

AMENDMENT IN THE NATURE OF A SUBSTITUTE
TO H.R. 8247
OFFERED BY MR. Takano

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 “Veterans Comprehensive Prevention, Access to Care, and
4 Treatment Act of 2020” or the “Veterans COMPACT Act
5 of 2020”.

6 (b) TABLE OF CONTENTS.—The table of contents for
7 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. Pilot program on information sharing between Department of Veterans Affairs and designated relatives and friends of veterans regarding assistance and benefits available to the veterans.

Sec. 102. Annual report on Solid Start program of Department of Veterans Affairs.

TITLE II—SUICIDE PREVENTION

Sec. 201. Department of Veterans Affairs provision of emergent suicide care.

Sec. 202. Education program for family members and caregivers of veterans with mental health disorders.

Sec. 203. Interagency Task Force on Outdoor Recreation for Veterans.

Sec. 204. Contact of certain veterans to encourage receipt of comprehensive medical examinations.

Sec. 205. Police crisis intervention training of Department of Veterans Affairs.

TITLE III—IMPROVEMENT OF CARE AND SERVICES FOR WOMEN
VETERANS

Sec. 301. Gap analysis of Department of Veterans Affairs programs that provide assistance to women veterans who are homeless.

Sec. 302. Report on locations where women veterans are using health care from Department of Veterans Affairs.

1 **TITLE I—IMPROVEMENT OF**
2 **TRANSITION OF INDIVIDUALS**
3 **TO SERVICES FROM DEPART-**
4 **MENT OF VETERANS AFFAIRS**

5 **SEC. 101. PILOT PROGRAM ON INFORMATION SHARING BE-**
6 **TWEEN DEPARTMENT OF VETERANS AFFAIRS**
7 **AND DESIGNATED RELATIVES AND FRIENDS**
8 **OF VETERANS REGARDING ASSISTANCE AND**
9 **BENEFITS AVAILABLE TO THE VETERANS.**

10 (a) PILOT PROGRAM REQUIRED.—

11 (1) IN GENERAL.—Not later than one year
12 after the date of the enactment of this Act, the Sec-
13 retary of Veterans Affairs shall commence carrying
14 out a pilot program—

15 (A) to encourage members of the Armed
16 Forces who are transitioning from service in the
17 Armed Forces to civilian life, before separating
18 from such service, to designate up to 10 per-
19 sons to whom information regarding the assist-
20 ance and benefits available to the veterans
21 under laws administered by the Secretary shall
22 be disseminated using the contact information
23 obtained under paragraph (7); and

1 (B) provides such persons, within 30 days
2 after the date on which such persons are des-
3 igned under subparagraph (A), the option to
4 elect to receive such information.

5 (2) DURATION.—The Secretary shall carry out
6 the pilot program during a period beginning on the
7 date of the commencement of the pilot program that
8 is not less than two years.

9 (3) DISSEMINATION.—The Secretary shall dis-
10 seminate information described in paragraph (1)(A)
11 under the pilot program no less than quarterly.

12 (4) TYPES OF INFORMATION.—The types of in-
13 formation to be disseminated under the pilot pro-
14 gram to persons who elect to receive such informa-
15 tion shall include information regarding the fol-
16 lowing:

17 (A) Services and benefits offered to vet-
18 erans and their family members by the Depart-
19 ment of Veterans Affairs.

20 (B) Challenges and stresses that might ac-
21 company transitioning from service in the
22 Armed Forces to civilian life.

23 (C) Services available to veterans and their
24 family members to cope with the experiences

1 and challenges of service in the Armed Forces
2 and transition from such service to civilian life.

3 (D) Services available through community
4 partner organizations to support veterans and
5 their family members.

6 (E) Services available through Federal,
7 State, and local government agencies to support
8 veterans and their family members.

9 (F) The environmental health registry pro-
10 gram, health and wellness programs, and re-
11 sources for preventing and managing diseases
12 and illnesses.

13 (G) A toll-free telephone number through
14 which such persons who elect to receive infor-
15 mation under the pilot program may request in-
16 formation regarding the program.

17 (H) Such other matters as the Secretary,
18 in consultation with members of the Armed
19 Forces and such persons who elect to receive in-
20 formation under the pilot program, determines
21 to be appropriate.

22 (5) PRIVACY OF INFORMATION.—In carrying
23 out the pilot program, the Secretary may not dis-
24 seminate information under paragraph (4) in viola-
25 tion of laws and regulations pertaining to the pri-

1 vacy of members of the Armed Forces, including re-
2 quirements pursuant to—

3 (A) section 552a of title 5, United States
4 Code; and

5 (B) the Health Insurance Portability and
6 Accountability Act of 1996 (Public Law 104-
7 191).

