

**AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 3224
OFFERED BY MS. BROWNLEY OF CALIFORNIA**

Strike all after the enacting clause and insert the following:

1 SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

2 (a) SHORT TITLE.—This Act may be cited as the
3 “Deborah Sampson Act”.

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

Sec. 1. Short title; table of contents.

TITLE I—VETERANS HEALTH ADMINISTRATION

- Sec. 101. Office of Women’s Health in the Department of Veterans Affairs.
- Sec. 102. Expansion of capabilities of women veterans call center to include text messaging.
- Sec. 103. Requirement for Department of Veterans Affairs internet website to provide information on services available to women veterans.
- Sec. 104. Report on Women Veterans Retrofit Initiative.
- Sec. 105. Establishment of environment of care standards and inspections at Department of Veterans Affairs medical centers.
- Sec. 106. Additional funding for primary care and emergency care clinicians in Women Veterans Health Care Mini-Residency Program.
- Sec. 107. Establishment of women veteran training module for non-Department of Veterans Affairs health care providers.

TITLE II—MEDICAL CARE

- Sec. 201. Improved access to Department of Veterans Affairs medical care for women veterans.
- Sec. 202. Counseling and treatment for sexual trauma.
- Sec. 203. Counseling in retreat settings for women veterans and other individuals.
- Sec. 204. Improvement of health care services provided to newborn children by Department of Veterans Affairs.

TITLE III—REPORTS AND OTHER MATTERS

Subtitle A—Reports

- Sec. 301. Assessment of effects of intimate partner violence on women veterans by Advisory Committee on Women Veterans.
- Sec. 302. Study on staffing of Women Veteran Program Manager program at medical centers of the Department of Veterans Affairs and training of staff.
- Sec. 303. Report on availability of prosthetic items for women veterans from the Department of Veterans Affairs.
- Sec. 304. Study of barriers for women veterans to health care from the Department of Veterans Affairs.
- Sec. 305. Report regarding veterans who receive benefits under laws administered by the Secretary of Veterans Affairs.
- Sec. 306. Study on Women Veteran Coordinator program.

Subtitle B—Other Matters

- Sec. 321. Anti-harassment and anti-sexual assault policy of the Department of Veterans Affairs.
- Sec. 322. Support for organizations that have a focus on providing assistance to women veterans and their families.
- Sec. 323. Gap analysis of Department of Veterans Affairs programs that provide assistance to women veterans who are homeless.
- Sec. 324. Department of Veterans Affairs public-private partnership on legal services for women veterans.
- Sec. 325. Program to assist veterans who experience intimate partner violence or sexual assault.
- Sec. 326. Study and task force on veterans experiencing intimate partner violence or sexual assault.

1 **TITLE I—VETERANS HEALTH**
2 **ADMINISTRATION**

3 **SEC. 101. OFFICE OF WOMEN’S HEALTH IN THE DEPART-**
4 **MENT OF VETERANS AFFAIRS.**

5 (a) DIRECTOR OF WOMEN’S HEALTH.—Subsection
6 (a) of section 7306 of title 38, United States Code, is
7 amended—

8 (1) by redesignating paragraph (10) as para-
9 graph (11); and

10 (2) by inserting after paragraph (9) the fol-
11 lowing new paragraph:

12 “(10) The Director of Women’s Health.”.

1 (b) ORGANIZATION OF OFFICE.—

2 (1) IN GENERAL.—Subchapter I of chapter 73
3 of title 38, United States Code, is amended by add-
4 ing at the end of the following new sections:

5 **“§ 7310. Office of Women’s Health**

6 “(a) ESTABLISHMENT.—(1) The Under Secretary for
7 Health shall establish and operate in the Veterans Health
8 Administration the Office of Women’s Health (hereinafter
9 in this section referred to as the ‘Office’). The Office shall
10 be located at the Central Office of the Department of Vet-
11 erans Affairs.

12 “(2) The head of the Office is the Director of Wom-
13 en’s Health (hereinafter in this section referred to as the
14 ‘Director’). The Director shall report to the Under Sec-
15 retary for Health.

16 “(3) The Under Secretary for Health shall provide
17 the Office with such staff and other support as may be
18 necessary for the Office to carry out effectively its func-
19 tions under this section.

20 “(4) The Under Secretary for Health may reorganize
21 existing offices within the Veterans Health Administration
22 as of the date of the enactment of this section in order
23 to avoid duplication with the functions of the Office.

24 “(b) PURPOSE.—The functions of the Office include
25 the following:

1 “(1) To provide a central office for monitoring
2 and encouraging the activities of the Veterans
3 Health Administration with respect to the provision,
4 evaluation, and improvement of women veterans’
5 health care services in the Department.

6 “(2) To develop and implement standards of
7 care for the provision of health care for women vet-
8 erans in the Department.

9 “(3) To monitor and identify deficiencies in
10 standards of care for the provision of health care for
11 women veterans in the Department, to provide tech-
12 nical assistance to medical facilities of the Depart-
13 ment to address and remedy deficiencies, and to per-
14 form oversight of implementation of standards of
15 care for women veterans’ health care in the Depart-
16 ment.

17 “(4) To monitor and identify deficiencies in
18 standards of care for the provision of health care for
19 women veterans provided through the community
20 pursuant to this title, and to provide recommenda-
21 tions to the appropriate office to address and rem-
22 edy any deficiencies.

23 “(5) To oversee distribution of resources and
24 information related to women veterans’ health pro-
25 gramming under this title.

1 “(6) To promote the expansion and improve-
2 ment of clinical, research, and educational activities
3 of the Veterans Health Administration with respect
4 the health care of women veterans.

5 “(7) To provide, as part of the annual budg-
6 eting process, recommendations with respect to the
7 amount of funds to be requested for furnishing hos-
8 pital care and medical services to women veterans
9 pursuant to chapter 17 of this title, including, at a
10 minimum, recommendations that ensure that such
11 amount of funds either reflect or exceed the propor-
12 tion of veterans enrolled in the patient enrollment
13 system under section 1705 of this title who are
14 women.

15 “(8) To provide recommendations to the Under
16 Secretary for Health with respect to modifying the
17 Veterans Equitable Resource Allocation system to
18 ensure that resource allocations under such system
19 reflect the health care needs of women veterans.

20 “(9) To carry out such other duties as the
21 Under Secretary for Health may require.

22 “(c) RECOMMENDATIONS.—If the Under Secretary
23 for Health determines not to implement any recommenda-
24 tion made by the Director with respect to the allocation
25 of resources to address the health care needs of women

1 veterans, the Secretary shall notify the appropriate con-
2 gressional committees of such determination by not later
3 than 30 days after the date on which the Under Secretary
4 for Health receives the recommendation. Each such notifi-
5 cation shall include the following:

6 “(1) The reasoning of the Under Secretary for
7 Health in making such determination.

8 “(2) An alternative, if one is selected, to such
9 recommendation that the Under Secretary for
10 Health will carry out to fulfill the health care needs
11 of women veterans.

12 “(d) STANDARDS OF CARE.—In this section, the
13 standards of care for the provision of health care for
14 women veterans in the Department shall include, at a min-
15 imum, the following:

16 “(1) Requirement for—

17 “(A) at least one designated women’s
18 health primary care provider at each medical
19 center whose duties include, to the extent prac-
20 ticable, providing training to other health care
21 providers of the Department with respect to the
22 needs of women veterans; and

23 “(B) at least one designated women’s
24 health primary care provider at each commu-
25 nity-based outpatient clinic of the Department

1 who may serve female patients as a percentage
2 of the total duties of the provider.

