUBMITTAL BY SECRETARY OF VETERANS AF-
13	FAIRS.—The Secretary of Veterans Affairs shall submit
14	each report required under paragraph (1) with respect to
15	the Department of Veterans Affairs regardless of whether
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	the Secretary of Defense or the Secretary of Homeland
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17 18	
	Security provides any information for the report.
18	Security provides any information for the report. SEC. 404. COMPTROLLER GENERAL MANAGEMENT REVIEW
18 19	Security provides any information for the report. SEC. 404. COMPTROLLER GENERAL MANAGEMENT REVIEW OF MENTAL HEALTH AND SUICIDE PREVEN-
18 19 20	Security provides any information for the report. SEC. 404. COMPTROLLER GENERAL MANAGEMENT REVIEW OF MENTAL HEALTH AND SUICIDE PREVEN- TION SERVICES OF DEPARTMENT OF VET-
 18 19 20 21 	Security provides any information for the report. SEC. 404. COMPTROLLER GENERAL MANAGEMENT REVIEW OF MENTAL HEALTH AND SUICIDE PREVEN- TION SERVICES OF DEPARTMENT OF VET- ERANS AFFAIRS.
 18 19 20 21 22 	Security provides any information for the report. SEC. 404. COMPTROLLER GENERAL MANAGEMENT REVIEW OF MENTAL HEALTH AND SUICIDE PREVEN- TION SERVICES OF DEPARTMENT OF VET- ERANS AFFAIRS. (a) IN GENERAL.—Not later than three years after

mittee on Veterans' Affairs of the House of Representa tives a management review of the mental health and sui cide prevention services provided by the Department of
 Veterans Affairs.

5 (b) ELEMENTS.—The management review required6 by subsection (a) shall include the following:

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

14 (2) A description of the management and orga15 nizational structure of the Office of Mental Health
16 and Suicide Prevention, including roles and respon17 sibilities for each position.

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

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

24 (5) An assessment of the staffing levels at the25 Office of Mental Health and Suicide Prevention,

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1	dissaggregated by type of position, and including the
2	location of any staffing deficiencies.
3	(6) An assessment of the Nurse Advice Line
4	pilot program conducted by the Department.
5	(7) An assessment of recruitment initiatives in
6	rural areas for mental health professionals of the
7	Department.
8	(8) An assessment of strategic planning con-
9	ducted by the Office of Mental Health and Suicide
10	Prevention.
11	(9) An assessment of the communication, and
12	the effectiveness of such communication—
13	(A) within the central office of the Office
14	of Mental Health and Suicide Prevention;
15	(B) between that central office and any
16	staff member or office in the field, including
17	chaplains, attorneys, law enforcement per-
18	sonnel, and volunteers; and
19	(C) between that central office, local facili-
20	ties of the Department, and community part-
21	ners of the Department, including first respond-
22	ers, community support groups, and health care
23	industry partners.

1	(10) An assessment of how effectively the Office
2	of Mental Health and Suicide Prevention implements
3	operational policies and procedures.
4	(11) An assessment of how the Department of
5	Veterans Affairs and the Department of Defense co-
6	ordinate suicide prevention efforts, and recommenda-
7	tions on how the Department of Veterans Affairs
8	and Department of Defense can more effectively co-
9	ordinate those efforts.
10	(12) An assessment of such other areas as the
11	Comptroller General considers appropriate to study.
12	SEC. 405. COMPTROLLER GENERAL REPORT ON EFFORTS
13	OF DEPARTMENT OF VETERANS AFFAIRS TO
14	INTEGRATE MENTAL HEALTH CARE INTO
15	PRIMARY CARE CLINICS.
16	(a) INITIAL REPORT.—
17	(1) IN GENERAL.—Not later than two years
18	after the date of the enactment of this Act, the
19	Comptroller General of the United States shall sub-
20	-
	mit to the Committee on Veterans' Affairs of the
21	
21 22	mit to the Committee on Veterans' Affairs of the
	mit to the Committee on Veterans' Affairs of the Senate and the Committee on Veterans' Affairs of
22	mit 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

1	(2) ELEMENTS.—The report required by sub-
2	section (a) shall include the following:
3	(A) An assessment of the efforts of the
4	Department to integrate mental health care
5	into primary care clinics of the Department.
6	(B) An assessment of the effectiveness of
7	such efforts.
8	(C) An assessment of how the health care
9	of veterans is impacted by such integration.
10	(D) A description of how care is coordi-
11	nated by the Department between specialty
12	mental health care and primary care, including
13	a description of the following:
14	(i) How documents and patient infor-
15	mation are transferred and the effective-
16	ness of those transfers.
17	(ii) How care is coordinated when vet-
18	erans must travel to different facilities of
19	the Department.
20	(iii) How a veteran is reintegrated
21	into primary care after receiving in-patient
22	mental health care.
23	(E) An assessment of how the integration
24	of mental health care into primary care clinics