8 (6) NOTICE AND MODIFICATIONS.—In carrying
9 out the pilot program, the Secretary shall, with re-
10 spect to a veteran—

11 (A) ensure that such veteran is notified of
12 the ability to modify designations made by such
13 veteran under paragraph (1)(A); and

14 (B) upon the request of a veteran, author-
15 ize such veteran to modify such designations at
16 any time.

17 (7) CONTACT INFORMATION.—In making a des-
18 ignation under the pilot program, a veteran shall
19 provide necessary contact information, specifically
20 including an email address, to facilitate the dissemi-
21 nation of information regarding the assistance and
22 benefits available to the veteran under laws adminis-
23 tered by the Secretary.

24 (8) OPT-IN AND OPT-OUT OF PILOT PRO-
25 GRAM.—

1 (A) OPT-IN BY MEMBERS.—A veteran may
2 participate in the pilot program only if the vet-
3 eran voluntarily elects to participate in the pro-
4 gram. A veteran seeking to make such an elec-
5 tion shall make such election in a manner, and
6 by including such information, as the Secretary
7 shall specify for purposes of the pilot program.

8 (B) OPT-IN BY DESIGNATED RECIPI-
9 ENTS.—A person designated pursuant to para-
10 graph (1)(A) may receive information under the
11 pilot program only if the person makes the elec-
12 tion described in paragraph (1)(B).

13 (C) OPT-OUT.—In carrying out the pilot
14 program, the Secretary shall, with respect to a
15 person who has elected to receive information
16 under such pilot program, cease disseminating
17 such information to that person upon request of
18 such person.

19 (b) SURVEY AND REPORT ON PILOT PROGRAM.—

20 (1) SURVEY.—

21 (A) IN GENERAL.—Not later than one year
22 after the date of the commencement of the pilot
23 program and not less frequently than once each
24 year thereafter for the duration of the pilot pro-
25 gram, the Secretary shall administer a survey

1 to persons who ever elected to receive informa-
2 tion under the pilot program for the purpose of
3 receiving feedback regarding the quality of in-
4 formation disseminated under this section.

5 (B) ELEMENTS.—Each survey conducted
6 under subparagraph (A) shall include sollicita-
7 tion of the following:

8 (i) Feedback on the following:

9 (I) The nature of information
10 disseminated under the pilot program.

11 (II) Satisfaction with the pilot
12 program.

13 (III) The utility of the pilot pro-
14 gram.

15 (IV) Overall pilot program suc-
16 cesses and challenges.

17 (ii) Recommendations for improving
18 the pilot program.

19 (iii) Reasons for opting in or out of
20 the pilot program.

21 (iv) Such other feedback or matters as
22 the Secretary considers appropriate.

23 (2) REPORT.—

24 (A) IN GENERAL.—Not later than three
25 years after the date on which the pilot program

1 commences, the Secretary shall submit to the
2 Committees on Veterans' Affairs of the House
3 of Representatives and the Senate a final report
4 on the pilot program.

5 (B) CONTENTS.—The report submitted
6 under subparagraph (A) shall include the fol-
7 lowing:

8 (i) The results of the survey adminis-
9 tered under paragraph (1).

10 (ii) The number of participants en-
11 rolled in the pilot program who are vet-
12 erans.

13 (iii) The number of persons des-
14 ignated under subsection (a)(1)(A).

15 (iv) The number of such persons who
16 opted in or out of the pilot program under
17 subsection (a)(8).

18 (v) The average period such persons
19 remained in the pilot program.

20 (vi) An assessment of the feasibility
21 and advisability of making the pilot pro-
22 gram permanent.

23 (vii) Identification of legislative or ad-
24 ministrative action that may be necessary
25 if the pilot program is made permanent.

1 (viii) A plan to expand the pilot pro-
2 gram if the pilot program is made perma-
3 nent.

4 (ix) If the Secretary finds under
5 clause (vi) that making the pilot program
6 permanent is not feasible or advisable, a
7 justification for such finding.

8 **SEC. 102. ANNUAL REPORT ON SOLID START PROGRAM OF**
9 **DEPARTMENT OF VETERANS AFFAIRS.**

10 (a) **REPORTS REQUIRED.**—Not later than 180 days
11 after the date of the enactment of this Act, and annually
12 thereafter for a period of five years, the Secretary of Vet-
13 erans Affairs shall submit to the Committees on Veterans'
14 Affairs of the Senate and House of Representatives a re-
15 port on the Solid Start program of the Department of Vet-
16 erans Affairs.

17 (b) **ELEMENTS.**—Each report under subsection (a)
18 shall include the following:

19 (1) With respect to each veteran called or
20 emailed under the Solid Start program:

21 (A) The Armed Force in which the veteran
22 served.