3 “(2) Other requirements as determined by the
4 Under Secretary for Health.

5 “(e) OUTREACH.—The Director shall ensure that—

6 “(1) not less frequently than biannually, each
7 medical facility of the Department holds a public
8 forum for women veterans that occurs outside of
9 regular business hours; and

10 “(2) not less frequently than quarterly, each
11 medical facility of the Department convenes a focus
12 group of women veterans that includes a discussion
13 of harassment occurring at such facility.

14 “(f) DEFINITIONS.—In this section:

15 “(1) The term ‘appropriate congressional com-
16 mittees’ has the meaning given that term in section
17 7310A of this title.

18 “(2) The term ‘facility of the Department’ has
19 the meaning given the term in section 1701(3).

20 “(3) The term ‘Veterans Equitable Resource
21 Allocation system’ means the resource allocation sys-
22 tem established pursuant to section 429 of the De-
23 partments of Veterans Affairs and Housing and
24 Urban Development, and Independent Agencies Ap-

1 appropriations Act, 1997 (Public Law 104–204; 110
2 Stat. 2929).

3 **“§ 7310A. Annual reports on women’s Health**

4 “(a) ANNUAL REPORTS.—Not later than December
5 1 of each year, the Director of Women’s Health shall sub-
6 mit to the appropriate congressional committees a report
7 containing the matters under subsections (b) through (g).

8 “(b) OFFICE OF WOMEN’S HEALTH.—Each report
9 under subsection (a) shall include a description of—

10 “(1) actions taken by the Office of Women’s
11 Health in the preceding fiscal year to improve the
12 Department’s provision of health care to women vet-
13 erans;

14 “(2) any identified deficiencies related to the
15 Department’s provision of health care to women vet-
16 erans and the standards of care established in sec-
17 tion 7310 of this title, and the Department’s plan to
18 address such deficiencies;

19 “(3) the funding and personnel provided to the
20 Office and whether additional funding or personnel
21 are needed to meet the requirements of such section;
22 and

23 “(4) other information that would be of interest
24 to the appropriate congressional committees with re-

1 spect to oversight of the Department’s provision of
2 health care to women veterans.

3 “(c) ACCESS TO GENDER-SPECIFIC SERVICES.—Each
4 report under subsection (a) shall include an analysis of
5 the access of women veterans to gender-specific services
6 under contracts, agreements, or other arrangements with
7 non-Department medical providers entered into by the
8 Secretary for the provision of hospital care or medical
9 services to veterans. Such analysis shall include data and
10 performance measures for the availability of gender spe-
11 cific services, including—

12 “(1) the average wait time between the vet-
13 eran’s preferred appointment date and the date on
14 which the appointment is completed;

15 “(2) the average driving time required for vet-
16 erans to attend appointments; and

17 “(3) reasons why appointments could not be
18 scheduled with non-Department medical providers.

19 “(d) LOCATIONS WHERE WOMEN VETERANS ARE
20 USING HEALTH CARE.—Each report under subsection (a)
21 shall include an analysis of the use by women veterans
22 of health care from the Department, including the fol-
23 lowing information:

24 “(1) The number of women veterans who reside
25 in each State.

1 “(2) The number of women veterans in each
2 State who are enrolled in the system of patient en-
3 rollment of the Department established and operated
4 under section 1705(a) this title.

5 “(3) Of the women veterans who are so en-
6 rolled, the number who have received health care
7 under the laws administered by the Secretary at
8 least one time during the one-year period preceding
9 the submittal of the report.

10 “(4) The number of women veterans who have
11 been seen at each medical facility of the Department
12 during such year.

13 “(5) The number of appointments that women
14 veterans have had at each such facility during such
15 year.

16 “(6) If known, an identification of the medical
17 facility of the Department in each Veterans Inte-
18 grated Service Network with the largest rate of in-
19 crease in patient population of women veterans as
20 measured by the increase in unique women veteran
21 patient use.

22 “(7) If known, an identification of the medical
23 facility of the Department in each Veterans Inte-
24 grated Service Network with the largest rate of de-
25 crease in patient population of women veterans as

1 measured by the decrease in unique women veterans
2 patient use.

3 “(e) MODELS OF CARE.—Each report under sub-
4 section (a) shall include an analysis of the use by the De-
5 partment of general primary care clinics, separate but
6 shared spaces, and women’s health centers as models of
7 providing health care to women veterans. Such analysis
8 shall include the following:

9 “(1) The number of facilities of the Department
10 that fall into each such model, disaggregated by Vet-
11 erans Integrated Service Network and State.

12 “(2) A description of the criteria used by the
13 Department to determine which such model is most
14 appropriate for each facility of the Department.

15 “(3) An assessment of how the Department de-
16 cides to make investments to modify facilities to a
17 different model.

18 “(4) A description of what, if any, plans the
19 Department has to modify facilities from general
20 primary care clinics to another model.

21 “(5) An assessment of whether any facilities
22 could be modified to a separate but shared space for
23 a women’s health center within planned investments
24 under the strategic capital investment planning proc-
25 ess of the Department.

1 “(6) An assessment of whether any facilities
2 could be modified to a separate or shared space, or
3 women’s health center with minor modifications to
4 existing plans under the strategic capital investment
5 planning process of the Department.

6 “(7) An assessment of whether the Department
7 has a goal for how many facilities should fall into
8 each such model.

9 “(f) STAFFING.—Each report under subsection (a)
10 shall include an analysis of the staffing of the Department
11 relating to the treatment of women, including the fol-
12 lowing, disaggregated by Veterans Integrated Service Net-
13 work and State (except with respect to paragraph (4)):

14 “(1) The number of women’s health centers.

15 “(2) The number of patient aligned care teams
16 of the Department relating to women’s health.

17 “(3) The number of full- and part-time gynec-
18 ologists of the Department.

19 “(4) The number of designated women’s health
20 care providers of the Department, disaggregated by
21 facility of the Department.

22 “(5) The number of health care providers of the
23 Department who have completed a mini-residency
24 for women’s health care through Women Veterans
25 Health Care Mini-Residency Program of the Depart-

1 ment during the one-year period preceding the sub-
2 mittal of the report, and the number that plan to
3 participate in such a mini-residency during the one-
4 year period following such date.

5 “(6) The number of designated women’s health
6 care providers of the Department who have suffi-
7 cient female patients to retain their competencies
8 and proficiencies.

9 “(g) ACCESSIBILITY AND TREATMENT OPTIONS.—
10 Each report under subsection (a) shall include an analysis
11 of the accessibility and treatment options for women vet-
12 erans, including the following:

13 “(1) An assessment of wheelchair accessibility
14 of women’s health centers of the Department, in-
15 cluding, with respect to each such facility, an assess-
16 ment of such accessibility for each kind of treatment
17 provided at the center, including with respect to ra-
18 diology and mammography, that addresses all rel-
19 evant factors, including door sizes, hoists, and equip-
20 ment.

21 “(2) The options for women veterans to access
22 female mental health providers and primary care
23 providers.

24 “(3) The options for women veterans at medical
25 facilities of the Department with respect to clothing

1 sizes, including for gowns, drawstring pants, and pa-
2 jamas.

3 “(h) DEFINITIONS.—In this section:

4 “(1) The term ‘appropriate congressional com-
5 mittees’ means—

6 “(A) the Committees on Veterans’ Affairs
7 of the House of Representatives and the Sen-
8 ate; and

9 “(B) the Committees on Appropriations of
10 the House of Representatives and the Senate.