1	is implemented at different types of facilities of
2	the Department.
3	(F) Such recommendations on how the De-
4	partment can better integrate mental health
5	care into primary care clinics as the Comp-
6	troller General considers appropriate.
7	(G) An assessment of such other areas as
8	the Comptroller General considers appropriate
9	to study.
10	(b) Community Care Integration Report.—
11	(1) IN GENERAL.—Not later than two years
12	after the date on which the Comptroller General
13	submits the report required under subsection $(a)(1)$,
14	the Comptroller General shall submit to the Com-
15	mittee on Veterans' Affairs of the Senate and the
16	Committee on Veterans' Affairs of the House of
17	Representatives a report on the efforts of the De-
18	partment to integrate community-based mental
19	health care into the Veterans Health Administration.
20	(2) Elements.—The report required by para-
21	graph (1) shall include the following:
22	(A) An assessment of the efforts of the
23	Department to integrate community-based men-
24	tal health care into the Veterans Health Admin-
25	istration.

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1	(B) An assessment of the effectiveness of
2	such efforts.
3	(C) An assessment of how the health care
4	of veterans is impacted by such integration.
5	(D) A description of how care is coordi-
6	nated between providers of community-based
7	mental health care and the Veterans Health
8	Administration, including a description of how
9	documents and patient information are trans-
10	ferred and the effectiveness of those transfers
11	between—
12	(i) the Veterans Health Administra-
13	tion and providers of community-based
14	mental health care; and
15	(ii) providers of community-based
16	mental health care and the Veterans
17	Health Administration.
18	(E) An assessment of any disparities in the
19	coordination of community-based mental health
20	care into the Veterans Health Administration
21	by location and type of facility.
22	(F) An assessment of the military cultural
23	competency of health care providers providing
24	community-based mental health care to vet-
25	erans.

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1	(G) Such recommendations on how the De-
2	partment can better integrate community-based
3	mental health care into the Veterans Health
4	Administration as the Comptroller General con-
5	siders appropriate.
6	(H) An assessment of such other areas as
7	the Comptroller General considers appropriate
8	to study.
9	(3) Community-based mental health care
10	DEFINED.—In this subsection, the term "commu-
11	nity-based mental health care" means mental health
12	care paid for by the Department but provided by a
13	non-Department health care provider at a non-De-
14	partment facility, including care furnished under
15	section 1703 of title 38, United States Code (as in
16	effect on the date specified in section $101(b)$ of the
17	Caring for Our Veterans Act of 2018 (title I of Pub-
18	lic Law 115–182)).
19	SEC. 406. JOINT MENTAL HEALTH PROGRAMS BY DEPART-
20	MENT OF VETERANS AFFAIRS AND DEPART-
21	MENT OF DEFENSE.
22	(a) Report on Mental Health Programs.—
23	(1) IN GENERAL.—Not later than 180 days
24	after the date of the enactment of this Act, and an-
25	nually thereafter, the Secretary of Veterans Affairs

1	and the Secretary of Defense shall submit to the
2	Committee on Armed Services and the Committee on
3	Veterans' Affairs of the Senate and the Committee
4	on Armed Services and the Committee on Veterans'
5	Affairs of the House of Representatives a report on
6	mental health programs of the Department of Vet-
7	erans Affairs and the Department of Defense and
8	joint programs of the Departments.
9	(2) ELEMENTS.—The report required by para-
10	graph (1) shall include the following:
11	(A) A description of mental health pro-
12	grams operated by the Department of Veterans
13	Affairs, including the following:
14	(i) Transition assistance programs.
15	(ii) Clinical mental health initiatives,
16	including—
17	(I) the Million Veterans Pro-
18	gram; and
19	
	(II) centers of excellence of the
20	(II) centers of excellence of the Department of Veterans Affairs for
20 21	
	Department of Veterans Affairs for
21	Department of Veterans Affairs for traumatic brain injury and post-trau-
21 22	Department of Veterans Affairs for traumatic brain injury and post-trau- matic stress disorder.

1	ment, housing assistance, and financial lit-
2	eracy programs.
3	(iv) Research into mental health
4	issues and conditions.
5	(B) A description of mental health pro-
6	grams operated by the Department of Defense,
7	including the following:
8	(i) Transition assistance programs.
9	(ii) Clinical mental health initiatives,
10	including the National Intrepid Center of
11	Excellence.
12	(iii) Programs that may secondarily
13	improve mental health, including employ-
14	ment, housing assistance, and financial lit-
15	eracy programs.
16	(iv) Research into mental health
17	issues and conditions.
18	(C) A description of mental health pro-
19	grams jointly operated by the Department of
20	Veterans Affairs and the Department of De-
21	fense, including the following:
22	(i) Transition assistance programs.
23	(ii) Clinical mental health initiatives.
24	(iii) Programs that may secondarily
25	improve mental health, including employ-

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ment, housing assistance, and financial lit-
eracy programs.
(iv) Research into mental health
issues and conditions.
(D) Recommendations for coordinating
mental health programs of the Department of
Veterans Affairs and the Department of De-
fense to improve the effectiveness of those pro-
grams.
(E) Recommendations for novel joint pro-
gramming of the Department of Veterans Af-
fairs and the Department of Defense to improve
the mental health of members of the Armed
Forces and veterans.
(b) Establishment of Joint Center of Excel-
LENCE.—
(1) IN GENERAL.—Not later than two years
after the date of the enactment of this Act, the Sec-
retary of Defense, in consultation with the Secretary
of Veterans Affairs, shall establish a center of excel-
lence to be known as the "Joint DOD/VA National
Intrepid Center of Excellence Intrepid Spirit Cen-
ter" (in this subsection referred to as the "Center").