23 (B) Age.

24 (C) Gender.

1 (D) Whether the veteran responded to the
2 call or email.

3 (E) Whether the call or email resulted in
4 a call to the Veterans Crisis Line established
5 pursuant to section 1720F(h) of title 38,
6 United States Code.

7 (F) Whether the call or email resulted in
8 a referral to—

9 (i) compensation and pension deter-
10 mination;

11 (ii) enrollment in the patient enroll-
12 ment system of the Department; or

13 (iii) any other program or benefit
14 under the laws administered by the Sec-
15 retary.

16 (2) Any change to the Solid Start program im-
17 plemented by the Secretary since the date of the pre-
18 vious such report.

19 (c) PROHIBITION ON PERSONALLY IDENTIFIABLE IN-
20 FORMATION.—No report under subsection (a) may contain
21 any personally identifiable information regarding a vet-
22 eran.

1 **TITLE II—SUICIDE PREVENTION**

2 **SEC. 201. DEPARTMENT OF VETERANS AFFAIRS PROVISION**

3 **OF EMERGENT SUICIDE CARE.**

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

7 **“§ 1720J. Emergent suicide care**

8 “(a) FURNISHING OR PAYMENT FOR EMERGENT SUI-
9 CIDE CARE.—Pursuant to this section, the Secretary shall
10 furnish or pay for emergent suicide care to an eligible indi-
11 vidual at a medical facility of the Department or at a non-
12 Department facility.

13 “(b) ELIGIBILITY.—An individual is eligible for emer-
14 gent suicide care under this section if the individual is in
15 an acute suicidal crisis and is either of the following:

16 “(1) A veteran (as defined in section 101).

17 “(2) An individual described in section 1720I(b)
18 of this title.

19 “(c) PERIOD OF CARE.—(1) Emergent suicide care
20 furnished under this section shall be furnished to an eligi-
21 ble individual—

22 “(A) through inpatient or crisis residential care,
23 for a period not to exceed 30 days; or

1 “(B) if care under subparagraph (A) is unavail-
2 able, as outpatient care for a period not to exceed
3 90 days.

4 “(2) If, upon the expiration of a period under para-
5 graph (1), the Secretary determines that the eligible indi-
6 vidual remains in an acute suicidal crisis, the Secretary
7 may extend such period as the Secretary determines ap-
8 propriate.

9 “(d) NOTIFICATION.—An eligible individual who re-
10 ceives emergent suicide care under this section at a non-
11 Department facility (or a person acting on behalf of the
12 individual) shall notify the Secretary of such care within
13 seven days of admission to such facility.

14 “(e) OUTREACH.—During any period when an eligi-
15 ble individual is receiving emergent suicide care furnished
16 under this section, the Secretary shall—

17 “(1) ensure that—

18 “(A) in the case of an eligible individual
19 referred to a medical facility of the Department
20 by the Veterans Crisis Line, the Veterans Crisis
21 Line notifies the Suicide Prevention Coordi-
22 nator;

23 “(B) in the case of an eligible individual
24 who presents at a medical facility of the De-
25 partment in an acute suicidal crisis without a

1 referral by the Veterans Crisis Line, the Sec-
2 retary notifies the Suicide Prevention Coordi-
3 nator;

4 “(C) in the case of an eligible individual
5 referred to a non-Department facility by the
6 Veterans Crisis Line, the Veterans Crisis Line
7 notifies the Suicide Prevention Coordinator and
8 the Office of Community Care at the Depart-
9 ment facility located nearest to the eligible indi-
10 vidual; and

11 “(D) in the case of an eligible individual
12 who presents at a non-Department facility in an
13 acute suicidal crisis without a referral by the
14 Veterans Crisis Line and for whom the Sec-
15 retary receives a notification under subsection
16 (d), the Secretary notifies the Suicide Preven-
17 tion Coordinator and the Office of Community
18 Care at the medical facility of the Department
19 located nearest to the eligible individual;

20 “(2) determine the eligibility of the eligible indi-
21 vidual for other programs and benefits under the
22 laws administered by the Secretary; and

23 “(3) make referrals for care following the pe-
24 riod of such emergent suicide care, as the Secretary
25 determines appropriate.

1 “(f) PROHIBITION ON CHARGE.—(1) If the Secretary
2 furnishes or pays for emergent suicide care to an eligible
3 individual under this section, the Secretary—

4 “(A) may not charge the eligible individual for
5 any cost of such emergent suicide care; and

6 “(B) shall pay for any costs of emergency
7 transportation to a facility for such emergent suicide
8 care.