11 “(2) The term ‘gender-specific services’ means
12 mammography, obstetric care, gynecological care,
13 and such other services as the Secretary determines
14 appropriate.”.

15 (2) CLERICAL AMENDMENT.—The table of sec-
16 tions for such chapter is amended by inserting after
17 the item relating to section 7309A the following new
18 items:

“7310. Office of Women’s Health.

“7310A. Annual reports on women’s Health.”.

19 (c) INITIAL REPORT.—The Secretary of Veterans Af-
20 fairs shall submit the initial report under section 7310A
21 of title 38, United States Code, as added by subsection
22 (b), by not later than 180 days after the date of the enact-
23 ment of this Act.

1 **SEC. 102. EXPANSION OF CAPABILITIES OF WOMEN VET-**
2 **ERANS CALL CENTER TO INCLUDE TEXT MES-**
3 **SAGING.**

4 The Secretary of Veterans Affairs shall expand the
5 capabilities of the Women Veterans Call Center of the De-
6 partment of Veterans Affairs to include a text messaging
7 capability.

8 **SEC. 103. REQUIREMENT FOR DEPARTMENT OF VETERANS**
9 **AFFAIRS INTERNET WEBSITE TO PROVIDE IN-**
10 **FORMATION ON SERVICES AVAILABLE TO**
11 **WOMEN VETERANS.**

12 (a) IN GENERAL.—The Secretary of Veterans Affairs
13 shall survey the internet websites and information re-
14 sources of the Department of Veterans Affairs in effect
15 on the day before the date of the enactment of this Act
16 and publish an internet website that serves as a central-
17 ized source for the provision to women veterans of infor-
18 mation about the benefits and services available to them
19 under laws administered by the Secretary.

20 (b) ELEMENTS.—The internet website published
21 under subsection (a) shall provide to women veterans in-
22 formation regarding all of the services available in the dis-
23 trict in which the veteran is seeking such services, includ-
24 ing, with respect to each medical center and community-
25 based outpatient clinic in the applicable Veterans Inte-
26 grated Service Network—

1 (1) the name and contact information of each
2 women veterans program manager;

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

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

10 (c) UPDATED INFORMATION.—The Secretary shall
11 ensure that the information described in subsection (b)
12 that is published on the internet website required by sub-
13 section (a) is updated not less frequently than once every
14 90 days.

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

20 (e) DERIVATION OF FUNDS.—Amounts used by the
21 Secretary to carry out this section shall be derived from
22 amounts made available to the Secretary to publish inter-
23 net websites of the Department.

1 **SEC. 104. REPORT ON WOMEN VETERANS RETROFIT INITIA-**
2 **TIVE.**

3 (a) REPORT.—Not later than 180 days after the date
4 of the enactment of this Act, the Secretary of Veterans
5 Affairs shall submit to the Committees on Veterans' Af-
6 fairs and the Committees on Appropriations of the Senate
7 and the House of Representatives a report on require-
8 ments to retrofit existing medical facilities of the Depart-
9 ment of Veterans Affairs with fixtures, materials, and
10 other outfitting measures to support the provision of care
11 to women veterans at such facilities.

12 (b) ELEMENTS.—The report under subsection (a)
13 shall include the following:

14 (1) An assessment of how the Secretary
15 prioritizes retrofitting existing medical facilities to
16 support provision of care to women veterans in com-
17 parison to other requirements.

18 (2) A five-year plan for retrofitting medical fa-
19 cilities of the Department to support the provision of
20 care to women veterans.

21 **SEC. 105. ESTABLISHMENT OF ENVIRONMENT OF CARE**
22 **STANDARDS AND INSPECTIONS AT DEPART-**
23 **MENT OF VETERANS AFFAIRS MEDICAL CEN-**
24 **TERS.**

25 (a) IN GENERAL.—The Secretary of Veterans Affairs
26 shall establish a policy under which the environment of

1 care standards and inspections at medical centers of the
2 Department of Veterans Affairs include—

3 (1) an alignment of the requirements for such
4 standards and inspections with the women's health
5 handbook of the Veterans Health Administration;

6 (2) a requirement for the frequency of such in-
7 spections;

8 (3) delineation of the roles and responsibilities
9 of staff at the medical center who are responsible for
10 compliance;

11 (4) the requirement that each medical center
12 submit to the Secretary and make publicly available
13 a report on the compliance of the medical center
14 with the standards; and

15 (5) a remediation plan.

16 (b) REPORT.—Not later than 180 days after the date
17 of the enactment of this Act, the Secretary shall submit
18 to the Committees on Veterans' Affairs of the Senate and
19 House of Representatives certification in writing that the
20 policy required by subsection (a) has been finalized and
21 disseminated to Department all medical centers.

1 **SEC. 106. ADDITIONAL FUNDING FOR PRIMARY CARE AND**
2 **EMERGENCY CARE CLINICIANS IN WOMEN**
3 **VETERANS HEALTH CARE MINI-RESIDENCY**
4 **PROGRAM.**

5 (a) IN GENERAL.—There is authorized to be appro-
6 priated to the Secretary of Veterans Affairs \$1,000,000
7 for each fiscal year for the Women Veterans Health Care
8 Mini-Residency Program of the Department of Veterans
9 Affairs to provide opportunities for participation in such
10 program for primary care and emergency care clinicians.

11 (b) TREATMENT OF AMOUNTS.—The amounts au-
12 thorized to be appropriated under subsection (a) shall be
13 in addition to amounts otherwise made available to the
14 Secretary for the purposes set forth in such subsection.

15 **SEC. 107. ESTABLISHMENT OF WOMEN VETERAN TRAINING**
16 **MODULE FOR NON-DEPARTMENT OF VET-**
17 **ERANS AFFAIRS HEALTH CARE PROVIDERS.**

18 (a) IN GENERAL.—Not later than one year after the
19 date of the enactment of this Act, the Secretary of Vet-
20 erans Affairs shall establish and make available to commu-
21 nity providers a training module that is specific to women
22 veterans.

23 (b) COMMUNITY PROVIDER DEFINED.—In this sec-
24 tion, the term “community provider” means a non-Depart-
25 ment of Veterans Affairs health care provider who pro-

1 vides health care to veterans under the laws administered
2 by the Secretary of Veterans Affairs.

3 **TITLE II—MEDICAL CARE**

4 **SEC. 201. IMPROVED ACCESS TO DEPARTMENT OF VET-**
5 **ERANS AFFAIRS MEDICAL CARE FOR WOMEN**
6 **VETERANS.**

7 (a) IN GENERAL.—Subchapter II of chapter 17 of
8 title 38, United States Code, is amended by adding at the
9 end the following new section:

10 **“§ 1720J. Medical services for women veterans**

11 “(a) ACCESS TO CARE.—The Secretary shall ensure
12 that women’s health primary care services are available
13 during regular business hours at every medical center and
14 community based outpatient clinic of the Department.

15 “(b) STUDY ON EXTENDED HOURS OF CARE.—The
16 Secretary shall conduct a study to assess—

17 “(1) the use of extended hours as a means of
18 reducing barriers to care;

19 “(2) the need for extended hours based on
20 interviews with women veterans and employees; and

21 “(3) the best practices and resources required
22 to implement use of extended hours.

23 “(c) ANNUAL REPORT TO CONGRESS.—Not later
24 than September 30 of each year, the Secretary shall sub-
25 mit to the Committee on Veterans’ Affairs of the Senate

1 and the Committee on Veterans' Affairs of the House of
2 Representatives a report on compliance with subsection
3 (a).”.