1	(2) DUTIES.—The Center shall conduct joint
2	mental health programs of the Department of Vet-
3	erans Affairs and the Department of Defense.
4	(3) LOCATION.—The Center shall be estab-
5	lished in a location that—
6	(A) is geographically distant from already
7	existing and planned Intrepid Spirit Centers of
8	the Department of Defense; and
9	(B) is in a rural or highly rural area (as
10	determined through the use of the Rural-Urban
11	Commuting Areas coding system of the Depart-
12	ment of Agriculture).
13	TITLE V—MEDICAL WORKFORCE
-	TITLE V—MEDICAL WORKFORCE Subtitle A—Improvement of Mental
14	
14 15	Subtitle A—Improvement of Mental
 13 14 15 16 17 	Subtitle A—Improvement of Mental Health Medical Workforce
14 15 16 17	Subtitle A—Improvement of Mental Health Medical Workforce SEC. 501. TREATMENT OF PSYCHOLOGISTS.
14 15 16 17	Subtitle A—Improvement of Mental Health Medical Workforce SEC. 501. TREATMENT OF PSYCHOLOGISTS. (a) TREATMENT AS TITLE 38 EMPLOYEES.—Section
14 15 16 17 18	Subtitle A—Improvement of Mental Health Medical Workforce SEC. 501. TREATMENT OF PSYCHOLOGISTS. (a) TREATMENT AS TITLE 38 EMPLOYEES.—Section 7401 of title 38, United States Code, is amended—
14 15 16 17 18 19	Subtitle A—Improvement of Mental Health Medical Workforce SEC. 501. TREATMENT OF PSYCHOLOGISTS. (a) TREATMENT AS TITLE 38 EMPLOYEES.—Section 7401 of title 38, United States Code, is amended— (1) in paragraph (1) by inserting "psycholo-
14 15 16 17 18 19 20	Subtitle A—Improvement of Mental Health Medical Workforce SEC. 501. TREATMENT OF PSYCHOLOGISTS. (a) TREATMENT AS TITLE 38 EMPLOYEES.—Section 7401 of title 38, United States Code, is amended— (1) in paragraph (1) by inserting "psycholo- gists," after "chiropractors,"; and
14 15 16 17 18 19 20 21	Subtitle A—Improvement of Mental Health Medical Workforce SEC. 501. TREATMENT OF PSYCHOLOGISTS. (a) TREATMENT AS TITLE 38 EMPLOYEES.—Section 7401 of title 38, United States Code, is amended— (1) in paragraph (1) by inserting "psycholo- gists," after "chiropractors,"; and (2) in paragraph (3), by striking "psycholo-

United States Code, is amended by inserting "psycholo gists," after "chiropractors,".

3 SEC. 502. STAFFING IMPROVEMENT PLAN FOR PSYCHIA4 TRISTS AND PSYCHOLOGISTS OF DEPART5 MENT OF VETERANS AFFAIRS.

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

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

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

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

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1	(A) A description of any region-specific
2	hiring incentives to be used by the Secretary in
3	consultation with the directors of Veterans Inte-
4	grated Service Networks and medical centers of
5	the Department.
6	(B) A description of any local retention or
7	engagement incentives to be used by directors
8	of Veterans Integrated Service Networks.
9	(3) Such recommendations for legislative or ad-
10	ministrative action as the Secretary considers nec-
11	essary to aid in addressing staffing shortages of psy-
12	chiatrists and psychologists of the Department.
13	SEC. 503. OCCUPATIONAL SERIES AND STAFFING IMPROVE-
14	MENT PLAN FOR LICENSED PROFESSIONAL
15	MENTAL HEALTH COUNSELORS AND MAR-
16	RIAGE AND FAMILY THERAPISTS OF DEPART-
17	MENT OF VETERANS AFFAIRS.
18	(a) Occupational Series.—Not later than one year
19	after the date of the enactment of this Act, the Secretary
20	of Veterans Affairs, in consultation with the Office of Per-
21	sonnel Management, shall develop an occupational series
22	for licensed professional mental health counselors and
23	marriage and family therapists of the Department of Vet-
24	erans Affairs.
25	(b) Staffing Plan.—