9 “(2) In addition to the requirements of paragraph
10 (1), if the Secretary pays for emergent suicide care to an
11 eligible individual at a non-Department facility, the Sec-
12 retary shall—

13 “(A) reimburse the facility for the reasonable
14 value of such emergent suicide care; and

15 “(B) ensure that such facility, or any health
16 care provider working at such facility, does not
17 charge the eligible individual for such emergent sui-
18 cide care.

19 “(3) In the case of an eligible individual who receives
20 emergent suicide care under this section and who is enti-
21 tled to emergent suicide care (or payment for emergent
22 suicide care) under a health-plan contract, the Secretary
23 may recover the costs of such emergency suicide care pro-
24 vided under this section.

1 “(4) In carrying out subsection (d), the Secretary
2 may not charge an eligible individual for any cost of emer-
3 gent suicide care furnished under this section solely by
4 reason of the Secretary not having been notified of such
5 care pursuant to such subsection.

6 “(g) ANNUAL REPORT.—Not less than once each
7 year, the Secretary shall submit to the Committees on Vet-
8 erans’ Affairs of the Senate and the House of Representa-
9 tives a report on emergent suicide care furnished or paid
10 for under this section. Each such report shall include, for
11 the year covered by the report—

12 “(1) the number of eligible individuals who re-
13 ceived emergent suicide care under this section;

14 “(2) demographic information regarding eligible
15 individuals described in paragraph (1);

16 “(3) the types of care furnished or paid for this
17 section; and

18 “(4) the total cost of furnishing and paying for
19 emergent suicide care under this section.

20 “(h) DEFINITIONS.—In this section:

21 “(1) The term ‘acute suicidal crisis’ means that
22 an individual was determined to be at imminent risk
23 of self-harm by a trained crisis responder or health
24 care provider.

1 “(2) The term ‘crisis residential care’ means
2 crisis stabilization care provided—

3 “(A) on a residential basis; and

4 “(B) in a facility other than a hospital.

5 “(3) The term ‘crisis stabilization care’ means,
6 with respect to an individual in acute suicidal crisis,
7 care that ensures, to the extent practicable, imme-
8 diate safety and reduces—

9 “(A) the severity of distress;

10 “(B) the need for urgent care; or

11 “(C) the likelihood that the distress under
12 subparagraph (A) or need under subparagraph
13 (B) will increase during the transfer of that in-
14 dividual from a facility at which the individual
15 has received care for that acute suicidal crisis.

16 “(4) The term ‘emergent suicide care’ means
17 crisis stabilization services provided to an eligible in-
18 dividual—

19 “(A) pursuant to a referral of the eligible
20 individual from the Veterans Crisis Line; or

21 “(B) who presents at a medical facility in
22 an acute suicidal crisis.

23 “(5) The term ‘health-plan contract’ has the
24 meaning given such term in section 1725 of this
25 title.

1 “(6) The term ‘Veterans Crisis Line’ means the
2 hotline under section 1720F(h) of this title.”.

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

 “1720J. Emergent suicide care.”.

7 (c) EFFECTIVE DATE.—The Secretary shall furnish
8 or pay for emergent suicide care under section 1720J of
9 title 38, United States Code, as added by subsection (a),
10 beginning on the date that is 180 days after the date of
11 the enactment of this Act.

12 **SEC. 202. EDUCATION PROGRAM FOR FAMILY MEMBERS**
13 **AND CAREGIVERS OF VETERANS WITH MEN-**
14 **TAL HEALTH DISORDERS.**

15 (a) ESTABLISHMENT.—Not later than 270 days after
16 the date of the enactment of this Act, the Secretary of
17 Veterans Affairs shall establish an education program (in
18 this section referred to as the “education program”) for
19 the education and training of caregivers and family mem-
20 bers of eligible veterans with mental health disorders.

21 (b) EDUCATION PROGRAM.—

22 (1) IN GENERAL.—Under the education pro-
23 gram, the Secretary shall provide a course of edu-
24 cation to caregivers and family members of eligible

1 veterans on matters relating to coping with mental
2 health disorders in veterans.

3 (2) DURATION.—The Secretary shall carry out
4 the education program during the four-year period
5 beginning on the date of the commencement of the
6 education program.

7 (3) SCOPE.—

8 (A) CAREGIVERS.—The Secretary, with re-
9 spect to the component of the education pro-
10 gram that relates to the education and training
11 of caregivers, shall—

12 (i) include such component in the
13 training provided pursuant to the program
14 of comprehensive assistance for family
15 caregivers of the Department of Veterans
16 Affairs established under section 1720G(a)
17 of title 38, United States Code; and

18 (ii) make such component available on
19 the Internet website of the Department
20 that relates to caregiver training.