4 (b) CLERICAL AMENDMENT.—The table of sections
5 at the beginning of such chapter is amended by inserting
6 after the item relating to section 1720I the following new
7 item:

“1720J. Medical services for women veterans.”.

8 **SEC. 202. COUNSELING AND TREATMENT FOR SEXUAL**
9 **TRAUMA.**

10 Section 1720D of title 38, United States Code, is
11 amended—

12 (1) in subsection (a)—

13 (A) in paragraph (1), by striking “active
14 duty, active duty for training, or inactive duty
15 training” and inserting “duty, regardless of
16 duty status or line of duty determination (as
17 that term is used in section 12323 of title 10)”;
18 and

19 (B) in paragraph (2)(A), by striking “ac-
20 tive duty, active duty for training, or inactive
21 duty training” and inserting “duty, regardless
22 of duty status or line of duty determination (as
23 that term is used in section 12323 of title 10)”;

1 (2) by striking “veteran” each place it appears
2 and inserting “former member of the Armed
3 Forces”;

4 (3) by striking “veterans” each place it appears
5 and inserting “former members of the Armed
6 Forces”; and

7 (4) by adding at the end the following new sub-
8 section:

9 “(g) In this section, the term ‘former member of the
10 Armed Forces’ includes the following:

11 “(1) A veteran described in section 101(2) of
12 this title.

13 “(2) An individual not described in paragraph
14 (1) who was discharged or released from the Armed
15 Forces under a condition that is not honorable but
16 not—

17 “(A) a dishonorable discharge; or

18 “(B) a discharge by court-martial.”.

19 **SEC. 203. COUNSELING IN RETREAT SETTINGS FOR WOMEN**
20 **VETERANS AND OTHER INDIVIDUALS.**

21 (a) **IN GENERAL.**—Chapter 17 of title 38, United
22 States Code, is amended by inserting after section 1712C
23 the following new section:

1 **“§ 1712D. Counseling in retreat settings for women**
2 **veterans and other individuals**

3 “(a) PROGRAM.—(1) Commencing not later than
4 January 1, 2021, the Secretary shall carry out, through
5 the Readjustment Counseling Service of the Veterans
6 Health Administration, a program to provide reintegration
7 and readjustment services described in subsection (b) in
8 group retreat settings to covered individuals, including co-
9 horts of women veterans who are eligible for readjustment
10 counseling services under section 1712A of this title.

11 “(2) The participation of a covered individual in the
12 program under paragraph (1) shall be at the election of
13 the individual.

14 “(b) COVERED SERVICES.—The services provided to
15 a covered individual under the program under subsection
16 (a)(1) shall include the following:

17 “(1) Information on reintegration into the fam-
18 ily, employment, and community of the individual.

19 “(2) Financial counseling.

20 “(3) Occupational counseling.

21 “(4) Information and counseling on stress re-
22 duction.

23 “(5) Information and counseling on conflict res-
24 olution.

25 “(6) Such other information and counseling as
26 the Secretary considers appropriate to assist the in-

1 dividual in reintegration into the family, employ-
2 ment, and community of the veteran.

3 “(c) BIENNIAL REPORTS.—Not later than December
4 31, 2022, and each even-numbered year thereafter, the
5 Secretary shall submit to the Committees on Veterans’ Af-
6 fairs of the House of Representatives and the Senate a
7 report on the program under subsection (a)(1).

8 “(d) COVERED INDIVIDUAL DEFINED.—In this sec-
9 tion, the term ‘covered individual’ means—

10 “(1) Any veteran who is enrolled in the system
11 of annual patient enrollment under section 1705 of
12 this title.

13 “(2) Any survivor or dependent of a veteran
14 who is eligible for medical care under section 1781
15 of this title.”.

16 (b) CLERICAL AMENDMENT.—The table of sections
17 at the beginning of such chapter is amended by inserting
18 after the item relating to section 1712C the following new
19 item:

“1712D. Counseling in retreat settings for women veterans and other individ-
uals.”.

20 **SEC. 204. IMPROVEMENT OF HEALTH CARE SERVICES PRO-**
21 **VIDED TO NEWBORN CHILDREN BY DEPART-**
22 **MENT OF VETERANS AFFAIRS.**

23 (a) EXPANSION.—Section 1786 of title 38, United
24 States Code, is amended—

1 (1) in subsection (a), in the matter preceding
2 paragraph (1), by striking “seven days” and insert-
3 ing “14 days”; and

4 (2) by adding at the end the following new sub-
5 section:

6 “(f) ANNUAL REPORT.—Not later than 60 days after
7 the end of each fiscal year, the Secretary shall submit to
8 the Committee on Veterans’ Affairs of the Senate and the
9 Committee on Veterans’ Affairs of the House of Rep-
10 resentatives a report on the health care services provided
11 under subsection (a) during such fiscal year, including the
12 number of newborn children who received such services
13 during such fiscal year.”.

14 (b) AUTHORITY TO FURNISH MEDICALLY NEC-
15 ESSARY TRANSPORTATION FOR NEWBORN CHILDREN OF
16 CERTAIN WOMEN VETERANS.—Such section is further
17 amended—

18 (1) in subsection (a)—

19 (A) in the matter before paragraph (1)—

20 (i) by inserting “and transportation
21 necessary to receive such services” after
22 “described in subsection (b)”; and

23 (ii) by inserting “, except as provided
24 in subsection (e),” after “14 days”;

25 (B) in paragraph (1), by striking “or”;

1 (C) in paragraph (2), by striking the pe-
2 riod at the end and inserting “; or”; and

3 (D) by adding at the end the following new
4 paragraph:

5 “(3) another location, including a health care
6 facility, if the veteran delivers the child before arriv-
7 ing at a facility described in paragraph (1) or (2).”;

8 (2) in subsection (b), by inserting before the pe-
9 riod at the end the following: “, including necessary
10 health care services provided by a facility other than
11 the facility where the newborn child was delivered
12 (including a specialty pediatric hospital) that accepts
13 transfer of the newborn child and responsibility for
14 treatment of the newborn child”; and

15 (3) by inserting before subsection (f), as added
16 by subsection (a), the following new subsections:

17 “(c) TRANSPORTATION.—(1) Transportation fur-
18 nished under subsection (a) to, from, or between care set-
19 tings to meet the needs of a newborn child includes costs
20 for either or both the newborn child and parents.

21 “(2) Transportation furnished under subsection (a)
22 is transportation by ambulance, including air ambulance,
23 or other appropriate medically staffed modes of transpor-
24 tation—

1 “(A) to another health care facility (including a
2 specialty pediatric hospital) that accepts transfer of
3 the newborn child or otherwise provides post-delivery
4 care services when the treating facility is not capable
5 of furnishing the care or services required; or

6 “(B) to a health care facility in a medical emer-
7 gency of such nature that a prudent layperson rea-
8 sonably expects that delay in seeking immediate
9 medical attention would be hazardous to life or
10 health.

11 “(3) Amounts paid by the Department for transpor-
12 tation under this section shall be derived from the Medical
13 Services appropriations account of the Department.

14 “(d) REIMBURSEMENT OR PAYMENT FOR HEALTH
15 CARE SERVICES OR TRANSPORTATION.—(1) Pursuant to
16 regulations the Secretary shall prescribe to establish rates
17 of reimbursement and any limitations thereto under this
18 section, the Secretary shall directly reimburse a covered
19 entity for health care services or transportation services
20 provided under this section, unless the cost of the services
21 or transportation is covered by an established agreement
22 or contract. If such an agreement or contract exists, its
23 negotiated payment terms shall apply.