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1	(1) IN GENERAL.—Not later than 270 days
2	after the date of the enactment of this Act, the Sec-
3	retary shall submit to the Committee on Veterans'
4	Affairs of the Senate and the Committee on Vet-
5	erans' Affairs of the House of Representatives a
6	plan to address staffing shortages of licensed profes-
7	sional mental health counselors and marriage and
8	family therapists of the Department of Veterans Af-
9	fairs.
10	(2) ELEMENTS.—The plan required by para-
11	graph (1) shall include the following:
12	(A) The number of positions for licensed
13	professional mental health counselors and mar-
14	riage and family therapists of the Department
15	that need to be filled to meet demand,
16	disaggregated by Veterans Integrated Service
17	Network and medical center.
18	(B) An identification of the steps that the
19	Secretary will take in each Veterans Integrated
20	Service Network to address such shortages, in-
21	clude the following:
22	(i) A description of any region-specific
23	hiring incentives to be used by the Sec-
24	retary in consultation with the directors of

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1	Veterans Integrated Service Networks and
2	medical centers of the Department.
3	(ii) A description of any local reten-
4	tion or engagement incentives to be used
5	by directors of Veterans Integrated Service
6	Networks.
7	(C) Such recommendations for legislative
8	or administrative action as the Secretary, in
9	consultation with the Inspector General of the
10	Department of Veterans Affairs, considers nec-
11	essary to aid in addressing staffing shortages of
12	licensed professional mental health counselors
13	and marriage and family therapists of the De-
14	partment.
15	(c) REPORT.—Not later than one year after the sub-
16	mittal of the plan required by subsection (b), the Secretary
17	shall submit to the Committee on Veterans' Affairs of the
18	Senate and the Committee on Veterans' Affairs of the
19	House of Representatives a report setting forth the num-
20	ber of licensed professional mental health counselors and
21	marriage and family therapists hired by the Department
22	during the one-year period preceding the submittal of the
23	report, disaggregated by Veterans Integrated Service Net-
24	work and medical center.

1	SEC. 504. STAFFING IMPROVEMENT PLAN FOR PEER SPE-
2	CIALISTS OF DEPARTMENT OF VETERANS AF-
3	FAIRS WHO ARE WOMEN.
4	(a) Assessment of Capacity.—
5	(1) IN GENERAL.—Not later than 90 days after
6	the date of the enactment of this Act, the Secretary
7	of Veterans Affairs, in consultation with the Inspec-
8	tor General of the Department of Veterans Affairs,
9	shall commence an assessment of the capacity of
10	peer specialists of the Department of Veterans Af-
11	fairs who are women.
12	(2) ELEMENTS.—The assessment required by
13	paragraph (1) shall include an assessment of the fol-
14	lowing:
15	(A) The geographical distribution of peer
16	specialists of the Department who are women.
17	(B) The geographical distribution of
18	women veterans.
19	(C) The number and proportion of women
20	peer specialists who specialize in peer coun-
21	seling on mental health or suicide prevention.
22	(D) The number and proportion of women
23	peer specialists who specialize in peer coun-
24	seling on non-mental health related matters.
25	(b) REPORT.—Not later than one year after the as-
26	sessment required by subsection (a) has commenced, the

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

5 (c) Staffing Improvement Plan.—

6 (1) IN GENERAL.—Not later than 180 days 7 after submitting the report under subsection (b), the 8 Secretary, in consultation with the Inspector Gen-9 eral, shall submit to the Committee on Veterans' Af-10 fairs of the Senate and the Committee on Veterans' 11 Affairs of the House of Representatives a plan, 12 based on the results of the assessment required by 13 subsection (a), to hire additional qualified peer spe-14 cialists who are women, with special consideration 15 for areas that lack peer specialists who are women. 16 (2) ELEMENTS.—The peer specialist positions 17 included in the plan required by paragraph (1)—

- 18 (A) shall be non-volunteer, paid positions;19 and
- 20 (B) may be part-time positions.

1SEC. 505. ESTABLISHMENT OF DEPARTMENT OF VETERANS2AFFAIRSREADJUSTMENTCOUNSELING3SERVICE SCHOLARSHIP PROGRAM.

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

7 "SUBCHAPTER IX—READJUSTMENT

8 COUNSELING SERVICE SCHOLARSHIP PROGRAM

9 "§ 7698. Requirement for program

"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').

16 "§ 7699. Eligibility; agreement

17 "(a) IN GENERAL.—An individual is eligible to par18 ticipate in the Program, as determined by the Readjust19 ment Counseling Service of the Department, if the indi20 vidual—

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

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1	"(A) a bachelor's, master's, or doctoral de-
2	gree in psychology, social work, or marriage
3	and family therapy; or
4	"(B) a master's degree in mental health
5	counseling; and
6	((2) enters into an agreement with the Sec-
7	retary under subsection (c).
8	"(b) PRIORITY.—In selecting individuals to partici-
9	pate in the Program, the Secretary shall give priority to
10	the following individuals:
11	"(1) An individual who agrees to be employed
12	by a Vet Center located in a community that is—
13	"(A) designated as a medically underserved
14	population under section $330(b)(3)$ of the Pub-
15	lie Health Service Act $(42 \text{ U.S.C. } 254b(b)(3));$
16	and
17	"(B) in a state with a per capita popu-
18	lation of veterans of more than five percent ac-
19	cording to the National Center for Veterans
20	Analysis and Statistics and the Bureau of the
21	Census.
22	"(2) An individual who is a veteran.
23	"(c) AGREEMENT.—An agreement between the Sec-
24	retary and a participant in the Program shall (in addition