21 (B) FAMILY MEMBERS.—The Secretary
22 shall carry out the component of the education
23 program that relates to the education and
24 training of non-caregiver family members at fa-
25 cilities of the Department as follows:

1 (i) Not less than five medical centers
2 of the Department.

3 (ii) Not less than five clinics of the
4 Department.

5 (iii) Not less than five Vet Centers (as
6 defined in section 1712A(h) of title 38,
7 United States Code).

8 (C) SOLICITATION OF APPLICATIONS.—In
9 selecting locations pursuant to subparagraph
10 (B), the Secretary shall solicit applications from
11 eligible facilities of the Department that are in-
12 terested in carrying out the education program.

13 (D) CONSIDERATIONS.—In selecting loca-
14 tions pursuant to subparagraph (B), the Sec-
15 retary shall consider the feasibility and advis-
16 ability of selecting locations in the following
17 areas:

18 (i) Rural areas.

19 (ii) Areas that are not in close prox-
20 imity to an active duty installation.

21 (iii) Areas in different geographic lo-
22 cations.

23 (4) CONTRACTS.—

24 (A) IN GENERAL.—In carrying out the
25 education program, the Secretary shall enter

1 into contracts with qualified entities described
2 in subparagraph (B) to offer the course of edu-
3 cation described in paragraph (5) to family
4 members and caregivers of eligible veterans and
5 covered veterans.

6 (B) QUALIFIED ENTITY DESCRIBED.—A
7 qualified entity described in this subparagraph
8 is a non-profit entity with experience in mental
9 health education and outreach, including work
10 with children, teens, and young adults, that—

11 (i) uses high quality, relevant, and
12 age-appropriate information in educational
13 programming, materials, and coursework,
14 including such programming, materials,
15 and coursework for children, teens, and
16 young adults; and

17 (ii) works with agencies, departments,
18 nonprofit mental health organizations,
19 early childhood educators, and mental
20 health providers to develop educational
21 programming, materials, and coursework.

22 (C) PRIORITY.—In entering into contracts
23 under this paragraph, the Secretary shall give
24 priority to qualified entities that have dem-
25 onstrated cultural competence in serving mili-

1 tary and veteran populations, and, to the extent
2 practicable, use internet technology for the de-
3 livery of course content in an effort to expand
4 the availability of support services, especially in
5 rural areas.

6 (5) COURSE OF EDUCATION DESCRIBED.—The
7 course of education described in this paragraph shall
8 consist of curriculum that includes the following:

9 (A) General education on different mental
10 health disorders, including information to im-
11 prove understanding of the experiences of indi-
12 viduals suffering from such disorders.

13 (B) Techniques for handling crisis situa-
14 tions and administering mental health first aid
15 to individuals suffering from a mental health
16 disorder.

17 (C) Techniques for coping with the stress
18 of living with an individual suffering from a
19 mental health disorder.

20 (D) Information on additional services
21 available for family members and caregivers
22 through the Department or community organi-
23 zations and providers related to mental health
24 disorders.

1 (E) Such other matters as the Secretary
2 considers appropriate.

3 (c) SURVEYS.—

4 (1) IN GENERAL.—The Secretary shall conduct
5 a comprehensive survey of the satisfaction of individ-
6 uals that have participated in the course of edu-
7 cation described in subsection (b)(5). Such survey
8 shall include a solicitation of feedback on the fol-
9 lowing:

10 (A) The general satisfaction of those indi-
11 viduals with the education and assistance pro-
12 vided under the education program.

13 (B) The perceived effectiveness of the edu-
14 cation program in providing education and as-
15 sistance that is useful for those individuals.

16 (C) The applicability of the education pro-
17 gram to the issues faced by those individuals.

18 (D) Such other matters as the Secretary
19 considers appropriate.

20 (2) COMPILATION OF INFORMATION.—The in-
21 formation compiled as a result of the surveys con-
22 ducted under paragraph (1) shall be—

23 (A) disaggregated by facility type at which
24 the education program was carried out; and

1 (B) included in the annual reports under
2 subsection (d)(1).

3 (d) REPORTS.—

4 (1) ANNUAL REPORTS.—

5 (A) IN GENERAL.—Not later than one year
6 after the date of the commencement of the edu-
7 cation program and not later than September
8 30 each year thereafter until 2024, the Sec-
9 retary shall submit to the Committee on Vet-
10 erans' Affairs of the Senate and the Committee
11 on Veterans' Affairs of the House of Represent-
12 atives a report on—

13 (i) the education program; and

14 (ii) the feasibility and advisability of
15 expanding the education program to in-
16 clude the establishment of a peer support
17 program composed of individuals who com-
18 plete the education program (in this sec-
19 tion referred to as a “peer support pro-
20 gram”).