24 “(2)(A) Reimbursement or payment by the Secretary
25 under this section on behalf of an individual to a covered

1 entity shall, unless rejected and refunded by the covered
2 entity within 30 days of receipt, extinguish any liability
3 on the part of the individual for the health care services
4 or transportation covered by such payment.

5 “(B) Neither the absence of a contract or agreement
6 between the Secretary and a covered entity nor any provi-
7 sion of a contract, agreement, or assignment to the con-
8 trary shall operate to modify, limit, or negate the require-
9 ments of subparagraph (A).

10 “(3) In this subsection, the term ‘covered entity’
11 means any individual, transportation carrier, organization,
12 or other entity that furnished or paid for health care serv-
13 ices or transportation under this section.

14 “(e) EXCEPTION.—Pursuant to such regulations as
15 the Secretary shall prescribe to carry out this section, the
16 Secretary may furnish more than 14 days of health care
17 services described in subsection (b), and transportation
18 necessary to receive such services, to a newborn child
19 based on medical necessity if the child is in need of addi-
20 tional care, including a case in which the newborn child
21 has been discharged or released from a hospital and re-
22 quires readmittance to ensure the health and welfare of
23 the newborn child.”.

24 (c) TREATMENT OF CERTAIN EXPENSES ALREADY
25 INCURRED.—Pursuant to such regulations as the Sec-

1 reitary of Veterans Affairs shall prescribe, the Secretary
2 may provide reimbursement under section 1786 of title 38,
3 United States Code, as amended by subsection (a), health
4 care services or transportation services furnished to a new-
5 born child during the period beginning on May 5, 2010,
6 and ending on the date of the enactment of this Act, if
7 the Secretary determines that, under the circumstances
8 applicable with respect to the newborn, such reimburse-
9 ment appropriate.

10 **TITLE III—REPORTS AND OTHER** 11 **MATTERS**

12 **Subtitle A—Reports**

13 **SEC. 301. ASSESSMENT OF EFFECTS OF INTIMATE PART-** 14 **NER VIOLENCE ON WOMEN VETERANS BY AD-** 15 **VISORY COMMITTEE ON WOMEN VETERANS.**

16 Section 542(c)(1) of title 38, United States Code, is
17 amended—

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

20 (2) by redesignating subparagraph (C) as sub-
21 paragraph (D); and

22 (3) by inserting after subparagraph (B) the fol-
23 lowing new subparagraph (C):

24 “(C) an assessment of the effects of inti-
25 mate partner violence on women veterans; and”.

1 **SEC. 302. STUDY ON STAFFING OF WOMEN VETERAN PRO-**
2 **GRAM MANAGER PROGRAM AT MEDICAL**
3 **CENTERS OF THE DEPARTMENT OF VET-**
4 **ERANS AFFAIRS AND TRAINING OF STAFF.**

5 (a) STUDY.—The Secretary of Veterans Affairs shall
6 conduct a study on the use of the Women Veteran Pro-
7 gram Manager program of the Department of Veterans
8 Affairs to determine—

9 (1) if the program is appropriately staffed at
10 each medical center of the Department;

11 (2) whether each medical center of the Depart-
12 ment is staffed with a Women Veteran Program
13 Manager; and

14 (3) whether it would be feasible and advisable
15 to have a Women Veteran Program Ombudsman at
16 each medical center of the Department.

17 (b) REPORT.—Not later than 270 days after the date
18 of the enactment of this Act, the Secretary shall submit
19 to the Committee on Veterans' Affairs of the Senate and
20 the Committee on Veterans' Affairs of the House of Rep-
21 resentatives a report on the study conducted under sub-
22 section (a).

23 (c) TRAINING.—The Secretary shall ensure that all
24 Women Veteran Program Managers and Women Veteran
25 Program Ombudsmen receive the proper training to carry
26 out their duties.

1 **SEC. 303. REPORT ON AVAILABILITY OF PROSTHETIC**
2 **ITEMS FOR WOMEN VETERANS FROM THE**
3 **DEPARTMENT OF VETERANS AFFAIRS.**

4 Not later than one year after the date of the enact-
5 ment of this Act, the Secretary of Veterans Affairs shall
6 submit to the Committee on Veterans' Affairs of the Sen-
7 ate and the Committee on Veterans' Affairs of the House
8 of Representatives a report on the availability from the
9 Department of Veterans Affairs of prosthetic items made
10 for women veterans, including an assessment of the avail-
11 ability of such prosthetic items at each medical facility of
12 the Department. The report shall—

13 (1) address efforts on research, development,
14 and employment of additive manufacture technology
15 (commonly referred to as “3D printing”) to provide
16 prosthetic items for women veterans; and

17 (2) include a survey with a representative sam-
18 ple of 50,000 veterans (of which women shall be
19 overrepresented) in amputee care program on satis-
20 faction with prosthetics furnished or procured by the
21 Department that replace appendages or their func-
22 tion.

1 **SEC. 304. STUDY OF BARRIERS FOR WOMEN VETERANS TO**
2 **HEALTH CARE FROM THE DEPARTMENT OF**
3 **VETERANS AFFAIRS.**

4 (a) STUDY REQUIRED.—The Secretary of Veterans
5 Affairs shall conduct a comprehensive study of the bar-
6 riers to the provision of comprehensive health care by the
7 Department of Veterans Affairs encountered by women
8 who are veterans. In conducting the study, the Secretary
9 shall—

10 (1) survey women veterans who seek or receive
11 hospital care or medical services provided by the De-
12 partment of Veterans Affairs as well as women vet-
13 erans who do not seek or receive such care or serv-
14 ices;

15 (2) administer the survey to a representative
16 sample of women veterans from each Veterans Inte-
17 grated Service Network; and

18 (3) ensure that the sample of women veterans
19 surveyed is of sufficient size for the study results to
20 be statistically significant and is a larger sample
21 than that of the study referred to in subsection
22 (b)(1).

23 (b) USE OF PREVIOUS STUDIES.—In conducting the
24 study required by subsection (a), the Secretary shall build
25 on the work of the studies of the Department of Veterans
26 Affairs titled—

1 (1) “National Survey of Women Veterans in
2 Fiscal Year 2007–2008”; and

3 (2) “Study of Barriers for Women Veterans to
4 VA Health Care 2015”.

5 (c) ELEMENTS OF STUDY.—In conducting the study
6 required by subsection (a), the Secretary shall conduct re-
7 search on the effects of the following on the women vet-
8 erans surveyed in the study:

9 (1) The barriers associated with seeking mental
10 health care services, including with respect to pro-
11 vider availability, telehealth access, and family,
12 work, and school obligations.

13 (2) The effect of driving distance or availability
14 of other forms of transportation to the nearest med-
15 ical facility on access to care.

16 (3) The effect of access to care in the commu-
17 nity.

18 (4) The availability of child care.

19 (5) The acceptability of integrated primary
20 care, women’s health clinics, or both.

21 (6) The comprehension of eligibility require-
22 ments for, and the scope of services available under,
23 hospital care and medical services.

1 (7) The perception of personal safety and com-
2 fort in inpatient, outpatient, and behavioral health
3 facilities.

4 (8) The gender sensitivity of health care pro-
5 viders and staff to issues that particularly affect
6 women.

7 (9) The effectiveness of outreach for health care
8 services available to women veterans.

9 (10) The location and operating hours of health
10 care facilities that provide services to women vet-
11 erans.

12 (11) The perception of women veterans regard-
13 ing the motto of the Department of Veterans Af-
14 fairs.