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

3 "(1) An agreement by the Secretary to provide 4 the participant with a scholarship under the Pro-5 gram for a specified number of school years during 6 which the participant pursues a program of study described in subsection (a)(1) that meets the re-7 8 quirements set forth in section 7602(a) of this title. 9 "(2) An agreement by the participant to serve 10 as a full-time employee of the Department at a Vet 11 Center for a three-year period during the six-year 12 period following the completion by the participant of 13 such program of study (in this subchapter referred 14 to as the 'period of obligated service').

15 "(d) VET CENTER DEFINED.—In this section, the
16 term 'Vet Center' has the meaning given that term in sec17 tion 1712A(h) of this title.

18 "§ 7699A. Obligated service

19 "(a) IN GENERAL.—Each participant in the Program 20 shall provide service as a full-time employee of the Depart-21 ment at a Vet Center (as defined in section 7699(c) of 22 this title) for the period of obligated service set forth in 23 the agreement of the participant entered into under sec-24 tion 7604 of this title. "(b) DETERMINATION OF SERVICE COMMENCEMENT
 DATE.—(1) Not later than 60 days before the service com mencement date of a participant, the Secretary shall no tify 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.

8 "§ 7699B. Breach of agreement: liability

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

17 "(2) Liability under paragraph (1) is in addition to18 any period of obligated service or other obligation or liabil-19 ity under such agreement.

"(b) LIABILITY DURING PROGRAM OF STUDY.—(1)
21 Except as provided in subsection (d), a participant in the
22 Program shall be liable to the United States for the
23 amount which has been paid to or on behalf of the partici24 pant under the agreement if any of the following occurs:

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1	"(A) The participant fails to maintain an ac-
2	ceptable level of academic standing in the edu-
3	cational institution in which the participant is en-
4	rolled (as determined by the educational institution
5	under regulations prescribed by the Secretary).
6	"(B) The participant is dismissed from such
7	educational institution for disciplinary reasons.
8	"(C) The participant voluntarily terminates the
9	program of study in such educational institution be-
10	fore the completion of such program of study.
11	"(2) Liability under this subsection is in lieu of any
12	service obligation arising under the agreement.
13	"(c) Liability During Period of Obligated
14	SERVICE.—(1) Except as provided in subsection (d), if a
15	participant in the Program does not complete the period
16	of obligated service of the participant, the United States
17	shall be entitled to recover from the participant an amount
18	determined in accordance with the following formula: ${\cal A}$
19	$= \Im \Phi(t \text{-} s/t)$
20	"(2) In the formula in paragraph (1) :
21	"(A) 'A' is the amount the United States is en-
22	titled to recover.
23	"(B) Φ is the sum of—
24	"(i) the amounts paid under this sub-
25	chapter to or on behalf of the participant; and

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1	"(ii) the interest on such amounts which
2	would be payable if at the time the amounts
3	were paid they were loans bearing interest at
4	the maximum legal prevailing rate, as deter-
5	mined by the Treasurer of the United States.
6	"(C) 't' is the total number of months in the
7	period of obligated service of the participant.
8	"(D) 's' is the number of months of such period
9	served by the participant.
10	"(d) Limitation on Liability for Reductions-
11	IN-FORCE.—Liability shall not arise under subsection (c)
12	if the participant fails to maintain employment as a De-
13	partment employee due to a staffing adjustment.
14	"(e) Period for Payment of Damages.—Any
15	amount of damages that the United States is entitled to
16	recover under this section shall be paid to the United
17	States within the one-year period beginning on the date
18	of the breach of the agreement.".
19	(b) Conforming and Technical Amendments.—
20	(1) Conforming Amendments.—
21	(A) ESTABLISHMENT OF PROGRAM.—Sec-
22	tion 7601(a) of such title is amended—
23	(i) in paragraph (5), by striking
24	"and";

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1	(ii) in paragraph (6), by striking the
2	period and inserting "; and"; and
3	(iii) by adding at the end the fol-
4	lowing new paragraph:
5	"(7) the readjustment counseling service schol-
6	arship program provided for in subchapter IX of this
7	chapter.".
8	(B) ELIGIBILITY.—Section 7602 of such
9	title is amended—
10	(i) in subsection (a)(1)—
11	(I) by striking "or VI" and in-
12	serting "VI, or IX"; and
13	(II) by striking "subchapter VI"
14	and inserting "subchapter VI or IX";
15	and
16	(ii) in subsection (b), by striking "or
17	VI" and inserting "VI, or IX".
18	(C) Application.—Section $7603(a)(1)$ of
19	such title is amended by striking "or VIII" and
20	inserting "VIII, or IX".
21	(D) TERMS OF AGREEMENT.—Section
22	7604 of such title is amended by striking "or
23	VIII" each place it appears and inserting
24	"VIII, or IX".