21 (B) ELEMENTS.—Each report submitted
22 under subparagraph (A) shall include the fol-
23 lowing:

24 (i) The number of individuals that
25 participated in the course of education de-

1 scribed in subsection (b)(5) during the
2 year preceding the submission of the re-
3 port.

4 (ii) A detailed analysis of the surveys
5 conducted under subsection (c) with re-
6 spect to the individuals described in clause
7 (i).

8 (iii) Any plans for expansion of the
9 education program.

10 (iv) An analysis of the feasibility and
11 advisability of establishing a peer support
12 program.

13 (v) The interim findings and conclu-
14 sions of the Secretary with respect to the
15 success of the education program and the
16 feasibility and advisability of establishing a
17 peer support program.

18 (2) FINAL REPORT.—

19 (A) IN GENERAL.—Not later than one year
20 after the completion of the education program,
21 the Secretary shall submit to the Committees
22 on Veterans' Affairs of the House of Represent-
23 atives and the Senate a final report on the fea-
24 sibility and advisability of continuing the edu-
25 cation program.

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

3 (i) A detailed analysis of the surveys
4 conducted under subsection (c).

5 (ii) An analysis of the feasibility and
6 advisability of continuing the education
7 program without entering into contracts
8 for the course of education described in
9 subsection (b)(5).

10 (iii) An analysis of the feasibility and
11 advisability of expanding the education
12 program.

13 (iv) An analysis of the feasibility and
14 advisability of establishing a peer support
15 program.

16 (e) MONITORING OF PROGRAM.—The Secretary shall
17 select mental health care providers of the Department to
18 monitor the progress of the instruction provided under the
19 education program.

20 (f) DEFINITIONS.—In this section:

21 (1) The term “eligible veteran” means a vet-
22 eran who is enrolled in the health care system estab-
23 lished under section 1705(a) of title 38, United
24 States Code.

1 (2) The terms “caregiver” and “family mem-
2 ber” have the meaning given those terms in section
3 1720G(d) of title 38, United States Code.

4 **SEC. 203. INTERAGENCY TASK FORCE ON OUTDOOR RECRE-**
5 **ATION FOR VETERANS.**

6 (a) ESTABLISHMENT.—Not later than 18 months
7 after the date on which the national emergency declared
8 by the President pursuant to the National Emergencies
9 Act (50 U.S.C. 1601 et seq.) with respect to the
10 Coronavirus Disease 2019 (COVID–19) expires, the Sec-
11 retary of Veterans Affairs shall establish a task force to
12 be known as the “Task Force on Outdoor Recreation for
13 Veterans” (in this section referred to as the “Task
14 Force”).

15 (b) COMPOSITION.—The Task Force shall be com-
16 posed of the following members or their designees:

- 17 (1) The Secretary of Veterans Affairs.
18 (2) The Secretary of the Interior.
19 (3) The Secretary of Health and Human Serv-
20 ices.
21 (4) The Secretary of Agriculture.
22 (5) The Secretary of Defense.
23 (6) The Secretary of Homeland Security.
24 (7) The Chief of the Army Corps of Engineers.

1 (8) At least two representatives from veterans
2 service organizations.

3 (9) Any other member that the Secretary of
4 Veterans Affairs determines to be appropriate.

5 (c) CHAIRPERSONS.—The Secretary of Veterans Af-
6 fairs and the Secretary of the Interior shall serve as co-
7 chairpersons of the Task Force (in this section referred
8 to as the “Chairpersons”).

9 (d) DUTIES.—

10 (1) TASK FORCE.—The duties of the Task
11 Force shall be—

12 (A) to identify opportunities to formalize
13 coordination between the Department of Vet-
14 erans Affairs, public land agencies, and partner
15 organizations regarding the use of public lands
16 and other outdoor spaces for facilitating health
17 and wellness for veterans;

18 (B) to identify barriers that exist to pro-
19 viding veterans with opportunities to augment
20 the delivery of services for health and wellness
21 through the use of outdoor recreation on public
22 lands and other outdoor spaces; and

23 (C) to develop recommendations to better
24 facilitate the use of public lands and other out-
25 door spaces for promoting wellness and facili-

1 tating the delivery of health care and thera-
2 peutic interventions for veterans.

3 (2) CONSULTATION.—The Task Force shall
4 carry out the duties under paragraph (1) in con-
5 sultation with appropriate veterans outdoor recre-
6 ation groups.

7 (e) REPORTS.—

8 (1) PRELIMINARY REPORT.—Not later than one
9 year after the date on which the Task Force is es-
10 tablished, the Chairpersons shall submit to Congress
11 a report on the preliminary findings of the Task
12 Force.