15 (12) Such other significant barriers as the Sec-
16 retary considers appropriate.

17 (d) DISCHARGE BY CONTRACT.—The Secretary shall
18 enter into a contract with a qualified independent entity
19 or organization to carry out the study and research re-
20 quired under this section.

21 (e) MANDATORY REVIEW OF DATA BY CERTAIN DE-
22 PARTMENT DIVISIONS.—

23 (1) IN GENERAL.—The Secretary shall ensure
24 that the head of each division of the Department of
25 Veterans Affairs specified in paragraph (2) reviews

1 the results of the study conducted under this sec-
2 tion. The head of each such division shall submit
3 findings with respect to the study to the Under Sec-
4 retary for responsibilities relating to health care
5 services for women veterans.

6 (2) SPECIFIED DIVISIONS.—The divisions of the
7 Department of Veterans Affairs specified in this
8 paragraph are the following:

9 (A) The Under Secretary for Health.

10 (B) The Office of Women’s Health.

11 (C) The Center for Women Veterans estab-
12 lished under section 318 of title 38, United
13 States Code.

14 (D) The Advisory Committee on Women
15 Veterans established under section 542 of such
16 title.

17 (f) REPORT.—Not later than 30 months after the
18 date of the enactment of this Act, the Secretary shall sub-
19 mit to Congress a report on the study required under this
20 section. The report shall include recommendations for
21 such administrative and legislative action as the Secretary
22 considers appropriate. The report shall also include the
23 findings of the head of each division of the Department
24 specified under subsection (e)(2) and of the Under Sec-
25 retary for Health.

1 **SEC. 305. REPORT REGARDING VETERANS WHO RECEIVE**
2 **BENEFITS UNDER LAWS ADMINISTERED BY**
3 **THE SECRETARY OF VETERANS AFFAIRS.**

4 (a) REPORT.—Not later than 180 days after the date
5 of the enactment of this Act, the Secretary of Veterans
6 Affairs shall publish a report regarding veterans who re-
7 ceive benefits under laws administered by the Secretary,
8 including the Transition Assistance Program under sec-
9 tions 1142 and 1144 of title 10, United States Code.

10 (b) DATA.—The data regarding veterans published in
11 the report under subsection (a)—

12 (1) shall be disaggregated by—

13 (A) sex;

14 (B) minority group member status; and

15 (C) minority group member status listed
16 by sex.

17 (2) may not include any personally identifiable
18 information.

19 (c) MATTERS INCLUDED.—The report under sub-
20 section (a) shall include—

21 (1) identification of any disparities in the use of
22 benefits under laws administered by the Secretary;
23 and

24 (2) an analysis of the cause of such disparities
25 and recommendations to address such disparities.

1 (d) MINORITY GROUP MEMBER DEFINED.—In this
2 section, the term “minority group member” has the mean-
3 ing given that term in section 544 of title 38, United
4 States Code.

5 **SEC. 306. STUDY ON WOMEN VETERAN COORDINATOR PRO-**
6 **GRAM.**

7 Not later than 180 days after the date of the enact-
8 ment of this Act, the Secretary of Veterans Affairs shall
9 submit to the Committees on Veterans’ Affairs of the
10 House of Representatives and the Senate a report con-
11 taining a study on the Women Veteran Coordinator pro-
12 gram of the Veterans Benefits Administration of the De-
13 partment of Veterans Affairs. Such study shall identify
14 the following:

15 (1) If the program is appropriately staffed at
16 each regional benefits office of the Department.

17 (2) Whether each regional benefits office of the
18 Department is staffed with a Women Veteran Coor-
19 dinator.

20 (3) The position description of the Women Vet-
21 eran Coordinator.

22 (4) Whether an individual serving in the
23 Women Veteran Coordinator position concurrently
24 serves in any other position, and if so, the allocation
25 of time the individual spends in each such position.

1 (5) A description of the metrics the Secretary
2 uses to determine the success and performance of
3 the Women Veteran Coordinator.

4 **Subtitle B—Other Matters**

5 **SEC. 321. ANTI-HARASSMENT AND ANTI-SEXUAL ASSAULT**

6 **POLICY OF THE DEPARTMENT OF VETERANS**

7 **AFFAIRS.**

8 (a) IN GENERAL.—Subchapter II of chapter 5 of title
9 38, United States Code, is amended by adding at the end
10 the following new section:

11 **“§ 533. Anti-harassment and anti-sexual assault pol-**

12 **icy**

13 “(a) ESTABLISHMENT.—The Secretary of Veterans
14 Affairs shall establish a comprehensive policy to end har-
15 assment and sexual assault, including sexual harassment
16 and gender-based harassment, throughout the Depart-
17 ment of Veterans Affairs. This policy shall include the fol-
18 lowing:

19 “(1) A process for employees and contractors of
20 the Department to respond to reported incidents of
21 harassment and sexual assault committed by any
22 non-Department individual within a facility of the
23 Department, including with respect to accountability
24 or disciplinary measures.

1 “(2) A process for employees and contractors of
2 the Department to respond to reported incidents of
3 harassment and sexual assault of any non-Depart-
4 ment individual within a facility of the Department.

5 “(3) A process for any non-Department indi-
6 vidual to report harassment and sexual assault de-
7 scribed in paragraph (1), including an option for
8 confidential reporting, and for the Secretary to re-
9 spond to and address such reports.

10 “(4) Clear mechanisms for non-Department in-
11 dividuals to readily identify to whom and how to re-
12 port incidents of harassment and sexual assault
13 committed by another non-Department individual.

14 “(5) Clear mechanisms for employees and con-
15 tractors of the Department to readily identify to
16 whom and how to report incidents of harassment
17 and sexual assault and how to refer non-Department
18 individuals with respect to reporting an incident of
19 harassment or sexual assault.

20 “(6) A process for, and mandatory reporting re-
21 quirement applicable to, any employee or contractor
22 of the Department who witnesses harassment or sex-
23 ual assault described in paragraph (1) or (2) within
24 a facility of the Department, regardless of whether
25 the individual affected by such harassment or sexual

1 assault wants to report such harassment or sexual
2 assault.

3 “(7) The actions possible, including disciplinary
4 actions, for employees or contractors of the Depart-
5 ment who fail to report incidents of harassment and
6 sexual assault described in paragraph (1) or (2) that
7 the employees or contractors witness.

8 “(8) On an annual or more frequent basis,
9 mandatory training for employees and contractors of
10 the Department regarding how to report and ad-
11 dress harassment and sexual assault described in
12 paragraphs (1) and (2), including bystander inter-
13 vention training.

14 “(9) On an annual or more frequent basis, the
15 distribution of the policy under this subsection and
16 anti-harassment and anti-sexual assault educational
17 materials by mail or email to each individual receiv-
18 ing a benefit under a law administered by the Sec-
19 retary.

20 “(10) The prominent display of anti-harass-
21 ment and anti-sexual assault messages in each facil-
22 ity of the Department, including how non-Depart-
23 ment individuals may report harassment and sexual
24 assault described in paragraphs (1) and (2) at such

1 facility and the points of contact under subsection
2 (b).

3 “(11) The posting on internet websites of the
4 Department, including the main internet website re-
5 garding benefits of the Department and the main
6 internet website regarding health care of the Depart-
7 ment, of anti-harassment and anti-sexual assault
8 banners specifically addressing harassment and sex-
9 ual assault described in paragraphs (1) and (2).