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1	(E) ANNUAL REPORT.—Section 7632 of
2	such title is amended—
3	(i) in paragraph (1), by striking "and
4	the Specialty Education Loan Repayment
5	Program" and inserting "the Specialty
6	Education Loan Repayment Program, and
7	the Readjustment Counseling Service
8	Scholarship Program''; and
9	(ii) in paragraph (4), by striking "and
10	per participant in the Specialty Education
11	Loan Repayment Program" and inserting
12	"per participant in the Specialty Education
13	Loan Repayment Program, and per partic-
14	ipant in the Readjustment Counseling
15	Service Scholarship Program".
16	(2) TABLE OF SECTIONS.—The table of sections
17	at the beginning of chapter 76 of such title is
18	amended by inserting after the items relating to sub-
19	chapter VIII the following:
	"SUBCHAPTER IX—READJUSTMENT COUNSELING SERVICE SCHOLARSHIP PROGRAM
	"Sec. "7698. Requirement for program. "7699. Eligibility; agreement. "7699A. Obligated service. "7699B. Breach of agreement: liability.".
20	(c) EFFECTIVE DATE.—The Secretary of Veterans
21	Affairs shall begin awarding scholarships under sub-
22	chapter IX of chapter 76 of title 38, United States Code,

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

4 SEC. 506. COMPTROLLER GENERAL REPORT ON READJUST-

5 MENT COUNSELING SERVICE OF DEPART6 MENT OF VETERANS AFFAIRS.

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

14 (b) ELEMENTS.—The report required by subsection15 (a) shall include the following:

16 (1) An assessment of the adequacy and types of
17 treatment, counseling, and other services provided at
18 Vet Centers, including recommendations on whether
19 and how such treatment, counseling, and other serv20 ices 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.

1	(3) An assessment of barriers to care at Vet
2	Centers, including recommendations for overcoming
3	those barriers.
4	(4) An assessment of the efficacy and frequency
5	of the use of telehealth by counselors of the Read-
6	justment Counseling Service to provide mental
7	health services, including recommendations for how
8	the use of telehealth can be improved.
9	(5) An assessment of the feasibility and advis-
10	ability of expanding eligibility for services from the
11	Readjustment Counseling Service, including—
12	(A) recommendations on what eligibility
13	criteria could be expanded; and
14	(B) an assessment of potential costs and
15	increased infrastructure requirements if eligi-
16	bility is expanded.
17	(6) An assessment of the use of Vet Centers by
18	members of the reserve components of the Armed
19	Forces who were never activated and recommenda-
20	tions on how to better reach those members.
21	(7) An assessment of the use of Vet Centers by
22	eligible family members of former members of the
23	Armed Forces and recommendations on how to bet-
24	ter reach those family members.

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

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

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

(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".

17 (b) BIENNIAL REPORT.—Such section is amended by18 adding at the end the following new paragraph:

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

1	adjustment Counseling Service, including Vet Centers,
2	Mobile Vet Centers, and community access points.".
3	SEC. 508. STUDIES ON ALTERNATIVE WORK SCHEDULES
4	FOR EMPLOYEES OF VETERANS HEALTH AD-
5	MINISTRATION.
6	(a) Study of Veterans.—
7	(1) IN GENERAL.—Not later than 180 days
8	after the date of the enactment of this Act, the Sec-
9	retary of Veterans Affairs shall conduct a study on
10	the attitudes of eligible veterans toward the Depart-
11	ment of Veterans Affairs offering appointments out-
12	side the usual operating hours of facilities of the De-
13	partment, including through the use of telehealth
14	appointments.
15	(2) ELIGIBLE VETERAN DEFINED.—In this sub-
16	section, the term "eligible veteran" means a veteran
17	who—
18	(A) is enrolled in the patient enrollment
19	system of the Department under section
20	1705(a) of title 38, United States Code; and
21	(B) received health care from the Depart-
22	ment at least once during the two-year period
23	ending on the date of the commencement of the
24	study under paragraph (1).
25	(b) Department Study.—

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

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

15 SEC. 509. SUICIDE PREVENTION COORDINATORS.

16 The Secretary of Veterans Affairs shall ensure that
17 each medical center of the Department of Veterans Affairs
18 is staffed with not fewer than one suicide prevention coor19 dinator.

Subtitle B—Direct Hiring Authori ties for Certain Health Care Po sitions

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

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

9 "CHAPTER 103-DEPARTMENT OF VET-

10 ERANS AFFAIRS HIRING AUTHORITIES

"Sec. "10301. Department of Veterans Affairs personnel authorities.