13 (2) FINAL REPORT.—Not later than one year
14 after the date of the submission of the preliminary
15 report under paragraph (1), the Chairpersons shall
16 submit to Congress a report on the findings of the
17 Task Force, which shall include the recommenda-
18 tions developed under subsection (d)(1)(C).

19 (f) DURATION.—The Task Force shall terminate on
20 the date that is one year after the date of the submission
21 of the final report in subsection (e)(2).

22 (g) NONAPPLICABILITY OF FEDERAL ADVISORY
23 COMMITTEE ACT.—The Federal Advisory Committee Act
24 (5 U.S.C. App.) shall not apply to the Task Force.

1 (h) PUBLIC LANDS DEFINED.—In this section, the
2 term “public lands” means any recreational lands under
3 the jurisdiction of the Federal Government or a State or
4 local government.

5 **SEC. 204. CONTACT OF CERTAIN VETERANS TO ENCOUR-**
6 **AGE RECEIPT OF COMPREHENSIVE MEDICAL**
7 **EXAMINATIONS.**

8 (a) NOTICE.—Not later than 90 days after the date
9 of the enactment of this Act, the Under Secretary of
10 Health of the Department of Veterans Affairs shall seek
11 to contact each covered veteran by mail, telephone, or
12 email to encourage each covered veteran to receive medical
13 examinations including the following:

14 (1) A comprehensive physical examination.

15 (2) A comprehensive mental health examina-
16 tion.

17 (3) A comprehensive eye examination if the cov-
18 ered veteran has not received such an examination
19 in the year immediately preceding the date of such
20 examination.

21 (4) A comprehensive audiological examination if
22 the covered veteran has not received such an exam-
23 ination in the year immediately preceding the date
24 of such examination.

25 (b) EXAMINATIONS.—

1 (1) VA HEALTH CARE FACILITIES.—If a cov-
2 ered veteran elects to receive more than one exam-
3 ination described in subsection (a) at a health care
4 facility of the Department of Veterans Affairs, the
5 Under Secretary of Health shall seek to furnish all
6 such scheduled examinations on the same day.

7 (2) COMMUNITY CARE.—Pursuant to subsection
8 (d) or (e) of section 1703 of title 38, United States
9 Code, a covered veteran may receive an examination
10 described in subsection (a) from a health care pro-
11 vider described in subsection (c) of that section.

12 (c) TRANSPORTATION.—

13 (1) BENEFICIARY TRAVEL PROGRAM.—Pursu-
14 ant to section 111 of title 38, United States Code,
15 the Secretary of Veterans Affairs may pay for a
16 rural covered veteran to travel to a health care facil-
17 ity to receive an examination described in subsection
18 (a).

19 (2) SHUTTLE SERVICE.—The Under Secretary
20 of Health shall seek to enter into agreements with
21 non-profit organizations to provide shuttle service to
22 rural covered veterans for examinations described in
23 subsection (a).

24 (d) REPORT REQUIRED.—Not later than 18 months
25 after the date of the enactment of this Act, the Secretary

1 of Veterans Affairs shall submit to Congress a report re-
2 garding how many covered veterans scheduled examina-
3 tions described in subsection (a) after receiving a letter,
4 telephone call, or email under that subsection.

5 (e) DEFINITIONS.—In this section:

6 (1) The term “covered veteran” means a vet-
7 eran who—

8 (A) is enrolled in the patient enrollment
9 system of the Department of Veterans Affairs
10 under section 1705 of title 38, United States
11 Code; and

12 (B) has not received health care furnished
13 or paid for by the Secretary of Veterans Affairs
14 during the two years immediately preceding the
15 date in subsection (a)(1).

16 (2) The term “rural covered veteran” means a
17 covered veteran—

18 (A) who lives in an area served by the Of-
19 fice of Rural Health of the Department of Vet-
20 erans Affairs; and

21 (B) whom the Under Secretary of Health
22 determines requires assistance to travel to a
23 health care facility to receive an examination
24 described in subsection (a).

1 (3) The term “veteran” has the meaning given
2 that term in section 101 of title 38, United States
3 Code.

4 **SEC. 205. POLICE CRISIS INTERVENTION TRAINING OF DE-**
5 **PARTMENT OF VETERANS AFFAIRS.**

6 (a) TRAINING.—The Secretary of Veterans Affairs
7 shall provide to Department police officers an annual
8 training on the prevention of suicide among the population
9 served by the Department police officers.

10 (b) CURRICULUM.—In carrying out subsection (a),
11 the Secretary shall update any similar training provided
12 before the date of the enactment of this Act to ensure that
13 the curriculum for the training addresses, at a minimum,
14 the following:

15 (1) Effective behavioral science procedures for
16 suicide prevention and risk mitigation.