10 “(b) POINTS OF CONTACT.—The Secretary shall des-
11 ignate, as a point of contact to receive reports of harass-
12 ment and sexual assault described in paragraphs (1) and
13 (2) of subsection (a)—

14 “(1) at least one individual, in addition to law
15 enforcement, at each facility of the Department (in-
16 cluding Vet Centers under section 1712A of this
17 title), with regard to that facility;

18 “(2) at least one individual employed in each
19 Veterans Integrated Service Network, with regards
20 to facilities in that Veterans Integrated Service Net-
21 work;

22 “(3) at least one individual employed in each
23 regional benefits office;

24 “(4) at least one individual employed at each lo-
25 cation of the National Cemetery Administration; and

1 “(5) at least one individual employed at the
2 Central Office of the Department to track reports of
3 such harassment and sexual assault across the De-
4 partment, disaggregated by facility.

5 “(c) ACCOUNTABILITY.—The Secretary shall estab-
6 lish a policy to ensure that each facility of the Department
7 and each director of a Veterans Integrated Service Net-
8 work is responsible for addressing harassment and sexual
9 assault at the facility and the Network. Such policy shall
10 include—

11 “(1) a remediation plan for facilities that expe-
12 rience five or more incidents of sexual harassment,
13 sexual assault, or combination thereof, during any
14 single fiscal year; and

15 “(2) taking appropriate actions under chapter 7
16 or subchapter V of chapter 74 of this title.

17 “(d) DATA.—The Secretary shall ensure that the in-
18 take process for veterans at medical facilities of the De-
19 partment includes a survey to collect the following infor-
20 mation:

21 “(1) Whether the veteran feels safe at the facil-
22 ity and whether any events occurred at the facility
23 that affect such feeling.

1 “(2) Whether the veteran wants to be contacted
2 later by the Department with respect to such safety
3 issues.

4 “(e) WORKING GROUP.—(1) The Secretary shall es-
5 tablish a working group to assist the Secretary in imple-
6 menting policies to carry out this section.

7 “(2) The working group established under paragraph
8 (1) shall consist of representatives from—

9 “(A) veterans service organizations;

10 “(B) State, local, and Tribal veterans agencies;

11 and

12 “(C) other persons the Secretary determines
13 appropriate.

14 “(3) The working group established under paragraph
15 (1) shall develop, and the Secretary shall carry out—

16 “(A) an action plan for addressing changes at
17 the local level to reduce instances of harassment and
18 sexual assault;

19 “(B) standardized media for veterans service
20 organizations and other persons to use in print and
21 on the internet with respect to reducing harassment
22 and sexual assault; and

23 “(C) bystander intervention training for vet-
24 erans.

1 “(f) REPORTS.—The Secretary shall submit to the
2 Committees on Veterans’ Affairs of the Senate and the
3 House of Representatives an annual report on harassment
4 and sexual assault described in paragraphs (1) and (2)
5 of subsection (a) in facilities of the Department. Each
6 such report shall include the following:

7 “(1) Results of harassment and sexual assault
8 programming, including the End Harassment pro-
9 gram.

10 “(2) Results of studies from the Women’s
11 Health Practice-Based Research Network of the De-
12 partment relating to harassment and sexual assault.

13 “(3) Data collected on incidents of sexual har-
14 assment and sexual assault.

15 “(4) A description of any actions taken by the
16 Secretary during the year preceding the date of the
17 report to stop harassment and sexual assault at fa-
18 cilities of the Department.

19 “(5) An assessment of the implementation of
20 the training required in subsection (a)(7).

21 “(6) A list of resources the Secretary deter-
22 mines necessary to prevent harassment and sexual
23 assault at facilities of the Department.

24 “(g) DEFINITIONS.—In this section:

1 “(1) The term ‘non-Department individual’
2 means any individual present at a facility of the De-
3 partment who is not an employee or contractor of
4 the Department.

5 “(2) The term ‘sexual harassment’ has the
6 meaning given that term in section 1720D of this
7 title.”.

8 (b) CLERICAL AMENDMENT.—The table of sections
9 at the beginning of such chapter is amended by adding
10 after the item relating to section 532 the following new
11 item:

“533. Anti-harassment and anti-sexual assault policy.”.

12 (c) DEFINITION OF SEXUAL HARASSMENT.—Section
13 1720D(f) of such title is amended by striking “repeated,”.

14 (d) DEADLINE.—The Secretary shall commence car-
15 rying out section 533 of such title, as added by subsection
16 (a), not later than 180 days after the date of enactment
17 of this Act.

18 **SEC. 322. SUPPORT FOR ORGANIZATIONS THAT HAVE A**
19 **FOCUS ON PROVIDING ASSISTANCE TO**
20 **WOMEN VETERANS AND THEIR FAMILIES.**

21 Section 2044(e) of title 38, United States Code, is
22 amended by adding at the end the following new para-
23 graph:

24 “(4) Not less than \$20,000,000 shall be avail-
25 able under paragraph (1)(H) for the provision of fi-

1 nancial assistance under subsection (a) to organiza-
2 tions that have a focus on providing assistance to
3 women veterans and their families.”.

4 **SEC. 323. GAP ANALYSIS OF DEPARTMENT OF VETERANS**
5 **AFFAIRS PROGRAMS THAT PROVIDE ASSIST-**
6 **ANCE TO WOMEN VETERANS WHO ARE HOME-**
7 **LESS.**

8 (a) IN GENERAL.—The Secretary of Veterans Affairs
9 shall complete an analysis of programs of the Department
10 of Veterans Affairs that provide assistance to women vet-
11 erans who are homeless or precariously housed to identify
12 the areas in which such programs are failing to meet the
13 needs of such women.

14 (b) REPORT.—Not later than 270 days after the date
15 of the enactment of this Act, the Secretary shall submit
16 to the Committee on Veterans’ Affairs of the Senate and
17 the Committee on Veterans’ Affairs of the House of Rep-
18 resentatives a report on the analysis completed under sub-
19 section (a).

20 **SEC. 324. DEPARTMENT OF VETERANS AFFAIRS PUBLIC-**
21 **PRIVATE PARTNERSHIP ON LEGAL SERVICES**
22 **FOR WOMEN VETERANS.**

23 (a) PARTNERSHIP REQUIRED.—The Secretary of
24 Veterans Affairs shall establish a partnership with at least

1 one nongovernmental organization to provide legal services
2 to women veterans.

3 (b) FOCUS.—The focus of the partnership established
4 under subsection (a) shall be on the 10 highest unmet
5 needs of women veterans as set forth in the most recently
6 completed Community Homelessness Assessment, Local
7 Education and Networking Groups for Veterans
8 (CHALENG for Veterans) survey.

9 **SEC. 325. PROGRAM TO ASSIST VETERANS WHO EXPERI-**
10 **ENCE INTIMATE PARTNER VIOLENCE OR SEX-**
11 **UAL ASSAULT.**

12 (a) PROGRAM REQUIRED.—The Secretary of Vet-
13 erans Affairs shall carry out a program to assist former
14 members of the armed forces who have experienced or are
15 experiencing intimate partner violence or sexual assault in
16 accessing benefits from the Department of Veterans Af-
17 fairs, including coordinating access to medical treatment
18 centers, housing assistance, and other benefits from the
19 Department.

20 (b) COLLABORATION.—The Secretary shall carry out
21 the program under subsection (a) in collaboration with—

- 22 (1) intimate partner violence shelters and pro-
23 grams;
24 (2) rape crisis centers;

1 (3) State intimate partner violence and sexual
2 assault coalitions; and

3 (4) such other health care or other service pro-
4 viders that serve intimate partner violence or sexual
5 assault victims as determined by the Secretary, par-
6 ticularly those providing emergency services or hous-
7 ing assistance.