11 "§10301. Department of Veterans Affairs personnel authorities

13 "(a) FLEXIBILITIES RELATING TO APPOINT14 MENTS.—

15 "(1) IN GENERAL.—The Secretary of Veterans
16 Affairs (referred to in this section as the 'Secretary')
17 shall promulgate regulations to redesign the proce18 dures that are applied by the Department of Vet19 erans Affairs in making appointments to positions
20 described in paragraphs (1) and (3) of section 7401
21 of title 38 in order to—

- 22 "(A) better meet mission needs;
 23 "(B) respond to managers' needs and the
- 24 needs of applicants;

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1	"(C) produce high-quality applicants;
2	"(D) support timely decisions; and
3	"(E) promote competitive job offers.
4	"(2) WAIVED REQUIREMENTS.—In redesigning
5	the process by which the appointments described in
6	paragraph (1) shall be made, the Secretary may
7	waive the requirements of chapter 33, and the regu-
8	lations implementing that chapter, to the extent nec-
9	essary to achieve the objectives of this section, while
10	providing for the following:
11	"(A) Fair, credible, and transparent meth-
12	ods of establishing qualification requirements
13	for, recruitment for, and appointments to posi-
14	tions.
15	"(B) Fair and open competition and equi-
16	table treatment in the consideration and selec-
17	tion of individuals to positions.
18	"(C) Fair, credible, and transparent meth-
19	ods of assigning, reassigning, detailing, trans-
20	ferring, or promoting employees.
21	"(3) Implementation requirements.—In
22	implementing this subsection, the Secretary shall
23	comply with the provisions of section $2302(b)(11)$,
24	regarding veterans' preference requirements, in a

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

3 "(4) TRAINING PROGRAM.—The Secretary shall
4 develop a training program for Department of Vet5 erans Affairs human resource professionals to imple6 ment the requirements of this subsection.

7 "(5) INDICATORS OF EFFECTIVENESS.—The
8 Secretary shall develop indicators of effectiveness to
9 determine whether appointment flexibilities under
10 this subsection have achieved the objectives de11 seribed in paragraph (1).

"(b) CRITERIA FOR USE OF NEW PERSONNEL AUTHORITIES.—In the redesign of appointment procedures,
as described in subsection (a), and with respect to the system of appointment flexibilities established under that
subsection, the Secretary shall—

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

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

25 "(3) develop—

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1 "(A) a comprehensive management succes-2 sion program to provide training to employees 3 to develop managers for the agency; and "(B) a program to provide training to su-4 5 pervisors on actions, options, and strategies 6 that a supervisor may use in administering that 7 system; 8 "(4) include effective transparency and account-9 ability measures and safeguards to ensure that the 10 management of that system is fair, credible, and eq-11 uitable, including appropriate independent reason-12 ableness reviews, internal assessments, and employee 13 surveys; 14 "(5) provide mentors to advise individuals on 15 their career paths and opportunities to advance and 16 excel within their fields; 17 "(6) develop appropriate procedures for warn-18 ings during performance evaluations for employees 19 who fail to meet performance standards; 20 "(7) utilize the quadrennial strategic plan re-21 quired under section 7330C(b) of title 38; and 22 "(8) ensure that adequate agency resources are 23 allocated for the design, implementation, and admin-24 istration of that system.".

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

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

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

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

(b) PREFERENCE FOR PARTNERSHIPS.—The Secretary shall give preference to entering into or expanding
partnerships under subsection (a) with organizations
that—

(1) represent veterans in rural or highly rural
areas (as determined through the use of the RuralUrban Commuting Areas coding system of the Department of Agriculture); or

1	(2) operate in a medically underserved commu-
2	nity (as defined in section 799B of the Public
3	Health Service Act (42 U.S.C. 295p)).
4	(c) Award of Grants.—
5	(1) IN GENERAL.—In carrying out partnerships
6	entered into or expanded under this section with en-
7	tities described in subsection (a), the Secretary shall
8	award grants to those entities.
9	(2) MAXIMUM AMOUNT OF GRANTS.—The
10	amount of a grant awarded under this subsection
11	may not exceed \$75,000 per site per year.
12	(3) Use of grants.—
13	(A) IN GENERAL.—Grants awarded to an
14	entity under this subsection shall be used for
15	the following:
16	(i) Purchasing or upgrading hardware
17	or software necessary for the provision of
18	secure and private telehealth services.
19	(ii) Upgrading security protocols for
20	consistency with the standardized tele-
21	health security protocol implemented under
22	section $602(a)(2)$, or any other security re-
23	quirements of the Department.

1	(iii) Training of employees, including
2	payment of those employees for completing
3	that training, with respect to—
4	(I) military and veteran cultural
5	competence, if the entity is not an or-
6	ganization that represents veterans;
7	and
8	(II) equipment required to pro-
9	vide telehealth services.
10	(iv) Upgrading existing infrastructure
11	owned or leased by the entity to make
12	rooms more conducive to telehealth care,
13	including-
14	(I) additional walls to create a
15	new, private room;
16	(II) soundproofing of existing
17	rooms; or
18	(III) new electrical or internet
19	outlets in an existing room.
20	(v) Upgrading existing infrastructure
21	to comply with the Americans with Disabil-
22	ities Act of 1990 (42 U.S.C. 12101 et
23	seq.).
24	(vi) Upgrading internet infrastruc-
25	ture.