17 (2) Crisis intervention and de-escalation skills,
18 including through the use of interactive training.

19 (3) Information about mental health and sub-
20 stance abuse disorders.

21 (4) Information about local law enforcement
22 crisis intervention teams and other resources for vet-
23 erans experiencing mental health crises available by
24 the Department of Veterans Affairs, other elements

1 of the Federal Government, and the community in
2 which the police officers serve.

3 (c) CONSULTATION.—The Secretary shall ensure that
4 the annual training provided to Department police officers
5 at a medical facility of the Department under subsection
6 (a) is provided in consultation with law enforcement train-
7 ing accreditation organizations and the mental health ex-
8 perts at such facility.

9 (d) PLAN ON COMMUNITY PARTNERSHIPS.—The
10 Secretary shall ensure that each police force of a facility
11 of the Department develops a plan to enter into partner-
12 ships with—

13 (1) local community mental health organiza-
14 tions and experts, local community veterans organi-
15 zations, and local community criminal justice organi-
16 zations and experts; and

17 (2) local police departments, including by facili-
18 tating the sharing of training resources with crisis
19 intervention teams of the local police departments.

20 (e) REPORT.—Not later than one year after the date
21 of the enactment of this Act, the Secretary shall submit
22 to the Committees on Veterans' Affairs of the House of
23 Representatives and the Senate a report on the annual
24 training under subsection (a), including—

1 (1) a description of the curriculum of such
2 training;

3 (2) with respect to the year preceding the date
4 of the report—

5 (A) the number of facilities of the Depart-
6 ment that conducted such training;

7 (B) the number of Department police offi-
8 cers who received such training; and

9 (C) any barriers to ensuring that each De-
10 partment police officer receives such training;

11 (3) any recommendations to address the bar-
12 riers identified under paragraph (2)(C); and

13 (4) the number of facilities of the Department
14 that have entered into partnerships pursuant to sub-
15 section (d).

16 (f) DEPARTMENT POLICE OFFICER DEFINED.—In
17 this section, the term “Department police officer” means
18 an employee of the Department of Veterans Affairs speci-
19 fied in section 902(a) of title 38, United States Code.

1 **TITLE III—IMPROVEMENT OF**
2 **CARE AND SERVICES FOR**
3 **WOMEN VETERANS**

4 **SEC. 301. GAP ANALYSIS OF DEPARTMENT OF VETERANS**
5 **AFFAIRS PROGRAMS THAT PROVIDE ASSIST-**
6 **ANCE TO WOMEN VETERANS WHO ARE HOME-**
7 **LESS.**

8 (a) ANALYSIS.—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 Committees on Veterans' Affairs of the House of
17 Representatives and the Senate a report on the analysis
18 completed under subsection (a).

19 **SEC. 302. REPORT ON LOCATIONS WHERE WOMEN VET-**
20 **ERANS ARE USING HEALTH CARE FROM DE-**
21 **PARTMENT OF VETERANS AFFAIRS.**

22 (a) REPORT.—Not later than 90 days after the date
23 of the enactment of this Act, and annually thereafter, the
24 Secretary of Veterans Affairs shall submit to the Commit-
25 tees on Veterans' Affairs of the House of Representatives

1 and the Senate a report on the use by women veterans
2 of health care from the Department of Veterans Affairs.

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

5 (1) The number of women veterans who reside
6 in each State.

7 (2) The number of women veterans in each
8 State who are enrolled in the patient enrollment sys-
9 tem of the Department under section 1705(a) of
10 title 38, United States Code.

11 (3) Of the women veterans who are so enrolled,
12 the number who have received health care under the
13 laws administered by the Secretary at least one time
14 during the one-year period preceding the submission
15 of the report.

16 (4) The number of women veterans who have
17 been seen at each medical facility of the Department
18 during such year, disaggregated by facility.

19 (5) The number of appointments that women
20 veterans have had at a medical facility of the De-
21 partment during such year, disaggregated by—

22 (A) facility; and

23 (B) appointments for—

24 (i) primary care;

25 (ii) specialty care; and

1 (iii) mental health care.

2 (6) For each appointment type specified in
3 paragraph (5)(B), the number of appointments com-
4 pleted in-person and the number of appointments
5 completed through the use of telehealth.

6 (7) If known, an identification of the medical
7 facility of the Department in each Veterans Inte-
8 grated Service Network with the largest rate of in-
9 crease in patient population of women veterans as
10 measured by the increase in unique women veteran
11 patient use.

12 (8) If known, an identification of the medical
13 facility of the Department in each Veterans Inte-
14 grated Service Network with the largest rate of de-
15 crease in patient population of women veterans as
16 measured by the decrease in unique women veterans
17 patient use.