8 (c) AUTHORIZED ACTIVITIES.—In carrying out the
9 program under subsection (a), the Secretary may conduct
10 the following activities:

11 (1) Training for community-based intimate
12 partner violence or sexual assault service providers
13 on—

14 (A) identifying former members of the
15 Armed Forces who have been victims of inti-
16 mate partner violence or sexual assault;

17 (B) coordinating with local service pro-
18 viders of the Department; and

19 (C) connecting former members of the
20 Armed Forces with appropriate housing, mental
21 health, medical, and other financial assistance
22 or benefits from the Department.

23 (2) Assistance to service providers to ensure ac-
24 cess of veterans to intimate partner violence and
25 sexual assault emergency services, particularly in un-

1 derserved areas, including services for Native Amer-
2 ican veterans (as defined in section 3765 of title 38,
3 United States Code).

4 (3) Such other outreach and assistance as the
5 Secretary determines necessary for the provision of
6 assistance under subsection (a).

7 (d) INTIMATE PARTNER VIOLENCE AND SEXUAL AS-
8 SAULT OUTREACH COORDINATORS.—

9 (1) IN GENERAL.—In order to effectively assist
10 veterans who have experienced intimate partner vio-
11 lence or sexual assault, the Secretary may establish
12 local coordinators to provide outreach under the pro-
13 gram required by subsection (a).

14 (2) LOCAL COORDINATOR KNOWLEDGE.—The
15 Secretary shall ensure that each coordinator estab-
16 lished under paragraph (1) is knowledgeable about—

17 (A) the dynamics of intimate partner vio-
18 lence and sexual assault, including safety con-
19 cerns, legal protections, and the need for the
20 provision of confidential services;

21 (B) the eligibility of veterans for services
22 and benefits from the Department that are rel-
23 evant to recovery from intimate partner violence
24 and sexual assault, particularly emergency

1 housing assistance, mental health care, other
2 health care, and disability benefits; and

3 (C) local community resources addressing
4 intimate partner violence and sexual assault.

5 (3) LOCAL COORDINATOR ASSISTANCE.—Each
6 coordinator established under paragraph (1) shall
7 assist intimate partner violence shelters and rape
8 crisis centers in providing services to veterans.

9 **SEC. 326. STUDY AND TASK FORCE ON VETERANS EXPERI-**
10 **ENCING INTIMATE PARTNER VIOLENCE OR**
11 **SEXUAL ASSAULT.**

12 (a) NATIONAL BASELINE STUDY.—

13 (1) IN GENERAL.—Not later than one year
14 after the date of the enactment of this Act, the Sec-
15 retary of Veterans Affairs, in consultation with the
16 Attorney General, shall conduct a national baseline
17 study to examine the scope of the problem of inti-
18 mate partner violence and sexual assault among vet-
19 erans and spouses and intimate partners of veterans.

20 (2) MATTERS INCLUDED.—The study under
21 paragraph (1) shall—

22 (A) include a literature review of all rel-
23 evant research on intimate partner violence and
24 sexual assault among veterans and spouses and
25 intimate partners of veterans;

1 (B) examine the prevalence of the experi-
2 ence of intimate partner violence among—

3 (i) women veterans;

4 (ii) veterans who are minority group
5 members (as defined in section 544 of title
6 38, United States Code, and including
7 other minority populations as the Sec-
8 retary determines appropriate);

9 (iii) urban and rural veterans;

10 (iv) veterans who are enrolled in a
11 program under section 1720G of title 38,
12 United States Code;

13 (v) veterans who are in intimate rela-
14 tionships with other veterans; and

15 (vi) veterans who are described in
16 more than one clause of this subparagraph;

17 (C) examine the prevalence of the per-
18 petration of intimate partner violence by vet-
19 erans; and

20 (D) include recommendations to address
21 the findings of the study.

22 (3) REPORT.—Not later than 30 days after the
23 date on which the Secretary completes the study
24 under paragraph (1), the Secretary shall submit to
25 the Committees on Veterans' Affairs of the House of

1 Representatives and the Senate a report on such
2 study.

3 (b) TASK FORCE.—Not later than 90 days after the
4 date on which the Secretary completes the study under
5 subsection (a), the Secretary, in consultation with the At-
6 torney General and the Secretary of Health and Human
7 Services, shall establish a national task force (in this sec-
8 tion referred to as the “Task Force”) to develop a com-
9 prehensive national program, including by integrating fa-
10 cilities, services, and benefits of the Department of Vet-
11 erans Affairs into existing networks of community-based
12 intimate partner violence and sexual assault services, to
13 address intimate partner violence and sexual assault
14 among veterans.

15 (c) CONSULTATION WITH STAKEHOLDERS.—In car-
16 rying out this section, the Task Force shall consult with—

17 (1) representatives from veteran service organi-
18 zations and military service organizations;

19 (2) representatives from not fewer than three
20 national organizations or State coalitions with dem-
21 onstrated expertise in intimate partner violence pre-
22 vention, response, or advocacy; and

23 (3) representatives from not fewer than three
24 national organizations or State coalitions, particu-
25 larly those representing underserved and ethnic mi-

1 nority communities, with demonstrated expertise in
2 sexual assault prevention, response, or advocacy.

3 (d) DUTIES.—The duties of the Task Force shall in-
4 clude the following:

5 (1) To review existing services and policies of
6 the Department and develop a comprehensive na-
7 tional program to address intimate partner violence
8 and sexual assault prevention, response, and treat-
9 ment.

10 (2) To review the feasibility and advisability of
11 establishing an expedited process to secure emer-
12 gency, temporary benefits, including housing or
13 other benefits, for veterans who are experiencing in-
14 timate partner violence or sexual assault.

15 (3) To review and make recommendations re-
16 garding the feasibility and advisability of estab-
17 lishing dedicated, temporary housing assistance for
18 veterans experiencing intimate partner violence or
19 sexual assault.

20 (4) To identify any requirements regarding inti-
21 mate partner violence assistance or sexual assault
22 response and services that are not being met by the
23 Department and make recommendations on how the
24 Department can meet such requirements.

1 (5) To review and make recommendations re-
2 garding the feasibility and advisability of providing
3 direct services or contracting for community-based
4 services for veterans in response to a sexual assault,
5 including through the use of sexual assault nurse ex-
6 aminers, particularly in underserved or remote
7 areas, including services for Native American vet-
8 erans.

9 (6) To review the availability of counseling serv-
10 ices provided by the Department and through peer
11 network support, and to provide recommendations
12 for the enhancement of such services, to address—

13 (A) the perpetration of intimate partner vi-
14 olence and sexual assault; and

15 (B) the recovery of veterans, particularly
16 women veterans, from intimate partner violence
17 and sexual assault.

18 (7) To review and make recommendations to
19 expand services available for veterans at risk of per-
20 petrating intimate partner violence.

21 (e) REPORT.—Not later than one year after the date
22 of the enactment of this Act, and not less frequently than
23 annually thereafter by October 1 of each year, the Task
24 Force shall submit to the Secretary of Veterans Affairs
25 and Congress a report on the activities of the Task Force,

1 including any recommendations for legislative or adminis-
2 trative action.

3 (f) DEFINITIONS.—In this section:

4 (1) The term “Native American veteran” has
5 the meaning given that term in section 3765 of title
6 38, United States Code.

7 (2) The term “State” has the meaning given
8 that term in section 101 of title 38, United States
9 Code.