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

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

7 (1) IN GENERAL.—An entity described in sub8 section (a) that seeks to establish a telehealth access
9 point for veterans but does not require grant fund10 ing under this section to do so may enter into a
11 memorandum of understanding or memorandum of
12 agreement with the Department for the establish13 ment of such an access point.

14 (2) INSPECTION.—The Secretary shall inspect
15 the access point proposed to be established under
16 paragraph (1) to ensure that it is adequately pri17 vate, secure, and accessible for veterans before the
18 access point is established.

19 (e) Assessment of Barriers to Access.—

20 (1) IN GENERAL.—Not later than 18 months
21 after the date of the enactment of this Act, the Sec22 retary shall complete an assessment of barriers faced
23 by veterans in accessing telehealth services from
24 home.

1	(2) ELEMENTS.—The assessment required by
2	paragraph (1) shall include the following:
3	(A) An assessment of current and potential
4	future cost barriers to veterans having internet
5	access at home.
6	(B) An assessment of current and poten-
7	tial future barriers to veterans accessing
8	broadband services at home.
9	(C) A description of how the Department
10	plans to address the current and potential fu-
11	ture cost and access barriers described in sub-
12	paragraphs (A) and (B).
13	(D) Such other matters related to internet
14	access for veterans in their homes as the Sec-
15	retary considers relevant.
16	(3) REPORT.—Not later than 120 days after
17	the completion of the assessment required by para-
18	graph (1), the Secretary shall submit to the Com-
19	mittee on Veterans' Affairs of the Senate and the
20	Committee on Veterans' Affairs of the House of
21	Representatives a report on the assessment, includ-
22	ing any recommendations for legislative or adminis-
23	trative action based on the results of the assessment.

1 (f) AUTHORIZATION OF APPROPRIATIONS.—There is 2 authorized to be appropriated to the Secretary of Veterans 3 Affairs \$10,000,000 to carry out this section. 4 SEC. 602. IMPLEMENTATION OF NATIONAL PROTOCOL FOR 5 TELEHEALTH SECURITY AND INTERFACING 6 **INSTRUCTIONS.** 7 (a) NATIONAL TELEHEALTH SECURITY PRO-8 TOCOL. 9 (1) Assessment.— 10 (A) IN GENERAL.—The Secretary of Vet-11 erans Affairs, in consultation with industry ex-12 perts, the Chairman of the Federal Trade Com-13 mission, the Assistant Secretary of Veterans Af-14 fairs for Information and Technology and Chief 15 Information Officer, and stakeholders, shall 16 conduct an assessment of current telehealth se-17 curity protocols. 18 ELEMENTS.—The assessment con-(B) 19 ducted under subparagraph (A) shall include 20 the following: 21 (i) An assessment of current tele-22 health security protocols, including proto-23 cols used by— 24 (I) the Department of Veterans 25 Affairs;

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1	(II) other Federal agencies;
2	(III) other health care providers;
3	and
4	(IV) such other organizations as
5	the Secretary considers necessary to
6	assess under such subparagraph.
7	(ii) A study of any current or future
8	security risks—
9	(I) faced by veterans using tele-
10	health services; or
11	(II) faced by the Department in
12	furnishing those services.
13	(C) TIMELINE.—The Secretary shall com-
14	plete the assessment conducted under subpara-
15	graph (A) not later than one year after the date
16	of the enactment of this Act.
17	(2) IMPLEMENTATION.—Not later than 18
18	months after the completion of the assessment under
19	paragraph (1), the Secretary shall, using guidance
20	from the assessment, fully implement a standardized
21	telehealth security protocol at all facilities of the De-
22	partment.
23	(3) PRIVACY AND SECURITY.—The Secretary
24	shall ensure that the security protocol implemented
25	under this subsection protects the privacy and secu-

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1	rity of veterans, the health data of veterans, and
2	data from the Department.
3	(b) NATIONAL TELEHEALTH INTERFACING INSTRUC-
4	TIONS.—
5	(1) Assessment.—
6	(A) IN GENERAL.—The Secretary of Vet-
7	erans Affairs, in consultation with industry ex-
8	perts, organizations that represent veterans, the
9	Chief Veterans Experience Officer, the Assist-
10	ant Secretary of Veterans Affairs for Informa-
11	tion and Technology and Chief Information Of-
12	ficer, and stakeholders, shall conduct an assess-
13	ment of current telehealth interfacing instruc-
14	tions.
15	(B) ELEMENTS.—The assessment con-
16	ducted under subparagraph (A) shall include an
17	assessment of interfacing instructions used
18	by—
19	(i) the Department of Veterans Af-
20	fairs;
21	(ii) other Federal agencies;
22	(iii) other health care providers; and
23	(iv) such other organizations as the
24	Secretary considers necessary to assess
25	under such subparagraph.

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

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

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